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**Final Regulation
Agency Background Document**

Agency name	State Board of Social Services
Virginia Administrative Code (VAC) citation(s)	22VAC40-185
Regulation title(s)	Standards for Licensed Child Day Centers
Action title	Amend Standards for Licensed Child Day Centers to Address Federal Health and Safety Requirements
Date this document prepared	December 12, 2018

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 17 (2014) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

Brief summary

Please provide a brief summary of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.

Standards for Licensed Child Day Centers provide criteria for the public and the Virginia Department of Social Services to evaluate the safety of care that children receive in licensed child day centers. The existing regulation, 22 VAC 40-185 (formerly 22VAC15-30) in effect since 1993, has undergone eight revisions between 1996 and 2016 and does not reflect most recent child care policy changes. The agency has a pending regulatory action to repeal Standards for Licensed Child Day Centers and propose new standards. This regulatory action is proposed to address specific new federal health and safety requirements to be implemented as soon as possible. The Child Care and Development Block Grant Act of 2014 (CCDBG) requires specific health and safety topics to be addressed for providers receiving Child Care and Development Funds. The intent of amending the Standards for Licensed Child Day Centers is to align requirements of licensed programs with requirements for providers receiving Child Care and Development Funds. Amending the existing regulations to reflect federal health and safety standards will provide additional protections of the health, safety, and welfare of children in care.

Acronyms and Definitions

Please define all acronyms used in the Agency Background Document. Also, please define any technical terms that are used in the document that are not also defined in the "Definition" section of the regulations.

The Child Care and Development Block Grant Act of 2014: CCDBG
Cardiopulmonary resuscitation: CPR
Virginia Department of Social Services: DSS

Statement of final agency action

Please provide a statement of the final action taken by the agency including:1) the date the action was taken;2) the name of the agency taking the action; and 3) the title of the regulation.

Enter statement here

Legal basis

Please identify the (1) the agency (includes any type of promulgating entity) and (2) the state and/or federal legal authority for the proposed regulatory action, including the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable. Your citation should include a specific provision, if any, authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

Sections 63.2-100, 63.2-217, and 63.2-1734 of the Code of Virginia provide the legal authority for the State Board of Social Services (SBSS) to adopt regulations and requirements for licensed child day centers. The Code of Virginia mandates promulgation of regulations for the activities, services and facilities to be employed by persons and agencies required to be licensed: which shall be designed to ensure that such activities, services and facilities are conducive to the welfare of the children under the custody or control of such persons or agencies. Section 63.2-1734 further mandates that:

Such regulations shall be developed in consultation with representatives of the affected entities and shall include, but need not be limited to, matters relating to the sex, age, and number of children and other persons to be maintained, cared for, or placed out as the case may be, and to the buildings and premises to be used, and reasonable standards for the activities, services and facilities to be employed. Such regulations shall not require the adopting of a specific teaching approach or doctrine or require the membership, affiliation, or accreditation services of any single private accreditation or certification agency.

Purpose

Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Describe the specific reasons the regulation is essential to protect the health,

safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.

In accordance with § 2.2-4007.01 of the Code, the State Board of Social Services intends to consider amending current Standards for Licensed Child Day Centers, 22VAC40-185 to revise current regulations and incorporate new standards that reflect federal health and safety requirements.

The planned regulatory action seeks to update the regulation and align it with federal requirements described in the Child Care and Development Block Grant Act of 2014. Adding these federal health and safety requirements is essential to protect the health, safety, and welfare of citizens. The goals of this proposed action are: (i) to update regulations to comply with new federal requirements for child care providers; (ii) to update current licensing regulations to ensure consistency with requirements for Child Care and Development Fund recipients; and (iii) to present a clearly written regulation that reflects current federal guidelines and practices in child care. Amendment of the existing regulation was determined by the State Board of Social Services as the most efficient and effective way to make the necessary changes to achieve clarity, consistency, and to protect children.

Substance

Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both.

New Substantive Changes from Proposed to Final: Provisions included in the proposed final action include revisions made in response to public comment. Substantive amendments to the proposed regulation include revisions in the following areas:

1. Injury reporting requirements.
2. Inspection exemption for certain standards for child day centers that operate at a public school.
3. Staff health requirements and documentation of tuberculosis screening.
4. Orientation requirements for all child care staff, including only requiring new staff to complete the DSS sponsored orientation training.
5. Annual training requirements for staff, and exceptions to these training requirements.
6. Behavioral guidance and requirements for time-out.
7. Cardiopulmonary resuscitation and First Aid training and certification requirements
8. Emergency preparedness and continuity of operations.

Substantive Changes from Current Regulation:

Provisions included in the amended standards include revisions to address federal law changes that necessitate the development of new standards in current areas as well as areas not previously considered to address ever-changing national health and safety guidelines and practices. Substantive amendments to the regulations include the following areas:

1. Grace period for immunization requirements for homeless/foster care children.
2. Prevention of and response to emergencies due to food and allergic reactions.
3. Prevention of shaken baby syndrome and abusive head trauma.
4. Revised emergency preparedness plan requirements.
5. Orientation training for child care staff with content including health and safety requirements.
6. Revised annual training requirements to include health/safety topics.
7. Group size requirements.
8. Requirements to report serious injuries of children in care to the Department.
9. Revised cardiopulmonary resuscitation (CPR) and first aid training and certification requirements.

Issues

Please identify the issues associated with the proposed regulatory action, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please indicate.

The primary advantages of the proposed regulatory action are to ensure that parents have sufficient information to make informed decisions when choosing to place their child in licensed child day centers that incorporate new standards that reflect federal health and safety requirements. The new regulations ensure consistent requirements for Child Care and Development Fund recipients. This regulatory action incorporates additional topics on health and safety of children in care into training and orientation requirements, which will strengthen the professional development of child care staff.

The advantage to the Commonwealth is that the action increases protections of the health, safety and welfare of children receiving care in licensed child day centers. Additionally, the final changes promote consistency with other child care regulations. There are no disadvantages to the Commonwealth.

Requirements more restrictive than federal

Please identify and describe any requirement of the proposal which is more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.

The Child Care Development and Block Grant Act of 2014 include health and safety requirements for child care programs that receive child care subsidy. Changes in this regulation, 22VAC40-185, are proposed in order to align requirements for licensed child day centers with these federal requirements. No requirements in this regulation exceed federal requirements. Child Care and Development Block Grant requirements can be found in the U.S. Code at <https://www.law.cornell.edu/uscode/text/42/chapter105/subchapter-II%E2%80%93B> and in the Code of Federal Regulations at <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=11d1dedba284f82bd70d5149d7fcc28c&ty=HTML&h=L&mc=true&r=PART&n=pt45.1.98> .

Localities particularly affected

Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.

No locality is particularly affected by the proposed regulation.

Family impact

Please assess the impact of this regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.

The changes to the regulation will strengthen the protections and increase the health and safety for children in care. The changes to the regulation should not have an impact on encouraging or discouraging economic self-sufficiency, assumption of responsibility, or marital commitment. Disposable family income may be increased or decreased if the cost of child care changes as a result of this action, depending on the family's choice of child care options.

Changes made since the proposed stage

*Please list all changes that made to the text since the proposed regulation was published in the Virginia Register of Regulations and the rationale for the changes; explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation. *Please put an asterisk next to any substantive changes.*

Section number	Requirement at proposed stage	What has changed	Rationale for change
10	Incorporates definitions within the current regulation. Definitions for the following terms are added: Group size, homeless child, lockdown, shaken baby syndrome or abusive head trauma. Definitions for the following terms are amended to clarify their use in the body of the regulation: Child with special needs, sanitized, shelter in place, and serious injury. Change made to the definition of 'high	Revised definition of 'licensee'. Changed the term 'Universal Precautions' to 'Standard Precautions'.	Revised for consistency with definition in § 63.2-1701 of the Code of Virginia. Updated to reflect terminology used by the United States Department of Labor and the Occupational Safety and Health Administration.

	<p>school program completion' to comply with requirements in § 22.1-254.1 of the Code of Virginia.</p> <p>Delete the licensure exemptions in § 63.2-1715 of the Code of Virginia in the definition of child day center.</p>		
20	<p>Legal base and authorization in the Code of Virginia for the regulation of child day programs.</p>	<p>*New section added to this regulatory action. Revised catchline to 'Legal authority'. Adds language to exempt child day programs that operate at a public school from the inspection of standards for the approval of buildings owned by public schools; vehicles that are owned by a public school and used to transport children attending the child day program; and meals served to children that are prepared by the public school.</p>	<p>Update based on amendments to § 63.2-1734 of the Code of Virginia.</p>
40	<p>Adds a requirement to develop written procedures for prevention of shaken baby syndrome or abusive head trauma, coping with crying, safe sleep practices and sudden infant death syndrome.</p> <p>Adds a requirement for the provider to inform staff who work with children of children's allergies, sensitivities, and dietary restrictions, and have available a list of allergies, sensitivities, and dietary restrictions in each room or area where children are present.</p>	<p>Clarified that individuals cannot be the subject of a founded complaint of child abuse or neglect.</p> <p>Technical edit to clarify requirement for a list of children's allergies, sensitivities, and dietary restrictions to be maintained and accessible to staff.</p>	<p>Consistency with the Code of Virginia and the Final Child Care Program regulation, 22VAC40-665.</p> <p>Clarification of requirement.</p>
70	<p>Requirements for staff records.</p>	<p>Technical edit to remove exception for independent contractors.</p>	<p>Revised to remove duplicative requirements located in the regulation <i>Background Checks for Child Welfare Agencies</i> 22VAC40-191.</p>

<p>80</p>	<p>Requires the provider to keep a written record of a child in attendance each day.</p> <p>Adds a requirement to keep a written record of a child in attendance as arrival and departure occurs.</p> <p>Adds a requirement to contact the department when child care services have been suspended or terminated for more than 24 hours as a result of an emergency situation, and when care is resumed.</p> <p>Adds a requirement to contact the department as soon as practicable but not to exceed two business days of a serious injury to a child in care.</p>	<p>Language revised to clarify that attendance records are required for each group of children.</p> <p>*Revised to require all injuries which result in the referral for treatment from a medical professional to be reported to the department.</p>	<p>Revision made in response to public comment, clarifying the requirement for attendance records.</p> <p>Revised for consistency with the Final Child Care Program regulation, 22VAC40-665.</p>
<p>140</p>	<p>Adds a requirement to provide a grace period to homeless children to receive a physical examination.</p> <p>Adds an allowance for a copy of the physical examination required for entry into a Virginia public kindergarten or elementary school to be used to meet the requirements for a physical examination.</p>	<p>Technical edit to update physical exam requirements for children who transfer from a licensed facility.</p>	<p>Updated based on changes in the Code of Virginia pursuant to the 2017 General Assembly.</p>
<p>160</p>	<p>Requirements for tuberculosis screening for staff and independent contractors.</p>	<p>New section added to this regulatory action.</p> <p>*Revised requirement for documentation of tuberculosis screening to be submitted at the time of employment and prior to coming in contact with children.</p> <p>*New requirement added to</p>	<p>Changes made based on recommendations from the Virginia Department of Health.</p> <p>Revision made to protect the health of</p>

		require documentation of tuberculosis screening to have been completed within 30 calendar days of employment.	children and staff and to prevent the spread of contagious disease.
180	General Qualifications for all staff.	*New section added to this regulatory action. Technical edit to remove duplicative requirements for background checks.	Revised for consistency and clarity.
190	Qualification requirements for program directors. Removes the term 'clock' to make the requirement clear for hours of training required. Reorganizes existing requirements within the section for clarity and consistency for the reader. Removed two exceptions for program director qualifications that have timed out and are no longer necessary.	*Revision made to clarify that program directors employed prior to the effective date of this regulation who meet the current education and experience qualifications are considered to have met the requirements of this section.	In response to public comment, new language clarifies that the removal of exceptions that have timed out does not affect current qualification requirements and program directors who were qualified in the current regulation remain qualified.
220	Requirements for Aides. Adds a requirement that prohibits aides under 18 years of age to be left alone with children.	* Removes the requirement added at the proposed stage that staff under the age of 18 must be supervised by an adult staff member.	Changes made in response to comments received. This added language is not needed as staff under age 18 are already required to work only when another adult staff is present at the center.
240	Staff orientation Adds a requirement for all staff to complete a minimum of 16 hours of orientation training. Adds requirements for documentation of orientation.	*Revised orientation requirements to remove the requirement for 16 hours of orientation to be completed. Revised documentation requirements to remove the requirement to document the number of orientation training hours received.	Revisions were made in response to public comment and are consistent with requirements for orientation in the Child Care and Development Block Grant. All of the same orientation topics are still required, but there is no specific hourly requirement. This change allows flexibility to the center in staff orientation.

	<p>Adds a requirement for staff to complete a DSS sponsored orientation course within 90 days of employment.</p> <p>Adds a requirement to include facility specific health and safety topics for orientation.</p> <p>Removes the term 'clock' to make the requirement clear for hours of training required.</p> <p>Medication administration and daily health observation training requirements.</p> <p>Deletes training requirements for medication administration, daily health observation, and staff training for therapeutic child day programs in this section and moved to 22VAC40-185-245.</p> <p>Adds a requirement to allow staff employed prior to the proposed action to complete the DSS sponsored orientation training within one year. The training may count towards the annual training requirements.</p> <p>Adds a requirement for volunteers who work</p>	<p>*Only new staff, hired after the effective date of the regulation, are required to complete the DSS orientation course.</p> <p>Technical edit to revise the language 'within seven days of employment' to 'within seven days of assuming job responsibilities'.</p> <p>*New orientation topic added: prevention and control of infectious diseases.</p> <p>*Adds a requirement for staff to complete, within 30 days of the first day of employment, first aid and cardiopulmonary resuscitation (CPR) orientation training appropriate to the age of children in care.</p> <p>*Removes the requirement added at the proposed stage requiring existing staff to complete the DSS sponsored orientation training within one year.</p>	<p>Change made in response to public comment to allow more flexibility with the orientation time frame, and feedback that the DSS orientation course is not needed for existing employees.</p> <p>Change is consistent with requirements for orientation in the Child Care and Development Block Grant. All new staff must be trained in first aid and CPR, but all staff do not need certification in first aid and CPR. Revision made based on public comment.</p> <p>Change made based on public comment. DSS orientation course is not needed for existing employees who would have already completed orientation training on identical or similar topics currently required by the standards.</p>
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	<p>more than six hours per week to receive training on the center’s emergency procedures within the first week of volunteering and on an annual basis.</p> <p>Adds requirements for documentation of orientation training to ensure that all training requirements are met.</p>	<p>*Language amended to exempt cooperative preschool parent volunteers who count in child to staff ratios from orientation requirements. This exemption does not convey if the child day center participates in the Child Care Subsidy Program.</p> <p>Technical edit to change the term ‘universal precautions’ to ‘standard precautions’.</p>	<p>Change made to preserve the cooperative preschool model and to comply with § 63.2-1734 of the Code of Virginia.</p> <p>Technical change to update the term based on updated practices and for consistency with terminology used by the United States Department of Labor (OSHA) and the Center for Disease Control.</p>
<p>245</p>	<p>Adds new catchline: Ongoing training.</p> <p>Adds a requirement for staff to complete a minimum of 20 hours of annual training.</p> <p>Adds a requirement for staff to receive annual training on the center’s emergency plan.</p> <p>Adds exceptions to allow for reduced annual training for staff who do not work with a group of children and staff in short-term programs.</p> <p>Adds annual training requirements for parents who</p>	<p>*Hourly annual training requirements were reduced, reverting to the current requirement of 16 hours of training instead of 20 hours.</p> <p>*Added language to clarify that annual training must be completed in addition to orientation training.</p> <p>*Language amended to exempt cooperative preschool parent volunteers who count in child to</p>	<p>Change made as result of public comment and to be consistent with annual training requirements in other states.</p> <p>Clarification of requirement.</p> <p>Change made to preserve the cooperative preschool model and to</p>

	<p>participate in a cooperative preschool.</p> <p>Adds annual training requirements for staff employed at therapeutic child day programs.</p> <p>Adds a requirement to include annual training relevant to job responsibilities and the care of children and incorporates health and safety topics related to health and safety.</p> <p>Medication administration and daily health observation training requirements are moved to this section from 22VAC40-185- 240.</p> <p>Adds a requirement to allow CPR and first aid certification to count towards annual training hours.</p> <p>Adds requirements for documentation of training to ensure that all training requirements are met.</p> <p>Removes the term 'clock' to make the requirement clear for hours of training required.</p> <p>Adds clarification, to describe the term 'cooperative</p>	<p>staff ratios from training requirements, except for four hours of training annually. This exemption does not convey if the child day center participates in the Child Care Subsidy Program.</p> <p>CPR and first aid added to the list of suggested training topics to be covered in annual training.</p> <p>Technical edit to move medication requirements 22VAC40-185-245; Ongoing Training to 22VAC40-185-510; Medication.</p> <p>*Technical edit to section for clarification of requirements for daily health observation training.</p> <p>Language added to clarify that Medication Administration Training and Daily Health Observation Training may count towards annual training requirements.</p>	<p>comply with § 63.2-1734 of the Code of Virginia.</p> <p>Allows for the center to consider annual training on CPR and first aid for individuals who are not required to be certified or are not already certified in CPR and first aid.</p> <p>Edit made for clarification of requirements and for ease of readability.</p> <p>Response to public comment received. Revised to separate medication training requirements from daily health observation requirements. Provides clarification of requirements and ease of readability.</p> <p>Response to public comment received. Revised to allow providers flexibility in meeting training requirements.</p>
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	<p>preschool'.</p> <p>Incorporates updates in § 54.1-3408 and adds a requirement that allows nurse practitioners and physician assistants to teach medication administration training courses.</p>		
320	<p>Requirements for restroom areas and furnishings.</p>	<p>*New section added to this regulatory action. Removes requirement for school age children of the opposite sex to use the restroom separately.</p>	<p>Revised based on guidance and for consistency with the Final Child Care Program regulation, 22VAC40-665.</p>
400	<p>Requirements for behavioral guidance.</p>	<p>*New section added to this regulatory action. Adds requirements for timeout.</p>	<p>Consistency with Standards for Licensed Family Day Homes and the Final Child Care Program regulation, 22VAC40-665.</p>
500	<p>Hand washing and toileting procedures</p> <p>Adds a requirement for staff to wash their hands before preparing or serving food or beverages.</p>	<p>*Revision made to allow the use of cloth diapers, even if there has not been an adverse reaction to disposable diapers, when disposal requirements are met.</p>	<p>Revision made to provide more opportunities for parental choice in diapering.</p>
510	<p>Medication requirements.</p> <p>Corrects reference to medication administration training requirements.</p> <p>Adds a requirement for staff who administer medication to be 18 years or older.</p>	<p>Technical edit to move requirements for the administration of medication from 22VAC40-185-245; Ongoing training to 22VAC40-185-510; Medication.</p> <p>Technical edits. Corrected cross reference to training requirements in 22VAC40-185-245.</p>	<p>Technical edit made for clarity and ease of readability.</p> <p>Changes made for clarification.</p>

<p>530</p>	<p>Adds a requirement for all staff who work directly with children to have current certification in CPR and first aid within 30 days of employment.</p> <p>Clarifies that CPR certification must have an in-person competency component.</p> <p>Adds a requirement to allow staff employed prior to the proposed action to complete CPR and first aid certification within 90 days of the effective date of the regulation, while having at least one staff member with current CPR and first aid certification present during operational hours.</p> <p>Adds a requirement to allow CPR and first aid certification to count towards annual training hours.</p>	<p>*Revised first aid and CPR requirements, requiring at least one staff in each classroom or area where children are present to be certified in first aid and CPR within 90 days of the regulation's effective date.</p> <p>*Adds a requirement that at least two staff certified in first aid and CPR must always be present at the center wherever children are in care.</p> <p>*Language added to allow staff who is a registered nurse or licensed practical nurse with a current license from the Board of nursing to be exempt from the first aid certification requirement.</p>	<p>Revised for consistency with the requirements in the Child Care and Development Block Grant Act of 2014 (CCDBG). Change also made in response to public comment. Requiring at least one staff per classroom to be certified in first aid and CPR ensures that at least one staff in each grouping of children can perform first aid and CPR in an emergency.</p> <p>Change made to ensure a minimum number of first aid and CPR certified staff are always present to respond to an emergency.</p> <p>Revised for consistency with Standards for Licensed Family Day Homes and the Final Child Care Program regulation, 22VAC40-665.</p>
<p>550</p>	<p>Requires procedures for emergency preparedness.</p> <p>Adds a requirement to have a written emergency preparedness plan to include procedures for relocation, lockdown, fire, severe storms, loss of utilities, and violence at or near the facility.</p> <p>Adds a requirement to ensure accommodations or special requirements</p>	<p>Technical edit to clarify the requirement for information and supplies to be taken to the assembly or relocation site in the event of an emergency.</p> <p>*New requirement for procedural components for the continuity of operations to be included in the emergency preparedness plan.</p> <p>*Language added to require that parents be notified if their child comes into contact with any food</p>	<p>Compliance with the Child Care and Development Block Act requirements.</p> <p>Consistency with emergency preparedness requirements in the Child Care and Development Block Grant and the Final Child Care Program regulation, 22VAC40-665.</p> <p>Revised for the safety of children with allergies and consistency with requirements in the Final</p>

	<p>for infants, toddlers, and children with special needs are in place for safe evacuation or relocation.</p> <p>Adds a requirement to have a procedure to reunite children with their parent or those authorized to pick up the child.</p> <p>Adds a requirement to include emergency response practice drills for lockdown procedures at least annually.</p> <p>Adds a requirement for documentation of emergency evacuation, shelter-in-place, and lockdown drills to be maintained and include certain components.</p> <p>Adds a requirement for the provider to notify the parent if a confirmed or suspected allergic reaction and ingestion of prohibited food has occurred.</p> <p>Updates requirements for the emergency preparedness plan to include communicating with parents and emergency responders during an emergency.</p>	<p>to which they are allergic to as identified in the written care plan.</p>	<p>Child Care Program regulation, 22VAC40-665.</p>
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Public comment

Please summarize all comments received during the public comment period following the publication of the proposed stage, and provide the agency response. If no comment was received, please so indicate. Please distinguish between comments received on Town Hall versus those made in a public hearing or submitted directly to the agency or board.

<p>Ashley Yuckenberg Clare O'Keeffe Jennifer Lawler Jill Mills Katie Katie Huber, Military Spouse Katie Whitestone Katy Petrik Kelly Keefer Kelsey Lepp - Martial Arts School + Citizen Kristen Burton Marisol Figueroa Michelle Linett Sara Hannon</p> <p>Coleman Osborne</p>	<p>Removing the exemptions for short term care situations like after school programs, summer day camps/Bible schools and any facility with drop off childcare while parents are on-site or nearby (e.g., coworking spaces, IKEA, gyms, restaurants, etc.) would effectively eliminate most if not all of these options since meeting all the requirements would be cost prohibitive.</p> <p>Eliminating the exemptions would eliminate businesses that allow child-minding services to be offered in settings that would be unable to adhere to all licensing requirements, such as businesses providing drop-in care for children while adults utilize services on-site (i.e. churches, gyms, co-working spaces, etc.). These services are needed in our state to support healthy parents and families. Eliminating these exemptions will only hurt the parents and inflict financial strain on families who utilize these services.</p> <p>It is simply not feasible for most of these types of businesses to pursue child care licensing, whether because of actual physical restrictions (such as the indoor and outdoor space required of licensed child care centers), or because of actions that would be cumbersome to families for simply partaking in</p>	
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<p>Deanna Heier</p>	<p>part-time child minding services.</p> <p>Eliminating these exemptions would eliminate businesses that allow child-minding services to be offered in settings that would be unable to adhere to all licensing requirements, such as businesses providing drop-in care for children while adults utilize services on-site (i.e. churches, gyms, co-working spaces, etc. This will hurt small businesses that have great programs for children and their development.</p>	
<p>Denise Stern, small business owner</p>	<p>Short term childcare options allow parents to balance family, work, and health and wellness in a Northern Virginia environment that often times supports very little in these areas. These options have made it possible for parents to find balance and removing them will hurt many working families and the small business owners who have set up business models to meet these families' needs within current regulations. It does not make sense for these businesses to have to meet all the licensing requirements of a full-time daycare center and forcing this regulation will mean that many of the options will be eliminated; or become cost prohibitive. Many parents and businesses are unaware of this proposal which will have</p>	

<p>Kathryn Floyd, co-op preschool parent</p>	<p>significant negative impacts on our daily lives.</p> <p>Instead of sweeping loss of exemptions for everyone, the action could be amended where childminders and other programs need to show evidence of background checks and continuing child safety education each year in order to maintain good standing. Reputable childminders and co-ops do this voluntarily already; it would be a very easy database to maintain.</p>	
<p>Katie Huber, Military Spouse</p>	<p>As a result of the proposed removal of exemptions, cooperative preschool may need to make drastic changes that reduce the involvement -- to the benefit of the students -- of parents in the classroom. My gym where I'm able to leave my children while I work out will be affected. My church where my children can attend Sunday school will be affected. We all want our children to be safe, but short-term, on-premises care need NOT adhere to all of the same licensure requirements as daycares, schools etc. The primary effect will be to force parents away from places and activities where they and their children can socialize and interact with the community. These changes would have a tremendous, negative impact on our children and families.</p>	

<p>Laura Palmer</p>	<p>Honest Soul Yoga offers child minding and staff was very friendly and they were moms themselves. My son got loving care, we were happy. Then a child minding position opened up and I got offered the job here I am 6 months later, loving my job and meeting new moms and their children.</p> <p>Please do not sign this bill; you will take away jobs and business away from the ones that count on kids programs, like military spouses and single parents.</p> <p>All the day care centers here are overcrowded and full. We will lose a lot of options for working parents.</p>	
<p>Lauren Martinez</p>	<p>Keep the exemptions. People have enough trouble trying to balance their lives making time for their health, kids, and work. Changing the exemptions is unduly burdensome on our culture.</p> <p>Exemptions that allow child care to be offered in settings that would be unable to adhere to all licensing requirements, such as businesses providing drop-in care for children while adults utilize services on-site (i.e. churches, gyms, co-working spaces, etc.), are needed in our state to support healthy parents and families. Increased occupational licensing requirements are</p>	

<p>Lisa Herr Prince William County Department of parks and Recreation</p>	<p>detrimental for consumers! The administrative and financial strain this will introduce will limit healthy competition in the marketplace by driving out small businesses. Costs for these services will increase while quality declines- hurting the children these regulations were designed to protect most of all.</p>	
<p>Lori Rose-Thompson</p>	<p>I am concerned about the exemptions and how this change will change Recreation, Government run summer camp programs for school age children. What is the timeline for implementation as this may have major impact on program implementation and budget?</p>	
<p>Maeve Spence, Parent</p>	<p>Eliminating the exemptions for organizations that provide short-term/drop-in care is short-sighted and harmful to businesses and the parents that rely on them. (Ex: churches, health clubs, after-school programs, shared workspaces). I work as a group fitness instructor. My ability to make my livelihood, as well as the ability of parents to attend my classes, depends on the ability to use short-term care provided at the clubs where I teach. I strongly oppose eliminating these exemptions!</p>	

<p>Margaret Green, Concerned Parent</p>	<p>This sweeping proposed change in which ALL exemptions for licensure are eliminated would have a significantly negative impact on child care programs and on families who depend on these services. Many families utilize cooperative preschool centers or short-term child care services for much needed time to engage in freelance or contract work. Many of these and religious organizations do not have the capacity or human resources to manage the licensure procedures that this proposed change would necessitate. Please do not move forward with these changes that would negatively impact families and businesses across the state.</p>	
<p>Melissa Brooke West; The Mayapple School</p>	<p>The proposed change eliminates ALL exemptions. By making this change, it would prohibit religious child minding programs like Sunday school, as well as many after school programs like martial arts establishments. This change would also not allow parents to bring their preschool aged kids to dance or music classes and leave them there. In addition, it would impact the ability to offer enrichment classes to young children, or even have a program that has a focus on music or arts or STEM.</p> <p>Also many co-op programs would be</p>	

	<p>impacted due to the changes in training standards for providers. This would have a resounding impact on small business owners and programs for children.</p>	
<p>Meredith Le Grand, Montessori School of McLean</p>	<p>Striking off of the current exemptions, including those for Sunday school and Summer Camp programs is a concern. The amount of record keeping required for each child may provide a barrier to participating in these programs.</p> <p>If these regulations really are to apply to any program now (without hourly/amount exemptions) offered for two or more children not in the home of the provider, then parents will end up having access to fewer caregiving opportunities, especially back-up care, as it will be too costly to operate.</p>	
<p>Miriam Joy</p>	<p>The proposal includes the elimination of the Certified Preschool Exemption. Allow a fully accredited school and ALL of its programs to be Certified and, therefore, exempt from licensure. An accredited school should still have the ability to choose the exempt from licensure route. I am pleased to see that the ratio for balanced mixed age groupings is still listed as 1:14.</p>	

<p>Nicole Dash, Play, Work or Dash</p>	<p>The proposed changes would very negatively impact my life as a parent and someone who exclusively telecommutes for my job. I utilize centers which benefit from this exemption on a daily basis. All of these services would be unavailable to me without this exemption for these centers. The additional compliance burden for complying with the requirements for a full day care would not be an option for many of these not-for-profit and small businesses which offer this service. I would imagine many would have to close. This would be a great loss for the community.</p>	
<p>Sara Carroll, Cuddlebugs Child Development Center, LLC</p>	<p>This sweeping proposed change in which ALL exemptions for licensure is eliminated would have a resounding impact on small business owners and programs for children. It would also impact many families who depend on these services. My business model is dependent on the exemption for licensure which allows child minding services for up to three hours while providing a service for parents. My program allows parents to work in our adjacent space while we care for their children. It's a much needed service for families. Making this change, would prohibit religious child minding programs like Sunday schools or programs like Bar Mitzvah classes or</p>	

<p>Jennifer Flynn</p>	<p>vacation bible schools, after school programs like martial arts, dance or music or STEM class and child care at the gym, without going through traditional licensure.</p> <p>I am interested to see how removing the exemptions from licensure affects nonprofits like the Boys & Girls Club and also how public schools that offer Prek have been exempt will now be required to be licensed?</p> <p>The proposed changes would negatively impact the lives of not only children but parents, business owners, employees, and facilitators, etc.</p>	
<p>Jennifer Hemmick</p>	<p>I became a member at Honest Soul Yoga in Alexandria, VA largely due to their child-minding service. I believe the staff to be more than qualified and I feel perfectly comfortable leaving my son in their care. I feel confident that they follow strict professional practices and enforce policies that provide a healthy environment for the community. While I would like to think these proposed changes are based on what is best for children, I strongly</p>	
<p>Katy Petrik</p>	<p>believe parents and guardians are fully capable and should be allowed to make their own informed decisions regarding the details of their child care options. These changes would</p>	

	<p>restrict and eliminate those options.</p>	
<p>Krista Hollo</p>	<p>This would negatively affect a lot of local businesses and parents who rely on these services. Please do not make these changes!</p>	
<p>Morgen Peters</p>	<p>Please reconsider the changes proposed to daycare licensure requirements. I currently work in a coworking facility that provides fantastic childcare that follows all the current regulations, but limits your time to meet with regulations. Not only myself, but many other moms that work there, simply could not run their businesses without this place. There are so many other options to solve the issues with unlicensed day care centers, than to punish the smaller ones that are doing amazing things for families.</p>	
<p>Olga Bashbush</p>	<p>If you follow through with this, my co-working space will be forced to shut down and the gym will stop their childcare services, thus not allowing me to work from home with two small children.</p>	
<p>Ramine Dash</p>	<p>This will eliminate many needed and already limited short term child care services and after school programs that parents rely on. This isn't the way to fix child care needs in this country and will make it more</p>	

<p>Rebecca Shelton</p>	<p>expensive and more onerous than it already is.</p> <p>Child minding at my local yoga studio has been invaluable to my well-being. This legislation hurts small businesses who offer these services and busy parents like me who rely on these services to do things we need or want to do without breaking the bank. Licensed daycare and babysitting is expensive, and child minding services at small businesses fills that gap.</p>	
<p>Rebecca Sweetser</p>	<p>Small businesses not only can't afford to make their business align with state childcare licensing, but in most cases it would be impossible for them anyway based on zoning issues. They are not childcare. They are enrichment and short term child mining classes. They shouldn't have to be regulated like a state licensed daycare.</p>	
<p>Stefanie Cline, Honest Soul Yoga</p>	<p>It is important that the suggested changes do not place an undue burden on services that provide short-term childcare while the parent is on-site. These services support parents and allow greater flexibility to pursue activities that foster health and wellness.</p> <p>I am opposed to any changes that would adversely affect churches, co-op schools,</p>	

<p>Trish Cornelius-Honest Soul Yoga</p>	<p>on-site child minding for office co-ops, fitness centers, etc., by instituting costly, if not impossible, licensing requirements. As a military spouse who has depended on these avenues for temporary childcare, I know how important they are to many parents.</p>	
<p>Maud Maciak</p>	<p>Child Minding is a lifesaver for me and my family and many of my friends. By taking child minding away, this jeopardizes the stay at home mothers outlet as well as those in the military community that also benefit greatly from the practice of yoga. I highly suggest rethinking this decision to pull child minding from small businesses.</p>	
<p>Darina Brown</p>	<p>Please do not pass this. As an employee of a business that has childminding as an option. We follow all regulations and have a strict policy we follow. Many small businesses and families will be affected. Please reconsider.</p>	
<p>Northern Virginia Association for the Education of Young Children</p>	<p>I oppose the new reform regarding the exemption.</p> <p>I am speaking as a mother who needs a break from time to time and also as a yoga teacher. I know so many mums who drop the child at the child care and do for example yoga to</p>	<p>The term 'volunteer' as defined in the current regulation is not changing. Individuals who are not paid, do not count in the staff-to-children ratio, and are not alone with children are volunteers. The Division of Licensing-Children's Programs will provide technical assistance on this issue.</p>

<p>Phyllis Leary Newbill</p>	<p>recharge the batteries and being a better mum in return!</p> <p>We are hearing from centers, colleges, and universities, that there are wildly varying interpretations of who counts as a volunteer. Specifically, some programs are closing their doors to college and university practica and intern students because they are unsure whether or not they are volunteers and if they are required to have fingerprinting. This goes against the current push for teachers who are more prepared to work in early care and education environments, and we are concerned more programs will opt out of hosting students because of ambiguity in regulations. We request that VDSS include specific language for programs about what requirements are needed for student interns and observers, and that this language is communicated clearly to college and university education programs.</p>	
<p>River's Bend Children's Center The Virginia Child Care Association (VCCA) Childcare Network Kristen Carter, Children's Harbor</p>	<p>E-Mail:</p>	<p>No change will be made to the terms 'Aide' and 'Program Leader' as this is beyond the scope of this action.</p>
<p>Margarita Fores Khalilah Jones Kwesi Abban Jennifer Ellison Camila Manjarres Lachelle Metcalf Billy Edwards Jennifer Fadden Brett Dailey</p>	<p>My primary concern is the change in the definition of child day center, specifically the removal of the list of exemptions from the licensure requirements. Would removing the exemptions from the definitions require that all the types of child programs listed there to be under the same licensing rules as</p>	

<p>Sue Edwards Stephanie Usurin Katie Beard Linda Waldhuber Tahanee Karim Elizabeth Edwards Dana Hines Kristen Saltman Ruhuma Bukuru Ruhama Getachew Kate Millender Ashley Dascoli Angel Scott Bart Taylor Angela Bellido Keyonia Blackeney Nitsuh Tesfaye Natasha Cofresi Adriana Gomez Kelel Tesfaye Kevin McGunnigle Robyn Shaver Jessica Mastropietro Rahel Endris Marvin Davis Michael Ellison Neil Saltman Jacob Beard</p>	<p>full time day care centers? The requirements would be devastating to so many of these programs.</p> <p>Town Hall:</p> <p>To keep up with the trend of professionalizing this workforce the following terms are more current: Lead Teacher instead of Program Leader; Assistant Teacher instead of Aide.</p> <p>Mail:</p> <p>Aide & Program Leader Definition - To keep up with the trend of professionalizing this workforce the following terms are more current and should be considered: Lead Teacher instead of Program Leader; Assistant Teacher instead of Aide.</p>	
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<p>Clark Andrs, River's Bend Children's Center</p> <p>Nicole Schaefer, Leaf Spring School at Wyndham</p>	<p>22VAC40-185-40. Operational responsibilities.</p> <p>Town Hall:</p> <p>I would like to see the requirement for the list of all children's allergies, sensitivities, and dietary restrictions to be amended to allow posting children's allergy list in an area clearly visible to all staff and not kept confidential (hidden) as long as center has parent's written permission to do so.</p> <p>Due to the large amount of children we serve we would like to add an exception allowing a photo with allergy information to be posted in a visible area in each</p>	<p>No change was made to the requirement for the provider to inform staff of children's allergies, sensitivities and dietary restrictions. Allergy information is health information and must be kept confidential from the public, but staff must be provided a written list of all allergies so that they can ensure the health and safety of children in their care.</p>

<p>Jennifer Slack, Our Neighborhood Child Development Center</p> <p>Emmanuel Lutheran Preschool-Jenny Reinhart & Laura Wood.</p> <p>Susan Key</p>	<p>classroom with parents signed consent. Visible posting will allow for more ease of accessibility and better allergy management. We recommend adding children with special care needs that staff should be aware of to be posted on the list as well with parent's written consent (example: asthmatic)</p> <p>Add to clarify: diagnosed severe food allergy.</p> <p>I'm not sure why it would be confidential vs. just posted. Do all children mean other classrooms need a list of children not in their classroom? Does all areas mean also outside?</p> <p>Do centers with children ages 30 months to 5 years old need to include these trainings?</p> <p>E-Mail</p> <p>Will centers each be responsible for writing their own procedures regarding shaken baby, SIDS, etc. or will this be a general policy given to us by DSS?</p>	<p>Centers are responsible for site specific training according to the ages of children served. Centers not licensed to care for infants do not need to complete training specific to infant care.</p> <p>Centers are responsible for writing procedures that comply with the requirements of the regulation.</p> <p>No change will be made to the requirement for all centers to develop written procedures for the prevention of shaken baby syndrome or abusive head trauma, including coping with crying babies, safe sleeping practices, and sudden infant death syndrome awareness.</p>
<p>Clark Andrs, River's Bend Children's Center</p>	<p>22VAC40-185-60. Children's records.</p> <p>Town Hall:</p> <p>If the child has been diagnosed with a particular food allergy, the</p>	<p>No change will be made to the requirement for a written care plan to be provided for each child with a diagnosed food allergy, which includes</p>

<p>Nicole Schaefer, Leaf Spring School at Wyndham</p>	<p>doctor probably instructed the parent what to do if the child eats this item. Perhaps this was given to the parent in writing, perhaps verbally. Parents usually know exactly what to do, either from previous experience or consultations with a physician. Doctors diagnose and treat. Nurses write something called; plan of care.</p> <p>Perhaps a solution would be to differentiate between life threatening food allergies; and intolerances to food. The serious food allergies would require the written care plan by physician (or physician's designee) & intolerances to food plan could be written by the parent.</p> <p>For the written care plan Add to clarify: "diagnosed severe food allergy". Rationale: Many parents disclose their child's mild food allergies and food intolerances to us, which we treat as food allergies and post on our allergy lists.</p> <p>We feel that requiring all students who have any allergy to have a written plan would be difficult to manage and would be unnecessary, even potentially causing more harm than good with too many documents to manage the significant ones are lost in the masses. If this standard proceeds as written, it presents a challenge as to handle parent-diagnosed food</p>	<p>instructions from a physician. There is not a requirement for a written care plan for food intolerances and sensitivities.</p> <p>No change will be made to the requirement for all children with a diagnosed food allergy to have a written care plan which includes instructions from a physician.</p> <p>Clarification through technical assistance will be provided.</p>
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	<p>intolerances or allergies that the physician did not write on the health examination form. Would we then have to require that the child re-visit the MD for the assessment of the parent-diagnosed food intolerance/allergy?</p>	
<p>Melissa Brooke West; The Mayapple School</p> <p>Early Challenges Child Care Center</p>	<p>22VAC40-185-70. Staff records.</p> <p>Town Hall:</p> <p>Any new regulations must come with greater opportunities for centers to meet these requirements. For example, it can sometimes take months to receive back something so simple as a CPS background check.</p> <p>Currently there are multiple directives and varying specifications regarding the Background Check requirements. Please provide one consistent document the fully explains the requirements and how they may be applied. The Block Grant Act specifies that background checks should be good for 5 years and be transportable. VDSS says the background check is only good for 3 years and is not transferrable. We also need to be able to allow an employee to work on a provisional basis (supervised at all times) while this check is processed. It has taken as little as one day or as long as 8 weeks.</p>	<p>No change was made to the requirements for background checks. Background check requirements are found in the Code of Virginia and in the regulation Background Checks for Child Welfare Agencies, 22VAC40-191.</p> <p>The department has submitted a Notice of Intended Regulatory Action (NOIRA) to address</p>

<p>Minnieland Private Day School, Inc.</p>	<p>The proposed standard, 22VAC40-185-70.A.3, references the regulation entitled Background Checks for Child Welfare Agencies, 22VAC40-191. As it stands, that current regulation is in conflict with guidance from the Department of Social Services in the form of a series of memos sent out by the Division of Licensing –Children’s Programs, beginning in May of 2017. Without a valid regulation to reference, we are left to contend with the lack of guidance from the Division of Licensing, who have either provided capricious interpretations of the Code of Virginia (§63.2-1720, et al) or no answers to our inquiries.</p> <p>For example, in a memo dated January 17, 2018, the Division of Licensing advises that determination letters do not transfer to another employer. This is in direct conflict with The Child Care and Development Block Grant Act of 2014, which allows for portability within a five-year time frame if the employee has not been separated from child care employment for more than 180 consecutive days. The Department indicates in their proposal for review to the executive branch on June 14, 2017, that the regulations were proposed to align with, but did not exceed, federal requirements. The Department’s subsequent interpretation of the</p>	<p>changes needed in the background check regulation.</p>
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	<p>proposed standards, in effect, makes that statement false. It also again burdens the budgets of child care facilities that will have to submit and pay for another background check that would have been satisfactory at the previous place of employment for up to five years. Furthermore, it also affects outside vendors providing services to multiple childcare facilities. For vendors submitting comparable background checks on each staff member to each facility that requires it prior to providing services, those costs would be exponential. Meanwhile, in stark contrast, the Department allows the Central Registry Search results to remain portable between centers under certain circumstances. All in all, the version of standards that are approved should not be permitted to reference a document that contains incorrect information, yet expect compliance from the population that it seeks to guide. In 2014, the Department was required to convene a work group to develop a plan to implement fingerprinting. Even though they recommended regulatory changes to 22VAC40-191, we do not see any movement to amend this regulation on the Department's agenda. Therefore, we insist that either the proposed changes offer additional clarification on the</p>	
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<p>Jennifer Slack, Our Neighborhood Child Development Center</p>	<p>This is unclear and I'm not sure why it would be necessary or even helpful. For example if we have two snow days would we need to notify? What if our power was out and we closed early one day then it wasn't repaired the next day so we closed?</p>	<p>No change was made to the requirement for centers to report to the department the suspension of all child care services for more than 24 hours as the result of an emergency situation and any plans to resume care. The department needs this information to ensure the safety and well-being of children in care.</p>
<p>Clark Andrs, River's Bend Children's Center</p>	<p>I strongly oppose to this immediate or; as soon as practicable reporting unless; as soon as practicable is defined as showing the licensing specialist the injury documentation at the time of the next unannounced inspection.</p>	<p>A change was made to require the center to inform the Department within two business days of any injury to a child that requires outside medical attention.</p> <p>No change was made to the definition of 'serious injury'. This definition is consistent with the Standards for Licensed Family Day Homes, 22VAC40-111 and the Final Child Care Program regulation, 22VAC40-665.</p>
<p>Jamie Tettey</p>	<p>The current policy for reporting injuries is acceptable. The parent can report injuries to DSS at any time.</p>	
<p>Michelle Kim</p>	<p>Children especially at a younger age are constantly active and will have little mishaps here and there. To require immediate notification of any injury requiring medical attention and under such a limited time for every single accident would be overwhelming not only for the parents but also to the administration.</p>	
<p>Minnieland Private Day School, Inc.</p>	<p>Centers are already required to keep records of both serious and minor injuries on site. These records can be reviewed at any time by the Department's</p>	

<p>Alisha Morgan Angela Lanier Bobbe Abich Carmen Weston Claudia Moreno Dalia Nolasco Andrea Londono Darlen Perez Erica Lee Gwen Nelbach Heather Elkins Jacquelyn Terkhorn Jennifer Cisneros Jenny Bach Jessica Ventura Sorto Keydis Palma Latonya Carter Manuela Gamarra Marcela Herrguth Marsha Garrett Mary Lou Nellis Mercedes Sanchez Miladys Mendoza Monica Mendez Nafisa Hamdard Paula Williams Penny Edwards Rosa Sanchez Samantha An Sara Kidwell Sara Torres Sylvia Fomah Tammy Berry Tessa Sanchez</p> <p>Angela Todd</p>	<p>representative. There is no additional benefit to mandating two reports.</p> <p>A reasonable alternative to real time injury reporting would be to require centers to maintain written documentation of serious injury to be readily available at time of licensing inspection or the definition of serious injury be reevaluated.</p> <p>To require centers to report serious injury to the department rep within two business days is excessive, Especially if serious injury is defined as anything that requires a visit to a medical professional. A yearly analysis of reports done upon inspection is a more reasonable option or the definition of serious injury</p>	
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<p>Childcare Network</p>	<p>should be redefined, unnecessary reporting will only take valuable time away caring for the children.</p>	
<p>Denise McDonald Michael Fust Early Challenges Child Care Center Beth Mattox</p>	<p>We are strongly opposed to real time reporting and instead we support providing separate serious injury information, to the DSS inspector, upon each semi-annual DSS visit.</p>	
<p>Jennifer Slack, Our Neighborhood Child Development Center</p>	<p>CCDBG requires this data to be collected, on subsidy providers only. If serious injury reporting is going to be required of all providers, we request being able to produce this data, at the time of a center visit, as opposed to calling The Department of Social Services Licensing Inspector. Inspectors should also receive training on serious injury vs. normal childhood injury. All injuries aren't serious injuries.</p>	
<p>Karen Cosgrove, Springfield Academy military parent</p>	<p>Cuts requiring stitches and foreign objects lodged in eye, nose, ear or other body orifice need to be removed from this list of serious injuries. These are childhood injuries and should not be seen as a serious injury. These occurrences happen sometimes and we have children who put foreign objects like pea gravel, macaroni, sand and mulch in their eyes, mouth, nose and ears.</p>	

<p>Minnieland Private Day School, Inc.</p>	<p>These reports are being used by DSS to target programs for citation which is eroding the relationships between licensing agents and the programs, not to mention adding additional work to already over stretched agents. Will these reports trigger a licensing visit? If so, how will the licensing agent's caseload be adjusted to accommodate?</p>	
<p>Neil Saltman</p>	<p>Real time reporting would slow the teachers down. Serious injuries could be reported thru the semi-annual DSS visits. If serious injury is anytime a doctor has to be called, that could add up to hours of wasted man-hours for the teachers, as most children have frequent doctors' visits for colds, etc. Serious injury in this case would need to be more clearly defined - broken bones, burns, etc. - before enacting this proposal</p>	
<p>The Virginia Child Care Association (VCCA)</p>	<p>We are strongly opposed to real time reporting and instead support to provide separate serious injury information, upon a semi-annual DSS visit, as currently practiced.</p> <p>Centers are already required to keep records of both serious and minor injuries on site. These records can be reviewed at any time by the Department's representative. There is no additional benefit to mandating two reports.</p>	

<p>Margarita Fores Khalilah Jones Kwesi Abban Jennifer Ellison Camila Manjarres Lachelle Metcalf Billy Edwards Jennifer Fadden Brett Dailey Sue Edwards Stephanie Usurin Katie Beard Linda Waldhuber Tahanee Karim Elizabeth Edwards Dana Hines Kristen Saltman Ruhuma Bukuru Ruhama Getachew Kate Millender Ashley Dascoli Angel Scott</p>	<p>I agree with the VCCA Solution to provide separate serious injury information on a semi-annual DSS visit. This seems practical and it seems to be currently working.</p> <p>We are strongly opposed to real time serious injury reporting, and instead, support providing separate serious injury information, to the DSS inspector, upon each semi-annual DSS visit.</p> <p>CCDBG requires this data to be collected, on subsidy providers only. If serious injury reporting is going to be required of all providers, we request being able to produce this data, at the time of a center visit, as opposed to calling The Department of Social Services Licensing Inspector. Inspectors should also receive training on serious injury vs. normal childhood injury. All injuries aren't serious injuries.</p> <p>Mail:</p> <p>I object to real time reporting of serious injury by definition of any injury requiring medical attention. I think that a reasonable alternative would be to require centers to maintain written documentation of serious injury to be readily available at time of licensing inspection or the definition of serious injury be reevaluated.</p>	
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<p>Northern Virginia Association for the Education of Young Children</p>		
<p>Kristen Carter, Children's Harbor</p>	<p>We request clarity over the definition of serious injury.</p>	
<p>Denise McDonald Michael Fust</p>	<p>There is no consistent message regarding Serious Injury. The definition of Serious Injury and the directive from DSS to report any injury that requires a doctor's visit is not consistent.</p>	<p>A 'written attendance record' is a current requirement. This requirement was clarified to require an attendance record for each 'group of children'. Digital attendance records can be considered 'written' if they are immediately available to emergency responders.</p>
	<p>Is it necessary to have a written attendance record? Would a digital</p>	<p>This requirement ensures that emergency responders have an accurate count and location of all children in care in the event of an emergency and will protect children's health</p>

<p>Emmanuel Lutheran Preschool - Jenny Reinhart & Laura Wood</p>	<p>attendance record not suffice?</p>	<p>and safety. This requirement also promotes the accountability of children during emergencies that require evacuation and relocation.</p>
<p>Liz Dowdy, Evangel Child Care</p>	<p>Can a center used a preprinted log that offers ability to check units of time; for example the form could have blocks marked 9:00am-9:15am, 9:15am-9:30am, etc. and a teacher could quickly check arrival/departure times as children's arrival/departure occurs?</p>	
<p>Peggy Lunsford</p>	<p>Please clarify. Is the purpose to determine if a child is present in the center or in a specific classroom? As written this will mean that every classroom will need to document arrival and departure of every child.</p> <p>E-Mail:</p> <p>It seems to say we would need a 2 year old's attendance kept in the Pre-K class and also the school age class simultaneously. Also please clarify what happens if a large group of children is divided into different rooms for various activities. Please reconsider the wording of this standard</p>	
	<p>22VAC40-185-130. Immunizations for children.</p> <p>Town Hall:</p>	

<p>Melissa Brooke West; The Mayapple School</p>	<p>Under these new regulations, children without immunization records won't be able to participate in programs; but how does the center have control over the doctor who doesn't have time to give records to parents (for weeks or even months?) How can we meet the new demands without resources being available or with no greater control over external factors than we had before?</p>	<p>No change was made to immunization requirements for children. Immunization records are a requirement in the Code of Virginia, § 22.1-271.2 and protect the health of children in care.</p>
<p>Jennifer Slack, Our Neighborhood Child Development Center</p>	<p>22VAC40-185-140. Physical examinations for children.</p> <p>Town Hall:</p> <p>This elaborate requirement is completely unnecessary just a simple regulation based on the lowest requirement there would be fine.</p>	<p>No change was made to the requirement for children's physical exam to be provided before the child's attendance or within 30 days</p>
<p>Alisha Morgan Angela Lanier Bobbe Abich Carmen Weston Claudia Moreno Dalia Nolasco Andrea Londono Darlen Perez Erica Lee Gwen Nelbach Heather Elkins Jacquelyn Terkhorn Jennifer Cisneros Jenny Bach Jessica Ventura Sorto</p>	<p>22VAC40-185-190. Program director qualifications.</p> <p>Town Hall:</p> <p>Request no changes be made to program director qualifications and current exceptions be maintained.</p>	<p>A statement has been added to 22VAC40-190 to clarify that those who qualified under the current regulation would remain qualified. Program director qualifications have not changed.</p>

<p>Keydis Palma Latonya Carter Manuela Gamarra Marcela Herrguth Marsha Garrett Mary Lou Nellis Mercedes Sanchez Miladys Mendoza Monica Mendez Nafisa Hamdard Paula Williams Penny Edwards Rosa Sanchez Samantha An Sara Kidwell Sara Torres Sylvia Fomah Tammy Berry Tessa Sanchez</p> <p>Denise McDonald Michael Fust</p> <p>Childcare Network</p> <p>Don Goff, Child Care Resources</p> <p>Clark Andrs, River's Bend Children's Center</p>	<p>Child care centers are finding it increasingly difficult to find qualified staff. We object to limiting an already limited pool of applicants. We are seeking to expand this area of opportunity to those with a CDA certification and applicants outside the field of early care and education.</p> <p>We support expanding the limited pool of applicants. VCCA requests that directors have experience, plus one of the following education qualifications, in order, to meet the director requirements:</p> <p>BA/BS Degree in any field, child related courses preferred, not required</p> <p>Associates Degree in any field, child related courses preferred, not required</p>	
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	<p>12 College Credits in child related subject matter, without condition</p> <p>CDA; without condition</p>	
<p>Christine Young</p>	<p>This will allow us to meet the demands and industry, where it is, providing administrative leadership necessary to run a successful child day program.</p>	
<p>Jamie Tettey</p>	<p>Experience should be taken into consideration for director qualifications.</p>	
<p>Clark Andrs, River's Bend Children's Center</p>	<p>Directors and staff do not need a high level or education to care for children appropriately. An associate's degree, BA/BA degree or 12 credits is appropriate; and a CDA.</p>	
	<p>I strongly object to deleting option #5 and #6 of the current standards. These soon to be deleted paragraphs of qualifications allow many excellent directors to fill positions that are extremely tough to fill. I object to further limiting an already limited pool of applicants. I support the VCCA solution outlined below:</p> <p>Associates Degree in any field, child related courses preferred, not required</p>	
<p>Early Challenges Child Care Center</p>	<p>BA/BS Degree in any field, child related courses preferred, not required</p>	

	<p>12 College Credits in child related subject matter</p>	
<p>Jessica Quain, Springfield Academy</p>	<p>By adding additional qualification requirements, the regulations will unintentionally reduce the already small employee pool. NAEYC Accreditation raised their Director Qualifications, and they soon changed them downward. They learned that accredited programs could not find Directors with such high qualifications; and the ones who did meet the qualifications would turn down the positions. I suggest Director qualifications as follows: Associates Degree in any field, child related courses preferred, not required; BA/BS Degree in any field, child related courses preferred, not required; 12 College Credits in child related subject matter; CDA Credential.</p>	
<p>Karen Cosgrove, Springfield Academy military parent</p>	<p>Restricting the degree that is currently held to the early childhood field seriously impacts our ability to hire. There is a 30% turnover rate in the industry nationwide. We cannot arbitrarily limit our pool of candidates because of a perceived improvement of quality based on the degree you hold. Do not legislate out the natural ability of an individual to care and nurture children.</p>	

<p>Kristen Carter, Children's Harbor</p>	<p>Limiting the director qualifications is going to rule out an entire pool of directors when staffing is already so difficult. You will be eliminating long-term directors who have been successfully running centers for 15 plus years by removing these exceptions and requiring further education rather than experience.</p>	
<p>Kristen Saltman</p>	<p>Adding additional educational and certification requirements in lieu of decades of experience has been proven to reduce the pool of talented applicants with demonstrated skillsets in nurturing and guiding young children in a positive, caring and safe environment. Adding additional degree requirements does not equate to better results.</p>	
<p>Michelle Kim</p>	<p>In an already limited pool of qualified people to choose from, it would be better to expand the qualifications. Associates or BA/BS degrees in any field, with child related courses preferred, or 12 college credits in a child related subject area, or a CDA would be preferred qualifications.</p> <p>A blanket requirement to the Director Qualifications is a wrong approach to take. If a director is successful and has been a successful director for many years, then the logical progression should be to have</p>	

<p>The Virginia Child Care Association (VCCA)</p>	<p>experience as a qualification or to grandfather those who are clearly exceling in their profession.</p> <p>It is not fair to disqualify someone solely based on the facts that their experiences educationally are not child related although their real life experiences may be extremely significant in the educational field. It is unfair and discouraging to disregard someone's efforts and accomplishments they may have achieved through their years of childcare experience just because they may not have an educational degree.</p>	
<p>Beth Mattox</p>	<p>Child care centers are finding it increasingly difficult to find qualified staff. We support expanding the limited pool of applicants. VCCA requests that directors have experience, plus one of the following education qualifications, in order, to meet the director requirements: BA/BS Degree in any field, child related courses preferred, not required; Associates Degree in any field, child related courses preferred, not required; 12 College Credits in child related subject matter without condition; or CDA without condition. This will allow us to meet the demands and industry, where it is, providing administrative leadership necessary to</p>	

<p>Jennifer Schwitz</p>	<p>run a successful child day program.</p> <p>Child care centers already have a difficult time finding quality staff. We need to have the ability to hire from within, train staff who have committed and dedicated their lives to young children regardless of their level off formal education. Restricting the degree that is currently held to the early childhood field seriously impacts our ability to hire. There is a 30% turnover rate in the industry nationwide. We object to limiting our pool of applicants. We face the same challenges as the Department of Social Services and the Department of Education when it comes to finding qualified staff. We need to expand this area of opportunity to include CDA certification and applicants outside the field of early care and education.</p>	
<p>Soni Rana Jennifer Schwitz Manuela Mendoza Roberta Abich Nafisa Humdard Angela Todd Dalia Zuniga Elizabeth Demarino Samantha An Sylvia Fornah Maria Sanchez Stephanie Hopkins</p>	<p>Limiting the director qualifications is going to rule out an entire pool of directors when staffing is already so difficult. You will be eliminating long-term directors who have been successfully running centers for 15 plus years by removing these exceptions and requiring further education rather than experience</p>	
<p>Margarita Fores Khalilah Jones Kwesi Abban Jennifer Ellison</p>	<p>Mail:</p>	

<p>Camila Manjarres Lachelle Metcalf Billy Edwards Jennifer Fadden Brett Dailey Sue Edwards Stephanie Usurin Katie Beard Linda Waldhuber Tahanee Karim Elizabeth Edwards Dana Hines Kristen Saltman Ruhuma Bukuru Ruhama Getachew Kate Millender Ashley Dascoli Angel Scott Bart Taylor Angela Bellido Keyonia Blackeney Nitsuh Tesfaye Natasha Cofresi Adriana Gomez Kelel Tesfaye Kevin McGunnigle Robyn Shaver Jessica Mastropietro Rahel Endris Marvin Davis Michael Ellison Neil Saltman Jacob Beard</p> <p>Louisa Stetekluh- Overlee Preschool</p>	<p>Request that no changes to be made to director qualifications and current exceptions be maintained.</p> <p>Child care centers are finding it increasingly difficult to find qualified staff. I object to limiting an already limited pool of applicants by changing the current standard.</p> <p>E-Mail:</p>	
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<p>Jamie Tetty</p>	<p>the full-time teachers at the end of the day. Sixteen and seventeen year olds watch children unsupervised all the time and bring and energy and enthusiasm to the classroom and to the children.</p> <p>Aides, 16 and 17 year old aids are needed to be able to work independently the first and last hour of school to support the staff and relive the teachers.</p>	
<p>Jennifer Rainey, Springfield Academy</p>	<p>Many of these proposed regulations are unnecessary burdens on daycare providers who are already stretched to the limit meeting regulations. These in no way increase the safety or care of my child and will only result in higher tuition fees. Most daycares operate with 16 and 17 year old staff in the afternoons in order to relieve full-time teachers. I trust that my daycare will hire responsible young adults for these positions.</p>	
<p>Jennifer Schwitz</p> <p>Karen Cosgrove, Springfield Academy military parent</p>	<p>Not allowing aides under the age of 18 to be left alone unsupervised with the children is unreasonable. The younger aides allow fulltime staff to be relieved in the afternoons; we should not have to pay staff to supervise other staff members.</p> <p>We need 16/17 year olds to work independently at</p>	

<p>Kristen Saltman</p>	<p>the beginning and end of the school day to relieve our full time teachers by 5pm daily. The director is always there, but we feel confident with the 16/17 year olds with the children.</p>	
<p>L Metcalf</p>	<p>I think that this requirement requires some serious re-work. As parents, we trust that our center will staff our children's school with appropriate individuals (who have been fully vetted). I have observed first-hand the 16 and 17 year old helpers do amazing things with their classes and how the children respond to them. The 16 and 17 year olds, I have seen, have flourished.</p>	
<p>Nick Tettey</p>	<p>16 and 17 year old aides are needed to be able to relieve full time caregivers. These students are energetic, responsible and are obtaining critical skills to help them become productive contributors to society as well as gaining the skills they need for possible careers in child care and/or education.</p> <p>Many of these proposed regulations are unnecessary burdens on daycare providers who are already stretched to the limit meeting regulations. These in no way increase the safety or care of my child and will only result in higher tuition fees. Most daycares operate with 16</p>	

<p>The Virginia Child Care Association (VCCA)</p> <p>Alisha Morgan Angela Lanier Bobbe Abich Carmen Weston Claudia Moreno Dalia Nolasco Andrea Londono Darlen Perez Erica Lee Gwen Nelbach Heather Elkins Jacquelyn Terkhorn</p>	<p>and 17 year old staff in the afternoons in order to relieve full-time teachers. I trust that my daycare will hire responsible young adults for these positions.</p> <p>We need 16 and 17 year old aides to be able to work independently the first & last hour of the day to relieve many of the full-time teachers by 5pm daily. Sixteen and seventeen year olds are watching children unsupervised all the time in home care. We believe that licensed care is a much safer option for them to be alone in a classroom for 1 hour the first or last hour of the day.</p> <p>The Virginia Department of Planning & Budget's Economic Analysis states that this new rule may cause licensees to incur additional costs to ensure that these teenagers are not left alone with children in care. This proposed change will likely limit the usefulness of 16 & 17 year olds as child care workers and, therefore, will make it less likely that they will be hired by licensees. Given that it is unlikely that 16 & 17 year olds are any less safe or competent as childcare workers than 18 year olds with comparable training, the cost of this proposed requirement likely outweigh any benefit.</p> <p>The age demographic is needed to relieve fulltime</p>	
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<p>Jennifer Cisneros Jenny Bach Jessica Ventura Sorto Keydis Palma Latonya Carter Manuela Gamarra Marcela Herrguth Marsha Garrett Mary Lou Nellis Mercedes Sanchez Miladys Mendoza Monica Mendez Nafisa Hamdard Paula Williams Penny Edwards Rosa Sanchez Samantha An Sara Kidwell Sara Torres Sylvia Fomah Tammy Berry Tessa Sanchez</p>	<p>teachers. They bring high energy and enthusiasm to the classroom and allowing them to work in the school promotes the younger demographic to explore future careers in childcare.</p>	
<p>Heather Whitfield, Heather's Kids, LLC</p>		
<p>Jessica Quain, Springfield Academy</p>	<p>Adding the language "aides under 18 shall not be left along with children" is too broad and restrictive, especially for smaller daycares. We would like to see an exception for smaller classrooms and daycare centers. We would like for it to say "aides under 18 shall have sight or sound supervision".</p> <p>High-school students under the age of 18 have been a critical part in childcare center's success for decades.</p>	

<p>Latonya Carter</p>	<p>This proposed amendment is extremely overarching, a heavy regulatory mistake, misguided, and robs both the young adult of experience for their college application and resume, and the benefits younger children receive when under the care of a responsible and attentive young adult.</p> <p>By requiring a licensed or full-time member of the staff to supervise the High-school students under 18 years of age, the effect will most likely be reduced employment opportunities for this demographic and increased childcare or tuition costs to keep a senior employee on the clock for longer hours throughout each school day</p> <p>All of these proposed amendments to the regulations will: increase childcare costs in NoVA, one of the most expensive regions in the country for such costs; reduce the availability or access to facilities when there is already a low/no availability issue in our region; and, most importantly, have little or no benefit to the families and children contrary to the reasoning provided by the authors of the proposed amendments to the current standards.</p> <p>Requiring staff under 18 to be supervised does not make sense either. Why</p>	
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<p>MaryLou Nellis</p>	<p>would a staff member be paid to watch another staff member supervise the children. This can leave room for staff to sit around and be unproductive which can lead to staff socializing and not putting all of their focus on the children</p>	
<p>Michelle Kim</p>	<p>I also object to requiring staff under 18 to be supervised by other staff. To me this creates an atmosphere where one staff member will be sitting around who can be better used in another room or relieved for the day. The younger employees are often very enthusiastic about playing with the children and pleasing the parents and more often than not are more reliable than someone who has worked 8+ hours with the children all day. They come in after school and are refreshed and ready to work which relieves some of the fulltime employees who have been working since 630 am.</p>	
<p>Christine Young</p>	<p>It is unfair to put a specific age restriction on the fact that teenagers must be 18 years of age to be left alone with children. This age demographic helps to not only fill in some hours to relieve the earlier coming employees but helps these younger teens to build on their morals of responsibility and independence.</p>	

<p>Jamie Tettey</p> <p>Soni Rana Jennifer Schwitz Manuela Mendoza Roberta Abich Nafisa Humdard Angela Todd Dalia Zuniga Elizabeth Demarino Samantha An Sylvia Fornah Maria Sanchez Stephanie Hopkins</p>	<p>I object to requiring staff under 18 to be supervised by other staff. This limits the use of employees that are needed in another room or could relieve coworkers for a time period. The younger employees are often very enthusiastic about playing with the children and pleasing the parents and more often than not are more reliable than someone who has worked 8+ hours with the children all day.</p> <p>16 & 17 year old aids are needed to be able to work independently; the first and last hour of school; to support the staff and relive the teachers.</p>	
<p>Margarita Fores Khalilah Jones Kwesi Abban Jennifer Ellison Camila Manjarres Lachelle Metcalf Billy Edwards Jennifer Fadden Brett Dailey Sue Edwards Stephanie Usurin Katie Beard Linda Waldhuber Tahanee Karim Elizabeth Edwards Dana Hines Kristen Saltman Ruhuma Bukuru Ruhama Getachew Kate Millender Ashley Dascoli Angel Scott Bart Taylor Angela Bellido Keyonia Blackeney Nitsuh Tesfaye Natasha Cofresi Adriana Gomez</p>	<p>Mail:</p> <p>Teacher aides under the age of 18 be supervised at all times are needed to relieve fulltime teachers. They bring high energy and enthusiasm to the classroom and allowing them to work in the school promotes the younger demographic to explore future careers in childcare.</p> <p>I object to the proposed regulation that teacher aides under the age of 18 be supervised at all times. The age demographic is needed to relieve fulltime teacher. I have observed many teenage staff members over many, many years and feel this is both</p>	

<p>Kelel Tesfaye Kevin McGunnigle Robyn Shaver Jessica Mastropietro Rahel Endris Marvin Davis Michael Ellison Neil Saltman Jacob Beard</p>	<p>discriminatory against one just based on their age. Age alone is not always a predictor of a quality/responsible caregiver. They fill a vital role during a twelve hour day, particularly adding energy at the end of many a long day. Let us not limit this vital segment of our youth/population.</p>	
<p>Amit Hickman</p> <p><u>Rock Spring Cooperative Preschool:</u> Adrienne Cuvelier Alison Landry Christopher Mills Christopher Ryan Luck Cindy Anderson Claire Ward Courtney Newbold Crystal Zeh David Coleman Emily Sadowsky Eric Matthew Williams Ginger Moore Heather Cichelli Hilary Dilks</p>	<p>22VAC40-185-240. Staff Orientation</p> <p>Daily Health Observations. Please clarify who will need Daily Health training and if this will need to be provided by a RN or similar professional.</p> <p>Please include an exception for cooperative preschool parents in the new orientation training section 22VAC40-185-240.</p> <p>We ask that the total number of training hours (both orientation and ongoing, collectively) for cooperative preschool parents be limited to the current 4 hours.</p> <p>Cooperative preschool parent volunteers;</p>	<p>No change was made to the requirement for at least one staff who has completed daily health observation training within the last three years to be on duty. This training is not required to be conducted by a RN or health professional.</p> <p>*Language amended to exempt cooperative preschool parent volunteers who count in child to staff ratios from orientation and training requirements, except for four hours of training annually. This exemption does not convey if the child day center participates in the Child Care Subsidy Program.</p>

<p>Holly Fischer Jennifer Weidman Jill Lyttle Joanna Edwards Justin Herzog Kathleen Tysse Katia Stuart-King Kelley Wolfe Kelly Williams Kimberly Waletich Johnston Kristen Carter Kristen Cunningham Mary Mills Nicole Harding Nicole Headd Paul Fischer Romney Duerden Saira Smith VALERIA McCarthy Veronica Daher William Moore Ajay Kannooh Kombra</p>	<p>1) undergo the same background checks as staff 2) assist professional staff in the classroom 3-6 hours/month (required training could exceed total volunteer hours for the school year); and 3) serve a unique position in the classroom; as a volunteer under the guidance and supervision of professional staff but may at times not be in sight and sound supervision of staff.</p>	
<p><u>Dulin Cooperative Preschool:</u> Christine Campe-Price, Cooperative Preschool community member-Dulin Kate Coleman Lana Slack, Dulin Cooperative Preschool Michelle Locey, Dulin Cooperative Preschool</p>	<p>Please revise the Proposed Amended Standards to allow cooperative preschool parents to work in the classroom under the guidance and supervision of professional staff but without continuous sight and sound supervision of a staff member provided that the parent volunteer: 1) passes all of the background checks required of professional staff; and (2) completes a total of 4 hours of orientation and ongoing training annually.</p>	
<p><u>Sleepy Hollow Cooperative Preschool:</u> Lesia Lampton Becky Radich: Angela Crandlemire Teresa LeMair Carolyn Kesler Catherine Oles Christine Khuo Debbie Brown Douglas Hanback Frank Ross parent Guy Pribadi Heather Rascona</p>	<p>The new requirements for staff orientation (22VAC40-185-240) and ongoing training (22VAC40-185-245) would impose an undue burden on our parents by expecting them to complete 16 hour of orientation and 20 hours per year of ongoing training. Parents who are volunteering their time are simply not going to be willing or able to complete the same orientation and training requirements as</p>	

<p>Jennifer Wyse Jessica Watts Joseph Ruppert, Parent Natalie Lago Neil Lampton Nour Awad Quinn McCann- Lattig Rachel Abidin Shannon McAllister</p>	<p>our paid classroom teachers. Please remove the language “who are not considered staff” from section 22VAC40-185-245C describing the required annual training for cooperative preschool parents.</p>	
<p><u>Hunters Woods Cooperative Preschool:</u> Annette Bledsoe AnnMarie McManus Robert Underhill Carol Roach Christina D’Aguiar Claudia Smith Constance Hartke Debbie Anguizola Diego Mora Elaine Zeitlin Elizabeth Draxler Emily Menard Erin McGregor Fabiana Cesa Hannah Dillon Helen Rose J Skinner James M. Hyman Janet L. Day Jen F Jennifer Gibbons Jennifer Mattice Jennifer Prosser Jennifer Rockwell Joan O’Reilly Joe Montagne Justin Mattice Karin Vlcek Katie Lester Kristen Phillips Kristin Betz Kurt Rose Lyndsey Zeigler Marea Hawes Margaret Perry Margery McDonnell Mary Burkhalter Maura Papas Michelle Duffy Nadia Mahmood</p>	<p>Parents work under the direct supervision of well qualified classroom teachers in our award winning, NAEYC accredited program. If the orientation and ongoing training sections of the proposed standards are not changed, cooperative preschools like ours will be forced to hire additional staff, making the cost prohibitive for many of our families. Cooperative schools may have to close as parents are unwilling to enroll their children in programs which put unreasonable burdens on them. Either outcome robs children of the high quality, affordable early education that cooperative preschools provide. Our parents volunteer on average only 50 hours a year in the classroom. Parents who are volunteering their time are simply not going to be able to complete the same orientation and training requirements as our paid classroom teachers. Please include an exception for cooperative</p>	

<p>Robert Underhill Sandra Duran-Blyth Sanjeev Agarwal Sheri Kelleher Susan Sather Tiffany Graham Tom Hawes Traci Pickering Alicia Rodriguez Caroline Rogus Constance Chubb Ellen Gabel Jennifer Gowetski Rachel Dober Stephanie Linnane Teresa Jenn Jennifer Hoh Karin Hudson Hunter Woods Cooperative Preschool (Parent/Volunteer) Fort Hunt Cooperative Preschool: Amber Kaushik Chang (Jeff) Joo, Danielle Mendoza Elizabeth Cammarata E Katie Copps Emilie Zaborski Nancy Renner Nicole Rodriguez, Victoria Kinsler Yael Mangum</p> <p><u>Annandale</u> <u>Cooperative</u> <u>Preschool:</u></p> <p>Amy Quigle Anna Woodham Anne Foster Ashley Kelloff Averi Kempf Baylea Wheeler Brent Long Chris Morgan Courtney Lamphere Daniel Klaus Davin Jung Diane Wilcox Frances Brayshaw Francis Pan Gonzalo Ferro</p>	<p>preschool parents in the new orientation training section 22VAC40-185- 240.</p>	
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<p>Heather Muety Jackie James Gardiner Janice Kelliher Jennifer Blackford Jessica Smith John Kelliher Jon McMaster Julie Ballog Katharine Griffith Katherine Evans Kimberly Howard Kirsten Lee Howard Leah Richardson Lauren Brennan Lysa L. Scott Marcie Foster Marie Sloane Melissa Kuhn Monica Tucker- Harley Nathan Smith Nicole Craig Richard Pripeton Rodney Richardson Sarah Girard Stefan Roth Tara Soligan Terri Ballard Thomas Woodham Vicki Mansuy Wendy Pan Allison Powell-Switaj Amber McClain Angela Klaus Jennifer Long Lisa Hungness Lisa Smith Meredith Ferro Orin Wilcox Roberta Buttarazzi Sarah Wells Sylvia Morgan Amy Latta Joslyn Osten</p> <p><u>Overlee Preschool:</u></p> <p>Anika Seifert Daniel Sheahan Deanne Brock Jan Seifert Kaydee Myers Kelly Edens Lauren Barber Liz Pineda</p>		
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<p>Lydia Allen Rebecca Morrissey Stacey Bowlin Stanley Brock Amanda Jo Dezaki Grace Carlson Gurkiran Sardar Alexandra Beall Cheryl Gnehm Cheryl Harnden Chris Wood David Hannigan Ed Delacruz Elise Zamsky Elizabeth M. Sonnenberg, Haydn Richards James Cogbill Jane Morrissey Jean Fisher Jeffrey Williams Kate Bowers Maria Monteverde- Jackson Megan Pelaez Meredith Sumpter Sally Granade Samantha Trice Virginia Acuna</p> <p><u>FB Meekins</u> <u>Cooperative</u> <u>Preschool:</u></p> <p>Amelia Hunter Ariunchimeg Khuyag Bonnie Fontana Carrie Philbin Caroline Cassinelli David An Edie Cheung, Farisa Dastvar Heather DeCato Joanna Zimmerman Juhee An Kristen Parsi Kristin Keenan Kristy Schulenberg Laila Akhlaghi Laura Karwoski Mar Margaret Kerfoot Marissa Lawson Matt Williams Megan McAtee Melanie Nunez</p>		
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<p>Melissa Johnston Oliver Deighton Omar Nayeem Reilly Dunn Samina Antoniuk Sara Yang Serap Walter Shari Finch Stephanie Jasenak The Cerne Family The Lee Family The Nehr's Theresa Ayotte Theresa Mueller Anshu matalia Ayesha Athar Caitlin Gaffey Carrie Townsend Cathy Byrd Chia-Chi Chang Darleen Contario Ezekiel D Weeks Graym Kasko Heidi Brown Heidi Patterson Howard DeCastro Jane Hwang Jill Wolverton Joe Contario Katie Hunter Kate Livis Leslie Maffeo Nic Hunter Rebecca Elliott Sarah Erdman Tara Bloch The Blocksom Family Tracy McCarty Alice Suh</p> <p><u>Dulin Cooperative Preschool:</u> Dr. Carol Felderman, Jennifer Keefer, Dulin Carri Howard Catherine Sheeran Megan Worek</p> <p>Emmanuel Lutheran Preschool - Jenny Reinhart & Laura Wood</p>	<p>The implementation of the new language for such parents would no doubt ensure the termination of the cooperative preschool. A</p>	
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	<p>number of children in Virginia will be adversely affected if parents at a cooperative preschool are required to complete the number of hours of orientation and additional training hours put forth in proposal.</p> <p>Please acknowledge the benefit of cooperative preschools whereby teachers and parents unite to provide the initial (and in my view, the most critical) educational experience for children. Please recognize the children attending cooperative preschools will suffer if the proposed language is allowed to dismantle the traditional cooperative model.</p> <p>Cooperative preschools are the most viable option for many Virginia families. And in many instances, cooperative preschools may be the only option.</p> <p>Currently our new staff receive required training their first day at the center covering all aspects of their responsibilities. Most centers use the first few months with on-the-job training focused and offer continuing training opportunities for new staff, but 16 hours orientation seems excessive and will definitely affect our budget. We already have staff who think that 16 hours per year of continuing education per year is more than enough and feel they are often just reviewing the same types of topics over and</p>	
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<p>Eric McKee, co-op parents</p>	<p>over. We do not want to discourage those considering working at our center from choosing to join our developmental program as they are exploring working in a developmental preschool setting. It is also a huge hit to our budget. We would be looking at over \$200 per new employee just for orientation and if we find that staff member is not a good fit, this expenditure must be repeated.</p> <p>I do not believe that adding a requirement for each co-op participant to take 30 hours of training will add any value at all, even if every parent were able to do so; rather, the more likely outcome is that virtually none of the parent volunteers will be able/willing to meet such a high bar for training and there will be nobody left to actually participate. Our co-op has structure, training, and guidelines for the parents that are adhered to very carefully. We are not professional educators, but we do care for the health and well-being of the kids. I neither believe that placing additional requirements on the parent volunteers would provide any benefit nor am I aware of any sort of systemic ill plaguing the co-ops of the Commonwealth that would be remedied by requiring such.</p>	
<p>Former Annandale Coop</p>	<p>Annandale Coop is more than a daycare or preschool. The parents</p>	

<p>James Falcone, former Hunters Woods Coop parent</p>	<p>who work in the classroom learn valuable parenting skills from the professional teacher. Their hours in the classroom could easily be considered training hours. Our school has met the highest standards since 1947. We count on our parents to help in the classroom and the community counts on the Coop to provide the highest quality preschool experience. If a daycare, with an all paid staff is what a family is looking for the Coop would not have lasted 70 years. Please exempt cooperative preschools from the required excessive training hours for the participating parents.</p>	
<p>Rachel Burns- Overlee Cooperative Preschool</p>	<p>The overall effect of requiring an onerous number of training hours will be to depress this successful educational and community model. The parents are parents, not random people pulled off the street! It is safe to say they know something about interacting with children, and in any case they are under the constant supervision of the main teacher at all times anyway. It would be very sad to see such Coops go away.</p>	
<p>Patrick Rathbone</p>	<p>Putting even MORE regulations and restrictions on parents who want to participate in their child's school would make these schools obsolete-as most parents do not have to time to</p>	

<p>Elisabeth Bracken Karin Hudson Katherine A. Ryan Melissa Wolfe, President Virginia Cooperative Preschool Council Nathan Zee, Campbell Elementary PTA President</p>	<p>jump through the hoops of the new regulations.</p> <p>Parent cooperative preschools, which have existed for over 100 years, are placed in jeopardy in Virginia by the Proposed Amended Standards. Current Standards for Licensed Child Day Centers recognize the critical role of parent volunteers in the parent cooperative preschool model by including for cooperative parents an exception requiring limited training annually. This exception recognizes the unique role that parents hold in a cooperative preschool, as well as the intrinsic value of an early childhood education model premised on parent involvement.</p> <p>Under proposed regulations 22VAC40-185-240 and 22VAC40-185-245, parent volunteers who meet the definition of staff would be required to complete 16 hours of orientation and 20 hours per year of ongoing training the same amount as paid staff who work in the classroom each day. This dramatic increase in training requirements for parents who serve in the classroom no more than once every 4-6 weeks will impose significant burdens on parents who want to participate in their child's education.</p> <p>To preserve the cooperative preschool</p>	
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	<p>model, and to encourage rather than discourage parental involvement in the classroom, the training requirements for parent volunteers in cooperative preschools should be kept at the current level, regardless of whether the parent volunteer is counted as staff as defined in the regulations. In addition to this change, the orientation requirements in 22VAC40-185-240 should be clarified. Subsection (A) requires a minimum of 16 hours of orientation training. Subsection (B) provides that all staff shall complete the DSS-sponsored orientation course within 90 calendar days of employment. And subsection (D) imposes an additional, facility-specific orientation requirement within seven days of the date of employment. Currently, the DSS-sponsored orientation course is 10 hours in length, meaning that new staff need an additional 6 hours of orientation training to fulfill the requirement in subsection (A). Does that mean that each facility's specific orientation must be 6 hours in length, and that those 6 hours must be completed within seven days of employment? For part-time preschools that operate for limited hours each week, adding 6 hours of orientation within the first week of a new staff member's service will burden both current staff (who must provide the training) and new staff. Please consider</p>	
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<p>Jane Millward, Providence Nursery School</p>	<p>lengthening the period in which new staff may complete their facility-specific training to match the 90-calendar-day window allotted for completing the DSS-sponsored course.</p> <p>Volunteer Parents in Cooperative Preschools should be counted in staff ratios and should have 4 hours of training annually. On behalf of ALL Cooperative Preschools, I am requesting changes to the Proposed Standards for Licensed Child Day Centers, specifically in regard to the requirements for staff orientation and ongoing training.</p> <p>The proposed new training requirements for parents who volunteer at cooperative preschools are so burdensome that they will doom the traditional cooperative preschool model. It is not feasible to ask parents of young children to undergo 16 hours of orientation training and 20 hours of annual training. We ask that the total number of training hours (both orientation and ongoing, collectively) for cooperative preschool parents be limited to the current 4 hours. If this does not happen, parents may not be able to participate and the schools may have to hire additional staff, with an added negative impact of driving tuition costs up for families who cannot afford traditional preschool model tuitions.</p>	<p>Change made to only require staff hired after the effective date of this regulation to complete the VDSS sponsored orientation course.</p>
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<p>R. Guy Sheetz</p>	<p>that the parent serves in the classroom.</p> <p>Please revise the drastic increase in training hours for cooperative school parents. This puts an undue burden on families trying to play an active role in their children's education. We personally chose a cooperative preschool to partake in our daughters early school years. This might not be possible for us if the training hours are drastically increased.</p>	
<p>Hetel Patel</p>	<p>Conceptually, some burden of training is logical to make sure parents have basic knowledge of the school routine, safety, etc.; but extensive training similar to the accredited teacher(s) on site is overly burdensome. My volunteer work was probably about 3 hours per month for 8 months of the year (24 hours). Looking forward to rational resolution of this legislation that does not increase the burden for parents that volunteer to be with their children.</p> <p>In addition, the requirement for substitute teachers (who are considered lead teachers and not currently differentiated in the current or proposed standards) to maintain the same number of training hours (20-36 in the proposed standards), puts an undue burden on</p>	<p>Orientation requirements have been revised to remove the requirement for 16 hours to be completed.</p> <p>Change made to reduce annual training hours, reverting to the current requirement of 16 hours of training instead of 20 hours. Training requirements are now more consistent with annual training requirements in other states.</p> <p>Change made to only require staff hired after the effective date of this regulation to complete the VDSS sponsored orientation course. This class covers important health and safety topics and meets federal CCDBG orientation requirements.</p>

<p>Jennifer Slack, Our Neighborhood Child Development Center</p>	<p>the substitutes, who may only work for 12-15 hours in a given school year. I respectfully ask that training hours requirements within the standards for substitute teachers be separate from lead teachers and be required on a sliding scale, according to hours worked.</p> <p>It is unlikely that this course will provide any value to teachers, there is no research to indicate courses of this nature are effective at teaching material or impacting behavior. Any course implemented should reflect best practices for adult education.</p> <p>It is unclear that a program could not have an orientation period longer than 7 days even if the staff member is not supervising children during the period. Many programs have longer orientation periods, I don't know why that would be a problem.</p> <p>C would be unnecessary if you just add the word "all" to D between "completed on ALL the following" Remember brevity and clarity for readers increases compliance.</p>	
<p>Nicole Schaefer, Leaf Spring School at Wyndham</p>	<p>It is completely unclear who staff who does not work with a group of children would be. Administrators, directors, floaters, substitutes. Perhaps something about regularly supervising children would be clearer.</p>	<p>Change made to only require staff hired after the effective date of this regulation to complete the VDSS sponsored orientation course.</p>

<p>Tess Dodson, a non-profit center</p>	<p>Add: or within 14 days for part-time employees (rationale: they may not be available 5 days a week for training) to the requirements for Orientation training for staff which shall be completed on the following facility specific topics and information to be provided to staff prior to working alone with children and within seven days of the first day of employment.</p> <p>I strongly oppose the change to 22VAC40-185-240 that would require all staff to complete 16 hours of orientation training prior to being alone with children and within 7 calendar days of employment. A more reasonable and equally safe requirement would be for full-time staff to complete a minimum of 16 hours of orientation training and part-time staff to complete 4 hours of orientation training prior to working alone with children and within 7 calendar days of employment.</p> <p>Our non-profit center employs several part-time staff to help with lunch break coverage and end of the day ratios. These college students generally start out volunteering at our center for at least a semester through a local volunteer program, with whom we have been receiving volunteers since the 1980s. Volunteers who fit</p>	
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<p>Tracey Sopp, Cooperative Preschool of Loudoun</p>	<p>in well with our program expectations and interact well with our staff and children may later be hired as part-time staff. We are flexible with their hours to accommodate their college classes, and as a result, some students only work a few hours a week. For some of our part-time staff, it would take weeks to complete the orientation with their limited availability, thereby eliminating our ability or desire to hire and utilize these young adults who interact in our classrooms so well and offer strong support to teachers so that they can lower classroom ratios and increase the number of high quality one-on-one interactions between full-time staff and children.</p>	
<p>Vicky Rauchle, KIDS in Discovery Preschool</p>	<p>The amount of training hours each year is very frustrating to veteran teachers. It is very difficult to find the time away from work and family responsibilities to attend so many trainings. Many of the trainings are repetitive after 17 years of teaching. I would like to see a graduated training scale. New teachers have the most hours with a reduction in needed hours as the years pass down to 6 or 10. Teachers should not have to spend weekends attending training when they have been teaching long enough to be able to offer training. It is a waste of our time and insulting to us as professionals.</p>	<p>*Language amended to exempt cooperative preschool parent volunteers who count in child to staff ratios from orientation and training requirements, except for four hours of training</p>

<p>Jennifer Slack, Our Neighborhood Child Development Center</p>	<p>Raising the number of hours that teachers need each year from 16 to 20 hours is more than my teachers work in one week and it is hard to find people willing to do this much training. This puts an additional burden on my teachers that is unfair. I don't have the budget to pay for my teachers to all do 20 hours a year, and while there are some good free programs, they are still limited.</p>	<p>annually. This exemption does not convey if the child day center participates in the Child Care Subsidy Program.</p>
<p>Justin Sadowsky</p>	<p>Perhaps a section on training topics. The following are acceptable training topics. Then with some listed as required for orientation and ongoing, orientation only, ongoing only.</p> <p>E-mail:</p> <p>Please also include an exception for cooperative preschool parents in the new orientation training section 22VAC40-185-240, such as:</p>	<p>*Language amended to exempt cooperative preschool parent volunteers who count in child to staff ratios from orientation and training requirements, except for four hours of training annually. This exemption does not convey if the child day center participates in the Child Care Subsidy Program.</p>
<p>Louisa Stetekluh-Overlee Preschool</p>	<p>In a cooperative preschool center that is organized, administered, and maintained by parents of children in care, staff members who are a) a parent or another guardian of a child who has independently accepted responsibility for a student outside of the school environment, b) not an employee of the school, c) do not typically receive any compensation for acting as staff, and d) do not work more than six hours</p>	

	<p>per week are exempt from Subsections A-D, G, and H of this subsection.</p> <p>The current standard for cooperative preschool parent volunteers should REMAIN IN EFFECT since we are a part time program, less than 3 hours a day that operates during the school year. The important consideration is that parent volunteers spend 30-50 hours (stated differently, parents spend approximately 3.75-6.25 hours per month in the classroom) a school year. An annual 16 hour orientation training requirement is an overly onerous requirement for the amount of time each parent volunteer actually spends in the classroom, particularly since each parent is directly supervised by a fully trained teacher (note: parents are not left unsupervised in the classroom).</p> <p>Create exceptions to the 16 hour orientation requirement both for parents volunteering in cooperative preschools and for appropriately educated and trained staff members.</p> <p>If these regulations do go into effect, I propose that, because of the substantial changes, there be a delay until at least the fall of 2019 to allow cooperative preschools and other child care programs to</p>	
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<p><u>Rock Spring Cooperative Preschool:</u> Cara Richardson Kristin Blackburn Margie Bell Slater Harding Tracy Pannozzo Justin Sadowsky</p> <p><u>Dulin Cooperative Preschool:</u> Laura Willmek- Dulin</p> <p><u>Hunters Woods Cooperative Preschool:</u> Joanna Owen</p> <p><u>FB Meekins Cooperative Preschool:</u> Anke Wagner</p>	<p>make plans for coming into compliance.</p> <p>The regulations as written do not serve children, families, or daycare/preschool employees and will cause harm to all of them. The cost to train all volunteers in cooperative preschools will be insurmountable. Even if it were possible to provide for the costs, it will be difficult if not impossible to find staff willing to complete the required training hours. Those costs will be placed onto parents and families, and the increases will be significant enough that children will miss out on educational opportunities.</p> <p>Please include an exception for cooperative preschool parents in the new orientation training section 22VAC40-185-240.</p> <p>We ask that the total number of training hours (both orientation and ongoing, collectively) for cooperative preschool parents be limited to the current 4 hours.</p> <p>Cooperative preschool parent volunteers:</p> <ol style="list-style-type: none"> 1) undergo the same background checks as staff 2) assist professional staff in the classroom 3-6 hours/month (required training could exceed total volunteer hours for the school year); and 3) serve a unique position in the classroom ;as a 	
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<p>Elizabeth Seeger</p>	<p>volunteer under the guidance and supervision of professional staff but may at times not be in sight and sound supervision of staff</p> <p>Please revise the Proposed Amended Standards to allow cooperative preschool parents to work in the classroom under the guidance and supervision of professional staff but without continuous sight and sound supervision of a staff member provided that the parent volunteer:</p> <p>1) passes all of the background checks required of professional staff; and (2) completes a total of 4 hours of orientation and ongoing training annually.</p> <p>Under proposed regulations 22VAC40-185-240 and 22VAC40-185-245, parent volunteers who meet the definition of staff would be required to complete 16 hours of orientation and 20 hours per year of ongoing training the same amount as paid staff who work in the classroom each day. This dramatic increase in training requirements for parents who serve in the classroom no more than once every 4-6 weeks will impose significant burdens on parents who want to participate in their child's education.</p> <p>The training requirements for parent volunteers in cooperative preschools should be kept at the</p>	
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<p>Susan Key</p>	<p>current level, regardless of whether the parent volunteer is counted as staff as defined in the regulations. In addition to this change, the orientation requirements in 22VAC40-185-240 should be clarified. Subsection (A) requires a minimum of 16 hours of orientation training. Subsection (B) provides that all staff shall complete the DSS-sponsored orientation course within 90 calendar days of employment. And subsection (D) imposes an additional, facility-specific orientation requirement within seven days of the date of employment. Currently, the DSS-sponsored orientation course is 10 hours in length, meaning that new staff need an additional 6 hours of orientation training to fulfill the requirement in subsection (A). Does that mean that each facility's specific orientation must be 6 hours in length, and that those 6 hours must be completed with seven days of employment? For part-time preschools that operate for limited hours each week, adding 6 hours of orientation within the first week of a new staff member's service will burden both current staff (who must provide the training) and new staff. Please consider lengthening the period in which new staff may complete their facility-specific training to match the 90-calendar-day window allotted for completing the DSS-sponsored course.</p>	<p>The VDSS sponsored orientation training is currently online. Information about the training can be found at http://www.dss.virginia.gov/family/children.cgi</p>
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	Will the VDSS sponsored orientation course be available online?	
Jennifer Schwitz	<p>22VAC40-185-245. Ongoing training.</p> <p>Town Hall:</p> <p>Training hours: Increasing the amount of training hours for all staff members will be another unnecessary cost. Finding and maintaining long-term staff is already difficult due to the fingerprint background checks and the orientation training requirements, so to add additional hours either unpaid or paid will just be another burden. Finding free training for staff is also difficult enough without increasing the hours required.</p>	<p>Orientation requirements have been revised to remove the requirement for 16 hours to be completed and require that specific health and safety topics be covered. Staffs who are adequately trained increases the quality of care children receive and equips staff to handle health and safety issues that may arise.</p> <p>Change made to reduce annual training hours, reverting to the current requirement of 16 hours of training instead of 20 hours. Training requirements are now more consistent with annual training requirements in other states.</p>
Melissa Brooke West; The Mayapple School	<p>Additionally, the continual increase in annual training hours per staff member should not be done across the board. For small programs like ours, I must have substitute staff or we won't have enough staff to operate if even one regular staff person calls out.</p> <p>The costs of CPS checks, fingerprinting, CPR and First Aid will total almost \$200 for each. But is it really necessary for me to pay another additional \$180 (at minimum) for her wage to compensate for training time, and that is</p>	<p>Change made to reduce annual training hours, reverting to the current requirement of 16 hours of training instead of 20 hours. Training requirements are now more consistent with annual training requirements in other states.</p>

<p><u>Annandale Cooperative Preschool:</u></p> <p>Amy Quigle Anna Woodham Anne Foster Ashley Kelloff Averil Kempf Baylea Wheeler Brent Long Chris Morgan Courtney Lamphere Daniel Klaus Davin Jung Diane Wilcox Frances Brayshaw Francis Pan Gonzalo Ferro Heather Muety Jackie James Gardiner</p>	<p>assuming I can find 20 hours of FREE training that actually fits with her schedule? The amount of substitutes willing to do this, in addition, to be called in for only a few hours, is very low, and increases the difficulty of finding and keeping subs. A program that operates 10 days out of the summer months can't afford to pay for this training for its staff members, either. The reality is that these program costs end up being passed down to the parents, and that in turn provides barriers to access to the people who need it most. Substitutes or staff who work less than 4 hours a week or less on average should have a training requirement that is halved, at most, (or who will work a total of 30 days or less, as for a short-term summer program).</p> <p>We request that the total number of training hours (both orientation and ongoing, collectively) for cooperative preschool parents be limited to the current 4 hours.</p> <p>Please remove the language "who are not considered staff" from section 22VAC40-185-245C describing the required annual training</p>	<p>*Language amended to exempt cooperative preschool parent volunteers who count in child to staff ratios from orientation and training requirements, except for four hours of training annually. This exemption does not convey if the child day center participates in the Child Care Subsidy Program.</p>
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<p>Janice Kelliher Jennifer Blackford Jessica Smith John Kelliher Jon McMaster Julie Ballog Katharine Griffith Katherine Evans Kimberly Howard Kirsten Lee Howard Leah Richardson Lauren Brennan Lysa L. Scott Marcie Foster Marie Sloane Melissa Kuhn Monica Tucker-Harley Nathan Smith Nicole Craig Richard Pripeton Rodney Richardson Sarah Girard Stefan Roth Tara Soligan Terri Ballard Thomas Woodham Vicki Mansuy Wendy Pan Allison Powell-Switaj Amber McClain Angela Klaus Jennifer Long Lisa Hungness Lisa Smith Meredith Ferro Orin Wilcox Roberta Buttarazzi Sarah Wells Sylvia Morgan Amy Latta Joslyn Osten</p>	<p>for cooperative preschool parents. Please include an exception for cooperative preschool parents in the new orientation training section 22VAC40-185-240. Parents working in classrooms complete all of the background checks outlined in Background Checks for Child Welfare Agencies. They work under the direct supervision of well qualified classroom teachers in our award winning, NAEYC accredited program.</p> <p>If the orientation and ongoing training sections of the proposed standards are not changed, cooperative preschools like ours will be forced to hire additional staff, making the cost prohibitive for many of our families. This would not only reduce the significance of the role of parents in the classroom, but would also raise tuition so significantly that many families could be left without any affordable preschool options.</p>	
<p><u>Rock Spring Cooperative Preschool:</u></p>		
<p>Adrienne Cuvelier Alison Landry Christopher Mills Christopher Ryan Luck Cindy Anderson Claire Ward Courtney Newbold Crystal Zeh</p>	<p>Cooperative schools may have to close as parents are unwilling to enroll their children in programs which put unreasonable</p>	

<p>David Coleman Emily Sadowsky Eric Matthew Williams Ginger Moore Heather Cichelli Hilary Dilks Holly Fischer Jennifer Weidman Jill Lyttle Joanna Edwards Justin Herzog Kathleen Tysse Katia Stuart-King Kelley Wolfe Kelly Williams Kimberly Waletich Johnston Kristen Carter Kristen Cunningham Mary Mills Nicole Harding Nicole Headd Paul Fischer Romney Duerden Saira Smith VALERIA McCarthy Veronica Daher William Moore</p> <p><u>Dulin Cooperative Preschool:</u></p> <p>Christine Campe- Price, Cooperative Preschool community member- Dulin Kate Coleman Lana Slack, Dulin Cooperative Preschool Halee Robbins, Dulin Cooperative Preschool Kristin Wajert Page DeZee RSCP Rajini Hinduja Amy Plumlee Casey Loftus CEY Heather Gibby John Loftus Caitlin Conover Mark Conover Courtney Forrest</p>	<p>burdens on them. Either outcome robs children of the high quality, affordable early education that cooperative preschools provide.</p>	
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<p>Karen Moya Kelly Glanzer Laura Lauren Dewhurst Rachel Shabica SFO Courtney Forrest Michelle Locey, Dulin Carri Howard</p> <p><u>Sleepy Hollow Cooperative Preschool:</u></p> <p>Lesia Lampton Becky Radich: Angela Crandlemire Teresa LeMair Carolyn Kesler Catherine Oles Christine Khuo Debbie Brown Douglas Hanback Frank Ross parent Guy Pribadi Heather Rascona Jennifer Wyse Jessica Watts Joseph Ruppert, Parent Natalie Lago Neil Lampton Nour Awad Quinn McCann- Lattig Rachel Abidin Shannon McAllister</p> <p><u>Overlee Preschool:</u></p> <p>Anika Seifert Daniel Sheahan Deanne Brock Jan Seifert Kaydee Myers Kelly Edens Lauren Barber Liz Pineda Lydia Allen Rebecca Morrissey Stacey Bowlin Stanley Brock Amanda Jo Dezaki Grace Carlson Gurkiran Sardar</p>		
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<p>Alexandra Beall Cheryl Gnehm Cheryl Harnden Chris Wood David Hannigan Ed Delacruz Elise Zamsky Elizabeth M. Sonnenberg, Haydn Richards James Cogbill Jane Morrissey Jean Fisher Jeffrey Williams Kate Bowers Maria Monteverde- Jackson Megan Pelaez Meredith Sumpter Sally Granade Samantha Trice Virginia Acuna</p> <p><u>FB Meekins Cooperative Preschool:</u></p> <p>Amelia Hunter Ariunchimeg Khuyag Bonnie Fontana Carrie Philbin Caroline Cassinelli David An Edie Cheung, Farisa Dastvar Heather DeCato Joanna Zimmerman Juhee An Kristen Parsi Kristin Keenan Kristy Schulenberg Laila Akhlaghi Laura Karwoski Mar Margaret Kerfoot Marissa Lawson Matt Williams Megan McAtee Melanie Nunez Melissa Johnston Oliver Deighton Omar Nayeem Reilly Dunn Samina Antoniuk Sara Yang Serap Walter</p>		
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<p>Shari Finch Stephanie Jasenak The Cerne Family The Lee Family The Nehr's Theresa Ayotte Theresa Mueller Anshu matalia Ayesha Athar Caitlin Gaffey Carrie Townsend Cathy Byrd Chia-Chi Chang Darleen Contario Ezekiel D Weeks Graym Kasko Heidi Brown Heidi Patterson Howard DeCastro Jane Hwang Jill Wolverton Joe Contario Katie Hunter Kate Livis Leslie Maffeo Nic Hunter Rebecca Elliott Sarah Erdman Tara Bloch The Blocksom Family Tracy McCarty Alice Suh</p> <p><u>Arlington Unitarian Cooperative Preschool:</u></p> <p>Dena Porter Ellen Connelly Emily Vincent Kate Williams Laura Rush Lesley Malus Reed Megan Rathbone Sara Krumm Carl Stone Paul McDonald Diann Vaughan</p> <p>Dulin Cooperative Preschool: Dr. Carol Felderman Jennifer Keefer,</p>		
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<p>Catherine Sheeran Megan Worek</p>	<p>Please consider the burden of requiring longer hours of training for parents wishing to work and play with young children in a carefully planned and lovingly supervised learning experience. The training and preparation Hunters Woods Preschool provide is beyond adequate and needs not more hours, but people to see the calm, fun, caring environment created and executed at this community. Do not burden our families with requirements.</p> <p>The implementation of the new language for such parents would no doubt ensure the termination of the cooperative preschool. A number of children in Virginia will be adversely affected if parents at a cooperative preschool are required to complete the number of hours of orientation and additional training hours put forth in proposal.</p> <p>Please acknowledge the benefit of cooperative preschools whereby teachers and parents unite to provide the initial (and in my view, the most critical) educational experience for children. Please recognize the children attending cooperative preschools will suffer if the proposed language is allowed to dismantle the traditional cooperative model.</p>	
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<p>Early Challenges Child Care Center</p>	<p>Please remove “who are not considered staff” from the ongoing training exemption for cooperative preschools (22VAC40-185-245C).</p> <p>Cooperative preschools are the most viable option for many Virginia families. And in many instances, cooperative preschools may be the only option.</p> <p>Volunteer Parents in Cooperative Preschools should be counted in staff ratios and should have 4 hours of training annually. On behalf of ALL Cooperative Preschools, I am requesting changes to the Proposed Standards for Licensed Child Day Centers, specifically in regard to the requirements for staff orientation and ongoing training.</p>	
<p>Janice McCoy</p>	<p>The Block Grant Act states that new employees should receive training on 10 topics plus continuing training. The standards are being revised to meet the specifications in the CCBDBG. The State of Virginia has turned that directive into excessive, confusing and conflicting directives on staff training. These new training requirements need to receive serious reconsideration for effectiveness and clarity. Again, we are spending thousands of dollars on training staff within the first 30 days of hire when many aren't employed 90 days later.</p>	

<p>Jennifer Delacruz</p>	<p>The increase in training requirements for preschool workers will result in the loss of strong parental involvement and a resulting sense of community. I love being a periodic presence in the class, and I love how my daughter gets to know not just her peers, but their parents and guardians as well. The cooperative model lowers the cost of preschool. The result of this rule change would be a loss of community, a less fulfilling educational experience for my child, and likely fewer children with access to any sort of pre-K education at all. We need to be doing more to ensure that all kids have access to quality classroom experiences.</p>	
<p>Karli Boothe</p>	<p>Please rethink this amendment. I, along with hundreds of parents volunteer my time to ensure my child receives a great preschool experience. The system that we have currently works. It does not make sense for us to do 20 hours of training considering we barely spend that long in the classroom any given year. This change would prohibit most parents from volunteering and potentially shut the school down. Please rethink these measures.</p> <p>Thank you for making early childhood education a priority in the Commonwealth. While I think yearly training is a</p>	

<p>Kenny Lewis- Arlington Unitarian Cooperative Preschool</p>	<p>critical requirement for cooperative preschool staff, 20 hours annually will be a burden for many parents and may cause many parents to choose another childcare provider. Please limit the requirement to paid staff and exempt parents.</p>	
<p>Kerin Webb, Cooperative Preschool of Loudoun</p>	<p>I am not a fan of the new regulations proposed on families and cooperative preschools. under the current proposed changes, it will be impossible for me to be a coping parent and with my current training and understanding of these kids, any additional hours will do nothing more to benefit anybody.</p>	
	<p>Cooperative preschools have a rich history in our country dating back to the early 1900's. The intention of a co-op is to unite parents, children and teachers in early learning while maintaining an affordable tuition and family like environment. I am afraid that requiring all parents to be background checked will be burdensome to cooperative preschools financially and become a deterrent to families wanting to enroll. As cooperatives, we rely heavily on parent participation and adding any undue stress or work to their job may result in a lack of support of any cooperative school. While children's safety is paramount, please keep in mind the amount of restrictions placed on</p>	

<p>Emmanuel Lutheran Preschool - Jenny Reinhart & Laura Wood</p>	<p>cooperatives and the original purpose of their creation; parental involvement in their children's early learning.</p> <p>Please change the language "who are not considered staff" from section 22VAC40-185-245C describing the required annual training for cooperative preschool parents to the following:</p> <p>In a cooperative preschool center that is organized, administered, and maintained by parents of children in care, staff members who are a) a parent or another guardian of a child who has independently accepted responsibility for a student outside of the school environment, b) not an employee of the school, and c) do not typically receive any compensation for acting as staff, and d) do not work more than six hours per week, shall complete four hours of training each year. Individuals who qualify under this subsection and complete the four hours of training are exempt from the training requirements in subsection A.</p>	
<p>Jennifer Schwitz</p>	<p>We are a part-time preschool program of 20 hours per week. Has there ever been consideration for having training hours based on whether a program is half day or full day? We are a smaller program and already absorbed the</p>	

<p>Jennifer Slack, Our Neighborhood Child Development Center</p>	<p>changes from 2005 standards to add more training hours starting on June 1, 2006 to 12 hours. Then June 1, 2007 to 14 hours and then since June 1, 2008 to 16 hours. Our continuing education costs are becoming a significant portion of our budget and without even considering the proposed addition of CPR/First Aid costs should we have to train all staff (we train 10 staff each year at this time) we will have to consider cutting our staff significantly. So proposed training actually lowers the quality of our program. We figured an increase of \$1200 alone just to pay staff to add 4 hours each in training. That does not include the cost of trainings.</p> <p>Training hours: Increasing the amount of training hours for all staff members will be another unnecessary cost. Finding and maintaining long-term staff is already difficult due to the fingerprint background checks and the orientation training requirements, so to add additional hours either unpaid or paid will just be another burden. Finding free training for staff is also difficult enough without increasing the hours required.</p> <p>Will all trainings including Daily Health Observation, CPR/First Aid, and MAT and eMAT trainings be</p>	<p>Language has been added to clarify that daily health observation training, medication administration trainings, and First Aid/CPR training will count towards annual training.</p> <p>The language 'in the care of' is included in the current regulation. The intent of this requirement is for a staff person trained in the administration of medication to be available to administer emergency medications in the event a child needs the emergency medication.</p>
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<p>Emmanuel Lutheran Preschool - Jenny Reinhart & Laura Wood</p> <p>Latonya Carter</p> <p>Jennifer Slack, Our Neighborhood Child Development Center</p>	<p>considered in training hours moving forward?</p> <p>Does 'in the care of 'mean any staff member on-site, or must it be the person who directly supervises the child?</p> <p>'In the care of' is very vague. Does this mean any staff member on-site, or must it be the person who directly supervises the child?</p> <p>Training hours: Increasing the amount of training hours for all staff members will be another unnecessary cost. Finding and maintaining long-term staff is already difficult due to the fingerprint background checks and the orientation training requirements, so to add additional hours either unpaid or paid will just be another burden. Finding free training for staff is also difficult enough without increasing the hours required.</p> <p>It is very difficult to obtain all of the required hours outside of working hours. It is even more difficult to obtain FREE training hours and many of the classes that are eligible for training cost money. To increase the amount of hours will be an additional financial burden that is not necessary.</p>	<p>This section has been reorganized for clarity of medication and daily health observation training requirements.</p>
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	<p>We already are required to keep first aid and cpr and mat and daily health and the VADSS orientation training. The additional hours are unrealistic and inconvenient.</p> <p>22VAC40-185-245 G Medication administration and daily health observation</p> <p>It is unclear why one would group these two things together and this decreases clarity of the following sections. This is EXTREMELY confusing. These two things MUST be separated. The Medication administration sections 1-4 are poorly organized and written</p> <p>22VAC40-185-245 G 4 Emergency Medications</p> <p>The "in the care of" wording concerns me. How would that work practically for children in the program? Is this expecting all staff to get MAT training? If there is an administrator not included in ratio of any other classroom immediately on call and MAT trained that would actually in my opinion be better because the person would be available and the other children supervised but that would likely not meet "in the care of". Perhaps it could state, "A plan shall be in place to ensure any child for whom emergency medications have been prescribed will have immediate access to a trained staff member"</p>	
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<p>Lam Family</p>	<p>22VAC40-185-245 B1</p> <p>It is completely unclear who staff who do not work with a group of children would be. Administrators, directors, floaters, substitutes. Perhaps something about regularly supervising children would be clearer.</p> <p>22VAC40-185-245 E (1-12)</p> <p>This has been repeated three times it seems that it would be clearer to write it once and refer to it. Perhaps a section on training topics; The following are acceptable training topics; Then with some listed as required for orientation and ongoing, orientation only, ongoing only.</p>	
<p>Tami Conklin</p>	<p>Our family is strongly opposed to these changes. We echo all the sentiments posted by parents of FB Meekins and other cooperative schools. These schools and other short-term care solutions will not be manageable in terms of required education hours or cost by parents if the proposed changes are passed.</p> <p>The exemption for cooperative preschools needs to stay in place. For many families this is the only way they can afford a preschool. In addition, the involvement of parents in the education of their young</p>	

<p>Natalie Hall, Parent Cooperative Preschools International</p>	<p>children is extremely important. Doing away with this exemption would force some cooperative preschools to close their doors and would make others too expensive for many families. The cooperative environment is extremely positive for both the children and the parents. Parents get enough training and education already--they don't need more.</p> <p>A section of the Proposed Amended Standards threatens the 29 cooperative preschools in Virginia. The requirement that a parent volunteer be in constant sight and sound supervision of a staff member should be changed because of the financial burden of providing additional staffing that would be needed and current and prospective parents would be discouraged from enrolling or continuing their membership if the much higher number of hours required for staff training was mandatory. A reasonable change would be as follows: 1) continue the current regulation that parents satisfactorily complete the same background checks as staff and 2) continue the current exception that parents in a cooperative preschool complete a total of four hours of training annually. This would allow the parents to continue to work in the classroom under the supervision of a staff member but without the</p>	
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<p>Nancy Geier, Cooperative Preschool of Loudoun</p>	<p>constant supervision of the staff member.</p> <p>For many if not most of the 29 cooperative preschools in Virginia this change would effectively mean hiring more staff and require parents to meet the same training requirements of staff. The difficulty lies with the physical layout of the churches where most preschools are located. The additional training would be onerous and would discourage parents from joining or continuing membership. This would jeopardize the continuation of these valuable programs in their communities.</p> <p>The Cooperative Preschool of Loudoun (formerly Winnie the Pooh Preschool, est. 1969) is not affiliated with or supported by, a church, but has a history of renting from churches in order to survive and serve the community. This has often meant changing communities when the churches circumstances require us to do so. Loudoun County continues to grow, but our enrollment has suffered the past several years with the growing number of child care centers and preschools that may meet the demands of full time working parents with multiple children and a higher than average household income. Many of our families have one parent working at home in order to care for children under 2, and can only</p>	
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<p>Dulin Cooperative Preschool</p>	<p>afford the luxury of a lower cooperative preschool part time tuition. We are sought out and valued by international families seeking a cooperative spirit and environment, one in which they are either accustomed to or want to become part of, as a support system for social transition into a big county. Many rely on the chance to trade their involvement with running the school, for affordable tuition in a safe and supportive educational environment for their families</p>	
<p>Christopher M. Locey</p>	<p>Please consider reducing the training requirements for substitute teachers (a category of staff not currently defined in the regulations). It is difficult for small preschool programs to ensure an adequate roster of substitute teachers because they must meet all staff training requirements yet may only work limited hours. For instance, at our school a substitute teacher rarely works more than 12 part-time days per academic year. It will become even more difficult to find people willing to undergo 16-hour orientation training plus 20 hours of annual training requirements in order to work 40-50 total hours during the entire school year.</p> <p>The proposed changes, however, will not permit parents in cooperative</p>	

<p>Northern Virginia Association for the Education of Young Children</p> <p>Robert Francis, Parent</p>	<p>preschools to continue to be treated as volunteers if they are being counted on to provide coverage in classrooms. Each parent, although they likely only volunteer one day a month (or less) in the classroom, will now be required to have all of the regular training of full-time preschool teachers. (And go from 4 hours a year to 20 hours a year in training.). That is simply impossible for most parents, whether they work in the home or out of the home. Because volunteering parents without that training cannot be used to provide (even partial) coverage for classrooms, all cooperative preschools will have to hire staff to replace cooperative parents, and use parents as redundant volunteers, which is utterly contrary to the point of the model. Please consider exempting cooperative/volunteer parents from the staff training requirements, or else find a middle-ground where volunteer parents without full staff training (but full volunteer training) may count for, say, one-half of a staff person for staff-student ratio purposes.</p> <p>Proposed changes to the regulations governing co-op preschools would dramatically impact the ability of us as parents to be in the classroom. Current Standards for Licensed Child Day Centers recognize the critical role of parent</p>	
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	<p>volunteers in the parent cooperative preschool model by including for cooperative parents an exception requiring limited training annually. This exception recognizes the unique role that parents hold in a cooperative preschool, as well as the intrinsic value of an early childhood education model premised on parent involvement. The Proposed Amended Standards as drafted, however, undermine rather than support the cooperative preschool model by requiring cooperative parents to either:</p> <ul style="list-style-type: none">(1) Complete the 36 training hours (16 orientation, 20 ongoing) required of professional staff, or(2) Remain in constant sight and sound supervision of a staff member. <p>These two alternatives fail to recognize that: Cooperative parents undergo the same background checks as staff; Cooperative parents assist professional staff in the classroom 1-2 days/month, for a total of 3-6 hours/month (thus required training hours could exceed the number of hours in class for the entire year); Cooperative parents serve a unique position in the classroom, where they remain under the guidance and supervision of professional staff but may at times not be in sight</p>	
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<p>Sarah Phillips</p>	<p>and sound supervision of staff.</p> <p>These changes are unduly burdensome both to the cooperative parents who seek meaningful engagement in their children's educations and to the small cooperative preschools that rely on parent engagement to survive. The Proposed Amended Standards should be revised to allow cooperative preschool parents to work in the classroom without sight and sound supervision of a staff member provided that the parent:</p> <p>(1) Satisfactorily completes the same background checks required of professional staff; and</p> <p>(2) Completes a total of 4 hours of orientation and ongoing training annually.</p>	
<p>Misty Sluyter, Overlee President</p>	<p>I ask that the total number of training hours (both orientation and ongoing, collectively) for cooperative preschool parents be limited to the current four hours. Please remove the language "who are not considered staff" from section 22VAC40-185-245C describing the required annual training for cooperative preschool parents.</p> <p>Please include an exception for cooperative preschool parents in the new orientation training section 22VAC40-185-240.</p>	

<p>Elisabeth Bracken Elisabeth Seeger</p>	<p>Several provisions in 22VAC40-185 place undue burden on small, cooperative preschools such as ours. The implementation of the regulation as drafted will almost certainly see schools like ours; which has provided high quality and safe early childhood education to Virginia's children for more than 70 years; close. Overlee Preschool is a non-profit, part-time, parent administered preschool. Our focus is early childhood education for 2 to 5 year-olds in a cooperative environment. This means that each classroom is led by an experienced and qualified teacher, with a trained parent volunteer serving as classroom aide. Parent volunteers serve on a rotating basis, with each family volunteering in the classroom approximately once or twice a month. Children generally attend school for 2 to 2.75 hours a day, depending on the child's age and class/group, with an optional 1.5 hour lunch bunch; add-on for 3 to 5 year-olds. The parents are included in our supervision ratio and are within sight and sound of the children and teacher during their volunteering time. Our school averages 35 families on a year to year basis.</p> <p>The draft regulations should be revised to both protect the child and that</p>	<p>*Language amended to exempt cooperative preschool parent volunteers who count in child to staff ratios from orientation and training requirements, except for four hours of training annually. This exemption does not convey if the child day center participates in the Child Care Subsidy Program.</p>
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<p><u>Rock Spring Cooperative Preschool:</u></p> <p>Cara Richardson Kristin Blackburn Margie Bell Slater Harding Tracy PannoZZo <u>Dulin Cooperative Preschool:</u> Laura Willmek Erin Messner- Jaime Iglehart Cindy Davis Kathleen Warr Kerry Peterson Liza Penalosa</p>	<p>child’s access to quality, safe cooperative childhood education. We believe our cooperative preschool environment should have exemptions under the proposed standards due to the nature of how our school is operated.</p> <p>E-mail:</p> <p>The new requirements for staff orientation (22VAC40-185-240) and ongoing training (22VAC40-185-245) would impose an undue burden on our parents by expecting them to complete 16 hours of orientation and 20 hours per year of ongoing training. Parents who are volunteering their time are simply not going to be willing or able to complete the same orientation and training requirements as our paid classroom teachers.</p> <p>The proposed new training requirements for parents who volunteer at cooperative preschools are so burdensome that they will doom the traditional cooperative preschool model.</p> <p>We ask that the total number of training hours (both orientation and ongoing, collectively) for cooperative preschool parents be limited to the current 4 hours. Remove the language ‘who are not considered staff’ from section 22VAC40-185-245C describing the required</p>	
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<p><u>FB Meekins Cooperative Preschool:</u></p> <p>Anke Wagner-</p> <p><u>Arlington Unitarian Cooperative Preschool:</u></p> <p>Dena Porter Ellen Connelly Emily Vincent Kate Williams Laura Rush Lesley Malus Reed Megan Rathbone Sara Krumm Carl Stone Paul McDonald Diann Vaughan</p> <p>Louisa Stetekluh-Overlee Preschool</p>	<p>annual training for cooperative preschool parents.</p> <p>In order to comply with the new regulations, cooperative preschools would have to hire aides so that parents would not be counted in staff ratios. This would not only reduce the significance of the role of parents in the classroom, but would also raise tuition so significantly that many families could be left without any affordable preschool options.</p> <p>Parents working in classrooms in Cooperative Preschool complete all of the background checks outlined in Background Checks for Child Welfare Agencies. They work under the direct supervision of well qualified and trained classroom teachers.</p> <p>If the orientation and ongoing training sections of the proposed standards are not changed, cooperative preschools like ours, may be forced to shut down, as parents are unwilling to enroll their children in programs which put unreasonable burdens on them. Either outcome robs children of the high quality, affordable early education that cooperative preschools provide.</p> <p>This proposed ongoing training is excessive for the nature of our part time</p>	
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<p>Michele Lavin</p>	<p>preschool. Parent volunteers spend approximately 30-50 hours per school year in the classroom. To impose a 20 hour training requirement against the amount of time spent in the classroom seems overly burdensome. Calculations show that the training requirement is between 40% -67% of the entire time actually in the classroom. From a proportionality perspective, this seems excessive. We recommend that the phrase "parents who are not considered staff" be STRICKEN and that the current exception, written above in 22VA40-185-240 for cooperatives preschools, REMAIN IN EFFECT.</p> <p>The VDSS Division of Licensing-Children's Programs Background Checks for Child Welfare Agencies 22VAC40-191-10 defining words and phrases: "Parent – volunteer means someone supervising, without pay, a group of children that includes the parent-volunteer's own child in a program that operates no more than four hours per day, provided that the parent volunteer works under the direct supervision of a person who has received a clearance pursuant of 63.2-1720 or 63.2-1724 of the Code of Virginia." This definition of a "parent volunteer" or "staff volunteer" is not included in the Standards for Licensed Child Day Centers. It should be part</p>	
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<p>Suzanne Updike and Karyn Bowen</p>	<p>of the definitions in the Standards as our parent volunteers are counted in the ratio, are considered currently as "staff volunteers" and must go through background checks and TB screening and have four hours of orientation training.</p> <p>Any requirement for training past the present four hours would be burdensome and, in most cases, almost impossible and would impact the parent-teacher relationship.</p> <p>The cooperative preschool community, a valuable and low-cost structure for involving parents in a child's preschool, is quite concerned that their programs will be required to ensure that every participating parent will obtain 20 hours of training per year. Such a requirement would lead to the closure of many programs who cannot incur the time and financial burden of this. NVAEYC requests that VDSS keep the language below, removing the phrase, "who are not considered staff" and ensure that cooperative preschools are clearly exempted from 22VAC40-185-245.A and 22VAC40-185-240.</p> <p>The proposed new training requirements for parents who volunteer at cooperative preschools are so burdensome that they will doom the</p>	
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	<p>traditional cooperative preschool model. The new language would require cooperative preschool parent volunteers to complete a 16 hour orientation and an annual 20 hours of training, as if they were staff. Cooperative preschools would collapse should they try to impose these requirements because too many parents would be unable to commit to this many hours.</p> <p>In order to comply with the new regulations, cooperative preschools would have to hire aides so parents are not counted as staff -- which would raise tuition unnecessarily and make the parents' role in the classroom redundant. The cooperative preschool model would no longer exist. Our school, Dulin Cooperative, was established in 1967. Traditional cooperative schools like ours have a highly-qualified teacher in each classroom, with parents taking turns serving as an aide in the room, working under the direct supervision of the teacher, and are counted in staff-child ratios for some of our classes.</p> <p>Parents, who undergo the same background checks as paid staff, typically volunteer between 3 to 6 hours per month.</p> <p>The existing regulations provide adequate regulatory relief for parent volunteers, stating,</p>	
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	<p>“Parents who participate in cooperative preschool centers shall complete four hours of orientation training per year.” (22 VAC 40-185-240 (C)(5))</p> <p>We request that the total number of training hours (both orientation and ongoing, collectively) for cooperative preschool parents be limited to the current 4 hours. Please remove the language "who are not considered staff" from section 22VAC40-185-245C describing the required annual training for cooperative preschool parents. Please include an exception for cooperative preschool parents in the new orientation training section 22VAC40-185-240.</p> <p>Please consider reducing the training requirements for substitute teachers (a category of staff not currently defined in the regulations). It is difficult for small preschool programs to ensure an adequate roster of substitute teachers because they must meet all staff training requirements yet may only work limited hours.</p> <p>It will become even more difficult to find people willing to undergo 16-hour orientation training plus 20 hours of annual training requirements in order to work 40-50 total hours during the entire school year.</p> <p>The regulations should define substitute</p>	
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	<p>teacher/staff, and provide a sliding scale of required training hours for substitutes, commensurate with the number of hours worked per year.</p> <p>We recommend that the compliance date for any final regulations be postponed until the 2019-2020 school year.</p>	
<p>Childcare Network Donald Reese Goff, Child Care Resources, Inc. Early Challenges Child Care Center Kristen Carter, Children's Harbor Nicole Scott Christine Young</p>	<p>22VAC40-185-280. Hazardous Substances and other harmful agents.</p> <p>Town Hall:</p> <p>A healthy child care environment requires constant cleaning and sanitizing of surfaces and toys--literally every few minutes. Requiring these cleaning products to be locked in between uses causes caregivers to sanitize less. In addition, the time it takes to lock and unlock the products reduces the time the caregiver spends on child supervision and child interactions. I support a more practical and less intrusive solution: Keep the cleaning solutions inaccessible and out of reach of children--the same instructions that are written on the products. This remedy has been adopted in other states and it works well to ensure both a safe and healthy child care environment.</p>	<p>No change was made to the requirement for hazardous substances to be kept locked. No change was made to the current exception to allow cleaning and sanitizing materials to be kept inaccessible to children while in use during diapering. These requirements protect the health and safety of children in care.</p>

	<p>Keeping cleaning products out of reach of children where they are inaccessible, but not locked is reasonable and safe for the child, which is the goal. Having to lock cleaning chemicals is a barrier to easy sanitation which is greatly needed for things like the flu and colds which can be easily be spread. Cleaning and disinfecting are a large part of what we do to keep children safe and healthy. Having to lock cleaning chemicals is a barrier to easy sanitation. Keep them out of children's reach.</p>	
<p>Minnieland Private Day School, Inc.</p>	<p>22VAC40-185-330. Play area.</p> <p>Town Hall:</p> <p>We recommend that the Department adopt additional standards in the interest of providing the safest outdoor play areas for children at all facilities. The first should require some type of fence or natural barrier around the play area. Second, fencing material should not present a hazard to children and fence gates should be kept closed except when persons are entering or exiting. Finally, the facility should be equipped with an outdoor play area that is directly adjacent to the indoor facility or that can be reached by a route that is free of hazards and, if walking, no farther than one-fourth mile from the facility.</p>	<p>No change was made as this section is not part of this regulatory action.</p>

	<p>The current exception to standard 22VAC40-185-330 should remain. Other states, such as Florida and Georgia, have already recognized the importance by adopting similar standards. Our recommendation is also supported by industry experts, including the U.S. Department of Health and Human Services [see their 2015 publication; Caring for Our Children Basics Health and Safety Foundations for Early Care and Education and The National Association for the Education of Young Children.</p>	
<p>Clark Andrs, River's Bend Children's Center</p>	<p>22VAC40-185-350. Staff-to-children ratio and group size requirements.</p> <p>Town Hall:</p> <p>Due to the increasing demand of infant and toddler care, especially in densely populated areas, we object to limiting the group size if it reduces capacity/accessibility for licensed infant or toddler care. Where this may be more easily planned prior to construction, it is difficult for many centers to conform now. At the very least, we are asking for assurances that a variance may be granted for centers physically unable to meet this requirement and allow them to continue care for their current number of infants and toddlers in care.</p> <p>A variance for group size should be granted to</p>	<p>No change will be made to group size requirements. The Division of Licensing-Children's Programs will provide technical assistance as needed. Research has shown that the relationship between the teacher/caregiver is a critical component of quality. Small groups with low adult-child ratios support quality early care environments and promote positive relationships between the teacher/caregiver.</p> <p>In circumstances where compliance with group size requirements presents a financial burden on the program, a variance may be requested.</p>

<p>Angela Todd</p>	<p>centers that are currently operating. It is unreasonable to expect a center to physically reconstruct centers or decrease availability when they have already currently been operating at capacity.</p> <p>Infant and toddler care in Northern Virginia is incredibly competitive. Waitlists are extensive and the chances of space being available for the timeframe needed for the average working family is slim. Families looking to start their child in care between 6 and 12 weeks of age must get on waitlists before they are even out of the first trimester of pregnancy and even then many centers cannot guarantee spots. The center we attend cares for 16 infants at a time. If the proposed regulation of triple the ratio for the group size was to pass that would threaten 4 infant spots in this center alone.</p> <p>Decreased capacity will also force centers to increase tuition and the chance of being able to afford this care is now threatened even further.</p> <p>I understand if going forward new centers applying for state licenses were required to abide by this type of regulation before business is established but to force a center to completely change practice and cut classroom size all you</p>	
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<p>Beth Mattox</p>	<p>would be doing would be forcing families to turn to unlicensed unregulated childcare by eliminating spots and affordability at licensed childcare centers.</p>	
<p>Casie C, Springfield Academy</p>	<p>I object to limiting the group size if it reduces capacity/accessibility for licensed infant and toddler care. We are asking for the assurance that a variance may be granted for centers physically unable to meet this requirement, to continue care, for the current number infants and toddlers.</p>	
<p>Charlotte Hanrahan-Springfield Academy</p>	<p>Group size would increase costs and also risk the chance that my child would no longer have a position at his daycare. Changing the classroom size would negatively impact my child in that he would be potentially forced out of an environment that he has flourished in.</p>	
<p>Michael Fust</p>	<p>By limiting the group size it will greatly reduce capacity and availability to quality infant/toddler care. This will greatly affect the quality of care that my children will receive as well as the availability of such quality childcare.</p> <p>Due to the increasing demand of infant and toddler care, I object to limiting the group size if it reduces capacity/accessibility for licensed infant/toddler</p>	

<p>Early Challenges Child Care Center</p>	<p>care. At the very least, I ask for assurances that a variance may be granted for centers physically unable to meet this requirement, to continue care, for the current number of infants/toddlers in care.</p>	
<p>Hana Deyessa</p>	<p>Due to the increasing demand, and limited availability, of infant care and toddler care, especially in densely populated areas, we object to limiting the group size, if it reduces current capacity/accessibility for licensed infant/toddler care. Where this may be more easily planned for prior construction, it is difficult for many centers to conform now. At the very least, we are requesting that a variance may easily be granted, for centers physically unable, to meet this requirement, in a way that works best, for children in care.</p>	
<p>Jacob Beard</p>	<p>I am concerned about the new group size requirements. This policy should be phased in so that daycares can prepare for smaller class sizes in 2-3 years. Or, a variance should be granted so that centers that are unable to physically meet the requirement can continue to care for the children at their center and no child loses their spot at a center with teachers they know and love.</p>	

<p>Jamie Tetty</p> <p>Jennifer Schwitz</p>	<p>I object to the group sizing requirements that has been set at 3 times the ratio per age group. I believe a higher ratio should be applied so as to not limit accessibility to care, particularly in the younger groups. This will negatively impact many centers classroom management and capability. This should be increased to four or five times the ratio. Many buildings were designed, built and approved for classroom sizes based on a certain number of children based on age. This change will result in a reduction in many center's capacity particularly in infant/toddler care. Paying for additional lead teachers will also increase costs. There is already a shortage in Northern Virginia for infant and toddler care. Where this may be more easily planned prior to new construction, it's difficult for many centers to conform now. From a classroom management aspect, this is also fraught with many issues. At a minimum, if this ratio is still considered, a variance for a higher group size should be granted for centers physically unable to meet this requirement, to continue care, for the current number of infants and toddlers in care. This should be both structural and operational. I proposed a five times the ratio maximum group size change.</p>	
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	<p>The ratio should remain the same as it is now. No changes as it would affect the cost of tuition.</p>	
<p>Jennifer Slack, Our Neighborhood Child Development Center</p>	<p>Group sizing will negatively affect all aspects of classroom and center operation. Centers that have been operating at capacity with classrooms maintaining state ratio requirements will be forced to reconstruct classrooms or decrease enrollment to abide by this regulation. It is unreasonable to reconstruct classrooms and create physical barriers to separate groups. Eliminating the open classroom concept can also result in injury by adding one more thing for the children to bump into. Parents have expressed concern as well about multiple aspects. How are children separated or grouped? By ability or intelligence? How are the caretakers decided? Why can't my child be with the lead teacher? Why are children separated from friends? How do we explain to the children why they cannot cross the barrier? Centers already in operation should receive an exception or operate according to some type of grandfather clause.</p>	
<p>Jessica Mastropietro, Springfield Academy</p>	<p>The proposed group size for toddlers is 15, based on a 1:5 ratio which is understandable. Our program operates at a lower 1:4 ratio with a group size of 16 and I think that should be</p>	

<p>Jessica Quain, Springfield Academy</p>	<p>acceptable, it is only one more child and would be an additional teacher.</p> <p>Several of these proposed regulations including but not limited to: CPR First Aid Requirement, Serious Injury Notification, Group Size, Director Qualifications and Teacher Age Restrictions, would create unnecessary burdens on daycare providers without providing additional security or safety, in my opinion.</p> <p>I took a lot of time and effort to find a daycare that: a) provided a class size I was comfortable with that allows my son to flourish; b) took efforts to hire the appropriate personnel (in both age and qualifications), was in a location that worked for my family c) provided timely feedback on all matters to me the parent and; d) provided care and education at an affordable tuition rate. If a family is uncomfortable with how the center operates (size of classrooms, age of caregivers, etc.), there are other facilities that could meet their needs. Requiring all centers to conform to these group sizes and teacher restrictions is mind boggling. These proposed regulations would require significant changes in how many centers currently operate while limiting the options out there for families. In addition, it would</p>	
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<p>Kathryn Cooper</p>	<p>significantly increase the tuition costs when daycare costs are already extremely expensive.</p> <p>VA childcare centers have already been subject to age group size reductions in the past, which resulted in reduced accessibility; abrupt, unplanned moves or transitions to a different childcare facility; increased tuition or childcare costs; and other negative consequences for VA families and their children.</p> <p>By proposing the requirement to triple the ratio for pre-K age groups, this will only cause hardship for VA families, their children, and childcare centers without the option to expand their facility in a densely populated, high-rent area.</p> <p>Economic, child development and community statistics should be carefully examined before enacting this amended standard that will result in little or no benefit to the child.</p> <p>I am concerned about the new group size requirements. If this policy were implemented, my child could lose his spot at our daycare, and finding him a new spot would be infinitely harder, as many other centers would also have to reduce class size. At the very least, this policy should be phased in so</p>	
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<p>Kevin McGunnigle- Springfield Academy</p>	<p>that daycares can prepare for smaller class sizes in 2-3 years. Or, a variance should be granted so that centers that are unable to physically meet the requirement can continue to care for the children at their center and no child loses their spot at a center with teachers they know and love.</p> <p>Limiting the group size will mean that some kids won't be able to remain in the toddler room which will directly affect me. These changes are not necessary and should not be enforced against schools that have already been built.</p>	
<p>Kristen Carter, Children's Harbor</p>	<p>If the rule is passed then their needs to be a clause to grandfather in pre-existing schools.</p> <p>Enacting this regulation will increase costs. Enacting the rule will almost certainly have the unintended consequences of people sending their kids to non-licensed (illegal) daycares where kids will get hurt.</p>	
<p>L Metcalf</p>	<p>Due to the increasing demand of infant care and toddler care, especially in densely populated areas, we object to limiting the group size if it reduces capacity/accessibility for licensed infant/toddler care. Where this may be more easily planned for prior construction, it is difficult for many centers to conform now. At the very least, we are asking</p>	

<p>Latonya Carter</p>	<p>for assurances that a variance may be granted for centers physically unable to meet this requirement, to continue care, for the current number of infants in care.</p> <p>Due to the increasing demand of infant care and toddler care, especially in the northern VA area. I object to limiting the group size if it reduce capacity and accessibility for licensed infant/toddler care. This change would be difficult for centers to conform to now without investing a substantial amount of money to add to their facility or decrease classroom sizes which means removing children from opportunities to access a quality education AND increasing tuition which adds an additional financial burden on families already managing a higher than average cost of living in the DC area. At the minimum, we ask for assurances that a variance may be granted for centers physically unable to meet this requirement, to continue care, for the number of infants/toddlers in care.</p> <p>The group sizing requirements would further limit childcare by eliminating spots in classrooms that are already so difficult to access because many centers are unable to physically change the classrooms and the way the classrooms are run.</p>	
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	<p>To limit the classroom that normally runs at full capacity to 12 spaces is not something that can easily be done. This will obviously cause financial issues with the center as childcare is not exactly a big money producing industry.</p>	
<p>Mary Hanrahan</p>	<p>If these regulations are being proposed to help provide better quality and more affordable care you are costing the centers and are inevitably going to force family owned and smaller centers not run by big corporations out of business. I know that the group sizing would not be something that we could implement in my classroom as it would require complete separation of the team like atmosphere we use to assure all children receive the best care.</p>	
<p>MaryLou Nellis</p>	<p>It is wonderful that group sizes have been stipulated. Ratio itself is not enough.</p>	
<p>Melissa Bevins</p>	<p>As a toddler lead teacher who has trialed the group sizing I object to this regulation We used 21 inch bookshelves to separate the groups and assigned 2 staff members to each group. The trial caused nothing but issues in my classroom and would not work constructively in an environment with multiple groups. My class would be forced to cut spots and take childcare availability away from families in need.</p>	

<p>Michelle Kim</p>	<p>The new regulations, while well-intentioned, are overly burdensome for facilities that are already working hard to meet the established state standards. Changes to the group size requirements will force centers that are currently designed to operate within the regulations to undergo costly renovations or decrease enrollment. In an area that is already facing an availability crisis, this is a double blow to parents who struggle to find and pay for quality care for our children. Please reconsider or allow existing centers to be grandfathered in so they don't need to turn families away and raise the prices even more.</p>	
<p>Minnieland Private Day School, Inc.</p>	<p>We object to this concept because it not only limits the amount of space for the children to learn and grown physically and educationally, it causes confusion for those who may not understand why they are limited in space and involvement with their fellow peers. It also disturbs the fluidity of teamwork that the teacher and aides may have built if they are separated into groups rather than a whole class.</p> <p>To require a written policy to make things set in stone is not only unrealistic but would cause problems and confusion to the parents who wouldn't have known</p>	

<p>Neil Saltman</p>	<p>any different. The children in each class will always have someone to make sure their care is always constant and safe.</p> <p>Changes to 22 VAC 40-185-310 (area size) in 2008 already reduced the ability to care to larger groups of children in any one area. Group size is naturally dictated by area and ratio, and should remain a preference of the parent evaluating the facility.</p> <p>As child care professionals, we strive to maintain continuity of care. As licensed facilities, we ensure consistent care by following licensing standards already in place - hiring and retaining staff members and assigning them to the groups with which they are qualified to work. However, as will any other organization including public schools, there will be times that require substituting a qualified provider, who might not be familiar with each child in the group, for an absent caregiver.</p>	
<p>Rachel Woodall</p>	<p>My children attend a school that performed the group size requirements during a trial basis. Not only was it awkward and painful for the school and the parents, the children did not understand why they were not able to interact with their friends. It seems to me that this proposal was made</p>	

<p>Tracey Sopp, Cooperative Preschool of Loudoun</p>	<p>originally designed decades ago may not work in the buildings used by some of these providers. At least, there should be assurances that a variance may be granted for centers physically unable to meet this requirement, to continue care for the current number of infants and toddlers in care.</p> <p>VCCA Request: Due to the increasing demand, and limited availability, of infant care and toddler care, especially in densely populated areas, we object to limiting the group size, if it reduces current capacity/accessibility for licensed infant/toddler care. Where this may be more easily planned for prior construction, it is difficult for many centers to conform now. At the very least, we are requesting that a variance may easily be granted, for centers physically unable, to meet this requirement, in a way that works best, for children in care. What may seem like a good idea, doesn't always work in every situation; children are far safer in licensed, supervised, group care than in unlicensed, unsupervised care.</p> <p>We have small classes limited to 10 students in our school. We do frequently have diagnosed and undiagnosed students with Autism and ADHD.</p>	
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<p>Karen Cosgrove, Springfield Academy military parent</p>	<p>As a cooperative school we have one teacher and one parent in the classroom with the students. Changing the required teacher student ratio will encourage parents to avoid diagnosis because it will force them to leave the school if we cannot afford to increase staff. We are a not-for-profit organization run by parents. Our expenses do not leave much room for added costs without raising prices. If we have to raise prices we will not be more affordable than full-service corporate centers. Parents would have to choose to pay more money to enroll in our cooperative center and perform work at the school. Many parents would leave our small cooperative center for the convenience of the big centers. Child development factories are not in the best interest of our families and children.</p>	
<p>Susan Key</p>		
<p>Clark Andrs, River's Bend Children's Center</p>	<p>Our current daycare center is not designed for this restriction. Daycare centers that are currently certified should be grandfathered in, to alleviate extreme expenses put on the facility and the parents. This is also unrealistic in our highly populated; high demand area for childcare where there is a waitlist almost everywhere.</p>	<p>No change was made to the requirement for centers to provide a written procedure to ensure consistent care to children. The Division of Licensing-Children's Programs will provide technical assistance where needed. Opportunities for children to interact regularly with a limited number of caregivers increases quality.</p>
<p>E-mail:</p>		

<p>Soni Rana Jennifer Schwitz Manuela Mendoza Roberta Abich Nafisa Humdard Angela Todd Dalia Zuniga Elizabeth Demarino Samantha An Sylvia Fornah Maria Sanchez Stephanie Hopkins Alisha Morgan Angela Lanier Bobbe Abich Carmen Weston Claudia Moreno Dalia Nolasco Andrea Londono Darlen Perez Erica Lee Gwen Nelbach Heather Elkins Jacquelyn Terkhorn Jennifer Cisneros Jenny Bach Jessica Ventura Sorto Keydis Palma Latonya Carter Manuela Gamarra Marcela Herrguth Marsha Garrett Mary Lou Nellis Mercedes Sanchez Miladys Mendoza Monica Mendez Nafisa Hamdard Paula Williams Penny Edwards Rosa Sanchez Samantha An Sara Kidwell Sara Torres Sylvia Fomah Tammy Berry Tessa Sanchez</p> <p>Beth Mattox</p>	<p>If the maximum group size of 28 for balanced-mixed age groupings becomes 28, when will this go into effect?</p> <p>Town Hall:</p> <p>It is difficult and to establish a written plan that wouldn't be able to be followed. As long as the center is continuously providing safe and consistent care to the children we should not have to comply with a written plan.</p> <p>Requiring centers to establish and maintain written policy to ensure consistent care in every class is difficult and to establish a written plan that wouldn't be able to be followed would be irresponsible.</p> <p>As long as the center is continuously providing safe and consistent care to the children, we should not have to comply with a written plan.</p> <p>While it is the goal to provide consistent staff in every classroom the reality is that there are times that this may not be possible. I do not agree with providing the department with a written policy that will ensure consistent care in every class. While it is certainly the goal, it is burdensome to ensure this and, be in compliance, with this standard all the time.</p>	
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<p>Christine Young</p> <p>Clark Andrs, River's Bend Childen's Center</p>	<p>It is our goal to provide consistent staff in every classroom, but the reality is that there are times that this may not be possible. We don't agree with providing the department, with a written policy that will ensure consistent care in every class. While certainly the goal, it is burdensome, to ensure this and, be in compliance, with this standard at all times. We will make every attempt to provide consistent staff whenever possible, but we do not feel that we should be written up for those times that it is not possible. We would like to see this proposed regulation stricken.</p>	
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<p>D Nesbitt, Parent</p>	<p>Having to ensure that each group of children receives care by consistent staff or team of staff members is at times not possible. While it should definitely be a goal, it is impossible to meet this standard all the time.</p> <p>I believe it is the goal of any child care center to provide consistent staff in every classroom. There are times that this may not be possible. I believe this is an over-reach and will be over burdensome for centers to stay in compliance. Unlike the public school system, parents are in our buildings and classrooms every day. If parents see a lack of consistency in staffing, they have the freedom to seek other child care. Are we to ensure staff never take off work? Are we to ensure staff never get sick or have to miss work because their own child is sick? Are we to ensure staff, once hired, never seek other employment opportunities? How would consistent be measured? Would a center still be in compliance with this standard if, for example, a classroom utilized one substitute staff in a 15 day period? What if it was within a 10 day period? A 5 day period?</p>	
<p>Denise McDonald Michael Fust</p>	<p>My job as a parent is to provide my son with the safest and best learning environment possible. That is why I send him to private school. My son</p>	

<p>Amy Edge, Elizabeth's Early Learning Center</p>	<p>has been at the same pre-school/school for three plus years and has excelled in every class. His school has the correct teacher to student ratio (Much lower than public school). Making sweeping changes such as these will drive parents to send their children to unlicensed daycare/schools or into the already overcrowded public school system increasing class sizes and affecting budgets.</p>	
<p>Jennifer Schwitz</p>	<p>Perhaps this legislation should be reviewed and modified by industry professionals, not policymakers, before the state arbitrarily forces ineffective policies on the daycare/pre-school/school programs which are currently providing quality education to our children.</p>	
<p>Karen Cosgrove, Springfield Academy military parent</p>	<p>While it is our goal to provide consistent staff in every classroom the reality is that there are times that this may not be possible. I do not agree with providing a written policy that will ensure consistent care in every class. How are we supposed to write a policy to ensure something that we know we cannot ensure? While certainly the goal, it is unreasonable to ensure this and, be in compliance, with this standard all the time.</p>	
<p>Latonya Carter</p>	<p>Written policy and procedure to ensure consistent staff taking care of each group:</p>	

<p>Margarita Fores Khalilah Jones Kwesi Abban Jennifer Ellison Camila Manjarres Lachelle Metcalf Billy Edwards Jennifer Fadden Brett Dailey Sue Edwards Stephanie Usurin Katie Beard Linda Waldhuber Tahanee Karim Elizabeth Edwards Dana Hines Kristen Saltman Ruhuma Bukuru Ruhama Getachew Kate Millender Ashley Dascoli Angel Scott Bart Taylor Angela Bellido Keyonia Blackeney Nitsuh Tesfaye Natasha Cofresi Adriana Gomez Kelel Tesfaye Kevin McGunnigle Robyn Shaver Jessica Mastropietro Rahel Endris Marvin Davis Michael Ellison Neil Saltman Jacob Beard</p> <p>Jamie Tettey</p>	<p>Daycare has high turnover due to difficulty of the job and lower paying wages. While our goal is to provide consistent care obtaining and maintaining consistent staff is difficult and we will do our best but cannot ensure a written plan regarding consistent staff in classrooms daily.</p> <p>Our center's goal is consistent staff in each classroom, but we as parents understand that personnel changes must occur to best run the center. Putting a strict policy limits most daycare centers, who may be faced with moving staff around due to absent teachers, or anything else that may pop up unexpectedly.</p> <p>Requiring a center to provide written policy and procedures to maintain consistent staff in classrooms is something that would be very difficult to maintain. I have worked in classrooms and turnover is eminent in childcare. Maintaining ratio is more important to me than maintaining the same staff member in each room.</p> <p>I object to requiring centers to establish and maintain written policy to ensure consistent care in every class. It is always a goal that we strive to maintain consistent staff in a classroom but</p>	
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<p>Caroline Kirby, ACPS Extended Day Enrichment Program (school- aged program)</p>	<p>staffing is difficult and to establish a written plan that wouldn't be able to be followed would be irresponsible. I believe that as long as the center is continuously providing safe and consistent care to the children that we should not have to comply with a written plan. While it is the goal to provide consistent staff in every classroom, the reality is that there are times that this may not be possible.</p>	
<p>Childcare Network</p>	<p>Providing a written policy is not needed to ensure adequate care.</p> <p>The students in our afterschool programs are school - aged (5-12 years). During the academic day, they (the students) are allowed to go to the bathroom, school office, nurse, etc. without any adult supervision. It seems confusing for the students to enforce the "within sight and sound" policy during the after-school program, when it is not the expectation or standard during the school day (in the same building).</p>	

<p>Sara Carroll, Cuddlebugs Child Development Center, LLC</p>	<p>While it is our goal to provide consistent staff in every classroom, the reality is that there are times that this may not be possible. We don't agree with providing the department, with a written policy that will ensure consistent care in every class. It is burdensome, to ensure this and, be in compliance, with this standard at all times. We would like to see this proposed regulation stricken.</p> <p>The Virginia Department of Planning and Budget Economic Impact Analysis states that, "While this consistency of care undoubtedly benefits children in care, who are then able to formable bonds with their caregivers, staff turnover rates of about 30% for childcare workers would severely impede licensees ability to meet this proposed new requirement".</p> <p>Due to the increasing demand, and limited availability, of infant care and toddler care, especially in densely populated areas, we object to limiting the group size, if it reduces current capacity/accessibility for licensed infant/toddler care. Where this may be more easily planned for prior construction, it is difficult for many centers to conform now. At the very least, we are requesting that a variance may easily be granted, for</p>	
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	<p>centers physically unable, to meet this requirement, in a way that works best, for children in care.</p> <p>The regulations state that two year olds have a different ratio but include them in the preschool definition. This causes confusion when working with subsidy as they only have rates for preschoolers, but two year olds (at least in my program) have a different cost- due to the different ratios.</p>	
<p>Emmanuel Lutheran Preschool - Jenny Reinhart & Laura Wood</p> <p>Jennifer Slack, Our Neighborhood Child Development Center</p>	<p>22VAC40-185-500. Hand washing and toileting procedures.</p> <p>Town Hall:</p> <p>What is the rationale for a staff member washing their hands before helping a child using the toilet and before diaper change? In researching this topic, the Center for Disease Control (CDC) recommends washing hands after using the toilet, after helping a child use the toilet and after diaper changes.</p> <p>This is burdensome and unnecessary. A classroom with 15 toddlers would not likely need two toilets and a changing table. How is it determined who is toilet training and who is not? Best practice would be to call it toilet learning rather than training in my opinion and for it to be a slow child guided process of introduction. It is best practice to have</p>	<p>No change was made to the requirement for staff to wash their hands before helping a child using the toilet and before diapering. This requirement is consistent with the recommendations from <i>Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs</i>, 3rd Edition.</p> <p>No change was made to the existing requirement for toilet training.</p>

<p>Northern Virginia Association for the Education of Young Children</p> <p>Jennifer Slack, Our Neighborhood Child Development Center</p>	<p>bathrooms in the classroom of the children but this would encourage children have a communal bathroom.</p> <p>NVAEYC, following recently updated guidelines on diapering from NAEYC, supports the use of cloth diapers as an economical and healthy option for families to choose.</p> <p>I have no idea why you would wash your hands before giving a child a diaper change or helping them use the potty. That seems really unnecessary. No one washes their hands prior to changing a diaper.</p> <p>It is best practice to allow cloth diapering if the program can do it in accordance with the other regulations.</p>	<p>A change was made to allow the use of cloth diapers for children, even if there has not been an adverse reaction to disposable diapers, if requirements for disposal are met.</p>
<p>Clark Andrs, River's Bend Children's Center</p>	<p>22VAC40-185-510. Medication.</p> <p>Town Hall:</p> <p>This standard would basically require a staff trained in MAT in every classroom. Centers enroll children throughout the year and on any day a child could enroll who has a prescribed Epipen. We would not be able to assign the child to a classroom if that staff does not have MAT. This unknown factor would dictate center wide MAT training. The other scenario is if you have a toddler enrolled who has</p>	<p>This is a requirement in the current regulation, no change was made. The current requirement is that children who have been prescribed emergency medication always be in the care of a staff member who is trained to administer medication.</p>

<p>Vicky Rauchle, KIDS in Discovery Preschool</p>	<p>an EpiPen and for this example, let's say the toddler's teacher already has MAT. Well, that toddler will eventually graduate to the Two's room, then to the Three's room and so forth. All future classrooms would need staff trained in MAT.</p> <p>I am also concerned that any staff who teaches a child with an allergy has to be MAT certified. Currently we have a limited number of teachers/ director certified. We are available should an emergency arise. To have all the teachers, who teach a child with an allergy certified is a financial burden on my school.</p> <p>Please consider amending regulations for smaller centers! Also, please look at all the wording for these regulations trying to read through the pages and pages of regulations and make sense of them was difficult.</p>	
<p>Early Challenges Child Care Center</p>	<p>Please specifically explain the meaning "always be in the care of" for any child for whom emergency medications (such as albuterol, glucagon, and EpiPen) have been prescribed shall always be in the care of a staff member or independent contractor who meets the requirements for the administration of medication.</p>	

<p>Nicole Schaefer, Leaf Spring School at Wyndham</p>	<p>Modify statement to allow for a trained or licensed staff member able to give these medications to be on site, instead of “in the care of” trained staff member, unless off-site for a field trip.</p>	
<p>Sara Carroll, Cuddlebugs Child Development Center, LLC</p>	<p>There needs to be clarification on whether Medication Administration training counts as annual training, as well as Daily Health Observation.</p>	<p>Language was added in 22VAC40-185-245 to clarify that medication administration training and daily health observation training count towards annual training.</p>
<p>Jennifer Slack, Our Neighborhood Child Development Center</p>	<p>This section is so poorly organized it is very unclear when the regulation is talking about prescription and non-prescription medication. It would be much clearer is it was a section for all medication (Rx and non) then a section for prescription medications in addition.</p>	<p>This section was reorganized to move certain medication requirements to the section for medication requirements, 22VAC40-185-510.</p>
<p>Anthony Andrews</p>	<p>E-Mail: I have been a firefighter for 14 years and have given medication in that capacity. Is it required of me to attend a medication administration training course if I am licensed under the Commonwealth of Virginia as an Emergency Medical Technician that practices under the direction of a Central Health Medical Director? Could I be trained as a Medication Administration Trainer to provide training to other childcare providers who may need the training?</p>	<p>No change was made. Current requirements allow staff or individuals who are licensed in the Commonwealth to administer medication.</p>
	<p>22VAC40-185-530. First aid training,</p>	

<p>Liz DeMarino, Springfield Academy</p> <p>Karen Cosgrove, Springfield Academy military parent</p> <p>Kristen Saltman</p> <p>Latonya Carter</p>	<p>cardiopulmonary resuscitation (CPR) and rescue breathing.</p> <p>Town Hall:</p> <p>These new regulations will lead to increased cost for the family in an already costly area. I ask you to reconsider your stance on CPR requirement, serious injury notification, group size, director qualifications, teacher age restrictions and development and implement of written policy.</p> <p>It is more reasonable to have a 90 day grace period for new staff requiring certification. This allows more flexibility at the daycare centers if at least 50% are always certified - then the remainder has time to gain their certifications. The teachers awaiting certification can also help with the remainder of the class during an emergency if another teacher is performing CPR or first aid.</p> <p>I support the notion for staff who work directly with children be CPR and First Aid trained and 50% be certified. But to require all the new hires become certified within 30 days is challenging as there is not enough certification classes taught on the weekends/off hours to accommodate every new hire in the state.</p>	<p>Change made to remove the requirement for all staff to be certified in CPR and first aid and adds a requirement for at least one staff in each classroom or area where children are present to have current certification in CPR and first aid. Revised language also requires at least two staff certified in first aid and CPR must always be present at the center wherever children are in care. Basic CPR and First aid training must also be covered in staff orientation and is recommended to be covered in annual training.</p>
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<p>Neil Saltman Jacob Beard</p>	<p>Requesting that the State and Federal guidelines consider a 60 or 90 day period within which a new staff member obtain their First Aid and CPR certification to address the logistics of scheduling such training where training programs are limited as it stands now and will have an increase in demand for services when the changes occur for all child care centers. Consider a requirement that the individual be assigned with a certified coworker until the certification is obtained and not be permitted to work alone with a grouping of children until obtained.</p> <p>CPR and First Aid is important, yes, but waiting lists for these classes can be a real barrier, especially for programs like ours that have less than a handful of staff members and cannot afford to hire someone to come in just for our center.</p> <p>A 90 day grace period is a better solution for new hire employees because of lifestyle factors such as money requirements, transportation and also scheduling restraints. Some new employees</p>	
<p>Samara Musselman, Bon Secours Family Centers</p>		
<p>Melissa Brooke West; The Mayapple School</p>		
<p>Michelle Kim</p>		

<p>Minnieland Private Day School, Inc.</p>	<p>may be relying on this job for a first source of income and therefore would need time to have the money to even go and have CPR training. For others there are factors such as transportation and scheduling. Some employees who are parents themselves will have to make arrangements to have their own children taken care of in order to provide the time to take the 8 - hour training course.</p>	
<p>Nicole Scott</p>	<p>Although we agree to an increase in the ratio of CPR/First Aid certified staff members, we do not agree that certifying 100% of staff members is necessary. As noted in the Economic Impact Analysis by the Virginia Department of Planning and Budget, these changes are driven by the Department's desire to align standards with the CCDBG of 2014, and not by identified deficiencies. Facilities are already incurring substantial costs to offer additional orientation and training costs to staff members in the interest of increasing health and safety.</p> <p>VCCA Request: As stated in the CCDBG guidelines all staff shall be trained in CPR & F/A. We support 100% of staff to be trained and for 50% of all staff to be certified. The NAEYC requirement is 50% certification. This allows one teacher to perform CPR and/or FA</p>	

<p>Angela Todd Dalia Zuniga Elizabeth Demarino Samantha An Sylvia Fornah Maria Sanchez Stephanie Hopkins</p>	<p>now first aid certified. I am a first aid instructor and a 90 day period is more realistic.</p> <p>CPR and First Aid Certification- 50% certified and 100% trained within 90 days of employment</p>	
<p>Jennifer Schwitz</p>		
<p>Alisha Morgan Angela Lanier Bobbe Abich Carmen Weston Claudia Moreno Dalia Nolasco Andrea Londono Darlen Perez Erica Lee Gwen Nelbach Heather Elkins Jacquelyn Terkhorn</p>	<p>We understand wanting all staff to obtain CPR and First Aide training but extending the timeframe from 30-90 days would be more reasonable. Within 30 days many employees have only received one paycheck and may not have the funds to take the training class. Within 90 days staff members are more established and have enough time and funds to obtain the training.</p>	
<p>Jennifer Cisneros Jenny Bach Jessica Ventura Sorto Keydis Palma Latonya Carter Manuela Gamarra Marcela Herrguth Marsha Garrett Mary Lou Nellis Mercedes Sanchez Miladys Mendoza Monica Mendez Nafisa Hamdard Paula Williams Penny Edwards Rosa Sanchez</p>	<p>Request 50% certified and 100% trained within 90 days of employment. These modifications would still be an improvement to the current mandate</p>	

<p>Samantha An Sara Kidwell Sara Torres Sylvia Fomah Tammy Berry Tessa Sanchez</p> <p>Allison Rankin, Hunters Woods Cooperative Preschool</p>	<p>We have one paid, educated and well-trained teacher in class at all times, and there are three volunteer parents in the classroom as well serving as teacher aides through the day. With 20 children in the classroom, this brings our ratio to 5:1. The current regulations require these parents to have four hours of training annually. The proposed change to the regs (22VAC40-185-245) requires that all parents; who are counted in staff ratios; (which now specifically includes parents in co-ops) have 20 hours of annual training, including CPR and first aid certification. This would require parents who are scheduled to work 20 days per school year, for 2.5 hours per class shift, for a total of 50 classroom hours, to have 20 hours of training. This is an unreasonable expectation of preschool parents in terms of time and</p>	
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	<p>expense. We would have to hire an additional staff person to be in the classroom every day, which would cause our tuition to rise to an untenable level. There are many successful cooperative preschools in Virginia. The cooperative preschool model has many benefits including low tuition (because the parents serve as unpaid classroom aides) and genuine parental involvement in children's early education (something virtually everyone acknowledges is important). When parents are involved in their child's education early on, they generally continue to be involved. In my experience, many of the parent leaders at the elementary, middle, and high schools in our area started out in cooperative preschools. To not have cooperatives as an option for early childhood education would ultimately impact educational involvement and leadership in the entire community. I respectfully request that VDSS remove the language 'who are not considered staff' from section 22VAC40-185-245 describing the required training for cooperative preschool parents.</p>	
<p>Amy Edge, Elizabeth's Early Learning Center</p>		
<p>Beth Mattox</p>	<p>Requiring CPR/First Aid certification for all employees within 30 days of hire is an impractical and unmanageable requirement to expect. Early care centers have</p>	

<p>Childcare Network</p>	<p>to rely on outside agencies to be able to schedule and complete these trainings. Typically, trainers have a minimum number of participants required to hold a class. If a Center has only one staff that needs certification, it may not be possible to have that staff certified without undue hardship.</p> <p>The CCDBG guidelines state that all staff shall be trained. We support that 100% of staff should be trained but we feel that 50% should be certified. This will allow one teacher to perform the CPR and or FA while the other teacher cares for the children. Also, we ask for 90 days rather than a 30 day grace period for new staff needing the certification.</p> <p>Child care centers already have a difficult time finding quality staff. We need to have the ability to hire from within, train staff who have committed and dedicated their lives to young children regardless of their level off formal education. Restricting the degree that is currently held to the early childhood field seriously impacts our ability to hire. There is a 30% turnover rate in the industry nationwide. We object to limiting our pool of applicants. We need to expand this area of opportunity to include CDA certification and applicants outside the</p>	
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<p>Denise McDonald Michael Fust</p>	<p>Aid trained not all providers. VCCA supports 100% trained and 50% of staff certified.</p> <p>The CPR First Aid Requirement for all teachers and aids to be certified is not needed as long as all staff are trained within a 90 day period and at least half of the staff is certified.</p> <p>As stated in the CCDBG guidelines which has been the driving force behind some of these new proposals, all staff shall be trained; not certified; in CPR & First Aid.</p> <p>I support 100% of staff to be trained and for 50% to be certified. This would allow one staff to perform CPR or First Aid while other staff care for the rest of the children I also request a 90 day (not 30 day) grace period for new staff requiring certification. Please note my suggestion of 50% staff certification is a significant improvement to the current standard of one staff. Requiring 100% of staff to be certified will undoubtedly have a cost factor tied to it which would be passed on to parents! For many, many years our licensing standards were titled Minimum Standards for Child Care Centers. Although the word minimum has been dropped from the current title, the idea still remains! If centers want to certify 100% of their employees</p>	
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<p>Dianne Rose, Hunters Woods Cooperative Preschool</p>	<p>in CPR and First Aid there is nothing to prevent them from doing so. This is the case for many standards. Centers can often do more than required and they usually advertise accordingly to separate themselves from other centers. I'm asking you to create standards that keep children safe while at the same time considering cost analysis factors to the many parents that struggle to pay child care expenses.</p> <p>To always maintain 100% of staff certified in first aid and CPR is both unnecessary and impractical. As stated in the CCDBG guidelines all staff shall be trained. Why not ask that 50% of staff be certified? Is there any research to show that having 100% of staff certified instead of 50% changes the effectiveness? Even with these requested changes, this is a significant improvement over the current requirement of one staff to be CPR/FA certified.</p>	
<p>Don Gof, Child Care Resources</p>	<p>The proposed change to the regs (22VAC40-185-245) requires that all parents who are counted in staff ratios (which now specifically includes parents in co-ops) have 20 hours of annual training, including CPR and first aid certification. This is an unreasonable expectation of preschool parents in terms of time and expense. To avoid having parents counted in</p>	

<p>Dulin Cooperative Preschool</p>	<p>the ratio (to keep them from having to meet the training requirement), we'd have to have to hire an additional staff person to be in the classroom every day, which would cause our tuition to rise to an untenable level.</p> <p>I ask that VDSS remove the language "who are not considered staff" from section 22VAC40-185-245 describing the required training for cooperative preschool parents.</p> <p>The Child Care Development Block Grant states that staff shall be trained in CPR and First Aid. I support the CCDBG language. In addition, I believe 50% of staff shall be certified. I also suggest that there is a grace period for training staff of 90 days. This will allow the time it takes to provide quality training.</p>	
<p>Early Challenges Child Care Center</p>	<p>The current regulations in section 22VAC40-185-530 require only one person on the premises to be trained in CPR and first aid. The proposed new regulations will require all staff who work directly with children to be certified. This will have a huge impact on cooperative preschools because they have many parent volunteers who count as staff -- our preschool has approximately 70 parent volunteers who take turns assisting our 4 classroom teachers. We cannot absorb the cost to train all</p>	

<p>Emmanuel Lutheran Preschool - Jenny Reinhart & Laura Wood</p>	<p>70 of them in CPR, which can cost \$100 per person, and must be renewed every two years. Our school's policy requires all teachers and substitutes to hold current CPR/first aid certification. Requiring one CPR-certified staff person per classroom is sufficient and would be a significant improvement over the existing regulations. Require one staff person in each classroom/group to hold a current CPR/first aid certification.</p> <p>It is not possible to have 100% of all staff CPR certified within 30 days of hire. Also, we have certified dozens of staff who are no longer with the center. We feel the rule should be 100% trained and 50% certified in CPR/FA within 90 days of hire.</p> <p>Why require ALL staff to be trained in CPR/First Aid? Currently you need to have a staff member on site who is available and is trained. Also, why have new employees receive this within 30 days of the date of employment when there is already staff available with this training? Why require all staff to be trained? We would suggest there could be consideration of using a staff to children ratio or total number of children attending the program daily. This training is costly, this year were quoted \$80 per person to receive this training. That</p>	
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<p>Heather Whitfield, Heather's Kids, LLC</p>	<p>does not include paying the staff member for their time to attend the course. So this cost is \$115+ per staff attending and is good for two years.</p> <p>We are a small center and the cost to train all staff is becoming truly cost prohibitive. We are already asking a lot of this part-time staff. We feel that the 16 hours now required gives us a well-trained staff. We currently spend \$1,000 each year to train about 8 to 10 of our total 24-26 staff members in CPR/First Aid each year. We added MAT training and some eMAT training for 6 to 8 employees. We figure a cost of up to \$15 to \$40 per hour per staff member for training compensation which includes their time and cost of trainings like DHO, CPR, eMAT, etc. This doesn't include the costs we will incur for the new fingerprinting requirement. We currently spend well over \$3,000 per year training staff. We cannot add an additional 4 hours to our part-time program budget.</p>	
<p>Jennifer Schwitz</p>	<p>We would like to see an exception for part-time and substitutes just like short-term program which only need 10 hours of training a year. It is already a challenge to obtain the 16 hours of training for full-time employees. It is almost impossible to find a part-time employee or sub who is willing to do 16 hours of training each</p>	

<p>Kristen Carter, Children's Harbor</p>	<p>year. Increasing the hours to 20 hours across the board for all employees too demanding and is setting the daycare center up to fail. With all of the required training that needs to be completed already for new staff, adding the requirement that all staff shall have CPR and first aid within 30 days of the date of employment as outlined in 22VAC40-185-530 A is excessive. It would be more obtainable to require all program leaders/lead teachers to have CPR and 1st Aid training and extend the time frame to at least 90 days of employment. Aides, part-time employees, and subs should not be required to have this training.</p>	
<p>Samara Musselman, Bon Secours Family Centers</p>	<p>Extending the timeframe from 30-90 days would be more reasonable. Within 30 days many employees have only received one paycheck and may not have the funds to take the training class. Within 90 days staff members are more established and have enough time and funds to obtain the training.</p> <p>As stated in the CCDBG guidelines all staff shall be trained and not certified in CPR & F/A. We support 100% of staff to be trained and for 50% to be certified. This allows one teacher to perform CPR and/or FA and the other teacher to care for the children. We also</p>	

<p>Tess Dodson, at a non-profit center</p>	<p>need a 90 day, not a 30 day, grace period for new staff requiring certification. Even with these requested changes, this is a significant improvement over the current requirement of one staff to be CPR/FA certified.</p> <p>Requesting that the State and Federal guidelines consider a 60 or 90 day period within which a new staff member obtain their First Aid and CPR certification to address the logistics of scheduling such training where training programs are limited as it stands now and will have an increase in demand for services when the changes occur for all child care centers. Consider a requirement that the individual be assigned with a certified coworker until the certification is obtained and not be permitted to work alone with a grouping of children until obtained.</p> <p>I object to 100% of staff obtaining CPR and First Aid Certification within 30 days of employment. A more reasonable and equally safe alternative would be 50% certified and 100% trained within 90 days of employment. These modifications would still be an improvement to the current mandate.</p> <p>As a non-profit who employs several college students to help cover lunch breaks, assist at</p>	
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<p>The Virginia Child Care Association (VCCA)</p>	<p>naptime, as well as at the end of the day, the expense of implementing this requirement would be tremendous and hurt our resources available to invest in classroom materials. This would also be a requirement difficult to meet for those students who do not have cars when needing to drive to a location offering such certification classes (several of them walk to our location as we are near campus). Unfortunately, because our Center offers low teacher-child ratios by maintaining a large number of staff, the cost of certifying all staff in First Aid/CPR was too great for our budget (we are non-profit) and we ceased being subsidized when that constraint on subsidy centers went into effect. There is no great safety loss in not having everyone trained due to the large number of full-time staff on site who are certified.</p> <p>VCCA Request: As stated in the CCDBG guidelines all staff shall be trained in CPR & F/A. We support 100% of staff to be trained and for 50% of all staff to be certified. The NAEYC requirement is 50% certification. This allows one teacher to perform CPR and/or FA and the other teacher to care for the children. We're also requesting a 90 day, rather than a 30 day, grace period for new staff requiring certification. With these requested changes, this</p>	
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<p>Charlotte Hanrahan</p>	<p>is a significant improvement over the current requirement of one staff to be CPR/certified.</p>	
<p>Jamie Tettey</p>	<p>The Economic Impact Analysis from the Virginia Department of Planning and Budget estimates that licensees will incur costs likely to equal hundreds of thousands of dollars, and may stretch to several million dollars, initially and then will be a like amount every two years. These costs will also be increased because the turnover rate for child care workers would indicate that approximately 30% of trained staff will likely leave their employment each year. Given that these proposed changes are not driven by identified deficiencies that might affect the health or safety of children in care the costs of these changes likely far outweigh the convenience of having one standard for all licensees. The CCDBG requires only subsidy providers to be CPR/First Aid trained not all providers. VCCA supports 100% trained & 50% of staff certified.</p>	
<p>Sara Carroll</p>	<p></p>	
<p>Suzanne Updike and Karyn Bowen</p>	<p>Additionally, the requirement that all staff be certified in CPR within 30 days is above and beyond what is even required of public school teachers. I find it an amazing burden to place on employees to stay within those constants. A</p>	

<p>Louisa Stetekluh-Overlee Preschool</p>	<p>90 day grace period would be a more manageable regulation.</p> <p>Staff should have CPR certification.</p> <p>I am glad to see that CPR/FA now counts fully as annual training hours.</p> <p>E-mail:</p> <p>CPR Training The current regulations in section 22VAC40-185-530 require only one person on the premises to be trained in CPR and first aid. The proposed new regulations will require all staff who work directly with children to be certified. Our preschool has approximately 70 parent volunteers who take turns assisting our 4 classroom teachers. We cannot absorb the cost to train all 70 of them in CPR, which can cost \$100 per person, and must be renewed every two years.</p> <p>Requiring one CPR-certified staff person per classroom is sufficient and would be a significant improvement over the existing regulations.</p> <p>Our recommendation is to require one staff person in each classroom/group to hold a current CPR/first aid certification.</p>	
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	<p>The current standard should REMAIN IN EFFECT and apply to Cooperative Preschools. Our parent volunteers are within sight and sound of our teachers each day. Our teachers are trained in CPR/First aid, Emergency medicine, and daily health checks. We would ask that there be at least a 90 day grace period from the schoolyear start to the time that one assists in the classroom.</p>	
<p>Margarita Fores Khalilah Jones Kwesi Abban Jennifer Ellison Camila Manjarres Lachelle Metcalf Billy Edwards Jennifer Fadden Brett Dailey Sue Edwards Stephanie Usurin Katie Beard Linda Waldhuber Tahanee Karim Elizabeth Edwards Dana Hines Kristen Saltman Ruhama Bukuru Ruhama Getachew Kate Millender Ashley Dascoli Angel Scott Bart Taylor Angela Bellido Keyonia Blackeney Nitsuh Tesfaye Natasha Cofresi Adriana Gomez Kelel Tesfaye Kevin McGunnigle Robyn Shaver Jessica Mastropietro Rahel Endris Marvin Davis Michael Ellison</p>	<p>Consistent Quality</p> <p>Town Hall:</p> <p>Modifications focused on subsidy children have morphed into universal changes for all. Many centers stopped providing care for subsidy children all together while others braced for the increase costs, reduced spaces, and lower revenues these changes would effectuate. Some changes can result in increased costs to the parents without meaningful results. The changes before you although noble in origin will have unintended consequences that will reduce the quantity of younger age childcare currently available and will increase cost for others.</p>	<p>The proposed requirements align with federal CCDBG requirements with the goal of establishing consistent health and safety requirements across child care programs to ensure quality for children in care. Children in centers that do not participate in the Child Care Subsidy program are entitled to the same quality care.</p>

	<p>required by the CCDBG of 2014. Implementing the proposed excessive standards across all programs, regardless of their receipt of subsidy funds, would in effect eliminate the need for the inspectors to perform what are basically two individual inspections. All of the proposed health and safety protections outlined in the CCDBG of 2014 are prodigious in theory. However, the implementation of these changes comes at high costs to the facilities. That cost will eventually have to be passed along to the families we serve. The cost may take the form of higher tuition, or result in tighter budgets for centers, affecting competitive wage for quality employees or expendable income for facility improvements or curriculum costs. The cost of quality childcare is already considered extreme and budgets are almost always tight. Changes that add to the cost of offering quality care should be scrutinized for the benefit it will bring to programs, and not executed gratuitously. We understand the Department's obligation to impose changes mandated by the CCDBG of 2014 on subsidy programs, but those changes should not be impressed upon all licensed facilities in the Commonwealth of Virginia. Accordingly, we oppose the following proposed changes.</p>	
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	<p>Impact on Small Business/Burden of Cost</p>	
<p>Blanca Alvarado</p>	<p>Town Hall:</p> <p>I am opposed to the proposed changes to the child care regulations. This would put many small businesses in jeopardy and potentially put an end to many great programs available to parents and children.</p>	<p>VDSS recognizes the financial implications and additional costs associated with raising the quality of care for children.</p>
<p>Camille Galdes</p>	<p>Parents DESPERATELY need more options for childcare that fit their unique lifestyles, especially in such a high cost environment like Virginia. Parents already DO NOT have enough options for childcare, and need more alternatives to typical licensed centers. This change would SERIOUSLY hurt the economy of Virginia, and drive not only business but families and potential residents out of the area because of its hostility to families.</p>	
<p>Childcare Network</p>	<p>We would like State Board to consider the following comments from the Department of Planning and Budget sent to the Joint Committee on Appropriations, and Senate Committee on Finance:</p> <p>In general, the changes proposed in this action that will increase costs for licensees will likely cause licensees to either raise their child care rates to cover increased costs or,</p>	

	<p>for marginally profitable businesses, leave the licensed child care field altogether. If licensees choose to close their licensed child care businesses because their time and resources could be used more profitably elsewhere, the supply of licensed child care slots would shrink which would also tend to increase child care rates. Either of these effects will raise the costs of licensed day care for parents and leaves licensees with fewer resources to spend in alternate ways that might benefit their employees or children in their care.</p>	
<p>Erin Eichhorn</p>	<p>Very detrimental to small businesses, churches and after school programs. I oppose.</p>	
<p>Jason Stanley</p>	<p>The changes proposed are too broad and have a much larger impact than planned. This would impact small businesses and families that depend on their services, along with, of course, increased costs for all. It is not a well thought out plan and should not be implemented. As a father of two I obviously want what is best for my children, but this overall has a negative impact on their well-being.</p>	
<p>Jillian Davidson</p>	<p>This is terrible. Many parents rely on these services to care for their children.</p>	

<p>Marcia Sheehan</p>	<p>This would negatively impact many small businesses and families that rely on their services. These changes are cost prohibitive for small businesses trying to alleviate the hardships of finding quality part time childcare for children of all ages. It's bad for small business, bad for local economy, and bad for families.</p>	
<p>Michelle Roberts</p>	<p>These changes hurt small businesses and working families. Without reasonable alternatives for child care it puts us, as a community, at a disadvantage.</p>	
<p>Michelle Stanley</p>	<p>The changes proposed are vast and broad and have a much larger impact than planned. This would impact small businesses and families that depend on their services, along with of course increased costs for all. It is not a well thought out plan and should not be implemented.</p>	
<p>Natasha Cofresi</p>	<p>I am a single parent who happens to not receive child support or public aide in any capacity. A tuition hike would not be feasible.</p>	
<p>Nicole R.</p>	<p>Clearly this is not a one size fits all and needs to be re-examined. Not just for the various co-ops but also those centers that offer a small business parent help during the day with watching</p>	

<p>Northern Virginia Association for the Education of Young Children</p>	<p>children. It is unfair to make them all have to go through this strenuous process not to mention cost prohibitive. It is a sure fire way of having many small businesses CLOSE and isn't the idea to help promote small businesses? Please find a middle ground.</p> <p>As an affiliate of the National Association for the Education of Young Children (NAEYC), NVAEYC supports increasing quality through requirements for educational qualifications (22VAC40-185- 190), ongoing training (22VAC40-185-245), and maximum group sizes (22VAC40-185- 350).</p> <p>While we support these improvements in quality, we also believe that these regulations are an unfunded mandate that may have serious unintended repercussions to the already tenuous system of child care in our state. We believe that not only is quality important, but so is access and that careful implementation of increased requirements requires a plan for funding and compensation. This is especially true for a field with high teacher turnover, low pay, and challenges to access for families.</p> <p>We request the VDSS to consider the findings from the Virginia Department of Planning and Budget Economic Impact</p>	
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<p>Paula Propst-Kiddie Kompany Day Care Center</p>	<p>Please do not implement this change; we are a small business and this would create a huge burden without any visible benefits.</p> <p>This is a horrible idea that would adversely affect children and their families. Small business owners would certainly feel the brunt of this if enacted. This is another example of overreach and government run amuck. No thanks.</p> <p>The enormous list of upcoming changes may be well intentioned however, in each area where changes are being required all have a couple of things in common: They all will cost more and more money and provide additional opportunities for licensing specialists to cite violations. The list of proposed changes seems to be the largest in comprehensive changes. Small center programs are hard pressed to pay for all of these upgrades in training, ratios, and increased staff to adhere to making sure all of these new protocols are in place and maintained. Working parents want good cost effective child care. The proposed changes will increase prices. Instead of providing more childcare space, in my opinion it will decrease child care space. These proposals are pushing the small providers out of the market.</p>	
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	<p>General Comments in Opposition</p>	
	<p>Town Hall:</p>	
<p>Andrea Burrows</p>	<p>I oppose</p>	
<p>LJ Morrison</p>	<p>Once again, a tremendous overreach of government. These rules do not protect children more. Nor are they good for parents, business owners, and the community at Large. Parents have the responsibility of making the choices of what is right and not right for their children. Continued in interference doesn't help children because it causes certain people to go underground to subvert the system which could potentially cause more harm to children than if these enhanced regulations did not exist. Please take a moment to realize how much more harm than good this policy will cause.</p>	
<p>Melissa Brooke West; The Mayapple School</p>	<p>Childcare is at a crisis in our country. Parents do not have access to high-quality affordable child care. These regulations make the bind tighter, (as centers (and therefore parents) are left to shoulder the burden of these extra Virginia Cooperative Preschool Council responsibilities from not being allowed to retain or hire that GED candidate, no matter how wonderful she is with kids, to being left scrambling for summer care as short term</p>	

<p>Nicole Ewald</p> <p>Jessica Winesett</p>	<p>programs are forced to close or hike up their rates, to schools (such as private independent; Montessori Schools) that also have a pre-k program seeing their administrative costs rise as the time they need to deal with another licensing body increases.</p> <p>Please do not implement this change. It negatively impacts so many seeking these services and so many providing them.</p> <p>I strongly oppose.</p>	
<p>Christine Firth</p>	<p>General Comment Town Hall:</p> <p>As someone who has seen abuse and neglect go on in these unregulated childcare centers, I strongly agree with the proposed changes. We need to ensure all children are safe and well taken care of no matter how costly or inconvenient it might be. We have to protect these children.</p>	<p>The Department Agrees.</p>
<p>Dulin Cooperative Preschool</p>	<p>General Comment Town Hall:</p> <p>We recommend that the compliance date for any final regulations be postponed until the 2019-2020 school year. This will provide smaller preschools with limited resources the ability to budget and plan for significant proposed changes (and give families warning about tuition increases before they sign enrollment</p>	<p>Inspection requirements are found in the Code of Virginia and in General Procedures and Information for Licensure, 22VAC40-80. Inspection requirements are outside the scope of this regulatory action.</p>

<p>Early Challenges Child Care Center</p>	<p>agreements in the spring for the following school year).</p> <p>The State conducts two compliance visits each year, both unannounced. The CCDBG only requires one of those visits to be unannounced. We request that the annual visit that is an audit of all paperwork, all classrooms and grounds be a scheduled visit. When USDA or any other agency comes to audit paperwork they give you the courtesy of scheduling the visit. When DSS shows up at a center expecting to take up six to eight hours of at least one staff's time, and usually it's more than one, it presents enormous challenges to the center to conduct normal business and make sure the children are taken care of. On a day when there are multiple call-outs or other unexpected circumstances it is a real problem to dedicate an employee to DSS. Many records are also locked up and not available to all staff who may be on duty. There is no reason why this visit cannot be scheduled.</p>	
<p>H Stackhouse</p>	<p>General Comment Town Hall:</p> <p>Having a place for your child that you trust is essential to the family and the businesses that provide the option. It fosters a better community and is a good</p>	<p>The agency agrees.</p>

	experience for both adult and child. It is essential and needed by all.	
Jennifer Slack, Our Neighborhood Child Development Center	<p>General Comment Town Hall:</p> <p>These regulations sadly miss an opportunity to clarify expectations and best practices. The lack of readability reduces clarity and decreased compliance. The length makes the process seem overwhelming and increases the barrier to licensure. This regulation update also fails to deal with multiple other sections of regulations that need modernizing.</p>	The department has in process another regulatory action that includes the entire child day center regulation and will clarify and provide technical assistance to help providers understand the requirements.
Tracey Sopp, Cooperative Preschool of Loudoun	I did not see a provision for centers that do not care for infants to be exempt from the infant rules. Our youngest children are 2.5years old and the infant rules should not apply to us.	Programs not licensed to care for infants are excluded from orientation requirements directly related to infant care.

All changes made in this regulatory action

Please list all changes that are being proposed and the consequences of the proposed changes. Describe new provisions and/or all changes to existing sections. Explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation.

Current section number	Proposed new section number, if applicable	Current requirement	Proposed change and rationale
10		Incorporates definitions within the current regulation.	<p>Definitions for the following terms are added:</p> <p>Group size, homeless child, lockdown, shaken baby syndrome or abusive head trauma.</p> <p>Definitions for the following terms are amended to clarify their use in the body of the regulation: Child with special needs, sanitized, shelter in place, and</p>

			<p>serious injury.</p> <p>Delete the licensure exemptions in § 63.2- 1715 of the Code of Virginia in the definition of child day center. It is unnecessary to promulgate specific exemptions in the Code in this regulation.</p> <p>Change made to the definition of 'high school program completion' to comply with requirements in § 22.1-254.1 of the Code of Virginia.</p> <p>Revised definition of 'licensee'. Revised for consistency with definition in § 63.2-1701 of the Code of Virginia.</p> <p>Changed the term 'Universal Precautions' to 'Standard Precautions'.</p> <p>Updated to reflect terminology used by the United States Department of Labor and the Occupational Safety and Health Administration.</p> <p>All amendments in this section ensure consistency with new federal requirements pursuant to the Child Care and Development Block Grant and the Code of Virginia.</p>
20		Legal base and authorization in the Code of Virginia for the regulation of child day programs.	<p>Adds language to exempt child day programs that operate at a public school from the inspection of standards for the approval of buildings owned by public schools; vehicles that are owned by a public school and used to transport children attending the child day program; and meals served to children that are prepared by the public school.</p> <p>Update based on amendments to § 63.2-1734 of the Code of Virginia.</p>
30		Purpose and Applicability.	Adds language to clarify that the standards apply only to child day centers that are required to be licensed.
40		<p>Requirements for operational responsibilities.</p> <p>Requirements for background checks.</p>	<p>Revised to clarify that individuals cannot be the subject of a founded complaint of child abuse or neglect.</p> <p>Adds a requirement to develop written procedures for prevention of</p>

			<p>shaken baby syndrome or abusive head trauma, coping with crying, safe sleep practices and sudden infant death syndrome.</p> <p>The impact will be increased protection of infants and toddlers.</p> <p>Adds a requirement for the provider to inform staff who work with children of children's allergies, sensitivities, and dietary restrictions, and have available a list of allergies, sensitivities, and dietary restrictions in each room or area where children are present and be maintained and accessible to staff.</p> <p>Added to strengthen the authority and rights of parents, while increasing the protection of children in care with allergies and sensitivities.</p> <p>These requirements ensure consistency with new federal requirements pursuant to the Child Care and Development Block Grant.</p> <p>Revised for consistency with the Code of Virginia and the final Child Care Program regulation, 22VAC40-665.</p>
60		<p>Requirements for Children's records.</p> <p>Requires allergies and intolerances to food, medication, or any other substance and actions to take in an emergency situation to be documented in child's record.</p> <p>Requirements for exceptions to health records.</p>	<p>Adds a requirement for a written care plan in the child's record for a child with a diagnosed food allergy.</p> <p>The impact will be increased protection of children in care with food allergies.</p> <p>Adds a requirement to maintain documentation of the enrollment of a homeless child if enrolled under a grace period for immunizations or physical exam.</p> <p>The intent is consistency with new federal requirements pursuant to the Child Care and Development Block Grant and the McKinney-Vento Act.</p> <p>Reorganizes existing requirements</p>

			<p>within the section for clarity and consistency for the reader.</p>
<p>70</p>		<p>Requirements for documentation in staff records.</p> <p>Staff to complete background checks as required in the Background Checks for Child Welfare Agencies regulation, 22VAC40-191.</p> <p>Staff record to include written information on education, orientation, staff development, certification, and experience.</p>	<p>Corrects references to the Background Check regulation.</p> <p>Adds requirements for documenting orientation and training in staff records.</p> <p>The intent is clarification for orientation and training documentation requirements.</p> <p>The impact will be increased consistency of information in staff records and ensuring that all orientation and training requirements are clearly documented.</p> <p>Revised to remove duplicative requirements located in the regulation Background Checks for Child Welfare Agencies 22VAC40-191.</p>
<p>80</p>		<p>Requirements for attendance records and reports.</p> <p>Requires the provider to keep a written record of a child in attendance each day.</p>	<p>Adds a requirement to keep a written record of a child in attendance as arrival and departure occurs for each group of children.</p> <p>Revision made in response to public comment, clarifying the requirement for attendance records.</p> <p>The impact will be increased protection of children, as emergency responders will be better equipped in the event of an emergency to identify</p>

		<p>Requires the center to report the death of a child and a missing child when authorities have been contacted.</p>	<p>children in attendance.</p> <p>Adds a requirement to contact the department when child care services have been suspended or terminated for more than 24 hours as a result of an emergency situation, and when care is resumed.</p> <p>Adds a requirement to contact the department as soon as practicable but not to exceed two business days of an injury that requires outside medical attention.</p> <p>The impact will be increased protection of children in care in the event of an emergency, and will ensure that licensing inspectors have up-to-date information about center operations.</p> <p>These requirements ensure consistency with new federal requirements pursuant to the Child Care and Development Block Grant and the Final Child Care Program regulation, 22VAC40-665.</p>
130		<p>Immunization requirements for children.</p> <p>Requires immunization documentation to be obtained before the child can attend the center.</p>	<p>Adds a requirement for accepting a child under conditional enrollment as described in § 22.1-271.2 of the Code.</p> <p>Adds a requirement to maintain documentation of the enrollment of a child under conditional enrollment.</p> <p>Adds an exception for homeless children without documentation of immunizations to attend during a grace period of 90 days.</p> <p>The intent is consistency with new federal requirements pursuant to the Child Care and Development Block Grant and the McKinney-Vento Act.</p> <p>The impact is the reduction of barriers for homeless children to attend licensed child care while their families are taking necessary actions to comply with health and safety requirements.</p>
140		Requirements for	

		<p>physical examinations for children.</p> <p>Requires a physical exam to be completed before the child's attendance or within one month after attendance.</p>	<p>Adds a requirement to provide a grace period to homeless children to receive a physical examination.</p> <p>The intent is consistency with new federal requirements pursuant to the Child Care and Development Block Grant and the McKinney-Vento Act.</p> <p>The impact is the reduction of barriers for homeless children to attend licensed child care while their families are taking necessary actions to comply with health and safety requirements.</p> <p>Adds an allowance for a copy of the physical examination required for entry into a Virginia public kindergarten or elementary school to be used to meet the requirements for a physical examination.</p>
160		<p>Requirements for tuberculosis screening for staff and independent contractors.</p> <p>Tuberculosis screening to be submitted 21 days after employment and completed within 12 months prior to or 21 days after employment.</p>	<p>New requirement added to require documentation of tuberculosis screening to have been completed within 30 calendar days of employment and submitted at the time of employment, and before coming into contact with children.</p> <p>Changes made based on recommendations from the Virginia Department of Health.</p> <p>Revision made to protect the health of children and staff and to prevent the spread of contagious disease.</p>
180		<p>*General Qualifications for all staff.</p> <p>Requires staff to meet background check requirements in § 63.2-1719 of the Code of Virginia.</p>	<p>Technical edit to remove duplicative requirements for background checks.</p> <p>Revised for consistency and clarity.</p>
190		<p>Qualification requirements for program directors.</p>	

		<p>Requires that program directors meet requirements in subdivisions 1-4 of this section, effective June 1, 2008.</p> <p>Exception for program directors hired before June 1, 2005 to obtain a child development credential by June 1, 2009.</p> <p>Exception for program directors hired or promoted on or after June 1, 2005 to complete college credits or be awarded a child development credential by June 1, 2007.</p>	<p>Removes the term 'clock' to make the requirement clear for hours of training required.</p> <p>Reorganizes existing requirements within the section for clarity and consistency for the reader.</p> <p>Removed two exceptions for program director qualifications that have timed out and are no longer necessary.</p> <p>Added language to clarify that program directors employed prior to the effective date of this pending regulation, who meet the current education and experience qualifications are considered to have met the requirements of this section.</p> <p>In response to public comment, new language clarifies that the removal of exceptions that have timed out does not affect current qualification requirements and program directors who were qualified in the current regulation remain qualified.</p>
220		Requirements for Aides.	<p>A change was made at the proposed stage to add a requirement that aides under the age of 18 not be left alone with children. After further review and public comment it was determined this language is not necessary as staff under age 18 are already required to work only when another adult staff is present at the center.</p> <p>No change was made in this section from current requirements.</p>
240		<p>Requirements for staff training and development.</p> <p>Staff required to receive orientation training and to receive information in writing by the end of the first day on a list of topics.</p>	<p>Revised catchline: Staff orientation.</p> <p>Adds a requirement for staff to complete a DSS sponsored orientation course within 90 days of employment. Only staff hired after the effective date of this regulation will be required to complete this course.</p>

		<p>Program directors and staff who work alone with children are required to complete 16 hours of training annually. Only 2 hours of first aid and CPR can be counted towards annual training. Daily health observation training, medication administration training, and first responder training cannot count towards annual training.</p> <p>Exceptions to annual training include: staff who transport children and do not work with a</p>	<p>Clarifies that orientation training required in the first week must be completed prior to working alone with children.</p> <p>Adds orientation training topics: medication administration policy; emergency preparedness plan; safe sleep practices; shaken baby syndrome; response to food and other allergies; and disease prevention</p> <p>Adds orientation training topic of first aid and CPR to be covered within 30 days of employment. This is a lower level of training than first aid and CPR certification.</p> <p>Technical edit to revise the requirement for orientation training to be completed within seven days. Changes the language 'within seven days of employment' to 'within seven days of assuming job responsibilities'. Change made to allow more flexibility with the orientation time frame.</p> <p>Adds a requirement to include facility specific health and safety topics for orientation.</p> <p>These revisions are consistent with requirements for orientation in the Child Care and Development Block Grant.</p> <p>Technical edit to change the term 'universal precautions' to 'standard precautions'.</p> <p>Technical change to update the term based on updated practices and for consistency with terminology used by the United States Department of Labor (OSHA) and the Center for Disease Control.</p> <p>Adds a requirement for volunteers who work more than six hours per week to receive training on the center's emergency procedures within the first week of volunteering.</p> <p>Adds requirements for documentation of orientation training to ensure that all training requirements are met.</p>
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		<p>group of children; parents who participate in a cooperative preschool; and staff employed at short – term child day centers.</p> <p>Requirements for medication administration and daily health observation training.</p>	<p>These requirements ensure consistency with new federal requirements pursuant to the Child Care and Development Block Grant.</p> <p>*Adds an exemption from orientation for cooperative preschool parent volunteers who count in child to staff ratios. This exemption does not convey if the child day center participates in the Child Care Subsidy Program.</p> <p>Change made to preserve the cooperative preschool model and to comply with § 63.2-1734 of the Code of Virginia.</p> <p>Removes training requirements for medication administration, daily health observation, and staff training for therapeutic child day programs in this section and moves to 22VAC40-185-245.</p>
None	245	<p>Requires staff to complete 16 hours of training annually.</p> <p>Exceptions to annual training include: staff who transport children and do not work with a group of children; parents who participate in a cooperative preschool; and staff employed at</p>	<p>New section catchline: Ongoing training.</p> <p>Added language to clarify that annual training must be completed in addition to orientation.</p> <p>Adds exceptions to allow for reduced annual training for staff who do not work with a group of children.</p> <p>*Adds an exemption from training requirements, except for four hours of training annually, for cooperative preschool parent volunteers who count in child to staff ratios. This exemption does not convey if the child day center participates in the Child Care Subsidy Program.</p>

		<p>short – term child day centers.</p> <p>Requires staff that work directly with children in therapeutic child day programs to annually attend 24 hours of staff development activities.</p> <p>Requires the Medication Administration Training course to have been developed or approved by the Department of Social Services in consultation with the Department of Health and the Board of Nursing and taught by-a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or pharmacist; or an individual licensed by the Commonwealth of Virginia to administer</p>	<p>Change made to preserve the cooperative preschool model and to comply with § 63.2-1734 of the Code of Virginia.</p> <p>Revised language to clarify annual training requirements for staff employed at therapeutic child day programs.</p> <p>Adds a requirement to include annual training relevant to job responsibilities and the care of children and incorporates topics related to health and safety.</p> <p>Adds a requirement for staff to receive annual training on the center’s emergency plan.</p> <p>The impact of training on the health and safety topics will provide caregivers with the most recent updates, tools and information to increase the protection of children in care.</p> <p>Incorporates updates in § 54.1-3408 and adds a requirement that allows nurse practitioners and physician assistants to teach medication administration training courses.</p> <p>This requirement ensures consistency with the Code of Virginia.</p>
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		<p>medications.</p> <p>Requires that individuals who administer prescribed and over-the-counter medications to be trained in medication administration.</p> <p>Requires that at least one staff trained in daily health observation be on duty.</p> <p>Medication Administration Training and Daily Health Observation training does not count towards annual training requirements.</p>	<p>Medication administration and daily health observation training requirements are moved to this section from 22VAC40-185- 240.</p> <p>Edit made for clarification of requirements and for ease of readability.</p> <p>Response to public comment received. Revised to separate medication training requirements from daily health observation requirements. Provides clarification of requirements and ease of readability.</p> <p>Adds requirements for documentation of training to ensure that all training requirements are met.</p> <p>These requirements ensure consistency with new federal requirements pursuant to the Child Care and Development Block Grant.</p> <p>Language added to clarify that Medication Administration Training and Daily Health Observation Training may count towards annual training requirements.</p> <p>Response to public comment received. Revised to allow providers flexibility in meeting training requirements.</p> <p>Adds a requirement for volunteers who work more than six hours per week to receive annual training on the center’s emergency procedures.</p>
320		<p>Requirements for restroom areas and furnishings.</p>	<p>*Removes requirement for school age children of the opposite sex to use the restroom separately.</p> <p>Revised based on guidance and for consistency with the Final Child Care Program regulation, 22VAC40-665</p>
350		<p>Current catchline: Staff-to-children ratio requirements.</p>	<p>New catchline: Staff-to-children ratio and group size requirements.</p> <p>Adds requirements to identify the</p>

		<p>substitute staff.</p> <p>Requires sufficient staff to maintain a 1:10 ratio for all three-year olds during emergencies.</p> <p>Requires program lead to receive eight hours of training in classroom management for balanced mixed-age groups.</p>	<p>Deletes therapeutic child day program supervision requirements in this section and moves them to 22VAC40-185-355.</p> <p>The intent is to provide guidance to licensees and center staff on ways to ensure accountability for all children's whereabouts at all times.</p> <p>The impact will be increased protection and well-being of children.</p> <p>These requirements ensure consistency with new federal requirements pursuant to the Child Care and Development Block Grant.</p>
None	355	<p>Requirements for ratio in therapeutic programs currently located in 22VAC40-185-350.</p>	<p>Adds a new catchline: Staff-to-child requirements for therapeutic and special needs program staff.</p> <p>Staff-to-child ratio requirements for therapeutic and special needs program moved to this section from 22VAC40-185-350.</p> <p>The intent is to provide clarity and consistency.</p> <p>This requirement ensures consistency with new federal requirements pursuant to the Child Care and Development Block Grant.</p> <p>Technical edit to correct reference to attention deficit/hyperactivity disorder acronym.</p> <p>Edit made for consistency with the Diagnostic and Statistical Manual of Mental Disorders (DSM 5).</p>
400		<p>Requirements for behavioral guidance.</p>	<p>Adds requirements for timeout.</p> <p>Consistency with Standards for Licensed Family Day Homes and Final Child Care Program regulation, 22VAC40-665.</p>
420		<p>Documentation to be provided to parents before the child's first day of attendance.</p>	<p>Adds a requirement for the center's policy for arrival and departure to include procedures for pick up in the event of a man-made disaster.</p> <p>This requirement ensures consistency with new federal requirements pursuant to the Child Care and Development Block Grant.</p>
460		<p>Staff and supervision requirements during swimming and wading.</p>	<p>Corrects references to ratio and group size requirements.</p>

<p>500</p>		<p>Requirements for hand washing procedures.</p> <p>Disposable diapers to be used unless the child's skin reacts adversely to disposable diapers.</p>	<p>Adds a requirement for staff to wash their hands before preparing or serving food or beverages.</p> <p>This change was made to provide clarity and consistency.</p> <p>This requirement ensures consistency with new federal requirements pursuant to the Child Care and Development Block Grant.</p> <p>Adds a requirement to allow the use of cloth diapers when disposal requirements are met.</p> <p>Revision made to provide more opportunities for parental choice in diapering.</p>
<p>510</p>		<p>Requirements for the administration of medications.</p>	<p>Corrects reference to medication administration training requirements.</p> <p>Adds a requirement for staff who administer medication to be 18 years or older.</p> <p>The impact increases the protection of children.</p> <p>Changes made for clarification.</p> <p>Technical edit to move requirements for the administration of medication from 22VAC40-185-245; Ongoing training to 22VAC40-185-510; Medication</p> <p>Technical edit made for clarity and ease of readability.</p>
<p>530</p>		<p>Requirements for first aid training, cardiopulmonary resuscitation (CPR) and recue breathing.</p> <p>At least one staff member trained in CPR and first aid is on the premises during operational hours.</p>	<p>Revised catchline: First Aid training and cardiopulmonary resuscitation (CPR).</p> <p>Adds a requirement for at least one staff in each classroom or area where children are present to have current certification in CPR and first aid. Clarifies that CPR certification must have an in-person competency component. This must be in place within 90 days of the effective date of this regulation.</p> <p>Adds a requirement that at least two staff certified in first aid and CPR must always be present at the center wherever children are in care.</p> <p>Change made to ensure a minimum</p>

			<p>number of first aid and CPR certified staff is always present to respond to an emergency.</p> <p>These requirements ensure consistency with new federal requirements pursuant to the Child Care and Development Block Grant. The impact will be increased protection of children in care.</p> <p>Adds a requirement to allow CPR and first aid certification to count towards annual training hours.</p> <p>Language added to allow staff that is a registered nurse or licensed practical nurse with a current license from the Board of nursing to be exempt from the first aid certification requirement. Revised for consistency with Standards for Licensed Family Day Homes and the Final Child Care Program regulation, 22VAC40-665.</p>
550		<p>Requires procedures for emergency preparedness.</p> <p>Emergency preparedness plan to include procedures for emergency communication, evacuation, and shelter-in-place. Plan to address scenarios including natural disaster, chemical spills, intruder, and terrorism.</p>	<p>Adds a requirement to have a written emergency preparedness plan to include procedures for relocation, lockdown, fire, severe storms, loss of utilities, and violence at or near the facility.</p> <p>Technical edit to clarify the requirement for information and supplies to be taken to the assembly or relocation site in the event of an emergency.</p> <p>This language ensures compliance with the Child Care and Development Block Act requirements.</p> <p>Adds a requirement to ensure accommodations or special requirements for infants, toddlers, and children with special needs are in place for safe evacuation or relocation.</p> <p>Adds a requirement to have a procedure to reunite children with their parent or those authorized to pick up the child.</p> <p>New requirement for procedural components for the continuity of operations to be included in the emergency preparedness plan.</p> <p>This new language ensures consistency with emergency preparedness requirements in the Child Care and Development Block Grant and the Final</p>

		<p>Procedural components for methods of communication after evacuation and shelter-in-place currently required.</p>	<p>Child Care Program regulation, 22VAC40-665.</p> <p>Adds a requirement to include emergency response practice drills for lockdown procedures at least annually.</p> <p>Adds a requirement for documentation of emergency evacuation, shelter-in-place, and lockdown drills to be maintained and include certain components.</p> <p>The impact will be increased protection of children in care in the event of an emergency.</p> <p>Adds a requirement for the provider to notify the parent if a confirmed or suspected allergic reaction and ingestion or contact with a food to which they are allergic to as identified in the written care plan.</p> <p>The impact will be increased protection of children in care with food or other allergies.</p> <p>Updates requirements for the emergency preparedness plan to include communicating with parents and emergency responders during an emergency.</p> <p>These requirements ensure consistency with new federal requirements pursuant to the Child Care and Development Block Grant.</p> <p>Revised for the safety of children with allergies and consistency with requirements in the Final Child Care Program regulation, 22VAC40-665.</p>
<p>560</p>		<p>Requirements for nutrition and food services.</p>	<p>Adds requirements that staff take steps to avoid cross-contamination to prevent an allergic reaction.</p> <p>The impact will be increased protection of children in care with food allergies.</p> <p>This requirement ensures consistency with new federal requirements pursuant to the Child Care and Development Block Grant.</p>
<p>580</p>		<p>Transportation and field trips.</p>	

		<p>Requires that emergency information, center's contact information, and list of children be in vehicles used to transport children.</p>	<p>Adds a requirement that while transporting children, the allergy care plan and emergency contact information is in the vehicle.</p> <p>The impact will be increased protection of children in care while being transported.</p> <p>This requirement ensures consistency with new federal requirements pursuant to the Child Care and Development Block Grant.</p> <p>Adds a requirement for staff who transport children to be 18 years of age or older.</p> <p>The intent is consistency with the requirements in § 46.2-334.01 of the Code of Virginia.</p>
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