



Proposed Regulation Agency Background Document

Agency name	State Board of Social Services
Virginia Administrative Code (VAC) citation	22VAC40-185
Regulation title	Standards for Licensed Child Day Centers
Action title	Adopt New Standards for Licensed Child Centers
Date this document prepared	April 18, 2013

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 14 (2010) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

Brief summary

In a short paragraph, please summarize all substantive provisions of new regulations or changes to existing regulations that are being proposed in this regulatory action.

This is a joint action to repeal the existing regulation, 22VAC40-185, and establish a new regulation, 22VAC40-186, for licensed child day centers. The intent of the proposed new regulation is to improve clarity and consistency, relieve intrusive and burdensome language, ensure parents have access to information that enables them to make informed choices, afford parents opportunity to participate in decisions affecting their children, and to provide greater protection for children in care. Provisions from the current regulation are included in the new regulation.

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.

Virginia Department of Social Services: VDSS
Division of Licensing Programs: DOLP
Medication Administration Training for Child Care Providers: MAT
Pre-Medication Administration Training: PMAT

Legal basis

Please identify the state and/or federal legal authority to promulgate this proposed regulation, including (1) the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable, and (2) promulgating entity, i.e., agency, board, or person. Your citation should include a specific provision authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency/board/person'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 (Board) to adopt regulations and requirements for licensed child day centers in collaboration with the Virginia Recreation and Park Society and the Department of Behavioral Health and Developmental Services. 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 by (1) detailing the specific reasons why this regulatory action is essential to protect the health, safety, or welfare of citizens, and (2) discussing the goals of the proposal, the environmental benefits, and the problems the proposal is intended to solve.

In accordance with § 2.2-4007.01 of the Code of Virginia, the Board intends to consider repealing the following regulation: 22VAC40-185 (formerly 22VAC15-30), Standards for Licensed Child Day Centers. Legislation enacted during the 2012 General Assembly session abolished the Child Day-Care Council (Council) (2012 *Acts of the Assembly*, Chapter 803, Item 26 and Chapter 835, Item 26) and transferred its regulation numbered 22VAC15-30 to the State Board of Social Services. The transfer became effective July 1, 2012 and the renumbering of the regulation became effective November 1, 2012.

This proposed regulatory action is a joint action to repeal the existing regulation, 22 VAC 40-185 (formerly 22VAC15-30), and establish a new regulation, 22VAC40-186, for licensed child day centers.

This regulatory action has several purposes. The first is to ensure that parents have sufficient information to make informed decisions about placing their children in licensed child day centers. The second purpose is to facilitate the social, emotional and intellectual development of children receiving care in licensed child day centers. The third purpose is to ensure the safety of children receiving care in licensed child day centers. The fourth purpose is to improve understanding and interpretation with an adjusted format and clearer language that will augment compliance and enforcement.

The current regulation has been amended seven times since its adoption in 1993 and its current terminology and format is burdensome and confusing for providers, parents, and DOLP staff to navigate. In fact, the current regulations are supplemented by a 68-page guidance document to assist providers, parents, and DOLP staff in interpreting and enforcing the current regulation.

Repeal of the existing regulation and adoption of a new regulation was determined to be 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 new substantive provisions (for new regulations), substantive changes to existing sections or both where appropriate. (More detail about all provisions or changes is requested in the "Detail of changes" section.)

In accordance with § 2.2-4007.01 of the Code of Virginia, the State Board of Social Services intends to repeal the following regulation: 22VAC40-185 (formerly 22VAC15-30), Standards for Licensed Child Day Centers. Legislation enacted during the 2012 General Assembly session abolished the Council and transferred its regulation numbered 22VAC15-30 to the Board. The transfer became effective July 1, 2012 and the renumbering of the regulation became effective November 1, 2012.

In making the determination to repeal the existing regulation and develop a new regulation, the former Council reviewed (1) the existing regulation; (2) reports from/contacts with licensed child day centers; (3) on-line licensing inspection reports from DOLP; and (4) provider, licensing staff and council member comments received from the January 2009 DOLP Child Day Center Standards Survey on the existing standards.

Four regulatory advisory panels (RAPs) were formed to review the standards by section. These RAPs provided guidance on structure, format, and language, and considered all comments DOLP received from the survey in development of the new regulation. The RAPs were each tasked with the review and revision of separate sections of the standards and to craft new language for each section. The process included 26 separate RAP meetings between March 2009 and June 2011.

In addition to reformatting, areas of concern addressed in the new regulation include: (1) program director qualifications; (2) clarification of staff training requirements including the acceptance of Medication Administration Training (MAT & PMAT) toward annual training requirements; (3) playground surfacing requirements to simplify the existing language and bring centers into compliance with national safety standards; and (4) updates to address ever-changing national health practices.

Areas that improve the protection of children which are addressed in the proposed regulation include:

- Written policies and procedures describing how the director will oversee the day-to-day operation and supervision of children in all assigned centers.
- Reports to parents and DSS on certain situations that place a child at risk.
- Staff qualifications and training including requirements for drivers and substitutes.
- Choking, suffocation, and strangulation hazards.
- New federal crib safety requirements and safe infant sleep practices.
- Playground equipment & surfacing standards.
- Supervision requirements during transportation and field trips.
- Procedures for accounting for children's whereabouts.
- Specific techniques on positive guidance of children's behavior.
- Appropriate use of visual media (TV, DVD, etc.) with children under two years of age.
- Specifics for daily care and interactions between staff and children.
- Specifics for care and daily activities for children with special needs.
- Oral hygiene.

- Requirements for heating infant foods and burn prevention.

Areas and standards that reduce intrusion and burden to providers or are in the best interest of families include:

- Additional age category, to better coincide with policies on subsidy.
- Provision for directors of school-age programs to serve as director of up to four centers under certain conditions.
- Four additional qualification options for program directors and six additional qualification options for lead teachers.
- Decreased annual training requirements for staff who work less than 20 hours/week.
- Adjusted annual training requirements to allow topics previously excluded from counting towards annual training such as CPR/First aid and MAT.
- Written information to be provided to parents on fees, payment schedules, DOLP contact and website.
- Reports to parents on certain situations that place a child at risk.
- Deleted requirements that placed burden of responsibility for children's immunization records and updates on centers.
- Option for parents to make the decisions between choosing cloth or disposable diapers and between plastic or shatter-resistant glass bottles.

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 the regulatory action poses 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 about placing their children in licensed child day centers, and to ensure the health, well-being, and safety of children receiving care. Much of the content from the current regulation (22VAC40-185) has been incorporated in the new regulation, with adjustments and simplifications made in the structure, format, and language. This action will improve understanding and interpretation of the standards for parents, child care programs and their staff, and DOLP staff. This will lead to enhanced safety & programming for children, increase provider compliance, and will assist DOLP staff in consistent regulatory interpretation across the state.

The proposed regulatory action presents a balance between health and safety requirements and the costs associated with maintaining them. Based on provider input and public comment, the total number of annual training hours will increase for staff who work over 20 hours/week, and annual training hour requirements will decrease for staff who work less than 20 hours/week. In addition and also based on public comment, courses the current standards exclude from counting towards meeting annual training requirements, such as the eight-hour MAT training, CPR/First Aid training, and daily health observation training, may now be used to meet annual training requirements.

The addition of new program guidelines such as limiting the use of electronic and visual media with young children, requirements that stress the importance of environments that allow staff to form positive, consistent relationships with the children in care, and increased staffing requirements during transportation and off site activities, all work to enhance the safety and social, emotional and intellectual development of children receiving care in licensed child day centers.

In response to concerns from centers that care for children receiving child care subsidy payments, the regulation added an additional age category. In the current regulation, two-year-old children are considered “preschool age.” This definition has implications for the amount of subsidy reimbursement payments centers are eligible to receive based on the ages of children in care. Although the issue of reimbursement rates for child day care is beyond the scope of this regulation, the definition was amended in response to public and provider concerns.

The advantage to the Commonwealth is that the proposed action reflects the importance that Virginia places on ensuring adequate child care for children of working parents. Additionally, the proposed 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 requirements of the proposal, which are more restrictive than applicable federal requirements. Include a rationale 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.

There are no applicable federal requirements.

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.

Public participation

Please include a statement that in addition to any other comments on the proposal, the agency is seeking comments on the costs and benefits of the proposal and the impacts of the regulated community.

While under the authority of the Council, Section 63.2-1735 of the Code mandated membership on the Council to ensure representation of Virginia’s child day care stakeholders. In 2009, at the request of the Council, DOLP created a survey to collect comments concerning the need to modify or clarify the existing regulation, 22VAC40-185 (Formerly 22VAC15-30). The survey was distributed to Council members, 2,628 licensed child day centers, licensing staff, and other interested parties.

In addition, pursuant to 22VAC40-12, Public Participation Guidelines, the DOLP established RAP groups made up of Council members (representative stakeholders) and DSS staff. These RAP groups met 26 times between March 2009 and June 2011 and reviewed the existing standards by section, provided guidance on structure, format, and language, and considered all comments received from the survey. Due to the legislation enacted during the 2012 General Assembly that transferred this regulation to the Board and the previous extensive work done by the RAP groups while under the authority of the Council, additional panels will not be used.

The agency is seeking comments on the intended regulatory action, including ideas to assist the agency in the development of the proposal and the costs and benefits of the alternatives stated in this notice or other alternatives.

In addition to any other comments, the Board is seeking comments on the costs and benefits of the proposal and the potential impacts of this regulatory proposal. Also, the Board is seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include 1) projected reporting, recordkeeping and other administrative costs, 2) probable effect of the regulation on affected small businesses, and 3) description of less intrusive or costly alternative methods of achieving the purpose of the regulation.

Anyone wishing to submit comments may do so via the Regulatory Town Hall website (<http://www.townhall.virginia.gov>), or by mail, email, or fax to: Debra O'Neill, Virginia Department of Social Services, Division of Licensing Programs, 9th Floor, 801 E. Main Street, Richmond, VA 23219; telephone (804) 726-7648; fax (804) 726-7132; email: debra.oneill@dss.virginia.gov Written comments must include the name and address of the commenter. In order to be considered, comments must be received by midnight on the last day of the public comment period.

A public hearing will be held after this regulatory stage is published in the *Virginia Register of Regulations* and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (<http://www.townhall.virginia.gov>) and on the Commonwealth Calendar website (<http://www.virginia.gov/cmsportal3/cgi-bin/calendar.cgi>). Both oral and written comments may be submitted at that time.

Economic impact

Please identify the anticipated economic impact of the proposed new regulations or amendments to the existing regulation. When describing a particular economic impact, please specify which new requirement or change in requirements creates the anticipated economic impact.

Projected cost to the state to implement and enforce the proposed regulation, including (a) fund source, and (b) a delineation of one-time versus on-going expenditures.	Implementation and enforcement of the new regulation will not result in any increased cost to the state. Licensing staff with responsibility for implementation are currently in place
Projected cost of the new regulations or changes to existing regulations on localities.	None.
Description of the individuals, businesses or other entities likely to be affected by the new regulations or changes to existing regulations.	Licensed child day centers will be affected by this regulation. Children and their families will also be affected by this regulation in that it strengthens their protections.
Agency's best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that (i) is independently owned and operated and (ii) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.	There are 2,568 licensed child day centers with a capacity to serve 255,674 children. While there are some corporate owned facilities in Virginia, most licensed child day programs in Virginia are small businesses.

<p>All projected costs of the new regulations or changes to existing regulations for affected individuals, businesses, or other entities. Please be specific and include all costs. Be sure to include the projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses. Specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the proposed regulatory changes or new regulations.</p>	<p>Additional Costs: For facilities that provide transportation daily to/from young children's homes or other institutions, possible increase of \$80/per week for one additional staff member present in the vehicle. Calculated based on two hours of daily transportation 5 days/week. Based on minimum wage plus statutory fees (SSI). This would apply only to those centers which do not already have an additional staff member available. In addition, centers may choose to use parents or volunteers during daily transportation trips with young children.</p> <p>Savings: Possible savings for centers with multiple school-age sites. Currently, directors of school-age programs may supervise two sites. Proposed action allows one director to supervise up to four school-age sites. Centers would save in salary costs. Specific director salary information is not available to DOLP.</p> <p>Anecdotal information places director starting salaries at \$20,000 to \$40,000 varying by location. A 2004 study, from http://www.vakids.org/pubs/Archives/ECE/workforce_study.pdf reported that the average annual salary in the Richmond area for a director of a child care center was \$28,541.</p> <p>Savings in staff salaries: Currently centers are responsible for obtaining and maintaining documentation on children's immunizations received. This includes receiving updates on children's immunizations in a format that is burdensome and completely out of the control of center responsibilities. Currently, center staff may spend eight to 16 hours each month reviewing all children's records to ensure each child has received appropriate immunizations, updated inoculations, and that the parent and physician have provided documentation as required by the Virginia Department of Health. New language returns the burden of proof of immunizations, updates, and VDH documentation requirements back to the physician and parent. From the study mentioned above, the average annual salary for a teacher in a child care center in the Richmond area was \$20,010.</p>
<p>Beneficial impact the regulation is designed to produce.</p>	<p>This regulation is designed to benefit families, child care programs and staff, and DOLP staff through reorganization of content and clarification of the previously identified troublesome and confusing language. The DOLP, with representatives from each of the identified constituent groups and associations, gave careful consideration to balance family, provider, and children's needs to create consistency, relieve intrusive and burdensome language, ensure parents have access to information that enables them to make informed choices, and afford parents opportunity to participate in decisions affecting their children, while providing greater protection for children in care.</p>

Alternatives

Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in §2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulation.

The option of not having a center regulation is not feasible because the Code requires the Board to promulgate regulations for licensure and operation of child day centers. This new regulation is a comprehensive revision of the current regulation. Because of extensive changes and reorganization, the current regulation is being repealed and this new regulation is being promulgated. In developing this proposal, consideration was given to the necessity, enforceability, reasonableness, and cost impact of the regulation.

Regulatory flexibility analysis

Please describe the agency’s analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance or reporting requirements; 2) the establishment of less stringent schedules or deadlines for compliance or reporting requirements; 3) the consolidation or simplification of compliance or reporting requirements; 4) the establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the proposed regulation.

Section 63.2-1734 of the *Code of Virginia* mandates the Board to adopt regulations that are designed to ensure that the activities, services, facilities are conducive to the welfare of children under the control of licensed child day centers. Through the DOLP collaboration with affected constituents (providers, parents, interested stakeholders, and licensing inspectors), the proposed regulation represents the best alternative to minimize the adverse impact on the center’s business while ensuring protection of children.

Public comment

Please summarize all comments received during the public comment period following the publication of the NOIRA, and provide the agency response.

Commenter	Comment	Agency response
K. Clark, McLean Preschool	<u>MAT/PMAT training</u> : I would very much like to see the first aid/CPR and the MAT/PMAT training count towards the annual training requirement. Also, I would like to see the administration of Benadryl or like medication included in the PMAT certification since that is the first step many physicians prescribe before the use of an epi-pen or other	The regulation has been amended to allow first aid/CPR, MAT/PMAT, daily health observation, and staff orientation training to count towards annual training hours. The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and

	<p>emergency medications.</p>	<p>concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.</p>
<p>Kathy Krechel, Child Development Center</p>	<p><u>Format & Clarity:</u> I have found that the Standards for Licensed Childcare are hard to read and open to vast interpretation by the inspectors. Is there a way to view a sample format when it is changed? I like the change in the forms for administration of medication. I hope that trainings will be offered when the change is made with the standards for directors and assistant directors to understand what is expected.</p>	<p>The intent of this proposed regulation is to improve clarity, enhance provider compliance, and increase department consistency in interpretation through the changes made in the structure and format, and through the use of simplified language.</p>
<p>Shelly Chapman</p>	<p><u>Length of time in care:</u> Currently childcare centers are opened between 12 to 13 hours per day. I would like to see a limit put in place on how much time children spend in care. The Child Development centers on Military installation have a 10 hour per day time limit. I would like to see a similar policy put in place in the Virginia regulations.</p>	<p>These issues are business and family decisions and outside the scope of the regulation.</p>
<p>Carol Martin, Building Bridges Child Development Center</p>	<p><u>New Standards:</u> Clear and defined standards that doesn't allow loose interpretations. Our center moved from administering medication unless emergency based. With this in mind PMAT should cover all components considered emergency based such as Benadryl (along with Epi-pens) as written in individual Plan of Action by Doctor. This should also include Inhalers in case of Asthma attack. The expense for full MAT Training when our policy only administers Emergency Base is absurd when PMAT could and should cover these components. <u>Special Services:</u> Allowing children to request second helpings on a daily basis when already providing USDA certified proportions doesn't lend to promoting long term healthy eating habits. Emergency Based Medications</p>	<p>The intent of this proposed regulation is to improve clarity, enhance provider compliance, and increase department consistency in interpretation through the changes made in the structure and format, and through the use of simplified language.</p> <p>The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.</p> <p>USDA requirements are outside the scope of this regulation.</p>

<p>Shannon Banks, Barrett Early Learning Center</p>	<p><u>MAT/PMAT:</u> I would like to see MAT training be counted in the annual training hours. For what it costs centers to train individuals in MAT, as well as the length of time the training takes, it would be nice for there to be some benefit in terms of accepted training hours for this training. Also, it would be great if PMAT could include inhalers. It would make PMAT a more useful option for centers who choose not to do full MAT training, due to cost or other reasons. Would it be possible for licensed physicians or nurses to be able to provide training to centers for Epi-Pens and inhalers only? This may 1) reduce the cost to centers 2) make training more accessible and 3) further our mission of keeping children safe. In my area, MAT is not easy to find or schedule nearby. There are few trainers who are available in the area, which means we would have to get someone to travel from a larger city (usually Richmond). Combined with class size minimums/maximms, this makes scheduling difficult. The online option is great, but you still have to schedule someone to do the hands on portion. I am all for training providers, and equipping them with the tools they need to be successful in caring for children. I would love for it to be more accessible!</p>	<p>The regulation has been amended to allow first aid/CPR, MAT/PMAT, daily health observation, and staff orientation training to count towards annual training hours.</p> <p>The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.</p>
<p>Mary Hiteman, First Baptist Church Weekday Preschool</p>	<p><u>PMAT course & Benadryl:</u> The current PMAT course does not meet the needs of our preschool. We only administer medication in emergency situations (SEVERE ALLERGIES/EPIPEN). I ask that the current PMAT course is changed to include not only the administration of the EPIPEN, but also the administration of BENADRYL. There is a HUGE disconnect between what the PMAT course provides and what doctors are prescribing in regards to ALLERGIES/EPIPENS. Many doctors are now prescribing BENADRYL BEFORE administering the EPIPEN. Half-day preschools who only administer medication in emergency situations must take the MAT course in order to administer BENADRYL & comply with regulations. PLEASE consider changing the PMAT course to include the administration of BENADRYL. It makes sense. PLEASE HELP us SERVE preschoolers with SEVERE ALLERGIES.</p>	<p>The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.</p>
<p>Danielle Todd, Westhampton Day</p>	<p><u>PMAT/Prof Dev Hours:</u> With allergies and asthma being very common</p>	<p>The Medication Administration Training (MAT & PMAT) program components are outside the</p>

<p>School</p>	<p>medical action plans, it would be beneficial if PMAT covered both Benadryl (almost always asked to be administered prior to an epipen) and inhalers. If this were the case, it would be practical for me to have each and every teacher trained in PMAT. In addition, with the cost for the courses needing to come out of my professional development budget, it would be cost effective to have professional development hours given for MAT, PMAT, and training in The Daily Health Observation. It is difficult to maintain excellent substitutes for coverage in the day school setting. I do not think that required hours of continuing professional development should be required for these individuals. Kudos for the simplified medical forms on the website</p>	<p>scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs. The regulation has been amended to allow first aid/CPR, MAT/PMAT, daily health observation, and staff orientation training to count towards annual training hours</p>
<p>Tamera Pegg-Director-Kids in Discovery Preschool *</p>	<p><u>PMAT/MAT Training:</u> The current PMAT course does not meet the needs of programs that only administer medication in emergency situations. I ask that the current PMAT course is changed to include not only the administration of the EpiPen, but also the administration of Benadryl. There is a disconnect between what the PMAT course provides and what doctors are prescribing for emergency medication. Because many physicians are now prescribing Benadryl BEFORE administering an EpiPen as part of their plan, programs are required to take the MAT course in order to comply with regulations. MAT certified trainers are limited, the program is not cost effective but cost prohibitive. Please consider changing the PMAT course to include administration of Benadryl in order for preschool programs to continue serving ALL children with serious allergies.</p>	<p>The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.</p>
<p>Joan Brennan, Open Arms Christian Preschool</p>	<p><u>PMAT/MAT Training</u> I would like to request a change in the requirement for PMAT vs. MAT. Our preschool administers medication on an emergency basis only (Epi-pens). The physicians are now adding Benadryl as the first course to the Allergy Action Plan; Epi-pens are to be administered only if the reaction is severe. In addition, I would like inhaler training to be included in PMAT. Again, it is used only on an emergency basis. Thank you for your consideration.</p>	<p>The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.</p>
<p>Becky Mauck, First Presbyterian Preschool</p>	<p>PMAT/MAT training I am asking that the current PMAT training include training for the</p>	<p>The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and</p>

	<p>administering of EPI pens as well as Benadryl. Our school is a half day preschool and only administers medication in emergency situations and now doctors are asking that Benadryl be administered first. The cost of MAT training is very high and more than one person in the school needs to be trained. Please change this so that all preschools can be safe for children with extreme allergies. Thank you.</p>	<p>concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.</p>
<p>St. Stephen's Preschool</p>	<p><u>PMAT</u> The current PMAT course does not meet the needs of programs that only administer medication in emergency situations. I ask that the current PMAT course is changed to include not only the administration of the EpiPen, but also the administration of Benadryl. There is a disconnect between what the PMAT course provides and what doctors are prescribing for emergency medication. Because many physicians are now prescribing Benadryl BEFORE administering an EpiPen as part of their plan, programs are required to take the MAT course in order to comply with regulations. MAT certified trainers are limited, the program is not cost effective but cost prohibitive. Please consider changing the PMAT course to include administration of Benadryl in order for preschool programs to continue serving ALL children with serious allergies.</p>	<p>The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.</p>
<p>Betty Mason, St. Mark's Preschool</p>	<p><u>PMAT training.</u> The current PMAT training does not meet the needs of a half day preschool. Benadryl is often the first measure prescribed by a physician for a child with a severe allergy. The PMAT training only allows us to administer an EpiPen. The Mat training is not cost effective for a half day program. PLEASE change the PMAT training to allow us to administer Benadryl.</p>	<p>The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.</p>
<p>Cheri Erk, Christ Church Episcopal Preschool</p>	<p><u>MAT/PMAT Regulations.</u> The current PMAT course does not meet the needs of programs that only administer medication in emergency situations. I ask that the current PMAT course is changed to include not only the administration of the EpiPen, but also the administration of Benadryl. There is a disconnect between what the PMAT course provides and what doctors are prescribing for emergency medication. Because many physicians are now prescribing Benadryl BEFORE</p>	<p>The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.</p>

	<p>administering an EpiPen as part of their plan, programs are required to take the MAT course in order to comply with regulations. MAT certified trainers are limited, the program is not cost effective, but cost prohibitive. Please consider changing the PMAT course to include administration of Benadryl in order for preschool programs to continue serving ALL children with serious allergies.</p>	
<p>Mia White, Canterbury Community Nursery School</p>	<p><u>MAT/PMAT</u> Thank you for this Town Hall Forum. It is a great way to be an active voice in the community. I believe the PMAT course does not meet the needs of children with severe allergies. I would like to see the PMAT course changed to include not only the administration of the EPIPEN, but also the administration of Benadryl. There is a missing piece to the puzzle when it comes to what the PMAT course provides and what doctors are prescribing to people with allergies/Epipens. Most doctors are now prescribing Benadryl before administering the Epipen. Please consider changing the PMAT course to include the administration of Benadryl. It will allow Preschool/Day Centers to better serve and protect our children. I would also like to see first aid/CPR, Daily Health Checks/OSHA the MAT and PMAT training count towards the annual training requirement. These courses are costly and usually take several hours. Because it is necessary it should also be counted.</p> <p>Thank you for taking the time to consider my requests.</p>	<p>The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.</p> <p>The regulation has been amended to allow first aid/CPR, MAT/PMAT, daily health observation, and staff orientation training to count towards annual training hours</p>
<p>Barbara Booth, Child Development Center at Huguenot Road Baptist Church *</p>	<p><u>PMAT</u> The current PMAT course does not meet the needs of programs that only administer medication in emergency situations. I ask that the current PMAT course is changed to include not only the administration of the EpiPen, but also the administration of Benadryl. There is a disconnect between what the PMAT course provides and what doctors are prescribing for emergency medication. Because many physicians are now prescribing Benadryl BEFORE administering an EpiPen as part of their plan, programs are required to take the MAT course in order to comply with regulations. MAT certified trainers are limited, the program is not cost effective but cost prohibitive. Please consider</p>	<p>The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.</p>

	<p>changing the PMAT course to include administration of Benadryl in order for preschool programs to continue serving ALL children with serious allergies. Thank you very much.</p>	
<p>Sherry Carter, Trinity Lutheran Church Preschool</p>	<p><u>MAT v. PMAT Regulations</u> The current PMAT course does not meet the needs of programs that only administer medication in emergency situations. I ask that the current PMAT course is changed to include not only the administration of the EpiPen, but also the administration of Benadryl. There is a disconnect between what the PMAT course provides and what doctors are prescribing for emergency medication. Because many physicians are now prescribing Benadryl BEFORE administering an EpiPen as part of their plan, programs are required to take the MAT course in order to comply with regulations. MAT certified trainers are limited, the program is not cost effective but cost prohibitive. Please consider changing the PMAT course to include administration of Benadryl in order for preschool programs to continue serving ALL children with serious allergies. Thank you for your consideration of this matter.</p>	<p>The Medication Administration Training (MAT) program components are outside the scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.</p>
<p>Mary Dumont, The Giving Tree Preschool</p>	<p><u>PMAT regulations</u> Please consider changing the guidelines of the PMAT training to include the use of the EpiPen and administering Benadryl in emergency medical situations. The MAT training is cost prohibitive for our small center.</p>	<p>The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.</p>
<p>Jessica Hendricks, Epiphany Lutheran Nursery School</p>	<p><u>PMAT/MAT training</u> With allergies and asthma being very common medical action plans, it would be beneficial if PMAT covered both Benadryl (almost always asked to be administered prior to an epipen) and inhalers. If this were the case, it would be practical for me to have each and every teacher trained in PMAT. In addition, with the cost for the courses needing to come out of my professional development budget, it would be cost effective to have professional development hours given for MAT, PMAT, and training in The Daily Health Observation. It is difficult to maintain excellent</p>	<p>The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs. The regulation has been amended to allow first aid/CPR, MAT/PMAT, daily health observation, and staff orientation training to count towards annual training hours.</p>

	<p>substitutes for coverage in the day school setting. I do not think that required hours of continuing professional development should be required for these individuals.</p> <p>This is taken from a previous comment but I feel it expresses my opinion/stance perfectly! Please try to make this a little easier for the 1/2 day preschool centers to administer what the doctors are actually prescribing.</p>	
<p>Kerri Palmer, Promises Preschool</p>	<p><u>PMAT/MAT regulations</u> The current PMAT course does not meet the needs of programs that only administer medication in emergency situations. I ask that the current PMAT course be changed to include the administration of Benadryl. There is a disconnect between what the PMAT course provides and what physicians are prescribing for emergency situations. Most food allergy action plans dictate the administration of Benadryl before administering an Epi-pen.</p>	<p>The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.</p>
<p>Pam Sherman, New Bridge Baptist Weekday Early Education Center</p>	<p><u>PMAT and MAT Training</u> PMAT and MAT training should be more inclusive and affordable. In a large center it is very difficult and expensive to train enough staff to offer continuous coverage on the premises and on field trips. It seems we hardly get through training before it is time to do it again PMAT should certainly include the current accepted practices for treating emergencies. All required training should count towards the hours that are required to maintain accepted practices. Thank you for the opportunity to comment.</p>	<p>The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.</p> <p>The regulation has been amended to allow first aid/CPR, MAT/PMAT, daily health observation, and staff orientation training to count towards annual training hours</p>
<p>Beth Crews, Director, All Saints Episcopal Preschool</p>	<p><u>PMAT/MAT</u> I am asking that the current PMAT training include training for the administering of EPI pens as well as Benadryl. Our school is a half day preschool and only administers medication in emergency situations and now doctors are asking that Benadryl be administered first. PMAT and MAT training should be more inclusive and affordable. The cost of MAT training is very high and more than one person in the school needs to be trained. PMAT should certainly include the current accepted practices for treating emergencies.</p> <p>In addition, with the cost for the courses needing to come out of my professional development budget, it would be cost effective to have professional development hours given for first</p>	<p>The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.</p> <p>The regulation has been amended to allow first aid/CPR, MAT/PMAT, daily health observation, and staff orientation training to count towards annual training hours.</p>

	<p>aid/CPR, Daily Health Checks/OSHA, MAT, and PMAT. These courses are costly and usually take several hours or up to a day. Because they are necessary, they should also be counted. Please change this so that all preschools can be safe for children with extreme allergies.</p> <p>Thank you for the opportunity to voice my concerns.</p>	
Preschool	<p><u>Financial record requirement for renewal of license</u></p> <p>The new application for renewal requires personal financial information. Why does the department need to see our financial records and what other businesses are required to hand over this type of information to renew a license? This is an over reach by the department</p>	Licensing application requirements for financial responsibility follow the requirements set forth in the <i>Code of Virginia</i> § 63.2-1702.
Margina Grow, Shady Grove YMCA Preschool	<p>PMAT and MAT training</p> <p>The current PMAT course does not meet the needs of preschools that have students with a medical plan that requires the administration of Benadryl before administration of the EpiPen. There is a disconnect between what the PMAT course provides and what doctors are prescribing for emergency medication. Because many physicians are now prescribing Benadryl before administering an EpiPen as part of their plan, programs are required to take the MAT course in order to comply with regulations. MAT certified trainers are limited, the program is not cost effective but cost prohibitive. Please consider changing the PMAT course to include administration of Benadryl in order for preschool programs to continue serving all children with serious allergies.</p>	The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.
Charlottesville Preschool *	<p><u>Health and Safety</u></p> <p>Please consider whether or not the requirement for centers to keep triangular bandages (more than 1, as the "s" implies multiple) in every first aid kit, and activated charcoal in the building is necessary. If so, great. However, if not, please consider removing them from the standards and replacing them with more applicable first aid supplies.</p> <p>Also, many generic non-antibacterial liquid hand soaps are labeled "keep out of reach of children", while their name brand (and more expensive) equivalents are not. As a result, centers</p>	<p>The first aid kit requirements are based on recommendations from leading health and safety organizations.</p> <p>The requirements in the regulations on the use of manufactured products such as soaps, hand sanitizers, and cleaners are based on manufacturer recommendations.</p>

	cannot allow children to use these specific products, even though the ingredients are no different than the name-brand product. If the ingredients are the same, why is one not appropriate for use, but the other is?	
Leslie Rivenbark Shady Grove UMC Preschool	<u>PMAT/MAT</u> The current PMAT training does not meet the needs of a half a day program. Physicians now prescribe Benadryl as the first measure for a child with severe allergies. The PMAT training only allows us to administer an Epipen. MAT training is not cost effective. Please consider with deep thought about changing the PMAT regulations so that we can administer Benadryl. Thank You!	The Medication Administration Training (MAT & PMAT) program components are outside the scope of this regulation. Comments and concerns will be addressed as VDSS's Divisions of Licensing Programs and Child Care and Early Childhood Development work on revising the MAT and PMAT training programs.

Family impact

Please assess the impact of the proposed 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 authority and rights of parents are strengthened by the proposed regulation that adds requirements for the child day center to notify the parents about issues involving their children and to involve the parents more in making decisions about the care their children receive. The proposed regulation encourages economic self-sufficiency of families by establishing requirements that provide a level of out-of-home care that is safe, healthy and conducive to the needs of children. Research shows quality child care can provide the foundation for a child's later school achievement and economic productivity

Detail of changes

Please list all changes that are being proposed and the consequences of the proposed changes. If the proposed regulation is a new chapter, describe the intent of the language and the expected impact. Please describe the difference between existing regulation(s) and/or agency practice(s) and what is being proposed in this regulatory action.

*If the proposed regulation is intended to replace an emergency regulation, please list separately (1) all differences between the **pre-emergency** regulation and this proposed regulation, and (2) only changes made since the publication of the emergency regulation.*

Section number	Proposed requirements	Other regulations and law that apply	Intent and likely impact of proposed requirements
10	Incorporates definitions from current regulation except the definitions for age	22VAC40-185-10	The intent was to clarify the terms and the impact will be better understanding by

	<p>groups, communicable disease, resilient surfacing, sponsor, and staff positions which were deleted.</p> <p>Definitions for the following terms were added: accessible, age appropriate, assistant teacher, director, director-designee, evacuation, inaccessible, incident, infant, lead teacher, preschool age, protective surfacing, relocation, sanitizing solution, school-age child, single-axis swing, multi-axis swing, toddler, two year old, and use zone. The term "universal precautions" was changed to "standard precautions," but the definition was unchanged.</p> <p>Deleted §63.2-1715 of the Code regarding child day programs which are exempt from licensure.</p>		<p>providers, licensing staff, and the public.</p> <p>Changed the definition of preschool age child by removing two year old children from the classification. Added definition of two year old child in response to public comment concerning VDSS child care subsidy reimbursement rates.</p> <p>Unnecessary to promulgate specific exemptions in the Code in this regulation.</p>
20	<p>Incorporates requirements for operational responsibilities from the current regulation.</p> <p>Adds that the licensee ensure compliance with other applicable laws and regulations.</p> <p>Adds that the licensee develop written policies and procedures describing how the director will oversee the day-to-day operation and supervision of children in all assigned centers.</p>	<p>22VAC40-185-40 A & B, D-M, 22VAC40-185-80 A, 22VAC40-185-280 A, 22VAC40-185-480 A</p>	<p>Consolidated requirements for licensees into one section to facilitate better understanding by licensees and licensing staff.</p> <p>Added to make requirements consistent with requirements for all other DSS licensing regulations. The impact will be increased protection of children.</p> <p>Added to ensure adequate supervision of children and the management and oversight of the center's programming, staff and systems. Adds protection to those centers where the director oversees multiple centers. The impact will be increased protection of children.</p>
30	<p>Incorporates requirements for initial approval from other agencies from the current regulation.</p>	<p>22VAC40-185-250</p>	
40	<p>Incorporates requirements for annual and renewal</p>	<p>22VAC40-185-260</p>	

	approval from other agencies from the current regulation.		
50	<p>Incorporates requirements for general record-keeping from the current regulation.</p> <p>Adds requirements for use of electronic records.</p> <p>Adds requirements that records be kept current and in a locked area.</p>	22VAC40-185-50	<p>Incorporates into the regulation information from the current guidance document, "Technical Assistance for Standards for Licensed Child Day Centers."</p> <p>Addresses questions that have come from licensees. The impact will be better understanding by licensees and licensing staff.</p> <p>Added to make requirements consistent with requirements of all other DSS licensing regulations.</p> <p>The impact will be increased protection of children and confidentiality of records.</p>
60	<p>Incorporates requirements for reports to DSS from the current regulation.</p> <p>Adds that the center must report to DSS certain situations that occur where a child was placed at risk, such as: leaving a child unattended in a vehicle or on a playground, or instances where a child wanders away or whereabouts are unknown.</p>	22VAC40-185-80	<p>This change provides information to DOLP, the center (and parents) to assist in risk assessment and risk management of children in care. Failure to properly analyze and manage risks can have significant adverse consequences for children.</p> <p>Added to ensure that centers have clarity about regulatory obligations in reporting situations that place the children at risk.</p> <p>The impact will be increased protection of children.</p>
70	<p>Incorporates requirements for staff records from the current regulation.</p> <p>Removed requirements for licensee to obtain staff references for any staff hired after 3/1/96.</p>	22VAC40-185-70 A	<p>This change alleviates burdensome telephone, documentation, and records retention requirements.</p>
80	Incorporates requirements for staff qualifications from the current regulation.	22VAC40-185-180	

	<p>Adds that staff members must be courteous, respectful, patient, and affectionate toward children in care.</p>		<p>Research supports that to enhance children’s socio-emotional and mental health, staff must use positive approaches to form consistent and nurturing relationships.</p>
90	<p>Incorporates requirements for tuberculosis screening from the current regulation.</p> <p>Adds that tuberculosis screening must be submitted at the time of hire and prior to coming into contact with children. The screening must have been completed within prior 30 days.</p>	22VAC40-185-160	<p>The change was recommended by the Virginia Department of Health for the protection of children in care.</p> <p>Added to make requirements consistent with requirements of all other DSS licensing regulations.</p> <p>Impact will be increased protection for children, center staff, and families.</p>
100	<p>Incorporates requirements for physical and mental health of caregivers from the current regulation.</p>	22VAC40-185-170	
110	<p>Incorporates requirements for the director from the current regulation.</p> <p>Clarifies current requirement on supervision of center in director’s absence by requiring a director-designee to serve, after receiving orientation, in the absence of the director; adding requirement for the director to be on call.</p> <p>Lists the responsibilities of the director and director-designee.</p>	22VAC40-185-200 A 22VAC40-185-340 B	<p>Added to ensure adequate supervision of center’s operation.</p> <p>The impact will be increased protection of children.</p> <p>Added to make requirements consistent with requirements of other DSS licensing regulations. The impact will be better understanding by licensees and licensing staff and increased protection of children.</p>
120	<p>Allows directors of school-age centers that provide care for only school-age children to serve as the director, under certain</p>		<p>In the current regulation, a director had to be present at the center at least 50% of its hours of operation.</p>

	<p>conditions, for up to four centers with a maximum of 300 children.</p>		<p>This change was made in response to provider and association requests and allows licensees with several school-age centers to have one director for up to four school-age centers.</p> <p>The impact will be a cost savings to licensees.</p>
130	<p>Incorporates requirements for directors from the current regulation.</p> <p>Adds that directors be courteous, respectful, patient, and affectionate toward children in care and clarifies that directors have a high school education or the equivalent.</p> <p>Changed current requirements for education and experience of directors by adding that:</p> <p>1) those with a bachelors or graduate degree in a child development related field must have three months full time programmatic experience (three months supervising staff);</p> <p>2) those with bachelors or graduate degrees in an unrelated field must have 12 college credits in child development or related courses and six months of programmatic experience (three months supervising staff);</p> <p>3) those with bachelor or graduate degrees with three college credits in child development or related courses must have one year of full time programmatic experience (three months supervising staff);</p> <p>An individual may also</p>	<p>22VAC40-185-190 A -D</p> <p>22VAC40-185-190 A</p>	<p>Research supports that to enhance children’s socio-emotional and mental health, staff must use positive approaches to form consistent and nurturing relationships.</p> <p>Intent of the change is to increase the options available for individuals to qualify as program director. The increased options balance the types of higher education and training programs currently available in Virginia with years of experience in child care and business management.</p> <p>The impact will be that centers will be better able to find qualified directors and will enhance options to work within their organization to develop and promote staff.</p>

	<p>qualify as a director with:</p> <p>4) 60 college credits in child development or related courses and one year of programmatic experience (six months supervising staff),</p> <p>5) one-year community college certificate in a child-related field with a minimum of 30 total college credits and one year of programmatic experience (one year supervising staff),</p> <p>6) community college certificate in a child-related field with a minimum of 12 total college credits and two years of programmatic experience (one year supervising staff),</p> <p>7) 18 college credits of which nine are in child development or child-related courses and two years of programmatic experience (one year supervising staff),</p> <p>8) a national credential in a child-related field recognized by DSS and two years of programmatic experience (one year supervising staff), or</p> <p>9) a Virginia credential in a child-related field approved by DSS and three years of programmatic experience (one year supervising staff).</p>		
140	<p>Adds requirements for the qualifications of a director-designee (a new type of position introduced in this regulation)</p>		<p>Added to allow the center greater flexibility in managing staffing patterns, running the business of the center, and ensuring adequate supervision of children and operation of the center.</p> <p>The impact will be increased protection of children.</p>
150	<p>Incorporates requirements for lead teachers (formerly called "program leaders") from the current regulation.</p>	<p>22VAC40-185-210 22VAC40-185-340 D</p>	

	<p>Adds that lead teachers be courteous, respectful, patient, and affectionate toward children in care.</p> <p>Changes current requirements for education and experience of lead teachers by adding: 1) one month full time programmatic experience requirement for individuals with an associate or bachelor degree in related or unrelated field; 2) 24 general education college credits with six months full time programmatic experience; 3) for individuals with only high school/GED education: expands the time frames allowed for obtaining 24 clock hours of training to qualify as a lead teacher from six months before being promoted to within two years prior to being promoted.</p>		<p>For children’s socio-emotional and mental health, lead teachers must use positive approaches to form consistent and nurturing relationships.</p> <p>Modifying the qualifications for teaching staff by increasing the options for qualifying and by aligning the qualifications with the types of training currently available in Virginia.</p> <p>The impact will be that centers will be better able to find qualified teachers and will have increased opportunity to internally develop and promote qualified teachers.</p>
160	Incorporates requirements for assistant teachers (formerly called “aides”) from the current regulation.	22VAC40-185-220 22VAC40-185-340.D	
170	Adds qualifications and requirements for drivers.	22VAC40-185-180.D	Added to ensure that individuals transporting children are adequately qualified. The impact will be increased protection of children.
180	Adds qualifications and requirements for substitutes.		Added to ensure substitutes are adequately qualified for the position they are filling. The impact will be increased protection of children.
190	<p>Incorporates requirements for staff orientation training from the current regulation.</p> <p>Adds the following topics to staff orientation training: procedures for documenting incidents; location of emergency numbers, first aid kit, and emergency supplies; communicating with staff, parents, and the</p>	22VAC40-240 A & B	<p>Added to ensure that staff receives specific and basic training for the work they will do.</p> <p>Provides staff with the tools and information necessary to safely and appropriately supervise children in care.</p>

	<p>public; introduction and orientation to assigned children; parent communication and notification requirements; procedures for releasing children to authorized individuals; supervision and staff-to-child ratios; child development; classroom management; appropriate staff-to-child interactions; positive guidance; first aid and injury prevention; and medication administration.</p> <p>Adds shaken baby awareness and prevention to staff orientation as required by §63.2-1700 of the Code of Virginia.</p>		<p>The impact will be increased protection of children.</p> <p>Intent is to incorporate changes made to the Code of Virginia due to 2010 HB 411.</p> <p>The impact will be that center staff receive educational materials and training on the prevention of shaken baby syndrome.</p>
<p>200</p>	<p>Incorporates from the current regulation the annual training requirements for parents at cooperative preschool centers; for staff at short-term programs, for staff members not counted in staff-to-child ratios once a month or more; and staff, including directors and lead teachers, who work less than 20 hours a week.</p> <p>Increases by four hours, the total number of annual training hours required for staff who work 20 hours a week or more.</p> <p>Adds acceptance of Medication Administration Training (MAT), first aid, cardiopulmonary resuscitation (CPR), daily health observation, and orientation training to count towards annual training requirements; the current regulation allows only two</p>	<p>22VAC40-185-240 C</p>	<p>Follows the recommendations of “Caring for Our Children: National Health and Safety Performance Standards.”</p> <p>Intent: Although total required hours for staff working over 20 hours/week are increased, training previously not allowed to be counted toward annual training requirements such as the eight-hour MAT course, will now be accepted.</p> <p>According to “Caring for Our</p>

	<p>hours of first aid and CPR training to count and does not allow Medication Administration, or daily health observation, or orientation training to count.</p> <p>Decreases annual training requirements for assistant teachers who work less than 20 hours a week from the current 16 hours per year to 12 hours per year.</p> <p>Establishes annual training requirements for the new position of director-designee.</p> <p>Adds specific topics to be covered in annual training.</p> <p>Added that a minimum of half of the required annual training must be face-to-face instruction.</p> <p>Added that annual training hours are to be based on the individual's date of hire, promotion, transition between full and part-time hours, or based center's training calendar year.</p>		<p>Children: National Health and Safety Performance Standards” a project of the American Academy of Pediatrics, the American Public Health Association , and The National Resource Center for Health and Safety in Child Care and Early Education, “Staff members who are better trained are better able to prevent, recognize, and correct health and safety problems.”</p> <p>Added as a cost-saving measure for providers.</p> <p>Added to ensure that staff responsible in the director's absence receives specific and basic training to assume director responsibilities.</p> <p>Provides staff with the tools and information necessary to safely and appropriately supervise children in care.</p> <p>Current research shows that individuals learn best when utilizing multiple learning modalities. Blended learning modalities include face-to-face classrooms, live e-learning, and self-paced learning. Blended learning modalities provide increased benefits over using any single learning delivery medium alone.</p> <p>Incorporates into the regulation information from the current guidance document, “Technical Assistance for Standards for Licensed Child Day Centers.”</p>
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	Adds specifics for documentation of training.	22 VAC40-185-70 A 4	Incorporates into the regulation information from the current guidance document, "Criteria for Training."
210	Incorporates requirements for staff training in first aid and CPR from the current regulation.	22 VAC40-185-530 A	
220	Incorporates requirements for staff training in daily health observation from the current regulation.	22 VAC40-185-240 D 5 & 6	
230	Incorporates requirements for staff training in medication administration from the current regulation.	22 VAC40-185-240 D § 54.1-3408 of the Code	
240	Incorporates from the current regulation the requirements for initial staff training in emergency response procedures. Adds a requirement for annual staff training on emergency response procedures and	22 VAC40-185-240 B 6 22VAC40-185-550 B 6	Added to ensure that staff receives adequate training on the center's emergency response procedures and aligns requirements with those in Standards for Licensed Family Day Homes (22VAC40-111). The impact will be increased protection of children.
250	Incorporates requirements for children's records from the current regulation. Adds that incidents that place a child at risk; parental/physician instructions counter to the required infant sleep position; and instructions counter to required feeding infants on demand must be documented in the child's record.	22 VAC40-185-60 22 VAC40-185-420 E 3 22 VAC40-185-480 B 22 VAC40-185-510 G 2 22 VAC40-185-550 M 22 VAC40-185-580 L	The impact will be increased protection of children.
260	Incorporates requirements for parental agreements from the current regulation. Adds requirements for parents and providers to develop written agreements	22 VAC40-185-90	Provides staff with the tools and information necessary to safely and appropriately supervise

	to make necessary accommodations in meeting the needs of children with special needs.		children in care. The impact will be increased protection of children. Added to strengthen the authority and rights of parents
270	<p>Incorporates from the current regulation the requirements related to center policies and written information to be given to parents.</p> <p>Adds that parents be given written information on the center's schedule of fees, payment schedules, required parent communication and notifications, and the address of the DSS website with a note that a copy of the regulation and additional information about the center may be obtained from the website.</p>	<p>22 VAC40-185-240 B 2 22 VAC40-185-240 B 5 & 6 22 VAC40-185-420 A 22 VAC40-185-510 A 1 22 VAC40-185-550 M & I</p>	<p>Reorganizes and consolidates required center policies, procedures, and written information for parents into one standard.</p> <p>Added to strengthen the authority and rights of parents.</p>
280	<p>Incorporates from the current regulation the requirements for on-going parent communication and notification.</p> <p>Adds specific scheduled opportunities for information to be provided to parents on the child's health, development, behavior, adjustment or needs; of any time the child is to be taken off the premises, and of the child's whereabouts when there has been an evacuation or relocation due to an emergency.</p> <p>Adds that parents must be notified of certain situations that occur that place a child at risk, such as leaving a child unattended in a vehicle or on a playground; or instances where a child wanders away or</p>	<p>22 VAC40-185-420 A 4 22 VAC40-185-420 A 10 22 VAC40-185-420 B & E 22 VAC40-185-490 C 22 VAC40-185-510 M 22 VAC40-185-550 I 22 VAC40-185-550 K - M 22 VAC40-185-580 L</p>	<p>This change ensures that parents have access to information that enables them to make informed choices and are given the opportunity to participate in decisions affecting their children.</p> <p>Parents face difficulties in obtaining and assimilating information that would enable them to make well-informed decisions about their child's care.</p> <p>This change clarifies the requirement of the center to report situations that place children at risk to parents.</p> <p>The impact will be increased</p>

	whereabouts are unknown.		protection of children.
290	<p>Incorporates portions from the current regulation of the requirements for children's immunizations and physical examinations.</p> <p>Deleted the current requirement that placed the burden of responsibility for evaluating each child's immunizations, scheduled updates, and reminders to parents on the center and licensing staff.</p>	<p>22 VAC40-185-130 22 VAC40-185-140 22 VAC40-185-150</p>	<p>Added to strengthen the authority and rights of parents by returning the responsibility for evaluating individual children's immunization needs to the parent, physician, or qualified health care provider.</p> <p>The impact will be a decrease in the amount of time small businesses and licensing staff spend evaluating and monitoring each individual child's immunization record and scheduled updates and will result in fiscal savings for centers and small businesses.</p>
300	<p>Incorporates requirements for the physical plant from the current regulation.</p> <p>Adds that electrical cords be placed beyond the reach of children preschool age and younger and not be spliced, deteriorated, or damaged; extension cords bear the listing of a nationally recognized testing laboratory; and unvented fuel burning heaters may not be used.</p> <p>Deleted restriction on the use of space heaters.</p>	<p>22 VAC40-185-270 A – D & F 22 VAC40-185-290 22 VAC40-185-300 22 VAC40-185-320 B 22 VAC40-185-330 22 VAC40-185-430 22 VAC40-185-500</p>	<p>The impact will be increased protection of children.</p> <p>The impact will be increased center options for maintaining optimal environmental temperatures</p>
310	<p>Incorporates from the current regulation the requirements for protecting children from hazards.</p> <p>Added restrictions on the accessibility of items that</p>	<p>22 VAC40-185-280</p>	<p>The impact will be increased protection of children.</p>

	pose a choking, suffocation, or strangulation hazard to children.		
320	Incorporates requirements for indoor space from the current regulation.	22 VAC40-185-310	
330	Incorporates requirements for indoor space for infants from the current regulation.	22 VAC40-185-310	
340	Incorporates requirements for outdoor space from the current regulation.	22 VAC40-185-310	
350	Incorporates requirements for equipment and materials from the current regulation.	22 VAC40-185-430	
360	Incorporates requirements for cribs, cots, rest mats, and beds from the current regulation. Amends that cribs, when used, shall meet the <u>current</u> Consumer Product Safety Commission Standards.	22 VAC40-185-440	The impact will be increased protection of children and aligns regulation with recommendations of the U.S. Consumer Product Safety Commission.
370	Incorporates from the current regulation requirements for linens used while sleeping and resting. Prohibits the use of soft bedding under or around infants instead of children younger than two years of age as in the current regulation.	22 VAC40-185-440 L 22 VAC40-185-450	Aligns regulation with recommendations of the U.S. Consumer Product Safety Commission, the American Academy of Pediatrics, and the National Institute of Child Health and Human Development.
380	Incorporates requirements for restroom areas and furnishings from the current regulation.	22 VAC40-185-320	
390	Incorporates requirements for indoor and outdoor play areas and equipment from the current regulation.	22 VAC40-185-330 22 VAC40-185-430	
400	Incorporates requirements for pools, equipment, and swimming from the current	22 VAC40-185-470	

	regulation.		
410	<p>Incorporates requirements for vehicles from the current regulation.</p> <p>Adds a requirement that vehicles used to transport children be licensed.</p>	<p>22 VAC40-185-580 B 22 VAC40-185-580 C 5</p>	<p>The impact will be increased protection of children.</p>
420	<p>Incorporates from the current regulation the requirements for staff responsibilities for supervising children.</p> <p>Adds: that staff counted in the staff-to-child ratios must know the name, age, and individual needs of assigned children; requirements for direct care and supervision; requirement that staff regularly count assigned children; staff shall intervene when children attempt to injure themselves or others; and requirements for communication during staff transitions.</p>	<p>22 VAC40-185-340</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 of children.</p>
430	<p>Incorporates general requirements for direct supervision of children from the current regulation.</p>	<p>22 VAC40-185-340 22 VAC40-185-350 F</p>	
440	<p>Incorporates staff-to-child ratio requirements from the current regulation.</p> <p>Clarifies that staff-to-child ratio is the maximum number of children one staff may directly supervise.</p>	<p>22 VAC40-185-350</p>	<p>Change was made clarity and consistency.</p>
450	<p>Incorporates from the current regulation the requirements for staff-to-child ratios during designated rest periods.</p> <p>Adds: staff counted in rest-time ratios must be physically present in the same space as the children; one staff member may not supervise more than one room during rest times; and that staff shall remain</p>	<p>22 VAC40-185-350</p>	<p>Incorporates into the regulation information from the current guidance document, "Technical Assistance for Standards for Licensed Child Day Centers."</p> <p>The intent is to increase clarity.</p>

	awake and alert.		The impact will be increased protection and well-being of children during rest periods.
460	Incorporates from the current regulation the requirements for staff-to-child ratios for balanced mixed-age groupings of children.	22 VAC40-185-350	
470	<p>Incorporates from the current regulation the requirements for staff-to-child ratios and supervision during transportation and on field trips.</p> <p>Adds that when transporting children two years of age or younger and when transporting 16 or more children when at least one child younger than preschool age is present, there shall be one additional adult not including the driver in the vehicle. Currently, one additional adult is required when 16 or more preschool age or younger children are transported.</p> <p>Adds a requirement that on field trips with children of preschool age or younger, in addition to maintaining the appropriate staff-to-child ratios, one additional adult must be present.</p>	22 VAC40-185-580	<p>The intent is to increase the protection of children by preventing children from being forgotten/left in vehicles or while on field trips.</p> <p>The impact will be that the center may have to arrange for a parent or an additional staff member to accompany children of preschool age or younger while transporting.</p> <p>The intent is to increase protections for young children by adding additional adult supervision when off-site, thereby decreasing the circumstances where a child may wandering off or be left unattended during fieldtrips, or forgotten/left in vehicles en-route to off-site activities.</p> <p>The impact will be that the center will have to arrange for a parent or an additional staff member to accompany children of preschool age or younger while on field trips.</p>
480	Incorporates from the current regulation the requirements for staff-to-child ratios and supervision during swimming and	22 VAC40-185-460 22 VAC40-185-480 B - D	

	wading.		
490	Incorporates from the current regulation the requirements for general interactions with children.	22 VAC40-185-370 4 22 VAC40-185-380 B 22 VAC40-185-400	
500	Incorporates from the current regulation the requirements for guiding children’s behavior. Adds more specifics on constructive techniques to use in guiding children’s behavior; places limits on the use of time out; requires staff intervention when children attempt to injure themselves or others.	22 VAC40-185-400 22 VAC40-185-420 A 13	Aligns requirements with those in Standards for Licensed Family Day Homes (22VAC40-111). Follows the recommendations of “Caring for Our Children: National Health and Safety Performance Standards.” The intent is to increase protection and well-being of children.
510	Incorporates from the current regulation prohibited actions in dealing with children.	22 VAC40-185-410	
520	Incorporates from the current regulation requirements for the general daily care and activities for children. Adds more specifics on appropriate activities for children including the use of media (TV, tapes, etc.) with children.	22 VAC40-185-360 22 VAC40-185-380 A	Aligns requirements with those in Standards for Licensed Family Day Homes (22VAC40-111). Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first ten years of life. Follows recommendations of “Achieving a State of Healthy Weight - national obesity prevention guidelines, and Caring for Our Children: National Health and Safety Performance Standards.”
530	Incorporates from the current regulation	22 VAC40-185-370 22 VAC40-185-380	

	<p>requirements for the daily care and activities for infants and toddlers.</p> <p>Adds more specifics on appropriate activities for infants and toddlers; adds requirements for care by the same teacher on a regular basis, when possible and for positive physical and verbal stimulation every 30 minutes when child is awake.</p>		<p>The intent is to facilitate social-emotional growth, language development, and consistency of care for young children. Aligns requirements with those in Standards for Licensed Family Day Homes (22VAC40-111).</p>
540	<p>Incorporates from the current regulation requirements for resting and sleeping infants and toddlers.</p>	22 VAC40-185-370	
550	<p>Incorporates from the current regulation requirements for the daily care and activities for toddlers, two-year-olds, and preschoolers.</p>	22 VAC40-185-380	
560	<p>Incorporates from the current regulation requirements for the daily care and activities for school-age children.</p> <p>Adds: the sleep environment shall have subdued lighting and noise levels.</p>	22 VAC40-185-390	<p>The intent is to increase protection and well-being of children.</p>
570	<p>Adds requirements for the daily care and activities for children with special needs in all child day centers (not just those children in therapeutic child day programs and special needs child day programs as required in the current regulation).</p>	<p>22 VAC40-185-100 22 VAC40-185-110 22 VAC40-185-120 22 VAC40-185-360 B & D</p>	<p>The intent is to increase protection of children with special needs. Aligns requirements with those in Standards for Licensed Family Day Homes (22VAC40-111).</p>
580	<p>Incorporates from the current regulation requirements for general</p>	<p>22 VAC40-185-560 22 VAC40-185-580 G & H</p>	

	<p>food service.</p> <p>Adds that children be allowed time to eat in an unhurried manner.</p> <p>Adds a requirement that a center post a list of children’s food allergies, sensitivities, and dietary restrictions in the food preparation and serving areas; a requirement that staff are aware of this information for children in their assigned group; and a requirement that staff shall not serve prohibited foods to a child.</p> <p>Updates the list of foods that are a choking risk; adds that children shall be encouraged, but not forced to eat and that food not be used as a reward or punishment.</p> <p>Adds requirements for the use of specialized feeding apparatus.</p>		<p>The intent is to provide comfortable low-stressed environment for children at meal-times.</p> <p>The intent is to increase protection of children with food allergies and sensitivities.</p> <p>Follows the recommendations of “Caring for Our Children: National Health and Safety Performance Standards.” The intent is to increase protection of children.</p> <p>The intent is to increase protection of children with special feeding needs.</p>
<p>590</p>	<p>Incorporates from the current regulation requirements for center-provided food service.</p> <p>Adds: centers shall keep menus for six weeks and shall keep verification of caterers food service permit.</p>	<p>22 VAC40-185-560</p>	<p>Added to strengthen the authority and rights of parents And to increase protection for children.</p>
<p>600</p>	<p>Incorporates from the current regulation requirements for food brought from children’s homes and adds clarification of center responsibilities if a child has an inadequate amount of food.</p> <p>Adds food brought from home shall not be served to</p>	<p>22 VAC40-185-560 G</p>	<p>Incorporates into the regulation information from the current guidance document, “Technical Assistance for Standards for Licensed Child Day Centers.”</p> <p>The intent is to increase protection of children with food</p>

	children with allergies unless it complies with the child’s diet.		allergies and sensitivities.
610	Incorporates from the current regulation requirements for drinking water.	22 VAC40-185-270 E 22 VAC40-185-430 P 22 VAC40-185-560 D	
620	Adds requirements for oral hygiene for centers where children brush their teeth.		Follows the recommendations of “Caring for Our Children: National Health and Safety Performance Standards.” The intent is to increase protection of children and decrease the transmission of germs.
630	Incorporates from the current regulation requirements for feeding infants and toddlers. Adds: bottles stored so that nipples are protected; reusable bottles shall be reused only after sanitizing; that pacifiers and cups be labeled for individual use and not shared; that a child may hold his own bottle or cup if seated and the bottle is made from unbreakable material or shatter resistant glass. Adds requirements for heating an infant’s food in a slow-cooking device.	22 VAC40-185-570	The intent is to increase protection of children and decrease the transmission of germs. The intent is to add clarification for providers, parents, and licensing staff that parents have the authority to choose whether to use plastic or shatter-resistant glass bottles. The intent is to increase protection of infants from burns.
640	Incorporates from the current regulation requirements for excluding sick children. Adds that a child is to be excluded if he has both a fever and behavior change instead of just a fever as in the current regulation. Clarifies: that a fever is an oral temperature over 101° or armpit temperature over 100°; when a child with diarrhea needs to be excluded; that “recurrent vomiting” means vomiting two or more times in 24	22 VAC40-185-490 A & B	Aligns requirements with those in Standards for Licensed Family Day Homes (22VAC40-111). Follows the recommendations of “Caring for Our Children: National Health and Safety Performance Standards.” The intent is to facilitate parents’ access to childcare when the child has a fever, but does not have a communicable disease and shows no change in

	hours; and that a child who has <u>symptoms</u> of a communicable disease be excluded instead of only needing to exclude a child with a communicable disease.		behavior. The intent is to add clarification for providers, parents, and licensing staff and to prevent the spread of infectious diseases.
650	Adds a requirement for centers to immediately report the outbreak of diseases to the Health Department.		The intent is to incorporate requirements of § 32.1-37 of the Code.
660	Incorporates from the current regulation requirements for cleaning and sanitizing a surface contaminated by body fluids. Adds requirements for cleaning and sanitizing toys and play tables.	22 VAC40-185-490 E	The intent is to prevent the spread of infectious diseases.
670	Incorporates from the current regulation requirements for hand washing. Added that staff must wash their hands when: their hands are dirty, before preparing, serving, and eating food, before giving medication or applying a topical ointment or cream to a child, after eating, after handling or caring for animals, after handling raw eggs or meat, and after cleaning or handling the garbage. Added that children’s hands must be washed when: their hands are dirty, after diapering, after handling or caring for animals, and after contact with any body fluids. Added that pre-moistened towelettes, wipes, or hand sanitizer may not substitute for soap and running water unless otherwise allowed in the regulation or running water is not available.	22 VAC40-185-500	The intent is to prevent the spread of infectious diseases. The intent is to prevent the spread of infectious diseases. The intent is to prevent the spread of infectious diseases.

	<p>Added that washing routines and reminders for children and staff shall be posted in all hand washing areas.</p>		<p>The intent is to prevent the spread of infectious diseases.</p>
680	<p>Incorporates from the current regulation requirements for diapering.</p> <p>Allows the use of cloth diapers for any child not limited, as in the current regulation, to just those allergic to disposable diapers.</p> <p>Adds a requirement that the soiled diaper storage system be cleaned and disinfected daily.</p> <p>Adds a requirement for staff diapering a child to clean the child's genital area and buttocks.</p> <p>Adds an allowance for the children's diapers (except infants) to be changed in the bathroom and adds requirements for children wearing pull-ups.</p>	<p>22 VAC40-185-500 22 VAC40-185-490 E</p>	<p>The intent is to return the authority to parents on whether to use disposable or cloth diapers.</p> <p>The intent is to prevent the spread of infectious diseases.</p> <p>Follows the recommendations of "Caring for Our Children: National Health and Safety Performance Standards" to prevent diaper rash.</p> <p>The intent is to respond to the request of providers for more flexibility in the diapering of older children.</p>
690	<p>Incorporates from the current regulation requirements for toilet training.</p> <p>Adds a requirement that a center must develop and implement a written children's toilet training policy, that toilet training be relaxed and pressure free, and that children being toilet trained not be required to wear diapers unless specifically indicated in the center's toilet training policy.</p> <p>Adds a requirement for a child to be checked for toileting accidents at least</p>	<p>22 VAC40-185-500</p>	<p>The intent is to provide parents with information necessary to make informed decisions on their child's care.</p> <p>Intent is to prevent children from remaining in wet/soiled diapers, pull-ups, or clothing.</p>

	every two hours.		
700	<p>Incorporates from the current regulation requirements for animals.</p> <p>Adds that: must be in good health and not show evidence of carrying a disease; dogs and cats must be vaccinated for rabies, and treated for ticks, fleas, or worms as needed; animals that have shown aggressive behavior must not be allowed on the premises; certain types of animals are not permitted in areas accessible to children; and animal excrement shall be promptly removed.</p>	22 VAC40-185-600	<p>Follows the recommendations of "Caring for Our Children: National Health and Safety Performance Standards."</p> <p>The intent is to increase protection of children by decreasing transmission of pet borne diseases.</p>
710	<p>Incorporates from the current regulation the general requirements for medication administration.</p> <p>Adds that long-term medications shall be renewed based on physician instructions.</p>	22 VAC40-185-510	<p>Added to strengthen the authority and rights of parents by returning the responsibility for evaluating individual children's medication needs to the parent and physician, or qualified health care provider.</p> <p>The impact will be a decrease in the amount of time small businesses and licensing staff spend evaluating and monitoring each individual child's medication authorization forms and will result in fiscal savings for centers and small businesses.</p>
720	Incorporates from the current regulation the requirements for administration of prescription medication.	22 VAC40-185-510	
730	Incorporates from the current regulation the requirements for administration of non-prescription medication.	22 VAC40-185-510	
740	Incorporates from the current regulation the	22 VAC40-185-510	

	requirements for storage of medication.		
750	Incorporates from the current regulation the requirements for medication records.	22 VAC40-185-510	
760	Incorporates from the current regulation the requirements for topical skin products. Adds that children five years of age and older may have access to hand sanitizers, liquid hand soaps, sunscreens, lip balms, and hand lotions labeled "Keep out of the reach of children."	22 VAC40-185-520	The intent is to respond to the request of providers and parents for more flexibility for older children.
770	Incorporates from the current regulation the requirements for the first aid kit and emergency supplies. Adds clarification that only those facilities located more than one hour's travel away from a healthcare facility keep activated charcoal in the first aid kit.	22 VAC40-185-540	The intent is to keep up with Virginia's emergency healthcare industry recommendations and respond to provider's requests.
780	Incorporates from the current regulation the requirements for an emergency preparedness and response plan. a requirement for training each time the emergency preparedness response plan is updated.	22 VAC40-185-550	
790	Incorporates from the current regulation the requirements for evacuation and relocation procedures.	22 VAC40-185-550	
800	Incorporates from the current regulation the requirements for shelter-in-place procedures.	22 VAC40-185-550	
810	Incorporates from the current regulation the requirements for emergency response drills.	22 VAC40-185-550	
820	Incorporates from the	22 VAC40-185-100	

	current regulation the requirements for enrollment procedures for therapeutic and special needs programs.		
830	Incorporates from the current regulation the requirements for individual assessment plans for therapeutic and special needs programs.	22 VAC40-185-110	
840	Incorporates from the current regulation the requirements for individual service, education, and treatment plans for therapeutic and special needs programs.	22 VAC40-185-120	
850	Incorporates from the current regulation the requirements for program director and lead teachers for therapeutic and special needs programs. Adds that programmatic experience may be obtained in group settings or one-on-one.	22 VAC40-185-190 C 22 VAC40-185-210 B	The intent is to respond to the request of the Ad Hoc Therapeutic Recreation Work Group as required by §63.2-1735 - consisting of representatives from the Virginia Recreation and Parks Society, Virginia Department of Behavioral Health and Developmental Services, and therapeutic recreation program providers.
860	Incorporates from the current regulation the requirements for annual training for staff in therapeutic and special needs programs.	22 VAC40-185-180 E 22 VAC40-185-240 F	
870	Incorporates from the current regulation the requirements for staff orientation for therapeutic and special needs program staff. Adds "disability awareness and specific issues related to the children in care" in place of "disabilities precautions and health issues" in the current regulation.	22 VAC40-185-240 E	The intent is to respond to the request of the Ad Hoc Therapeutic Recreation Work Group as required by §63.2-1735 - consisting of representatives from the Virginia Recreation and Parks Society, Virginia

			Department of Behavioral Health and Developmental Services, and therapeutic recreation program providers.
880	<p>Incorporates from the current regulation the requirements for staff-to-child ratios for therapeutic and special needs programs.</p> <p>Adds that ratios for children with an autism spectrum disorder be based on the needs of the children in care.</p>	22 VAC40-185-350 G & H	<p>The intent is to respond to the request of the Ad Hoc Therapeutic Recreation Work Group as required by §63.2-1734.B - consisting of representatives from the Virginia Recreation and Parks Society, Virginia Department of Behavioral Health and Developmental Services, and therapeutic recreation program providers.</p>
890	<p>Incorporates from the current regulation the requirements for daily activities for children in therapeutic and special needs programs.</p> <p>Deletes requirement for "cushioned vinyl-covered floor mats" and adds 'appropriate positioning equipment' for children who use wheelchairs.</p>	<p>22 VAC40-185-360 B & D</p> <p>22 VAC40-185-430 Q</p>	<p>The intent is to respond to the request of the Ad Hoc Therapeutic Recreation Work Group as required by §63.2-1734.B - consisting of representatives from the Virginia Recreation and Parks Society, Virginia Department of Behavioral Health and Developmental Services, and therapeutic recreation program providers.</p>
900	<p>Incorporates from the current regulation the requirements for non-ambulatory children.</p>	22 VAC40-185-590	
910	<p>Incorporates from the current regulation the requirements for evening and overnight care.</p> <p>Changed current requirement for separate sleeping areas for children of the opposite sex from</p>	22 VAC40-185-610	<p>Aligns requirements with those in Standards for Licensed Family Day Homes (22VAC40-111).</p>

	eight years of age and older to six years of age and older.		
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