Virginia Regulatory Town Hall

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Final Regulation
Agency Background Document

Agency name	Child Day-Care Council
Virginia Administrative Code (VAC) citation	22 VAC 15 -30
Regulation title	~~Minimum~~ Standards for Licensed Child Day Centers
Action title	Revision from Periodic Review
Document preparation date	Enter date this form is uploaded on the Town Hall

This information is required for executive review (www.townhall.state.va.us/dpbpages/apaintro.htm#execreview) and the Virginia Registrar of Regulations (legis.state.va.us/codecomm/register/regindex.htm), pursuant to the Virginia Administrative Process Act (www.townhall.state.va.us/dpbpages/dpb_apa.htm), Executive Orders 21 (2002) and 58 (1999) (www.governor.state.va.us/Press_Policy/Executive_Orders/EOHome.html), and the *Virginia Register Form, Style, and Procedure Manual* (http://legis.state.va.us/codecomm/register/download/styl8_95.rtf).

Brief summary

In a short paragraph, please summarize all substantive changes that are being proposed in this regulatory action.

The proposed amendments to the regulation include changes to provide more protection for children in care, be less intrusive and burdensome for providers, and clarify the language. Changes were made throughout the regulation as appropriate. Topics covered by the regulation include: administration, staff qualifications and training, physical plant, staffing and supervision, programs, special care provisions and emergencies, and special services.

Statement of final agency action

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

The Child Day Care Council took final action on 22 VAC 15-30, Standards for Licensed Child Day Centers, on January 13, 2005.

Legal basis

Please identify the state and/or federal source of legal authority to promulgate this proposed regulation, including (1) the most relevant law and/or regulation, including Code of Virginia citation and General Assembly bill and chapter numbers, if applicable, and (2) promulgating entity, i.e., the agency, board, or person. Describe the legal authority and the extent to which the authority is mandatory or discretionary.

Sections 63.2-1734 and 63.2-1735 of the Code of Virginia mandate the Child Day-Care Council to promulgate child day center regulations, which are designed to ensure that the activities, services and facilities are conducive to the welfare of children. The Code also 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…to be maintained, cared for…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 adoption of a specific teaching approach or doctrine or require the membership, affiliation or accreditation services of any single private accreditation or certification agency." This regulation is mandated.

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 and the problems the proposal is intended to solve.

On October 24, 2000, the Child Day-Care Council sent a survey to approximately 2600 child day center operators and licensing staff concerned with these programs on the regulation entitled Minimum Standards for Licensed Child Day Centers. Three hundred and seventy-one surveys were returned representing 440 licensed centers and licensing staff. This survey was conducted to prepare for the required periodic review due in 2001.

Indications that the regulation should be revised are based on comments from this survey, comments received during the 20-day public comment period concerning the periodic review on this regulation (May 21 through June 10, 2001), and comments received during the 30-day public comment period concerning the Notice of Intended Regulatory Action on this regulation (December 16, 2002 through January 15, 2003). Revisions are also called for based on comments the Council received on the regulation since its last effective date, feedback from issues encountered during technical assistance on these standards, new developments/research and feedback from regional licensing staff. The National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, which were recently updated, were considered when drafting the proposed center regulation. These standards were developed by the American Academy of Pediatrics, the American Public Health Association and the National Resource Center for Health and Safety in Child Care.

Members of the Child Day-Care Council, representing diverse interests, raised additional issues indicating a need to revise the regulation. Representation on the Council include: nonprofit child day center operators; private for-profit child day center operators; one representative from each of the Departments of Social Services, Health, Education, Fire Programs, Housing and Community Development, and Environmental Quality; a pediatric health professional; a child development specialist; a parent consumer; a legal professional; a representative of the Virginia Council for Private Education; and one representative each of a child day center offering a seasonal program emphasizing outdoor

activities, a private child day center offering a half-day nursery school program, and a local governing body all of which operate programs required to be licensed.

The proposed regulation revision is intended to provide more protection for children in care, be less intrusive and burdensome for providers and clarify the language. Overall, this revision should improve the health, safety and welfare of children in licensed centers.

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

- staff qualifications and training,
- activity space per child,
- addressing equipment which could present safety concerns;
- resilient surfacing under equipment,
- staff-to-children ratios,
- supervision of children;
- infant developmental and safety issues;
- parent involvement,
- preventing the spread of disease;
- medication administration;
- safe use of sunscreen, diaper ointment or cream, and insect repellent;
- emergency preparedness and handling of injuries;
- safety issues concerning food; and
- transportation safety.

Areas and standards that could be less intrusive and burdensome for providers that are addressed in the proposed regulation include:

- accepting coursework from colleges that are not accredited,
- adding and revising qualification options to be more appropriate,
- not requiring a staff member meeting program leader qualifications at all times in each grouping of children if certain conditions are met,
- accepting records of independent contractors in lieu of center records if certain conditions are met,
- allowing flexibility concerning the requirement to lock certain substances,
- updating equipment standards to be appropriate for new types of products,
- updating the temperature criteria for excluding children,
- clarifying that the staff-to-children ratios can be doubled during the designated sleep period of evening or overnight care programs if certain conditions are met,
- allowing steps to conform to the Uniform Statewide Building Code at the time of first occupancy,
- allowing flexibility concerning annual training requirements for certain drivers of vehicles,
- decreasing the frequency of sanitizing mats,
- requiring parental notification that the medication must be picked up when the medication authorization expires instead of returning the medication to the parent when no longer being administered,
- allowing centers to follow the posted swimming rules of public pools instead of having its own emergency procedures and written safety rules, and
- no longer specifying how to handle a sleeping infant, toddler or preschool age child not in his designated sleeping location when the child is uncomfortable or unsafe.

Substance

Please identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. A more detailed discussion is required under the "All changes made in this regulatory action" section.

The proposed regulation includes changes in the following areas:

Staff Qualifications and Training

- Require certain applicants for licensure to complete department sponsored training established for potential licensees;
- Allow independent contractors to maintain records on its employees in certain situations;
- Require staff who drive a vehicle transporting children to disclose any traffic violations;
- No longer require college coursework to be from a college or university that is accredited;
- Require directors without management experience to have a college course in a business related field, 10 clock hours of management training, or one management training course that meets the department's requirements;
- Revise one program director qualification option to require 12 semester hours or 18 quarter hours in child related subjects instead of 48 semester hours or 72 quarter hours in child related subjects;
- Revise one qualification option for program directors to describe the credential requirements instead of requiring the Department of Social Services to approve the credential;
- Revise one program director qualification option to specify the meaning of a staff training program and the minimum number of training hours and to require the training program to address health and safety issues;
- Delete three years after the effective date of the regulation the program director qualification option that does not require any college coursework or appropriate certification and add an exception to allow certain directors not qualified under the revised regulation to continue to be directors as long as the director obtains a certain amount of college education or is working toward an appropriate credential as stated in the regulation;
- Specify the amount of time a qualified program director or qualified back-up program director must be on-site for centers offering multiple shifts;
- Clarify that program leaders must have fulfilled a "high school program completion or the equivalent";
- Add a new qualification option for program leaders that refers to an endorsement or bachelor's degree in a child related field;
- Revise one program leader qualification option to refer to a credential by an organization listed in § 63.2-1738 of the *Code of Virginia* instead of requiring the Department of Social Services to approve the credential;
- Gradually increase the 12 hours of training in one program leader qualification option to 24 hours of training;
- Require training in recognizing child abuse and neglect and the law requirements for reporting suspected child abuse;
- Increase annual training from eight hours to 10 hours and gradually increase the training to 16 hours three years after the effective date of the regulation;
- Newly require at least one person on staff to receive medication administration training;
- Require the person(s) trained in the daily health observation of children to update the training every 12 months instead of every three years and newly allow an L.P.N. to provide the training in the daily health observation of children; and
- Update a qualification from "water safety instructor or senior lifesaver" to "certified lifeguard."

Building, Areas and Equipment

- Require a signed, written statement before each license is issued that the center is following the asbestos management plan;
- Defer to the Uniform Statewide Building Code (USBC) for guardrails or barriers and handrails on steps and the distance between any posts on guardrails;
- Update the requirements concerning the use of equipment often used by camps;
- Increase the depth of loose-fill resilient surfacing under playground equipment so it corresponds to the chart provided by the National Program for Playground Safety;
- Require applicants and new additions to provide 35 square feet of space per child three years after the effective date;
- Require sinks in restroom areas to have warm water except for camps;
- Allow use of a hard swing for a child with a special need as long as there is appropriate supervision for the safety of the other children;
- Require a shaded area on playgrounds during the months of June, July, and August;
- Revise the amount of open space at the ends of s-hooks;
- Waive height restrictions of climbing equipment when the equipment is enclosed;
- Prohibit the installation of any slide or climbing equipment to be used by preschoolers or toddlers when the climbing portion of the equipment is more than six feet in height;
- Revise the type of resilient surfacing under certain indoor climbing equipment and slides;
- Prohibit use of trampolines;
- Prohibit recalled play yards and cribs and prohibit other recalled products when informed of its recall;
- Prohibit crib bumper pads and prohibit for certain infants toys or objects hung over an infant in a crib and crib gyms that are strung across the crib;
- Require linens for mats when used during certain designated rest times; and
- No longer require a top cover for infants in cribs.

Staffing and Supervision of Children

- Allow flexibility during certain parts of the day to have a program leader in each group of children;
- Specify that staff may need to provide intermittent sight supervision of children in the restroom to assure the safety of children and to provide assistance as needed;
- Newly require supervision of children when leaving the center's care;
- Clarify that certain staff-to-children ratios may be doubled during the designated sleep period of evening or overnight care centers when certain conditions are met;
- Revise the following staff-to-children ratios:
    - two year old children from 1:10 to 1:8;
    - four year old children from 1:12 to 1:10;
    - school-age children between the ages of 5 through 8 from 1:20 to 1:18;
    - school-age children between the ages of 9 through 12 remain at 1:20;
    - balanced mixed-age groupings of children ages three through six years of age from 1:15 to 1:14;
- Allow temporarily reassigning a child from his regular group and staff members for reasons of administrative necessity as long as it does not otherwise casually or repeatedly disrupt a child's schedule and attachment to his staff members and group;
- Require another staff member or adult in addition to the driver when 16 or more preschool or younger children are being transported in the vehicle; and
- Newly require staff to verify that all children have been removed from the vehicle at the end of a trip.

Activities for Children

- Waive compliance with daily activity standards in therapeutic child day programs when they are inconsistent with the child's individual plan;
- Require any physician's contraindication to an infant sleeping on his back to be put in writing;
- Require checking sleeping infants more frequently;

- No longer specify how to handle a sleeping infant, toddler or preschool age child not in his designated sleeping location when the child is uncomfortable or unsafe;
- Require outdoor time for infants weather and air quality allowing;
- Require infants who cannot turn themselves over to have a certain amount of awake time on their stomachs and for this time to be documented;
- Require staff to show pictures to, name objects for, and play with and engage in positive interactions with (such as smiling) with infants;
- Allow the scheduled outdoor activity time not to occur depending on the air quality level;
- Require story telling time with toddlers and preschoolers;
- Delete requirement to give parents information on street safety;
- Require giving parents:
    - the center's procedures to verify that only authorized persons are allowed to pick up the child;
    - the center's policy regarding the application of sunscreen, diaper ointment or cream, and insect repellent;
    - information concerning the custodial parent's right to be admitted to the center as required by law;
- Require the semiannual update to parents on the child's development, behavior, adjustment and needs be put in writing;
- Require annually that staff request parent confirmation that certain information in the child's record is up-to-date and provide a scheduled opportunity semiannually for parents to provide feedback on their children and the center's program; and
- Allow children to have second helpings of food.

<u>Sanitation and Prevention of Disease Transmission</u>

- Require parents to complete a statement that they will inform the center when their child or any member of the immediate household has developed a reportable communicable disease;
- Revise the staff tuberculosis screening requirements to be consistent with the Department of Health's risk assessment screening process and other recommendations;
- Require individuals from independent contractors to obtain subsequent tuberculosis screenings so the requirement is consistent with the tuberculosis requirement for center staff;
- Revise the frequency of sanitizing rest mats so it occurs once a week instead of between each use;
- Specify three options for washing linens;
- Require changing water of portable wading pools after each group use instead of each day's use;
- Require rinsing portable wading pools after each use;
- Require portable wading pools to be emptied, sanitized and stored in a position to keep them clean and dry after each day's use;
- Change the criteria for when children need to be excluded from care due to illness;
- Specify the time frame for the center to inform parents when their child has been exposed to a communicable disease;
- Require cleaning and sanitizing a surface that has been contaminated with bodily fluids;
- Revise the conditions that require hand washing and no longer consider staff use of a germicidal cleansing agent as a method to wash hands unless no running water is available;
- Assure that a designated, non-absorbent surface be used for diapering and changing and that the surface be cleaned and sanitized after each use unless an unsoiled barrier is used between changes;
- Require the storage system for diaper disposal to be foot-operated or used in a way that the staff member's hand or the soiled diaper does not touch an exterior surface of the storage system during disposal; and
- Require tables and high chair trays to be sanitized before and after each use for feeding and cleaned at least daily.

Medication Administration and Application of Over-the-Counter Skin Products

- Require the staff member administering medication to have medication training within the last 3 years effective two years after the effective date of the regulation;
- Require procedures for administering medications to be consistent with the manufacturer's instructions;
- No longer require medications to be kept in a locked place when requested in writing from a physician;
- Revise procedures for handling medications when the medication authorization expires; and
- Newly address the safe use of sunscreen, diaper ointment or cream, and insect repellent.

Emergencies, Accidents and Safety/Health Precautions

- Require centers to follow their own policies and procedures that are required by the standards;
- Require that the written procedures for injury prevention be updated at least annually;
- Allow supplies to clean and sanitize the diapering area or toilet chairs to be inaccessible to children during the diapering or toilet training time instead of being locked;
- Allow centers to follow the posted rules of public pools instead of having emergency procedures and written safety rules for swimming;
- No longer allow a R.N. or L.P.N. as an alternative to having a person trained in first aid, cardiopulmonary resuscitation and rescue breathing;
- Require only activated charcoal preparation instead of syrup of ipecac and activated charcoal preparation;
- Require a preparedness plan, instead of an emergency evacuation plan, that addresses shelter-in-place procedures and is developed in consultation with local or state authorities;
- Require the preparedness plan to address certain components such as communication tools, essential documents (parent contact information) and special health care supplies;
- Require the preparedness plan to be posted and for the center to have two shelter-in-place drills a year;
- Require the center to prepare a document containing certain local emergency information and for it to be kept in vehicles when transporting children;
- Require camps to notify the responsible fire department and emergency medical service of hours of operation and to have an emergency plan;
- Revise procedures for handling injuries;
- Prohibit serving foods that are considered to be potential choking hazards to children three years of age or younger;
- Add new requirements to help assure food served to children is safe;
- Prohibit the use of bottles while the child is in his designated sleeping location;
- Prohibit the heating of milk, formula or breast milk in microwaves; and
- Prohibit formula or breast milk from remaining unrefrigerated for more than two hours and from being reheated.

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 so indicate.

1) The proposed regulation increases in certain areas the protection offered to children in care while in other areas allows more flexibility for providers, which could decrease the protection offered to children. Standards that protect children in care can help parents locate safe and appropriate
2) child care so they can work to support themselves. At the same time, any additional costs for centers to comply with new or revised standards could be passed on to parents in terms of higher fees. Businesses operate child day centers and will be directly impacted (see information under #3 and the fiscal impact section). Businesses in general benefit from the regulation since they depend on employees who use licensed child day centers.
3) In general, the regulation provides the Department of Social Services criteria to evaluate the safety of care children receive in licensed child day centers; this allows the Department of Social Services to comply with statutory intent. There are no major disadvantages to the changes in the regulation for the Department of Social Services since the changes should not increase the amount of time to perform an inspection.
4) There could be both a positive and negative cost impact for licensed centers to follow the revised regulation (please see additional information under the fiscal impact section), depending on the center's circumstances. Education and care programs operated by public schools must follow the revised regulation since the Board of Education has incorporated by reference this regulation for these programs.

Changes made since the proposed stage

Please describe all changes made to the text of the proposed regulation since the publication of the proposed stage. For the Registrar's office, please put an asterisk next to any substantive changes.

Section number	Requirement in proposed regulation	Proposed change in final regulation and rationale
10*	"Resilient surfacing" means 1. For outdoor use underneath and surrounding equipment: a. At least nine inches of loose-fill, impact absorbing surfacing material such as wood chips, double shredded bark mulch, engineered wood fibers, fine or course sand, and rounded, fine or medium gravel; b. At least six inches of shredded rubber or tires; or c. Unitary, impact absorbing surfacing material such as rubber mats and poured in place compositions that meet minimum safety standards when tested in accordance with the procedures described in the American Society for Testing and Materials standard F 1292-99 and has a critical height value (less than 200 G's and less than 1,000 HIC or Head Injury Criteria) equal to or greater than the highest designated play surface on the equipment, and	The definition of resilient surfacing was changed to clarify its meaning. "Resilient surfacing" means 1. For indoor and outdoor use underneath and surrounding equipment impact absorbing surfacing materials that comply with minimum safety standards when tested in accordance with the procedures described in the American Testing and Materials standard F 1292-99 as shown in Figures 2 (Compressed Loose Fill Synthetic Materials Depth Chart) and 3 (Use Zones for Equipment) on pages 6 - 7 of the National Program for Playground Safety's Selecting Playground Surface Materials guideline handbook. 2. Hard surfaces such as asphalt, concrete, dirt, grass or flooring covered by carpet or gym mats do not qualify as resilient surfacing.

	2. For indoor use underneath and surrounding equipment, impact absorbing surfacing material specifically designed and tested as playground surfacing such as rubber mats, rubber tiles and poured-in-place rubber compositions that meet minimum safety standards when tested in accordance with the procedures described in the American Society for Testing and Materials standard F 1292-99 and has a critical height value (less than 200 G's and less than 1,000 HIC or Head Injury Criteria) equal to or greater than the highest designated play surface on the equipment. Hard surfaces such as asphalt, concrete, dirt, grass or flooring covered by carpet or gym mats do not qualify as resilient surfacing.	
10*	"Sanitized" means treated in such a way to remove bacteria and viruses from inanimate surfaces through using a disinfectant solution (i.e., bleach solution or commercial chemical disinfectant) or physical agent (e.g., heat). The surface of item is sprayed or dipped into the disinfectant solution and allowed to air dry between uses.	The language has been changed to provide clarity. "Sanitized" means treated in such a way to remove bacteria and viruses from inanimate surfaces through using a disinfectant solution (i.e., bleach solution or commercial chemical disinfectant) or physical agent (e.g., heat). The surface of item is sprayed or dipped into the disinfectant solution and allowed to air dry after use of the disinfectant solution.
10*	"Shelter in place" means the facility or building in which a child day center is located.	The definition was added to clarify the meaning of the term "shelter in place" used in 15-30-610 A.
80	There was no language in the proposed regulation that addressed the destruction of proof of a child's identity.	New language was added to 15-30-80. Per action of the 2004 General Assembly *if* a child day center's policy is to the retain documentation of the child's identity, the center must destroy the documentation. § 63.2-1809 of the Code of Virginia provides that upon enrollment of a child in a regulated child day program, such child day program shall require information from the person enrolling the child regarding previous child day care and schools attended by the child. The regulated child day program shall also require that the person enrolling the child present the regulated child day program with the proof of the child's identity and age. The new language reads, "The proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the

		disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means."
200 C.	Staff who work directly with children shall be capable of communicating with emergency personnel and reading and following written directions for medication administration.	This has been changed such that staff who work directly with children shall be capable of communicating with emergency personnel. This change separates staff abilities with regard to communicating with emergency personnel from staff abilities that pertain to medication administration.
230 A. 4.b.2.	480 hours working with children in a group	This change specifies the number of hours necessary to have obtained sufficient experience working with young children to direct a children's program and allows applicants flexibility by permitting any of these hours to be obtained from a supervised practicum.
230 A. 4.b. 3.	Determination and competency in promoting children's development providing a safe and healthy environment; managing the classroom environment or childhood program; and promoting positive and productive relationships with parents; and	This change expands the options and criteria by which a child development credential shall be fulfilled and allows organizations with expertise in early childhood teacher preparation to conduct training. This change also allows greater flexibility for training facilitators to meet the qualifications to conduct child related training without requiring a formal college education. Section A was adopted as presented in the recommendations to revise the proposed standards.
230 A. 4.b. 4.	At least 120 clock hours of child related training taught by an organization with expertise in early childhood teacher preparation provided that the training facilitator: a. document's the student' mastery and competence b. observes the student's application of competence in a classroom setting; c. has a combination of least six years of either education (leading to a degree or credential in a child related field) or programmatic experience; and d. at least 12 semester hours or 180 clock hours in a child related field, a child development credential or equivalent, and two years of programmatic experience with one year in a staff supervisory capacity	
230 A.5	Three years of programmatic	The word regulated was removed from A. 5. to make

	experience including one year in a staff supervisory capacity and fulfilled a high school program completion or the equivalent. Such programmatic experience shall be obtained in a regulated child day center that offers a staff training program that includes: written goals and objectives; assessment of the employees participation in the training; and the subject areas of first aid, human growth and development, health and safety issues and behavioral management of children. Such employees shall complete 120 hours of training during this three year period and provide documentation of completing the training. Three years after the effective date of this regulation, program directors shall meet a qualification as stated in subdivision 1 through 4 of this subsection.	the qualifications for program directors less restrictive. The Council moved to change the qualification exception to make the proposed qualification requirement even less restrictive for current program directors and to include newly promoted or hired program directors in less restrictive qualifications than program directors who are hired or promoted later than one year after the effective date of this regulation. Exception a. was changed as follows: (i) obtains each year three semester hours or six quarter hours of college credit. This was reduced from the proposed requirement of six semester hours or nine quarter hours. Section (ii) was lengthened from the proposed time frame of two years in which to complete the credential to four years. Exception b. was added as follows: Program directors hired or promoted on or after the effective date of this regulation until one year after the effective date of this regulation (i) obtains each year six semester hours or nine quarter hours of college credit related to children until meeting a qualification option or (ii) is enrolled in and regularly works toward a child development credential as specified in 4 b of this subsection, which credential must be awarded within two years of the effective date of the regulation.
230 A.6	Exception (a): Program directors hired before the effective date of this regulation who do not meet the qualifications may continue to be program directors as long as the program director: (i) obtains each year six semester hours or nine quarter hours of college credit related to children until meeting a qualification option or (ii) is enrolled in and regularly works toward a child development credential as specified in 4 b of this subsection, which credential must be awarded within two years of the effective date of the regulation.	
230 B.	Program directors without management experience shall have one college course in a business-related field or 10 clock hours or management training. Such management training shall increase according to the following: -One year after the effective date of the regulation = 20 hours -Two years after the effective date of the regulation = 30 hours -Three years after the effective date	Section B. was changed such that program directors without management experience* shall have one college course in a business-related field; or 10 clock hours of management training; or one child care management course that satisfactorily covers the management functions of: (1) planning; (2) budgeting; (3) staffing; and (4) monitoring *Management experience is defined as at least six months of on-the-job training in an administrative position that requires supervising, orienting, training, and scheduling staff. The annual training requirements and increases were deleted. This change specifies what is meant by management experience and what is required for adequate management training or a management training course.

	of the regulation = 40 hours	
260 C.	Notwithstanding the experience requirements in subsection A of this section, program leaders at short-term programs may have only one season of programmatic experience in the group care of children, provided that this experience shall include at least 250 hours, of which up to 24 hours can be formal training, working directly with children in a group.	"In the group care of children" was stricken from "one season of programmatic experience." This change was made to remove duplicative language. The amount of programmatic experience hours required for the program leaders at short-term programs was decreased from 250 to 200 to make the qualifications less restrictive and to be consistent with the number of hours typically required or completed through an internship program.
310 C.	Program directors and staff who work directly with children shall annually attend 10 hours of staff development activities that shall be related to child safety and development and the function of the center. Such training hours shall increase according to the following: One year after the effective date of the regulation = 12 hours -Two years after the effective date of the regulation = 14 hours -Three years after the effective date of the regulation = 16 hours Staff development activities to meet this subsection may not include training in first aid, cardiopulmonary resuscitation, rescue breathing and first responder as required by 22 VAC 15-30-590 and training in medication administration and daily health observation of children as required by subsection D of this section. Exception: Staff who drive a vehicle transporting children and do not work with a group of children at the center do not need to meet the annual training requirement.	Section C was amended by adding a separate qualification for parents of cooperative preschool centers such that parents in cooperative preschools shall complete four hours of orientation training per year. This change makes the training less burdensome for parent volunteers in cooperative preschool centers. An amendment was made such that short-term program staff shall obtain 10 hours per year rather than the proposed incremental change to 16 hours of training per year. This changes makes the requirements for short-term program staff less restrictive due to the reduced proportion of time that short-term programs operate in contrast to child day centers that are not short-term programs. The training requirement was amended to include up to two hours of Cardio Pulmonary Resuscitation and First Aid training toward staff members' annual training hours. This change was made to make the training requirements more flexible.
310 D.	D. Requires at least one staff member on duty at all times who has obtained instruction in performing the daily health observation of children. The instruction must be obtained from a physician, registered nurse or health department medical personnel at three year intervals. Staff with this training must observe daily each child for signs and symptoms of illness.	D. Revise the language to separate daily health checks from medication administration; separate emergencies from routine medications; specify medication administration with regard to prescription drugs and over-the-counter drugs; incorporate language from general staff qualifications in terms of reading and following written directions in English for medication administration. F. Revise the language to refer to children with special needs instead of children with disabilities since this is more inclusive.
380 A.	There shall be 25 square feet of	The reference to the interim requirement of 30 square

	indoor space available per child. Two years after the effective date of the regulation, there shall be 30 square feet of indoor space per child. Five years after the effective date of the regulation, there shall be 35 square feet of indoor space per child.	feet is deleted. Three years after the effective date of the regulation, applicants will have 35 square feet of available space per child. New additions will have 35 square feet of available space per child three years after the effect date of the regulation. Current licensees and subsequent licensees at currently licensed facilities may continue to provide 25 square feet per child. This gives applicants and those planning additions time to plan for change.
410 B. 410 D. 410 F.	Where playground equipment is provided, resilient surfacing shall be under equipment with moving parts or climbing apparatus to create a fall zone free of hazardous obstacles. Fall zones are defined as the area underneath and surrounding equipment that requires a resilient surface. A fall zone shall encompass sufficient area to include the child's trajectory in the event of a fall while the equipment is in use.	Section B. was amended to read, "Where playground equipment is provided, resilient surfacing shall comply with minimum safety standards when tested in accordance with the procedures described in the American Testing and Materials standard F 1292-99 as shown in Figures 2 (Compressed Loose Fill Synthetic Materials Depth Chart) and 3 (Use Zones for Equipment)on pages 6 -7 of the National Program for Playground Safety's Selecting Playground Surface Materials guideline handbook and shall be under equipment with moving parts or climbing apparatus to create a fall zone free of hazardous obstacles. Fall zones are defined as the area underneath and surrounding equipment that requires a resilient surface. Fall zones do not include barriers for resilient surfacing. Where steps are used for accessibility, resilient surfacing is not required". This change was made to simplify language and to ease implementation of resilient surfacing standards. D. Strike "~~stats within arm's length of any hard molded swing when in use and~~" from exception. This change was made to make the standard less restrictive to care providers on the playground. F. Add "*during the months of June, July, and August*" to shady area… This change was made to ensure that child day centers would, at least, provide shade for children on the playground during the hottest months of the year.
440 E 3* 440 E 4* 440 E 5*	For two year old children: one staff member for every eight children For children from three years to the age of eligibility to attend public school, five years by September 30; one staff member for every 10 children For school-age children, one staff member for every 18 children	One year after the effective date of the regulation is added to this section to allow providers time to plan for the change. One year after the effective date of the regulation is added to this section to allow providers time to plan for the change. School-age children are separated into two age groupings, age of ability to attend public school through eight years and nine years through 12 years. Information about the older group is in a new # 6. In addition, the ratio for nine through 12-year-olds is changed to one staff member for every 20 children. This change recognizes the difference in maturational

		levels of early and late elementary school children.
440 F*	A center may not temporarily reassign a child from his regular group and staff members for reasons of administrative convenience or otherwise casually or repeatedly disrupt a child's schedule and attachment to his staff members and group.	The change allows reassignment of a child in the case of administrative necessity, as long as it is not done casually or repeatedly.
440 I*	I. Two years after [the effective date of the regulation], the maximum number of children present for ongoing groups of children shall be: 1. 12 for children from birth to the age of 16 months; 2. 15 for children 16 months old to two years; 3. 16 for two-year-old children; 4. 20 for three-year-old children to the age of eligibility to attend public school, five years by September 30; and 5. 27 for balanced mixed-age groupings.	The Council voted to remove the group size requirement. This change was made to limit perceived impact of costs associated with implementing a group size.
440 J*	J. Each school-age child shall be assigned to a staff member or team of staff members in which each staff member is assigned no more than 18 children or each team of staff members are assigned no more than 36 children. Each staff shall assume the role, responsibility and identity of primary guide and caregiver for his assigned children. Centers shall establish a means to promote timely and appropriate communication between primary caregivers and staff members who provide guidance and support to the children during activities supervised by the latter staff members. Notes: Subsections I and J of this section do not prohibit larger numbers of children being together when groups of children join for collective activities. Centers using an open classroom approach may submit for approval a plan to segment the space into suitable areas for defined groups of children or request a variance to this	The Council voted to remove the group size requirement. This change was made to limit perceived impact of costs associated with implementing a group size.

	standard.	
461 1. c. (now A.5)	During the day, infants shall be provided with: 1. Sleep as needed. c.An infant who falls asleep in a play space specified in subdivision 5 a of this section may remain if comfortable and safe.	"In that space" was added to "…may remain…" to clarify the language with regard to where infants may remain.
461 3. (now C)	3. Outdoor time if weather and air quality allow.	Air quality has been defined in measurable terms to enable child care staff to adequately determine whether air quality is acceptable to provide infants with outdoor playtime. This section now has added language that reads "Based upon the air quality index color chart as provided by the Department of Environmental Quality at http://www.deq.state.va.us/, children may go outside to play when the color code is either green or yellow. Children may not go outside to play when the color code is orange, red, or purple." The air quality index chart is a document incorporated by reference and appears at the end of the regulation.
461 6. (now F)	6. Stimulation and language development activities, including but not limited to staff reading, talking to, showing pictures and naming objects, cuddling, making eye contact, smiling and playing with infants.	A list of behaviors was included to provide examples of positive interactions with infants and to clarify proposed language. Section F. now reads "Stimulation and language development activities, including but not limited to staff reading, talking to, showing pictures to, naming objects for, playing with, and engaging in positive interactions (such as smiling, cuddling, and making eye contact with infants.
490 E. 3.	3. Parents shall be provided at least semiannually in writing~~,~~ information on their child's development, behavior, adjustment, and needs and staff shall request parent confirmation that the required information in the child's record is up to date and provide an opportunity for parents to provide feedback on their children and the center's program. Such sharing of information shall be documented. Short-term programs (as defined in 22 VAC 15-30-10) are exempt from this requirement.	To clarify the intent of the standard, the section was separated into three separate thoughts: (1) annual required information for the child's file; (2) semiannual scheduled conferences with parents; (3) documentation that information has been shared. Section 490 E.3 now reads, "Parents shall be provided at least semiannually in writing information on their child's development, behavior, adjustment, and needs. Staff shall provide at least semiannual scheduled opportunities for parents to provide feedback on their children and the center's program. Staff shall request at least annually parent confirmation that the required information in the child's record is up to date. Such sharing of information shall be documented. Short-term programs are exempt from this requirement.
500 D.	The unenclosed climbing portion of	Language was added to this standard to be clarify

	slides and climbing equipment used by toddlers and preschool children shall not be more than seven feet high where outdoors and shall not be more than five feet high where indoors Play yards where used shall: 1. Meet the Juvenile Products Manufacturers Association (JPMA) and the American Society for Testing and Materials (ASTM) requirements at the time they were manufactured;	requirements for climbing portions of outdoor slides.
500 J. (now M.1)		A label requirement was added for play yards to ensure that the product is in compliance with the requirements of the current safety standard at the time of manufacture (per the National Health and Safety Performance Standards). This section of standard 500 J. now reads, "Play yards where used shall: 1. Meet the Juvenile Products Manufacturers Association (JPMA) and the American Society for Testing and Materials (ASTM) requirements and shall retain the manufacturer's label documenting product compliance with current safety standards at the time they were manufactured;
500 K.* (now N)	Upon being informed that a product has been recalled by the Consumer Product Safety Commission, center staff shall remove the item from the center.	Removed CPSC from requirement as manufacturer's themselves may recall unsafe products sooner than the CPSC does. Upon being informed that a product has been recalled, center staff shall remove the item from the center.
570 C.*	Language regarding communicable disease charts available via Department of Health was stricken in the proposed regulation.	The Council voted to unstrike proposed stricken language in 570C. with regard to communicable diseases so that center directors would know where to get the information. Council voted to add Emergency Exception such that if a disease is life threatening, then centers must begin contacting all center families immediately. This section now reads, "When children at the center have been exposed to a communicable disease listed in the Department of Health's current communicable disease chart, the parents shall be notified within 24 hours or the next business day of the center's having been informed unless forbidden by law, except for life threatening diseases, which must be reported to parents immediately. D. The center shall consult the local department of health if there is a question about the communicability of a disease.

		E. When any surface has been contaminated with body fluids, it shall be cleaned and sanitized.
580 J.* (now L.)	When an authorization for medication expires, the parent shall be notified that the medication needs to be picked up.	The Council voted to accept the Department's recommendations regarding an amendment specifying a time limit by which medications must be picked up and methods for disposing of medications that were not picked up. When an authorization for medication expires, the parent shall be notified that the medication needs to be picked up within 14 days or the parent must renew the authorization. Medications that are not picked up by the parent within 14 days will be disposed of by the center by either dissolving the medication down the sink or flushing it down the toilet.
585 A. *	A. All non-prescription drugs and over-the-counter skin products shall be used in accordance with the manufacturer's recommendations. Non-prescription drugs and over-the-counter skin products shall not be kept nor used beyond the expiration date of the product.	The standard now reads, " All non-prescription drugs and over-the-counter skin products shall be used in accordance with the manufacturer's recommendations. Non-prescription drugs and over-the-counter skin products shall be not be kept beyond the expiration date of the product. B. 5. was added to clarify whether medication administration training was needed to apply sunscreen. Staff members without medication administration training may apply sunscreen, unless it is prescription sunscreen, in which case the storing and application of sunscreen must meet medication related requirements.
600 C. 6. 600 D. 1.*	The first aid kits shall include at a minimum…an antiseptic cleansing solution. Syrup of ipecac and activated charcoal preparation (to be used only on the direction of a physician or the Poison Control Center); and…	The first aid kits shall include at a minimum…an antiseptic cleansing solution or pads. This change was made to make it easier on providers to be in compliance with this requirement. Activated charcoal preparation (to be used only on the direction of a physician or the center's local Poison Control Center); and… This change was made to reflect the recent recommendations and limited availability of syrup of ipecac.
610 A.*	The center shall have an emergency preparedness plan that addresses staff responsibility and facility readiness with respect to emergency evacuation and shelter-in-place. The plan shall be developed in consultation with local or state authorities that addresses	"Etcetera" was stricken from examples of emergency scenarios and replaced with "excluding but not limited to" to clarify what appropriate scenarios might be like. The definition of "shelter in place" was added to 15-30-10 to explain what that means with regard to standard 610.

	the most likely to occur emergency scenario or scenarios (natural disaster, chemical spills, intruder, terrorism, etc.) specific to the locality.	
610 H.*	The center shall prepare a sheet containing local emergency contact information, potential shelters, hospitals, evacuation routes, etc., of sites frequently visited or of routes frequently driven by center staff for center business (such as field trips, pick-up/drop off of children to or from schools, etc.).	The sentence "This document must be kept in vehicles that centers use to transport children to and from the center" was added to H. to ensure that, in the event of an emergency evacuation wherein the center was transporting children to safety, the child day center would have the necessary emergency information available for transit.
620	K. Tables and high chair trays shall be: 1. Sanitized immediately before use for feeding; and 2. Washed after used for feeding.	Removed immediately (K.1.) after sanitized, inserted "and after each" in its place. Changed the word washed to clean (as clean is defined in 15-30-10 but washed is not). Removed "after use for feeding" and inserted "at least daily" to read (K.) "Tables and high chair trays shall be: 1. Sanitized before and after each use for feeding; and 2. Cleaned at least daily.
640 C. 1.	Virginia state statutes about safety belts and child restraints are followed.	A phrase was added to provide children with greater protection and to make maximum numbers of children in a vehicle enforceable via Licensing. This was in response to a concern about a child care center running vans exceeding the maximum number of passengers by having children sit on the floor. Though such an incident is illegal, it was not enforceable via Licensing. The standard now reads, "Virginia state statutes about safety belts and child restraints are followed and stated maximum number of passengers in a given vehicle shall not be exceeded."
640 F.	The staff-to-children ratios of 22 VAC 15-30-440 E, G and H shall be followed on all field trips. The staff-to-children ratios need not be followed during transportation of children to and from the center as long as there is one staff member or adult in addition to the driver when 16 or more children are being transported in the vehicle.	The number of children present on a vehicle that require the addition of another staff member was changed to include only children who are preschool age or younger. This change was made to refrain from imposing additional costs on child care providers. F. The staff-to-children ratios of 22 VAC 15-30-440 E, G and H shall be followed on all field trips. The staff-to-children ratios need not be followed during transportation of children to and from the center as long as there is one staff member or adult in addition to the driver when 16 or more preschool or younger children are being transported in the vehicle.

Public comment

Please summarize all comment received during the public comment period following the publication of the proposed stage, and provide the agency response. If no public comment was received, please so indicate.

Commenter	Comment	Agency response
Parent	The proposal is a standard increase to the required square footage in the facility from 25 square feet. This will reduce the capacity of the number of children the center may enroll by 30%. Reducing the enrollment will raise costs. I, the parent, pay the bill.	It was clear from the review of comments that most commenters, especially those responding by form letters and petitions, believed that the proposed changes in square footage and ratio and group size would force a major increase in the cost of care and severely limit availability. For example, many commenters believed that centers could serve a third fewer children than are now enrolled. To test the accuracy of these assumptions, we performed actual calculations of projected enrollment losses on a representative sample of centers. These calculations demonstrated that the adverse impact of the proposals was far less extreme than the commenters had believed. We conducted a square footage calculation study on the projected impact of the square footage change on licensed child day centers. Based upon our data and the most recently documented enrollment of licensed child care centers in our representative subsample, our projections showed that 26% of licensed child care centers would be affected, and 74% of licensed child care centers would remain unaffected, by the change in square footage. The Child Day Care Council amended the proposed square footage requirement. The amendment stated that new applicants will have three years after the effective date to meet the requirement of 35 sq. feet per child and that currently licensed facilities may continue to provide 25 sq. feet for eight years with the exception of new additions which shall adhere to the 35 sq. feet per child three years after the effective date of this regulation.
Public	When you revise the ratio standard, please be more cognitive of the impact of the proposed group size as it affects ratios. The two standards are in direct conflict with one another. Because of the negative cost factors for parents and taxpayers, I do not support this recommended change.	The Council amended 22 VAC 15-30-440 to reflect the staff-to-child ratio for two years olds at 1:8 effective one year after the publication of this regulation. Motion Carried with all in favor. In addition, the Council moved that the staff-to-child ratio for three-year-olds remain at 1:10 and be reduced to 1:10 for four year-olds with the effective date to be one year from the publication of this regulation. Finally, the Council amended 22 VAC 15-30-

		440 to reflect a staff-to-child ratio of 1:18 for school age children to eight years of age; and nine to 12 year olds be amended to reflect a staff-to-child ratio of 1:20 effective upon publication in The Virginia Register.
Public	Why has the Council decided that 35 square feet is a needed requirement for preschoolers and school-age children? Is it because this is NAEYC standards? How can the Council possibly work in the best interest of families when regulations purposefully raise child care costs and/or eliminate the availability of enrollment spaces?	A review of the research on how activity space affects children shows that the amount of adequate space children are provided in their child care center classrooms has positive effects on children's physical, social, and behavioral development. Specifically, adequate space in child care settings reduces children's physiological stress reactions, benefits children's social and behavioral development, reduces noises in the classroom, and increases participation, cooperation, and constructive behavior. Moreover, the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care recommend at least 35 square feet of usable floor space per child.
Child Care Center Employee	As an employee of a licensed child care center, I was surprised to learn that the Child Day Care Council is purposefully proposing to change standards that will result in higher child care costs to parents and restrictions that could create the discontinuation of my job or my co-worker's job. Please be prepared to answer publicly why you would purposefully eliminate jobs in Virginia AND intentionally endanger children by forcing them out of licensed care.	Revised child care standards were proposed to increase the protection and safety, and to improve the quality of care afforded children in child day centers. Proposed substantive changes that would alter the number of children in a given child care classroom would be implemented over a long period of time (e.g., 8 years for currently licensed child care centers to meet the new activity space requirements) providing child care centers an opportunity to adequately plan and prepare for the change.
Public	(Regarding staff qualifications and training)…What constitutes "management experience"? There needs to be clarity on what is meant by the terminology "management experience." At the present time, people with management degrees are not recognized as qualified to direct a child care center, in spite of the fact they hold management degrees. This restriction is ridiculous in light of the fact they are trained to manage and supervise adults. Please give some leeway to this proposed standard when there is on staff an administrator who meets licensing standards.	Per the changes voted upon by the Council, management experience is defined as at least six months of on-the-job training in an administrative position that requires supervising, orienting, training, and scheduling staff.
Public	The additional training hours you are newly requiring will cost	Additional training hours have been proposed to bolster the amount of child development

	approximately $104.16 per person if implemented as planned over the next three years. The state has been unable to meet training requirements now. These additional requirements will only bog down the system more, requiring the hiring of more state employees, and place additional budget restraints on centers. What is the justification for your action?	training Virginia's child care givers have as a foundation for their work with young children. The increase in training hours is a result of the Council's findings after having examined the research on caregiver education. The Council learned that research has repeatedly documented associations between caregiver education and positive child outcomes Enhanced training in child development results in caregivers who are more sensitive in their interactions with infants and young children; more positive in their relationships with children; less detached with children than caregivers without child development training; and better able to create higher overall quality classroom environments.
Child Care Professional	Increasing the stringency of child care regulation has a negative effect not only on parents' ability to financially afford the service but also negatively impacts parental choice by severely limiting the choices available.	Revised child care standards were proposed to increase the protection and safety, and to improve the quality of care afforded children in child day centers. The Child Day Care Council is Charged with an overall mission to: Improve the health, safety, and welfare of children in licensed child day centers. To meet this challenge, the Child Day Care Council sought to respond to public comments and licensing staff feedback received on the Child Day Center Regulation by examining current child development research and contemporary child care standards. The Council then promulgated the proposed standards changes to reflect what it had learned from its examinations.
Public	I contest the proposed licensing regulations 15-30-10; 15-30-640; and 15-30-440.	Your comment has been documented.
Parent	I don't think this (ratio) regulation is important enough to have my weekly fee increase by at least 25%. I am not willing to pay an additional 20% to achieve a smaller group size. I do not favor the proposal to raise square footage from 25 to 35 square feet. I would consider a move to unregulated care if my child care fees are dramatically increased. I don't think that adding an additional 3 inches of mulch to the already regulated 6 inches is necessary.	Your comments have been documented.
Public	Please reconsider the proposed	Your comment has been documented.

	handwashing revision that no longer considers staff use of a germicidal cleansing agent as a method to wash hands. This is inconsistent with new medical research.	
Public	The proposed standard 15-30-580 Medication Administration and Application of the Over-the-Counter Skin Products is excessive. To require the staff member administering the medication to have medication training within the last 12 months for over the counter skin products is ridiculous. Thank you, however, for writing B.2 which requires the medications given to be consistent with the manufacturer's instructions. Thank you also for the improvement in G which no longer requires prescription medication to be kept in a locked place when a physician orders otherwise.	Staff who apply Over-the-Counter products limited to sunscreen (provided that it is not prescription sunscreen), diaper ointment, and insect repellent are not required to have medication administration training. Your comments have been documented. Your comments have been documented.
Public	The proposed regulation does not protect children nor is it less intrusive and burdensome for providers. If you reduce the capacity, there is less licensed child care. If you force increased costs, businesses will not be happy.	Revised child care standards were proposed to increase the protection and safety, and to improve the quality of care afforded children in child day centers. The Child Day Care Council is Charged with an overall mission to: Improve the health, safety, and welfare of children in licensed child day centers. To meet this challenge, the Child Day Care Council sought to respond to public comments and licensing staff feedback received on the Child Day Center Regulation by examining current child development research and contemporary child care standards. The Council then promulgated the proposed standards changes to reflect what it had learned from its examinations. Your comments have been documented.
Public	The cost impacts (for group size limits on children) will be astronomical. This change will impact not only group size, but also square footage requirements. Also, since public schools are supposed to follow these standards, what will be the impact on transportation costs to the state if	It was clear from the review of comments that most commenters, especially those responding by form letters and petitions, believed that the proposed changes in square footage and ratio and group size would force a major increase in the cost of care and severely limit availability. For example, many commenters believed that centers could serve a third fewer children than are now enrolled. To test the accuracy of these assumptions, we performed actual calculations

	additional staff is required on every bus. I would suggest that a financial impact study on this one regulation be conducted before the Council's final approval of the total regulation.	of projected enrollment losses on a representative sample of centers. These calculations demonstrated that the adverse impact of the proposals was far less extreme than the commenters had believed. We conducted a square footage calculation study on the projected impact of the square footage change on licensed child day centers. Based upon our data and the most recently documented enrollment of licensed child care centers in our representative subsample, our projections showed that 26% of licensed child care centers would be affected, and 74% of licensed child care centers would remain unaffected, by the change in square footage. The Child Day Care Council voted on an amendment to the proposed square footage requirement. The amendment stated that new applicants will have three years after the effective date to meet the requirement of 35 sq. feet per child and that currently licensed facilities may continue to provide 25 sq. feet for eight years with the exception of new additions which shall adhere to the 35 sq. feet per child three years after the effective date of this regulation. Motion Carried. We conducted a ratio calculation study on the projected impact of the ratio change on licensed child day centers. Based upon our data and the most recently documented enrollment of licensed child care centers in our representative subsample, our projections showed that 6.5% of licensed child care centers would be affected, and 93.5% of licensed child care centers would remain unaffected, by the change in ratio. 22VAC 15-30-440 was amended to reflect the staff-to-child ratio for two years olds at 1 :8 effective one year after the publication of this regulation. Council voted to keep the staff-to-child ratio for three and four year olds at 1:10 with the effective date to be one year from the publication of this regulation. Council amended 22 VAC 15-30-440 to reflect a staff-to-child ratio of 1:18 for school age children to eight years of age; and nine to 12 year olds be amended to reflect a staff-to-child ratio of 1:20 effective upon publication in The Virginia Register.

		Motion Carried. Council amended the effective date of the ratio for school-age children nine to 12 years old to correspond to the effective date of the ratios for all other age groups of children in child care to one year after the effective date of the regulation. We conducted a group size calculation study on the projected impact of the group size change on licensed child day centers. Based upon our data and the most recently documented enrollment of licensed child care centers in our representative subsample, our projections showed that 14.3% of licensed child care centers would be affected, and 85.7% of licensed child care centers would remain unaffected, by the change in group size. Council voted to remove reference to group size in Sections I & J. The Council voted to amend 640 C.1. such that, Virginia state statutes about safety belts and child restraints are followed and stated maximum number of passengers in a given vehicle shall not be exceeded. F. The staff-to-children ratios of 22 VAC 15-30-440 E, G and H shall be followed on all field trips. The staff-to-children ratios need not be followed during transportation of children to and from the center as long as there is one staff member or adult in addition to the driver when 16 or more preschool or younger children are being transported in the vehicle.
Public	(Appeal to Mrs. Thorton as one of the private, for-profit representatives of the Child Day Care Council). Your vote to support the proposed regulation regarding square footage per child will mean that of every 100 children currently served by licensed care, 29 will be forced to leave their child care arrangements. The ideology behind the proposed standards is good, but parents in my middle and lower income community are not pushing for a “Lexus” if they can only afford a “Saturn.”	Children who are presently being served by a licensed child care center will not be forced to leave. The changes will take place over time so that child care centers have ample time to plan and prepare for a gradual reduction in enrollment, if necessary, over the next eight years.
Employee of child care center	I am an employee of a licensed child care center. My salary is directly tied to center enrollment.	Your comment has been documented. It was clear from the review of comments that

	Increasing the square footage requirement, and reduction of staff/pupil ratio will reduce the capacity and enrollment of our center. The result of these changes will significantly increase child care fees that our parents will have to pay on a weekly basis to meet the budget that pays my salary. The proposed regulations require child care workers to have more education hours per year. The Council is giving the Department of Social Services the authority to approve or disapprove of child care training. We do not agree with this proposal. Currently the Department does not allow training hours in CPR/First Aid/Health Inspection Training/Administering Medication/CDL driver's training to count towards my annual requirements. These areas of training are as important if not more important than other areas of training that child care staff receive. Additionally, if our directors are required to have management training and the education requirements that are proposed in this new set of regulations they should be qualified to give training to their staff. Staff meetings, and educational seminars held on site by the director should be counted towards training instead of always requiring that staff use external sources for training. We have made a career choice to work with children in a licensed facility. We are the ones who are dedicated and in the field working with Virginia's children. We should have a say in the process.	most commenters, especially those responding by form letters and petitions, believed that the proposed changes in square footage and ratio and group size would force a major increase in the cost of care and severely limit availability. For example, many commenters believed that centers could serve a third fewer children than are now enrolled. To test the accuracy of these assumptions, we performed actual calculations of projected enrollment losses on a representative sample of centers. These calculations demonstrated that the adverse impact of the proposals was far less extreme than the commenters had believed. We conducted a square footage calculation study on the projected impact of the square footage change on licensed child day centers. Based upon our data and the most recently documented enrollment of licensed child care centers in our representative subsample, our projections showed that 26% of licensed child care centers would be affected, and 74% of licensed child care centers would remain unaffected, by the change in square footage. The Child Day Care Council voted on an amendment to the proposed square footage requirement. The amendment stated that new applicants will have three years after the effective date to meet the requirement of 35 sq. feet per child and that currently licensed facilities may continue to provide 25 sq. feet for eight years with the exception of new additions which shall adhere to the 35 sq. feet per child three years after the effective date of this regulation. Motion Carried. We conducted a ratio calculation study on the projected impact of the ratio change on licensed child day centers. Based upon our data and the most recently documented enrollment of licensed child care centers in our representative subsample, our projections showed that 6.5% of licensed child care centers would be affected, and 93.5% of licensed child care centers would remain unaffected, by the change in ratio. Council amended 22VAC 15-30-440 to reflect the staff-to-child ratio for two years olds at 1:8 effective one year after the publication of this regulation. Council voted to keep the staff-to-child ratio for three and four year olds at 1:10 with the

		effective date to be one year from the publication of this regulation. Council amended 22 VAC 15-30-440 to reflect a staff-to-child ratio of 1:18 for school age children to eight years of age; and nine to 12 year olds be amended to reflect a staff-to-child ratio of 1:20 effective upon publication in The Virginia Register. Council amended the effective date of the ratio for school-age children nine to 12 years old to correspond to the effective date of the ratios for all other age groups of children in child care to one year after the effective date of the regulation. Your comment has been documented. The Council adopted an amendment requiring short-term program staff employees to obtain ten hours of training per year. The Council amended the proposed training requirements to include up to two hours of First Aid and cardiopulmonary resuscitation training in the annual training requirements.
Child Care Organization Manager	The proposed standards are not unreasonable, and while they indicate a vision to move forward, even these changes will not bring Virginia early care and education requirements to a level of those in most other states. I urge the Council to embrace a plan to steadily improve baseline standards which reflect best practices in this field. Virginia's working families depend on this dedication. I strongly support the revised child/staff ratios and group sizes 15-30-440. Smaller group size and lower ratios have been shown to have a positive effect on young children in group care. I strongly support additional training for staff 15-30-310 and increased staff qualifications 15-30-230; 260; 280; and 290. Qualified staff, skilled in the development of more advanced skills for children, will help provide a higher standard of quality for children. Quality care is	Your comment has been documented. Your comment has been documented.

	an investment in our children's future. I also support the following changes: Part I- Introduction 1. Changes in the definitions to help clarify terms. 2. Addition of the term and definition "Group of Children." Part II-Administration 1. Applicant for licensure completing department sponsored training. 2. Center to be in compliance with its' own policies and procedures. 3. Written procedures for injury prevention updated annually. 4. Staff positioning for inclusion in playground safety plan. 5. Documentation of semiannual child updates, staff request for parent feedback and confirmation of up-to-date information in the child's record. 6. Addition to CPR to the certification records to be kept by responsible staff member. 7. Addition of independent contractor to have records available to a department representative. 8. Deletion of school age child to leave unaccompanied. 9. Clarification of TB test requirements. Part III Staff qualifications and training 1. Additional clarification of program directors and back-up for program directors. 2. Addition of staff disclosure of traffic violation prior to or during assignment as a driver. 3. Change age of aides to 18 years. 4. Addition of child abuse	Your comment has been documented. Your comment has been documented.

	training and reporting by the end of the first day on job. 5. Addition of medication administration training. Part IV- Physical plant 1. Square foot changes from 25-30-35 in five years. Since this has caused issue with so many programs, could the requirement be modified to provide a variance for buildings constructed prior to 2005 to be excluded from the regulation. 2. A shady area shall be provided on the playground. Part V-Staffing and Supervision 1. Delete the provision for children to be able to leave center unattended. Part VI- Programs 1. Addition of outdoor time for infants. 2. Addition of 30 minutes stomach time to facilitate upper body strength. 3. Addition of language development to infant care requirement. 4. Addition of center's policy for sunscreen, diaper ointment, and insect repellent. 5. Written addition of recording time spent on stomach for infants. 6. Written request for confirmation of updated information for children's records and providing parents with opportunity for feedback on the children and the center's program. 7. Addition of children not toilet training, not having use of pools. Part VII- Special Care Provisions and Emergencies 1. Clarification of the sick child. 2. Addition of children's handwashing after toileting and body fluid contact.	Your comment has been documented. The Child Day Care Council amended the proposed square footage requirement. The amendment stated that new applicants will have three years after the effective date to meet the requirement of 35 sq. feet per child and that currently licensed facilities may continue to provide 25 sq. feet for eight years with the exception of new additions which shall adhere to the 35 sq. feet per child three years after the effective date of this regulation. Your comment has been documented. Your comment has been documented. Your comment has been documented.

	3. Administration of medication by a trained person. 4. Sunscreen/diaper ointment/ insect repellent should have written requirements. 5. Addition of a detailed center evacuation plan. Part VII- Special Services 1. Addition of staff member on bus during school transportation (upon 16th child). 2. Addition of staff verifying all children have been removed from vehicle. Other Comments: - Delete Syrup of Ipecac and use only activated charcoal - Add to the definition of "Communicable disease" "as defined by the state board of health" as written in 15-30-110; add same to definition -10 and -570. A common cold would fall under this definition and could prevent children from attending if the wording is not clarified. - Add as index in the back of the regulations. These revisions show promise for Virginia's young children. I urge the Council to retain these changes in the final regulation.	Your comment has been documented. Your comment has been documented. Your comment has been documented.
Child Care Center	The proposed change (to square footage) would require 35 square feet per child. This would require many child care centers to reduce enrollment by as much as 30% in order for each child to gain the proposed additional square feet of classroom space. Where will the children (who would be eliminated from licensed center spaces) go? Probably to unlicensed, unregulated care. ..the impact on tuition rates could increase by 40 to 80 dollars per week. This could surely make many programs cost prohibitive.	Children who are presently being served by a licensed child care center will not be forced to leave. The changes will take place over time so that child care centers have ample time to plan and prepare for a gradual reduction in enrollment, if necessary, over the next eight years.
Public	I support the proposed changes to the regulations, especially those concerning training, qualifications, and ratios.	Your comment has been documented.

Public	The proposed regulations will reduce licensed capacity statewide by an estimated 50,000-60,000 enrollment "slots," requiring the hiring of additional staff which is not needed, impose new "group size" regulations which will further reduce enrollment and increase cost. The dramatic increases in staff training and education requirements are unreasonable and unworkable. These are just a few of the examples that will raise cost and pricing beyond the average parent's ability to pay and force children out of licensed care. Fully implemented, the proposed regulations will force many licensed, tax paying, revenue producing centers out of business.	Children who are presently being served by a licensed child care center will not be forced to leave. The changes will take place over time so that child care centers have ample time to plan and prepare for a gradual reduction in enrollment, if necessary, over the next eight years. We conducted a square footage calculation study on the projected impact of the square footage change on licensed child day centers. Based upon our data and the most recently documented enrollment of licensed child care centers in our representative subsample, our projections showed that 26% of licensed child care centers would be affected, and 74% of licensed child care centers would remain unaffected, by the change in square footage. The Child Day Care Council amended the proposed square footage requirement. The amendment stated that new applicants will have three years after the effective date to meet the requirement of 35 sq. feet per child and that currently licensed facilities may continue to provide 25 sq. feet for eight years with the exception of new additions which shall adhere to the 35 sq. feet per child three years after the effective date of this regulation. We conducted a group size calculation study on the projected impact of the group size change on licensed child day centers. Based upon our data and the most recently documented enrollment of licensed child care centers in our representative subsample, our projections showed that 14.3% of licensed child care centers would be affected, and 85.7% of licensed child care centers would remain unaffected, by the change in group size. Council voted to remove reference to group size in Sections I & J. Additional training hours have been proposed to bolster the amount of child development training Virginia's child care givers have as a foundation for their work with young children. The increase in training hours is a result of the Council's findings after having examined the research on caregiver education. The Council learned that research has repeatedly documented associations between caregiver education and positive child outcomes Enhanced training in child development results

		in caregivers who are more sensitive in their interactions with infants and young children; more positive in their relationships with children; less detached with children than caregivers without child development training; and better able to create higher overall quality classroom environments. The Council adopted an amendment requiring short-term program staff employees to obtain ten hours of training per year. The Council amended the proposed training requirements to include up to two hours of First Aid and cardiopulmonary resuscitation training in the annual training requirements.
Child Care Center Owner	Group size should not be a requirement. Additional resilient surfacing requirements are too costly and 9 inches is overly protective. What are the figures for children injured on child care playgrounds with current requirements versus children injured on proposed requirements? The definition is not written for clarity either and a gym mat should be sufficient for toddler climbing equipment. The requirement to air dry items (e.g., toys) between uses is unnecessary. The training requirement for licensure is burdensome. Delete the word licensed from requirement for owner/manager to have run a center. Does licensed mean in any state? What criteria will the commissioner use to make his determination (about whether a center becomes licensed) and what happens in the mean time? The line “center’s own policies and procedures” in 15-30-50 F. under Operational Responsibilities should be deleted. This is costly (to DSS) and intrusive. Delete “updated at least annually”	Your comment has been documented. The Council amended the proposed language regarding resilient surfacing requirements to conform to the recommendations provided by the National Program for Playground Safety’s Selecting Playground Surface Materials guideline handbook. The applicable charts will be included with the new regulation. The Council amended the definition of resilient surfacing for clarity. It now reads, For indoor and outdoor use underneath and surrounding equipment, impact absorbing surfacing materials that comply with minimum safety standards when tested in accordance with the procedures described in the American Testing and Materials standard F 1292-99 as shown in Figures 2 (Compressed Loose Fill Synthetic Materials Depth Chart) and 3 (Use Zones for Equipment) on pages 6 -7 of the National Program for Playground Safety’s Selecting Playground Surface Materials guideline handbook. Hard surfaces such as asphalt, concrete, dirt, grass or flooring covered by carpet or gym mats do not qualify as resilient surfacing. The definition of sanitized has been amended by the Council such that the surface of item is sprayed or dipped into the disinfectant solution and allowed to air dry after use of the disinfectant solution, as opposed to “between uses.” Additional training hours have been proposed to bolster the amount of child development

	from J (injury prevention). If significant injuries have not happened, there is no need for change.	training Virginia's child care givers have as a foundation for their work with young children. The increase in training hours is a result of the Council's findings after having examined the research on caregiver education. The Council learned that research has repeatedly documented associations between caregiver education and positive child outcomes Enhanced training in child development results in caregivers who are more sensitive in their interactions with infants and young children; more positive in their relationships with children; less detached with children than caregivers without child development training; and better able to create higher overall quality classroom environments. The Council adopted an amendment requiring short-term program staff employees to obtain ten hours of training per year. The Council amended the proposed training requirements to include up to two hours of First Aid and cardiopulmonary resuscitation training in the annual training requirements. The Council deleted the word "regulated" from the requirements from program director qualification A. 5. Your comment has been documented.
Public	The proposed standard to increase the square footage in child care centers from 25 square feet per child to 35 square feet per child is outrageous and costly.	Your comment has been documented.
Parent	Standards: 310, 230, 590 Completing the proposed increase in annual staff training (from 8 to 16 hours) would be a hardship for me and many other time-pressed parents	Your comment has been documented. Additional training hours have been proposed to bolster the amount of child development training Virginia's child care givers have as a foundation for their work with young children. The increase in training hours is a result of the Council's findings after having examined the research on caregiver education. The Council learned that research has repeatedly documented associations between caregiver education and positive child outcomes Enhanced training in child development results in caregivers who are more sensitive in their interactions with infants and young children; more positive in their relationships with

		children; less detached with children than caregivers without child development training; and better able to create higher overall quality classroom environments. The Council adopted an amendment requiring short-term program staff employees to obtain ten hours of training per year. The Council amended the proposed training requirements to include up to two hours of First Aid and cardiopulmonary resuscitation training in the annual training requirements.
Parent	Standards: 440, 380 However, I am concerned about the proposed increase in the square foot space per child that day-care centers will need to provide, as I honestly do not comprehend how this will greatly or even marginally benefit our children. In addition, the added costs that parents will incur will actually be a detriment to our children.	A review of the research on how activity space affects children shows that the amount of adequate space children are provided in their child care center classrooms has positive effects on children's physical, social, and behavioral development. Specifically, adequate space in child care settings reduces children's physiological stress reactions, benefits children's social and behavioral development, reduces noises in the classroom, and increases participation, cooperation, and constructive behavior. Moreover, the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care recommend at least 35 square feet of usable floor space per child. We conducted a square footage calculation study on the projected impact of the square footage change on licensed child day centers. Based upon our data and the most recently documented enrollment of licensed child care centers in our representative subsample, our projections showed that 26% of licensed child care centers would be affected, and 74% of licensed child care centers would remain unaffected, by the change in square footage. The Child Day Care Council voted on an amendment to the proposed square footage requirement. The amendment stated that new applicants will have three years after the effective date to meet the requirement of 35 sq. feet per child and that currently licensed facilities may continue to provide 25 sq. feet for eight years with the exception of new additions which shall adhere to the 35 sq. feet per child three years after the effective date of this regulation. Motion Carried.
Parent	Standards: 380, 440 We have reviewed these proposed	Your comment has been documented.

	changes and have no problem with most of them. However, one proposed change troubles us. This change would affect the 'children per square feet' ratio. The ratio will change from one child per 25 square feet to one child per 35 square feet.	
Parent	Standards: 310, 440 Pro 16 hours professional staff but only 8 hours for parent volunteer.	Your comment has been documented. The Council adopted an amendment requiring short-term program staff employees to obtain ten hours of training per year. . The Council amended the proposed training requirements to include up to two hours of First Aid and cardiopulmonary resuscitation training in the annual training requirements. The Council amended annual training requirements for parent volunteers in cooperative preschool centers to 4 hours of orientation training per year.
Teacher	Standards: 310, 230, 260, 280, 290 I would like to recommend that trainer requirements also be established.	Your comment has been documented. Training requirements for trainers from whom program directors may obtain a child development credential have been amended such that training taught by an individual or by an organization with expertise in early childhood teacher preparation provided that the training facilitator: (a) documents the student's mastery and competence; (b) observes the student's application of competence in a classroom setting; (c) has a combination of at least six years of education (leading to a degree or credential in a child-related field)] or programmatic experience; and (d) has at least 12 semester hours, or 180 clock hours, in a child-related field, a child development credential or equivalent, and two years of programmatic experience with one year in a staff supervisory capacity
Teacher	Standards: 440, 310, 260, 230, 250, 280, 290, 350, 370, 380, 430, 500, 520 The risk of child maltreatment, physical injury, contagion, and lags in brain development make it imperative that responsible agencies establish and enforce baseline requirements which	Your comment has been documented.

	effectively protect young children who cannot protect themselves.	
Teacher	Standards: 380, 310, 440 Does this standard put the needs of the child first, second, third or last? Virginia must not stay in the bottom ranks of protection and support for its youngest citizens and their families. May your strength in support of this vision guide your decisions. We are capable of a higher standard.	Your comment has been documented.
Director	Standards: 440, 230, 260, 280, 290, 310, 380 Each of these proposals reflects an indicator of quality based – not on conjecture or opinion – but on decades of research on the impact of child care on early development and learning.	Your comment has been documented.
Teacher	Standards: 380, 440 The adults are all saying that their "bottom line" is more important than CHILDREN. What should be important is the emotional and intellectual growth and stability of our youth.	Your comment has been documented.
Child Care Agency	Standards: 440, 310 Across types of care, toddlers receive better care when their childcare providers are more highly educated. (source: The Future of Children, Volume11, Number 1, Spring/Summer 2001, a publication of the David and Lucile Packard Foundation). When these needs are not met we hear, "I have a problem with my current provider. They said that my child needs more one on one attention than they can give." Or reports of children not being supervised properly—a child in too deep of water for his ability and height; a child being left in a van and finding his way back into the building on his own. While Child Care Link supports the modifications to the childcare regulations we also support additional funding for scholarships, grants, and any additional assistance for child care providers to obtain additional training and	Your comment has been documented.

	make quality improvements to their programs.	
Director / Owner	Standards: 380, 440 Those centers that meet the superior standards would be given a superior rating, others would receive a standard rating.	Your comment has been documented.
Teacher / Director	Standards: 440, 380 Additionally proposed regulations further limit class size to 27 regardless of the physical space of the classroom. Once again why is this better for the children?	We conducted a group size calculation study on the projected impact of the group size change on licensed child day centers. Based upon our data and the most recently documented enrollment of licensed child care centers in our representative subsample, our projections showed that 14.3% of licensed child care centers would be affected, and 85.7% of licensed child care centers would remain unaffected, by the change in group size. Research repeatedly documents that children who experience smaller group sizes and low adult:child ratios… ✓ have larger vocabularies ✓ are better prepared to learn how to read ✓ are more likely to experience affectionate, positive attention from their teachers ✓ have a greater ability to learn and use new information to solve problems ✓ are better able to form friendships, help resolve conflicts, and comfort or assist another child in difficulty Council voted to remove reference to group size in Sections I & J.
Public	Standards: 230, 310, 440, 380 I have read the materials prepared by Council staff and used by you during the drafting of the proposed changes. These materials contain solid research and reasons for the proposed language.	Your comment has been documented.
Public	Standards: 230. 310, 440 Time and time again we are told "lack of quality" is a huge barrier to finding childcare especially for infants and toddlers. In a recent study by the Rand Corporation and the Committee for Economic Development in New York City both concluded that quality early childhood programs decrease government expenditures. For	Your comment has been documented.

	every $1.00 spent on preschool children, $8.00 is saved later on.	
Director	Standards: 310, 380 Most of the flags you may see raised tonight will be ones not arguing the value of the proposed changes but rather the impact of the changes on the ability for some to continue to serve the number of children in need of care in our communities. We support the proposed changes to the licensing regulations but ask that you consider closely the impact on existing programs- an impact that could actually reduce the number of children who can be cared for in existing quality programs.	Your comment has been documented. A review of the research on how activity space affects children shows that the amount of adequate space children are provided in their child care center classrooms has positive effects on children's physical, social, and behavioral development. Specifically, adequate space in child care settings reduces children's physiological stress reactions, benefits children's social and behavioral development, reduces noises in the classroom, and increases participation, cooperation, and constructive behavior. Moreover, the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care recommend at least 35 square feet of usable floor space per child. We conducted a square footage calculation study on the projected impact of the square footage change on licensed child day centers. Based upon our data and the most recently documented enrollment of licensed child care centers in our representative subsample, our projections showed that 26% of licensed child care centers would be affected, and 74% of licensed child care centers would remain unaffected, by the change in square footage. The Child Day Care Council amended the proposed square footage requirement. The amendment stated that new applicants will have three years after the effective date to meet the requirement of 35 sq. feet per child and that currently licensed facilities may continue to provide 25 sq. feet for eight years with the exception of new additions which shall adhere to the 35 sq. feet per child three years after the effective date of this regulation. Motion Carried.
Parent / Director	Standards: 440, 310 The increase to 16 hours of training is an improvement, however the General Assembly requires 30 hours of training under new hair braiding regulation. Our children's growth and development are certainly more important and failure has more costly consequences.	Your comment has been documented.
Teacher	Standards: 440, 310 If I've learned anything from the	Your comment has been documented.

	study of children's development, it's that children do not recover from poor quality early care. Too many of them arrive at school each year (one out of every four) not ready. The well-documented, research-based fact is that when strong regulations are in place, educational outcomes are better. I learned that Virginia is left in the dust and now trails many other southern states in setting a standard for group size. At one time, Virginia was considered a leader in ensuring quality care.	Based on information retrieved from reports provided by the Children's Foundation and the National Child Care Information Center, it was possible to compare Virginia's current and proposed child day center standards in contrast to other states and the District of Columbia. The proposed standards sought to move Virginia's standing from the bottom of that nation on some standards, and from average rankings on other standards, to at least average rankings, if not to the top ranking. The motions that carried with regard to some of the proposed standards did take incremental steps to achieve this goal. The resulting standards have increased Virginia's standing to at least average across most quality categories, with the exception of group size, for which Virginia is currently ranked in the bottom 13 states in the nation, not requiring a group size.
Teacher	Standards: 440, 310 In the last several years, however, our standards have experienced a downward spiral that has caught the attention of people from around the nation. I hope that the proposed improvements in our standards signal a turn in the tide.	Your comment has been documented. Based on information retrieved from reports provided by the Children's Foundation and the National Child Care Information Center, it was possible to compare Virginia's current and proposed child day center standards in contrast to other states and the District of Columbia. The proposed standards sought to move Virginia's standing from the bottom of that nation on some standards, and from average rankings on other standards, to at least average rankings, if not to the top ranking. The motions that carried with regard to some of the proposed standards did take incremental steps to achieve this goal. The resulting standards have increased Virginia's standing to at least average across most quality categories, with the exception of group size, for which Virginia is currently ranked in the bottom 13 states in the nation, not requiring a group size.
Director	Standards: 440, 310, 230 The first five years of a child's life are too important to waste by warehousing children in the smallest spaces, with the fewest numbers of caregivers possible. By setting the standard for smaller group sizes and smaller ratios of children to adults, we can provide more educational, nurturing relationships between child and	Your comment has been documented.

	caregiver.	
Teacher	Standards: 310, 440, 380, 440 In Virginia, a nail technician must have 150 hours of training before she is on her own" to do your nails". The American Academy of Pediatrics, The American Public Health Association, and the National Resource Center for Health and Safety in Out of Home Child Care recommend a group size limit of six, for birth – 12 months, one-half the number proposed for Virginia babies.	Your comment has been documented. Based on information retrieved from reports provided by the Children's Foundation and the National Child Care Information Center, it was possible to compare Virginia's current and proposed child day center standards in contrast to other states and the District of Columbia. The proposed standards sought to move Virginia's standing from the bottom of that nation on some standards, and from average rankings on other standards, to at least average rankings, if not to the top ranking. The motions that carried with regard to some of the proposed standards did take incremental steps to achieve this goal. The resulting standards have increased Virginia's standing to at least average across most quality categories, with the exception of group size, for which Virginia is currently ranked in the bottom 13 states in the nation, not requiring a group size.
Public	Standard: 440 It is a danger to both the health and safety of the children if classrooms are overcrowded and this proposal will close a major loophole in the ratio regulations.	Your comment has been documented. We conducted a square footage calculation study on the projected impact of the square footage change on licensed child day centers. Based upon our data and the most recently documented enrollment of licensed child care centers in our representative subsample, our projections showed that 26% of licensed child care centers would be affected, and 74% of licensed child care centers would remain unaffected, by the change in square footage. The Child Day Care Council amended the proposed square footage requirement. The amendment stated that new applicants will have three years after the effective date to meet the requirement of 35 sq. feet per child and that currently licensed facilities may continue to provide 25 sq. feet for eight years with the exception of new additions which shall adhere to the 35 sq. feet per child three years after the effective date of this regulation.
Teacher	Standards: 440, 380 Like it or not Virginia is pathetic with the standard compared to other states. I suggest looking at Oklahoma who has a star rating system. Yes, these changes are going to be a financial challenge.	Your comment has been documented. Based on information retrieved from reports provided by the Children's Foundation and the National Child Care Information Center, it was possible to compare Virginia's current and

	Okay parents overall are happy with their child care. So what about the children and the teachers? The teachers need our support, what do they think about these changes? Many I have talked to say Yes! They are excited to see someone hearing them cry HELP! Help has got to be available from somewhere. Why does this have to be a political thing, it should be a child thing!	proposed child day center standards in contrast to other states and the District of Columbia. The proposed standards sought to move Virginia's standing from the bottom of that nation on some standards, and from average rankings on other standards, to at least average rankings, if not to the top ranking. The motions that carried with regard to some of the proposed standards did take incremental steps to achieve this goal. The resulting standards have increased Virginia's standing to at least average across most quality categories, with the exception of group size, for which Virginia is currently ranked in the bottom 13 states in the nation, not requiring a group size.
Teacher	Standard: 471 Reading not only opens children's imaginations, and exposes children's minds to new thoughts, but it also fosters emerging literacy skills for non-readers. I wholeheartedly support any proposal that stimulates children's minds and imaginations and encourages a love for reading.	Your comment has been documented.
Public	Knowledge could mean that they have heard of the disability. There needs to be more clear descriptions of qualifications for staff to work in centers with children with special needs. The qualifications also need to be more strict requiring the staff to have proper training and certification to work with these students.	Your comment has been documented.
Teacher	Standards: 310, 440, 380, 230 First, we know that skilled/trained and stable childcare providers are necessary to promote positive development. Well-trained staff/providers are more likely to provide ample verbal and cognitive stimulation, be sensitive and responsive, and take part in more appropriate and engaged interactions with children in their care. The decrease in group-size for two-and three year-old children is in direct accord with 'best practices.' It is well known and accepted that "even small improvements in ratios and education are reflected in more	Your comment has been documented.

	sensitive, appropriate, and warm care giving, suggesting useful targets for investments in quality" (From Neurons to Neighborhoods, 2000, page 318). Some do not have the managerial skills necessary to plan and manage a budget and staff. Young children learn through exploration and manipulation, which necessitates adequate space.	
Public	Standards: 230, 310 I am a graduate student and my husband is an educator, so certainly we understand the need for affordable childcare, however there is truth in the idiom 'you get what you pay for'. We would rather sacrifice this, that or the other and know that our child is in an excellent facility.	Your comment has been documented.
Public	Standards: 310, 380, 440, 580, 610, 200, 500, 430, 410, 110, 575, 510, 520 1. Delete positioning staff on playground 2. Retain current ratios for 4 and 5 years olds 3. Retain current language for resilient surfacing 4. Do not prohibit children from moving classroom to classroom to meet needs of center 5. Do not increase staff training over 10 hours annually 6. Do not require every person to be trained in medication administration 7. Do not require annual medication administration training 8. Do not require school age children to be assigned to a particular staff member 9. Do not require sanitized to mean air dried 10. Do not require tables to be sanitized immediately before use 11. Do not require Department training for new applicants 12. Delete the requirement that there be documentation	Your comment has been documented. Additional training hours have been proposed to bolster the amount of child development training Virginia's child care givers have as a foundation for their work with young children. The increase in training hours is a result of the Council's findings after having examined the research on caregiver education. The Council learned that research has repeatedly documented associations between caregiver education and positive child outcomes Enhanced training in child development results in caregivers who are more sensitive in their interactions with infants and young children; more positive in their relationships with children; less detached with children than caregivers without child development training; and better able to create higher overall quality classroom environments. The Council adopted an amendment requiring short-term program staff employees to obtain ten hours of training per year. The Council amended the proposed training requirements to include up to two hours of First Aid and cardiopulmonary resuscitation training in the annual training requirements. Medication administration training was proposed for one staff member on duty, not

	from parents 13. Background checks should not be required every three years 14. Require a manufacturer's instruction for medication only if it is printed on the original container 15. Retain current staff qualifications 16. Eliminate the laundry list of unsafe building conditions 17. Allow cleaning and sanitizing materials for the diapering area to remain unlocked at all times if not within reach of children 18. Continue to require a teacher to be present with each group of children at all times, including opening and closing 19. Delete group size 20. Reinstate the word minimum	every staff member. Staff who apply Over-the-Counter products limited to sunscreen (provided that it is not prescription sunscreen), diaper ointment, and insect repellent are not required to have medication administration training. The definition of sanitized has been amended by the Council such that the surface of item is sprayed or dipped into the disinfectant solution and allowed to air dry after use of the disinfectant solution, as opposed to "between uses." Tables and high chair trays shall be sanitized before and after each use for feeding and cleaned at least daily. Your comment has been documented. The Council voted to accept general staff qualifications as proposed. The Council voted to accept that persons with most recent background checks before 1990 must have repeat checks by the end of December of the year in which the regulation becomes effective. It is the end of December of the following year for those with most recent checks from 1991 through 1995. It is at the end of December of the third year for those with most recent checks from 1996 through 2002. The Council voted to accept 430 D. as proposed in the Town Hall with regard to the presence of a program leader during the first and last hour of a child day center's operation. We conducted a group size calculation study on the projected impact of the group size change on licensed child day centers. Based upon our data and the most recently documented enrollment of licensed child care centers in our representative subsample, our projections showed that 14.3% of licensed child care centers would be affected, and 85.7% of licensed child care centers would remain unaffected, by the change in group size. Research repeatedly documents that children who experience smaller group sizes and low adult:child ratios… ✓ have larger vocabularies

		✓ are better prepared to learn how to read ✓ are more likely to experience affectionate, positive attention from their teachers ✓ have a greater ability to learn and use new information to solve problems ✓ are better able to form friendships, help resolve conflicts, and comfort or assist another child in difficulty The Council voted to remove reference to group size in Sections I & J. Your comment has been documented.
Public	22 VAC 15-30-10 – Definition of Body Fluids. Should breast milk be included as a body fluid? Definition of Physician Designee. Is this definition consistent with other medical terminology and definitions? Definition of Resilient Surfacing. This definition needs to be reworded for clarity and accuracy. Definition of Sanitized. Revise for clarity so it reads "The surface of item is sprayed or dipped into the disinfectant solution and allowed to air dry ~~between uses~~ <u>after use of the disinfectant solution</u>." 22 VAC 15-30-110 3. Will this standard apply when a family member has HIV or AIDS? According to the Department of Health's communicable disease chart, HIV and AIDS are reportable diseases. 22 VAC 15-30-190. Should individuals from independent contractors be included? 22 VAC 15-30-200 C. Revise standard for clarity and to cover instructions on over-the-counter medication containers so it reads "Staff who work directly with	The Council did not move to amend the list of body fluids to include breast milk. Your comment has been documented. The Council amended the proposed language regarding resilient surfacing requirements to conform to the recommendations provided by the National Program for Playground Safety's Selecting Playground Surface Materials guideline handbook. The applicable charts will be included with the new regulation. The Council amended the definition of resilient surfacing for clarity. It now reads, For indoor and outdoor use underneath and surrounding equipment, impact absorbing surfacing materials that comply with minimum safety standards when tested in accordance with the procedures described in the American Testing and Materials standard F 1292-99 as shown in Figures 2 (Compressed Loose Fill Synthetic Materials Depth Chart) and 3 (Use Zones for Equipment) on pages 6 -7 of the National Program for Playground Safety's Selecting Playground Surface Materials guideline handbook. Hard surfaces such as asphalt, concrete, dirt, grass or flooring covered by carpet or gym mats do not qualify as resilient surfacing. The definition of sanitized has been amended

	children shall be capable of communicating with emergency personnel and reading and following ~~instructions on a prescription bottle~~ written directions for medication administration." 22 VAC 15-30-230 B. The phrase "management experience" needs to be further clarified since it could be interpreted to refer to a teacher who has supervised an aide for a month. The national guidelines refer to "at least six months of on the job training in an administrative position." 22 VAC 15-30-230, exception. Revise since college courses might not be related to children but may be needed to meet one of the qualification options. Revise to read "Exception: Program directors hired before the effective date of this regulation who do not meet the qualifications may continue to be program directors as long as the program director: (i) obtains each year six semester hours or nine quarter hours of college credit ~~related to children until meeting~~ in support of meeting a qualification option…" 22 VAC 15-30-260 C. Delete text that is not necessary so it reads "Notwithstanding the experience requirements in subsection A of this section, program leaders at short-term programs may have only one season of programmatic experience ~~in the group care of children~~, provided…" 22 VAC 15-30-310 A 4. Revise standard to read "recognizing child abuse and neglect and the ~~law~~ legal requirements for reporting suspected child abuse as required by..." 22 VAC 15-30-310 D. Should this standard be revised to allow for individuals from independent contractors?	by the Council such that the surface of item is sprayed or dipped into the disinfectant solution and allowed to air dry after use of the disinfectant solution, as opposed to "between uses." Your comment has been documented. The Council voted to accept the recommended language such that staff who work directly with children shall be capable of communicating with emergency personnel. Your comment has been documented. The Council voted to accept the amendment to 260 C. as recommended. The Council voted to accept the amendment to 310 A. 4. as recommended. The Council voted to accept the amendment to 310 D. as recommended to include independent contractors.

	22 VAC 15-30-440 J. Revise to read "Each school age child shall be assigned to a staff member or a team of staff members in which each staff member is assigned no more than 18 children or each team of staff members ~~are~~ is assigned no more than 36 children…"	Council voted to remove reference to group size in Sections I & J.
	22 VAC 15-30-490 A 4. Revise to read "The center's policies for the arrival and departure of children including procedures for verifying that only ~~authorized~~ persons authorized in writing are allowed to pick up the child, and picking up children after closing, for when a child is not picked up for emergency situations including but not limited to inclement weather or natural disasters~~, and for release of children only to those who have been authorized in writing.~~;	Council voted to amend recommendation to 490 A. 4. by striking "in writing" and adding "(authorized) by the parent."
	22 VAC 15-30-500 K. Delete "by the Consumer Product Safety Commission" since manufacturers may recall products. 22 VAC 15-30-575 B 5. Revise for clarity so it reads "used in such a way that the staff member's hand or glove or soiled diaper does not touch an exterior surface of the storage system during disposal." 22 VAC 15-30-580 A. Should this standard be revised to allow for individuals from independent contractors? 22 VAC 15-30-580 J. There needs to be a time limit for parents to pick up medications since notification to parents does not assure that the medication will be picked up. 22 VAC 15-30-600 D 1. The recent recommendations about syrup of ipecac need to be considered.	Council voted to amend 500 K as follows: "Upon being informed that a product has been recalled ~~by the Consumer Product Safety Commission~~, center staff shall remove the item from the center." This change was necessary because manufacturers themselves may recall unsafe products sooner than the CPSC does. Motion carried. Your comment has been documented. (J.) Change "~~needs to~~ must be picked up within 14 days or the parent must renew the authorization. Medications that are not picked up by the parent within 14 days will be disposed of by the center by either dissolving the medication down the sink or flushing it down the toilet ." Motion to accept proposed as amended with recommended change. Motion carried. Council voted to amend by removing syrup of ipecac and specifying centers' local poison control centers.

All changes made in this regulatory action

Please detail all changes that are being proposed and the consequences of the proposed changes. Detail new provisions and/or all changes to existing sections.

Current section number	Proposed new section number, if applicable	Current requirement	Proposed change and rationale
22 VAC 15-30-10. Definitions.		1. Definition of **"**Programmatic Experience**"** – refers to time spent working directly with children in a group, in a child day center or family day home regulated by the state. 2. Definition of **"**Resilient Surfacing**"** – for outdoor use, it refers to mats that meet the guidelines of the Consumer Product Safety Commission and the standards of the American Society for Testing Materials or at least six inches of material. For indoor use, it refers to padding of two or more inches. 3. No current definition for "high school program completion or the equivalent." 4. No current definitions for "body fluids," "cleaned," "communicable disease," and "physician's designee." 5. Definition of "Sanitized" – refers to reducing the amount of filth and harmful micro-organism through the use of (i) hot water, detergent or	1. Programmatic Experience Definition. Amend the definition to expand the types of acceptable experience with children since the current definition fails to credit meaningful experiences. The proposed definition restores the definition prior to the 1998 center regulation; this definition accepts all types of experience working with a group of children if it is located away from the child's home. The proposed definition would newly include group care of children in an unregulated setting; providers have expressed concerns about not being able to accept this type of experience (e.g. recreation program, faith-based organization). The proposed definition would continue to exclude experience as a nanny or babysitter since these individuals do not have the added responsibility of preparing a safe and stimulating environment for the child. The proposed definition would be less burdensome for centers since additional individuals could qualify for staff positions. The Council feels that it is more important for centers to be able to hire program leaders who have work-related experience from programs that are not regulated than for centers to hire untrained aides with no experience, try to retain them for six months, and go through the expense of additional training when promoting the aides to program leaders. Considering cost impact, it would allow greater employment opportunities for more citizens of the Commonwealth. 2. Resilient Surfacing Definition. The definition of resilient surfacing was changed to clarify its meaning. Amend this definition so it refers to indoor and

		abrasive cleaners or (ii) a chemical sanitizing solution. 6. Definition of "Children with Disabilities" – lists the various disabilities. 7. Definition of "Communicable disease" – refers to illness due to an infectious agent or its toxic products. 8. Definition of "Significant Injury" – refers to wound or other specific damage to the body such as, but not limited to, head injuries, dislocations, sprains. 9. Exemptions from Licensure – are from § 63.1-196.001 of the *Code of Virginia* (2001). 10. Definition of "Child Day Camp" – refers to a center for school age children that operates during the summer vacation months only. Four-year-old children who will be five by September 30 of that same year may be included in a camp for school age children. 11. Definition of **"**Independent Contractor**"** – refers to an individual who enters into an agreement to provide specialized services for a specified period of time. 12. Definition of "Staff Positions" – includes aides, program leaders or child care supervisors, program directors and administrators. 13. Definition of "Special	outdoor use underneath and surrounding equipment impact absorbing surfacing materials that comply with minimum safety standards when tested in accordance with the procedures described in the American Testing and Materials standard F 1292-99 as shown in Figures 2 (Compressed Loose Fill Synthetic Materials Depth Chart) and 3 (Use Zones for Equipment) on pages 6 - 7 of the National Program for Playground Safety's Selecting Playground Surface Materials guideline handbook. Hard surfaces such as asphalt, concrete, dirt, grass or flooring covered by carpet or gym mats do not qualify as resilient surfacing. This change provides more protection from a life-threatening head injury should a child fall. Research indicates that the majority of injuries in child care involve falls, and that the most common consumer product associated with such falls is playground equipment. The minimum depth for using shredded rubber or tires remains at six inches since test results from the Consumer Produce Safety Commission indicate that six inches of shredded tires results in a Critical Height of 10-12 feet versus five to seven feet for other types of loose-fill material (Critical Height is an approximation of the fall height below which a life-threatening injury would not be expected to occur). Amend the definition so indoor resilient surfacing must meet minimum safety standards when tested in accordance with the American Society for Testing and Materials (ASTM) standard 1292 and has a critical height value equal to or greater than the highest designated play surface on the equipment; the current definition requires padding of two or more inches. According to 22 VAC 15-30-500 D, which uses the resilient surfacing term, centers must have a resilient surface under the climbing portions of indoor slides and climbing equipment 36 inches or more in height. This change provides more protection from a life-threatening head injury should a child fall and allows for a variety of mats, tiles and rubber compositions that may be developed.

		Needs Child Day Program" – refers to a program exclusively serving children with disabilities. 14. Definition of "Therapeutic Child Day Program" – refers to a specialized program exclusively for children with disabilities and there is an individual plan for the children.	3. Add a definition for "high school program completion or the equivalent" for clarity. 4. Newly add definitions for "body fluids," "cleaned," "communicable disease," and "physician's designee." These words were used in the standards without definitions which opened the standards to misinterpretation. The definitions are being added for clarity. 5. Revise the definition of "sanitized" so it refers only to treated in such a way to remove bacteria and viruses from inanimate surfaces through using a disinfectant solution (i.e., bleach solution or commercial chemical disinfectant) or physical agent (e.g., heat). The surface of item is sprayed or dipped into the disinfectant solution and allowed to air dry after use of the disinfectant solution. 6. Revise the definition of "children with disabilities" to "children with special needs" since this terminology is more inclusive. Newly include reference to chronic illness and special health surveillance so the definition is more inclusive and comprehensive. 7. Revise the definition of "communicable disease" to refer to a disease caused by a microorganism. The revised language is more inclusive and comprehensive. 8. Delete the definition of "significant injury" since the term is no longer used in the regulation. 9. Newly add an organization and revise the name of an organization in the twelfth exemption to licensure under the definition of a child day center. This change updates the exemption with recent changes to the law. 10. Delete definition of "child day camp" since it is not used in the regulation and incorporate the meaning of this term into the "camp" definition. 11. Revise definition of "independent contractor" to clarify that the contractor may provide "staff" for the center. 12. Revise the language of the various "staff positions" for clarity. 13. Revise the language to refer to

			children with special needs instead of children with disabilities since this is more inclusive. 14. Revise the language to refer to children with special needs instead of children with disabilities since this is more inclusive.
22 VAC 15-30-30. Purpose and applicability.		Refers to "minimum standards."	Delete the term "minimum" since the *Code of Virginia* states that the regulation is to ensure that the activities, services and facilities are conducive to the welfare of children.
22 VAC 15-30-50. Operational Responsibilities.		B. Refers to the sponsor of the center being of good character and reputation and not having been convicted of a felony or misdemeanor related to abuse, neglect or exploitation of children or adults. E. Describes the operational responsibilities of the licensee (ensuring compliance with the standards and the terms of the current license). H. Requires the center to develop written procedures for injury prevention based on documentation of injuries and a review of the activities and services. I. Requires the center to have playground safety procedures that include provision for active supervision by staff and method of maintaining resilient surface.	B. Update this requirement about the sponsor of the center being of good character and reputation and not having certain convictions so it is consistent with the current law (§§ 63.2-1719 and 63.2-1721 of the *Code of Virginia*) and the regulation entitled Background Checks 22 VAC 40-191. Centers have already been following the law requirements so there should be no consequences with this change. E. Newly require the licensee to ensure that the center follows its own policies and procedures that are required by these standards. There are numerous requirements in the regulation for the center to have policies and procedures for the safety of children but there is no current requirement to follow them. This will help assure that policies are followed. Deletes the term "minimum" when referring to the standards. G. (new). Add a standard to require centers to follow the law concerning proof of child identity and age requirements (§ 63.2-1809 of the *Code of Virginia*). There should be no consequences since centers are already following the law requirements. I. Newly specify that the written procedures for injury prevention, which are required to be based on documentation of injuries, be updated annually. This helps assure that any new patterns of injuries can be addressed. K. Expand and clarify the requirement for active supervision by staff on the playground. This is important since "the majority of injuries occurring in child care involve falls, and that the most common

			consumer product associated with such falls is playground equipment" (from *13 Indicators of Quality Child Care*). This should help assure children are actively supervised on the playground, which could decrease the number of injuries.
22 VAC 15-30-70. General recordkeeping; reports.		Requires centers to treat staff and children's records confidentially except that children's records must be made available to the custodial parent on request.	A. Clarify that children's records are available to parents unless otherwise ordered by the court. This is to be consistent with § 20-124.6 of the *Code of Virgini*a.
22 VAC 15-30-80. Children's records.		There was no language in the proposed regulation that addressed the destruction of proof of a child's identity.	11. (new). Require that the documentation to meet the new requirement in 22 VAC 15-30-490 E 3 concerning communication with parents be kept in the child's file. Specifying where this documentation is located should not be burdensome for centers. 13. (new). Require the child's record to include information concerning previous child day care and schools attended by the child. There should be no consequences since centers are currently obtaining this information to be in compliance with § 63.2-1809 of the *Code of Virginia*. Listing the law requirement in the regulation could be helpful to providers so they do not need to use two different documents. 15. (new). Require the child's record to include information concerning documentation of viewing the child's proof of identity and age. There should be no consequences since centers are currently obtaining this information to be in compliance with § 63.2-1809 of the *Code of Virginia*. Listing the law requirements in the regulation could be helpful to providers so they do not need to use two different documents. Add new language to 15-30-80. Per action of the 2004 General Assembly *if* a child day center's policy is to the retain documentation of the child's identity, the center must destroy the documentation. § 63.2-1809 of the Code of Virginia, "Upon enrollment of a child in a regulated child day program, such child day program shall require information from the person enrolling the child regarding previous child day care and schools

			attended by the child. The regulated child day program shall also require that the person enrolling the child present the regulated child day program with the proof of the child's identity and age." "The proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means."
22 VAC 15-30-90. Staff records.		3. Requires staff records to have criminal record checks. 5. Requires staff records to have required certifications.	3. Require background checks instead of just the criminal record check to be maintained in staff records. Update the name of the background checks regulation. This updates the subsection with changes to the law and proposed changes to the background checks regulation. 5. Add reference to certification in cardiopulmonary resuscitation. Clarity. Exception (new). Independent contractors must be kept in accordance with the Background check regulation 22 VAC 15-51-70.
22 VAC 15-30-110. Parental agreements.		A 1. Requires an agreement between the parent and the center concerning authorization for emergency medical care unless the parent objects. B. Allows school age children as young as five years old to leave the center unsupervised with written permission from a parent and documentation by the center of when the child left unaccompanied.	A 1. Specify that the parental objection to emergency care must be in writing. This helps protect the center. 3 (new). Newly require an agreement between the parent and the center that the parent must inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. This addition may help detect diseases early and allow for prompt implementation of control measures. This will also help the center to implement 22 VAC 15-30-570 C, which requires the center to notify a parent when his child has been exposed

			to a communicable disease. This is consistent with the National Health and Safety Performance Standards that state "upon registration of each child, the facility shall inform parents that parents must notify the facility within 24 hours after their child or any member of the immediate household has developed a known or suspected communicable disease as required by the health department. When the child has a disease requiring exclusion or dismissal, the parents shall inform the facility of the diagnosis. This will help reduce the spread of communicable diseases." B. Delete the standard allowing school age children as young as five years old to leave the center unsupervised with written permission from a parent and documentation by the center of when the child left unaccompanied. This change and the addition of 22 VAC 15-30-430 I protect all children from leaving the center without supervision. The current standard allows the center to release a child without supervision even if the conditions might be unsafe (four lane highway, dark outside, a mile from home, etc.).
22 VAC 15-30-150. Immunizations for children.		B & C. Specifies when immunization records must be updated.	Language change for clarity.
22 VAC 15-30-160. Physical examinations for children.		Describes the requirements for physicals for children.	Language change for clarity.
22 VAC 15-30-180. Tuberculosis screening for staff and independent contractors.		Describes the requirements for staff and independent contractors to have tuberculosis screenings.	A. Revise the time frames for obtaining initial tuberculosis screenings so they have to be completed within the last 12 months (instead of 24 months). This is based on guidance from the Department of Health. Delete the exceptions since there is a move away from the skin test requirement to a screening requirement; the exceptions are obsolete and not needed. A "TB vaccination," also known as a BCG vaccination, is not a contraindication to a tuberculin skin test (TST).

			B. Revise the language of the standard to address the three types of acceptable documentation for tuberculosis screening. This is based on guidance from the Department of Health. C. While subsection A of 22 VAC 15-30-180 requires individuals from independent contractors to obtain an initial tuberculosis screening, there is no requirement to update it as needed. Revise the standard to refer to individuals from independent contractors so they will need to obtain updated screenings. This should offer greater protection for children by reducing the possibility of children being exposed to tuberculosis. D. Revise the time frame from one month to 14 days for an individual who develops symptoms compatible with active tuberculosis disease to obtain and submit a determination of non-contagiousness. Revise the time frame from one month to 30 days for an individual who comes in contact with a known active case of tuberculosis or who tests positive on a tuberculin skin test to obtain and submit a statement indicating that all needed follow-up for the incident has been completed and that the individual is free of TB in a communicable form. Revise the requirement about excluding certain staff so a staff member with symptoms compatible with active tuberculosis disease are not permitted to work; the current standard limits a staff member with these symptoms from having contact with children or food served to children. This is based on guidance from the Department of Health. Tuberculosis is not transmitted by food. Revise the standard to require staff from independent contractors to obtain these additional evaluations, which is consistent with the requirements for center staff. This should offer greater protection for children by reducing the possibility of children being exposed tuberculosis.
22 VAC 15-30-200. General qualifications.		A. Prohibits staff members who have been convicted of a felony or a misdemeanor related to	A. Revise the standard to be consistent with the updated law concerning background checks.

		abuse, neglect, or exploitation of children or adults. C. Requires staff members who work directly with children to be capable of communicating with emergency personnel and understanding instructions on a prescription bottle. D. Requires staff at therapeutic child day programs and special needs child day programs who work with children to have knowledge of the groups being served and the skills specific to the disabilities of the children in care.	C. This has been changed such that staff who work directly with children shall be capable of communicating with emergency personnel. This change separates staff abilities with regard to communicating with emergency personnel from staff abilities that pertain to medication administration. D. Require staff who drive a vehicle transporting children to disclose any moving traffic violation that occurred within 5 years prior to or during employment or assignment as a driver. This helps the operator make an informed decision of the suitability of the staff member to transport children, which is a significant responsibility. E. Revise the language to refer to children with special needs instead of children with disabilities since this is more inclusive.
	E.		
22 VAC 15-30-230. Program director qualifications.		A. Describes the various options for meeting program director qualifications. B. Specifies that the required experience for program directors at therapeutic child day programs and special needs child day programs must be in the group care of children with disabilities.	A. Delete requirement that college education come from an “accredited” college or university. This change is being considered because the State does not provide a nationwide listing of accredited colleges and universities to providers. Further, in light of the cultural diversity of employees, it may be more difficult for an employer to verify “accredited” for college education obtained in other countries; one might have to work through an accredited organization that can ensure that the foreign education is comparable to education received in accredited educational institutions in the United States. Clarify that elementary education, nursing and recreation are considered a “child related” field. Revise the qualification option in subsection 3 to require 12 semester hours or 18 quarter hours in child related subjects instead of 48 semester hours or 72 quarter hours in child related subjects.
	3.		

			This change allows individuals with degrees that are not child related to qualify as a program director but assures there is some training in child development. Revise the qualification option listed in subdivision 4 b to describe the credential requirements instead of requiring the Department of Social Services to approve the credential. The credential requirements include a high school diploma or equivalent (referred to as "high school program completion or the equivalent" in the regulation), 120 clock hours of child related training, 480 hours of a supervised practicum working with children in a group, which may include a supervised practicum, and qualifications of the person who provides the training. These credential requirements are reflective of the Child Development Associate (CDA) credential from the Council for Early Childhood Professional Recognition, which was one of the first, nationally recognized credentials designed for early educators. A subsequent credential entitled the Certified Childcare Professional (CCP) credential from the National Child Care Association's Institute for Professional Development is equivalent or exceeds the CDA credential requirements. Listing the requirements of the credential in the standard allows the reader to know what is acceptable without checking with the Department of Social Services. In addition, this change specifies the number of hours necessary to have obtained sufficient experience working with young children to direct a children's program and allows applicants flexibility by permitting hours to be included from a supervised practicum. This change expands the options and criteria by which a child development credential shall be fulfilled and allows organizations with expertise in early childhood teacher preparation to conduct training. This change also allows greater flexibility for training facilitators to meet the qualifications to conduct child related

			training without requiring a formal college education. Revise the qualification option in subsection 5 to specify the meaning of a staff training program (written goals and objectives and assessment of the employees participation in the training), to specify a minimum of 120 training hours for the training program, and to require the training program to address health and safety issues. One hundred and twenty training hours was selected to be consistent with the CDA credential; the CCP credential requires 180 hours of training. Revise this qualification option further so it will no longer be an option three years after the effective date of the regulation. This increases program director qualifications and allows Virginia to be comparable with other state regulations. Remove the word "regulated" from experience qualifications for program directors to make the requirement less restrictive.
	Exception (a).		Add an exception that allows program directors hired before the effective date of the regulation who do not meet the revised qualifications to continue to be directors as long as the director: (i) obtains each year three semester hours or six quarter hours of college credit related to children until meeting a qualification option or (ii) is enrolled in and regularly works toward a child development credential as specified in the regulation, which credential must be awarded within four years of the effective date of the regulation. This allows directors no longer meeting the qualifications to continue working as a director as long as they are obtaining a certain amount of education or working toward a credential as stated in the regulation.
	Exception (b).		Add an exception that allows program directors hired on or up to one year after the effective date of the regulation who do not meet the revised qualifications to continue to be directors as long as the director: (i) obtains each year six semester hours or nine quarter hours of college credit related to children until

			meeting a qualification option or (ii) is enrolled in and regularly works toward a child development credential as specified in the regulation, which credential must be awarded within two years of the effective date of the regulation. This allows directors no longer meeting the qualifications to continue working as a director as long as they are obtaining a certain amount of education or working toward a credential as stated in the regulation. Reword to be consistent with terminology in the rest of the regulation and the new definition of "high school program completion or the equivalent." The National Health and Safety Performance Standards recommend that directors at centers enrolling fewer than 60 children should "be at least 21 years old…have a bachelor's degree in early childhood education, child development, social work, nursing, or other child related field OR a combination of college coursework and experience, including: 1) a minimum of four courses in child development and early childhood education; 2) two years of experience, under qualified supervision, working as a teacher serving the ages and developmental abilities of the children enrolled in the center where the individual will act as the director; 3) a course in business administration or early childhood administration, or at least 6 months of on the job training in an administrative position…The director of a center enrolling more than 60 children shall have the above and at least 3 years experience as a teacher of children in the age group(s) enrolled in the center where the individual will act as the director, plus at least 6 months experience in administration." According to the National Child Care Information Center (November 2002), state minimum, education qualifications for directors are: • 12 states do not require any education. • 1 state requires training. • 7 states require a certain number

			of training hours (all training to be related to early education except for one state that refers to "training," one state that refers to "human relations" and one state that refers to department approved courses). • 18 states require the Child Development Associate Credential (CDA) or other credential (Note: Virginia is listed here but should be listed under the second option of requiring training). • 2 states require a CDA credential and semester hours in early education. • 11 states require a certain amount of college course work in early education. Note: Statistics include the District of Columbia and New York City. Please see information under 22 VAC 15-30-260 A for the importance of education and training. B (new). Require program directors without management experience to have program directors without management experience* shall have one college course in a business-related field; or 10 clock hours of management training; or one child care management course that satisfactorily covers the management functions of: (1) planning; (2) budgeting; (3) staffing; and (4) monitoring *Management experience is defined as at least six months of on-the-job training in an administrative position that requires supervising, orienting, training, and scheduling staff. The annual training requirements and increases were deleted. This change specifies what is meant by management experience and what is required for adequate management training or a management training course.

	C.		The National Health and Safety Performance Standards recommend a course in business administration or early childhood administration or at least six months of on the job training in an administrative position. These standards state "the director of the facility is the team leader of a small business. Both administrative and child development skills are essential for this individual to manage the facility and set appropriate expectations…Management skills are important and should be viewed primarily as a means of support for the key role of educational leadership that a director provides." C. Revise the language to refer to children with special needs instead of children with disabilities since this is more inclusive.
22 VAC 15-30-250. Back-up for program directors.		Requires a qualified program director or a qualified back-up program director to be regularly on site at least 50% of the center's hours of operation, provided that if the program employs one or more program leaders meeting the reduced experience requirement as allowed for short-term programs, the qualified program director or qualified back-up program director shall be on site at least 75% of the center's hours of operation.	Specify that centers having multiple shifts must have a qualified director or qualified back-up director regularly on site at least 50% of the day shift and at least two hours during the evening shift and two hours during the night shift.
22 VAC 15-30-260. Program leader and child care supervisor qualifications.		A. Describes the various options for meeting program director qualifications. B. Requires that program leaders of therapeutic child day programs and special needs child day programs have at least three months of programmatic experience in the group care of children with disabilities.	A. Clarify that all program leaders must have a high school diploma or its equivalent, referred to as "high school program completion or the equivalent." This was added since the revision to the qualification option in current subdivision 1 b may no longer require a high school diploma or its equivalent. Clarify that elementary education, nursing and recreation are considered a "child related" field. Add an option that allows for an endorsement or bachelor's degree in a child related field. This option recognizes

		C. Allows program leaders at short-term programs to have only one season of experience provided that it includes at least 250 hours, of which up to 24 hours can be formal training, working directly with children in a group.	the value of child related education in relation to experience. Revise the qualification option in current subdivision 1 b to refer to a credential by an organization listed in § 63.2-1738 of the *Code of Virginia* instead of requiring the Department of Social Services to approve the credential. This law states that program leaders may possess an approved credential, which is defined as a competency-based credential awarded to individuals who work with children ages five and under in either a teaching, supervisory or administrative capacity and is awarded or administered by one of the organizations listed in the law or as determined equivalent by the Department of Social Services. The credential requirements of several of the organizations listed in the law are not known since there was no response to a request for this information from the Department of Social Services. Revise the qualification option in current subdivision 2 so the required 12 hours of training is gradually increased to 24 hours three years after the effective date of the regulation. Clarify when the training can occur. Specify that the training in child abuse and neglect must include both preventing and reporting abuse and neglect. This increases this program leader qualification option. Revise language for clarity. The National Health and Safety Performance standards recommend that teachers "shall be at least 21 years of age and shall have at least the following education, experience, and skills: a) a bachelor's degree in early childhood education, child development, social work, nursing, or other child-related field, or a combination of experience and relevant college course-work; b) one year or more years of experience, under qualified supervision, working as a teacher serving the ages and developmental abilities of the children in care…" Research indicates that caregiver

			education and training have a positive effect on quality child care and outcomes in children. For example, more educated providers have been associated with: • Behaving more sensitively, • Engaging in more positive interactions, • Displaying less detachment, • Being less punitive, • Encouraging children more, • Engaging in less restrictive behavior, and • Engaging children in interactions and promoting the development of verbal skills. Research has indicated that children with more educated providers are: • more compliant and socially competent, and • score higher on the Preschool Inventory (a measure of children's knowledge of shapes, sizes, etc.) and other measures of intellectual ability. B. Revise language to be consistent with the terminology in the rest of the regulation and to refer to children with special needs instead of children with disabilities since this is more inclusive. C. Revise wording by striking "In the group care of children" from "one season of programmatic experience." This change would remove duplicative language. Revise the wording to be consistent with the revised definition of programmatic experience. Decrease the amount of programmatic experience hours required for the program leaders at short-term programs from 250 to 200 to make the qualifications less restrictive and to be

			consistent with the number of hours typically required or completed through an internship program.
22 VAC 15-30-290. Independent contractors; volunteers.		A & B. Requires individuals from independent contractors to meet the applicable qualifications if counted in the staff-to-children ratios. Individuals from independent contractors who do not meet staff qualifications must, when in the presence of children, be within sight and sound supervision of a staff member.	A & B. Reword to be consistent with the change to the definition of independent contractors.
22 VAC 15-30-310. Staff orientation training and development.		A 5. Requires staff to receive training in the standards which relate to the staff member's responsibilities by the end of the first day of assuming job responsibilities. C. Requires staff members who work directly with children to annually attend eight hours of staff development activities that are related to child safety and development and the function of the center. First aid training and orientation training required by the regulation may not be counted in the hours of annual training. D. Requires at least one staff member on duty at all times who has obtained instruction in performing the daily health observation of children. The instruction must be obtained from a physician, registered nurse or health department medical personnel at three year intervals. Staff with this training must observe	A 4 (new). Require staff to receive training in recognizing child abuse and neglect and the legal requirements for reporting suspected child abuse by the end of their first day of assuming job responsibilities. Currently only 1.6% reports of suspected child abuse and neglect are from child care providers. This is low given the amount of time providers spend with the most vulnerable children. Reports from other mandated reporters are: law enforcement - 19%; schools - 19%, anonymous - 11%, relatives - 10%, medical - 8%, friends/neighbors - 6%. Information from *13 Indicators of Quality Child Care* states "another area that should be addressed is the caregiver's ability to recognize abuse when it has occurred. Research (Wurtele & Schmitt, 1992) indicates that child care personnel know significantly less about the procedures for reporting suspected abuse and their protection under the law when compared to child sexual abuse experts. While child care staff are potential resources for abused children, they may fail to report suspected abuse if they do not know their legal responsibilities and their rights and protections under the law. These researchers have made suggestions for improving child care workers' knowledge about reporting suspected sexual abuse cases. A basic educational program clearly delineating the legal responsibilities of staff, including requirements for reporting, is needed…"

		daily each child for signs and symptoms of illness. F. Specifies the amount of annual training for staff at therapeutic child day programs and special needs child day programs who work directly with children.	A 6. Delete the word "minimum" to be consistent with the change made to 22 VAC 15-30-30 A & B. C. Increase the number of annual training hours from eight to 10 hours. Phase in additional training hours to require 12 hours one year after the effective date of the regulation, 14 hours two years after the effective date of the regulation and 16 hours three years after the effective date of the regulation. Specify that program directors must receive annual training. Newly exclude training in the daily health observation of children from counting in the hours of annual training. Newly allow orientation training to count in the hours of annual training. Except drivers of vehicles transporting children who do not work with a group of children at the center from meeting the annual training requirements. Amend section C by adding a separate qualification for parents of cooperative preschool centers such that parents in cooperative preschools shall complete four hours of orientation training per year. This change makes the training less burdensome for parent volunteers in cooperative preschool centers. Amend such that short-term program staff shall obtain 10 hours per year rather than the proposed incremental change to 16 hours of training per year. This change makes the requirements for short-term program staff less restrictive due to the reduced proportion of time that short-term programs operate in contrast to child day centers that are not short-term programs. Amend the training requirement to include up to two hours of Cardio Pulmonary Resuscitation and First Aid training toward staff members' annual training hours. This change would make the training requirements more flexible. These National Health and Safety

			Performance standards recommend the following regarding continuing education "all directors and caregivers of centers and large family child care homes shall successfully complete at least 30 clock hours per year of continuing education in the first year of employment, 16 clock hours of which shall be in child development programming and 14 of which shall be in a child health, safety, and staff health. In the second and each of the following years of employment at a facility, all directors and caregivers shall successfully complete at least 24 clock hours of continuing education based on individual competency needs and any special needs of the children in their care, 16 hours of which shall be in child development programming and 8 hours of which shall be in child health, safety, and staff health. The effectiveness of training shall be assessed by change in performance following participation in training…" The rationale states that "because of the nature of their caregiving tasks, caregivers must attain multifaceted knowledge and skills…Staff members who are better trained are better able to prevent, recognize, and correct health and safety problems." See 22 VAC 15-30-260 for additional information on the importance of increasing the annual training requirement. According to the National Child Care Information Center (November 2002): • 16 states require 8 hours or less of annual ongoing training hours for Directors and Teachers. • 33 states require more than 8 hours of annual ongoing training hours for Directors and Teachers. • 2 states require a percentage of the hours worked per year. • 1 state is unspecified regarding this requirement. Note: statistics includes the District of Columbia and New York City. It is important that program directors continually receive relevant training since they are responsible for developing and implementing the activities and services offered to children, including the

			supervision, orientation, training and scheduling of staff who work directly with children. Training topics excluded from the annual training requirement are those that require continual updates to achieve a certain level of competency and only one staff member at all times or wherever children are in care must have this type of training. D. Revise the language to separate daily health checks from medication administration; separate emergencies from routine medications; specify medication administration with regard to prescription drugs and over-the-counter drugs; incorporate language from general staff qualifications in terms of reading and following written directions in English for medication administration. F. Revise the language to refer to children with special needs instead of children with disabilities since this is more inclusive.
22 VAC 15-30-320. Approval from other agencies; requirements prior to initial licensure.		A. Addresses the types of documentation that must be submitted before the first license is issued and before use of newly constructed, renovated, remodeled or altered buildings or sections of buildings. A 1. Requires approval by the appropriate authority that the buildings meet building and fire codes or a plan of correction has been approved. B 1. Require for buildings built before 1978, a statement in compliance with § 63.2-1811 of the *Code of Virginia* and the requirements of the Asbestos Hazard Emergency Response Act from a person licensed in Virginia as an asbestos inspector and management planner.	A. Change “applicant or licensee” to “center” to allow flexibility. A 1. Revise to refer to approval from an authority having jurisdiction. This is added for clarity. B 1. Reword for clarity. B 2. (new) Reword and require a written statement that response actions to abate any risk to human health from asbestos have been or will be initiated prior to initial licensure since this is required by law. C. Revise not to address who must post the asbestos notice. D. Newly add that camps must notify the responsible fire department and emergency medical service not only of location but also of hours of operation. The closest fire department or emergency medical service may not be the responsible department/service. Providing the hours of operation may help the responding agency schedule employees.

		C. Requires posting a notice regarding the presence and location of asbestos containing materials and advising that the asbestos inspection report and management plan are available for review. D. Requires camps to notify the closest fire department and closest rescue squad or similar emergency service organization of the camp location before the first license is issued.	
22 VAC 15-30-330. Approval from other agencies; requirements subsequent to initial licensure.		A. Requires an annual fire inspection report from the appropriate fire official. C. Require in certain situations a signed, written statement that the center is following the recommendations of the management plan and a notice regarding the presence and location of asbestos containing materials and advising that the asbestos inspection report and management plan are available for review.	A. Reword to refer to the fire official having jurisdiction. This is added for clarity. C. Reword and require that the written asbestos statement that the center is following the recommendations of the management plan be submitted before subsequent licenses are issued. This helps assure centers continue to follow the recommendations of the asbestos management plan. Reword to assure the asbestos notice continues to be posted.
22 VAC 15-30-340. Building maintenance.		A. Requires areas and equipment of the center to be maintained in a clean, safe and operable condition. B. Requires heat to be supplied from an officially approved heating system except for camps.	A. Revise to add examples of unsafe conditions. This increases the usefulness of the document. B. Revise to require the heating system to be approved in accordance with the Uniform Statewide Building Code. This change clarifies the meaning of "officially approved."
22 VAC 15-30-350. Hazardous substances and other harmful agents.		B. Requires hazardous substances to be kept in a locked place.	B. Add an exception that does not require supplies to clean and sanitize the diapering area or toilet chairs to be kept in a locked place during diapering or toilet training time if these supplies are not accessible to children. This standard is overly protective. It is not practical to have items constantly in use kept under

			lock and key when they are inaccessible to children. The current standard could actually create supervision problems if the supplies are not readily available to staff as needed. This change allows flexibility for centers to provide necessary safety while possibly offering greater supervision for children.
22 VAC 15-30-360. General physical plant requirements for centers serving children of preschool age or younger.		1. Requires certain steps used by children of preschool age or younger to have a guardrail or barrier and a handrail having a minimum and maximum height of 30 inches and 38 inches respectively. The distance between any posts shall be no greater than 3 ½ inches.	1. Revise the wording to be consistent with the Uniform Statewide Building Code (USBC). This limits misinterpretation of the regulation. For newly licensed centers that use existing buildings with the correct use group, this might, however, mean the distance between posts on guardrails would pose a head entrapment-strangulation hazard for children or a potential for small children to fall through posts that are spaced wider than nine inches. For these newly licensed centers that use existing buildings with the correct use group, it is not known whether there were requirements from USBC for guardrails or barriers and a handrail on steps when the building was constructed. This change could be more or less restrictive for newly licensed centers or currently licensed centers that expand their buildings depending on the USBC requirements at the time the building is constructed.
22 VAC 15-30-370. General physical plant requirements for centers serving school age children.		B. Requires portable camping equipment for heating or cooking that is not required to be approved by the building official to bear the label of a recognized inspection agency, except for charcoal and wood burning cooking equipment. C. Prohibits cooking or heating in tents.	B. Newly require portable camping equipment, except for charcoal and wood burning, for heating or cooking that is not required to be approved by the building official to be used in accordance with the manufacturer's specifications. This change provides greater safety. C. Newly allow cooking or heating in tents when allowed by USBC. Reliance on USBC will provide protection for children.
22 VAC 15-30-380. Areas.		A. Requires 25 square feet of indoor space per child. A 3. Allows camps not to meet the space requirement if other conditions are met.	Delete the reference to the interim requirement of 30 square feet. Three years after the effective date of the regulation, applicants will have 35 square feet of available space per child. New additions will have 35 square feet of available space per child three years after the effect date of the regulation. Current licensees and subsequent

			licensees at currently licensed facilities may continue to provide 25 square feet per child. This gives applicants and those planning additions time to plan for change. The National Health and Safety Performance Standards recommend 35 square feet of space per child. According to these standards, this should help "reduce the risk of injury from simultaneous activities" and the chance of crowding, which "has been shown to be associated with increased risk of developing upper respiratory infections." According to the General Accounting Office document dated July 31, 1998 concerning Child Care: Use of Standards to Ensure High Quality Care, 43 states require a designated area for children's activities that contains a minimum of 35 square feet per child. D. Revise to refer to the required indoor space. This will achieve consistency with the gradual increase in the required activity space.
22 VAC 15-30-390. Restroom areas and furnishings.		B 3. Requires sinks to be near toilets and supplied with running water that does not exceed 120°F.	B 3. Revise to provide that sinks be located near toilets and have warm water except that camps do not have to have warm running water. According to the National Health and Safety Standards, warm water "helps to release soil from hand surface." A person is less likely to "wet and rinse long enough to lather and wash off soil if the water if too cold." The exemption for camps recognizes the special environment of a camp.
22 VAC 15-30-410. Play Areas.		B. Requires resilient surfacing under playground equipment. D. Requires swings to be constructed with flexible material except for molded swing seats that may be used only in a separate infant or toddler play area.	B. See 22 VAC 15-30-10 in this chart for the change to the definition of resilient surfacing and the impact it has on this standard. State that fall zones shall not include barriers for resilient surfacing. Where steps are used for accessibility, resilient surfacing is not required. This change clarifies what is included in fall zones and the respective resilient surfacing required. D. Revise to allow nonflexible molded swing seats only in a separate infant or toddler area. This clarifies that molded swings may be of both flexible and non-flexible material. Revise to allow swings made specifically for a child with a special need even if it is made from non-flexible material as long as a staff

			member is positioned to protect other children who might walk into the path of the swing. This allows accommodations for children with a special need while protecting the other children in care. F. (new) Newly require a shady area on playgrounds during the months of June, July, and August to reduce the skin cancer risks associated with sun exposure and to protect children from excessive heat exposure.
22 VAC 15-30-430. Supervision of children.		D. Requires at least one staff member who meets program leader qualifications to be regularly present in each group of children. E 2. Requires staff to check on a child who has not returned from the restroom after five minutes.	D. Revise to allow a staff member who is at least 18 years of age and has three months of experience at the center to be responsible for a group of children, without a staff member meeting program leader qualifications being present, during the first and last hour of operation when the center operates more than six hours per day and during designated rest periods when: (i) there is an additional staff person on site who meets program leader qualifications, is not counted in the staff-to-children ratios and is immediately available to help if needed and (ii) there is a direct means for communicating between the additional staff person and the staff member responsible for the group of children. This allows flexibility for centers since it is difficult to assign a staff member meeting program leader qualifications during all hours of operation but provides for the protection of children since the amount of time this can occur is limited and there are specific conditions the center must meet. F 2. Specify that depending on the location and layout of the restroom, staff may need to provide intermittent sight supervision of children in the restroom area to assure the safety of children and to provide assistance to children as needed. This helps assure that the center continues to be responsible for the care and safety of children even when the children are not sight supervised. J. (new). Require that all children be supervised when leaving the center. This provides safety to children.
22 VAC 15-30-440. Staff-to-children ratio requirements.		D. Allows the staff-to-children ratio requirements to be doubled during the	D. Clarify that the staff-to-children ratios during the designated sleep period of evening and overnight care programs can be doubled for certain ages when

		designated rest period for certain aged children when certain requirements are met. E. Specifies the staff-to-children ratios for children. Requires a 1:10 staff to children ratio for two year old children, a 1:12 ratio for four year old children to the age of eligibility to attend public school, a 1:20 ratio for school age children, and a 1:15 ratio for balanced mixed-age groupings of children. F. Allows a center to assign a child to a different age group and keep the staff-to-children ratio for the established age group if such age group is more appropriate for the child's developmental level and there is written permission from the parent and a written assessment by the program director and program leader. If such developmental placement is made for a child with a disability, a written assessment by a recognized agency or professional shall be required at least annually. G. Specify the staff-to-children ratio for children of preschool age or younger at therapeutic child day programs. H. Specify the staff-to-children ratio for school age children at therapeutic child day programs.	certain circumstances are met. E. Change the staff-to-children ratios so: • Two-year-old children have a 1:8 ratio; • Three-year-old children to the age of eligibility to attend public school have a 1:10 ratio; • School age children ages 5 – 8 years old have a 1:18 ratio; • School age children ages 9 – 12 years old have a 1:20 ratio; and • Balanced mixed-age groupings of children have a 1:14 ratio. School-age children were split into two separate groups to recognize the differences in maturational levels of early and late elementary school children. Make the effective date one year after the effective date of the regulation to allow providers time to plan for the change. The National Health and Safety Performance Standards recommend a 1:4 or 1:5 ratio for two year old children, a 1:8 ratio for four year old children, and 1:8, 1:10 or 1:12 ratio for school age children. According to the National Child Care Information Center (NCCIC) Information Management System Database (January 2002) there are: • 38 states with staff-to-children ratios more restrictive than 1:10 for 27 month old children (five states less restrictive than 1:10); • 18 states with staff-to-children ratios more restrictive than 1:12 for four year old children (19 states less restrictive than 1:12); • 31 states with staff-to-children ratios more restrictive than 1:20 for six year old children (10 states less restrictive than 1:20); and • 29 states with staff-to-children ratios more restrictive than 1:20 for 10 year old children (11 states less restrictive than 1:20). Research indicates that staff-to-children ratios that allow more staff for children

			have a positive effect on the quality of child care and children's development. Staff-to-children ratios that allow more staff for children are associated with: • Fewer situations involving potential danger, • Caregivers with more positive, nurturing interactions with children, • Caregivers who provide more individualized time with children, • Caregivers with less restriction of children's behavior, • Children who receive more attention, affection, responsiveness, stimulation, and verbal communication from caregivers, • Less distress in toddlers and less apathy and distress in infants, • Higher rates of secure attachments between toddlers and their caregivers, and • Greater social competence of children. F. Allow a center to temporarily reassign a child from his regular group and staff members for reasons of administrative necessity but not otherwise casually or repeatedly disrupt a child's schedule and attachment to his staff members and group. Centers have moved children to different classrooms to help meet staff-to-children ratios, which has been upsetting for the children since they were not in their familiar surroundings or with their primary caregivers. Revise the language to refer to children with special needs instead of children with disabilities since this is more inclusive. G. Revise the language where appropriate to refer to children with special needs instead of children with disabilities since this is more inclusive.

			H. Revise the language where appropriate to refer to children with special needs instead of children with disabilities since this is more inclusive.
22 VAC 15-30-451. Daily activities.			D. (new) Newly specify that the daily activities for a child in a therapeutic child day program shall be in accordance with the program's individual plan for such child. This clarifies that children who have an individual therapeutic program follow that program even if it is inconsistent with the general standards.
22 VAC 15-30-461. Daily activities for infants.		1 a. Specifies how to place an infant to sleep. 1 b. Requires resting or sleeping infants to be individually checked every 15-30 minutes. 1 c. Requires moving an infant who falls asleep in a play space not his designated sleeping area to be moved to his designated sleeping area when uncomfortable or unsafe. 6. Requires the following infant activities: staff reading, talking to, cuddling, making eye contact and playing with infants.	A 2. Revise to specify that the contraindication to placing an infant to sleep on his back by a physician be put in writing. This provides added protection for center staff when a child is placed in a position that is considered to be less safe. A 4. Revise to require checking sleeping infants every 15-20. The Department of Health representative felt the current 30-minute time frame may be too long between checking young sleeping infants. A 5. Revise to allow an infant who falls asleep in a play space not his designated sleeping area to remain if comfortable and safe. No longer require a sleeping infant to be moved to his designated sleeping area when uncomfortable or unsafe. This should be less disturbing to the sleeping infant. C. (new) Newly require outdoor time for infants if weather and air quality allow. This is consistent with the National Health and Safety Performance Standards that state "Outdoor play for infants may include riding in a carriage or stroller; however, infants shall be offered opportunities for gross motor play outdoors, as well." E 7. (new) Newly require infants who cannot turn themselves over and are awake to be placed on their stomach a total of 30 minutes each day. Research provided by the Council Health Department representative showed an

			increase in misshapen heads as a result of placing infants in the supine position for prolonged periods. The American Academy of Pediatrics recommends a certain amount of “tummy time,” while the infant is awake and observed, for developmental reasons and to help prevent flat spots on the occiput. A report by Jayesh Panchal on Deformational Plagiocephaly states, "over the past few years the incidence of asymmetrical head shapes in infants has increased significantly." This report indicates the increase is a result of the "Back to Sleep" campaign. This report also recommends tummy time while the infant is awake. The report entitled "SIDS Prevention Tactic Leads to Epidemic of 'Misshapen Head' in Infants" states nonsynostotic positional plagiocephaly has jumped fivefold: from an estimated 1 in 300 live births to 1 in 60 live births today. F. Newly require infant stimulation and language development activities to include staff reading, talking to, showing pictures to, naming objects for, playing with, and engaging in positive interactions (such as smiling, cuddling, and making eye contact) with infants.
22 VAC 15-30-471. Daily Activities for toddlers and preschoolers.		A. Specifies the amount of required outdoor activity time for toddlers and preschoolers based on the center’s hours of operation. A 2 b. Requires a toddler or preschool age child who falls asleep in a place other than his designated sleeping location to be moved to his designated sleeping location if uncomfortable or unsafe. B. Requires the following activities for infants and toddlers: having conversations with children, labeling and describing objects and events, and expanding	A 1. Allow the scheduled outdoor activity time not to occur depending on the air quality level. This provides safety for children. It is supported by the National Health and Safety Performance Standards that state “children shall play outdoors when weather and air quality conditions do not pose a significant health risk.” Include air quality chart via Department of Environmental Quality for child day center reference. A 2 b. Revise to allow a toddler or preschool age child who falls asleep in a place other than his designated sleeping location to remain if comfortable and safe. No longer require the sleeping child to be moved to his designated sleeping location when uncomfortable or unsafe. This should be less disturbing to the sleeping child. B. Require toddler and preschool

		the children's vocabulary.	activities to include story telling time. This should help children's language development.
22 VAC 15-30 490. Parental involvement.		A 3. Requires that the policies on the following issues be given to parents before the child's first day of attending: transportation safety; arrival and departure; picking up children after closing, for when a child is not picked up, for release of children only to those who have been authorized in writing; and street safety. A 8. Requires that centers give parents before the child's first day of attending the policy for paid staff to report suspected child abuse as required by law. E 3. Requires the center to provide parents at least semiannually, either orally or in writing, information on their child's development, behavior, adjustment, and needs.	A 3. Reword and separate the standard so policies for transportation are separate from policies for the arrival and departure of children. No longer require giving parents a policy concerning street safety. A 4 (new) Move requirement from 22 VAC 15-30-490 A 3 to this standard. Newly require that centers provide parents written procedures for verifying that only authorized persons are allowed to pick up their child. This helps assure that children are released from care to the appropriate people. A 6. (new) Newly require that centers provide parents written policies regarding the application of sunscreen, diaper ointment or cream, and insect repellent. This adds clarity for staff and safety for children. A 8. Delete reference to "paid" staff to be consistent with wording of the *Code of Virginia*. A 9. (new) Newly require that centers provide parents a written statement of the custodial parent's right to be admitted to the center as required by § 63.2-1813 of the Code of Virginia. This makes explicit an important parent right. E 1 e (new) Require centers to document the amount of time that infants, who are awake and can't turn over, themselves spend on their stomachs. Information is needed by parents on a daily basis to help avoid the potential of a misshapen head. E 3. Revise to clarify the intent of the standard and to specify that information about child's development, behavior, adjustment and needs must be provided to parents in writing. To clarify the intent of the standard, separate the section into three separate thoughts: (1) annual required information for the child's file; (2) semiannual scheduled conferences with parents; (3) documentation that information has been shared.

			Newly require that centers provide semiannual opportunities for parents to provide feedback on their children and the center's program. Newly require that staff request parent confirmation that the required information in the child's record is up-to-date. Newly require staff to document sharing of such information. The sharing of information between parents and center staff should increase parent involvement and enhance consistency of approach in guiding the child's development. This helps assure that pertinent information in the child's record such as the designated person to call in emergencies and any allergies of the child are up-to-date. Newly exempt short-term programs from this requirement. Because short-term programs vary in duration of service, there may not be adequate time to assess children in these areas. Reports may not be appropriate for short-term programs that emphasize recreation or entertainment.
22 VAC 15-30-500. Equipment and materials.	M.	C 2. Requires S-hooks on play equipment to be closed. D. Limits the height of indoor and outdoor slides and climbing equipment. Specifies the type of surface to be placed under indoor slides and climbing equipment based on the height of the equipment. I 1. Requires play yards to meet the Juvenile Manufacturers Association (JPMA) and the American Society for Testing and Materials (ASTM) requirements. I 3. Prohibits the use of play yards for sleeping. I 5. Requires play yards to be cleaned each day of use with an antibacterial	C 2. Revise to allow s-hooks to be open no more than the thickness of a penny instead of being "closed." The purpose is to reduce clothing entanglement and potential strangulation. D. Revise to allow climbing equipment used outdoors for toddlers and preschool children to be higher than seven feet if it is enclosed. This change addresses the variety of equipment that may be present on playgrounds; there is not a risk of falling from enclosed equipment. Prohibit centers from installing slides or climbing equipment to be used by preschoolers or toddlers in which the climbing portion of the equipment is more than six feet in height. The National Program for Playground Safety recommends that the height of playground equipment not exceed six feet for preschool children since research studies indicate that equipment over six feet in height has double the injury rate of equipment under six feet. The proposed definition of resilient surfacing specifies indoor and outdoor use underneath and surrounding equipment impact absorbing surfacing materials that comply with minimum

		agent or more often as needed. J. Requires the following concerning portable water coolers: cleanable construction, maintained in sanitary condition, kept securely closed, designed that water may be withdrawn from the container only by water tap or faucet.	safety standards when tested in accordance with the procedures described in the American Testing and Materials standard F 1292-99 as shown in Figures 2 (Compressed Loose Fill Synthetic Materials Depth Chart) and 3 (Use Zones for Equipment) on pages 6 - 7 of the National Program for Playground Safety's Selecting Playground Surface Materials guideline handbook. Hard surfaces such as asphalt, concrete, dirt, grass or flooring covered by carpet or gym mats do not qualify as resilient surfacing. 22 VAC 15-30-410 B requires resilient surfacing under playground equipment. Revise requirement concerning impact absorbing material under certain indoor slides and climbing equipment to replace padding of two or more inches with materials that meet minimum safety standards when tested in accordance with the American Society for Testing and Materials (ASTM) standard 1292 and has a critical height value equal to or greater than the highest designated play surface on the equipment. This change provides more protection from a life-threatening head injury should a child fall and allows for mats, tiles and rubber compositions that may be developed.
	H.		E. (new) Prohibit the use of trampolines since this activity has resulted in numerous injuries. The American Academy of Pediatrics recommends that trampolines "should not be part of routine physical education classes in schools" and "the trampoline has no place in outdoor playgrounds and should never be regarded as play equipment."
	M. 1.		I 1. Clarify that play yards must meet Juvenile Products Manufacturers Association and ASTM requirements and shall retain the manufacturer's label documenting product compliance with current safety standards "at the time they were manufactured." This standard is being changed to be consistent with 22 VAC 15-30-510 H 1. Guidelines are continually updated.
	M. 2.		I 2. (new) Newly prohibit use of recalled play yards. Recalled play yards are not safe.
	M. 3.		I 3. Newly allow use of play yards for

	M. 5. N. O.		sleeping as long as they are not used as the designated sleeping area. This change is to be consistent with the changes made to 22 VAC 15-30-461 1 c and 22 VAC 15-30-471 A 2b, which allows sleeping children to remain in the same location if comfortable and safe. I 5. For clarity, require play yards to be sanitized rather than cleaned with an antibacterial agent. This is to be consistent with revised definition of sanitized. K. (new) Require center staff to remove from the center any product that has been recalled upon being informed. This increases child safety. J. Revise to require that portable water coolers be maintained in a cleaned condition instead of a sanitary condition. This requirement is practical for staff.
22 VAC 15-30-510. Cribs, cots, rest mats, and beds.		A. Lists the types of sleep equipment to be used during the designated rest period and specifies that not more than one children at a time shall occupy the sleep equipment. E. Specifies the space that must be provided between cots, beds and rest mats. F. Requires rest mats to have cushioning and be sanitized between each use. H 1. Requires cribs to meet the Consumer Product Safety Commission Standards at the time they were made.	A. Reword for clarity. E. The exception is changed to refer to a divider instead of a screen. This provides more flexibility for staff while maintaining the intent of the requirement. F. Revise to clarify that rest mats be sanitized on “all sides.” Change the frequency of sanitizing rest mats so it occurs weekly instead of between each use. This change is to be consistent with 22 VAC 15-30-520 C about washing linens. H 1. Change the word “made” to “manufactured.” This is clearer language. H 2. (new) Prohibit use of recalled cribs. Consumer Product Safety Commission (CPSC) states recalled cribs are not safe. M. (new) Newly prohibit the use of crib bumper pads. CPSC research reveals documented cases of death by children who were able to pull themselves up and had bumper pads in their cribs. Younger infants can suffocate from certain bumper pads. Newly prohibit use of toys or objects hung over an infant in a crib and crib gyms that are strung across the crib when the crib is used by an infant over five months of age or an infant able

			to push up on his hands and knees. According to the National Health and Safety standards "the presence of crib gyms presents a potential strangulation hazard for infants who are able to lift their head above the crib surface. These children can fall across the crib gym and not be able to remove themselves from that position."
22 VAC 15-30-520. Linens.		A. Specifies the type of linens to be used with cribs, cots and mats. C. Requires linens to be clean and sanitary and washed weekly. Requires crib sheets to be clean and sanitary and washed daily. E. Requires mattresses to be covered with a waterproof material that can be sanitized.	A. Revise to require that linens be used with mats during the designated rest period and during evening and overnight care. No longer require a top cover for infants in cribs since this could cause a suffocation hazard. National Health and Safety Performance Standards state "No child shall sleep on a bare, uncovered surface. Seasonally appropriate covering, such as sheets or blankets that are sufficient to maintain adequate warmth, shall be available and shall be used by each child below school-age." Regarding linens for infants, the National Health and Safety Performance Standards state "consider using a sleeper or other sleep clothing as an alternative to blankets, using no other covering." C. No longer specifically require linens and crib sheets to be sanitized since new language requires centers to use water above 140°F for washing linens or use a dryer that heats linens above 140°F or use a sanitizer according to manufacturer's instructions. E. Revise to add that mattresses must be covered with a waterproof material that can be cleaned in addition to being sanitized. This clarifies that the mattress cover may need to be both cleaned and sanitized.
22 VAC 15-30-540. Swimming and wading activities; staff and supervision.		A and B. Specifies the number of staff to be present during swimming and wading activities. Specifies that a water safety instructor or senior lifesaver holding a current certificate must be supervising children during swimming and wading activities when the water depth is more than two feet.	A and B. Replace "water safety instructor or senior lifesaver" with "certified life guard." There is a need to change language to reflect changes in level of certification. Add reference to the required staff-to-child ratios for therapeutic child day programs. This clarifies that all staff-to-children ratios must be maintained.

22 VAC 15-30-550. Pools and equipment.		D. Requires portable wading pools to be emptied of dirty water and filled with clean water for each day's use or more frequently as necessary.	D. Revise to require water in portable wading pools without integral filter systems to be emptied, rinsed and filled with clean water after use of each group of children instead of daily. Move the standard about prohibiting children who are not toilet trained from using these wading pools. According to the National Health and Safety Performance Standards "small wading pools do not permit adequate control of sanitation and safety, and they promote transmission of infectious diseases." The Department of the Navy, Bureau of Medicine and Surgery Manual of Naval Prevention Medicine and Environmental Health Program (September 1995) states that when children's wading pools are not properly maintained, they may provide a serious risk of disease transmission." Young children are more likely than adults to contaminate and drink the water." This standard will reduce the risk of disease transmission. E. (new) Newly require that after each day's use portable wading pools be emptied, sanitized, and stored in a position to keep them clean and dry. This reduces the likelihood of the pools resulting in insect breeding hazards.
22 VAC 15-30-560. Swimming and wading; general.		A. Requires the center to have emergency procedures and written safety rules for swimming and wading. B. Requires parental permission for swimming and wading and a statement from the parent advising of a child's swimming skills before the child is allowed in water above the child's shoulder height. E. Prohibits children who are not toilet trained from using portable wading pools.	A. Clarify that the center does not need to have emergency procedures and written safety rules for swimming or wading if the center follows the posted rules of public pools. B. Revise to clarify that permission from the parent for their child's participation in swimming or wading is required regardless of whether the child is allowed in water above the child's shoulder height. E. Move this standard to 22 VAC 15-30-550 D.
22 VAC 15-30-570. Preventing the spread of disease.		A. Describes the signs and symptoms of disease that would not allow a child to attend the center for that day.	Subsection letters refer to the current subsection letters unless the requirement is new. A. Incorporate content into the

		B. Allows a child to attend the center with symptoms of illness when the child's health care provider instructs otherwise. B 1. Requires exclusion of a child with a temperature over 100° F. B 2. Requires exclusion of a child with recurrent vomiting or diarrhea. B 3. Requires exclusion of a child as recommended by the Virginia Department of Health's current communicable disease chart.	subsection "B." The change makes the regulatory language less cumbersome. B. Revise to no longer allow a contraindication by the child's physician concerning the exclusion of the child. B 1. Revise the temperature for excluding children from 100° F. to 101° F. The revision is in accordance with current medical thinking. B 2. Revise language for clarity. B 3. Delete the Virginia Department of Health's current communicable disease chart as the criterion for exclusion of a child from care due to a communicable disease. The use of the Department of Health's communicable disease definition makes allowances for individual circumstances. Also, the change eliminates the need to revise the regulation whenever the communicable disease chart is changed, since this document is incorporated by reference.
	C.	D. Requires the center to inform parents when their child has been exposed to a communicable disease unless forbidden by law.	D. Specify the time frames for centers to notify parents of their children's exposure to a communicable disease so it occurs within 24 hours or the next business day of the center being informed, except for life threatening diseases which must be reported immediately. Adding a time frame helps to ensure timely sharing of information. Add a requirement that the center consult with the local Department of Health if there is a question about communicability of a disease. The requirement adds an impetus for center staff to obtain accurate information about communicable diseases.
	E.		D (new). Require the cleaning and sanitizing of any surface that has been contaminated with body fluids. According to the Centers for Disease Control, "Routine cleaning with soap and water is the most useful method for removing germs from surfaces in the child care setting." ."However, some items and surfaces should receive an additional step, disinfection, to kill germs after cleaning with soap and rinsing." Various bacteria respond differently to cleaning and sanitizing agents. This will aide in preventing the spread of communicable diseases.
22 VAC 15-30-575. Hand washing and		A 1. Specifies when children's hands must be washed with soap and	A 1. Clarify to require that running water is required to wash children's hands unless running water is not available on

toileting procedures.	A. 3. (A. 2. running water is now A. 4.)	water or disposable wipes (before and after eating meals or snacks, after toileting, and after any contact with body fluids). A 2. Specifies when staff's hands must be washed with soap or germicidal cleansing agent and water (before and after helping a child use the toilet or a diaper change, after the staff member uses the toilet, after any contact with body fluids, and before feeding or helping children with feeding. B 1. Requires the diapering area to allow for sight and sound supervision of other children in the classroom or be accessible and within the building used by children if the required staff-to-children ratios are maintained while children are being diapered. B 2 b. Requires the following in the diapering area: soap or germicidal cleaning agent, disposable towels and single use gloves such as surgical or examination gloves. B 2 c. Requires the diapering area to have a nonabsorbent surface for diapering children which for children younger than three years must be a changing table or countertop. B 2 e. Requires the diapering area to have a covered receptacle for soiled linens.	field trips or playgrounds. In these circumstances, a germicidal cleansing agent administered per manufacturer's instructions may be used. The use of running water helps remove bacteria from hands. Discontinue allowing the use of disposable wipes after toileting and contact with blood, feces or urine. This standard is included for health and safety reasons. There is a need for the suds from soapy water, to remove germs. Bacteria are eliminated with soap, water and brisk rubbing. With regards to universal precautions, the standard lists the body fluids that specifically need good hand washing. Research identifies that blood, feces and urine carry potential diseases. According to the Centers for Disease Control, the American Academy of Pediatrics and the American Public Health Association, rubbing hands together with running water is important in eliminating infectious germs. Pre-moistened wipes do not effectively clean hands and do not take the place of hand washing with soap and water. A 2. Delete the use of a germicidal cleaning agent as an acceptable hand washing method for staff unless running water is not available on field trips or playgrounds and the germicidal cleansing agent is administered per manufacturer's instruction. Clarify that running water is required for hand washing. A germicidal is not recommended for routine hand washing purposes. B 1. No longer specifically require that staff-to-children ratios be maintained during diapering. The new language allows flexibility to meet the children's needs. B 2 b. Delete reference to having a germicidal cleaning agent in the diapering area since use of a germicidal cleansing agent was deleted as an acceptable hand washing method for staff. B 2 c. Revise to require use of a designated, nonabsorbent surface for

		B 3. Requires a child's clothing or diaper that becomes wet or soiled to be changed immediately and the child's soiled area to be thoroughly cleaned with a disposable wipe or sanitized washcloth. B 5. Requires disposal of diapers in a leak proof or plastic lined storage system that is not hand operated. B 6. Requires the diapering surface to be used only for diapering or cleaning children and to be washed with soap and warm water or a germicidal cleansing agent after each use. Tables used for children's activities or meals may not be used for changing diapers. C. Addresses children being toilet trained and specifies that toilet chairs must be emptied promptly and sanitized after each use.	diapering and changing. The revision prohibits diapering on a surface that cannot be cleaned. This assures that diapering children younger than three years of age does not occur on the bare floor or an unstable surface. B 2 e. Revise to specify that the covered receptacle for soiled linens must be leak proof. This clarifies the standard. B 3. No longer specify that disposable wipes or a sanitized wash cloth must be used to clean a child during diapering. This new standard provides flexibility. B 5. Revise to require the storage system for disposable diapers to be foot-operated or used in such a way that the staff member's hand or the soiled diaper does not touch an exterior surface of the storage system during disposal. This change is consistent with national standards. This assures that containers with revolving lids will not be used since the lids on these containers get contaminated by the diaper during disposal, which can lead to disease transmission. B 6. Revise to require the diapering surface to be sanitized before and after each cleaned with soap and at least room temperature water daily instead of using one or the other of these substances. In addition, individual unsoiled barriers may be used in between each diaper change in place of sanitizing the diapering surface between each child's diaper change. This recommendation is to assure that the surface is cleaned and sanitized. According to the Centers for Disease Control, "Routine cleaning with soap and water is the most useful method for removing germs from surfaces in the child care setting."…"However, some items and surfaces should receive an additional step, disinfection, to kill germs after cleaning with soap and rinsing." Various bacteria respond differently to cleaning and sanitizing agents. This standard is being strengthened to provide additional safety to children.

			Research: American Public Health Association (APHA)/American Academy of Pediatrics (A)A), National Health and Safety Performance Standards; Guidelines for Out-of Home Child Care Programs, pages 96-97, Standard 3.019. C. Change for clarity. 22 VAC 15-30-570 D (new) requires any surface contaminated with body fluids to be cleaned and sanitized.
22 VAC 15-30-580. Medication.	L.	A. States that any medication given to a child must be given according to the center's medication policies and only with written authorization from the parent. B 3. Addresses the duration of parent authorizations. G. Requires locking medication. J. Requires medication to be returned to the parent as soon as the medication is no longer being administered.	A. Newly require that only the staff person who has received instruction in medication administration may administer medications. This standard is included to reduce the risk of administering medications incorrectly. Trained individuals should administer medications. This helps bring child care into compliance with other unlicensed professionals who administer medication. See information under 22 VAC 15-30-310 D concerning the importance of medication training. B 2. Newly require the procedures for administering medications to be consistent with the manufacturer's instructions for age, duration and dosage. This standard is added for safety of children and for clarity. B 3. Allow authorization for over-the-counter medication to exceed 10 work days under certain circumstances. This eliminates the need for parents to submit repeated written authorizations. G. No longer require that prescription medication be kept in a locked place when a written order from a physician designates otherwise. This allows certain emergency medications to be immediately available. J. Revise standard so that, when a medication authorization expires, the parent must be notified to pick up the medication within 14 days or the parent must renew the authorization. Medications that are not picked up by the parent within 14 days will be disposed of by the center by either dissolving the medication down the sink or flushing it down the sink or flushing it down the

			toilet. The current standard requires returning the medication to the parent when the medication is no longer being administered. A parent may not be in the center on that day to pick up the medication.
	22 VAC 15-30-585. Over-the-counter skin products. (new)		A. Adhere to manufacturer's recommendation for over-the-counter products. Separate medications that are kept from medications that are used such that, " All non-prescription drugs and over-the-counter skin products shall be used in accordance with the manufacturer's recommendations. Non-prescription drugs and over-the-counter skin products shall be not be kept beyond the expiration date of the product." B. This newly addresses the use of sunscreen. The following requirements apply: 1) written parent authorization that notes any adverse reactions to sunscreen, 2) sunscreen must be in the original container and labeled with the child's name, 3) sunscreen must be inaccessible to children under five years of age and children in therapeutic care/special needs care and 4) any sunscreen provided by the center must be hypoallergenic and have a minimum sun protection factor (SPF) of 15. Subsection A. 5. was added to clarify whether medication administration training was needed to apply sunscreen. Staff members without medication administration training may apply sunscreen, unless it is prescription sunscreen, in which case the storing and application of sunscreen must meet medication related requirements. School age children 9 years or older may apply their own sunscreen. This new standard addresses comments outside of the survey and public comment period requesting clarity. The standard addresses the low toxicity of these products (according to the poison control center) and the high frequency of use of these products. The standard adds protection yet is reasonable to implement. C. The following requirements apply to

			the use of diaper ointment or cream: 1) written parent authorization that notes any adverse reactions to diaper ointment or cream, 2) ointment must be in the original container and labeled with the child's name, 3) diaper ointment or cream must be inaccessible to children, and 4) records are kept as to frequency of application and any adverse reactions. This new standard addresses comments outside of the survey and public comment period requesting clarity. The standard adds protection yet is reasonable to implement. Staff members without medication administration training may apply diaper ointment, unless it is prescription diaper ointment, in which case the storing and application of diaper ointment must meet medication related requirements. This new standard addresses comments outside of the survey and public comment period requesting clarity. The standard addresses the low toxicity of these products (according to the poison control center) and the high frequency of use of these products. The standard adds protection yet is reasonable to implement. D. The following requirements apply to the use of insect repellent: 1) written parent authorization that notes any adverse reactions to insect repellent, 2) insect repellent must be in the original container and labeled with the child's name, 3) insect repellent must be inaccessible to children, 4) records are kept as to frequency of application and any adverse reactions, and 5) manufacturer's instructions for age, duration and dosage must be followed. Staff members without medication administration training may apply insect repellent, unless it is prescription insect repellent, in which case the storing and application of insect repellent must meet medication related requirements. This new standard addresses comments outside of the survey and public comment period requesting clarity. The standard addresses the high frequency of use of these products. The standard adds protection yet is reasonable to

			implement.
22 VAC 15-30-590. First Aid training, cardiopulmonary resuscitation (CPR) and rescue breathing.		A. Describes the requirements for training in first aid, cardiopulmonary resuscitation (CPR) and rescue breathing. A 2. Allows a center not to have a staff member trained in first aid, CPR and rescue breathing if there is a R.N. or L.P.N. with a current license from the Board of Nursing. B. Requires primitive camps to have a staff member on the premises during the hours of operation who has successfully completed at least first responder training within the past three years.	A. Language change for clarity. A 2. Delete the option that allows an R.N. or L.P.N. to count as a staff person with first aid and CPR training since nurses may not have this training. B. Revise this standard about obtaining first responder training so it refers to current certification instead of obtaining the training within the past three years. The duration of certification for first responder training may vary across organizations. It is important to have current certification.
22 VAC 15-30-600. First aid and emergency supplies.		B 6. Requires the first aid kit to have antiseptic cleansing solution. C. Requires the first aid kit to be stored so that it is not accessible to children but is easily accessible to staff. D 1. Requires syrup of ipecac or activated charcoal preparation that may be used only on the advice of a physician or the Poison Control Center. E. Refers to emergency supplies.	B 6. Language change for clarity. C. Move standard to 22 VAC 15-30-600 B (new). C.6. The first aid kits shall include at a minimum: …an antiseptic cleansing solution or pads. The addition of pads to antiseptic solution makes it easier on providers to be in compliance with this requirement. D 1. Require only activated charcoal preparation and do not require syrup of ipecac. This change was made to reflect the recent recommendations and limited availability of syrup of ipecac. The standard newly requires direction from a physician or the Poison Control Center before use. This is an added protection for children. E. Adds the designation of non-medical emergency supplies. This provides clarification.
22 VAC 15-30-610. Procedures for emergencies.		A. Specifies the components of the emergency evacuation plan.	A and B (new). Change the “evacuation” plan to “preparedness” plan so it covers shelter-in-place procedures. Newly require the plan to be developed in consultation with local or state authorities so it addresses the most likely to occur

	C. D. F.	B. Requires emergency evacuation procedures to be posted in a location conspicuous to staff and children on each floor of each building. C. Requires implementation of evacuation procedures and to maintain a record of the drills. D. Requires posting of emergency numbers. E. Requires the posting of the regional poison control center in a conspicuous place near each phone F. Requires transportation to be available if an ambulance service is not readily available within 10 to 15 minutes. G. Addresses the notification of parents if a child is lost, has a serious injury, needs emergency medical care, dies or has a significant injury. The standard also addresses maintaining a written record of children's serious and significant injuries. H. Requires the camp to have a warning system and for staff and campers to be trained in the warning system.	emergency scenarios. Add the following components to the plan: • 24-hour contact telephone number for emergency officer and back-up officer; • notification of parents and local media; • availability and use of communication tools; • shelter-in-place items such as inside assembly points, head counts and primary and secondary means of egress; • securing essential documents and special healthcare supplies; • method of communication after evacuation or shelter-in-place; and • staff training, drill frequency and Plan review and update. These changes address emergencies that may not require evacuation of the building such as a tornado. Local authorities have recently become more prepared to provide emergency information. The additional components of the plan address issues to help assure the safety of children in an emergency situation. B. Newly require shelter-in-place procedures to be posted. Clarifies that maps may be posted instead of written procedures. It is important to have both emergency evacuation and shelter-in-place procedures readily available in case there is an emergency. C and E (new). Newly require centers to have a minimum of two shelter-in-place drills per year for the most likely to occur scenario and to maintain a record of the dates of the drills. Shelter-in-place drills will help prepare staff and children to follow the procedures should there be an emergency. D. Include the requirement of 22 VAC 15-30-610 E about posting the phone number of the regional poison control center. Reword language for clarity and to state that the phone numbers need to be posted in a "visible" place instead of a "conspicuous" place at each telephone.

			E. Delete since the requirement was included in 22 VAC 15-30-610 D. F. Delete this requirement since it was moved to 22 VAC 15-30-610 J (new). G. (new). Newly require camps to have an emergency plan. Delete 22 VAC 15-30-610 H requiring that staff and campers be trained in the warning system. This brings the standard more in line with other standards. 22 VAC 15-30-310 A 5 requires staff to be trained in the standards that relate to the staff member's responsibility. H (new). Newly require centers to prepare a document containing local emergency contact information, potential shelters, hospitals, evacuation routes, etc. of site frequently visited or of routes frequently driven by center staff for center business. Proposed 22 VAC 15-30-640 C 5 a requires this information to be in vehicles when used for transporting children. Centers should be prepared for emergencies to occur during field trips and transportation especially since there is less control of the environment when away from the center building. J (new). Move 22 VAC 15-30-610 F to this new subsection and revise to clarify that the requirement applies when local ambulance service is not readily available based on local authorities and documented normal ambulance operation. G. Revise so requirements regarding record keeping and notification of parents by the end of the day must now be met for minor injuries. The standard newly requires documentation on how parents were notified and staff as well as parent signatures or two staff signatures. The standard specifically requires documentation of the date and time parents were notified. This change is a response to public comments. Requiring signatures protects staff and parents. H. Move requirement to 22 VAC 15-30-610 G (new).

22 VAC 15-30-620. Nutrition and food services.		E. Requires centers to encourage children to drink fluids when they are in environments of 80°F or higher. F 1. Requires centers to follow the nutritional requirements of a recognized authority. G 1. Requires food containers from home to be labeled in a way that identifies the owner. G 3. Requires unused portions of food from home to be discarded by the end of the day or returned to the parent. I. Requires food to be prepared in a clean and sanitary manner. F.	E. Clarify the types of fluids to be served to children when they are in environments of 80°F or higher. This helps assure appropriate fluids are served to these children to help prevent dehydration. F 1. Revise language to clarify that the nutritional requirements of food must be "age appropriate" since children of various ages have different nutritional needs. F 2. (new) Add requirement to allow second helpings of food listed in the child and adult care meal patterns. This assures children have enough food. The National Health and Safety Performance Standards state "a child will not eat the same amount each day because appetites vary and food 'jags' are common. If normal variations in eating patterns are accepted without comment, feeding problems usually do not develop." F 4. (new) Prohibit serving foods considered to be potential choking hazards to children three years of age or younger. This should reduce the possibility of children choking. The National Health and Safety Performance Standards state whole hot dogs, hot dogs sliced into rounds, raw carrot rounds, whole grapes, hard candy, peanuts, popcorn, spoonfuls of peanut butter and marshmallows are considered choking hazards. G 1. Newly require the food container from home to be sealed and dated. This is a health and safety issue and helps assure food is safe to consume. Prohibit reheating of formula, breast milk, or milk. G 3. Clarify that unused "open" food from home shall be discarded by the end of the day or returned to parents. This language brings clarity to the standard. H. Prohibit food being served directly from the jar in which it is stored. I. Revise to assure food is stored and transported in a clean and sanitary manner. This change is being made to address health and safety issues when

			food is transported. K. (new) Require tables and high chair trays to be sanitized before and after each use for feeding any child and cleaned at least daily. The National Health and Safety Performance Standards state "ideally, food should not be placed directly on highchair trays, as studies have shown that highchair trays can be loaded with infectious microorganisms. If the highchair tray is made of plastic, is in good repair, and is free from cracks and crevices, it can be made safe if it is washed and sanitized before placing a child in the chair for feeding and if the tray is washed and sanitized after each child has been fed." This new requirement should reduce transmission of infectious microorganisms.
22 VAC 15-30-630. Special feeding needs.		B. Requires bottle fed infants who cannot hold their own bottles to be held when fed. Prohibits propping bottles.	B. Newly prohibit use of bottles while child is in his designated sleeping location. It has been shown that bottle feeding in beds or cribs results in dental problems and an increased risk of wheezing and asthma. This standard provides additional protection for children.
	G.	E. Requires prepared infant formula to be refrigerated and labeled with the child's name. Requires formula and baby food to be stirred and shaken and tested for temperature before serving to children.	E. Newly prohibit milk, formula or breast milk from being heated or warmed directly in a microwave. The standard allows water for warming milk, formula or breast milk to be heated in a microwave. Bottles of formula heated in microwave ovens have caused burns to infants when the contents reach a higher temperature than the exterior of the bottle. Newly require prepared infant formula to be dated when it is refrigerated. These are safety issues.
	H.	F. Allows formula, bottled breast milk and prepared baby food not consumed by an infant to be used later in the day if dated and stored in the refrigerator.	F. Newly prohibit formula and breast milk from remaining unrefrigerated for more than two hours and from being reheated. Reused formula can spoil because the milk has been contaminated with saliva and bacteria. This is especially true if the bottle is out of refrigeration for the first feeding for more than an hour and then reheated.
	K.	I. Requires staff to feed semisolid food with a spoon unless written instructions from a physician state differently.	I. Clarify that a physician's designee may also provide written instructions to specify that semisolid food does not need to be served with a spoon. This standard is revised to provide consistent use of

			terms in the regulation.
22 VAC 15-30-640. Transportation and field trips.		C 5 a. Requires emergency numbers to be in vehicles when used for transporting children. F. Requires staff-to-children ratios to be followed on field trips but not during transportation of children to and from the center.	C1. Newly require Virginia state statutes about safety belts and child restraints to be followed such that the stated maximum number of passengers in a given vehicle shall not be exceeded. This change will provide children with greater protection and to make maximum numbers of children in a vehicle enforceable via Licensing. This was in response to a concern about a child care center running vans exceeding the maximum number of passengers by having children sit on the floor. Though such an incident is illegal, it was not previously enforceable via Licensing. C 5 a. Newly require the document of emergency numbers as required by 22 VAC 15-30-610 H to be in vehicles when used for transporting children. F. Newly require a staff member or adult in addition to the driver of the vehicle when 16 or more preschool or younger children in care are being transported to and from the center. This allows another person to supervise and meet the needs of the children when numerous children are being transported. Being responsible for the supervision of children could distract the driver from safe driving practices. This also provides for a second person in case of an emergency. K. (new) Require staff to verify that all children have been removed from the vehicle at the end of a trip. This is a safety issue for children and centers.
22 VAC 15-30-650. Transportation for nonambulatory children.		B. Requires wheelchairs for transportation to be equipped with seat belts and for wheelchairs to be securely fastened to the floor when used by children.	B. Require wheelchairs for transportation to be equipped with restraining devices instead of seat belts. This revision allows for types of restraint devices other than seat belts.
22 VAC 15-30-660. Animals and pets.		A. Requires animals to be vaccinated against diseases that present a hazard to the health of children.	A. Add safety of children as a reason to vaccinate animals that are kept on the premises. This is a safety issue for children.
22 VAC 15-30-670. Evening and overnight care.		A. Describes the required sleeping equipment to be used during evening care.	A. Delete reference to overnight care in the exception since the standard only refers to evening care. Delete reference to school age children in the exception since the exception is for camps, which is

		B. Describes the required sleeping equipment to be used during overnight care. K. Requires quiet activities and experiences to be available immediately before bedtime.	defined in 22 VAC 15-30-10 to refer to school age children. B. Delete reference to evening care in the exception since the standard only refers to overnight care. Delete reference to school age children in the exception since the exception is for camps, which is defined in 22 VAC 15-30-10 to refer to school age children. K. Delete reference to experiences immediately before bedtime. The word "experiences" is redundant.

Family impact

Please assess the impact of the proposed regulatory action on the institution of the family and family stability.

This regulation should strengthen the authority and rights of parents since this regulation establishes standards that impact the education, nurturing and supervision of their children in out of home care. This regulation also encourages economic self-sufficiency and self pride by helping parents locate safe and appropriate child care so they can work to support themselves or bring in additional income. The cost for centers to comply with the standards could be passed on to parents in terms of higher fees. See the end of the financial impact section for three standard changes that could have a specific impact on parents.