



**Periodic Review and
Notice of Intended Regulatory Action
Agency Background Document**

Agency Name:	Department of Social Services
VAC Chapter Number:	22 VAC 15-30
Regulation Title:	Minimum Standards for Licensed Child Day Centers
Action Title:	Revision from Periodic Review
Date:	June 13, 2002

This information is required pursuant to the Administrative Process Act § 9-6.14:25, Executive Order Twenty-Five (98), and Executive Order Fifty-Eight (99) which outline procedures for periodic review of regulations of agencies within the executive branch. Each existing regulation is to be reviewed at least once every three years and measured against the specific public health, safety, and welfare goals assigned by agencies during the promulgation process.

This form should be used where the agency is planning to amend or repeal an existing regulation and is required to be submitted to the Registrar of Regulations as a Notice of Intended Regulatory Action (NOIRA) pursuant to the Administrative Process Act § 9-6.14:7.1 (B).

Summary

Please provide a brief summary of the regulation. There is no need to state each provision; instead give a general description of the regulation and alert the reader to its subject matter and intent.

This regulation establishes minimum standards for licensed child day centers. The purpose of these standards is to protect children under the age of 13 who are separated from their parents during a part of the day by: ensuring that the activities, services, and facilities of centers are conducive to the well-being of children and reducing risks in the environment. The regulation covers the following topics: administration, staff qualifications and training, physical plant, staffing and supervision, programs, special care provisions and emergencies, and special services.

Basis

Please identify the state and/or federal source of legal authority for the regulation. The discussion of this authority should include a description of its scope and the extent to which the authority is mandatory or discretionary. Where applicable, explain where the regulation exceeds the minimum requirements of the state and/or federal mandate.

Sections 63.2-1734 and 63.2-1735 of the Code of Virginia mandates the Child Day-Care Council to promulgate child day center regulations, which are designed to ensure 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.” This regulation is mandated and does not exceed the minimum requirements of the Code of Virginia.

Public Comment

Please summarize all public comment received as the result of the Notice of Periodic Review published in the Virginia Register and provide the agency response. Where applicable, describe critical issues or particular areas of concern in the regulation. Also please indicate if an informal advisory group was or will be formed for purposes of assisting in the periodic review or development of a proposal.

In response to the Council's 1999 Strategic Plan, on October 24, 2000, the Child Day-Care Council sent a survey to approximately 2600 child day center operators and licensing staff. Three hundred and seventy one surveys were returned representing 440 licensed centers and licensing staff. Results of the survey indicated that the majority of respondents felt these standards offered appropriate protection, had a justified cost impact or no impact, were a necessary intrusion or were not intrusive, and were very clear or could be written better. The less unfavorable response to 22 VAC 15-30-630 A about seating equipment for young children may be because over 30% of the respondents did not have an opinion, which could be attributed to the fact the many center operators do not provide care to infants.

The twenty-day comment period on this regulation occurred May 21 to June 10, 2001. A post card announcing this comment period was sent to licensed child day centers, licensing staff and individuals on the Council's interested party list. This post card stated that comments obtained from the survey last fall would be considered during the review of this regulation and if the person's comments remained the same, there was no need to resubmit survey comments. Fourteen public comments were received during this public comment period referencing twelve standards. The majority of the comments centered on two areas: 1) resilient surfaces on playgrounds and 2) broadening the type of experience to include work in licensed homes. Ten of the fourteen requested a reduction in the amount of resilient surface on playgrounds or to have them uniform with public school requirements. Eight of the fourteen public comments requested an allowance for experience for those who worked in licensed homes. A narrative of the public comments and survey results may be found in a document entitled: "Review of the Public Comments from the Survey and Public Comment Period as Required by the 1999 Strategic Plan."

In addition to these comments, the Council also reviewed four documents concerning: 1) frequent public comments during the last revision of this regulation, 2) allowable variances processed on the 1998 version of this regulation, 3) issues brought to the attention of the Council (that did not result from the survey or public comment period); and 4) feedback from issues encountered during technical assistance on the standards, new developments/research, feedback from regional licensing staff in response to a request and contacts by a licensing staff member concerned with child day center policy.

Effectiveness

Please provide a description of the specific and measurable goals of the regulation. Detail the effectiveness of the regulation in achieving such goals and the specific reasons the agency has determined that the regulation is essential to protect the health, safety or welfare of citizens. In addition, please indicate whether the regulation is clearly written and easily understandable by the individuals and entities affected.

The goal of this regulation is to establish minimum standards of care to protect children who attend licensed child day centers. These standards are monitored and compliance documented at least twice a year through on-site inspections by the Department of Social Services. As required by § 63.2.1734 of the Code of Virginia the regulation was previously promulgated to ensure the activities, services and facilities are conducive to the welfare of children. Public comments suggested that this regulation could be more clearly written. There are plans to make clarity changes to this regulation when it is revised.

Alternatives

Please describe the specific alternatives for achieving the purpose of the existing regulation that have been considered as a part of the periodic review process. This description should include an explanation of why such alternatives were rejected and this regulation reflects the least burdensome alternative available for achieving the purpose of the regulation.

The Council considered the option of including the standards from the regulation entitled General Procedures and Information for Licensure with this center regulation. According to the survey sent October 24, 2000, 85% of the operators responding were aware that the General Procedures regulation applies to their program. Since the issues of the two regulations are different, the Council decided to keep these regulations separate.

The option of not having a center regulation is not feasible because the Code of Virginia requires the Council to promulgate regulations for licensure and operation of child day centers.

Recommendation

Please state whether the agency is recommending the regulation be amended or terminated and the reasons such a recommendation is being made.

The Child Day-Care Council is recommending that the center regulation be amended. This is needed for the following reasons: there are standards that could be less intrusive and less costly for providers, there are standards that need more protection for the children in care, and there are standards that could be more clearly worded. The standards could be written more broadly to allow flexibility for centers to reduce risks for children.

Substance

Please detail any changes that would be implemented.

The Child Day-Care Council is recommending that the following substantial changes to the center regulation be considered in order to be consistent with statutory requirements and reflect current practice. In addition, numerous clarity changes will be made. Note: The current standard numbers are used in this document.

22 VAC 15-30-10. Definitions.

1. Program Director Definition. "On site" implies that the director can never leave the center during hours of operation, which contradicts 22 VAC 15-30-250 that states a director shall be on site at least 50% of the center's hours of operation." If a center operates evening care, the standard as written would require an individual to work more than 40 hours a week. The word "primary" has been removed to recognize that centers operating for extended hours beyond one director's work schedule may have other directors to help oversee the activities and services. This offers greater protection for children by providing better on-site supervision. The proposed definition is more inclusive of qualified individuals, allows flexibility for the center, and allows more than one person to act to ensure regulations are met throughout the extent of the day. The revision allows a center to have a qualified person available to cover for sick time, vacation, and other needs. In lieu of the long hours centers are open, it is reasonable to provide a regulation that would allow for a number of program directors. The revision recognizes the variety of needs represented by diverse groups licensed under this regulation and the need to cultivate leadership in the child care field. In the July/August 2001, issue of Child Care Information Exchange, an article by a former President of NAEYC stresses the importance of growing leaders. "There are, however, conceptualizations emerging that are more amenable to the early care and education culture, and which are reformulating the traditional approach to leadership. These systems theories move away from the idea of leadership being embodied in an individual. Instead they position that unless all parts of an entity work together, the whole is dysfunctional."

2. Programmatic Experience Definition. Amend the definition to include work experience with unrelated children in a variety of work settings and from other states or countries. The current excessively restrictive standard fails to credit meaningful experiences. Providers have expressed concerns about not being able to accept experience in regulated facilities in other states or countries or in children's programs that are not regulated (e.g. recreation program, faith-based organization). The proposed standard is less burdensome. Considering cost impact, it would allow greater employment opportunities for more citizens of the Commonwealth. By referring to the Code of Virginia, the current definition as written, limits "programmatic experience" to only that work experience obtained in the state of Virginia and by only those state institutions listed. By striking the reference to specific state agencies, the regulation recognizes programmatic experience gained in other states and countries.

The definition has been changed to recognize a variety of work-related experiences in child care settings. In a career field that is already experiencing a desperate lack of job applicants, this broadens the center's ability to hire individuals who have work-related experience with unrelated children and individuals who may desire to progress in the child care field. This change in the regulation allows centers to be culturally sensitive to qualified applicants with work permits, coming from other countries.

The Council feels that it is more important that staff have work-related experience with unrelated children 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. There may be applicants who are already seeking careers in the field who have gained valuable experience by other means. This change may reduce costs to centers.

3. Newly adds definitions for "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.

22 VAC 15-30-110. Parental agreements.

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. This change protects all children from being without supervision. The current standard forces the center to release a child without proper supervision in any area of town even if the conditions are unsafe (four lane highway, dark outside, a mile from home, etc.).

22 VAC 15-30-180. Tuberculosis screening for staff and independent contractors.

This standard is being revised to be consistent with the risk assessment screening process for tuberculosis. This change brings the standard in line with the recommendations of the Centers for Disease Control.

22 VAC 15-30-200. General qualifications.

Clarify the wording of this standard to state that staff shall be able to follow instructions on a prescription bottle.

22 VAC 15-30-230. Program director qualifications.

A. 1., A. 2., and A. 3. Delete the requirement that the education be "child related." Because of the employment shortages in the early childhood field, public outcry over the tremendous need for directors, and surveys which indicate an almost crisis stage of qualified applicants, the standard has been broadened to recognize other earned degrees. Degreed people have core classes in psychology and sociology which include some child development. Research supports that professional adults are better at interactions with others (Bollin and Whitehead, 1990, Espinosa, 1980; Fischer, 1989; Howes, 1997; Darling-Hammond, 1998). Rather than forcing centers to choose between the least stringent educational qualifications requiring no college education, the standard provides balance by still requiring programmatic experience with earned college degrees. Because there are so few colleges and universities that offer degrees in early childhood education, the present standard offers few options in the truly "child-related" fields. A move is being made for more and more professional adults to obtain certificates to teach. This is more inclusive of talented, experienced adults.

Research: Eager to Learn: Educating Our Preschoolers (2000) Professional Development, page 263; 13 Indicators of Quality Child Care: Research Update (Arnett, 1989, Whitebook, Howes, & Phillips, 1989.)

A. 1., A. 2., A. 3. and A. 4. a. This change broadens the standard to be inclusive of education from accredited and non-accredited colleges or universities. According to Senate Document No. 4, A Study of Quality, Affordability and Accessibility of Child Care in the Commonwealth of Virginia: "The absence of a high level of formal child development education among the providers appears to be an unimportant issue for most parents." (page 17) And further, "There is a strongly held view that formal child development education does not ensure quality child care." (page 15). The deletion of "accredited" college or university is being considered because the State does not provide a nation-wide listing of accredited colleges and universities to providers. Further, in light of the cultural diversity of employees, it may not be possible for an employer to

verify "accredited" for college education obtained in other countries. To reject well-qualified applicants who obtained college credit outside of the United States appears to be bias.

A. 4. b. Revise standard to allow the qualification option to refer to the accreditation organizations mentioned in § 63.1-196.001 A 12 of the Code of Virginia. The change conforms to Code.

A. 4. c. Change the qualification option of certification to conform to new Code change.

A. 5. Revise standard to change one qualification option to specify that programmatic experience and training need to be obtained. This clarifies that the director must actually have obtained the training instead of working at a center that offers a staff training program.

22 VAC 15-30-250. Back up for program directors.

This standard is being changed and incorporated into program director qualifications which will allow for a multiple number of qualified program directors. It clarifies that there must be at least one center director on site 50% of the center's hours of operation. The standard was revised to delete the 75% time requirement for program directors at short-term programs that hire a program leader that meets the alternative qualification. This change was requested by Parks and Recreation programs to be consistent with the same percentage of time on site as is required for long-term programs.

22 VAC15-30-260. Program leader and child supervisor qualifications.

A. 1. a. This standard allows education to come from accredited or non-accredited colleges or universities. In light of the cultural diversity of employees, it may not be possible for an employer to verify "accredited" for college education obtained in other countries. To reject well-qualified applicants who obtain college credit outside of the United States appears to be bias.

A. 1. b. Revise to allow the qualification option to refer to the accreditation organizations mentioned in § 63.1-196.001 A 12 of the Code of Virginia. One of the Council's goals is strengthening teacher training by recognizing and utilizing organizations mentioned in the Code. In the past the Department of Social Services has recognized only the CDA credential. There are other organizations that also offer training opportunities and credentials. The Council has broadened the program leader qualification to be consistent with the Code of Virginia which states that regulations shall not require the adoption of a specific teaching approach or doctrine. In light of these two important changes in the Code of Virginia, the current regulation is archaic.

A. 1. c. This standard is incorporated into A.1.b.

A. 2. Revise to allow 90 days from hire or promotion to obtain the 12 hours of training. Quality training supercedes expedient training. The longer training period allows opportunities for employees to engage in hands-on practice and to observe actual demonstration of skills to be learned. The recommended change increases opportunities for training. Outside training opportunities may not be immediately available. The current standard is misinterpreted as currently worded.

This flexible change allows the 12 hours of training for program leaders with six months of experience to take place while supervising children or to be acquired through mentoring, video tapes, in-house service, seminars, college, etc. Quality training can occur on the job through mentoring. This is best learned in actual practice with a trained supervisor. It is important that employees gain valuable hands-on training in safety areas such as proper diaper changing procedures, universal precautions, and hand washing. Public comment has also encouraged the Council to allow this training to take place while supervising children.

Realizing that research shows that high turnover can affect the quality of child care,

efforts have been made to encourage opportunities for child care employees to make a commitment to life-long careers. This change provides centers flexibility for staff in training.

Research: The authors of Who Cares for America's Children (National Research Council, 1990), concluded that, although both overall education and caregiver training specific to child development are related to positive outcomes for children, "the two existing national studies point to caregiver training as the more important factor." (p. 91).

22 VAC 15-30-280. Aides.

B (new) This suggestion newly allows aides over 18 years of age who have six or more months of programmatic experience at that center to substitute for a program leader for periods up to two consecutive weeks when there is program leader supervision. This change is being recommended to provide children with a more stable environment and to cause less stress in children when classes must be combined when a regular program leader is absent for a short time. This change is less burdensome and allows more flexibility for centers to use regular employees who know the children rather than bring in substitutes who may be less familiar with the children and their daily routines. An aide who is 18 years of age, has six months of experience, and has received at the very least orientation and training on topics required by other standards is already eligible to make application for program leader.

22 VAC 15-30-310. Staff orientation training and development.

C. Revise the standard to allow first aid training to be counted as part of the eight hours of annual training. First aid training is as important as other training topics and may be even more beneficial to job performance, especially for bus drivers. First aid training should be recognized. Checking the historical background of the minimum standards, the American Red Cross was the main source of first aid training and eight hours were required for the first aid course. Best practice has changed over the years. The licensing standards have given more flexibility in allowing other organizations (such as the American Heart Association) to provide training. Organizations have become more time sensitive to client needs. All first aid training and renewal of training no longer are required to be eight hours in length. Long-term center employees often receive the same training over and over again. Not all employees are required to take first aid training. By allowing first aid training to be a part of the minimum annual training, it is probable that more employees will receive at least some first aid training during the course of the year. This regulation provides opportunity for greater safety for children in care by encouraging first aid training for more employees.

D. Newly requires one staff on duty to be instructed in medication administration. It also increases training to be annual in both medication administration and health observation of children. Both of these areas of training may be done by the same health care professional at the same training session. Further, it broadens the standard to allow a physician's designee or a public health nurse to be included in those who may provide this training. This will allow centers additional resources for training. The standard was revised so that staff with training in the health observation of children observe children for signs and symptoms of illness instead of specifying that the observation occur daily. The intent is that the health observation of children occur throughout the day rather than one daily health observation. Currently, public schools and other exempt programs are not required to conduct daily health inspections of all children in their programs. It is unnecessary and time consuming for staff to perform daily health inspections on all children in care, when only those children who show signs and symptoms of illness need this type of screening.

22 VAC 15-30-320. Approval from other agencies; requirements prior to initial licensure.

D. This newly adds 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.

22 VAC 15-30-340. Building maintenance.

A., B., C., and E. Revise these standards to meet the wording in the Virginia Uniform Statewide Building Code (USBC). Consistent wording with the Code helps to eliminate misinterpretation of the standards.

22 VAC 15-30-350. Hazardous substances and other harmful agents.

B. Create a new exception that does not require cleaning supplies for the diapering area to be kept in a locked place 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 offering greater supervision for children by not requiring staff to leave the area.

E. Delete requirement that cleaning supplies and insecticides be stored in physically separate areas. The current standard is overly protective and not necessary. The meaning of “separate” is not clear. It allows flexibility for the center. It will also save new centers the expense of having more than one storage area that is lockable.

22 VAC 15-30-360. General physical plant requirements for centers serving children of preschool age or younger.

1. Revise the wording to be consistent with Virginia USBC. This limits misinterpretation of the regulation.

22 VAC 15-30-370. General physical plant requirements for centers serving school age children.

A. Revise the standard so centers will meet playground requirements when the center: 1) is located in a building approved for school occupancy, 2) is located in a building that houses a school, and 3) provides care only to school age children. Schools and centers serving the same children at one location should not have two sets of playground requirements. This has caused concern and misunderstanding regarding the protection of children. Parents do not understand why the playground is deemed safe with less supervision during the school hours and less safe after school hours when supervision is greater and staff/pupil ratios are lower.

B. Revise to 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. This change newly allows cooking or heating in tents that are approved by the building official.

22 VAC 15-30-380. Areas.

C. Revise requirement to allow children up to 36 months to be present on playground with infants and toddlers. Only requires a separate playground for infants and toddlers when children 36 months or older are also present on the playground. Staff shall ensure the age appropriate use

of playground equipment. This change may positively impact center costs. This should help centers with limited outdoor space. This change allows for greater flexibility in land use. Considering the high cost of commercial property, this change in regulation should help new centers with start-up costs.

The change provides greater safety. A two-year-old is safer with toddlers than with older pre-school and school age children. This allows children up to 36 months to play with infants and toddlers. This clarifies that infants and toddlers may play anywhere on the playground if other ages are not present. Centers need to have a separate playground only when older children are present.

It increases flexibility in playground use for centers. Other states such as North Carolina have less stringent playground regulations that permit use of the sharing of playground with other groups from other facilities with separate play areas or time schedule. Public playgrounds have mixed age groups without required supervision. There is no known documentation that indicates sharing the same space with various age groups is unsafe.

Staff is required to ensure age appropriate use of playground equipment. This promotes safety of the children. Center may further ensure safety by implementing time schedules for use.

22 VAC 15-30-390. Restroom areas and furnishings.

B. and E. Revise these standards to be consistent with wording in the Virginia USBC. This consistency helps prevent misinterpretation of the regulations. The standard allows a grandfather clause for existing centers to continue under their current Certificate of Occupancy.

H. Delete this standard because it is covered under B. Toilet enclosures are addressed in the Virginia USBC.

22 VAC 15-30-410. Play Areas.

D. Revise the standard to allow swings made specifically for a child with a disability even if it is made from non-flexible material. This clarifies that molded swings may be of both flexible and non-flexible material.

22 VAC 15-30-430. Supervision of Children.

I. (new) Requires that all children be supervised when leaving the center. This provides safety to children.

22 VAC 15-30-440. Staff-to-children ratio requirements.

A. Revise the standard to clarify that staff shall be counted in the staff-to-children ratios when supervising children.

B. (new) This standard newly requires staff-to-children ratios be maintained on the premises but allows for short-term flexibility of ratios in classrooms to meet the needs of children. This change allows staff to meet the immediate needs of individual children, such as toileting, illness, etc. It is less burdensome and more flexible. In instances when staff becomes ill, the risk of infecting other children through exposure to disease is limited.

E. Change the staff-to-children ratios for children 24 months to 30 months from a 1:10 ratio to a 1:8 ratio. This regulation is being suggested to add safety for this developing age group. Greater supervision adds greater opportunities for nurture. This change is also reflective of the ratios in most of the accrediting agencies listed in Code of Virginia. All of the ratios were examined and the only area suggested to be changed was the ratio for children between the ages of 24-30 months. The ratio for this age group was lowered based upon parent letters, the center surveys,

public comment, and research of other state ratios. In information obtained in a 1996 document from the Children's Foundation, 26 states had ratios of less than a 1:10 teacher/pupil ratio in this age group. This decrease in teacher/pupil ratio will have a negative financial impact on those centers operating at a full 1:10 ratio. However, the Council feels that the change in this regulation will provide better staff supervision, and easier transitioning for those toddlers who are moving from a smaller teacher/pupil ratio of 1:5 to larger groups.

22 VAC 15-30-451. Daily activities.

D. (new) This standard newly specifies 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 regulations.

22 VAC 15-30-461. Daily activities for infants.

1. b. Revise standard to require checking sleeping infants every 15-20 minutes. The DOH representative felt the 30-minute time frame may be too long between checking young sleeping infants.

1. c. This standard is revised to clarify an infant who falls asleep in a play space not his crib, cot, mat or bed may remain if he is comfortable and safe. This standard is being changed to be consistent with 22 VAC 15-30-471 A 2 b and in response to concern voiced in the survey sent to center operators. Clarifying the wording should help prevent misinterpretation of regulation

4. g. (new) This standard requires 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. Research included a report "Back to Sleep" and "SIDS: Where We have Been and Where We are Now" by John Kattwinkel, M.D. presented on March 16, 2001, at the ASIP Annual Conference in Alexandria, Virginia. It states, "A certain amount of tummy time while the infant is awake and observed is recommended for developmental reasons and to help prevent flat spots on the occiput." A report by Jayesh Panchal found at jayesh-panchal@ouhsc.edu 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. The report may be found at www.sciencedaily.com/release/1990/07/1990712080205.

22 VAC 15-30-471. Daily Activities for toddlers and preschoolers.

A. 2. b. Clarifies that when a toddler or preschool child falls asleep in a place other than his designated sleeping location he may remain there if he is comfortable and safe. This change is to help clarify the standard and to prevent misinterpretation of standard.

22 VAC 15-30-484. Behavioral guidance.

C. (new) This allows staff to physically restrain or remove a child when the child causes an endangerment to himself or others, provided that actions are consistent with the provisions of 22 VAC 15-30-487. This standard is added to address HB 1866 (2001) and to clarify specific actions and unsafe situations.

22 VAC 15-30 490. Parental involvement.

A. 6. Delete reference to “paid” staff. This standard is being deleted in response to legal concerns about “paid staff.”

E.1.e (new) Requires centers to document the amount of time 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 address misshapen heads.

E. 3. Revise standard to exempt short-term programs from requirement of making semiannual reports on child’s development, behavior, adjustment and needs. 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 such as recreation or entertainment.

22 VAC 15-30-500. Equipment and materials.

C. 2. Revise standard to allow the s-hook open no more than the thickness of a penny. This clarifies that the purpose is to reduce pinch-point which could create entanglement hazards and not to have the s-hook shut.

D. Revise standard to allow climbing equipment for children under school age to be higher than 7 feet if it is enclosed. Revise to allow for materials that have been certified by the manufacturer to be shock-absorbing resilient material in accordance with the American Society for Testing and Materials (ASTM) standard 1292 when installed, maintained and replaced according to the manufacturer’s instructions. This change allows for padding and other materials that may be developed.

I. 1. This clarifies that play yards must meet Juvenile Products Manufacturers Association and ASTM requirements “at the time they were manufactured” and newly prohibit use of recalled play yards. This standard is being changed to be consistent with 22 VAC 15-30-510 H 1. Guidelines are continually updated. Recalled play yards are not safe.

I. 3. This allows play yards to be used for sleeping but not for the designated sleep area. This standard is being changed to be consistent with the change to 22 VAC 15-30-461 1 c.

I. 5. For clarity, revise that play yards shall be sanitized rather than cleaned with an antibacterial agent. This is to be consistent with new definition.

J. For clarity, change "sanitary" to "cleaned" to be consistent with new definition.

22 VAC 15-30-510. Cribs, cots, rest mats, and beds.

F. Revise standard to require sanitizing of rest mats weekly instead of between each use. This is to be consistent with 22 VAC 15-30-520 C.

H. 2. (new) This prohibits use of recalled cribs. Consumer Product Safety Commission (CPSC) states recalled cribs are not safe.

M. (new) This standard prohibits 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 pad in their cribs. Younger infants can suffocate from bumper pads.

22 VAC 15-30-520. Linens.

C. This standard requires that linens and crib sheet be clean/washed, but no longer requires them to be sanitized. Crib sheets need to be washed not sanitized.

22 VAC 15-30-540. Swimming and wading activities; staff and supervision.

A. and B. This replaces “water safety instructor or senior lifesaver” with “certified life guard.” There is a need to change language to reflect changes in level of certification.

22 VAC 15-30-550. Pools and equipment.

D. Revise the standard to require water in portable wading pools to be changed after each group use instead of daily. This recommendation is based on safety and health research. 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." While this standard is an increase in requirements, it is being considered to reduce risk of disease transmission.

22 VAC 15-30-560. Swimming and wading; general.

A. Revise the standard to require a center to have posted emergency procedures and written safety rules for swimming and to explain these procedures and rules to children only when swimming occurs on the premises. This standard is being changed for clarity. Public swimming pools post their own rules.

C. Delete this duplicative standard. The standard is covered by 22 VAC 15-30-430 E and F.

22 VAC 15-30-570. Preventing the spread of disease.

A. Move this standard to 15-30-570 B.

B. 1. Revise the temperature for excluding children from 100°F to 101°F. The revision no longer allows a contraindication by the child's physician concerning the exclusion of the child. The temperature exclusion is in accordance with current medical thinking.

B. 3. Revise to refer to the DOH's definition of "communicable disease" instead of referring to DOH's communicable disease chart. The use of DOH's definition makes allowances for individual circumstances. Also, the regulation would not need to be revised to update the communicable disease chart since this document is incorporated by reference.

D. (old) Revise the standard to refer to DOH's definition of "communicable disease" instead of referring to DOH's communicable disease chart. The use of this definition makes allowances for individual circumstances. Also, the regulation would not need to be revised to update the communicable disease chart since this document is incorporated by reference. The wording is more positive.

D. (new) This standard requires that whenever a surface has been contaminated with bodily fluids it must be both cleaned and sanitized. This provides greater health and safety. According to the Center 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.

22 VAC 15-30-575. Hand Washing and toileting procedures.

A. 1. Revise standard to allow the use of disposable wipes before and after meals and snacks but not after toileting and contact with blood, urine or feces as an acceptable hand washing method for children. This clarifies that running water is required and newly allows use of individual basins of clean water if running water is not available. Centers may not have a sink in each classroom. It changes contact with "body fluids" to contact with "blood, urine or feces" as one of the required times for children to wash their hands. This standard is being considered 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 Center for Disease Control, the American Academy of Pediatrics, the American Public Health Association, rubbing hands together with running water is important in eliminating infectious germs. Pre-moistened towelettes do not effectively clean hands and do not take the place of hand washing with soap and water (<http://www.cdc.gov/ncidod/hip/abe/practic6.htm>).

A. 2. Delete the use of a germicidal cleansing agent as an acceptable hand washing method for staff. Clarify that running water is required for hand washing. A germicidal is not recommended for hand washing purposes.

B.1. This standard no longer specifically requires staff-to-children ratios to be maintained during diapering when the diapering area is not located in the classroom. New language clarifies the standard and allows flexibility to meet the children's needs.

B. 2 .c. Revise this standard to require use of a designated, nonabsorbent surface for 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 standard to specify that the covered receptacle for soiled linens must be leak proof. This clarifies the standard.

B. 3. Revise standard to no longer specify that disposable wipes or a sanitized wash cloth must be used to clean the child when diapering a child. This new standard provides flexibility.

B. 6. Revise standard to require the diapering surface to be both cleaned with soap and at least room temperature water and sanitized after each use instead of using one or the other of these substances. This recommendation is to assure surface is cleaned and sanitized. According to the Center 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 regulation is being strengthened to provide additional safety to children.

Research: <http://www.cdc.gov/ncidod/hip/abc/practic9.htm> and APHA/APA Caring for Our Children Document, page 96-97, Standard 3.019

22 VAC 15-30-580. Medication.

A. This standard newly requires that only the staff person who is trained in medication administration may administer medications. This standard is being considered 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.

B. 2. This standard newly requires the procedures for administering medications to be consistent with the manufacturer's instructions for age, duration and dosage. This standard is being changed 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 is changed to permit use of long term medication without undue hardship to parents.

G. This no longer requires prescription medication to be kept in a locked place when a written order from a physician designates otherwise. Certain emergency medications need to be immediately available.

J. Revise standard so when a medication authorization expires the parent must be notified to pick

up the medication. 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. 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 inaccessible to children under five years of age and children in therapeutic care/special needs care, and 3) any sunscreen provided by the center must be hypoallergenic and have a minimum sun protection factor (SPF) of 15. This is to address 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.

B. 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) diaper ointment or cream must be inaccessible to children, and 3) records are kept as to frequency of application and any adverse reactions. This addresses comments outside of the survey and public comment period requesting clarity.

C. The following requirements apply to the use of insect repellent: 1) written parent authorization that notes any adverse reactions to insect repellents, 2) insect repellent must be inaccessible to children, 3) records are kept as to frequency of application and any adverse reactions, and 4) the manufacturer's instructions for age, duration, and dosage must be followed. This is to address comments outside of the survey and public comment period requesting clarity. The standard addresses the high frequency of use of these products.

22 VAC 590. First aid training, cardiopulmonary resuscitation (CPR) and rescue breathing.

A.2. Delete the option that allows a 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 from organizations. It is important to have current certification.

22 VAC 15-30-600. First aid and emergency supplies.

D. 1. Require both syrup of ipecac and activated charcoal preparation instead of only one of these products. In cases of accidental poisoning, it may be necessary to use either syrup of ipecac or activated charcoal preparation as treatment. The standard newly requires direction from a physician before use. This is an added protection for children.

22 VAC 15-30-610. Procedures for emergencies.

A. 5. (new) This requires the emergency evacuation plan to address accessibility of parent contact information. There is a need to know how to notify parents when an evacuation occurs.

F. This standard is being reworded for clarity to ensure that transportation is not limited to private vehicles.

G. Revise standard so requirements regarding record keeping and notification to 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 and parent signatures. This change is to respond to public comments.

H. Newly requires that camps must have an emergency plan. This brings the standard more in line with other standards.

22 VAC 15-30-620. Nutrition and food services.

F. 1. Revise standard to refer to “a recognized authority such as USDA” instead of the specific program entitled Child and Adult Care Food Program of USDA. This standard is being changed not to refer to a specific document. Delete the requirement that the most recent nutritional guidelines be used. Add a requirement that age appropriate guidelines be used in order to ensure that in the various stages of development, the child receives adequate nourishment.

G. 1. This newly requires 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.

G. 3. Clarifies 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.

I. Revise this standard to assure food is prepared, stored, and transported in a clean and sanitary manner. This change is being made to address health and safety issues when food is transported.

22 VAC 15-30-630. Special feeding needs.

E. Newly requires prepared infant formula to be dated (22 VAC 15-30-630 F requires formula not consumed during the feeding to be dated if it is to be used later the same day). This newly prohibits 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. This is a safety issue.

F. This newly prohibits formula and breast milk from remaining unrefrigerated for more than one hour. 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 an hour or more and then reheated.

I. This clarifies 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 being revised to have consistent use of terms in the regulation.

22 VAC 15-30-640. Transportation and field trips.

K. This newly requires staff to verify that all children have been removed from the vehicle. This is a safety issue for children and centers.

22 VAC 15-30-650. Transportation for nonambulatory children.

B. This newly requires wheelchairs for transportation to be equipped with restraining devices. This standard is being revised to allow for types of restraint devices other than seat belts.

Family Impact Statement

Please provide a preliminary analysis of the proposed regulatory action that assesses the potential impact on the institution of the family and family stability including the extent to which the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one’s spouse, and one’s children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or

decrease disposable family income.

1) According to a recent study, Senate Document Number 4, entitled A Study of the Quality, Affordability and Accessibility of Child Care in the Commonwealth of Virginia (2000), "a large majority of consumers report they are satisfied with the quality (95%), prices (80%), accessibility (75%) and availability (69%) of child care services offered in Virginia." This regulation should strengthen the authority and rights of parents since this regulation establishes minimum standards that impact the education, nurturing and supervision of their children in out of home care.

2) This regulation encourages economic self-sufficiency, self-pride and the assumption of responsibility for oneself and one's children by helping parents locate safe and appropriate child care so they can work to support themselves.

3) This regulation has no intended impact on marital commitment. If there should be any unintended impact, it should be positive in that parents have the assurance that a minimum level of protection is provided to their children in licensed child day centers.

4) This regulation has no intended impact on disposable family income. This regulation should help parents locate safe and appropriate child care, which may allow parents to work and bring in additional income. At the same time, the cost for centers to comply with the standards could be passed on to parents in terms of higher fees. Some of the changes will result in cost savings to centers.