Virginia Regulatory Town Hall

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Proposed Regulation
Agency Background Document

Agency name	Child Day-Care Council
Virginia Administrative Code (VAC) citation	22 VAC 15-30-10 et seq.
Regulation title	~~Minimum~~ Standards for Licensed Child Day Centers
Action title	Revision from Periodic Review
Document preparation date	July 10, 2003

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

Please provide a brief summary of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation. Do ***not*** *state each provision or amendment or restate the purpose and intent of the regulation.*

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.

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. Describe the rationale or justification of the proposed regulatory action. Detail the specific reasons the regulation is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.

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,
- group size limitations,
- 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 briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. (Provide more detail about these changes in the "Detail of changes" 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 or 10 clock hours of management training and gradually increase the training to 40 hours three years after the effective date of the regulation;
- 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 duty at all times 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 is nine inches instead of six inches, except for shredded rubber or tires, which remain at six inches;
- Gradually increase the amount of activity space to 35 square feet per child;
- 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;
- 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.

<u>Staffing and Supervision of Children</u>

- 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 from 1:20 to 1:18; and
    - balanced mixed-age groupings of children ages three through six years of age from 1:15 to 1:14;
- Prohibit temporarily reassigning a child from his regular group and staff members for reasons of administrative convenience or otherwise casually or repeatedly disrupting a child's schedule and attachment to his staff members and group;
- Limit the maximum number of children in ongoing groups according to the following ages:
    - 12 for children from birth to the age of 16 months;
    - 15 for children 16 months old to two years;
    - 16 for two year old children;
    - 20 for three year old children to the age of eligibility to attend public school, five years by September 30; and
    - 27 for balanced mixed-age groupings of children ages three through six years of age;
- Limit the number of school age children 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.
- Require another staff member or adult in addition to the driver when 16 or more 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, name objects and smile 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 semiannually that staff request parent confirmation that certain 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; and
- Allow children to have second helpings of food.

Sanitation and Prevention of Disease Transmission

- 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;
- Assure that a designated, non-absorbent surface be used for diapering and changing and that the surface be cleaned and sanitized after each use;
- 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 immediately before use for feeding and washed after used for feeding.

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

- Require the staff member administering medication to have medication training within the last 12 months;
- 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 both syrup of ipecac and activated charcoal preparation instead of one or the other;
- 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 sheet 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 one hour.

Issues

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

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 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.
2) 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.
3) 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.

Financial impact

Please ide tify the anticipated financial impact of the proposed regulation and at a minimum provide the following information:

Projected cost to the state to implement and enforce the proposed regulation, including (a) fund source / fund detail, and (b) a delineation of one-time versus on-going expenditures	There should not be a cost to the state to implement and enforce the proposed regulation since the revised regulation should not decrease or increase the length of time to perform an inspection. There will be the normal expense of distributing the revised regulation to centers and training licensing staff on the revised regulation. There should not be a cost to the Department of Education since this agency's oversight of public school education and care programs is part of its regular annual report on compliance with its accrediting standards.
Projected cost of the regulation on localities	Park and Recreation departments operate licensed child day centers. The revised regulation could have both a positive and negative cost impact on these programs. A representative of the Virginia Recreation and Park Society serves on the Child Day-Care Council and has provided input on the proposed regulation. Public schools operate education and care programs that must follow the revised regulation although the Department of Education is responsible for the oversight of these programs.
Description of the individuals, businesses or other entities likely to be affected by the regulation	Licensed child day centers will be affected by the revised regulation. These centers are usually operated by for-profit businesses, non-profit

	agencies and governmental agencies. Licensed centers include programs such as full day care programs, before and after school programs, preschool or nursery school programs, camps, recreation programs, Head Start programs, and parent cooperatives. Parents and their children attending these programs will be affected by the revised regulation.
Agency's best estimate of the number of such entities that will be affected	As of April 1, 2003, there were 2,587 licensed child day centers with the capacity for 223,385 children.
Projected cost of the regulation for affected individuals, businesses, or other entities	The cost for licensed child day centers and parents is described below.

Note: current standard numbers are used unless indicated otherwise.

22 VAC 15-30-50 C. The requirement for the applicant for licensure to attend department sponsored training established for potential licensees would result in the applicant taking time to attend training, which is indicative of a cost impact. At the same time, the training could save the applicant time in the long run since this training would most likely help the applicant through the licensure process. Also, there are exceptions to this requirement so applicants who are most likely knowledgeable of the process would not have to attend the training.

22 VAC 15-30-50 H. The requirement to update the written procedures for injury prevention at least annually may result in additional staff time to review injuries and make any additional changes to the procedures. It is likely that centers have already established a time frame for this review of injuries since the current standard states that the procedures must be based on documentation of injuries and a review of the activities and services.

22 VAC 15-30-80. The requirement to maintain documentation of following the child identity law requirements (§ 63.2-1809 of the Code of Virginia) in the child's record should not have an impact since it is likely that this information is already maintained in the child's record. The requirement to document the newly required communication with parents in the child's folder should not have an impact since the child's record is a likely place to maintain this information.

22 VAC 15-30-90 – Exception. This exception to allow independent contractors to maintain required records on its employees and students should streamline the record keeping process for centers that use numerous individuals from independent contractors. This could have a positive impact on centers.

22 VAC 15-30-110 3 (new). The requirement for parents to sign a statement agreeing to inform the center after his child or any member of the household has a reportable communicable disease could result in centers revising its current agreement form or updating their child enrollment form. In the past, the department has provided a model child enrollment form that is consistent with the standards; centers can choose to use this form or develop their own form. It is likely

that there will be a need to help providers and parents become more familiar with which communicable diseases are considered "reportable." The impact on centers should be minimal.

22 VAC 15-30-180. The revision allows for various forms of documentation for tuberculosis screenings, which allows more flexibility. The cost of the various types of screenings could vary; local health departments set their own fees. Revising the time frames for obtaining initial tuberculosis screenings so they have to be completed within the last 12 months instead of 24 months could result in new employees, who have documentation of previous tuberculosis screenings, to obtain another screening. Independent contractors would need to newly submit documentation of tuberculosis screenings every two years. The revised 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-contagious could result in additional assessments although the frequency of this type of situation is probably low. The center or its employee may absorb any change in cost.

22 VAC 15-30-230 A & B. The change in the definition of programmatic experience so the experience does not need to be from a regulated program should increase the applicant pool for program directors, which could decrease the amount of pay these individuals receive and reduce expenses for centers. Revising the qualification option in subdivision A 3 will allow individuals with degrees that are not child related to be program directors if they have some child related course work, which should increase the applicant pool further. The addition of one college course in a business related field or 10 clock hours of management training, which will gradually be increased to 40 hours, would not apply to currently employed directors since they would have management experience. This requirement would only apply to newly hired or promoted directors without management experience. Program directors currently qualified under subdivision A 5 that would not newly qualify under the less restrictive option in subdivision A 3 would need to work toward meeting one of the qualification options. This would include obtaining training and eventually specific college coursework or a credential. While the time to obtain this training as well as any credential and book costs would be an expense, the department offers scholarships that pay the tuition for certain college coursework.

22 VAC 15-30-250. Depending on the current operation of the center, the revised requirement for a qualified program director or qualified back-up program director to be on site at centers offering multiple shifts could be less restrictive since the overall amount of time to be on site could be reduced or more restrictive since the standard newly specifies that the qualified individual would need to be present at least two hours during the evening shift and two hours during the night shift.

22 VAC 15-30-260 A. The change in the definition of programmatic experience so the experience does not need to be from a regulated program should increase the applicant pool for program leaders. Additionally, revising the qualification option in current subdivision A 1 b to refer to a child development credential offered by an organization listed in § 63.2-1738 of the *Code of Virginia* instead of referring to a department approved credential may increase the applicant pool and lower costs since numerous types of credentials would be accepted and the current requirements of several of these credentials are not known. Additionally, since there is no oversight of these credentialing organizations, the credential requirements could be reduced in

the future to be much lower than the current department process for accepting credentials. While the qualification option in current subdivision A 2 increases training hours, which could increase costs, individuals may decide to meet the qualification in current subdivision A 1 b since it requires less experience and could require fewer hours of training. With the proposed increase in annual training hours in 22 VAC 15-30-310 C, the qualification option in current subdivision A 2 would only require at a maximum eight hours of additional training three years after the effective date of the regulation.

22 VAC 15-30-310 A 4 – Newly requiring training in recognizing child abuse and neglect and the law requirement for reporting suspected child abuse as required by law could be incorporated into the training already required for staff by the end of their first day of assuming job responsibilities. This training already covers the center's policy for reporting suspected child abuse by law so the two training topics could be reviewed at the same time. The impact on centers should be minimal and information from the state on recognizing child abuse and neglect is available.

22 VAC 15-30-310 C. The change in which training can count toward annual training will impact centers differently depending on the length of time for orientation training, which is required for all staff but can newly be included in the annual training hours, and the length of time for training in daily health observation of children, which is required so there is at least one trained person at all times at the center but is newly excluded from the annual training hours. According to the U.S. Department of Labor, Bureau of Labor Statistics, the average hourly wage in 2000 was $7.78 for child care workers and $9.57 for preschool teachers in Virginia. Averaging these two statistics ($8.68), multiplying it by one and half in case training goes beyond the 40 hour work week ($13.02) and multiplying it by two for the initial increase in required training hours ($26.04) results in an approximate amount of additional labor cost each year for each staff person who works with children. This amount would increase to $104.16 three years after the effective date of the regulation when the required training would increase from eight hours to 16 hours although it is likely the hourly wage would increase over this three year period. Cost of training will vary depending on the source of the training; while Department of Social Services training is only one possible source of training, it will cost $10.00 for a three or four hour training session and $20.00 for a six hour training session. The Department will credit four, six or eight hours of training for successful completion of two different video training programs, which costs $10.00 to evaluate work completed and issue a certificate.

22 VAC 15-30-310 D. Although there is no required time length for training in daily health observation and medication administration, the addition of instruction in medication administration and the increased frequency of receiving training in the daily health observation of children will increase the amount of training staff receive. It will also increase the amount of time the program director devotes to scheduling training since an instructor meeting certain qualifications must be used. At the same time, the standard broadens the qualifications of these instructors, which may ease the responsibility of locating training to meet this standard. The impact of the revised training requirement will depend on the length of time for the training and how many staff members at the center must be trained to assure that at least one trained person is

present at all times. See 22 VAC 15-30-310 C for information on possible labor costs to cover the additional training.

22 VAC 15-30-320 B 2 (new). The requirement to submit a written statement that the response actions to abate any risk to human health from asbestos have been or will be initiated should not have an impact on centers since this is already required by law (§ 63.2-1811 of the Code of Virginia).

22 VAC 15-30-320 D. The cost impact for centers to notify the responsible fire department and emergency medical service of the camp's hours of operation should be minimal since these programs already have to notify these agencies of the camp location.

22 VAC 15-30-330 C. The requirement to submit a written statement that the center is following the recommendations of the asbestos management plan before subsequent licenses are issued should be minimal.

22 VAC 15-30-360 1. This standard was revised to refer to the Uniform Statewide Building Code (USBC) for guardrails and handrails on steps. This could save newly licensed centers using existing buildings with the correct use group the expense of meeting current center standards for guardrails or barriers, handrails and spacing between posts since the USBC in effect when these older buildings were constructed may not be as restrictive as the current center standard. 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 was constructed.

22 VAC 15-30-380 A. The requirement to gradually increase the required amount of indoor space could have a financial impact depending on the operation of the center. Centers operating at full capacity with activity space being the limiting factor when determining capacity will be significantly affected by this change in space; fewer children will be allowed to attend, unless an addition to the building is constructed or additional spaced is rented, which will decrease the income of the center. Other centers not operating at capacity or having a limiting factor when determining capacity such as toilets or the certificate of occupancy may not be impacted by the change in activity space. Public comment will be helpful in determining the impact of this change in requirement.

22 VAC 15-30-390 B 3. Requiring sinks near toilets to have warm water unless the program is a camp could have an impact for centers that have turned off the hot water to these sinks to meet the requirement that water not exceed 120°F for scalding purposes. According to the National Health and Safety Performance Standards "anti-scald aerators designed to fit on the end of a modern bathroom and kitchen faucets, and anti-scald bathtub spouts, are also available at a reasonable cost. Only devices approved by the American National Standards Institute (ANSI) or the Canadian Standards Association (CSA) should be considered. A number of other scald-prevention devices are available on the market. Consult a plumbing contractor for details." Water hotter than 120°F is usually needed for proper use of a dishwasher; the National Health and Safety Performance Standards state "installing a separate small hot water heater for a dishwasher is one option to consider."

22 VAC 15-30-410 B. Requiring an additional three inches of resilient surfacing beyond the current six inch requirement under equipment will increase costs for centers not already having nine inches of resilient surfacing on the playground. The cost of resilient surfacing will vary by the type and how fast it deteriorates. One estimate to purchase three inches of engineered wood fibers to cover a 1600 square foot area is approximately $815. Installation cost would be additional and can be as high as 30% of the overall cost of the surfacing. Another estimate to purchase nine inches of compressed engineered wood fibers to cover a 1600 square foot area is approximately $1275. Playground surface distributors indicate that in general it take 12 inches of engineered wood fiber to achieve a nine inch compressed depth. There will be cost associated with keeping the required depth, which can vary by type of material, use patterns, weather, etc. Adequate drainage is essential to prolonging the life of the material. An additional cost to increase the depth of resilient surfacing could be the cost to install the necessary containment barriers or borders.

22 VAC 15-30-410 D. The requirement that a staff member stay within arm's length of any hard molded swing made for a child with a special need when it is in use, could impact the supervision of children in other areas of the playground depending on the number of staff employed by the center. Such situation will need to be considered when purchasing a hard molded swing for a child with a special need.

22 VAC 15-30-410 F (new). For centers not having shade on the playground, a pavilion may need to be purchased to meet the requirement to have shade on the playground. One "shade pavilion" costs $79.95.

22 VAC 15-30-430 D. The exception not to have a staff member meeting program leader qualifications in each grouping of children during certain limited time periods, will give greater flexibility for centers scheduling staff, which could result in a cost savings by not having as many staff qualified as program leaders.

22 VAC 15-30-440 E. The change in the staff-to-children ratios for two year old children, four year old children, school age children and balanced mixed-age groups will have a financial impact for centers not currently meeting the proposed ratios. These centers would need to hire additional staff, which would increase costs for the center, or decrease the enrollment of children, which would decrease the amount of income the center receives.

22 VAC 15-30-440 F. Prohibiting the temporary reassignment of a child from his regular group and staff members for administrative convenience or otherwise casually or repeatedly disrupting the child's schedule and attachment to his staff members and group, could result in a cost impact for centers that move children from their regular group of children to other groups of children to reduce the staffing level.

22 VAC 15-30-440 I. Establishing group size limitations for the care of preschool age children or younger could result in centers rearranging the areas in classrooms. One classroom could be divided into two areas for separate groupings of children so centers can enroll the same number of children and not decrease the income of the center. Because staff-to-children ratios are

determined by ratio groupings rather than by classroom groupings, additional staff should not be needed although centers may want to hire additional staff with the new arrangement of space. Rearranging of space might require the purchase of dividers, furniture and supplies. Staff time would be involved in making such rearrangement of space.

22 VAC 15-30-440 J. Limiting the number of school age children that can be assigned to a staff member or a team of staff members may require centers enrolling a large number of school age children to revise its practices but any financial impact should be minimal.

22 VAC 15-30-461 1 b. The increased frequency of checking sleeping infants should have a minimal impact on centers.

22 VAC 15-30-461 3 (new). The requirement that infants have outdoor time could result in staff spending time on transitioning infants outside. The impact should be minimal.

22 VAC 15-30-461 4 g (new) and 22 VAC 15-30-490 E l e (new). The new requirement for infants, who cannot turn themselves over, to have 30 minutes of time on their stomach per day and for staff to document this time, should have a minimal impact on centers.

22 VAC 15-30-490 A. There will be a minimal impact on centers to give parents: the center's procedures for verifying that only authorized persons are allowed to pick up a child; the center's policy regarding the application of sunscreen, diaper ointment or cream, and insect repellent; and information about the law that allows custodial parents the right to be admitted to the center. In response to this new requirement, centers could update their parent handbook or provide a separate document. Subdivision A 4 that requires a procedure for verifying that only authorized persons are allowed to pick up a child should have a minimal impact to implement.

22 VAC 15-30-490 E 3. The change to specify that the provision of information to parents about their child's development, behavior, adjustment and needs must be writing should have a minimal impact. Most likely centers are already assuring that information in the child's record is up-to-date and providing opportunities for parents to give feedback on their child and the center's program so the requirement to document this should be minimal.

22 VAC 15-30-500 D. The change to require the surface under certain indoor slides and climbing equipment to meet minimum safety standards instead of specifying that there be padding of two or more inches could require centers to purchase a different type of resilient surfacing that meets certain standards.

22 VAC 15-30-500 I 2 (new). Prohibiting the use of recalled play yards could result in the expense of buying a new play yard should an existing play yard be recalled. This change will add to the licensee's responsibility to stay up to date on recalled play yards so there is not increased liability to the center should a play yard be recalled and a child become injured as a result of the recalled play yard.

22 VAC 15-30-500 K (new). Requiring the removal of recalled products upon being informed could result in an expense to replace the product.

22 VAC 15-30-510 F. The decreased frequency of sanitizing rest mats could allow staff to perform other duties and result in centers buying mats instead of cots, which would reduce costs for centers.

22 VAC 15-30-510 H 2 (new). Prohibiting the use of recalled cribs could result in the expense of buying a new crib should an existing crib be recalled. This change will add to the licensee's responsibility to stay up to date on recalled cribs so there is not increased liability to the center should a crib be recalled and a child become injured as a result of the recalled crib.

22 VAC 15-30-520 A. Requiring mats to have linens could add to the center's expense if the linens are provided by the center. Centers could require parents to provide the linens, which would not increase costs.

22 VAC 15-30-550 D. Changing water in portable wading pools after each group use instead of each day's use and requiring rinsing of wading pools between each group use should have a minimum cost impact on centers.

22 VAC 15-30-550 E. Requiring portable wading pools to be emptied, sanitized and stored in a position to keep them clean and dry after each day's use could require additional staff time to sanitize the pools. The cost of the sanitizer should be minimal if a bleach and water solution is used.

22 VAC 15-30-570 D (new). The new requirement to clean and sanitize surfaces contaminated with bodily fluids could increase staff responsibilities to clean and sanitize contaminated surfaces in restrooms throughout the day, to both clean and sanitize toilet chairs after each use, and to clean and sanitize toys mouthed by infants.

22 VAC 15-30-575 A. The revisions to the hand washing requirements should have a minimal impact on centers.

22 VAC 15-30-575 B 2 e. The requirement for the covered receptacle for soiled linens to be leak proof should have a minimal impact on centers.

22 VAC 15-30-575 B 5. The requirement will require replacing any storage system for diapers with revolving lids with a container as specified in the proposed regulation (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).

22 VAC 15-30-575 B 6. The requirement to clean and sanitize the diapering surface after each use instead of using one or the other will result in an additional step for each diapering. According to the definition of sanitized, there will also need to be time between each diaper change to allow the sanitized surface to dry between use. The impact on centers should be minimal but the time to complete the diapering process will increased.

22 VAC 15-30-575 C. The requirement to clean and sanitize toilet chairs after each use instead of just using a sanitizer will result in an additional step. The impact on centers should be minimal.

22 VAC 15-30-580 A. Please see 22 VAC 15-30-310 D for information about medication administration training. The impact of requiring only the trained staff member to administer medication will require the trained person to have flexibility to move among the various classrooms as needed. If more than one staff member is trained in medication administration, this flexibility may not be needed but there would be the additional expense of training more staff members.

22 VAC 15-30-580 B 2 (new). The new requirement to administer medications according to the manufacturer's instructions will result in an additional step when administering medication since currently staff only need to follow the parent's permission and not check the manufacturer's instructions. The impact on centers should be minimal.

22 VAC 15-30-585 (new). This standard addressing the use of sunscreen, diaper ointment or cream, and insect repellent should result in additional responsibilities of obtaining parental permissions, assuring the substances are labeled with the child's name and keeping records on frequency of application. The impact on centers should be minimal.

22 VAC 15-30-590 A. Any center that has a R.N. or L.P.N. instead of a staff member trained in first aid, cardiopulmonary resuscitation and rescue breathing will need to have the nurse or other staff member obtain this training.

22 VAC 15-30-600 D 1. The requirement to have both syrup of ipecac and activated charcoal preparation instead of one of these products will result in a small cost expenditure to initially purchase the product and to repurchase the product when the effective date expires.

22 VAC 15-30-610 A & B (new). Requiring the center to have an emergency preparedness plan that covers shelter-in-place procedures instead of an evacuation plan will require staff time to develop this plan in consultation with local or state authorities. Newly requiring the plan to address communication tools and essential documents such as parent contact information could result in a small impact on centers. Addressing parent contact information could result in an additional list or file of parent contact information that is easily accessible. This list or file would need to be continually updated with new parent enrollments.

22 VAC 15-30-610 H (new). Requiring centers to prepare a sheet containing local emergency contact information, potential shelters, hospitals, evacuation routes of sites frequently driven by center staff for center business will result in staff taking time to prepare this list.

22 VAC 15-30-610 G. The change in procedures for handling minor injuries and documentation of all injuries will result in additional staff time being devoted to notification of parents of minor injuries and maintaining records. While this could impact centers depending on the number of injuries, it could decrease the center's liability.

22 VAC 15-30-620 F 2 (new). The requirement that children be allowed second helpings of food may have an impact on centers not currently having this practice.

22 VAC 15-30-620 F 4 (new). Prohibiting the serving of choke hazard food to certain children should have a minimal impact if any on centers since other, safer food could be served to these children. This standard could require centers to prepare separate food items for younger children or to prepare the food in a way that decreases the likelihood of choking children.

22 VAC 15-30-620 G 1 and 22 VAC 15-30-630 E. The requirement to date the container of certain food should have a minimal impact on centers.

22 VAC 15-30-620 K (new). The washing and sanitizing of tables and high chair trays used for feeding will result in additional staff time being devoted to this task for centers who are not already performing this task.

22 VAC 15-30-630 B. Not allowing a child to have a bottle while in his designated sleeping location could result in staff having to hold or more closely supervise children with bottles.

22 VAC 15-30-640 F. Requiring an additional staff member or adult besides the driver when 16 or more children are being transported could result in added staff costs. Many centers use vehicles with a capacity of 15 or fewer and will not be impacted by this change in standard. Other centers using larger vehicles such as buses will be impacted.

22 VAC 15-30-640 K (new). The requirement to verify that all children have been removed from the vehicle at the end of the trip should have a minimal cost impact on centers.

Any cost increase or decrease for centers to meet the revised regulation could be passed on to parents. Additionally, the following changes to the regulation could have a direct cost impact on parents:

- 22 VAC 15-30-570 B. No longer allowing a contraindication from the child's physician to the exclusion criteria as stated in the standard could require a parent to take off from work, which currently may not be required. A physician's contraindication could occur when a child has an elevated temperature due to teething or the administration of immunizations.
- 22 VAC 15-30-570 B 1. Changing the temperature exclusion criteria from 100°F to 101°F will most likely decrease the number of times parents must take off from work to determine whether their children are ill.
- 22 VAC 15-30-620 G 1. Requiring food containers from home to be sealed should have a minimal impact on parents.

Alternatives

Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action.

The Child Day-Care Council considered the option of including the standards from the regulation entitled General Procedures and Information for Licensure with this center regulation. According to a survey sent October 4, 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 not to incorporate the General Procedures standards into the center regulation.

In developing the proposed regulation, the Council considered issues raised by its members and information from a variety of sources to determine the least intrusive and burdensome methods to protect children in child day centers. Information considered includes the following:

- comments from a survey to centers and licensing staff concerned with centers;
- comments received during the 20-day public comment period concerning the periodic review of the regulation;
- comments received during the 30-day public comment period concerning the Notice of Intended Regulatory Action on the regulation;
- correspondence the Council received as well as comments from speakers at Council meetings;
- feedback from issues encountered during technical assistance on the regulation;
- new developments/research;
- feedback from regional licensing staff in response to a request;
- contact by a licensing staff member concerned with child day center policy; and
- National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.

Public comment

Please summarize all public comment received during 30-day period following the publication of the NOIRA, and provide the agency response.

Note: current standard numbers are used unless indicated otherwise.

Commenter	Comment	Agency response
• Republican Women's Forum • Professional Child Care Services • Virginia Child Care Association	**General.** • Pleased with the recommended changes. Regulations are more focused toward child care centers. Thanked Council for its efforts to provide family, friendly regulations. • Receiving more staff applications from people from other countries. • It is becoming more difficult to meet standards, attract workers and open new centers.	Deleted the requirement that education come from an "accredited" college or university. This could help individuals from other countries since it may be difficult to determine the accreditation status of colleges and universities located in other countries.
Regional director of centers	**22 VAC 15-30-10.** Information concerning a martial arts program was submitted. The commenter questions whether this program should be exempt from licensing since the program is similar to her child care program (offers transportation, supervised	This is an issue for the Department of Social Services since this agency is responsible for determining subjectivity and enforcing the law.

	homework time, game time and a full day program when schools are closed). The difference is that her program does not offer a martial arts component. The commenter suggests clarifying the exemptions for licensure in the regulation.	
Seven Montessori Operators	**22 VAC 15-30-10.** • Montessori programs strive for balance not only in ages but with boys to girls, special needs, ethnicity and English as a Second Language. Whether Montessori programs have exactly the same number of three year old children, four year old children and five year old children is not a factor in achieving this objective. The balancing act works most effectively when Montessori programs have some flexibility with regard to age. Requiring the ages of children to be exactly divided forces Montessori classes to be a specific size, i.e. evenly divisible by three. This can create a problem when a child turns six by September 30 but is not ready for first grade and should remain in the Montessori program. Montessori programs should not be burdened by requesting variances for every small change in class size every year. Reducing the number of students to have one third of each of the ages has a negative financial impact on Montessori programs. Also, a Montessori program does not function as effectively when it has 20 children, and it does not function well at all when too many adults hover over the children. Good Montessori programs are inherently different from other good day care programs and the issue of fairness should not be a more important issue than safety and effectiveness. The commenter suggests three options for revision: 1) include the word "approximately" in the definition to allow discretion by licensing inspectors, 2) average the balance across all affected classrooms and allow variation of up to two or three children in either direction, or 3)	Adding "approximately" to the definition of balanced mixed age groups would be too vague since people would have different interpretations of this word. The current definition uses the term "planned" since it is not possible to always have 1/3 in each age group.

	allow the balance to be achieved over a period of three years and allow a variance of two or three children in either direction. • There is no way of ensuring that Montessori programs will have an equal number of three-year-olds, four-year-olds and five-year-olds. • Add the word "approximately" since it is impossible to have exactly one third in each age group. Montessori programs lose some five-year-olds to kindergarten and are virtually impossible to replace. • Our goal is to achieve a perfect balance of three, four and five year old children but it is not realistic. We also consider: accommodating siblings, finding space for a faculty member, finding replacements for children who leave mid-year, maintaining a balance of boys and girls, and attaining a balance of students in half day, full day and extended day programs. The commenter recommends some flexibility. • It is not possible to maintain a perfect balance in ages because children move, children have birthdays, and children move to other programs. Holding on to kindergarten age children have become more difficult over the past few years. Balancing age groups with mathematical precision will result in either a tuition increase of 10-12% or to increase the number of children in each class from 25 to 30. • It is impossible to have exactly one third in each of the age groups since children do leave Montessori programs. Suggest adding the word "approximately." • It is impossible to maintain a balanced age group due to birthdays and there is not a 100% commitment for the kindergarten program. Add the word "approximately" and readopt the Montessori Module as previously a part of the center regulation.	
Director of a	**22 VAC 15-30-260 A 2.** Allow all	Staff promoted to a program leader should

center	previous training to be counted toward the 12 hours of training required by this qualification option for program leaders. Currently 12 additional hours of training are required even if training was recently received before promotion to a program leader position. Previous training should be recognized and honored.	have additional training.
IACCEPT (International Accreditation and Certification of Childhood Educators, Programs, and Trainers) • Professional Child Care Services • 9 postcards, one identified as a day care worker	**22 VAC 15-30-310 D.** • Require training in medication administration and health observation of children every three years instead of annually to minimize the financial impact on centers and ultimately to parents. The commenter is not aware of any problems in these areas to warrant the increased time and cost for the training to occur annually. More than one person would need to be trained to cover all hours of operation. • Compromise by requiring medication administration training every three years to reduce the financial impact on centers or eliminate additional requirement as suggested in the Notice of Intended Regulatory Action. The proposal to change from "inspections" to "observations" is an excellent improvement. Training in administration of medication micro-manages center policies on training requirements and may cause reduction of training in other areas. • Change training in medication administration and health observation of children from annually to every three years.	Require training annually. This ensures providers are aware of updated information, which is especially important with the variety of medication issues occurring in centers such as children using inhalers. Day care staff members are not usually health professionals so increasing the frequency of obtaining training in the daily health observation of children should be helpful. Having a trained person to administer medication should reduce medication errors. This helps bring child care into compliance with other unlicensed professionals who administer medication. According to an article entitled *Medication Administration in Day Care Centers for Children* published in the Journal of the American Pharmacy Association, 43(3): 379-382, 2003, "on average, 5.5% of children received medications while attending a day care center during a 2-week period. Day care centers administered the following medications during the year preceding the survey: antibiotics (86.5% of day care centers reporting having administered), cold medications (85.0%), analgesics (78.0%), and attention-deficit/hyperactivity disorder medications (67.0%). The two most common errors reported were missed dosed (55.6% of day care centers reporting having happened) and medication not available for administration (50.6%). All day care centers surveyed reported having written policies for medication administration, but staff at only 50.0% of day care centers received special training on medication administration." In conclusion, the article states "medications are often administered in day care centers, and the types of medications administered in this setting have the potential to pose significant risks if their use is not monitored properly. Day care center staff receive little, if any, education regarding the proper storage, handling, and administration of medications. Pharmacists should take an active role in providing

		education to the poorly served group to help reduce risks of medication misadventures."
Administrator	**22 VAC 15-30-330 A.** Requiring annual fire inspections creates a problem for fire officials and licensees who are held responsible for maintaining standards. It may also present interpretation problems for licensing inspectors when required paperwork is not in place. Consider requiring fire renewal inspections within six months of license renewals, which are issued for a two year period. This provides extra time for fire officials to respond, reduces paperwork and man-hours for all parties involved.	Continue to require annual fire inspections. National guidelines recommend fire checks every 12 months since regular checks help ensure the facility continues to meet applicable requirements. When center requests are made to agencies to meet a standard and there is a delay with the agency responding, the Department may document this delay and the corrective action would reflect the situation.
Professional Child Care Services	**22 VAC 15-30-461 1 b.** Questions how to verify that sleeping infants are checked every 15-20 minutes and how this will be interpreted by licensing inspectors.	Keep as recommended. Written documentation is not required. A licensing inspector would not have to stay around to watch.
Professional Child Care Services	**22 VAC 15-30-575 A 2.** Allow staff to use a germicidal cleaning agent in place of hand washing. During a recent drought, public and private schools, hospitals and unlicensed care programs were allowed to use germicidal cleaning agents instead of hand washing to reduce water usage. Also, hospitals are allowed to use germicidal cleaning agents instead of hand washing. Suggest allowing centers to follow local requirements in crisis situations.	Revise to allow a germicidal cleansing agent administered per manufacturer's instruction when running water is not available on field trips or playgrounds. Dr. Susan Aronson, clinical professor of pediatrics at the University of Pennsylvania and a pediatrician, addresses the various issues of using germicidal cleaning agents in child care settings in Child Care Information Exchange dated 3/03.
IACCEPT	**22 VAC 15-30-580 A.** • Requiring the staff member administering medications to be trained in medication administration presents issues with staff schedules, day care center turnover and liability issues. There are many civil government regulated private organizations that deal with medical administration that have been functioning well for years without this type of regulation. Delete the requirement that the staff member administering medication must be trained in medication administration. Medication administration information could be incorporated into the center's policies and the	Keep standard as suggested in the Notice of Intended Regulatory Action since medication errors can be very serious. Having a trained person to administrator medication should reduce medication errors. A provider has previously stated to the Council that the implementation of medication training in her centers improved the proper administration of medication. See response to comment to 22 VAC 15-30-310 D.

• Professional Child Care Services • 10 postcards, one identified as a day care worker • postcard	one trained staff person could provide training to the other staff members. • This standard will be difficult to meet since centers vary in size and the number of staff available during hours of operation. Parents administer over the counter medications without training. Perhaps the standard should be limited to prescription medications, although there is still a problem if only one or two staff people are trained in medication administration. What happens if the people trained in medication administration are not present at the center? • Delete requirement that only a staff member trained in medication administration can administer medications. • Opposes 22 VAC 15-30-580 A.	
IACCEPT • Professional Child Care Services • 9 postcards, one identified as a day care worker • 2 postcards	**22 VAC 15-30-610 G.** • Requiring staff and parent signatures on the documentation of serious and minor injuries is excessive. The standard does not address which staff member should sign, what to do if someone other than the parent picks up the child, or the fact that many parents will not comply. Delete the signature requirement for minor injuries. • How can centers be held responsible for signatures when a parent or legal guardian does not pick up the child? • Delete requirement of staff and parent signature for a minor injury. • Oppose the requirements of 22 VAC 15-30-610 G.	Add an option that two staff signatures would be acceptable. These signatures protect staff and parents.

Impact on family

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.

Detail of changes

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

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

For changes to existing regulations, use this chart:

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 "group of children."	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

		4. No current definition for “high school program completion or the equivalent.” 5. No current definitions for “body fluids,” "cleaned," "communicable disease," and "physician's designee." 6. Definition of “Sanitized” – refers to reducing the amount of filth and harmful micro-organism through the use of (i) hot water, detergent or abrasive cleaners or (ii) a chemical sanitizing solution. 7. Definition of “Children with Disabilities” – lists the various disabilities. 8. Definition of “Communicable disease” – refers to illness due to an infectious agent or its toxic products. 9. Definition of “Significant Injury” – refers to wound or other specific damage to the body such as, but not limited to, head injuries, dislocations, sprains. 10. Exemptions from Licensure – are from § 63.1-196.001 of the *Code of Virginia* (2001). 11. 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	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. Amend this definition so it refers to nine inches of loose-fill material instead of six inches of loose-fill material unless it is shredded rubber or tires in which case it remains at six inches. According to 22 VAC 15-30-410 B, which uses the resilient surfacing term, centers using loose-fill surfacing material on playgrounds must maintain it at a depth of at least nine inches instead of six inches unless the loose-fill material is shredded rubber or tires. 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

		who will be five by September 30 of that same year may be included in a camp for school age children. 12. Definition of **"**Independent Contractor**"** – refers to an individual who enters into an agreement to provide specialized services for a specified period of time. 13. Definition of "Staff Positions" – includes aides, program leaders or child care supervisors, program directors and administrators. 14. Definition of "Special Needs Child Day Program" – refers to a program exclusively serving children with disabilities. 15. 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.	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. 3. Add a definition for "group of children." The term "group of children" is needed since new standards were added about limiting the size of a group of children. 4. Add a definition for "high school program completion or the equivalent" for clarity. 5. 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. 6. Revise the definition of "sanitized" so it refers only to use of a disinfectant solution and requires air drying after use of a disinfectant solution. 7. 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. 8. Revise the definition of "communicable disease" to refer to a disease caused by a microorganism. The revised language is more inclusive and comprehensive. 9. Delete the definition of "significant injury" since the term is no longer used in the regulation. 10. 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. 11. 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. 12. Revise definition of "independent contractor" to clarify that the contractor may provide "staff" for the center. 13. Revise the language of the various "staff positions" for clarity.

			14. Revise the language to refer to children with special needs instead of children with disabilities since this is more inclusive. 15. 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*). Centers have already been following the law requirements so there should be no consequences with this change. C. (new) Newly require the applicant for licensure to satisfactorily complete Department of Social Services sponsored training established for potential licensees up to a possible 10 hours of training before granting an initial license unless a certain circumstance is met. This training reviews the standards and other pertinent information about the licensing process. The Department of Social Services has received positive comments about this training when applicants have voluntarily attended the training. This training should help center operators go through the licensing process and ultimately provide safer care to children since they may be more familiar with the standards. 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. H. (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. H. 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. I. 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.			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.
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). Allow independent contractors to keep records on its employees or students instead of the center keeping these records when certain conditions are met. This will reduce the amount of paperwork centers must maintain when using individuals from independent contractors without decreasing the protection offered to children.
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 within 24 hours. 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 abuse, neglect, or exploitation of children or adults. C. Requires staff members who work directly with children to be capable of communicating with	A. Revise the standard to be consistent with the updated law concerning background checks. C. Clarify the wording so staff must be able to follow instructions on a prescription bottle instead of understanding the instructions on a prescription bottle. D. Revise the language to refer to children with special needs instead of children with disabilities since this is more inclusive.

		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.	D. (new). Require staff who drive a vehicle transporting children to disclose any traffic violation that occurred 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.
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. 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 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. 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. 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 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 a college course in a business related field or 10 clock hours of management training. Increase this training to 20 hours one year after the effective date of the regulation, 30 hours two years after the effective date of the regulation and 40 hours three years after the effective date of the regulation. 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." B. Revise the language to refer to children with special needs instead of children with disabilities since this is more inclusive.
22 VAC 15-30-		Requires a qualified	Specify that centers having multiple shifts

250. Back-up for program directors.		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.	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. 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.	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 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 the wording to be consistent with the revised definition of programmatic experience.
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	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

		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 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.	(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…" A 5. 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. 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. Newly require at least one staff member on duty at all times who has obtained instruction in medication

			administration within the last 12 months that covers the procedural aspects of medication administration, safe handling and storage of medications, and documentation. The training must be obtained from a physician, R.N., L.P.N., health department personnel or a pharmacist. Require that the person(s) trained in the daily health observation of children to update the training every 12 months instead of every three years. Newly allow an L.P.N. to provide training in the daily health observation of children. Both medication administration and health observation training could be done by the same health care professional at the same training session. Allowing an L.P.N. to provide daily health observation training should broaden the number of individuals who can provide the training. Day care staff members are not usually health professionals so increasing the frequency of obtaining training in the daily health observation of children should be helpful. Having a trained person to administer medication should reduce medication errors. This helps bring child care into compliance with other unlicensed professionals who administer medication. According to an article entitled *Medication Administration in Day Care Centers for Children* published in the Journal of the American Pharmacy Association, 43(3): 379-382, 2003, "on average, 5.5% of children received medications while attending a day care center during a 2-week period. Day care centers administered the following medications during the year preceding the survey: antibiotics (86.5% of day care centers reporting having administered), cold medications (85.0%), analgesics (78.0%), and attention-deficit/hyperactivity disorder medications (67.0%). The two most common errors reported were missed dosed (55.6% of day care centers reporting having happened) and medication not available for administration (50.6%). All day care centers surveyed reported having written policies for medication administration, but staff at only 50.0% of day care centers

			received special training on medication administration." In conclusion, the article states "medications are often administered in day care centers, and the types of medications administered in this setting have the potential to pose significant risks if their use is not monitored properly. Day care center staff receive little, if any, education regarding the proper storage, handling, and administration of medications. Pharmacists should take an active role in providing education to the poorly served group to help reduce risks of medication misadventures." 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. C. Requires posting a notice regarding the	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.

		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 tht 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 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	A. Increase the required activity space per child so it is 30 square feet two years after the effective date of the regulation and 35 square feet five years after the effective date of the regulation. The National Health and Safety Performance

		conditions are met.	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. A 3. 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. 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 stays within arm's length of any hard molded swing when in use and 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 to reduce the skin cancer

			risks associated with sun 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. E 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. I. (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.	22 VAC 15-30-440. Staff-to-children ratio requirements and group size requirements.	C. Requires the staff-to-children ratio requirement applicable to the youngest child in the group when children are regularly in ongoing mixed age groups. D. Allows the staff-to-children ratio requirements to be doubled during the designated rest period for certain aged children	C. Revise to require the group size requirement applicable to the youngest child in the group when children are regularly in ongoing mixed age groups. This assures that the appropriate size group is offered to the younger children. 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 certain circumstances are met. E. Change the staff-to-children ratios so:

		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.	• Two year old children have a 1:8 ratio; • Four year old children to the age of eligibility to attend public school have a 1:10 ratio; • School age children have a 1:18 ratio; and • Balanced mixed-age groupings of children have a 1:14 ratio. 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. Prohibit a center from temporarily reassigning a child from his regular group and staff members for reasons of administrative convenience or otherwise casually or repeatedly disrupting 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. I. (new). Limit the size of groupings of children according to the ages of the children. Two years after the effective date of the regulation, the largest allowable group size would be: • 12 for children from birth to the age of 16 months; • 15 for children 16 months old to two years old; • 16 for two-year-old children;

			• 20 for three year old children to the age of eligibility to attend public school, five years by September 30; and • 27 for balanced mixed-age groupings of children. The National Health and Safety Performance Standards recommend the following group size limitations: • infants - six or eight; • toddlers – eight; • two-year-olds – eight or 10; • three-year-olds – 14; • four-year-olds – 16; and • school age children – 16 or 20 or 24. According to the NCCIC Information Management System Database (January 2002): • 33 states have a group size limit of 12 or smaller for 9 month old children; • 32 states have a group size limit of 15 or smaller for 18 month old children; • 27 states have a group size limit of 16 or smaller for 27 month old children; • 21 states have a group size limit of 20 or smaller for three year old children; and • 18 states have a group size limit of 20 or smaller for four year old children. Research indicates that smaller groups of children have a positive effect on the quality of child care and children's development. For example, smaller group size has been shown to result in: • improved behavior of caregivers, • better safety of children, • caregivers spending substantially more time interacting with children and being more actively involved with the children, • caregivers who are more responsive, more socially stimulating and less restrictive, and • children who are more cooperative, compliant and exhibit more reflection/innovation and social competence.

			J. (new) Limit the number of school age children assigned to a staff member or team of staff members so that each staff member is assigned no more than 18 children and each team of staff members is assigned no more than 36 children. This helps assure school age children have a primary caregiver without limiting the group size for these older children.
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.	1 a. 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. 1 b. 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. 1 c. 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. 3. (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." 5 g. (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. 6. Newly require infant activities to include staff showing pictures, naming objects and smiling. This should help infant’s language development.
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	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.” 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 activities to include story telling time. This should help children’s language development.

		expanding the children's vocabulary.	
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 specify that information about child's development, behavior, adjustment and needs must be provided to parents in writing. Newly require that staff 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. Newly require staff to document such sharing of 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.		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 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.	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 a nine inch depth of loose-fill material unless the surface is shredded rubber or a unitary material such as mats. 22 VAC 15-30-410 B requires resilient surfacing under playground equipment. According to the Consumer Product Safety Commission, the Critical Heights of various types of resilient surfacing at a nine inch depth can be four or five feet. Critical Height is considered "an approximation of the fall height below which a life threatening injury would not be expected to occur." 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. 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." I 1. Clarify that play yards must meet Juvenile Products Manufacturers Association and ASTM requirements "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. I 2. (new) Newly prohibit use of recalled play yards. Recalled play yards are not safe. I 3. Newly allow use of play yards for 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 by the Consumer Product Safety Commission, 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	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.

		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.	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. 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. D. Requires the center to inform parents when their child has been exposed to a	Subsection letters refer to the current subsection letters unless the requirement is new. A. Incorporate content into the 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. 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 within 24 hours. Adding a time

		communicable disease unless forbidden by law.	frame helps to ensure timely sharing of information. Revise to refer to the Department of Health's definition of "communicable disease" instead of referring to the Department of Health'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. 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. 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 toileting procedures.		A 1. Specifies when children's hands must be washed with soap and 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	A 1. Clarify to require that running water is required to wash children's hands unless running water is not available on 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

		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. 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.	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 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

		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.	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 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 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.		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	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.

		medication. J. Requires medication to be returned to the parent as soon as the medication is no longer being administered.	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. 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 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. 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. 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) 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. C. 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. 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	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.

		responder training within the past three years.	
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). 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 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. 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	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 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

		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.	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 sheet 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.	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. 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. 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 immediately before use for feeding any child and washed after used for feeding any child. 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. E. Requires prepared infant formula to be refrigerated and labeled with the child's name. Requires formula and baby food to be stirred	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. 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.

		and shaken and tested for temperature before serving to children. 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. I. Requires staff to feed semisolid food with a spoon unless written instructions from a physician state differently.	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. F. Newly prohibit 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. 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.	C 5 a. Newly require the sheet 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 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		A. Requires animals to be vaccinated against	A. Add safety of children as a reason to vaccinate animals that are kept on the

pets.		diseases that present a hazard to the health of children.	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. B. Describes the required sleeping equipment to be used during overnight care. K. Requires quiet activities and experiences to be available immediately before bedtime.	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 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.