

**Child Care Licensing Meeting**

**Licensed Child Day Centers**

October 25, 2022

1:00 - 3:00 PM

16<sup>th</sup> Floor Conference Room

James Monroe Building

- I. Reflection of Work Completed
  - A. Workgroup Accomplishments to Date
  - B. Our Shared Goal
  
- II. Summary of Changes
  - A. Summary of Types of Changes
  - B. Comparison of Regulations
  - C. Key Takeaways
  
- III. Part-by-Part Review of Substantive Changes
  - A. Review of Changes-General
  - B. Review of Changes Part I
  - C. Review of Changes Part II
  - D. Review of Changes Part III
  - E. Review of Changes Part IV
  - F. Review of Changes Part V
  - G. Review of Changes Part VI
  - H. Review of Changes Part VII
  - I. Review of Changes Part VIII
  - J. Review of Changes Part IX
  - K. Review of Changes Part X
  
- IV. Cost Impact for Providers
  - a. Potential Fiscal Impact by Standard
  
- V. Reflective Questions
  
- VI. Closing Remarks and Next Steps

# CDC LICENSING WORKGROUP

October 25, 2022



# AGENDA

- I. Reflection of Work Completed
- II. Summary of Changes
- III. Part-by-Part Review of Substantive Changes
- IV. Cost Impact for Providers
- V. Reflective Questions
- VI. Closing Remarks and Next Steps

# Reflection of Work Completed

# WORKGROUP ACCOMPLISHMENTS TO DATE

- The workgroup, which represents diverse stakeholders from programs as well as early childhood experts, has met XX times since early 2022 and has thoroughly reviewed the standards.
- Field experts provided recommendations based on prior experience from inspections and interactions with providers.
- VDOE has gathered all feedback and revised regulations based on feedback.
- The next step is to finalize the Workgroup Recommendations for the ECAC.

# OUR SHARED GOAL

As a result of our changes, these regulations:

- Are easier to read and understand;
- Assist providers with an improved understanding of the requirements; and
- Improve the health and safety of children in licensed child care.



# Summary of Changes

# SUMMARY OF TYPES OF CHANGES

These revised regulations reflect three types of changes:

- *New Regulations*: New regulations have been added to better protect children, typically based on state or federal requirements or based on best practice or evidence.
- *New Flexibility*: Additional language has been added to offer more flexibility to providers on how to meet expectations.
- *Clarifying Language*: Some standards in the current regulations are vague and unclear so additional language has been added to ensure clarity and to ensure that regulations are enforced in a way that is not arbitrary or capricious.



# COMPARISON OF REGULATIONS

These revised regulations contain more parts and sections and reflect ~30% more words than the current regulations:

## **8VAC20-780**

- 8 Parts
- 61 Sections
- Total # of Standards (high level)
- Word count = 22,053

## **8VAC20-781**

- 12 Parts
- 94 Sections
- Total # of Standards (high level)
- Word count = 28,349

We previously reduced the General Procedures and Background Check Regulations from 19,760 words to 7,379, a reduction of 60%, without reducing protections for young children.

# KEY TAKEAWAYS

Here are the key takeaways:

1. The workgroup has reorganized the standards to group similar content areas together and allow for ease of use by providers.
2. The workgroup has added descriptive language to the standards and additional definitions to provide clarity and understanding.
3. The workgroup has added requirements and intentionally used specific terminology to better align the standards with federal requirements, best practices, and building a unified early childhood system.

# KEY TAKEAWAYS

Continued key takeaways:

4. The workgroup has built in additional staff qualifications and flexibility for professional development opportunities to allow relief from hiring challenges and provide cost saving measures, while still ensuring staff are adequately trained.
5. The workgroup removed standards that did not present a risk to children and were considered burdensome or duplicative in nature.

# Part-by-Part Review of Substantive Changes

# REVIEW OF CHANGES- GENERAL

- Edits include comments and feedback along with a comprehensive review completed by the team.
- Changes incorporate technical corrections to ease reading:
  - Removed duplicative language;
  - Adjusted lettering and numbering; and
  - Relocated misplaced standards.
- Text in red and highlighted represents new language. Text that is black and highlighted represents a technical change or move without change to a requirement.
- No changes were made to Parts XI and XII.

# REVIEW OF CHANGES- PART I

## *8VAC20-781-10 Definitions*

- Revised the definition of "assistant teacher" to include education as a component of responsibilities.
- Revised the definition "child with special needs" to replace emotional disturbance with 'emotional disability' to be consistent with the use of the term and to remove any negative association with the term.
- Added the definition "date of employment". Date of employment means the date on which an employee first receives compensation to include orientation training.

# REVIEW OF CHANGES- PART I

## *8VAC20-781-10 Definitions*

- Revised the definition of "director" to include education as a component of responsibilities.
- Revised the definition of "fall height" to incorporate the definition of a designated play surface.
- Revised the definition of "lead teacher" to include education as a component of responsibilities.

# REVIEW OF CHANGES- PART I

## *8VAC20-781-10 Definitions*

- Revised the definition of “lockdown” to include a security threat inside or outside the building.
- Added the definition of “play yard” to mean a framed enclosure with mesh or fabric sides. Play yards provide playing accommodations for a child who cannot climb out and are less than 35 inches in height.
- Revised the definition of “serious injury” to include injuries to the face.



# REVIEW OF CHANGES PART II

## *8VAC20-781-40. Operational responsibilities.*

- Revised to add food intolerances to the information required in the list of allergies, sensitivities and dietary restrictions.
- Revised to add language to allow the list to be posted, displayed, or shared with the parent's consent.

# REVIEW OF CHANGES PART II

*8VAC20-781-50. Required policies and procedures.*

- Removed the required policy for method of maintaining resilient surfacing and includes checking to ensure resilient surfacing to requirement for inspecting the playground.
- Included additional occurrences to consider in policy for supervising children who arrive when the assigned group is offsite or not in the assigned room.
- Added written procedure for the storage of breast milk.
- Language added to require reasonable accommodations when necessary to procedures for inclusion.

# REVIEW OF CHANGES PART II

*8VAC20-781-50. Required policies and procedures.*

- Language added to clarify that written safety rules for swimming or wading is required if a pool is located on the premises or will be used during a field trip.
- Added language to ensure that medication policies for nonprescription medication are consistent with manufacturer's instructions.
- Added a requirement for the center's current policies and procedures to be readily accessible to all staff.

# REVIEW OF CHANGES PART II

## *8VAC20-781-70. Children's records.*

- Revised to add food intolerances to the information required in the file to be consistent with the information required on the list to be available to staff.
- Chronic medical conditions added to the information required in the child's file. Additional language also added to the emergency preparedness section as required by CCDF program standards.
- Language added to clarify that accommodations agreed upon by the center must be documented in the child's record.

# REVIEW OF CHANGES PART II

*8VAC20-781-90. Attendance records; reports.*

- Language to allow two business days for reporting an injury that required outside medical attention reported by the parent.

# REVIEW OF CHANGES PART II

*8VAC20-781-100. Immunizations for children.*

- Language revised to clarify that documentation of immunizations is not required when a center assumes responsibility for the child directly from the school or the center transfers responsibility of the child directly to the school.
- Additional language added to clarify that a statement verifying the school's possession of the immunization record is required when the center is located on the same premises where a child attends school, and to remove the requirement that the school's records be available during the center's operating hours.

# REVIEW OF CHANGES PART II

*8VAC20-781-110. Physical examinations for children.*

- Language revised to clarify that documentation of a physical examination is not required when a center assumes responsibility for the child directly from the school or the center transfers responsibility of the child directly to the school
- Additional language added to clarify that a statement verifying the school's possession of the physical examination record is required when the center is located on the same premises where a child attends school, and to remove the requirement that the school's records be available during the center's operating hours.

# REVIEW OF CHANGES PART II

*8VAC20-781-120. Form and content of immunizations and physical examination reports for children.*

- Language added to allow an electronic immunization record if the information includes the date the immunization was received and the individual who administered the immunization is included.



# REVIEW OF CHANGES PART III

*8VAC20-781-180. Lead teacher qualifications.*

- Language added to allow training to qualify as a lead teacher to be completed within 60 days after being promoted or beginning work.
- Language added to allow training to be completed prior to being promoted or beginning work. This allows training completed at another program to be counted.

# REVIEW OF CHANGES PART III

*8VAC20-781-220. Orientation training.*

- Revised to add orientation on care requirements related to the care and development of children with special needs to the list of topics.
- Revised to ensure that staff are informed of and oriented to children's allergies, sensitivities, food intolerances, and dietary restrictions.

# REVIEW OF CHANGES PART III

## *8VAC20-781-220. Orientation training.*

- Technical change to clarify that cooperative preschools are not required to complete orientation.
- Additional clarification added for the documentation of training to specify that the signature to verify training must be the staff receiving the training.
- Revised to clarify that ongoing training may not include training completed to meet the requirements of orientation requirements unless otherwise noted in the standards.

# REVIEW OF CHANGES PART III

## *8VAC20-781-230. Ongoing training.*

- Technical change to clarify that cooperative preschools are required to complete four hours of training annually.
- Revised to clarify that the Virginia Department of Education sponsored orientation preservice training course required in 8VAC20-781-220 A, and the prelicensure orientation training required in 8VAC20-781-220 I may count toward the annual training hours in addition to MAT and DHO.

# REVIEW OF CHANGES PART III

*8VAC20-781-250. Daily health observation training.*

- Language added to require daily health observation training to be taught by a health care professional or obtained through a Department-promoted course
- Adds a requirement that only allows a trained staff member or individual from an independent contractor to conduct a health observation.

# REVIEW OF CHANGES PART IV

*8VAC20-781-320. Hazardous substances and other harmful agents.*

- Language added to include sanitizing materials to the list of hazardous, toxic and potentially hazardous substances and chemicals.

# REVIEW OF CHANGES PART IV

*8VAC20-781-360. Indoor and outdoor play areas and equipment.*

- Revised requirement to correct use zone requirement for slides. Revised language is in alignment with most current CPSC guidelines in the Public Playground Safety Handbook.

# REVIEW OF CHANGES PART V

*8VAC20-781-370. Supervision of children.*

- Revised to retain current requirement for an additional staff to be available during an emergency.



# REVIEW OF CHANGES PART VI

## *8VAC20-781-420. Daily Activities.*

- Revised to incorporate curriculum and educational use for media.
- Language added to allow flexibility for media use with children under two in lieu of prohibiting altogether.
- Language added to allow more flexibility for the use of media for curriculum or educational content.

# REVIEW OF CHANGES PART VI

*8VAC20-781-500. Parental involvement.*

- Adds language to clarify that parents must be informed of updates to policies and procedures.
- Revised language requiring that parents have access to the center's full emergency preparedness plan and only requires the following to be available to and shared with parents:
  - Designated relocation site;
  - Method of communication with parents and emergency responders; and
  - Procedure to reunite children with a parent or authorized person designated by the parent.

# REVIEW OF CHANGES PART VI

## *8VAC20-781-510. Parent Communication and Notification.*

- Language revised to clarify requirement. Parents must be notified immediately of a serious injury (as defined in the standards) or any injury that requires medical or dental treatment.

# REVIEW OF CHANGES PART VII

*8VAC20-781-590. Preventing the spread of disease.*

- Revised exclusion criteria and to remove subjective criteria and added clarifying language.
- Language revised to clarify that a fever above 100.4 is sufficient exclusion criteria.

# REVIEW OF CHANGES PART VIII

*8VAC20-781-650. General requirements for medication administration.*

- Language added to define ‘in care of’ to the standard requiring that staff who meet medication requirements be immediately accessible and available for any child for whom emergency medications (such as albuterol, glucagon, and epinephrine auto injector) have been prescribed.

# REVIEW OF CHANGES PART IX

*8VAC20-781-740. Evacuation and relocation procedures.*

- Chronic medical conditions added to the accommodations or special requirements for children to ensure safety during evacuation or relocation, shelter-in-place, and lockdown. Additional language also added as required by CCDF program standards.

# REVIEW OF CHANGES PART X

*8VAC20-781-790. Special feeding needs.*

- Language added to ensure that all bottles are labeled with the child's name and date.
- Removed requirement for parents to provide the date breast milk was expressed.

# Cost Impact for Providers



# COST IMPACT FOR PROVIDERS

Due to the nature of these regulatory changes, there are both positive and negative potential cost implications:

- New regulations may require new purchases or upgrades, increase operating expenses and/or require more staff time (which can increase the need for staff).
- Clarifying language can either increase or decrease costs, depending on how programs were interpreting regulations.
- Additional flexibility should enable programs to be more cost-efficient and may potentially decrease costs.
- Removing burdensome administrative requirements (reference checks, staff information, parent and emergency contact information) may save staff time and cost.

# POTENTIAL FISCAL IMPACT BY STANDARD

Proposed Standard	Potential Cost Savings	Potential Minimal Financial Impact	Potential Intermediate Financial Impact	Potential Significant Financial Impact
8VAC20-781-40		X		
8VAC20-781-50		X		
8VAC20-781-70	X			
8VAC20-781-100	X			
8VAC20-781-110	X			
8VAC20-781-120	X			
8VAC20-781-140	X			
8VAC20-781-160		X		
8VAC20-781-170	X			
8VAC20-781-180	X			
8VAC20-781-200		X		
8VAC20-781-230	X			
8VAC20-781-280			X	
8VAC20-781-350		X		
8VAC20-781-360		X	X	X
8VAC20-781-370	X			
8VAC20-781-560			X	
8VAC20-781-580			X	
8VAC20-781-610		X	X	
8VAC20-781-720	X			
8VAC20-781-890		X		
<b>OVERALL</b>	<b>10</b>	<b>8</b>	<b>5</b>	<b>1</b>

# Reflective Questions

# REFLECTIVE QUESTIONS

- To what extent do these new regulations help protect or lead to safer and healthier practices for young children in care?
- To what extent are these new regulations as clear, concise and streamlined as possible?
- To what extent do these regulations reduce or increase operational complexity for providers (and potentially families)?
  - *How can this be best justified and communicated?*
- To what extent do these regulations reduce costs and/or increase costs for providers (and potentially families)?
  - *How can this be best justified and communicated?*
- What additional changes, if any, are needed?

# Closing Remarks and Next Steps

# CLOSING REMARKS AND NEXT STEPS

- Thank you for your participation and thoughtful feedback. We value your input!
- Here are the next steps:
  - The team will read through the standards and make final tweaks to correct any grammatical or technical errors. No substantive edits will be made after today's discussion.
  - The endorsed draft regulation will be presented to the workgroup on November 29 for final endorsement, then the ECAC members at the December meeting for approval and endorsement.

# CLOSING REMARKS AND NEXT STEPS

- Next steps continued:
  - The NOIRA and draft regulation will be submitted to the Board.
  - Staff usually requests that the Board approve the NOIRA on first and final review.
  - The NOIRA will be submitted for the Governor's review process and then is published in the Virginia Register of Regulations for a 30-day public comment period.

**Virginia Department of Education**  
**STANDARDS**  
**FOR**  
**LICENSED CHILD DAY**  
**CENTERS**

**DRAFT**

**8VAC20-781**



**DEPARTMENT OF EDUCATION  
COMMONWEALTH OF VIRGINIA**

**CHAPTER 781  
STANDARDS FOR LICENSED CHILD DAY CENTERS**

**PART I.  
INTRODUCTION**

**8VAC20-781-10. Definitions.**

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

“Accessible to children” means able to be obtained, reached or used.

“Adjacent” means next to or adjoining something else or having a common vertex or common side.

“Age and stage appropriate” means the curriculum, environment, equipment, and adult-child interactions are suitable for the ages of the children within a group and the individual needs of any child.

“Assistant teacher” means the individual designated to be responsible for helping the lead teacher in supervising children and in implementing the education, activities and services for children.

“Attendance” means the actual presence of an enrolled child.

“Balanced mixed-age grouping” means a program using a curriculum designed to meet the needs and interests of children in the group and is planned for children who enter the program at three through five years of age. The enrollment in the balanced mixed-age grouping comprises a relatively even allocation of children in each of three ages (three to six years) and is designed for children and staff to remain together with turnover planned only for the replacement of existing students with children of ages that maintain the class balance.

“Body fluids” means urine, feces, saliva, blood, nasal discharge, eye discharge, and injury or tissue discharge.

“Camp” means a child day camp that is a child day center for school age children that operates during the summer vacation months only. Four-year-old children who will be five by September 30 of

the same year may be included in a camp for school age children.

“Center” means a child day center.

“Child” means any individual under 18 years of age.

“Child day center” means a child day program offered to (i) two or more children younger than 13 years of age in a facility that is not the residence of the provider or of any of the children in care or (ii) 13 or more children at any location.

“Child day program” means a regularly operating service arrangement for children where, during the absence of a parent or guardian, a person or organization has agreed to assume responsibility for the supervision, protection, and well-being of a child younger than 13 years of age for less than a 24-hour period. "Child day program" does not include programs such as drop in playgrounds or clubs for children when there is no service arrangement with the child's parent.

“Child with special needs” means children with developmental disabilities, intellectual disabilities, emotional **disturbance disability**, sensory or motor impairment, or significant chronic illness who require special health surveillance or specialized programs, interventions, technologies, or facilities.

"Cleaned" means treat and remove dirt and debris by scrubbing and washing with soap and water or detergent solution.

“Communicable disease” means a disease caused by a microorganism (bacterium, virus, fungus, or parasite) that can be transmitted from person to person via an infected body fluid or respiratory spray, with or without an intermediary agent (such as a louse or mosquito) or environmental object (such as a table surface). Some communicable diseases are reportable to the local health authority.

**“Date of employment” means the date on which an employee first receives compensation to include orientation training.**

“Department” means the Virginia Department of Education.

“Department's representative” means an employee or designee of the Virginia Department of Education, acting as the authorized agent of the superintendent.

"Director" means the primary individual designated to be responsible for developing and implementing the **education**, activities and services offered to children, including the supervision, orientation, training, and scheduling of staff who work directly with children, whether or not personally performing these functions.

"Director-designee" means an individual designated by the director in writing, with the authority to assume the director's responsibilities in the director's absence.

“Enrolled” means a service arrangement has been entered into between a parent or guardian and the child day center, where the center has agreed to assume responsibility for the supervision, protection, and well-being of a child under the age of 13 for less than a 24-hour period during the

absence of a parent or guardian.

"Evacuation" means movement of occupants out of the building to a safe area near the building.

"Evening care" means care provided after 7 p.m. but not through the night.

"Fall height" means the distance between the highest designated play surface elevated play surface on play equipment designed for standing, walking, crawling, sitting, or climbing and the protective surface beneath it. A designated play surface is any elevated surface designed for standing, walking, crawling, sitting, or climbing.

"Field trip" means an activity, experience or excursion a child has away from the premises of the center while under the care of center staff, whether a child walks or is transported.

"Group of children" means the children assigned to a staff member or team of staff members.

"Group size" means the number of children assigned to a staff member or team of staff members occupying an individual room or area.

"High school program completion or the equivalent" means an individual has earned a high school diploma, passed a high school equivalency examination approved by the Board of Education, or has completed a program of home instruction in accordance with § 22.1-254.1 of the Code of Virginia equivalent to high school completion.

"Homeless child" means a child who lacks a fixed, regular, and adequate nighttime residence and includes a child who is:

1. Living in a car, park, public space, abandoned building, substandard housing, bus or train station, or similar settings;
2. Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; sometimes referred to as doubled-up;
3. Living in a motel, hotel, trailer park, or camping ground due to lack of alternative adequate accommodations;
4. Living in a congregate, temporary, emergency, or transitional shelter;
5. Awaiting or in foster care placement;
6. Abandoned in a hospital;
7. Living in a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings; or
8. A migratory child as defined in 20 USC § 6399 who qualifies as homeless because the child is living in circumstances described in subdivisions 1 through 6 of this definition.

"Inaccessible" means unable to be obtained, reached or used.

"Incident" means an occurrence of an accident, injury, or any situation that places a child at risk while in the care of the center.

Individual service, education or treatment plan means a plan identifying the child's strengths, needs, general functioning and plan for providing services to the child. The service plan includes specific goals and objectives for services, accommodations, and intervention strategies. The service, education or treatment plan clearly shows documentation and reassessment or evaluation strategies.

"Infant" means children from birth up to 16 months.

"Intervention strategies" means a plan for staff action that outlines methods, techniques, cues, programs, or tasks that enable the child to successfully complete a specific goal.

"Lead Teacher" means the individual designated to be responsible for the direct supervision of children and for implementation of the education, activities and services for a group of children.

"Licensee" means any individual, corporation, partnership, association, limited liability company, local government, state agency, including any department institution, authority, instrumentality, board, other administrative agency of the Commonwealth, or other legal or commercial entity that operates or maintains a child day center to whom the license is issued.

"Lockdown" means a situation where children are isolated from a security threat **inside or outside the building** and access within and to the facility is restricted.

"Overnight care" means care provided after 7 p.m. and through the night.

"Parent" means the biological or adoptive parent or legal guardian of a child enrolled in or in the process of being admitted to a center.

"Physician" means an individual licensed to practice medicine in any of the 50 states or the District of Columbia.

"Physician's designee" means a physician, licensed nurse practitioner, licensed physician assistant, licensed nurse (R.N. or L.P.N.), or health assistant acting under the supervision of a physician.

**Play yard means a framed enclosure with mesh or fabric sides. Play yards provide playing accommodations for a child who cannot climb out and are less than 35 inches in height.**

"Preschool age" means a child from three years of age up to the age of eligibility to attend public school, five years by September 30.

"Primitive camp" means a camp where places of abode, water supply system, or permanent toilet and cooking facilities are not usually provided.

"Programmatic experience" means time spent working directly with children in a group that is located away from the child's home. Work time shall be computed on the basis of full-time work experience during the period prescribed or equivalent work time over a longer period. Experience settings may include a child day program, family day home, child day center, boys and girls club,

continuing education field placement, elementary school, or a faith-based organization.

"Protective surfacing" means impact absorbing materials for indoor and outdoor use, under and around playground equipment. Hard surfaces such as asphalt, concrete, dirt, grass, or flooring covered by carpet or gym mats do not qualify as protective surfacing.

"Regularly" means a constant or definite pattern.

"Relocation" means movement of occupants of the building to a safe location away from the vicinity of the building.

Sanitized means treated ~~in such a way~~ to remove germs, bacteria and viruses from inanimate surfaces. ~~through using a disinfectant solution (i.e., bleach solution or commercial chemical disinfectant)~~ Sanitizing is accomplished in two steps following cleaning; first by using a sanitizing solution, EPA approved disinfectant solution or wipe, or physical agent (e.g., heat), ~~The surface of the item is sprayed or dipped into the disinfectant solution and allowed~~ and second, by allowing the sanitizing solution to air dry on the surface for a minimum of two minutes or according to the ~~disinfectant solution~~ manufacturer's instructions.

"Sanitizing solution" means a solution approved by the US Environmental Protection Agency, a chemical disinfectant, or a bleach solution made daily.

"School-age" means a child eligible to attend public school, age five or older by September 30 of that same year. Four or five-year-old children included in a group of school-age children may be considered school-age during the summer months if the children will be entering kindergarten that year.

Serious injury means a wound or other /specific damage to the body such as bites that break the skin; head injuries; injuries to the face; unconsciousness; broken bones; dislocation; deep cut requiring stitches; poisoning; concussion; or a foreign object lodged in eye, nose, ear, or other body orifice.

"Shaken baby syndrome" or "abusive head trauma" means a traumatic injury that is inflicted upon the brain of an infant or young child. The injury can occur during violent shaking, causing the child's head to whip back and forth, the brain to move about, and blood vessels in the skull to stretch and tear.

"Shelter-in-place" means the movement of occupants of the building to designated protected spaces within the building.

"Short-term program" means a child day center that operates less than 12 weeks a year.

"Special needs child day program" means a program exclusively serving children with special needs.

"Specialty camps" means those centers that have an educational or recreational focus on one subject such as dance, drama, music, or sports.

“Sponsor” means an individual, partnership, association, public agency, corporation, or other legal entity in whom the ultimate authority and legal responsibility is vested for the administration and operation of a center subject to licensure.

“Staff” or “staff member” means administrative, activity, and service personnel including the licensee when the licensee is an individual who works in the center and is involved in the day to day operation of the center, and any persons counted in the staff-to-children ratios or any persons working with a child without sight and sound supervision of a staff member.

“Standard precautions” means an approach to infection control. According to the concept of standard precautions, all human blood and certain human body fluids are treated as if known to be infectious for human immunodeficiency virus (HIV), hepatitis\_virus, and other bloodborne pathogens.

“Superintendent” means Superintendent of Public Instruction at the Virginia Department of Education.

“Therapeutic child day program” means a specialized program, including therapeutic recreation programs, exclusively serving children with special needs when an individual service, recreation, or treatment plan is developed and implemented with the goal of improving the functional abilities of the children in care.

“Toddler” means a child from 16 months of age up to 24 months of age.

“Two-year-old” means a child from age 24 months up to 36 months.

“Use zone” means the surface under and around a piece of equipment onto which a child falling or exiting from the equipment would be expected to land. Use zone areas are also designated for unrestricted circulation around the equipment.

“Volunteer” means a person who works at the center and is not paid, is not counted in the staff-to-child ratios, and is, at all times, in sight and sound supervision of a staff member when working with a child. Any unpaid person not meeting this definition is considered “staff” and shall meet staff requirements.

#### **8VAC20-781-20. Legal authority.**

A. Chapter 14.1, Article 3 (§ 22.1-289.010 et seq.) and Article 4 (§ 22.1-289.030 et seq.) of Title 22 of the Code of Virginia describes the responsibility of the Department of Education for the regulation of child day programs.

B. Section 22.1-16 of the Code of Virginia authorizes the State Board of Education to promulgate regulations to carry out its powers and duties. Pursuant to § 22.1-289.046 of the Code of Virginia, for child day programs that operate at a location that is currently approved by the Department of Education for school occupancy and that houses a public school during the school year, the public school building; vehicles that are owned by the public school and used to transport children attending the child day program; and meals served to children that are prepared by the public school are not subject to inspection or approval.

C. Nothing in this chapter shall be construed to contradict or to negate any provisions of the Code of Virginia which may apply to child day centers.

**8VAC20-781-30. Purpose and applicability.**

A. The purpose of these standards is to protect children under the age of 13 years who are separated from their parents during a part of the day by:

1. Ensuring that the activities, services, and facilities of centers are conducive to the well-being of children; and
2. Reducing risks in the environment.

B. The standards in this chapter apply to child day centers as defined in 8VAC20-781-10 that are required to be licensed by the ~~department~~ Department.

**Part II.  
ADMINISTRATION**

**8VAC20-781-40. Operational responsibilities.**

A. Applications for licensure shall conform with Article 3 (§ 22.1-289.010 et seq.) and Article 4 (§ 22.1-289.030 et seq.) of Chapter 14.1, of Title 22.1 of the Code of Virginia and the regulation entitled General Procedures and Information for Licensure, 8VAC20-820.

B. The licensee shall ensure compliance with:

1. This chapter, the terms of the license issued by the department, and with other federal, state, or local laws and regulations.

2. Article 3 (§ 22.1-289.010 et seq.) and Article 4 (§ 22.1-289.030 et seq.) of Chapter 14.1, of Title 22.1 of the Code of Virginia, and General Procedures and Information for Licensure (8VAC20-820).

3. Background checks pursuant to §22.1-289.035 of the Code of Virginia and Background Checks for Child Day Programs and Family Day Systems (8VAC20-770).

C. Pursuant to § 22.1-289.034 of the Code of Virginia and the regulation entitled Background Checks for Child Day Programs and Family Day Systems, 8VAC20-770, the applicant and any agent at the time of application who is or will be involved in the day-to-day operations of the center or who is or will be alone with, in control of, or supervising one or more of the children, shall be of good character and reputation ; shall not have been convicted of a barrier crime as defined in § 19.2-392.02 of the Code of Virginia; and is not the subject of a founded complaint of child neglect or abuse within or outside the Commonwealth.

D. The sponsor shall afford the Superintendent or the Department's representative reasonable times opportunity to inspect all facilities operated for childcare and licensed by the Department, books and records associated with the licensed program, and to interview agents, employees, and any child or

other person within the custody or control of an applicant for licensure, provided that no private interviews may be conducted with any child without prior notice to the parent or guardian of such child.

E. The operational responsibilities of the licensee shall include ensuring that the center's activities, services, and facilities are maintained in compliance with: (i) the standards of this chapter, (ii.) the center's own policies and procedures that are required by these standards, (iii.) the terms of the current license issued by the Department and parental agreements that are required by this chapter.

F. The licensee shall obtain approval from the department prior to the use of any space that has been newly constructed, expanded, renovated or converted to be used to care for children.

G. The licensee shall ensure that advertising is not misleading or deceptive as required by § 22.1-289.027 of the Code of Virginia.

H. The sponsor shall maintain public liability insurance for bodily injury for each center site with a minimum limit of at least \$500,000 for each occurrence and with a minimum limit of \$500,000 aggregate.

1. A public sponsor may have equivalent self-insurance that is in compliance with the Code of Virginia.

2. Evidence of insurance coverage shall be made available to the Department's representative upon request.

I. The center shall inform all staff who work with children of children's allergies, sensitivities, and dietary restrictions.

J. The center shall maintain, in a way that is accessible to all staff who work with children, a current written list of all children's allergies, sensitivities, **intolerances**, and dietary restrictions documented in the child's record. This list shall be in each room or area where children are present, dated, **only accessible to staff**, and kept confidential **unless written permission is received from the parent to post, display, or share.**

K. Hospital-operated centers may temporarily exceed their licensed capacity during a natural disaster or other catastrophe or emergency situation and shall develop a written plan for emergency operations, for submission to and approval by the Department of Education.

L. When children 13 years or older are enrolled in the program and receive supervision in the licensed program, they shall be counted in the number of children receiving care and the center shall comply with this chapter in providing their care.

M. The licensee or licensee's designee shall ensure compliance with:

1. Posting the license in a place conspicuous to the public as required by § 22.1-289.011 of the Code of Virginia.

2. Notifying the local law-enforcement agency if the parent or guardian does not provide the proof of child identity and age information required in § 22.1-289.049 of the Code of Virginia within seven business days of the child's first day of attendance.



3. Maintaining, for each group of children, a written record of daily attendance in each classroom that documents the arrival and departure of each child in care as it occurs.

4. Developing a written management plan that includes:

a. A list of all centers under the supervision of the director; and

b. Written policies and procedures that describe how the director will oversee the day-to-day operation of all assigned centers and program implementation to include the supervision of the children; maintaining the appropriate staff-to-child ratios and group size; classroom management; and positive guidance.

N. When children of staff are present at the facility and under the supervision of staff counted in the staff-to-child ratio, the children shall be enrolled in the licensed program and the center shall comply with all standards for these children.

O. The operational responsibilities of the licensee shall include ensuring that any report or statement, made to the Superintendent or any representative of the Superintendent, by the licensee, director or director designee, with respect to the operation of the child day program, shall be true and accurate.

**8VAC20-781-50. Required policies and procedures.**

The center shall develop and implement the following procedures:

A. Written procedures for injury prevention to identify potential hazards in the child care environment and to promote preventive actions which may include environmental modifications, implementation of safety practices and behavioral interventions. Injury prevention procedures shall:

1. Include a procedure for reporting and documenting incidents and the location of emergency numbers, first aid kit, and emergency supplies;

2. Include a procedure for documenting each review and update completed at least annually based on documentation of injuries and a review of the activities and services; and

3. Include the date that the review and updates were completed.

B. Written procedures for: (i) abusive head trauma, and (ii) if serving infants and/or toddlers, prevention of shaken baby syndrome, including coping with crying babies, safe sleeping practices, and sudden infant death syndrome awareness.

C. Written playground safety procedures that shall include:

1. Provision for active supervision by staff to include positioning of staff in strategic locations, scanning play activities, and circulating among children; and

2. Method of maintaining resilient surface; and

2. Inspection of the playground and equipment for hazards to include checking to ensure appropriate resilient surfacing.

D. Written procedures for the supervision of children to include:

1. Identifying where children are at all times; and

2. The arrival and departure of children, which include:

(a) Verifying that children are released only to those persons authorized by the parent to pick up the child;

(b) Picking up children after normal closing hours;

(c) Center responsibilities for when a child is not picked up during emergency situations, including inclement weather, natural, or man-made disasters;

(D) Supervision of children who arrive after scheduled activities have begun, including field trips or when the group is offsite or not in the assigned room or area when the parent and child arrive; and

(e) When the center assumes responsibility from the parent for children enrolled and attending the center, to include the transfer of responsibility when children are transported and during field trips. These procedures shall apply to parents who are staff at the center and have children enrolled and attending the center.

E. Written procedures for actions to take in case of a lost or missing child, ill or injured child, or when a child has a medical or other emergency.

F. Written policies and procedures for management of all records, written and electronic, that shall describe confidentiality, accessibility, security, and retention.

G. Written policies and procedures for confidentiality that address communicating with staff, parents and the public; and confidentiality procedures that address the use of social media, and protecting the privacy of children in care.

H. Written policies for food service and nutrition including food safety and preparation policies.

I. Written procedures for the storage of breast milk.

J. Written procedures for the inclusion of children with special needs and reasonable accommodations necessary in meeting the needs of children with special needs.

K. Written procedures for the introduction and orientation of each child assigned to each staff member, including the child's health issues, medication, individual health care plan, and special needs if applicable.

L. Written policies for the termination of services.

M. Written toilet training policy that shall include:

1. Methods of toilet training; and

2. Introduction and use of appropriate training equipment and clothing.

N. Written procedures and written safety rules for swimming or wading if a pool is located on the premises or if a pool will be used during a field trip. The procedures and safety rules shall be posted in the swimming area when the pool is located on the premises of the center and explained to children participating in swimming or wading activities.

N. The center's specific emergency preparedness plan as required in 8VAC20-781-740.

O. Written procedures to confirm the absence of a child when the child is scheduled to arrive from another program or from an agency responsible for transporting the child to the center.

P. Written transportation procedures including procedures that describe how the center will ensure that all children are accounted for prior to leaving for a field trip, upon arriving at a field trip site, before leaving a field trip site, upon returning to the center, and any stops on the field trip.

Q. Written policies for medication administration that include the following

1. The decision to administer medicines at a facility may be limited by center policy to administer:

a. Prescribed medications;

b. Over-the-counter or nonprescription medications; or

c. No medications except those required for emergencies or by law.

2. Any general restrictions of the center.

3. For nonprescription medication, consistency with the manufacturer's instructions for age, duration, and dosage.

4. Include duration of the parent's authorization for medication, provided that it shall expire or be renewed after 10 work days. Long-term prescription drug use and over-the-counter medication may be allowed with written authorization from the child's physician and parent and shall be renewed based on the child's physician's instructions.

5. The disposal of unused or outdated medications.

R. Written policies for the application of sunscreen, diaper ointment, topical skin products, and insect repellent.

S. Written behavior guidance procedures including acceptable and unacceptable techniques to manage children's behavior.

T. Written parent communication and notification requirements.

U. Written procedures for infection control, standard precautions, and proper cleanup of body fluids, handwashing, toileting, and as applicable, diapering.

V. Written policies and procedures that describe how the center will ensure that each group of children receives care by consistent staff or team of staff members.

W. The center's current policies and procedures shall be readily accessible to all staff.

**8VAC20-781-60. General recordkeeping; reports.**

A. Staff and children's records shall be treated confidentially. Information in the child's record shall not be distributed or released to any unauthorized person without the written consent of the child's parent or guardian.

B. Records and reports on children and staff required by this chapter shall be maintained and made accessible for five years after termination of services or separation from employment unless specified otherwise.

C. Records may be kept at a central location except as stated otherwise in these standards.

D. Records required by this **chapter** may be kept as hard copy or electronically, and shall be accessible to the department's representative. If electronic files are used, provisions shall be in place to address securing of essential documents in an emergency as required by subdivision 9 of 8VAC20-781-740 and subdivision 8 of 8VAC20-781-750.

E. A back-up system and process to ensure security and availability shall be utilized for electronic records.

F. Children's records as required in 8VAC20-781-70 and staff records as required in 8VAC20-781-80, when not in use, shall be kept in a locked area.

G. Records required by this chapter shall be kept current.

H. Children's records required by this **chapter** shall be made available to the parent on request, unless otherwise ordered by the court.

**8VAC20-781-70. Children's records.**

A. Each center shall maintain and keep at the center a separate record for each child enrolled.

B. Each enrolled child's record shall contain the following information that is required upon enrollment unless otherwise stated in these standards:

1. Name, nickname (if any), gender, and birth date of the child;
2. Name, home address, and phone number of each legal guardian or parent who has custody;
3. Name and phone number of two designated people to call in an emergency if a parent cannot be reached;
4. Names of persons to whom the child may be released, including any agencies the parent/guardian

has a contract in place with to provide a specialized service to the child. Appropriate legal paperwork shall be on file when a custodial parent requests the center not to release the child to the other parent;

5. Allergies and intolerance to medication, **food**, or any other substances, and actions to take in an emergency situation;

6. A written care plan for each child with a diagnosed food allergy, to include instructions from a physician regarding the food to which the child is allergic and the steps to be taken in the event of a suspected or confirmed allergic reaction;

7. Chronic physical **or medical conditions**, special needs, pertinent behavioral or developmental information, and any special accommodations requested by the parent, guardian or physician **and agreed upon by the center;**

8. Written agreements between the parent and the center as required by 8VAC20-781-520;

9. Documentation of child updates and confirmation of up-to-date information in the child's record as required by 8VAC20-781-510 H;

10. Any blanket permission slips and opt out requests;

11. The name, city and state of child **day-care centers** and schools previously attended by the child;

12. Name of any additional programs or schools that the child is concurrently attending and the grade or class level;

13. Documentation of viewing proof of the child's identity and age as outlined in § 22.1-289.049 of the Code of Virginia within seven business days of **enrollment the first day of attendance;**

14. First and last dates of attendance;

15. Documentation of health information as required by 8VAC20-781-100, 8VAC20-781-110, and 8VAC20-781-120; and

16. Documentation of the enrollment of a homeless child enrolled under provision of 8VAC20-781-100 C or 8VAC20-781-110 B.

C. The requirements in subdivision B 15 of this section does not apply, and the center is not required to maintain duplicates of the school's immunization and physical examination record if:

1. The center is located on the same premises where a child attends school and child's record has a statement verifying the school's possession of the immunization and physical examination record; or

2. The child attends a public school in Virginia and the center assumes responsibility for the child directly from the school or the center transfers responsibility of the child directly to the school.

#### **8VAC20-781-80. Staff records.**

The following staff records shall be kept for each staff person:

1. Name, address, verification of age requirement, job title, and date of employment or volunteering;
2. Background checks as required by the regulation entitled Background Checks for Licensed Child Day Programs and Family Day Systems (8VAC20-770). Background check information shall be kept at the center or made available to the Department's representative.
3. Documentation to demonstrate that the individual possesses the education, certification, and experience required by the job position, and orientation and training as required in 8VAC20-781-220 and 8VAC20-781-230. For directors, director designees, and lead teachers, documentation of which specific standard in 8VAC20-781-140, 8VAC20-781-150 and 8VAC20-781-180 the individual is qualified under shall be documented in the staff record.
4. First aid, cardiopulmonary resuscitation, and other certifications as required by the responsibilities held by the staff member.
5. Health information as required by 8VAC20-781-130.
6. Information, to be kept at the center about any health problems that may interfere with fulfilling the job responsibilities.
7. Date of separation from employment.

**8VAC20-781-90. Attendance records; reports.**

A. For each group of children, the center shall maintain a written or electronic record of daily attendance that (i) documents the arrival and departure times of each child in care as it occurs, and (ii) remains with the group of children throughout the day.

B. Reports shall be filed and maintained as follows:

1. The center shall inform the Department's representative as soon as practicable but not to exceed one business day of the circumstances surrounding the following incidents:

- a. Death of a child while under the center's supervision;
- b. Missing child when local authorities have been contacted for help; or
- c. The suspension or termination of all child care services for more than 24 hours as a result of an emergency situation and any plans to resume child care.
- d. A situation in which a child's whereabouts was unknown, including a child left unattended or unsupervised.

2. The center shall inform the Department's representative as soon as practicable, but not to exceed two business days of the occurrence **or two business days after medical attention is reported to the center,** of any injury to a child that occurs while the child is under the supervision of the center and requires outside medical attention.

3. Any suspected incident of child abuse or neglect shall be reported in accordance with § 63.2-1509 of the Code of Virginia which requires providers to report immediately to child protective services any

suspected incident of child abuse or neglect.

4. As required by § 32.1-37 of the Code of Virginia, centers shall immediately report an outbreak of disease as defined by the Virginia Board of Health to the local health department.

5. The center shall inform the Department's representative within five business days of any change in director.

**8VAC20-781-100. Immunizations for children.**

A. The center shall obtain documentation that each child has received the immunizations required by the State Board of Health before the child can attend the center.

B. The center may allow a child to attend contingent upon a conditional enrollment for a period of 90 days if the child received at least one dose of each of the required vaccines and the child possesses a plan from a physician or local health department for completing his immunization requirements within the ensuing 90 calendar days. If the child requires more than two doses of hepatitis B vaccine, the conditional enrollment period, for hepatitis B vaccine only, shall be 180 calendar days.

C. If a child is homeless and does not have documentation of the required immunizations, the center may allow the child to attend during a grace period of no more than 90 days to allow the parent or guardian time to obtain documentation of required immunizations.

D. Documentation related to the child's conditional enrollment shall be maintained in the child's record.

E. The center shall obtain documentation of additional immunizations at least once every six months from the date of the previous immunization record for children under the age of two years.

F. The center shall obtain documentation of additional immunizations once between each child's fourth and sixth birthdays.

G. Pursuant to subsection C of § 22.1-271.2 of the Code of Virginia, documentation of immunizations is not required for any child whose:

1. Parent submits an affidavit to the center on the current form approved by the Virginia Department of Health stating that the administration of immunizing agents conflicts with the parent's or child's religious tenets or practices; or

2. Physician or a local health department states on a Department of Health-approved form that one or more of the required immunizations may be detrimental to the child's health, indicating the specific nature and probable duration of the medical condition or circumstance that contraindicates immunization.

H. When a center is located on the same premises where a child attends school or the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school or the center transfers responsibility of the child directly to the school, and the child's record has a statement verifying the school's possession of the physical examination and immunization record, the center is not required to maintain documentation of the school's immunization record for that child provided the school's records are accessible during the center's hours of operation. A statement

verifying the school's possession of the immunization record is required when the center is located on the same premises where a child attends school.

**8VAC20-781-110. Physical examinations for children.**

A. Each child shall have a physical examination by or under the direction of a physician:

1. Before the child's attendance in accordance with subsection C of this section; or
2. within 30 days after the first day of attendance.

B. If a child is homeless and does not have documentation of a physical examination, the center may allow the child to attend during a grace period of no more than 90 days to allow the parent or guardian time to obtain documentation of the required physical examination.

C. If the child has had a physical examination prior to attendance, it shall be within the time period prescribed in this subsection:

1. Within two months prior to attendance for children six months of age and younger;
2. within three months prior to attendance for children aged seven months through 18 months;
3. Within six months prior to attendance for children aged 19 months through 24 months; and
4. Within 12 months prior to attendance for children two years of age through five years of age.

D. When a child transfers from a facility licensed by the Virginia Department of Education, approved by a licensed family day system, or voluntarily registered by the Virginia Department of Education, a new physical examination is not required if a copy of the physical examination from the originating program is maintained in the child's record.

E. Pursuant to subsection D of § 22.1-270 of the Code of Virginia, physical examinations are not required for any child whose parent objects on religious grounds. The parent must submit a signed statement noting that the parent objects on religious grounds and certifying that to the best of the parent's knowledge the child is in good health and free from communicable or contagious disease.

F. A new physical examination is not required for a school age child if a copy of the physical examination required for his entry into a Virginia public kindergarten or elementary school is kept in the child's record.

~~G. When a center is located on the same premises where a child attends school or the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school or the center transfers responsibility of the child directly to the school, and the child's record has a statement verifying the school's possession of the physical examination and immunization record, the center is not required to maintain documentation of the school's immunization physical examination record for that child provided the school's records are accessible during the center's hours of operation. A statement verifying the school's possession of the physical examination record is required when the center is located on the same premises where a child attends school.~~



**8VAC20-781-120. Form and content of immunizations and physical examination reports for children.**

A. The current form required by the Virginia Department of Health or a physician's form shall be used to report immunizations received and the results of the required physical examination and shall include:

1. The date of the physical examination;
2. Dates immunizations were received; and
3. The signature, initials, electronic signature, or identifying stamp of the physician or health department office for the physician, physician's designee, or official of a local health department.

**B. An electronic immunization record is acceptable if the information includes the date the immunization was received and the individual who administered the immunization.**

**8VAC20-781-130. Tuberculosis screening for staff.**

A. Each staff member shall submit a current Report of Tuberculosis Screening form published by the Virginia Department of Health or a physician's form, documenting the absence of tuberculosis in communicable form.

1. Documentation of the screening shall be submitted at the time of employment and prior to coming into contact with children.
2. The documentation shall have been completed within the last 30 calendar days of the date of employment and be signed by a physician, physician's designee, or an official of the local health department.

B. Acceptable forms of documentation of tuberculosis screening are:

1. A clearance statement signed by a physician, the physician's designee or an official of the local health department. This statement shall include language that the individual does not have any current symptoms of active tuberculosis, does not have either a risk factor for acquiring tuberculosis infection or a risk factor for progression to active tuberculosis disease as defined by the local health department, or has been treated for these conditions in the past, and is currently free of tuberculosis in a communicable form. Individuals who have a risk factor for progression to active tuberculosis disease as defined by the Virginia Department of Health shall submit documentation as stated in subdivision 2 or 3 of this subsection;
2. The results of a negative tuberculin skin test (TST). The documentation shall include the date the test was given and results of the test and be signed by a physician, physician's designee or an official of the local health department.
3. The results of a chest x-ray negative for active tuberculosis disease. The documentation shall

include the date of the test and location where the examination was performed.

C. Staff members shall submit a current Report of Tuberculosis Screening form published by the Virginia Department of Health or a physician's form, documenting the absence of tuberculosis in communicable form, at least every two years from the date of the first screening or more frequently if recommended by a licensed physician or the local health department.

D. Any staff member who develops symptoms compatible with active tuberculosis disease **of three weeks in duration**, regardless of the date of the last tuberculosis screening or assessment, shall immediately obtain and submit a **new Report of Tuberculosis Screening form in accordance with the requirement of subsection A of this section.**

E. within 30 calendar days of a staff member coming into contact with a known case of infectious tuberculosis, the staff member shall submit a new Report of Tuberculosis Screening form in accordance with the requirements in subsection A of this section. Until a new screening form is issued that documents the absence of tuberculosis in a communicable form, the staff member shall not have contact with children.

### Part III. STAFF QUALIFICATIONS AND TRAINING

#### **8VAC20-781-140. Director qualifications.**

A. Directors shall be at least 21 years of age and shall have a high school diploma or the equivalent.

B. The director shall meet one of the following education and experience qualification options:

1. A bachelor's or graduate degree in a child-related degree such as **child development, early childhood education, elementary education, recreation, or nursing; three months programmatic experience; and three months experience supervising staff;**

2. A bachelor's or graduate degree with **12 college credits in child development or child-related courses; the 12 credits may be part of the degree or in addition to the degree; six months programmatic experience; and three months experience supervising staff;**

3. A bachelor's or graduate degree with **three college credits in child development or child-related courses; the three credits may be part of the degree or in addition to the degree; one year programmatic experience; and three months experience supervising staff;**

4. **Sixty college credits with six college credits in child development or child-related courses; one year programmatic experience; and six months experience supervising staff;**

5. **One-year community college certificate in a child-related field with a minimum of 30 total college credits; one year programmatic experience; and one year experience supervising staff;**

6. **Community college certificate in a child-related field with a minimum of 12 total college credits; two**

years programmatic experience; and one year experience supervising staff;

7. Eighteen college credits of which nine college credits are in child development or child-related courses; two years programmatic experience; and one year experience supervising staff;

8. A child development associate credential listed in § 22.1-289.048 of the Code of Virginia or an equivalent credential recognized by the Department; two years programmatic experience; and one year experience supervising staff;

9. A teaching diploma from an internationally or nationally recognized Montessori organization; two years programmatic experience; and one year experience supervising staff; or

10. A Virginia endorsement in a child-related field approved by the Department; three years programmatic experience; and one year experience supervising staff.

C. Directors without supervisory experience in an administrative position that includes supervising, orienting, training and scheduling staff shall obtain one of the following requirements within six months of employment or promotion:

1. One college course in a business-related field;

2. Ten hours of management training; or

3. One child care management course that includes information on program planning, and orienting, training, scheduling, and supervising staff

D. Notwithstanding subsection A of this section, a person between 19 and 21 years of age may serve as a **Director** at a short-term program serving only school age children if the **Director** has daily supervisory contact by a person at least 21 years of age who meets one of the **Director** qualification options.

E. A **Director** employed prior to [effective date of regulation] who met the education and experience qualifications in effect immediately prior to [effective date of regulation], and who has been continuously employed as a child day center director, is considered to have met the requirements of this section.

#### **8VAC20-781-150. Director-designee qualifications.**

The director-designee shall:

1. Be at least 21 years of age;

2. Have a high school diploma or the equivalent;

3. Meet one of the education and experience qualification options for lead teacher as required by 8VAC20-781-180; and

4. Meet the orientation and training requirements in 8VAC20-781-210 and 8VAC20-781-220.

**8VAC20-781-160. Director and director designee ~~requirements~~ responsibilities.**

A. The center shall have a qualified **director** or a qualified director designee who meets one of the director qualifications who shall regularly be on site at least 50% of the center's hours of operation each week.

B. Directors of centers serving only school-age children as provided by 8VAC20-781-170 do not have to follow requirements in subsection A of this section.

C. The director shall designate one or more staff to serve as a director- designee with authority to assume the director's responsibilities in the director's absence. The director-designee shall meet the requirements of 8VAC20-781-150.

D. Prior to being placed in charge, the director-designee shall receive orientation and training on director-designee duties and responsibilities, and be provided written documentation of the duties and responsibilities. This documentation shall be maintained within the staff member's record.

E. When not present at a center, the director shall be on call to that center during the hours he is working as a director and shall maintain accessibility through suitable communication devices.

F. The director-designee shall oversee the day-to-day operation of the center in the absence of the director and shall have access to the staff and child records.

G. The director shall be responsible for the general administration and management of the center and the implementation of center policies, procedures, and developmentally appropriate programming for the children in care.

**8VAC20-781-170. School-age director and school-age director-designee requirements.**

A. The director of a school-age center shall be permitted to serve as a director for multiple centers under the following conditions:

1. Only school-age children are enrolled;

2. No more than four centers are served; and

3. The combined total licensed capacity of the centers served by the director does not exceed 300.

B. The director of multiple school-age centers shall be on site at each center, each week, for a minimum amount of time equal to each center's daily operating hours.

C. Each school-age center shall have either the director or a director-designee present at the center whenever the center is open for operation.

**8VAC20-781-180. Lead teacher qualifications.**

A. Lead teachers shall be at least 18 years of age and shall have a high school diploma or the equivalent.

B. Lead teachers shall also meet one of the following education and experience qualification

options:

1. One of the director education and experience qualifications in 8VAC20-781-140;

2. An associate's or bachelor's degree with three college credits in a child-related field; and one month programmatic experience;

3. A one-year community college certificate in a child-related field with a minimum of 30 total college credits; and two months programmatic experience;

4. A community college certificate in a child-related field with a minimum of 12 total college credits; and three months programmatic experience;

5. A teaching diploma from an internationally or nationally recognized Montessori organization; and three months programmatic experience;

6. A credential in a child-related field by an organization listed in § 22.1-289.048] of the Code of Virginia or an equivalent credential recognized by the Department; and three months programmatic experience;

7. Twenty-four general education college credits; and six months programmatic experience; or

8. Six months programmatic experience; and 24 hours of training in the following topics: child development, **guiding behavior**, playground safety, and health/safety issues. This training shall be completed **no later than 60 days month-after being promoted or beginning work**. Orientation training required by this **chapter** shall not be used to meet this qualification. **Training that meets the requirements of this subsection may be completed prior to being promoted or beginning work.**

C. Lead teachers at short-term programs shall have a minimum of one season of programmatic experience, provided that this experience include 200 hours, of which up to 24 hours can be formal training, working directly with children in a group.

D. A lead teacher employed prior to [effective date of regulation], who met the education and experience qualifications in effect immediately prior to [effective date of regulation], and who has been continuously employed as a child day center program leader, is considered to have met the requirements of this section.

#### **8VAC20-781-190. Assistant teachers**

Assistant teachers shall be at least 16 years of age and shall work under the supervision of an individual qualified to be lead teacher.

#### **8VAC20-781-200. Driver qualifications and requirements.**

An individual who drives a vehicle to transport children for a center shall:

1. Be at least 18 years of age;
2. Possess a valid driver's license that authorizes the driver to operate the vehicle being driven; and
3. Provide a driving record at the time of employment, obtained from the Department of Motor Vehicles which includes any moving traffic violation that occurred five years prior to assignment as a driver.
4. Disclose, in writing, any moving traffic violation that occurs during employment or assignment as a driver.

**8VAC20-781-210. Volunteers.**

- A. Volunteers who work with children shall be at least 13 years of age, and remain within sight and sound supervision of a staff member when working with a child.
- B. A record shall be on file for each volunteer and contain the following information:
  1. Full legal name;
  2. Home address;
  3. Verification of age requirement;
  4. Documentation of orientation as required in 8VAC20-781-220; and
  5. If less than 18 years of age, the name and telephone number of his parent or legal guardian.

**8VAC20-781-220. Orientation training.**

- A. The Virginia Department of Education sponsored orientation preservice training course shall be completed within 90 calendar days of employment.
- B. A staff who has documentation of completing the preservice training course sponsored by the Virginia Department of Education prior to employment is not required to complete the preservice training course within 90 days of beginning employment.
- C. Staff shall complete orientation training in subsection D **and E** of this section prior to the staff member working alone with children and within seven days of the first date of assuming job responsibilities.
- D. Orientation training shall be appropriate to the age of the children in care and include all of the following facility specific topics:
  1. Job responsibilities and to whom they report;
  2. The policies and procedures listed in subsection D of this section, 8VAC20-781-510, and the standards in this chapter that relate to the staff member's responsibilities;

3. The center's playground safety procedures unless the staff member will have no responsibility for playground activities or equipment;
4. Recognizing child abuse and neglect and the legal requirements for reporting suspected child abuse as required by § 63.2-1509 of the Code of Virginia;
5. Confidential treatment of personal information about children in care and their families;
6. The center's policies and procedures on the administration of medication;
7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event such as violence at a child care facility and the emergency preparedness plan as required by 8VAC20-781-740 through 8VAC20-781-760;
8. Prevention of sudden infant death syndrome and use of safe sleep practices;
9. Prevention of abusive head trauma, and if serving infants and/or toddlers, prevention of shaken baby syndrome, including procedures to cope with crying babies or distraught children;
10. Prevention of and response to emergencies due to food and other allergic reactions including:
  - a. Recognizing the symptoms of an allergic reaction;
  - b. Responding to allergic reactions;
  - c. Preventing exposure to the specific food and other substances to which the child is allergic; and
  - d. Preventing cross contamination;
11. Prevention and control of disease; and
12. If applicable, the recommended care requirements related to the care and development of children with special needs.

E. For staff counted in the staff-to-child ratios, orientation shall be completed on the center's policies and procedures related to:

1. Introduction and orientation to each child assigned to the staff member including the child's health issues, medication, individual health care plan, allergies, sensitivities, food intolerances, and dietary restrictions, and special needs, if applicable;

2. Parent communication and notification requirements, and procedures for releasing children to authorized individuals;

3. Program implementation including: supervision and staff-to-child ratios, child development, classroom management, appropriate staff-to-child interactions, and positive

guidance;

F. Prior to working alone with children and within seven days of the first day of employment, staff shall be provided in writing with the center's information listed in 8VAC20-781-510 and the following:

1. Procedures for supervising a child who may arrive after scheduled classes or activities including field trips have begun;
2. Procedures to confirm absence of a child when the child is scheduled to arrive from another program or from an agency responsible for transporting the child to the center;
3. Procedures that address (i) staff supervision of children, and (ii) for identifying where attending children are at all times, including procedures to ensure that all children are accounted for during group transitions, before leaving for a field trip, before leaving a field trip site and upon return to the center;
4. Procedures for action in case of lost or missing children, ill or injured children, medical emergencies, and general emergencies;
5. Policy for any administration of medication;
6. Emergency evacuation, relocation, shelter-in-place, and lockdown procedures;  
and
7. Precautions in transporting children, if applicable.

G. Within 30 days of the first day of employment, staff shall complete orientation training which includes an overview of basic training in first aid and cardiopulmonary resuscitation (CPR) skills, as appropriate to the age of the children in care.

H. Orientation training for the director and director-designee shall be completed prior to assuming duties.

I. Within 60 days of the first day of employment, a director shall complete a prelicensure orientation program provided by the Department that focuses on health and safety standards. The Superintendent or his designee may, at his discretion, waive the orientation requirement if:

1. The Director has documentation that the training has previously been completed; or



2. The licensee or Director has been notified by the Department that such training is unavailable.

J. Volunteers who work more than six hours per week shall receive training on the center's emergency procedures within the first week of volunteering.

K. In a cooperative preschool center that is organized, administered, and maintained by parents of children in care, parent volunteers, or other persons who participate and volunteer in a cooperative preschool center on behalf of a child attending such cooperative preschool center, including such volunteers who are counted in the staff-to-child ratios required in 8VAC20-781-380, shall complete four hours of training per year, and shall be exempt from orientation requirements applicable to staff of child day programs. This orientation exemption shall not apply to any parent volunteer or other person as referred to in this subsection if the cooperative preschool center has entered into a contract with the Virginia Department of Social Services or a local department of social services to provide child care services funded by the Child Care and Development Block Grant.

L. Documentation of orientation training shall be kept by the center in a manner that allows for identification by individual staff member, is considered part of the staff member's record, and shall include:

1. Name of staff;
2. Training topics;
3. Training delivery method;
4. The entity or individual providing training;
5. The date of training; and

6. The staff's signature of the staff receiving the training to verify completion of the training.

**8VAC20-781-230. Ongoing training.**

- A. Staff shall complete annually a minimum of 16 hours of training appropriate to the age of children in care.
- B. Training completed to meet the requirements of this section shall be in addition to completing orientation requirements in 8VAC20-781-220 unless otherwise stated in this chapter.
- C. Staff members who do not work with a group of children, or staff members not counted in the

staff-to-child ratio more than once a month, shall only be required to complete annual training on emergency preparedness and response; child abuse and neglect; and mandated reporter requirements.

D. Staff who are employed at a short-term program and work with a group of children shall obtain a minimum of 10 hours of staff training per year.

E. Volunteers who work more than six hours per week shall be required to complete annual training on the center's emergency procedures.

K. In a cooperative preschool center that is organized, administered, and maintained by parents of children in care, parent volunteers, or other persons who participate and volunteer in a cooperative preschool center on behalf of a child attending such cooperative preschool center, including such volunteers who are counted in the staff-to-child ratios required in 8VAC20-781-380, shall complete four hours of training per year. This ongoing training exemption shall not apply to any parent volunteer or other person as referred to in this subsection if the cooperative preschool center has entered into a contract with the Virginia Department of Social Services or a local department of social services to provide child care services funded by the Child Care and Development Block Grant.

F. Annual training shall be relevant to staff's job responsibilities and the care of children, and include topics such as:

1. Child development including physical, cognitive, social, and emotional development;
2. Behavior management and positive guidance techniques;
3. Prevention and control of infectious diseases;
4. Prevention of sudden infant death syndrome and use of safe sleep practices;
5. Prevention of and response to emergencies due to food and other allergic reactions including:
  - a. Recognizing the symptoms of an allergic reaction;
  - b. Responding to allergic reactions;
  - c. Preventing exposure to the specific food and other substances to which the child is allergic;and
- d. Preventing cross contamination.
6. The center's policies and procedures on the administration of medication;
7. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic;
8. Prevention of shaken baby syndrome and abusive head trauma including procedures to cope with crying babies or distraught children;

9. Signs and symptoms of child abuse and neglect and requirements for mandated reporters;

10. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event such as violence at a child care facility and the center's specific emergency preparedness plan as required 8VAC20-781-740 through 8VAC20-781-780;

11. Handling and storage of hazardous materials and the appropriate disposal of diapers and other items contaminated by body fluids;

12. CPR and first aid;

13. Precautions in transporting children if applicable;

14. Trauma informed care; and

15. If applicable, the recommended care requirements related to the care and development of children with special needs.

G. Training on the center's emergency preparedness plan shall be completed annually and each time the plan is updated.

H. Documentation of training shall be kept by the center in a manner that allows for identification by individual staff member, is considered part of the staff member's record, and shall include:

1. Name of staff;

2. Training topic;

3. Evidence that training on each topic required in this section has been completed;

4. Training delivery method;

5. The entity or individual providing training;

6. The number of training hours or credit hours received; and

7. The date of training.

I. Medication administration training pursuant to 8VAC20-781-260, and daily health observation training pursuant to 8VAC20-781-250, the Virginia Department of Education sponsored orientation preservice training course required in 8VAC20-781-220 A, and the prelicensure orientation training required in 8VAC20-781-220 I may count toward the annual training hours required in this section.

**8VAC20-781-240. First aid training and cardiopulmonary resuscitation (CPR).**

A. At least one staff in each classroom or area where children are present shall have, within 90 days of employment:

1. Current certification in cardiopulmonary resuscitation (CPR) as appropriate to the age of the children in care from an organization such as the American Red Cross, American Heart Association, American Safety and Health Institute, or National Safety Council. The training shall include an in-person competency demonstration; and

2. Current certification in first aid from an organization such as the American Red Cross, American Heart Association, American Safety and Health Institute, or National Safety Council.

B. CPR and first aid certification training may count toward the annual training hours required in 8VAC20-781-230.

C. There shall be at least two staff members who meet the requirements of subsection A of this section present on the premises during the center's hours of operation, on field trips, and wherever children are in care.

D. Primitive camps shall have a staff member on the premises during the hours of operation who has at least current certification in first responder training.

E. Staff who is a registered nurse or licensed practical nurse with a current license from the Board of Nursing shall not be required to obtain first aid certification.

**8VAC20-781-250. Daily health observation training.**

A. There shall always be at least one staff member on duty who has obtained within the last three years instruction in performing the daily health observation of children.

B. Daily health observation training shall be taught by a health care professional or obtained through a Department-promoted course, and shall include the following:

1. Components of daily health check for children;

2. Inclusion and exclusion of the child from the class when the child is exhibiting physical symptoms that indicate possible illness;

3. Descriptions of how diseases are spread and the procedures or methods for reducing the spread of disease;

4. Information concerning the Virginia Department of Health Notification of Reportable Diseases pursuant to 12VAC5-90-80 and 12VAC5-90-90, also available from the local health department and the website of the Virginia Department of Health; and

5. Staff occupational health and safety practices in accordance with Occupational Safety and

Health Administration's bloodborne pathogens regulation (29 CFR 1910.1030).

C. A trained staff member or individual from an independent contractor shall conduct a health observation of each child daily as soon as possible after the child enters the child day center and whenever a change in the child's behavior or appearance is noted while the child is in care.

D. Documentation of training shall follow requirements in 8VAC20-230 H.

**8VAC20-781-260. Medication administration training.**

A. To safely perform medication administration practices listed in 8VAC20-781-660, whenever the center has agreed to administer prescribed medications, the administration shall be performed by a staff member or independent contractor who:

1. Has satisfactorily completed a training program for this purpose approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant, doctor of medicine or osteopathic medicine, or pharmacist pursuant to § 54.1-3408 of the Code of Virginia; or
2. Is licensed by the Commonwealth of Virginia to administer medications.

B. To safely perform medication administration practices listed in 8VAC20-781-670, whenever the center has agreed to administer over-the-counter medications other than topical skin gel, cream, or ointment, the administration must be performed by a staff member or independent contractor who has satisfactorily completed a training course developed or approved by the Department of Education in consultation with the Department of Health and the Board of Nursing and taught by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant, doctor of medicine or osteopathic medicine, or pharmacist; or administration shall be performed by a staff member or independent contractor who is licensed by the Commonwealth of Virginia to administer medications.

C. Staff required to have medication administration training shall be retrained at three-year intervals.

D. Any child for whom emergency medications (such as albuterol, glucagon, and epinephrine auto injector) have been prescribed shall always be in the care of a staff member or independent contractor who meets the training requirements in subdivision 1 of subdivision A.

~~B. Medication administration training required in subsection A of this section may count toward the annual training hours required in 8VAC20-781-230.~~

E. Documentation of training shall follow requirements in 8VAC20-230 H.

**8VAC20-781-270. Driver training requirements.**

An individual who drives a vehicle to transport children for a center shall receive the following training prior to transporting any children in care:

1. Proper use of child safety restraints in accordance with Virginia state law;

2. Proper loading, unloading, and tracking of children per center policies;

3. Issues that may arise in transporting children with behavioral issues;

4. The location of first aid supplies; and

5. The emergency procedures for the vehicle, including actions to be taken in the event of accidents, vehicle malfunction and medical emergencies.

#### Part IV PHYSICAL PLANT

**8VAC20-781-280. Initial approval from other agencies; requirements prior to initial licensure.**

A. Before issuance of the first license and before use of newly constructed, renovated, remodeled, or altered buildings or sections of buildings, written documentation of the following shall be provided by the center to the Department's representative:

1. Approval by the authority having jurisdiction that each building meets building and fire codes or that the authority has approved a plan of correction for any areas of noncompliance; and

2. Any building which is currently approved for school occupancy and which houses a public or private school during the school year shall be considered to have met the requirements of subdivision 1 of this subsection when housing a center only serving children two and a half years of age or older.

3. Approval from the local health department, or a plan of correction approved by the local health department for any areas of noncompliance, for meeting requirements for:

- a. Water supply;
- b. Sewage disposal system; and
- c. Food service, if applicable.

B. For buildings built before 1978, the following shall be submitted before the initial license is issued:

1. A written statement from a person licensed in Virginia as an asbestos inspector and management planner as required by § 22.1-289.052 of the Code of Virginia and the requirements of the Asbestos Hazard Emergency Response Act (15 USC § 2641 et seq.); and

2. A written statement that the response actions to abate any risk to human health have been or will be initiated in accordance with a specific schedule and plan as recommended by the asbestos management planner in accordance with § 22.1-289.052 of the Code of Virginia.

C. A notice regarding the presence and location of asbestos containing materials and advising that the asbestos inspection report and management plan are available for review shall be posted.

D. For buildings built before 1978, the following shall be submitted before the initial license is issued:

1. A written statement from a person licensed in Virginia as a lead risk assessor who meets the requirements of § 54.1-500 of the Code of Virginia.
2. A written lead risk assessment shall state that either i) no lead was detected; ii) lead was detected and response actions to abate any risk to human health have been completed; or iii) lead was detected and response actions to abate any risk to human health have been recommended in accordance with a specified schedule.
3. A notice regarding the presence and location of lead containing materials advising that the lead inspection report and management plan are available for review shall be posted.
4. The provisions of this subsection do not apply to centers licensed before the effective date of this chapter.

E. The provisions of subsections B, C and D of this section do not apply to centers located in buildings required to be inspected according to Article 5 (§ 2.2-1162 et seq.) of Chapter 11 of Title 2.2 of the Code of Virginia.

F. Before the first license is issued, camps shall (i) notify the responsible fire department and emergency medical service of the camp location and hours of operation, and (ii) maintain documentation of the notifications.

**8VAC20-781-290. Annual and renewal approval from other agencies; requirements subsequent to initial licensure.**

A. The center shall provide to the Department's representative an annual fire inspection report from the appropriate fire official having jurisdiction.

B. If a center is located in a building currently housing a public or private school, the school's annual fire inspection report shall be accepted.

C. Annual approval from the health department shall be provided, or approvals of a plan of correction approved by the local health department for any areas of noncompliance, for meeting requirements for:

1. Water supply;
2. Sewage disposal system; and
3. Food service, if applicable.

D. For those buildings where asbestos containing materials are detected and not removed:

1. The licensee shall follow the recommendations of the management plan;

2. A signed, written statement that the center is following the recommendations of the management plan shall be submitted to the Department before subsequent licenses are issued; and

3. The notice regarding the presence and location of asbestos containing materials and advising that the asbestos inspection report and management plan are available for review shall continue to be posted.

4. The provisions of this subsection do not apply to child day centers located in buildings required to be inspected according to Article 5 (§ 2.2-1162 et seq.) of Chapter 11 of Title 2.2 of the Code of Virginia.

E. Camps shall (i) notify the responsible fire department and the responsible emergency medical service of any changes in the camp location and hours of operation, and (ii) maintain documentation of the notifications.

F. For those buildings built before 1978 where lead is detected and not removed:

1. A signed, written statement that the center is following the recommendations of the management plan shall be submitted to the department before subsequent licenses are issued.

2. A notice regarding the presence and location of lead advising that the lead inspection report and management plan are available for review shall continue to be posted.

3. The provisions of this subsection do not apply to child day centers located in buildings required to be inspected according to Article 5 (§ 2.2-1162 et seq.) of Chapter 11 of Title 2.2 of the Code of Virginia.

4. The provisions of this subsection do not apply to centers licensed before the effective date of this chapter.

**8VAC20-781-300. Potable water; Lead testing.**

A. Pursuant to § 22.1-289.057 a plan shall be developed and implemented to test potable water from bubbler-style and cooler-style drinking fountains, kitchen taps, classroom combination sinks and drinking fountains, and sinks known to be or visibly used for consumption.

B. The plan established pursuant to subsection A and the results of each test conducted pursuant to such plan shall be submitted to and reviewed by the Superintendent's representative and the Department of Health's Office of Drinking Water.

C. If the results of any test conducted in accordance with the plan established pursuant to subsection A indicate a level of lead in the potable water that is at or above 15 parts per billion, the program shall remediate the level of lead in the potable water to below 15 parts per billion and confirm such remediation by retesting the water. The results of the retests shall be submitted to and reviewed by the Superintendent and the Department of Health's Office of Drinking Water.

D. Centers may, in lieu of developing and implementing a plan to test potable water or of remediation, use for human consumption, as defined by § 32.1-167, bottled water, water coolers, or other similar water source that meets the U.S. Food and Drug Administration standards for bottled water. Any program that chooses this option shall notify the Superintendent's representative and the Department of Health's Office of Drinking Water and the parent/guardian of each child in the program of such choice.

**8VAC20-781-310. Building maintenance.**



A. Areas and equipment of the center, inside and outside, shall be maintained in a clean, safe and operable condition. Unsafe conditions shall include, but not be limited to, splintered cracked or otherwise deteriorating wood; chipped or peeling paint; visible cracks, bending or warping, rusting or breakage of any equipment; tipping hazards; loose or unsecured cords within reach of children; head entrapment hazards; protruding nails, bolts or other components that could entangle clothing or snag skin; sharp points, poisonous plants; unstable heavy equipment, furniture, or other items that a child could pull down on himself and any obvious injury hazards.

B. Hot water accessible to children shall not exceed 120°F.

C. Heat shall be supplied from a heating system approved in accordance with the Uniform Statewide Building Code (USBC, 13VAC5-62) except for camps. The heating system shall:

1. Be installed to prevent accessibility of children to the system; and
2. Have appropriate barriers to prevent children from being burned, shocked, or injured from heating equipment. In addition, proper supervision shall be available to prevent injury.
3. ~~Exception: In case of emergency,~~ Portable heaters may be used in accordance with the manufacturer's instructions.

D. If electric space heaters are used, they shall be inaccessible to children and shall have the seal of approval of a nationally recognized testing laboratory or be approved by the state or local fire official and not used within three feet of combustible materials.

E. Unvented fuel burning heaters are prohibited when children are in care.

F. Electrical cords shall be inaccessible to children preschool age and younger and not be spliced, deteriorated, or damaged;

G. Extension cords shall bear the listing of a nationally recognized testing laboratory; shall not be overloaded, and shall not be placed through doorways, under carpeting, or across water-source areas.

H. In inside areas occupied by children, the temperature shall be maintained no lower than 68°F.

I. Fans or other cooling systems shall be used when the temperature of inside areas occupied by children exceeds 80°F.

J. Safe drinking water shall be made available to children at all times.

K. Equipment shall include, but not be limited to, the following:

1. Outside lighting provided at entrances and exits used by children before sunrise or after sundown; and
2. An in-service telephone or cell phone shall be available, operable, and accessible to staff on site during the center's hours of operation.

L. Mechanical, electrical, or other hazardous equipment shall be inaccessible to children.

**8VAC20-781-320. Hazardous substances and other harmful agents.**

A. Hazardous, toxic and potentially hazardous substances and chemicals such as cleaning products, sanitizing materials, pesticides, flammable and explosive materials, and substances labeled as “keep out of reach of children” danger, caution, warning, flammable, harmful if swallowed, causes burns, harmful vapor, or poison are considered hazardous to children and shall be:

1. Stored in a locked place using a safe locking method. If a key is used, the key shall be inaccessible to children.
2. Stored in the original container or a substitute container clearly labeled with its contents; and
3. Stored in areas physically separate from food for consumption and shall not be stored with any items used for food preparation or food service.
4. Cleaning supplies to clean and sanitize the diapering area or toilet chairs do not need to be kept locked during diapering or toilet training time as long as they are inaccessible to children.

B. Arts and crafts materials labeled as “keep out of reach of children” shall be inaccessible to children.

C. Pesticides or insecticides shall not be stored in areas used by children or in areas used for food preparation or storage.

D. Cleaning materials (e.g., detergents, sanitizers and polishes) and insecticides/pesticides shall be stored in areas physically separate from each other.

E. Hazardous substances shall be stored in the original container unless this container is of such a large size that its use would be impractical.

F. If hazardous substances are not kept in original containers, the substitute containers shall clearly indicate their contents and shall not resemble food or beverage containers.

G. Cosmetics, medications, or other harmful agents belonging to staff or volunteers, shall not be stored in areas, purses or pockets that are accessible to children.

H. Personal care items such as hand sanitizer, air freshener, shampoo, and toothpaste, that are considered hazardous as defined in subsection A of this section and stored in an area not used by groups of children including administrative offices and staff areas, are not required to be locked, but shall be stored inaccessible to children.

I. Smoking and the use of electronic smoking devices shall be prohibited in the interior of a center while children are in care, in vehicles when children are being transported, or outdoors in the presence of children.

J. The following items shall be inaccessible to children:

1. For children age two and under, empty plastic bags large enough for a child’s head to fit inside, disposable gloves, and rubber or latex balloons;

2. For children under age three, toys or items with removable parts with a diameter of less than 1-1/4 inch and a length of less than two inches;
3. For children age five and under, strings and cords long enough to encircle a child's neck, such as those found on window blinds or drapery cords.

K. Pursuant to § 22.1-289.058, each building built before 2015 used to operate a licensed child day center must be equipped with one carbon monoxide detector.

**8VAC20-781-330. General physical plant requirements.**

A. Fans, when used, shall be out of reach of children and cords shall be secured so as not to create a tripping hazard.

B. Electrical outlets and surge protectors accessible to preschool age children or younger shall have tamper resistant outlets or protective covers that are of a size that cannot be swallowed by children.

C. Portable camping equipment for heating or cooking that is not required to be approved by the building official shall bear the label of a nationally recognized inspection agency and be used in accordance with the manufacturer's specifications, except for charcoal and wood burning cooking equipment.

D. No cooking or heating shall occur in tents.

**8VAC20-781-340. Areas**

A. Indoor space shall be measured inside wall-to-wall excluding spaces not routinely used by children. Areas not routinely used for children's activities such as offices, hallways, restrooms, kitchens, storage rooms, or closets, shall not be calculated as available space.

B. There shall be 35 square feet of indoor wall-to-wall space available per child, age 16 months and older, for centers licensed after June 1, 2008, and any new additions after June 1, 2008.

C. Current licensees that operate in buildings licensed prior to June 1, 2008 may continue to provide 25 square feet per child, toddler age and older.

D. There shall be a minimum of 25 square feet of space per infant excluding space occupied by cribs and changing tables or a minimum of 35 square feet of available space per infant including space occupied by cribs and changing tables.

E. A separate space shall be designated for children who are ill or injured.

F. Camps for school age children are not required to meet this space requirement. However, when weather prevents outdoor activities, the required indoor space per child shall be provided either at the program site or at a predesignated, approved location off site.

G. When children are on the outdoor play area, at least 75 square feet of space per child shall be provided at any one time.

H. For centers licensed for the care of infants or toddlers, at least 25 square feet of the 75 square feet required in subsection G of this section must be an unpaved surface.

1. Infants or toddlers shall have a separate outdoor play area, or

2. Infants and toddlers shall not occupy the outdoor play area at the same time as older children.

**8VAC20-781-350. Restroom areas and furnishings.**

A. Centers shall have at least two toilets and two sinks.

B. Each restroom area provided for children shall:

1. Be within a contained area, readily available and within the building used by the children (Restrooms used by school age children at camps are not required to be located within the building);

2. Have toilets that are flushable;

3. Have sinks located near the toilets and that are supplied with running water that does not exceed 120°F (~~Camps are exempt from the requirement that running water be warm~~); and

4. Be equipped with soap, toilet paper, and disposable towels or an air dryer within reach of children.

C. For restrooms available to males, urinals shall not ~~exceed 50%~~ **count for more than 50%** of the required number of toilets.

D. An adult size toilet with privacy shall be provided for staff use. Staff toilets may be counted in the number of required toilets for children only if children are allowed unrestricted access to them.

E. Centers shall have at least one toilet and one sink per 20 preschool children and at least one standard size toilet and one sink per 30 school age children. When sharing restroom areas with other programs, the children in those programs shall be included in the toilet and sink ratio calculations. The toilet and sink ratio appropriate to the younger age group shall apply.

F. When child size toilets, urinals, and low sinks are not available in restrooms used by children of preschool age and younger, one or more platforms or sets of steps shall be provided. Platform steps shall be anchored or broad based to prevent toppling, and have a non-slip surface.

G. A restroom used for school age children shall (i) contain a lined waste container, and (ii) have at least one toilet enclosed if the restroom contains more than one toilet.

H. Restrooms used by school age children at primitive camps are not required to:

1. Be located within the building

2. Have sinks, if adequate water, supplies, and equipment for hand washing are available;

3. Have flushable toilets, if the number of sanitary privies or portable toilets constructed and operated in accordance with the applicable law and regulations of the Virginia Department of Health meets the toilet ratio stated in subsection E of this section. No privy or outdoor toilet shall be located within 75 feet of other buildings or camp activities; or

4. Have an adult size toilet with privacy for staff use.

**8VAC20-781-360. Indoor and outdoor play areas and equipment.**

A. Outdoor play areas shall be located and designed to protect children from hazards.

B. Indoor and outdoor playground and climbing equipment shall be age appropriate for the children using it.

C. For child day centers licensed prior to [the effective date of this regulation], where playground equipment is provided, protective surfacing shall comply with minimum safety standards when tested in accordance with the procedures described in the American Society for Testing and Materials standard F1292-99 as shown in Table 1 (Compressed Loose Fill Synthetic Materials Depth Chart) and Table 2 (Use Zones for Equipment) below and shall be under equipment with moving parts or climbing apparatus to create a use zone free of hazardous obstacles. A use zone shall encompass sufficient area to include the child's trajectory in the event of a fall while the equipment is in use. Where steps are used for accessibility, resilient surfacing is not required.

Table 1: Compressed Loose Fill Synthetic Materials Depth Chart

<u>Loose-fill Material Type</u>	<u>Required Depth</u>	<u>Maximum Equipment Fall Height</u>
<u>Engineered Wood Fiber</u>	<u>6 inches</u>	<u>7 feet</u>
	<u>9 inches</u>	<u>8 feet</u>
<u>Pea gravel</u>	<u>6 inches</u>	<u>4 feet</u>
	<u>9 inches</u>	<u>5 feet</u>
<u>Recycled shredded rubber</u>	<u>6 inches</u>	<u>8 feet</u>
<u>Sand</u>	<u>6 inches</u>	<u>8 feet</u>
<u>Wood chips</u>	<u>6 inches</u>	<u>7 feet</u>
	<u>9 inches</u>	<u>8 feet</u>
<u>Wood mulch</u>	<u>6 inches</u>	<u>7 feet</u>
	<u>9 inches</u>	<u>10 feet</u>
<u>Wood mulch-double shredded</u>	<u>6 inches</u>	<u>6 feet</u>

	9 Inches	10 feet
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**D.** Depth requirements in this section are required unless the facility has received documentation of third-party laboratory testing verifying that the type, depth of protective surfacing, or installation process used at the facility complies with the most recent recommendations by the U.S. Consumer Product Safety Commission’s (CPSC) Public Playground Safety Handbook.

Table 2: Use Zones for Equipment

<u>Equipment</u>	<u>Use Zone</u>
<u>Stationary Equipment</u>	<u>Six feet on all sides of the equipment.</u>
<u>Slides</u>	<u>Six feet on all sides. <del>Four feet plus the height of the slide in front of the slide chute.</del> <b>The use zone in front of the exit shall be a minimum of 6 feet and at least as long as the slide is high up to a maximum of 8 feet.</b></u>
<u>Swings</u>	<u>Six feet on each side. Twice the height of the swing beam in the front and back of the swing.</u>

**E.** For child day centers licensed after [the effective date of this regulation ]Where playground equipment is provided, protective surfacing and use zones shall comply with-protective surfacing requirements in the most current U.S. Consumer Product Safety Commission’s (CPSC) Public Playground Safety Handbook.

**F.** Use zones shall be free of obstacles, including any containment barriers for protective surfacing, and shall extend a minimum of six feet in all directions from the perimeter of the equipment.

**G.** Climbing equipment and swings shall not be installed over asphalt or concrete unless the asphalt or concrete is:

- 1. Covered with a properly installed unitary surfacing material; or
- 2. Covered with a loose-fill surfacing system (see Table 3). A loose-fill surfacing system shall include the following layers of protection:
  - a. Immediately over the hard surface there shall be a three- to six-inch base layer of loose-fill gravel for drainage;
  - b. The next layer shall be a geo-textile cloth;
  - c. On top of the geo-textile cloth there shall be a loose-fill layer meeting the requirements of section I of this subsection; and
  - d. Impact attenuating mats shall be embedded in the top loose-fill layer in high traffic areas. High traffic areas include underneath swings, at slide exits, and other places where displacement is likely.

TABLE 3.  
Loose-fill Surfacing System Requirements for Use Over Asphalt or Concrete

Layer 5: Impact mats-under swings and slide exits
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Layer 4: Loose-fill surfacing material – as required by 8VAC20-781-310 G
Layer 3: Cloth barrier – geo-textile cloth
Layer 2: Drainage layer - three to six inches of gravel
Layer 1: Hard surface of existing asphalt or concrete

H. Ground supports shall be covered with materials that protect children from injury.

I. Swing seats shall be constructed with flexible material such as rubber, canvas, or nylon.

1. Nonflexible molded swing seats may be used only in a separate infant or toddler play area.

2. Swings made specifically for a child with a special need shall be permitted in any area as long as a staff member is positioned to see and protect other children who might walk into the path of the swing.

3. Multi-axis swings including tire swings (i) shall not use steel belted tires, and (ii) the minimum clearance between the seating surface of the swing and the uprights of the supporting structure shall be 30 inches when the seat is in a position closest to the support structure.

J. Sandboxes shall be covered when not in use.

K. A shady area shall be provided in outdoor play areas during the months of May through September.

L. Play equipment used by children shall meet the following requirements:

1. Openings above the ground or floor which allow a 3-1/2 inch by 6-1/4 inch rectangle to fit through shall also allow a nine-inch circle to fit through shall be smaller than 3 ½ inches or larger than 9 inches to prevent entrapment of a child's body or body part;

2. All hooks, such as S-hooks and C-hooks, shall be properly closed and shall not be open more than 0.04 inches and less than the thickness of a dime; and

3. Have no protrusions, sharp points, shearing points, or pinch points.

M. The unenclosed climbing portion of slides and climbing equipment used by toddlers and preschool children shall not be more than seven feet high and must be located over resilient surfacing where outdoors, and shall not be more than five feet high where indoors.

N. The maximum fall height of slides and climbing equipment installed prior to June 1, 2005, and used by toddlers, twos, and preschool children, shall be seven feet high when outdoors, and five feet high when indoors.

O. Centers may not install 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.

P. The maximum fall height of slides and climbing equipment installed and used by toddlers, twos, and preschoolers shall be six feet high when outdoors, and five feet high when indoors.

Q. The climbing portions of indoor slides and climbing equipment over 18 inches shall not be over bare flooring.

R. The climbing portions of indoor slides and climbing equipment 36 inches or more shall be located over a resilient surface.

S. Slides shall not have any spaces or gaps that could trap strings, clothing, body parts, etc. between the platform and the start of the slide chute.

T. Trampolines may not be used.

U. When inflatable equipment is used, the equipment shall be assembled, maintained, and used in accordance with the manufacturer's instructions.

V. The requirements of this section shall not prohibit child day programs providing care for preschool or school-age children at a location that is currently approved by the Department of Education or recognized as a private school by the State Board of Education for school occupancy and that houses a public or private school during the school year from permitting preschool or school-age children to use outdoor play equipment and areas approved for use by students of the school during school hours.

## **Part V STAFFING AND SUPERVISION**

### **8VAC20-781-370. Supervision of children.**

A. When staff are supervising children, they shall always ensure their care, protection, and guidance.

B. During the center's hours of operation, one adult on the premises shall be in charge of the administration of the center. This person shall be either the administrator or an adult appointed by the licensee or designated by the administrator.

C. During the stated hours of operation, when one or more children are present, there always shall be on the premises, during outdoor activity area that is not adjacent to the facility, and on field trips, one staff member present who meets the qualifications of a lead teacher or director must be present with a direct way to communicate with the director or director-designee, whenever a child is present at the center; and an immediately available staff member, volunteer or other employee who is at least 16 years of age, with direct means for communication between the two of them. The staff member shall have received instruction in how to contact appropriate authorities if there is an emergency.

D. In each grouping of children at least one staff member who meets the qualifications of a lead teacher or **director** shall be present.



E. A lead teacher is not required in each grouping of children during **short breaks, special activities, and during** the first and last hour of operation when a center operates more than six hours per day and during the designated rest period if the following are met:

1. There is a staff member in the group who is over 18 years of age and has at least three months of programmatic experience at the center;

2. There is an additional staff person on site who meets lead teacher qualifications, is not counted in the staff-to-children ratios and is immediately available to help if needed; and

**3. There is a direct means for communicating between these two staff members**

F. Children under 10 years of age always shall be within actual sight and sound supervision of staff, except that staff need only be able to hear a child who is using the restroom provided that:

1. There is a system to assure that individuals who are not staff members or persons allowed to pick up a child in care are not present in the restroom area while in use by children; and

2. Staff check on a child who has not returned from the restroom after five minutes. Depending on the location and layout of the restroom, staff may need to provide intermittent sight supervision of the children in the restroom area during this five-minute period to assure the safety of children and to provide assistance to children as needed.

G. Children 10 years of age and older shall be within actual sight and sound supervision of staff except when the following requirements are met:

1. Staff can hear or see the children (video equipment, intercom systems, or other technological devices shall not substitute for staff being able to directly see or hear children);
2. Staff are nearby so they can provide immediate intervention if needed;
3. There is a system to ensure that staff know where the children are and what they are doing;
4. There is a system to ensure that individuals who are not staff members or persons allowed to pick up children in care are not present in the areas where children are not under sight supervision; and
5. Staff provide sight and sound supervision of the children at variable and unpredictable intervals not to exceed 15 minutes.

**H. Staff must be physically present in the room or area where children are being supervised and not separated from children by a physical barrier when supervising children.**

I. When the outdoor activity area is not adjacent to the center, there shall be at least two staff members on the outdoor activity area whenever one or more children are present.

**J. Staff shall maintain direct care and supervision of assigned children at all times, adjusting appropriately for different ages and abilities of children.**

**K. Staff shall intervene when children attempt to injure themselves or others.**

L. Staff shall not allow a child to leave the center unsupervised.

**8VAC20-781-380. Staff-to-children ratio and group size requirements.**

A. The maximum group size limitations specified in Table 1 shall be followed whenever children are in care.

	<u>Age</u>	<u>Maximum Group Size</u>
<u>1.</u>	<u>Birth up to 16 months</u>	<u>12</u>
<u>2.</u>	<u>16 months up to 24 months</u>	<u>15</u>
<u>3.</u>	<u>2 year olds</u>	<u>24</u>
<u>4.</u>	<u>3 year olds up to school age eligible</u>	<u>30</u>

B. The staff-to-children ratios specified in Table 2 are required whenever children are in care.

	<u>Age</u>	<u>Ratio (staff: children)</u>
<u>1.</u>	<u>Birth up to 16 months</u>	<u>1:4</u>
<u>2.</u>	<u>16 months up to 24 months</u>	<u>1:5</u>
<u>3.</u>	<u>2 year olds</u>	<u>1:8</u>
<u>4.</u>	<u>3 year olds up to school age eligible</u>	<u>1:10</u>
<u>5.</u>	<u>School age eligible up to 9 years</u>	<u>1:18</u>
<u>6.</u>	<u>9 years through 12 years</u>	<u>1:20</u>

C. When a group of children includes children from different age groups, the age of the youngest child in the group shall be used to determine the staff-to-children ratio and group size that applies to that group.

D. Group size limitations shall not apply during:

1. Designated rest periods as described in this section;
2. Outdoor activity as described in 8VAC20-781-430, 8VAC20-781-450, and 8VAC20-781-460;
3. Transportation and field trips as described in 8VAC20-781-800 and 8VAC20-781-810;
4. Meals and snacks served as described in 8VAC20-781-780; or
5. Special group activities, or during the first and last hour of operation when the center operates more than six hours per day.

E. Group size requirements in subsection A of this section do not apply to children school age eligible through 12 years of age.

F. Staff shall be counted in the required staff-to-children ratios only when they are directly supervising children.

G. A child volunteer 13 years of age or older not enrolled in the program shall not be counted as a child in the staff-to-children ratio requirements.

H. With a parent's written permission and a written assessment by the **Director** and lead teacher, a center may choose to assign a child to a different age group if such age group is more appropriate for the child's developmental level and the staff-to-children ratio and group size shall be for the established age group.

I. If a child with a special need is assigned to a more appropriate age group for the child's developmental level, a written assessment by a recognized agency or professional shall be required at least annually. These assignments are intended to be a permanent new group and staff members for the child.

#### **8VAC20-781-390. Ratios and group size for balanced-mixed-age groupings.**

A. The ratio for balanced-mixed-age groupings of children shall be one staff member for every 14 children provided:

1. The center has additional staff who are readily accessible in the event of an emergency to maintain a ratio of one staff member for every 10 children when three-year-olds are included in the balanced-mixed-age group; and
2. The lead teacher has received at least eight hours of training in classroom management of balanced-mixed-age groupings.

B. The staff-to-child ratio for balanced-mixed-age groupings during rest time shall be one staff member for every 28 children and the requirements subsection C through G of 8VAC20-781-400 shall be met.

C. A maximum group size of 28 shall be followed whenever children in care are in balanced-mixed-age groupings.

#### **8VAC20-781-400. Ratios during designated rest periods.**

A. For children ages 16 months through preschool age, during the designated rest period, when children are resting or in an inactive state, the following rest period ratios are permitted if the requirements of subsections C through G of this section are met:

1. Children 16 through 24 months of age: one staff per 10 children.
2. Children two years of age: one staff per 16 children.
3. Children of preschool age: one staff per 20 children.

B. Staff-to-child ratios for resting infants and school-age children shall be in accordance with 8VAC20-781-380.

C. Staff required by rest period ratios shall be within sight and sound at all times in the same space as the resting or sleeping children.

D. Staff shall remain awake and alert to the needs of the children while supervising children.

E. In addition to the staff required by rest period ratios, an additional staff member shall always be available on-site to offer immediate assistance. The staff required by rest period ratios shall be able to summon the additional staff member without leaving the room or area of the sleeping or resting children.

F. Once at least half of the children in the resting room or area are awake and off their mats or cots, the staff-to-children ratio shall meet the ratios as required in 8VAC20-781-380 and 8VAC20-781-390.

G. One staff member shall not supervise more than one room or area during rest time.

H. Centers providing evening and overnight care shall meet the requirements of subsections A through this subsection G of this section during sleep periods.

**8VAC20-781-410. Ratios and supervision during transportation and field trips.**

- A. When the center provides transportation, the center shall be responsible from the time the child boards the vehicle until returned to the parents or person designated by the parent.
- B. The staff-to-children ratios of 8VAC20-781-380 B and 8VAC20-781-390 A shall be followed on all field trips. The staff-to-children ratios need not be followed during transportation of school age children to and from the center. One staff member or adult is necessary in addition to the driver when 16 or more preschool or younger children are being transported in the vehicle.

**Part VI.  
PROGRAM REQUIREMENTS AND EQUIPMENT**

**8VAC20-781-420. Daily Activities.**

A. The variety of daily activities for all age groups shall be age appropriate and based on the physical, social, emotional, and intellectual needs of the children.

B. Activities shall provide opportunities for teacher-directed, self-directed, and self-chosen tasks and activities; a balance of active and quiet activities; vigorous outdoor play; individual and group activities.

C. Specialty camps shall provide a variety of daily activities for all age groups that are age and stage appropriate and provide opportunities for teacher-directed and self-directed activities; a balance of active and quiet activities; and individual and group activities.

D. The use of media such as television, videos, video games, curriculum and educational materials and software, and, computers shall be:

1. Limited to special occasions special group activities, or during the first and last hour of operation when the center operates more than six hours per day for children under two years of age.

2. Limited to not more than a total of two hours per day, for children age two and older when content is not based on curriculum or educational content.

3. Limited to age appropriate programs and meet all of the requirements in subsection A of this section.

E. For preschool age children, media may be used to facilitate educational content related to intentional learning indicated in the program curriculum or lesson plan.

F. Requirements in subdivision 2 of subsection D of this section do not apply to school-age children who attend educational programming that incorporates technology into curriculum learning activities.

G. For a child who cannot move without help, staff shall offer to change the places and position of the child at least every 30 minutes or more frequently depending on the child's individual needs.

H. Children shall be allowed to sleep or rest as individually needed.

#### **8VAC20-781-430 Daily activities for infants.**

A. There shall be a flexible daily schedule posted for infants based on their individual needs. This schedule need not apply on field trip days or special events. During the day, infants shall be provided with:

1. Food as specified in 8VAC20-781-780 and 8VAC20-781-790.
2. Outdoor time if weather and air quality allow based upon the Air Quality Color Code Chart as provided by the Department of Environmental Quality.
3. Comfort as needed.
4. Stimulation and language development activities, including but not limited to staff reading, talking to, showing pictures to, naming objects for, playing with and engaging in positive interactions (such as smiling, cuddling, and making eye contact) with infants.

B. Play spaces.

1. Play spaces may include infant seats, play yards, exercise chairs or saucers, infant swings, high chairs, and floor space.
2. Infant car seats and cribs shall not be used as play spaces.
3. The variety of play spaces shall cumulatively offer:
  - a. Room for extensive movement (rolling, crawling, or walking) and exploration;

- b. A diversity of sensory and perceptual experiences; and
  - c. Equipment and toys that support large and small motor development.
- 4. Staff shall provide frequent opportunities for infants to creep, crawl, toddle and walk.
- 5. Infants shall be protected from older children.
- 6. Staff shall provide awake infants not playing on the floor or ground a change in play space at least every 30 minutes or more often as determined by the individual infant's needs.
- C. Staff shall respond promptly to children who are in emotional or physical distress due to conditions such as hunger, fatigue, wet or soiled diapers, fear, teething, or illness.
- D. Staff shall change the position of an awake infant playing on the floor or ground and the selection of toys available to the infant every 30 minutes or more often as determined by the individual infant's needs.
- E. Infants, who are awake, shall not be confined for more than 30 consecutive minutes in one piece of equipment including: swings, high chairs, cribs, play pens, or other similar pieces of equipment. The intervening time period between confinements shall be at least one hour.
- F. An infant who is awake and unable to turn over by himself shall have supervised tummy time every day when awake by being placed on his stomach for short periods of time, three to four minutes, for a minimum of 30 minutes each day to facilitate upper body strength and to prevent flat spots on the infant's head.

**8VAC20-781-440. Resting and sleeping infants.**

- A. Infants shall be allowed to follow individual patterns of sleeping and eating.
- B. When an infant is placed in his crib, he shall be placed on his back (supine) unless otherwise ordered by a written statement signed by the child's physician or health care provider for treatment of a medical condition.
- C. When an infant is able to easily turn over from the back (supine) to the belly (prone) position and he is placed in his crib, he shall still be put on his back (supine) but allowed to adopt whatever position he prefers. This applies unless otherwise directed by the infant's physician in writing.
- D. Sleep positioners, crib wedges or other sleep adaptive equipment shall not be used unless the center has written authorization from a physician on file.
- E. Resting or sleeping infants shall be individually checked every 15-20 minutes.
- D. An infant who falls asleep in a play space specified in 8VAC20-781-430 B1 shall be moved to the infant's assigned crib as soon as possible.
- G. Bibs shall not be worn by any child while asleep.
- H. Nothing shall be placed over the head or face of an infant.

**8VAC20-781-450. Daily activities for toddlers, twos and preschoolers.**

- A. The center shall develop, follow and post a daily schedule that allows for flexibility as children's needs require. The daily schedule need not apply on days occupied a majority of the time by a field trip or other special event. The daily schedule shall include opportunities for:
1. Outdoor activity, weather and air quality allowing, for at least:
    - a. Fifteen minutes per day or session if the center operates up to three hours per day or session;
    - b. Thirty minutes per day or session if the center operates between three and five hours per day or session; or
    - c. One hour per day or session if the center operates more than five hours per day or session.
  2. Sleep or rest.
    - a. Centers operating five or more hours per day shall have a designated rest period for at least one hour but no more than two hours.
      - (1) Cribs, cots, beds, or mats shall be used.
      - (2) After the first 30 minutes, children not sleeping **shall be permitted to** engage in quiet activities.
    - b. A child who falls asleep in a place other than his designated sleeping location may remain in that space if comfortable and safe.
    - c. Sleeping toddlers shall be individually checked every 30 minutes.
  3. Meals and snacks as specified in 8VAC20-781-780.
  4. Small and large motor activities, language and communication experiences, sensory experiences, art or music activities, and play acting or social living.
- B. Staff shall encourage language development by having conversations with children that give them time to initiate and respond, by labeling and describing objects and events, having storytelling time and by expanding the children's vocabulary.
- C. Toddlers, who are awake, shall not be confined for more than 30 consecutive minutes in one piece of equipment including: swings, high chairs, cribs, play pens, or other similar pieces of equipment. The intervening time period between confinements shall be at least one hour.

**8VAC20-781-460. Daily activities for school age children.**

- A. A. There shall be a daily schedule posted for school-age children that allows for flexibility based on their individual needs. This schedule need not apply on field trip days or special events.
- B. Before or after school, the center shall provide an opportunity for children to do homework, ~~or~~ projects, ~~or~~ hobbies, small motor activities, art activities, or music activities in a suitable area. In the afternoon, there shall be an opportunity for large motor activities at least 25% of the time.
- C. On nonschool days, the daily activity shall include opportunities for large motor activities at least 25% of the time; small motor activities; projects, hobbies, or homework in a suitable place; art or

music activities; outdoor activity, weather and air quality permitting, for at least one hour per day; and food as specified in 8VAC20-781-780.

D. Specialty camps are not required to meet the requirements of this subsection.

**8VAC20-781-470. Daily care and activities for children with special needs.**

A. The center shall work with the staff assigned to the child and parent to ensure that children with special needs receive care and activity opportunities appropriate to their individual needs, including any recommendations by a physician, psychologist, or other professional who has evaluated or treated the child.

1. Specific care and activities recommended by a physician, psychologist, or other professional, for a child with special needs, shall be documented and maintained in the child's record, and updated annually, or more frequently, as necessary.

2. Activities shall include all children with or without special needs where appropriate.

B. For a child who cannot move without assistance, staff shall offer to change the place and position of the child at least every 30 minutes or more frequently depending on the individual child's needs.

**8VAC20-781-480. Behavioral guidance.**

A. The center shall use positive methods of guiding behavior.

B. In order to promote children's physical, intellectual, emotional, and social well-being and growth, staff shall interact with children and one another to provide needed help, comfort, support and:

1. Respect personal privacy;

2. Respect differences in cultural, ethnic, religious and family backgrounds;

1. Encourage decision-making abilities;

2. Promote ways of getting along;

3. Encourage independence and self-direction; and

6. Use consistency in applying expectations.

C. Behavioral guidance shall be constructive in nature, age and stage appropriate, and shall be intended to redirect children to appropriate behavior and resolve conflicts.

D. When time out is used as a behavior guidance technique:

1. It shall be used sparingly and shall not exceed one minute for each year of the child's age;

2. It shall be appropriate to the child's developmental level and individual needs;



3. It shall not be used with infants or toddlers;
4. The child shall be in a safe, lighted, well-ventilated place, and within actual sight and sound of a staff member; and
5. The child shall not be left alone inside or outside the center.

**8VAC20-781-490. Prohibited actions.**

The following actions or threats thereof are **prohibited**:

1. Physical punishment
2. Striking a child, roughly handling or shaking a child, **biting, pinching**, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, ~~or~~ forced exercise, **or any action taken to cause pain or discomfort**;
3. Enclosure in a small confined space or any space that the child cannot freely exit himself; however, this does not apply to the use of equipment such as cribs, play yards, high chairs, and safety gates when used with children preschool age or younger for their intended purpose;
4. **Permitting a child to discipline or punish other children**;
5. Separation from the group so that the child is away from the hearing and vision of a staff member;
6. Withholding or forcing of food, **water**, or rest;
7. **Verbal remarks which are demeaning to the child or psychological punishment of any kind, including ridicule, or humiliation**;
8. Punishment for toileting accidents **or withholding opportunities for toileting**; ~~and~~
9. Punishment by applying unpleasant or harmful substances; and
10. **Withholding outside activity time as punishment.**

**8VAC20-781-500. Parental involvement.**

Before the child's first day of attending **and when revisions to policies are made**, parents shall be provided in writing the following:

- A. The center's philosophy and any religious affiliation;
- B. Operating information, including the hours and days of operation and holidays or other times closed, and the phone number where a message can be given to staff;
- C. **The center's policies and procedures required in 8VAC20-781-50 of this chapter**;
- D. Description of established lines of authority for staff;

E. A custodial parent's right to be admitted to the center as required by § 22.1-289.054 of the Code of Virginia;

F. The appropriate general daily schedule for the age of the enrolling child;

G. Parent communication and notifications to be provided as required by 8VAC20-781-510; and

H. How to access, review or obtain information on the center's emergency procedures~~emergency preparedness and response plan.~~ to include the following:

1. Designated relocation site;
2. Method of communication with parents and emergency responders;
3. Procedure to reunite children with a parent or authorized person designated by the parent.

**8VAC20-781-510. Parent communication and notification.**

- A. Staff shall inform parents in writing when behavioral problems continue to exist over a prolonged period of time; such notification shall include any actions taken in response.
- B. The center shall provide opportunities for parental involvement in center activities.
- C. The center shall maintain a written record and provide parents with a written report of each incident involving their child on the day of occurrence. The written report shall include:
  1. Date and time of incident or injury;
  2. Name of the affected child;
  3. Type and circumstance of incident or injury;
  4. Staff present and actions taken or treatment offered;
  5. Date, time, and method used to notify parents; and
  6. Staff and parent signatures or two staff signatures.
- D. The center shall notify the parent immediately when:
  1. The child has a head or facial injury serious injury or any serious injury that requires emergency medical or dental treatment.
  2. The child has an adverse reaction to an administered medication, topical skin product, or when medication has been administered incorrectly.

3. The child has a confirmed or suspected allergic reaction; or has ingested any food identified in the written care plan required in subdivision 6 of 8VAC20-781-70 B even if a reaction did not occur.
4. The child is lost or missing.
5. A situation in which the child's whereabouts was unknown, including a child left unattended in a vehicle or on the playground; or a child who wandered away unattended from the facility or assigned group.

E. When a child has been exposed to a communicable disease listed in the Department of Health's current communicable disease chart, as required in subdivision 3 of 8VAC20-781-520.

E. Parents shall be informed of any change to the center's ~~emergency preparedness and response plan relocation plan, the communication plan and the reunification plan~~. Any changes shall be communicated in writing or by posting; except in emergency evacuation or relocation situations, the center shall inform the parent and have written permission as required by 8VAC20-781-410 B.1 before the child is taken off the premises of the center.

G. If an emergency evacuation or relocation is necessary, the parent shall be informed of the child's whereabouts as soon as possible as stated in the center's emergency preparedness and response plan.

H. The center shall request from the parent, at least annually, written confirmation that information required in the child's record is up to date. ~~The sharing of information shall be documented.~~

I. For each infant, the center shall maintain a daily record which can be easily accessed by both the parent and the staff working with the child. The record shall contain the following information:

1. The amount of time the infant slept;
2. The amount of food consumed and the time;
3. Record of diaper changes and any application of diaper ointment;
4. A description and time of bowel movements;
5. Developmental milestones; and
6. For infants, who are awake and cannot turn over by themselves, the amount of time spent on their stomachs.

J. If asked by parents, staff shall provide feedback about daily activities, physical well-being, and developmental milestones.

K. Daily records required by subsection H of this section shall be maintained for 30 calendar days from the date of termination of services for a child.

L. Parents shall be informed of reasons for termination of services.

- M. The center shall provide to parents of children, at least semiannually or more frequently if needed:
1. Written information about their child's development, behavior, adjustment, and needs; and
  2. Semi-annual scheduled opportunities for parents to provide feedback on their children. This opportunity to provide feedback shall be documented.

N. Requirements in subdivision M of this section shall not apply to school age children and children participating in short-term programs as defined in 8VAC20-781-10.

O. The center shall provide all parents, at least annually, opportunities to provide feedback on the center's program.

P. Information on a child required by section M of this subsection shared between the child's parents and the center shall be documented in the child's record.

#### **8VAC20-781-520. Parental agreements.**

A written agreement between the parent and the center shall be in each child's record by the first day of the child's attendance. The agreement shall be signed by the parent and include:

1. An authorization for emergency medical care should an emergency occur when the parent cannot be located immediately unless the parent states in writing an objection to the provision of such care on religious or other grounds;
2. A statement that the center will notify the parent when the child becomes ill and that the parent will arrange to have the child picked up as soon as possible if so requested by the center; and
3. A statement that the parent will inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
4. Authorization for the center to transport the child in the event of an emergency including needing medical care or facility relocation.

#### **8VAC20-781-530. Equipment and materials**

A. Furnishings, equipment, and materials shall be (i) of an appropriate size for the child using it, and (ii) used in accordance with the manufacturer's instructions.

B. Materials and equipment shall be available, and shall be age and stage appropriate for the children and shall include an adequate supply as appropriate for each age group of arts and crafts materials, texture materials, construction materials, music and sound materials, books, social living equipment, and manipulative equipment.

C. If combs, toothbrushes, or other personal articles are used, they shall be individually assigned.

- D. Disposable products shall be used once and discarded.
- E. Provision shall be made for an individual place for each child's personal belongings.
- F. Infant walkers shall not be used.
- G. Play yards where used shall:
  1. Meet the current Juvenile Products Manufacturers Association (JPMA) and the American Society for Testing and Materials (ASTM) requirements and shall retain the manufacturer's label documenting product compliance with current safety standards at the time they were manufactured;
  2. Not be used after recalled;
  3. Not use any pillows or filled comforters;
  4. Not be used for the designated sleeping areas;
  5. Not be occupied by more than one child; and
  6. Be sanitized each day of use or more often as needed.

N. ~~Upon being informed that a product has been recalled,~~ The licensee shall register to receive free recall alerts from the U.S. Consumer Product Safety Commission, and ~~center staff shall remove all recalled~~ items from the center.

H. Where portable water coolers are used, they shall be of cleanable construction, maintained in a cleaned condition, kept securely closed and so designed that water may be withdrawn from the container only by water tap or faucet.

I. Drinking water which is transported to camp sites shall be in closed containers.

**8VAC20-781-540. Cribs, cots, rest mats, and beds.**

- A. Cribs, cots, rest mats or beds shall be provided for children during the designated rest period and not be occupied by more than one child at a time.
- B. **Cribs, cots, rest mats or beds shall not be used as a play space.**
- C. Cribs, cots, rest mats, and beds shall be identified for use by a specific child.
- D. Double decker cribs, cots, or beds, or other sleeping equipment when stacked shall not be permitted **to be used for children.**
- E. Occupied cribs, cots, rest mats, and beds shall be at least 2-1/2 feet from any heat producing appliance.
- F. There shall be at least 12 inches of space between occupied cots, beds, and rest mats.

- G. Twelve inches of space are not required where cots, beds, or rest mats are located adjacent to a wall or a divider as long as one side is open at all times to allow for passage.
- H. Cots or rest mats shall be (i) nonabsorbant, and (ii) sanitized on all sides weekly or before use by another child; and rest mats shall have at least one-inch of cushioning.
- I. Cribs shall be used for children under 12 months of age and for children over 12 months of age who are not developmentally ready to sleep on a cot or mat.
- J. Cribs shall meet the following requirements:
  1. They shall meet the current Consumer Product Safety Commission Standards at the time they were manufactured;
  2. They shall not have been recalled;
  3. There shall be no more than one inch between the mattress and the crib; and
  4. Not have mesh sides.
- K. Cribs shall be placed where objects outside the crib such as cords from blinds or curtains are not within reach of infants or toddlers.
- L. There shall be at least:
  1. Twelve inches of space between the sides and ends of occupied cribs except where they touch the wall or solid barrier; and
  2. Thirty inches of space between service sides of occupied cribs and other furniture where that space is the walkway for staff to gain access to any occupied crib.
- M. If cribs with a swing down safety gate on one side for easy access to a child are used, the hinged safety gates shall be up and the fastenings secured when a child is in the crib, except when a staff member is giving the child immediate attention.
- N. No soft objects or loose bedding shall be used with infants under 12 months when sleeping or resting including pillows, blankets, quilts, comforters, sheepskins, bumper pads or stuffed toys.
- N. Toys or objects hung over an infant in a crib and crib gyms that are strung across the crib shall be out of reach of the infant and may not be used for infants over five months of age or infants who are able to push up on their hands and knees.

**8VAC20-781-550. Linens.**

- A. Cribs when being used by infants shall only have a tight fitted bottom cover that does not make the mattress buckle or bend.
- B. Cribs, cots, mats and beds used by children other than infants during the designated rest period or during evening and overnight care shall have linens consisting of a top cover and a bottom cover or a one-piece covering which is open on three edges.
- C. Linens and pillows used by children shall be (i) assigned for individual use, and (ii) stored separately from those of other children.

D. Linens, crib sheets, and pillow cases shall be (i) clean, (ii) changed when wet or soiled, and (iii) washed at least weekly.

E. Pillows when used shall be covered with pillow cases.

F. Mattresses when used shall be covered with a waterproof material which can be cleaned and sanitized.

**8VAC20-781-560. Swimming and wading activities; staff and supervision.**

- A. The staff-to-children ratios required by 8VAC20-781-380 B and 8VAC20-781-390 A shall be maintained while children are participating in swimming or wading activities.
1. Notwithstanding the staff-to-children ratios already indicated, at no time shall there be fewer than two staff members supervising the activity.
  2. The designated certified lifeguard shall not be counted in the staff-to-children ratios.

B. If a pool, lake, or other swimming area has a water depth of more than two feet, a certified lifeguard holding a current certificate shall be on duty supervising the children participating in swimming or wading activities at all times when one or more children are in the water.

1. One lifeguard for every 25 children in the water shall be on duty and supervising the children.

2. The lifeguard certification shall (i) include an in-person competency demonstration, and (ii) be obtained from an organization such as the American Red Cross, the YMCA, or the Boy Scouts of America.

**8VAC20-781-570. Pools and Equipment.**

A. When permanent swimming or wading pools are located on the premises of the center, the following shall apply:

1. The manufacturer's specifications for operating the pool shall be followed as well as any local ordinances and any Department of Health requirements for swimming pools;
2. Pools constructed, renovated, or remodeled after April 1, 1986, shall have a statement in writing of their inspection and approval from the local building official when such approval is required;
3. Outdoor swimming pools shall be enclosed by safety fences and gates which are in compliance with the applicable edition of the Virginia USBC (13VAC5-62) and shall be kept locked when the pool is not in use;
4. Entrances to indoor swimming pools shall be locked when the pool is not in use; and
5. A whistle or other audible signaling device, a buoy or a lemon line, a reach pole, and a backboard shall be available at the swimming or wading site.

B. If children are allowed to swim in a lake or other place other than a pool, safe swimming areas shall be clearly marked and there shall be appropriate water safety equipment.

C. Piers, floats, and platforms shall be in good repair and where used for diving, the minimum water depth shall be stated on the deck or planking.

D. If portable wading pools without integral filter systems are used, they shall be emptied after the use of each group of children, rinsed, and filled with clean water, or more frequently as necessary.

E. Children who are not toilet trained may not use portable wading pools.

F. After each day's use, portable wading pools shall be emptied, sanitized, and stored in a position to keep them clean and dry.

**8VAC20-781-580. Swimming and wading; general.**

A. The center shall have emergency procedures and written safety rules for swimming or wading or follow the posted rules of public pools that are:

1. Posted in the swimming area when the pool is located on the premises of the center; and
2. Explained to children participating in swimming or wading activities.

B. Prior to a child being able to participate in swimming or wading activities, and annually thereafter, the center shall obtain (i) written permission from the parent of each child who participates in swimming or wading including a statement advising of the child's swimming skills, and (ii) a written assessment from a certified lifeguard or an adult who is familiar with basic swimming strokes to determine if the child is a swimmer or nonswimmer before the child is allowed in water with a depth of more than two feet.

C. Constant and active supervision shall be maintained when any child is in or around water by staff designated to supervise children in the water. Notwithstanding ratio requirements in 8VAC20-781-380 and 8VAC20-781-390 A, these staff shall not be responsible for the supervision of children not participating in the water activity and additional staff shall be available in order to supervise children not participating.

D. Staff shall have a system for accounting for all children in the water and in the aquatic area at all times.

E. Outdoor swimming activities shall occur only during daylight hours unless underwater and deck lighting is provided.

**PART VII  
PREVENTING THE SPREAD OF DISEASE AND INFECTION CONTROL**

**8VAC20-781-590. Preventing the spread of disease.**



A. Unless otherwise approved by a child's health care professional, a child shall be excluded from the center if the child has:

1. A fever and behavior change. A fever means an oral or auxiliary temperature above 100.4°F or axillary temperature above 100°F along with changes in behavior;

2. Diarrhea, which means more watery, less formed, more frequent stools, not associated with a diet change or medication;

3. Recurrent vomiting, which means vomiting two or more times in 24 hours; or

4. Symptoms of a communicable disease listed in the Virginia Department of Health's current communicable disease chart.

B. If a child needs to be excluded according to subsection A of this section, the following shall apply:

1. The parents or designated emergency contact shall be contacted immediately so that arrangements can be made to remove the child from the center as soon as possible; and

2. The child shall remain in a designated area, shall be within sight and sound of a staff person at all times, and staff shall respond immediately to the child until the child leaves the center.

C. When children at the center have been exposed to a communicable disease listed in the Department of Health's current communicable disease chart, the parents shall be notified within 24 hours or the next business day of the center's having been informed unless forbidden by law, except for life threatening diseases, which must be reported to parents immediately.

D. The center shall consult the local department of health if there is a question about the communicability of a disease.

E. When any surface has been contaminated with body fluids, it shall be cleaned and sanitized immediately or restricted from use until cleaned and sanitized.

#### **8VAC20-781-600. Disease outbreaks.**

As required by § 32.1-37 of the Code of Virginia, centers shall immediately report an outbreak of disease as defined by the Virginia Board of Health. The report shall be made by rapid means to the local health department.

#### **8VAC20-781-610. Infection control measures.**

A. Washable toys and materials used by infants shall be cleaned and sanitized daily, or more often if necessary.

B. The following cloth items shall be washable: stuffed animals, cloth dolls, and dress-up clothes; floor pillows shall be washable or have removable covers that are machine washable. The center shall wash stuffed animals, cloth dolls, dress-up clothes, and pillows at least once a week or when soiled.

C. If water play tables or tubs are used they shall be cleaned and sanitized daily.

**8VAC20-781-620. Hand washing.**

A. Staff shall ensure that children's hands are washed with liquid soap and running water:

1. After diapering or toileting;
2. After contact with any body fluids;
3. After coming in from outdoors;
4. After handling or caring for animals; and
5. When their hands are visibly dirty.

B. Staff shall ensure that children's hands are washed with liquid soap and running water or pre-moistened towelettes or disposable wipes before and after eating.

C. Until an infant is old enough to be safely raised to the sink and reach for the water, the infant's hands may be washed using pre-moistened towelettes or wipes.

D. Staff shall wash their hands with liquid soap and running water:

1. Before and after helping a child use the toilet;
2. Before and after a diaper change;
3. After the staff member uses the toilet;
4. After ~~any~~ contact with any body fluids;
5. Before and after feeding or helping children with feeding; and
6. Before and after preparing or serving food or beverages.
7. After cleaning or handling garbage
8. Before and after administering medication or over-the-counter skin products;
9. After coming in from outdoors;
10. When entering the classroom, before working with children, and after breaks when returning to the classroom.
11. After handling or caring for animals; and
12. When their hands are visibly dirty.

E. If running water is not available, a germicidal cleansing agent administered per manufacturer's instruction may be used.

**8VAC20-781-630. Diapering and toileting.**

- A. The diapering area shall be accessible and within the building used by children.
- B. There shall be sight and sound supervision for all children when a child is being diapered.
- C. Staff shall not leave a child unattended on the diapering surface.
- D. The diapering area shall have the following:
  1. A sink with running ~~warm~~ water not to exceed 120°F;
  2. Liquid Soap, disposable towels, and single use gloves such as surgical or examination gloves;

3. A nonabsorbent surface for diapering or changing shall be used. For children younger than three years, this surface shall be a changing table or countertop designated for changing unless otherwise specified in this subsection;
4. The appropriate disposal container as required by ~~subdivision 6~~ of this subsection; and
5. A leakproof covered receptacle for soiled linens.

E. When a child's clothing ~~or, diaper, or disposable training pants~~ becomes wet or soiled, the child shall be cleaned and changed immediately.

F. Staff shall check diapers **and disposable training pants** at least once every two hours.

G. Disposable diapers and **disposable training pants** shall be disposed in a **covered** leakproof or plastic-lined storage system that is either foot-operated or used in such a way that neither the staff member's hand nor the soiled diaper touches an exterior surface of the storage system during disposal.

H. When cloth diapers are used, a separate **covered** leakproof storage system as specified in subdivision 5 of this subsection shall be used for each individual child.

I. **Diapers or disposable training pants of children who are toilet training may be changed in the bathroom, and not on the diapering surface required in subdivision 3 of subsection B of this section, but the required procedures for hand-washing in 8VAC20-781-630 and disposal of diapers or disposable training pants in subsections 5 and 6 of this section shall be followed.**

**J. The storage system required in subsections G and H of this section shall be cleaned and sanitized daily.**

K. The diapering surface shall (i) not be used for storage, (ii) be used only for diapering or cleaning children, and it shall (iii) be cleaned with soap and at least room temperature water and then sanitized after each use. Tables used for children's activities or meals shall not be used for changing diapers.

L. Staff shall ensure the immediate safety of a child during diapering.

#### **8VAC20-781-640. Toilet training.**

A. Toilet training. For every 10 children in the process of being toilet trained, there shall be at least one toilet chair or one child-sized toilet, or at least one adult sized toilet with a platform or steps and adapter seat.

1. The location of these items shall allow for sight and sound supervision of children in the classroom if necessary for the required staff-to-children ratios to be maintained.

2. Toilet chairs shall be emptied promptly and cleaned and sanitized after each use **and located on non-carpeted areas when used.**

C. **Children who are being toilet trained shall not be required to wear diapers or disposable training pants unless specifically stated in the center's toilet training policy.**

#### **PART VIII**

## MEDICATION ADMINISTRATION AND TOPICAL SKIN PRODUCTS

### 8VAC20-781-650. General requirements for medication administration.

A. The decision to administer medicines at a facility may be limited by center policy to administer:

1. Prescribed medications;
2. Over-the-counter or nonprescription medications; or
3. No medications except those required for emergencies or by law.

B. Written parental authorization for medication shall be obtained prior to a medication being accepted, maintained or stored at the center.

C. Medications accepted, maintained or stored at the center shall (i) be labeled with the child's name, and (ii) not be kept or used beyond the date of expiration.

D. Any child for whom emergency medications (such as albuterol, glucagon, and epinephrine auto injector) have been prescribed shall always be in the care of a staff member or independent contractor who is immediately accessible and available and meets the requirements listed in 8VAC20-781-260.

E. Prescription and nonprescription medication shall be given to a child:

1. According to the center's written medication policies; and
2. Only with written authorization from the parent that has not expired.

F. Medication shall be administered by a staff member who is 18 years of age or older.

G. The parent's written authorization for medication shall expire or be renewed after 10 business days unless written authorization from the child's physician is on file.

H. Long-term prescription and nonprescription drug administration may be allowed with written authorization from the child's physician and parent, and shall be renewed based on the child's physician instructions.

I. Medication authorization shall be available to staff during the entire time it is effective.

J. When an authorization for medication expires, the parent shall be notified that the medication needs to be picked up within 145 business days or the authorization shall be renewed. **Medications that are not picked up by the parent or renewed within 5 business days shall be disposed of by the center.**

K. Staff shall inform parents immediately of (i) the administration of an emergency medication, (ii) any adverse reactions to medication administered, and (iii) any medication error.

### 8VAC20-781-660. Prescription medication.

The center may administer prescription medication provided that:

1. The medication is administered by a staff member who meets the requirements in 8VAC20-781-260;
2. The center administers only those drugs that are dispensed from a pharmacy or health care provider and maintained in the original, labeled container; and
3. The center administers medications only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and route of administration.

**8VAC20-781-670. Non-prescription medication.**

The center may administer nonprescription medication provided the medication is:

1. Administered by a staff member who meets the requirements in 8VAC20-781-260;
2. Labeled with the child's name; the name of the medication, the dosage amount, and the time or times to be given.
3. In the original container with the manufacturer's direction label attached; and
4. Given only as specified on the manufacturer's label unless otherwise designated by written physician's order.

**8VAC20-781-680. Storage of medication.**

- A. Unless designated otherwise by a written physician's order, medications, including refrigerated and staff's personal medications, shall be kept in a locked place, using a safe locking method, that prevents access by children.
- B. If a key is used, the key shall be inaccessible to the children.
- C. When needed, medication shall be refrigerated.
- D. When medication is stored in a refrigerator used for food, the medications shall be stored together in a container or in a clearly defined area away from food.

**8VAC20-781-690. Medication records.**

The center shall keep a record of prescription and nonprescription medication given to children, which shall include the following:

1. Name of the child to whom medication was administered;
2. The dose, the route, and the name of the medication administered to the child;

3. The date and time the medication was administered to the child;
4. Name of the staff member administering the medication;
5. Any adverse reactions; and
6. Any medication administration error **and action taken**.

**8VAC20-781-700. Self-administered medication.**

A. A school-age child may self-administer medication while in care when:

1. The center has obtained documentation of written authorization from the child's physician and a written request from the child's parent for the child's self-administration of medication;
2. The center has established a written safety procedure for self-administration of medication by the child based on the physician's written authorization; and
3. The child is under direct supervision of a staff during the administration of the medication.

B. Any medication self-administered by a child shall be documented to include:

1. The child's name;
2. The dose, the route, and name of the medication self-administered;
3. The date and time the medication was self-administered;
4. Any adverse reactions or side effects; and
5. Any medication administration error and action taken.

C. If the written safety procedure required in this section are not followed, the center shall:

1. Notify the child's parent;
2. Assume responsibility for administration of the medication while the child is in care; and
3. Document in the child's record, the discontinuation of the authorization to self-administer and the notification to the child's parent.

**8VAC20-781-710. Topical skin products.**

A. When topical skin products such as lip balm, hand lotion, sunscreen, diaper ointment and lotion, and insect repellent are used, the following requirements shall be met:

1. Written parent authorization noting any known adverse reactions shall be obtained at least annually;

2. The product shall be in the original container and, if provided by the parent, labeled with the child's name; and

3. Manufacturer's instructions for application shall be followed.

4. A record shall be kept that includes the child's name, the name of the product, date and time of use, any adverse reactions, and any application errors and action taken.

B. Caregivers without medication administration training may apply topical skin products unless the product is a prescription medication, in which case the requirements in 8VAC20-781-670 applicable to prescription medication shall be met.

C. The product shall not be kept or used beyond the expiration date.

D. Topical skin products except those referenced in subsection B of this section, do not need to be kept locked, but shall be inaccessible to children under five years of age.

E. Children five years of age and older may have access to and may apply their own hand sanitizers, liquid hand soaps, sunscreens, lip balms and hand lotions labeled "Keep out of reach of children" provided that the label does not contain any other warning words such as: danger, caution, warning, flammable, harmful if swallowed, causes burns, harmful vapor, or poison listed in 8VAC20-781-320 A and is used under adult supervision.

F. Sunscreen provided by the center shall have a minimum sunburn protection factor (SPF) of 15.

## **PART IX**

### **FIRST AID, EMERGENCY SUPPLIES, AND EMERGENCY PREPAREDNESS AND RESPONSE**

#### **8VAC20-781-720. First aid and emergency supplies.**

A. The center shall have a minimum of one working flashlight that does not require electricity ~~battery-powered or crank-operated~~, on each floor of each building that is used by children.

B. The center shall have a minimum of one working radio that does not require electricity, ~~battery-powered or crank-operated~~, in each building used by children and any camp location without a building.

C. The center shall have first aid supplies that are readily accessible to staff, to outdoor play areas, while on field trips, and in vehicles when transporting children on each floor of each building used by children and wherever children are in care. The first aid supplies shall be inaccessible to children and include the following:

1. An ice pack or cooling agent such as an instant cold pack;

2. Scissors;

3. Tweezers;

4. Gauze pads;
5. Adhesive tape;
6. Adhesive bandages, assorted sizes;
7. An antiseptic cleansing solution /pads;
8. Operable digital Thermometer;
9. A minimum of two triangular bandages;
10. Single use gloves such as surgical or examination gloves; and
11. ~~The~~ A first aid instructional manual.

**8VAC20-781-730. ~~Procedures for emergencies.~~ Emergency preparedness and response plan.**

A. The center shall have a written emergency preparedness and response plan developed in consultation with the local emergency manager, or the state or local fire official. The plan shall include:

1. Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a human-caused event such as violence at a or near the child care facility;
2. Emergency evacuation, relocation, and lockdown procedures;
3. Shelter-in-place procedures;
4. The most likely emergency scenarios including fire, severe storms, flooding, tornadoes, earthquakes, **pandemic**, loss of utilities, and other situations including facility damage that requires evacuation, lockdown, or shelter in place; and
2. Staff and volunteer training requirements and drill frequency.

B. The center shall review the emergency preparedness and response plan at least annually and update as needed. Center shall document each review and update made to the emergency preparedness and response plan.

C. Emergency evacuation and shelter-in-place diagrams, and a 911 or local dial number for police, fire, and emergency medical services, and the number of the national poison control center hotline shall be posted in conspicuous locations in each room used by children or staff.

D. Continuity of operations to ensure that essential functions are maintained during an emergency;

**8VAC20-781-740. Evacuation and relocation procedures.**



Evacuation and relocation procedures shall include:

1. Scenario applicability;
2. Emergency communication to alert staff and emergency responders;
3. Designated primary and secondary routes out of the building;
4. Designated assembly point away from the building;
5. Designated relocation site;
6. Methods to ensure all children are evacuated from the building and, if necessary, moved to a relocation site;
7. Methods to account for all children at the assembly point or relocation site;
8. Methods to ensure continued supervision of children;
9. Methods to ensure essential documents, including attendance records; parent contact information; emergency contact information; information on allergies, and intolerance to food or medication are taken to the assembly point or relocation site;
10. Methods to ensure any special healthcare needs to include medications and care plans; and supplies are taken to the assembly point or relocation site;
11. Method of communication with parents and emergency responders;
12. Accommodations or special requirements for infants, toddlers, ~~and~~ children with special needs and **children with chronic physical or medical conditions** to ensure their safety during evacuation or relocation; and
13. Procedure to reunite children with a parent or authorized person designated by the parent.

**8VAC20-781-750 Shelter-in-place procedures.**

Shelter-in-place procedures shall include:

1. Scenario applicability;
2. Emergency communication to alert staff and emergency responders;
3. Designated safe locations within the center;
4. Designated primary and secondary routes to the safe locations;
5. Methods to ensure all children are moved to the safe locations;

6. Methods to account for all children at the safe locations;
7. Methods to ensure continued supervision of children;
8. Methods to ensure essential documents, including attendance records; parent contact information; emergency contact information; information on allergies, and intolerance to food or medication;
9. Methods to ensure any special healthcare needs to include medications and care plans; and supplies are taken to the designated safe locations;
10. Method of communication with parents and emergency responders;
11. Accommodations or special requirements for infants, toddlers, ~~and~~ children with special needs and children with chronic physical or medical conditions to ensure their safety during shelter-in-place; and
12. Procedure to reunite children with a parent or authorized person designated by the parent.

**8VAC20-781-760. Lockdown procedures.**

Lockdown procedures shall include:

1. Scenario applicability;
2. Emergency communication to alert staff and emergency responders;
3. Designated safe locations within the center;
4. Facility containment procedures such as closing of fire doors or other barriers;
5. Methods to account for all children at the safe locations;
6. Method of communication with parents and emergency responders;
7. Accommodations or special requirements for infants, toddlers, ~~and~~ children with special needs and children with chronic physical or medical conditions to ensure their safety during lockdown; and
8. Procedure to reunite children with a parent or authorized person designated by the parent.

**8VAC20-781-770. Emergency response drills.**

A. All emergency response drills shall be practiced:

1. In each building used by children;
2. With all staff and children present at the time of the drill;
3. At varying times during the center's hours of operation; and

4. For centers offering evening and overnight care, a separate drill must be completed during the evening and overnight hours according to the same schedules specified in subsections B - D.

B. Emergency evacuation procedures shall be practiced monthly.

C. Shelter-in-place procedures shall be practiced a minimum of twice per year.

D. Lockdown procedures shall be practiced a minimum of twice per year.

E. Documentation shall be maintained for one year of emergency evacuation, shelter-in-place and lockdown drills that include:

1. The date and time of the drill;
2. The number of staff participating;
3. The number of children participating; and
4. The time it took to complete the drill.

## PART X SPECIAL SERVICES

### **8VAC20-781-780. Nutrition and food services.**

A. Centers shall schedule appropriate times for snacks or meals, or both, based on the hours of operation and time of the day (e.g., a center open only for after school care shall schedule an afternoon snack; a center open from 7 a.m. to 1 p.m. shall schedule a morning snack and midday meal).

B. The center shall ensure that children arriving from a half-day, morning program who have not yet eaten lunch receive a lunch.

C. The center shall schedule snacks or meals so that there is a period of at least 1-1/2 hours but no more than three hours between each meal or snack unless there is a scheduled rest or sleep period for children between the meals and snacks.

D. Drinking water or other beverage not containing caffeine shall be offered at regular intervals to ~~nonverbal~~ children.

E. In environments of 80°F or above, attention shall be given to the fluid needs of children at regular intervals. Children in such environments shall be encouraged to drink fluids as outlined in subsection D of this section.

F. When centers choose to provide meals or snacks, the following shall apply:

1. Centers shall follow the most recent, age-appropriate nutritional requirements of the Child and Adult Care Food Program of administered by the United States Department of Agriculture (USDA).
2. Children shall be allowed second helpings of food listed in the ~~USDA's child and adult care meal patterns~~ Child and Adult Care Food Program.
3. Centers offering both meals and snacks shall serve a variety of nutritious foods and shall serve at least three sources of vitamin A and at least three sources of vitamin C on various days each week.
4. **Food that is small (i.e., marble-sized), round, or sticky; or hard foods that are difficult to chew and easy to swallow whole shall not be served to children under four years of age, unless the food is prepared before being served in a manner that will reduce the risk of choking (i.e., hot dogs cut lengthwise, grapes cut in small pieces, and carrots cooked or cut lengthwise.)**
5. A menu listing foods to be served for meals and snacks during the current one-week period shall:
  - a. Be dated;
  - b. Be posted in a location conspicuous to parents or given to parents;
  - c. Be kept on file for one week at the center; and-
  - d. List any substituted food by the end of the business day.
6. Powdered milk shall not be used except for cooking.
- G. When food or **beverage** is brought from home, the following shall apply:
  1. The food **and beverage** container shall be sealed and ~~clearly dated and~~ labeled in a way that identifies the owner **by first and last name**;
  2. The center shall have extra food or shall have provisions to obtain food to serve to children so they can have an appropriate snack or meal if they forget to bring food from home, bring an inadequate meal or snack, or bring perishable food; and
  3. Unused portions of opened food shall be discarded by the end of the day or returned to the parent.
- H. If a catering service is used, it shall be approved by the local health department.
- I. Contaminated or spoiled food shall not be served to children.
- J. Tables and high chair trays shall be **cleaned and sanitized before and after each use for feeding**;
- K. Children shall be encouraged to feed themselves.
- L. Staff shall ~~sit~~ be present in the feeding area with children anytime children are eating ~~during when~~ meal times.

M. ~~No child shall be allowed to drink or eat while walking around~~ Children shall not be allowed to eat or drink while walking, running, playing, lying down, or riding in vehicles.

N. Food shall be prepared, served, stored, and transported in a clean and sanitary manner.

O. When food is prepared to which a child in care is allergic, staff shall take steps to avoid cross contamination to prevent an allergic reaction.

P. A child with a diagnosed food allergy shall not be served any food identified in the written care plan required in 8VAC20-781-70 B 6.

**8VAC20-781-790. Special feeding needs.**

A. High chairs, infant carrier seats, or feeding tables shall be used for children under 12 months who are not held while being fed.

1. Children using infant seats or high chairs shall be supervised during snacks and meals.

2. When a child is placed in an infant seat or high chair, the protective belt shall be fastened securely.

B. Bottle fed infants who cannot hold their own bottles shall be held when fed. Bottles shall not be propped or used while the child is in his designated sleeping location.

C. ~~Each bottle fed infant shall have a written feeding schedule on file that is updated as needed and contains:~~

1. ~~Whether the child receives breast milk, formula, or milk; and~~

2. ~~The brand name of formula, if applicable.~~

D. Infants shall be fed on demand or in accordance with parental instructions.

E. ~~All bottles prepared and provided by parents shall be labeled with the child's name and date the center received the bottle.~~

F. ~~Breast milk shall be labeled with the child's name and the date that the breast milk was expressed; and stored according to center's policy for the storage of breast milk.~~

G. ~~Infant formula prepared by the center shall be prepared according to manufacturer's instructions, and prepared infant formula or milk shall be (i) refrigerated; and (ii) dated and labeled with the child's name.~~

H. Heated breast milk, formula, milk, and baby food shall be stirred or shaken and tested for temperature before serving to children.

I. ~~Milk, formula or breast milk, and bottles of infant foods shall be warmed under running warm tap water or by placing them in a container of water that is no warmer than 120° F. Bottles and infant foods shall not be heated or warmed in a microwave.~~

J. When a bottle warmer or slow-cooking device, such as a crock-pot, is used for warming breast milk, formula, milk or bottles of infant food, the device (and cord) should be out of children's reach and used according to manufacturer's instructions.

K. Breast milk, formula and milk shall not remain unrefrigerated at the center for more than two hours and may not be reheated.

L. Prepared bottles shall be discarded or returned to the parent at the end of the day.

M. Prepared baby food not consumed during that feeding by an infant may be used by that same infant later in the same day, provided that the food is not served out of the baby jar and is dated and stored in the refrigerator; otherwise, it shall be discarded or returned to the parent at the end of the day.

N. A one-day's emergency supply of disposable bottles, nipples, and commercial formulas appropriate for the children in care shall be maintained at the center. The center shall consult parents on any special feeding needs such as specific formula, breast milk, or other special accommodations

O. Breastfeeding shall be permitted.

P. When bottles with breast milk, formula or milk are prepared by the center, they shall not be mixed with cereal unless a physician or physician's designee provides written documentation stating otherwise.

Q. When feeding semisolid food to a child, staff shall use a spoon unless written instructions from a physician or physician's designee state differently.

#### **8VAC20-781-800. Field trips.**

A. Written parental permission for field trips shall be secured before the scheduled activity.

B. If a blanket permission is used instead of a separate written permission, the following shall apply:

1. Parents shall be notified in advance of the field trip; and

2. Parents shall be given the opportunity to withdraw their children from the field trip.

C. Children shall cross streets at corners or crosswalks or other designated safe crossing point if no corner or crosswalk is available.

D. Before leaving on a field trip, a schedule of the trip's events and locations shall be posted and visible at the center site.

E. There shall be a communication plan between staff present at the center staff and staff who are on a field trip.

F. The center shall make provisions for providing children on field trips with adequate food and water.

G. If perishable food is taken on field trips, the food shall be stored in insulated containers with ice packs to keep the food cold.

**8VAC20-781-810. Transportation ~~and field trips.~~**

A. Written parental permission for transportation shall be secured before transportation is provided.

B. Any vehicle used by the center for the transportation of children shall meet the following requirements:

1. The vehicle shall be manufactured for the purpose of transporting people seated in an enclosed area;
2. The vehicle's seats shall be attached to the floor;
3. The vehicle shall be insured with at least the minimum limits established by Virginia state statutes;
4. The vehicle shall meet the safety standards set by the Department of Motor Vehicles and shall be kept in satisfactory condition to assure the safety of children; and
5. If staff or volunteers supply personal vehicles, the center is responsible for ensuring that the requirements of this subsection are met.

C. The center shall ensure that during transportation of children:

1. Virginia state statutes about safety belts and child restraints are followed as required by §§ 46.2-1095 through 46.2-1100 of the Code of Virginia, and stated maximum number of passengers in a given vehicle is not exceeded;
2. The children remain seated and each child's arms, legs, and head remain inside the vehicle;
3. Doors are closed properly and locked unless locks were not installed by the manufacturer of the vehicle;
4. At least one staff member or the driver always remains in the vehicle when **one or more** children are present;
5. The following information is in transportation vehicles:
  - a. Emergency numbers as specified in 8VAC20-781-740 C;
  - b. The center's name, address, and phone number;
  - c. A list of the names of the children being transported and each child's emergency contact information as required in subsections 2 and 3 of 8VAC20-781-70 B; and
  - d. Allergy care plan and information as specified in 8VAC20-781-70 A 6 and A 7; and

e. A document containing local emergency contact information, potential shelters, hospitals, evacuation routes, etc., that pertain to each site frequently visited or of routes frequently driven by center staff for center business, such as field trips, pick-up and drop-off of children to or from home and local schools.

~~6. Staff who transport children shall be 18 years of age or older.~~

D. When entering and leaving vehicles, children shall enter and leave the vehicle from the curb side of the vehicle or in a protected parking area or driveway and cross streets at corners or crosswalks or other designated safe crossing point if no corner or crosswalk is available.

E. There shall be a communication plan between staff present at the center ~~staff~~ and staff who are transporting children or on a field trip.

F. The driver shall verify that all children have been removed from the vehicle at the conclusion of any trip by checking every seat.

#### **8VAC20-781-820. Animals and pets.**

A. Animals that are kept on the premises of the center **or that interact with children at the center** shall be vaccinated if applicable.

B. Animals which are, or are suspected of being, ill or infested with external lice, fleas and ticks or internal worms shall be removed from contact with children.

**C. Monkeys, bats, ferrets, poisonous animals, reptiles, psittacine birds (birds of the parrot family), stray animals, or wild or dangerous animals shall not be in areas accessible to children during the hours children are in care.**

**D. Animals that have shown aggressive behavior shall not be kept in the center or on the grounds.**

**F. All animal excrement shall be removed promptly, disposed of properly, and, if indoors, the soiled area cleaned.**

G. If a child is bitten by an animal while in care, the following procedures shall be followed:

1. The site of the bite shall be washed with soap and water immediately;

2. Appropriate first aid shall be administered immediately including appropriate medical attention if necessary;

3. The child's parent and the local health department shall be notified immediately to report the animal bite incident; and

**4. The incident shall be documented in the child's record as required by 8VAC20-781-70 and a written report shall be given to the parent as required by 8VAC20-781-520.**



H. Manure shall be removed from barns, stables and corrals at least once a day and stored and disposed of in a manner to prevent the breeding of flies.

**PART XI  
EVENING AND OVERNIGHT CARE PROGRAMS**

**8VAC20-781-830. Evening and overnight care.**

A. For evening care, beds with mattresses or cots with at least one inch of dense padding shall be used by children who sleep longer than two hours and are not required to sleep in cribs.

B. Camps providing evening care on an occasional basis are not required to meet the requirements of this subsection if sleeping bags or cots are used.

B. For overnight care, beds with mattresses or cots with at least two inches of dense padding shall be used by children who are not required to sleep in cribs.

C. Camps providing overnight care on an occasional basis are not required to meet the requirements of this subsection if sleeping bags or cots are used.

C. For overnight care which occurs for a child on a weekly or more frequent basis, ~~beds with mattresses shall be used~~ the requirements in subdivision A of this section must be met.

D. In addition to 8VAC20-781-560 about linens, bedding appropriate to the temperature and other conditions of the rest area shall be provided.

F. If sleeping bags are used, 8VAC20-781-550 A through H about rest furnishings shall also apply to the use of sleeping bags.

G. Camps may use bunk beds for school age children.

H. In centers providing overnight care, an operational tub or shower with heated and cold water shall be provided.

J. Primitive camps are not required to have a tub or shower.

K. When bath towels are used, they shall be assigned for individual use.

L. Activities for children in evening or overnight care shall include, as time allows, age appropriate activities as described in 8VAC20-781-420 through 8VAC20-781-460.

M. Quiet activities shall be available immediately before bedtime.

N. For children receiving evening or overnight care, the provider shall offer an evening snack.

PART XII

THERAPEUTIC AND SPECIAL NEEDS PROGRAMS

**8VAC20-781-840. Applicability.**

Child day centers that meet the definition of a therapeutic child day program or special needs child day program shall also comply with all requirements of Part XII of this chapter.

**8VAC20-781-850. Enrollment procedures of therapeutic child day programs and special needs child day programs.**

Before the child's first day of attendance, there shall be communication between the director, or his designee, and the parent to determine:

1. The child's level of general functioning as related to physical, affective/emotional, cognitive and social skills required for participation; and
2. Any special medical procedures needed.

**8VAC20-781-860. Individual assessment for therapeutic child day programs and special needs child day programs.**

A. An individual assessment completed within six months before the child's attendance or 30 days after the first day of attendance shall be maintained for each child.

B. An individual assessment shall be reviewed and updated for each child no less than once every 12 months.

**8VAC20-781-870. Individual service, education or treatment plan for therapeutic child day programs.**

A. An individual service, education or treatment plan:

1. Shall be developed for each child by the director or his designee and primary staff responsible for plan implementation;

2. Include behavior supports, intervention, or guidance as applicable.

3. Shall be implemented within 60 days after the first day of the child's attendance.

B. The child's individual service, education or treatment plan shall be developed, reviewed, and revised every three months and rewritten annually by the director or his designee and primary staff responsible

for plan implementation. This shall be done in partnership with the parent, residential care provider or advocate.

C. A copy of the initial plan and subsequent or amended service, education or treatment plans shall be maintained in the child's record and a copy given to the child's parent.

**8VAC20-781-880. Qualifications of staff for therapeutic child day programs and special needs child day programs.**

A. For therapeutic child day programs and special needs child day programs, staff who work with children shall have knowledge of the groups being served and skills specific to the special needs of the children in care including functional abilities, accommodations, assessment techniques, behavior management, and medical and health concerns.

B. For **directors** of therapeutic child day programs and special needs child day programs, education and programmatic experience shall be in the group care of children with special needs.

C. For program leaders of therapeutic child day programs and special needs child day programs, at least three months of programmatic experience shall be in the group care of children with special needs.

**8VAC20-781-890. Staff training for therapeutic child day programs and special needs child day programs.**

A. Before assuming job responsibilities, staff who work with children in therapeutic child day programs and special needs child day programs shall receive training in:

1. Standard precautions procedures;
2. Activity adaptations;
3. Medication administration;
3. The special needs of the children in care including functional abilities and accommodations;
5. Disabilities precautions and health issues; and
6. Appropriate intervention strategies.

B. For therapeutic child day programs and special needs child day programs, staff who work directly with children shall annually complete ~~four~~ **eight** additional hours of training. At least eight hours of annual training shall be on topics related to the care of children with special needs.

**8VAC20-781-900. Staff-to-children ratio requirements for therapeutic child day programs and special needs child day programs.**

A. For therapeutic child day programs and special needs child day programs, in each grouping of children of preschool age or younger, the following ratios of staff to children are required according to the special needs of the children in care:

1. For children with severe and profound disabilities, multiple special needs, serious medical need, or serious emotional disturbance: one staff member to three children.
2. For children diagnosed as having an intellectual disability with significant sub-average intellectual functioning and deficits in adaptive behavior, or with physical and sensory disabilities, or with autism: one staff member to four children.
3. For children diagnosed as having an intellectual disability in the mild range of development, children with a developmental delay, or children diagnosed with attention deficit/hyperactivity disorder (ADHD): one staff member to five children.
4. For children diagnosed with specific learning disabilities: one staff member to six children.
5. When children with varied special needs are included in a group, the staff-to-children ratio applicable to the child with the most significant special need in the group shall apply to the entire group.
6. Whenever 8VAC20-781-380 B requires more staff than 8VAC20-781-380 A because of the children's ages, 8VAC20-781-380 B shall take precedence over 8VAC20-781-380 A.

B. For therapeutic child day programs and special needs child day programs, in each grouping of school age children, the following ratios of staff to children are required according to the special needs of the children in care:

1. For children with severe and profound disabilities, autism, multiple special needs, serious medical need, or serious emotional disturbance: one staff member to four children.
2. For children diagnosed as having an intellectual disability with significant sub-average intellectual functioning and deficits in adaptive behavior, or with physical and sensory disabilities, ADHD, or other health impairments: one staff member to five children.
3. For children diagnosed as having an intellectual disability in the mild range of development, or developmentally delayed: one staff member to six children.
4. For children diagnosed with specific learning disabilities or speech or language impairments: one staff member to eight children.
5. When children with varied special needs are included in a group, the staff-to-children ratio applicable to the child with the most significant special need in the group shall apply to the entire group.

C. Group size requirements in 8VAC20-781-380 A do not apply to therapeutic child day programs and special needs child day programs.

**8VAC20-781-910. Daily activities for therapeutic child day programs and special needs child day programs.**

- A. Daily activities shall be in accordance with the program's individual plan for such child.

B. Children who use wheelchairs shall be provided appropriate positioning equipment for use when activities require children to be out of their wheelchairs.

**8VAC20-781-920. Equipment and materials for therapeutic child day programs and special needs child day programs.**

Therapeutic child day programs and special needs child day programs serving children who use wheelchairs shall provide cushioned vinyl-covered floor mats for use when activities require children to be out of their wheelchairs.

**8VAC20-781-930. Special feeding needs for therapeutic child day programs and special needs child day programs.**

A. For therapeutic child day programs and special needs child day programs, the consistency of food shall be appropriate to a child's special feeding needs.

B. Necessary and adaptive feeding equipment and feeding techniques shall be used for children with special feeding needs according to the special health care plan on file.

**8VAC20-781-940. Transportation for nonambulatory children in therapeutic child day programs and special needs child day programs.**

A. For therapeutic child day programs and special needs child day programs providing transportation, nonambulatory children shall be transported in a vehicle which is equipped with a ramp or hydraulic lift to allow entry and exit.

B. Wheelchairs shall be equipped with restraining devices and shall be securely fastened to the floor when used to seat children in a vehicle.

C. Arrangements of wheelchairs in a vehicle shall not impede access to exits.

D. For therapeutic child day programs and special needs child day programs, when the center is responsible for providing transportation, the center shall develop a plan based on the needs of the children in care to assure their safe supervision during on-loading, off-loading and transporting.

E. When 16 or more children are being transported, there shall be at least one assistant teacher or adult besides the driver, for each group of 16.

F. For therapeutic child day programs and special needs child day programs, if a child has a known seizure disorder or neurological, genetic or physiological disability causing increased medical risk and that child is being transported, one assistant teacher or adult who is not the driver and who is trained in first aid and CPR shall be present in the vehicle.