

Introduction to Family Child Care

August 2022



Fairfax County Neighborhood & Community Services
Community Education and Provider Services
12011 Government Center Parkway, Suite 800
Fairfax, Virginia 22035
www.fairfaxcounty.gov Search: CEPS



Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. For information, call 703-324-8000, TTY 711.
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Fairfax County NCS/Early Childhood Education
Community Education and Provider Services
12011 Government Center Parkway, Suite 800
Fairfax, Virginia 22035-1104
703-324-8100

<http://www.fairfaxcounty.gov/office-for-children>



Fairfax County is committed to a policy of non-discrimination on the basis of disability in all County programs, services, and activities, and will provide reasonable accommodations upon request. If you need special accommodations, please call 703-449-9555. Please allow 10 advance working days to make the necessary arrangements.



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Your Role as an Early Childhood Professional

Congratulations! You are on your way to becoming a professional family child care provider. The Fairfax County Ordinance recognizes you and only you as the permitted provider.

A career in family child care can be a very rewarding experience. Family child care is the most common form of child care in the country, especially for children under the age of three. Parents choose family child care for many reasons, including:

- The ability to have the same child care provider over a number of years.
- The flexibility of schedule and hours a family child care provider has.
- The ability to keep siblings together in the same child care setting.
- An intimate, home-like setting with small groups of children.

Many new providers wonder whether they will be successful in their new business career. Providers who are successful share the following qualities:

- Providers like and value working with children and their families.
- Providers are flexible while working with others.
- Providers communicate openly and honestly.
- Providers are creative, energetic and healthy.
- Providers are well-organized.
- Providers respect and appreciate the individual differences in children and families.
- Providers understand the needs of children at different stages of development.

The Office for Children Community Education and Provider Services is here to support you as you work with children and families.

We encourage you to:

- Develop your skills, knowledge, and talents as you serve children and families.
- Participate in on-going professional development training opportunities.
- Participate in programs available through the Division of Early Childhood Education.
- Seek out other child care professionals by joining and participating in a professional early childhood association.
- Use this handbook as a convenient resource. It contains a great deal of information that will be useful to you as you develop your program.
- Get to know and develop a good working relationship with your assigned Child Care Specialist from the Division of Early Childhood Education, Community Education and Provider Services program.

The Fairfax County Home Child Care Permit

Obtaining a home child care permit is the first step towards becoming a family child care provider in Fairfax County. To obtain your permit, you will need:

- A complete application and yearly fee.
- A Home Health and Safety visit by your Child Care Specialist from OFC.
- A Home Fire Safety visit by an inspector from the Fire and Rescue Department.
- Up-to-date CPR/First Aid certification.
- Documentation from a physician, physician's designee or Health Department official, not older than 24 months, indicating that you and all adult household residents are free from communicable tuberculosis.
- Attend 16 hours of professional development.
- Up-to-date immunization records for children less than 5 years old.
- Up-to-date rabies records for pets.
- A Child Protective Services record check on residents in the home who are 14 years of age or older. This search is repeated every five years. This form needs to be notarized and signed by the parent for children 14-17 years old.
- If any adult has resided in another state in the preceding five years, a search of the state central registry or any other child abuse and neglect registry, a criminal history record information check and sex offender registry search must be submitted to the state(s) to obtain a copy of the results. However, if the state where the individual previously resided participates in the National Fingerprint File (NFF) program through the FBI, the additional criminal history record information check is not required and only the search of the sex offender registry and the state central registry or any other child abuse and neglect registry is required.
- A Sworn Statement or Affirmation form is required for all adults age 18 and older living in the home. This form is resubmitted every year.
- A Waiver Agreement and Statement submitted once at the time of the initial Fingerprint National Background search
- A Fingerprint National Background search on all adults age 18 and older living in the home. Individuals who visit often and have regular contact with children in care require a Fingerprint National Background search. Searches are repeated every five years. When child care providers have relatives and friends stay for more than 30 calendar days, a Child Protective Services, Sworn Statement, Waiver Agreement and Statement form and Fingerprint National background search must be completed.
- A written emergency plan and emergency supplies.
- A written sick policy.

You will receive your permit when all paperwork, background checks, Tuberculosis tests, First Aid and CPR certification, permitting and fire visits are completed. **Please note that your permit is awarded for one child care provider and one residence/location only. It is not transferable to any other location or person. If you move, a new permit must be applied for and application fees will apply (\$14.00).**

Who Is Your Child Care Permit Team?

When you apply for a child care permit, you will work with a three-member child care

team.

1) The Administrative Coordinator (AC) for your area

- Coordinates your paperwork to complete your permit application.
- Knows the status of your permit.
- Processes your Food Program records for reimbursement.

2) The Child Care Specialist (CCS) for your area

- Contacts you to conduct the required Home Health and Safety visit and home Food Program visit.
- Will inform you of what is needed to meet the permit requirements.
- Reviews records (immunization, rabies and Tuberculosis).
- Verifies your hours of professional development training.
- Verifies your up-to-date certification in CPR and First Aid.
- Provides technical assistance in the areas of child development and business practices. The CCS can also offer technical assistance on your programming: setting up your environment, establishing a daily routine, and planning the types of experiences that are important for children.

3) A Fire Code Official from the Fire and Rescue Department

- Will review any home fire hazards with you.
- Will inspect that you have
 - A working smoke detector must be mounted on the wall on each level of the home.
 - A carbon monoxide alarm if home appliances produce carbon monoxide.
 - A working fire extinguisher (2A10BC or 1A10BC) must be mounted on the wall in or near the kitchen.
 - A fire drill plan and escape route.
 - A clear passage to the circuit breaker box and around the furnace area.
 - Fireplace, chimney and wood stove inspection and cleaning if needed.

As part of the initial permit process, it is your responsibility to schedule a Fire Safety Inspection visit. Contact the Fire Prevention Division, Inspections Branch to schedule a specific date and time. You can reach them at 703-246-4660, Monday through Friday, 8 a.m. - 4:30 p.m.

If you have general questions or need technical assistance, please call 703-324-8100 or visit the office between 8 a.m. – 4:30 p.m., Monday through Friday. Please see address information below. Also, you may schedule a later visit by appointment.

Division of Early Childhood Education,
Community Education and Provider Services
The Pennino Building, 8th floor
12011 Government Center Parkway
Fairfax, Virginia 22035

Barrier Crimes

This is only a partial list of barrier crimes. For a complete list, call us at 703-324-8100 and request a copy to be mailed or emailed to you.

Type of Barrier Crime

Felony and Misdemeanor Convictions

Crimes against the Person

- Felony violation of a protective order
- Murder or manslaughter
- Capital murder, etc.
- Abduction
- Threat of extortion

Crimes by Mob

- Shooting
- Stabbing, etc. with intent to maim or kill by a mob

Assault and Bodily Wounding

- Shooting, stabbing, malicious wounding
- Assaults and bodily woundings against a household member
- Domestic assault
- Allowing children access to firearms
- Strangulation of Another

Robbery

- Carjacking

Threats of Death or Bodily Injury

- Threats of death or bodily injury to a person or member of the family
- Certain oral threats communicated to school personnel
- Felony stalking

Criminal Sexual Assault

- Rape, sodomy, carnal knowledge of child
- Aggravated sexual battery
- Sexual battery
- Marital sexual assault
- Attempted rape sodomy, etc.
- Infected sexual battery

Arson and Related crimes

- Burning or destroying dwelling, house
- Bomb threats
- Manufacture, possession, use etc., of fire bombs or explosive materials or devices

Burglary and Related Offenses

- Convictions of burglary
- Entering a dwelling with the intent to commit murder, rape, robbery or arson
- Breaking and entering dwelling with the intent to commit other misdemeanors

Type of Barrier Crime

Felony and Misdemeanor Convictions

Drugs (Only Felony Violations)

- Possession of burglary tools, etc.
- Manufacturing, selling, giving, distributing, or possessing
- Obtaining controlled substances by fraud, deceit or forgery

Dangerous Use of Firearms or Other Weapons

- Shooting from vehicles so as to endanger persons

Uniform Machine Gun Act

- Use of a machine gun in crimes of violence or for aggressive purposes

Sawed Off Shotgun and Rifle

- Possession or use of a sawed off shotgun or rifle in crime of violence

Miscellaneous Dangerous Conduct

- Failing to secure medical attention for a child or an incapacitated adult
- Escape from jail

Sexual Offenses and Prostitution

- Crimes against nature if children are involved,
- Taking or detaining, etc., person for prostitution

Family Offenses; Crimes Against Children

- Adultery and fornication by persons forbidden to marry, incest
- Abuse or neglect of incapacitated adults
- Taking indecent liberties with children
- Abuse and neglect of children

Obscenity and Related Offenses

- Publication, sale, possession with intent to distribute
- Possession of child pornography
- Employing or permitting a minor to assist in offenses under this article

Note: Barrier crimes includes an equivalent offense in another state or a conviction of any other felony not included in the definition of barrier crime unless five years have lapsed since the conviction.

Revised: 1/13

A Guide to Community Education and Provider Services (CEPS) Visits

Initial Permit Visit

The child care specialist will conduct a health and safety check of the home environment to make sure it is safe for children. The child care specialist will also provide an introduction to family child care to help you get started.

30 Day Visit

Approximately 30 days after you are issued a permit, your child care specialist will visit to see how your business is doing, provide tips about marketing and discuss your professional development plan and offer additional technical assistance.

Permit Monitoring Visit

Approximately 6 months before your permit expires, all providers will receive a permit monitoring visit. At this visit, the child care specialist will review important health and safety standards. Your child care specialist will also help you to prepare for the permit renewal visit and the annual fire safety visit.

The Renewal Visit

A yearly visit made by your Child Care Specialist about two months before your permit expires. About 3 months before your permit expires, you will receive a yellow reminder card to help you prepare for the visit.

The Food Program Visit

Your Child Care Specialist will visit during a meal or snack. This visit is to help you meet USDA Child and Adult Food Program regulations. Questions about your food records and nutrition are answered by the Child Care Specialist.

The Fire and Rescue Department Inspection Visit

A yearly visit made by a Fire Code Official. The Fire Code Official makes sure that your home is safe and meets the requirements for having a child care business in your home.

The Move Visit

This visit is similar to your initial visit. You will need to complete a new Home Child Care Facility Application form with a \$14.00 fee. A visit from the Fire Code Official and the Child Care Specialist is needed. Your new address must be inspected within 15 days of your move. **Important! Before you apply for a permit renewal at your new address, you must find out if your apartment complex or homeowners' association allows you to operate a home business.** Remember, once a new permit is issued for the new address, training requirements must start and finish within the term of the new permit year.

The Division of Early Childhood Education

In 1975 the Fairfax County Board of Supervisors established the Division of Early Childhood Education (Formerly the OFC), an early childhood education division. The division is part of Neighborhood and Community Services and advances the care, education and healthy development of children from birth to 6th grade.

The Division of Early Childhood Education Programs

Community Education and Provider Services (CEPS)

This program promotes the health and safety of children who receive care in family child care provider's homes. Chapter 30 of the Code of Fairfax County requires that persons in Fairfax County obtain a Home Child Care Permit, if they are caring for up to four children (other than their own) in their homes.

Community Education and Provider Services staff ensure compliance with the ordinance by assessing, monitoring and providing technical assistance on child care topics. CEPS also provides family child care business workshops on starting and growing a child care business, marketing, and nutrition.

Call: 703-324-8100 Web: www.fairfaxcounty.gov/office-for-children

USDA Child and Adult Care Food Program (CACFP)

Parents know that good nutrition is important for their children. Good nutrition is an essential part of high quality child care. It is the foundation of good health and learning for infants, preschool and school-age children.

The Child and Adult Care Food Program:

- Promotes good nutrition for children.
- Supports child care providers in planning nutritious meals for children.
- Helps you earn extra money by providing reimbursement for some of your child care food costs.
- Educates children to make nutritious food choices.
- Reassures parents that their children will receive high quality, nutritious meals and snacks while in child care.
- Offers recipe ideas.
- Provides fun workshops and nutrition tips.

Food Program providers:

- Have a current Fairfax County permit or State license.
- Follow USDA nutrition guidelines.
- Keep records of meals served to children.
- **Must train** assistants, substitutes and back-up caregivers in CACFP procedures and guidelines (enrollment forms, copy of agreement, daily menu, required food components, meal records, point of service, etc.).
- Submit menus and attendance records each month for reimbursement.
- Consult with nutrition specialists who visit their homes.
- Attend USDA Food Program update training on Rights and Responsibilities once a year.

Call: 703-324-8100 Web: www.fairfaxcounty.gov/office-for-children

USDA Child and Adult Food Care Program



USDA Child and Adult Care Food Program

Serve Nutritious Meals and Earn Cash for Your Child Care Program

By participating in the USDA Child and Adult Care Food Program, you can be reimbursed for some of the cost of providing healthy meals and snacks to the children in your care.

In addition to cash reimbursements, you will also receive:

- Priority registration for special workshops for USDA Child and Adult Care Food Program participants.
- Help in communicating with parents about food-related issues.
- Assistance in planning well-balanced meals and snacks.
- Consultation with nutrition specialists.

Consider how much you can receive from the USDA Child and Adult Care Food Program:

Money You Could Claim Monthly

Number of Children in Care	Tier One*	Tier Two*
4	\$378.00	\$182.28
3	\$283.50	\$136.71
2	\$189.00	\$91.14
1	\$94.50	\$45.57

Money You Could Claim Yearly

Number of Children in Care	Tier One*	Tier Two*
4	\$4,536.00	\$2,187.36
3	\$3,402.00	\$1,640.52
2	\$2,268.00	\$1,093.68
1	\$1,134.00	\$546.84

*For information about eligibility requirements for each tier, call 703-324-8100.

As soon as you have a family child care permit or license and children in care, please call **703-324-8100** to register for a USDA Child and Adult Care Food Program orientation class or to schedule an in-home USDA Child and Adult Care Food Program orientation.

Fairfax County
OF C Office for Children
www.fairfaxcounty.gov/ofc

Fairfax County Department of
 Family Services

Reasonable accommodations made upon request; call 703-324-8000 or TTY 711.

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call 800-795-3272 or TTY 202-720-6382. USDA is an equal opportunity provider and employer.

Other Services and Programs of the Division of Early Childhood Education

Once you receive your Fairfax County Home Child Care Permit, we recommend that you take advantage of the other opportunities offered by the Fairfax County Division of Early Childhood Education (Formerly the OFC):

Child Care Central

This is the Fairfax County Office for Children website. Your name and details about your child care business are posted on Child Care Central. Fairfax County parents go to Child Care Central to search for child care provider's names and to see what services are offered and to determine the ages of children accepted in individual child care provider locations.

Call: 703-324-8100 Web: www.fairfaxcounty.gov/office-for-children

Training Opportunities

The Office for Children's Institute for Early Learning unit offers a comprehensive training program for child care providers - that includes classes and workshops on early childhood development, activities for children, and other professional development.

Call: 703-324-3044 Web: www.fairfaxcounty.gov/office-for-children/ifel

Child Care Assistance and Referral

This program helps income-eligible parents find and pay for child care services.

Call: 703-449-8484 Web: www.fairfaxcounty.gov/office-for-children/ccar

Head Start Program

This is a national child development program that serves income eligible families with children birth through five years of age and expectant parents. Families participating in Head Start receive assistance with:

- child education and development
- social services
- health services (medical, dental, nutrition, and mental health)
- parent education
- family literacy
- English as a second language (ESOL).

Call: 703-324-8290 Web: www.fairfaxcounty.gov/office-for-children/head-start

School Age Child Care Program (SACC)

Provides safe and enriching before and after-school, winter, spring and summer programs in County elementary schools for children attending kindergarten through sixth grade.

Call: 703-449-8989 Web: www.fairfaxcounty.gov/office-for-children/sacc

How Do I Reach the People and Programs I Need?

The Division of Early Childhood Education has phone systems to help you get the information you need. County business hours are 8 a.m. - 4:30 p.m., Monday through Friday.

Call 703-324-8100 and **Press 3** to reach staff about your Child Care Permit, USDA Child and Adult Food Program, Provider Services Training, and Provider Services Technical Assistance.

Then to reach the staff in Community Education and Provider Services (CEPS):
Press 1 for information about Provider Services training, for example:

- To ask about training requirements.
- To enroll and learn about Family Child Care Business workshops or Food Program training.

(If you have questions about the Institute for Early Learning training, call 703-324-3044.)

Press 2 for Permit or Food Program questions, for example:

- To check on the status of your permit.
- To learn about receiving reimbursements for the cost of nutritious child care meals.
- To change information about your program on the County website.

Press 3 for Technical Assistance in Provider Services, for example:

- To understand County child care regulations.
- To discuss child care topics or issues with a child care professional.

Remain on the line

- Do not hang up if you need general information about Provider Services.
- Do not hang up if you need to leave a message for your Child Care Specialist or Administrative Coordinator.

To reach the Child Care Assistance and Referral Program (CCAR), Head Start, or SACC, call 703-324-8000.

Do Business with Us

If you need assistance, you can call or email your child care specialist (CCS) or administrative coordinator (AC). CEPS staff will respond to your voicemail or email within two business days; part-time staff will respond during their next scheduled workday. Be sure to contact staff assigned to your zip code.

If you live in Alexandria, Fairfax Station, Fort Belvoir, Lorton, Springfield, Woodbridge zip codes –

Tracey Brown, CCS -----Maria Gonzalez, AC
22301, 22302, 22303, 22304, 22305, 22307, 22308, 22309, 22311, 22314

Stephanie Barker, CCS ----- Maria Gonzalez, AC
22079, 22153

Tayanda Nesbitt, CCS----- Linda Hogue, AC
22306, 22312, 22315

Stephanie Barker, CCS ----- Linda Hogue, AC
22039, 22060, 22150, 22193

If you live in Aldie, Ashburn, Chantilly, Sterling, Herndon, Reston, Fairfax, Great Falls, McLean, Oakton, Vienna, Manassas, Centreville, Clifton, Bristow, Gainesville zip codes –

Heather Gutierrez, CCS----- Sheryl McCullough, AC
20190, 20194, 22066, 22101, 22102, 22124, 22181, 22182

Patricia Jordan, CCS -----Sheryl McCullough, AC
20105, 20147, 20148, 20152, 20164, 20165, 20166, 20170, 20171

Heather Gutierrez, CCS----- TBA, AC
20191, 22030

Jami Arocho, CCS----- TBA, AC
20109, 20110, 20111, 20120, 20121, 20124, 20136, 20151, 20155, 22032, 22033

If you live in Burke, Fairfax, Springfield, Alexandria, Annandale, Falls Church, Dunn Loring, Vienna, Arlington zip codes –

Gene Anderson, CCS -----Tammi Daniels, AC
22015, 22031, 22151, 22152, 22310

TBA, CCS ----- Tammi Daniels, AC
22027, 22044, 22046, 22180, 22201, 22203, 22204, 22207

Erika Sanzetenea Camacho, CCS -----TBA, AC
22003, 22041

TBA, CCS ----- TBA, AC
22042, 22043

Division of Early Childhood Education Communications

Once you have a permit, Community Education and Provider Services will mail you important and helpful information throughout the year. Please look for:

- USDA Claim Information Forms (CIF).
- The Update newsletter with child care and business information.
- Time to Renew Your Child Care Permit postcard with information about renewal requirements.
- Flyers advertising special training opportunities.
- The monthly Institute for Early Learning flyer listing training workshops and courses.

Mailed envelopes and other items with this return address:

Fairfax County Division of Early Childhood
Education, Community Education/Provider
Services or Child and Adult Care Food
Program
12011 Government Center Parkway, Suite 800,
Fairfax, VA 22035-1104.

Chapter 1

Safety and Health in the Home

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Safety

Number of Children in Care

The number of children present in the provider’s care may not be more than the permit allows at any time. These guidelines apply at all times, including summer care, holidays, school early closings, snow days and during emergency drop-in hours.

Numbers of Children Permitted

The total number of **non-resident children*** in your care at any one time, not counting your own children or **resident children**** 4

The total number of children **under the age of 2** in care at any one time, including your children or resident children4

The total number of **infant and preschool children** in your care at any one time, including your own children or resident children 6

The total number of children **under the age of 10** that can be in your care at any one time **including** your own children or resident children 8

Definitions

***Resident children**-any child that lives in the home with you, your children, foster children, grandchildren, relative’s children, or renter’s children.

****Non-resident children**-any children not living in your home.

Please see Section 30-3-5 in the Code of the County of Fairfax in Chapter 5, the “Being a Child Care Professional” section.

Supervision

Being a child care provider is a major responsibility. It means providing a safe environment for and protecting the children in your care so they can explore the world, and develop trust and independence. It means providing direct care and supervision of each child at all times.

To do this we need to know what to expect from children at every age and understand their behaviors. Our role is critical in supervising children's play and making sure they are safe. Knowing what to expect means we can act to prevent and predict what children may do and how it will affect them.

Supervision means more than keeping an eye on the children in your care. It is knowing, planning, acting and preventing-all the things you think about in active supervision.

1. A safe environment is easy to supervise, clean, free of dangerous materials, and has purposefully designed play areas with the layout of the house. You consider children's health in all aspects of your business and address safe issues from start to finish to prevent injuries.
2. Active supervision helps ensure safety of children, adults and your business. Never leave a child alone/unsupervised while in your care. Active supervision is knowing what children are doing at all times, inside and outside the house, so you can intervene if needed
3. Even when children are sleeping, you must supervise them. Be sure you can see and hear infants while they are sleeping.
4. Know your children, their ages, individual differences and their developmental abilities. Supervise everything-activities, safe sleep (sight and sound), eating and make sure to build individual relationship. Plan daily activities and the day will go smoothly for you and the children
5. Know how to manage the daily demands. You are less stressed, you know how to think through the day, avoid problems before they happen and better ensure that children are safe and happy.
6. Equipment such as cribs, high chairs, swings, should be limited to use for intended purposes: sleep, feeding and limited exercise.
7. Have clear arrival and dismissal procedures.

Arrival and Departure Procedures

- Make sure to greet parents and children as they enter your program. This gives you an opportunity for a quick daily assessment of the child while the parent is present to share information with you.
- Make sure the parent signs the daily attendance record to document the time the child becomes part of your direct supervision.

- In the evening, plan activities that help bring the day to a gentle close so children are better able to transition when the parent arrives.
- Make sure to share any important information about the child's day or health at pick up time.
- Make sure the parent signs the daily attendance record to document the time the child leaves your direct supervision.

Special Precautions for Infants and Toddlers

- Keep sharp objects out of reach.
- Keep small objects that could choke a child out of reach.
- Protect them from materials that could be swallowed or present a choking hazards.
- Toys or objects less than 1-1/4 inches in diameter and less than two inches in length should be kept out of reach of children under three years.
- Infants need the freedom to move; to crawl, creep, stretch, stand, and walk. Do not keep infants in cribs, swings or chairs for long periods of time. Provide times often in their day to explore their environment safely.
- Infant walkers are not safe to use!

For more information on infant safety, contact the Consumer Product Safety Commission Hotline at 800-638-2772 or at their website www.cpsc.gov. Talk with your Child Care Specialist or call 703-324-8100 for technical assistance.

Supervising Field Trips and Outdoor Play

Being outside the home with the children requires you to think through your careful supervision a little differently. You need to think about: Where you go with children? How do you and the children get there? What do you bring with you to ensure the health and safety of children? What do you prepare for before/during the time you and the children are away from your home?

Some things to help you consider your level of preparedness for each of these questions are thinking the scenarios:

Where?

- Playground
- Backyard
- Library
- Bus stop
- Community pool
- Public restroom
- School
- Store

How?

- Walking
- Trikes and bikes (helmets, elbow pads, knee pads)
- Vehicle safety (Age appropriate safety seats)
- Strollers

Bring?

Emergency contacts, daily attendance record, children's file with Authorization for Medical Treatment, and the allergy care plan and information for any child with food or medical allergies.

- Hats or sunglasses, sunscreen, bug spray
- Water and snacks
- Materials for all kinds of play
- Diapers/pull ups/hand sanitizer/wipes, extra clothes
- Cell phone

Do?

- Get permission from parents
- Post walking route
- Scan the area and assess ahead of time for safety hazards
- Use head counts and the buddy system
- Plan activity ahead so you know what to bring
- Interact with children, move frequently
- Position yourself to be able to see children's play, be able to intervene and continually supervise children

Final Thoughts on Supervision

A comprehensive supervision plan requires you to think through all the ways you safeguard children's health and safety. Please read the information on First Hand and Second Hand Smoke and Young Children; Hand Washing, Diapering and Toileting Practices; and Animal and Pets to make sure you comply with all inspection requirements and best practice.

Playground and Outdoor Safety Measures

As the caregiver, I:

- Actively supervise each child during outdoor play to minimize risk of injury according to their age and developmental abilities
- Will contact the local authorities for help and assistance if a child is missing from my care, contact the parents, notify my child care specialist, or any CEPS manager and if a provider in the state subsidy program, my state inspector as soon as is practical and not to exceed one business day.

I have assessed that the stationary equipment and play areas on my property or in common neighborhood or parks:

- Are clean, safe and operable
- Are in compliance with U.S. Consumer Safety Product Commission
- Are not installed over concrete, asphalt or any other hard surfaces
- Have no splintering, cracked or deteriorating wood
- Have no chipped or peeling paint
- Have no bending, warping, rusting or breakage
- Have no head entrapment hazards
- Have no tripping hazards
- Have no unstable heavy equipment
- Are free of obvious injury hazards
- Have a non-climbable barrier at least 4 feet high for play areas or grounds located within 30 feet of hazard such as an in-ground pool, fountain, wading pool, lake, pond, or streets with speed limits over 25 mph or with heavy traffic or railroad tracks.
- Offer no access to decks, ponds, lofts or balconies that do not have protective barriers or guardrails
- Are smoke free by any one in outdoors areas occupied by children
- Have no access to trampoline during the hours children are in child care

Lost, Missing, Ill or Injured Children, Medical and General Emergencies

These are all things that you hope never happen so you plan carefully to minimize the risk to children, provide direct and active supervision, and make sure the information on children's health and contacts are up-to-date. You plan so you are ready if one of these things occurs. Please refer to the information in the ***Preventing Falls and Other Injuries*** section for more ways to safeguard children.

Lost or Missing

If a child is missing from your care, contact the local authorities for help and assistance, contact the parents, and then you must notify your child care specialist, or any CEPS manager. If you are a provider in the state subsidy program you must also contact your state inspector as soon as is practical and not to exceed one business day.

Ill or Injured

Before a child starts in your program, you must provide the parent with a written sick child care policy. A sample of a form is included in your Useful Forms section, "**Parent Notification of Sick Child Care Policy**", that you can use and modify for your business.

The "**Parent Notification of Sick Child Care Policy**" form allows that parent and you to form an understanding of how and when child care can be provided when a child is sick in group care. It is required that you have a written sick child care policy and your policy should be based on preventing the spread of disease. If a child cannot be successful in the day because of the degree of sickness, it is better for the child to be out of group care. A good policy also includes exclusion guidelines, notification of communicable disease, parent pick up expectations, emergency contact information for individuals who can pick up the child if you cannot reach the parent or they are unable to come, and whether or not you are MAT certified to administer medications.

You must document any injury to a child. A sample of a form is included in your Useful Forms section. The "**Injury and Accident**" form captures important information about the injury. The form also documents that if it is a serious injury, you have notified all the necessary representatives.

- If a child sustains an injury while in your care and needs treatment from a medical professional, contact your child care specialist or any CEPS manager. If you are a provider in the state subsidy program, you must also contact your state inspector as soon as is practical and not to exceed two business days.
- If there is a death of a child while in your care, you must notify your child care specialist, or any CEPS manager. If you are a provider in the state subsidy program, you must also contact your state inspector as soon as is practical and not to exceed one business day.

- If a child is missing from your care, contact the local authorities for help and assistance, contact the parents and then you must notify your child care specialist, or any CEPS manager. If you are a provider in the state subsidy program, you must also contact your state inspector as soon as is practical and not to exceed one business day.

Medical Emergencies

If a child needs medical treatment, you need permission from the parent. A sample of a form, “**Authorization for Medical Treatment**” is included in your Useful Forms section that you can use and/or modify for your business. The “**Authorization for Medical Treatment**” form provides emergency personnel some written guidance that the parent intends for the child to receive medical care in their absence. In a medical emergency, you should have the child’s file with you. The child’s file will have forms for emergency contacts, the child care agreement, and information about medical and food allergies. A sample of a form, “**Emergency Contact Information**” is included in your Useful Forms section and is included in your packet.

Information about medical emergencies involving food allergies is covered in the Nutrition section of the Introduction to Family Child Care.

Information on General Emergencies should be included in your carefully developed Emergency Preparedness Plan.

Administering Medication

The Code of Fairfax and Virginia law prohibit administering prescription or non-prescription medication if you have not successfully satisfied certification through a medication administration training recognized in the state of Virginia. Once you are certified to administer medication, you will receive clear instructions on how to document and handle medication to be in compliance with the law. A sample of a form, “**Administering Prescription or Non-Prescription Medication Record**” is included in your Useful Forms section that you can use and/or modify for your business. If you are interested in knowing more about the specific requirements for providers in the state subsidy program who are certified in administering medication, please read pages 24-25 in the “**Subsidy Inspection Requirements for Family Day Homes**” handout.

Water Safety

The Fairfax County Home Child Care Facilities Ordinance included new requirements about swimming and drowning hazards.

Providers who choose to make swimming and wading part of their program must:

- Obtain written permission from parents annually advising the provider of their child's swimming ability before the child is allowed in water over the child's shoulder height.
- Must have a system for accounting for all children in the water.
- Provide swimming activities only during daylight hours
- Must have another person at least 15 years or older present at all times along with the provider when children are in water two feet deep on a pool, lake or other swimming area on or off the premises of the home child care facility.

What's the reason for the change in the Ordinance? A child can lose consciousness in less than two minutes, the time it takes to answer the phone. Each year, nearly 1,000 children ages 14 and under drown. Another 16,000 are rushed to the hospital for near drowning. Children ages 4 and under are at the greatest risk.

The ordinance also requires that access to water in above ground pool be prevented by locking and securing ladder so it is inaccessible to children. Swimming pools, wading pools and ponds are especially dangerous for children. Children's play area should be separate from these areas. A non-climbable barrier at least four feet high such as, but not limited to, a fence or impenetrable hedge shall surround outdoor play areas located within 30 feet of drowning hazards such as, but not limited to, in-ground swimming or wading pools, ponds, or fountains not enclosed by safety fences. Facilities permitted prior to the effective date of this ordinance must comply fully with the requirements by July 1, 2013.

Portable wading pools without integral filter systems should be emptied, rinsed, and filled with clean water after use by each group of children or more frequently as necessary. Wading pools should be emptied, sanitized, and stored in a position to keep them clean and dry when not in use during the home child care facility's hours of operation. Portable wading pools should not be used by children who are not toilet trained. Bathtubs, buckets, and other containers of liquid accessible to children should be emptied immediately after use. Keep toilet seats closed.

Hot tubs, spas, and whirlpools should not be used by children in care, and must be covered with safety covers while children are in care.

Any body of water presents a drowning risk for children. Consider enrolling your own children in swimming lessons when they are ready, usually after age 4. Teach children not to push, run or jump on others around water. Do not leave young children alone in or around water, even for a moment.

Resources for Water Safety Certification

When a provider takes child care children swimming or wading, the provider or another adult must be certified in water safety from a nationally recognized organization. Certification means that you have been trained to know what to do in life-threatening or water safety emergencies.

The following resource is not a complete list of companies that provide basic water rescue, water safety today, water safety instruction or lifeguarding. Providers are encouraged to do their own research in selecting a company for these services. The County is not offering this list as a recommendation or endorsement.

American Lifeguard Association.....	703-761-6750
www.AmericanLifeguard.com	
American Red Cross	703-584-8400
www.redcrossnca.org	
Claude Moore Recreation Center.....	571-258-3600
http://www.loudoun.gov	
Fairfax County Parks and Recreation.....	703-222-4664
www.fairfaxcounty.gov/parks/rec/classes/aquatics	
George Mason Freedom Center	703-993-8444
www.freedom-center.com	
Herndon Community Center.....	703-787-7300
http://www.herndon-va.gov/Content/Parks_rec/community_center/	
Manassas Park Community Center.....	703-335-8872
www.manassascommunitycenter.com	
NV Pools	703-968-8800
www.nvpools.com	
Reston Community Center.....	703-390-6150
www.restoncommunitycenter.com	
Tuckahoe Recreation Club.....	703-356-1205
www.tuckahoe.net	

Transportation and Child Safety Seats

Providers sometimes choose to transport children while in their care. It may be part of the child care contract that you agree to pick up children after school, or drop off at soccer practice, or maybe you choose to transport for field trips. Regardless of whether you are going just around the corner or 20 minutes away, children must be provided safe transportation. In order to transport children, you must have written permission from parents.

You are responsible from the time the child boards the vehicle until they return into the care of the parent or designated pick up person. The driver must be 18 years old and have a valid driver's license to operate the vehicle being driven. These regulations make sense because you are responsible for children at all times. Even if the vehicle is owned by a volunteer or parent, you must make sure all **vehicle** and **safety measures** are satisfied.

The vehicle:

- is designed to be used to transport people
- has seats attached to the floor
- is insured to meet the minimal limits set by the state of Virginia.
- meets the safety standards of DMV and is in satisfactory condition to assure the safety of children

Safety measures during transportation:

- children remain seated and all body parts remain inside the car
- doors are closed properly and locked
- safety belt and child restraints follow the Virginia state statutes
- a caregiver must provide direct care and supervision to each child at all times during transport
- provider has a list of all children being transported
- important information is carried in the vehicle, including copy of the parent's written permission, each child's emergency contact information, and allergy care plans if applicable
- emergency supplies are available including a first aid kit, ice pack or cooling agent
- cell phone, change or calling card is available so that telephone calls to emergency responders or parents can be made if needed
- no person smoking or using electronic smoking devices

Safety measures before and after transportation:

- To keep children safe, they must enter and leave the vehicle from the curb side of the vehicle, or in a protected parking area or driveway
- To keep children safe, the provider must make sure that all children have been removed from the vehicle

Whenever you transport children, make sure parents have provided you with written permission and are aware of how and when children will be transported. This helps keep children safe and your business safe.

Child Safety Seats

Virginia law requires that all children under the age of 8 be properly secured in a child safety seat. The safest child seat is the one that fits your child, your vehicle and can be easily installed and used by the adult every time the child is transported.

- A child safety seat should be selected according to the child's age, weight, and height. Child safety seat guidelines vary according to the height and weight.
- Avoid second hand safety seats due to the many recalls and the unknown information about the seat. Seats may be broken or missing parts or could have been involved in a crash.
- Infants should ride in a rear-facing seat until they are at least one year of age and weigh at least 20 pounds. Never place a rear-facing safety seat in the front seat of a car that has a passenger-side air bag.
- Children who are at least one year of age and weigh at least 20 pounds may sit in a forward-facing safety seat with an internal harness.
- Children who weigh more than 40 pounds may use a booster seat that has both a lap and shoulder belt or remain in a child safety seat with internal harness if it is rated for heavy weights.
- Children should use a booster or safety seat until they are able to properly fit into the adult size safety belt system.
- Children should ride in the back seat of the vehicle. With or without an air bag, the back seat is the safest place for your child.
- Always refer to the safety seat instruction booklet and vehicle's owner manual for the correct way to install the safety seat.
- Children should never be left unattended in a vehicle even for a few minutes.
- You can double check that you have properly installed your car safety seats by contacting your local police station to arrange a safety check.
- If you have children who ride a bus to school, walk and wait with children at bus stops.

For more information, contact the Virginia Department of Health at 800-732-8333.

For information or an appointment for a safety car seat check, call the Operation Kids Hotline at 703-280-0559. You can also go to <http://www.fairfaxcounty.gov/police/traffic/seatbelts-and-childsafety-seats.htm> information on how to contact your local district police station to arrange a safety seat check or read additional information.

Car Seat Recommendations: Choosing the Right Seat



Your child under age 2 should always ride in a rear-facing car seat in the back seat. There are different types of rear-facing car seats: Infant-only seats can only be used rear-facing. Convertible and 3-in-1 car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.

A rear-facing car seat is the best seat for your young child to use. It has a harness and in a crash, cradles and moves with your child to reduce the stress to the child's fragile neck and spinal cord.



Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness in the back seat.

A forward-facing car seat has a harness and tether that limits your child's forward movement during a crash.



Keep your child in a forward-facing car seat with a harness until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

A booster seat positions the seat belt so that it fits properly over the stronger parts of your child's body.



Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

A seat belt should lie across the upper thighs and be snug across the shoulder and chest to restrain the child safely in a crash. It should not rest on the stomach area or across the neck.

Reduce the risk of death and injury by properly securing your child. To maximize safety, keep your child in the car seat for as long as possible.

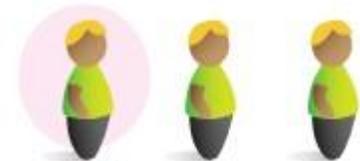
Car crashes are a **leading killer of children** ages 1 to 13.

In crashes from 2011-2015, **3,194 children** (under 13 in cars, SUVs, vans, and pick-ups) were killed. An estimated **599,000 children** under 13 were injured.



That's more than the population of Albuquerque, NM.

In 2015, **662 children** (under 13 in cars, SUVs, vans, and pick-ups) were killed in crashes.



Of those killed, more than **1 in 3** were unrestrained.

Car seats reduce the risk of infants (under 1 year old) being killed in cars by



Car seats reduce the risk of toddlers (1 to 4 years old) being killed in cars by



New Cars Seat Safety Laws Effective July 2019

<u>Age-group</u>	<u>Type of Seat</u>	<u>General Guidelines</u>
<u>Infants and toddlers</u>	<ul style="list-style-type: none"> • Rear-facing-only • Rear-facing-convertible 	All infants and toddlers should ride in a rear-facing seat until they reach the highest weight or height allowed by their car seat manufacturer. Most convertible seats have limits that will allow children to ride rear facing for 2 years or more.
Toddlers and preschoolers	<ul style="list-style-type: none"> • Forward-facing convertible • Forward-facing with harness 	Children who have outgrown the rear-facing weight or height limit for their convertible seat should use a forward-facing seat with a harness for as long as possible, up to the highest weight or height allowed by their car seat manufacturer.
School-aged children	<ul style="list-style-type: none"> • Booster 	All children whose weight or height exceeds the forward-facing limit for their car safety seat should use a belt-positioning booster seat until the vehicle seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are 8 through 12 years of age. All children younger than 13 years should ride in the back seat.
Older children	<ul style="list-style-type: none"> • Seat belts 	When children are old enough and large enough for the vehicle seat belt to fit them correctly, they should always use lap and shoulder seat belts for the best protection. All children younger than 13 years should ride in the back seat.

First Aid Supplies

First aid supplies should be easy to find. **First aid kits should be accessible to the provider and secured out of reach of children.**

A First Aid kit should contain the required following items:

- Scissors
- Tweezers
- Sterile, non-stick gauze pads
- Adhesive/bandage tape,
- Band-aids (assorted sizes)
- Antiseptic cleaning solution or pads
- Digital thermometer
- Single use, disposable nonporous surgical gloves, for example, rubber/latex
- Flashlight (with batteries)
- Radio (with batteries)

Some other safety items you might choose to include in your first aid kits are:

- Current copies of Emergency Contacts Information forms
- Disposable CPR mouthpiece
- One or more triangular bandages
- Insect bite or sting medicine
- Safety pin
- Bulb syringe
- Special health items for specific health needs (for example, EPI pens)
- Anti-bacterial ointment
- ice pack or cooling agent
- First Aid manual or First Aid cards

If you feel a child has come in contact with or ingested poison, call the child's physician or the National Capital Poison Center at 1-800-222-1222 or TTY 800-222-1222. The NCPCC will direct you to the Regional Poison Control Center.

CPR and First Aid Certification

All child care providers are required to have CPR and First Aid certification. Certification means that you have been trained to know what to do in common life-threatening emergencies. **You must have certification in CPR and First Aid at all times during your permit year or your permit is invalid.**

The following resource is not a complete list of companies that provide CPR and First Aid training. Providers are encouraged to do their own research in selecting a company for these services. The County is not offering this list as a recommendation or endorsement.

Adult and Community Education (Fairfax County Public Schools) www.fcps.edu/aceclasses	703-658-1225
American Health Services www.americanhealthserve.com	703-619-1034
American Lifeguard Association www.americanlifeguard.com	703-761-6750
American Red Cross (English and Spanish) www.redcross.org	703-584-8400
Berea Health Services (English and Spanish) www.bereahealthservicescpr.webs.com	703-585-2593
Cisne M/S Childcare, LLC (English and Spanish)	703-574-3726
Edith Rajendran (English, Hindi, and Urdu) ejrajendran2006@yahoo.com	703-830-3481
GotCPR www.gotcpr.net	571-218-0871
Heart Starts, LLC www.heartstarts.com	703-261-7098
Inova Health Source www.inovahealthsource.org	855-694-6682
JayKay Safety (Formerly CPR-N-U) Jaykaysafetytraining@gmail.com	202-679-5880

Safety First CPR and First Aid..... 703-407-7586
(English and Spanish)
www.safety1stcpr.wix.com/safety1stcpr

Sandhya Parihar..... 301-919-2685
(English, Hindi, and Urdu)
sandhya_parihar29@yahoo.com

Yolanda Ballesterso 571-213-6897
(English and Spanish) yollandaballesterso6@gmail.com

Note: When contacting these companies, confirm that you will be issued a CPR/First Aid card. The Division of Early Childhood Education welcomes your feedback on any of the companies listed above.

Online or video First Aid and/or Pediatric CPR classes do not meet Fairfax county training requirements.

The types of Pediatric CPR and/or First Aid trainings acceptable to meet your permit requirement are:

1. Actual in person training
2. Blended online/hands on training.

Blended online/hands on training has two parts: **Part One** is the online portion and then **Part Two** is when you are tested in person by a CPR/First Aid instructor.

If you have any questions, call us first before registering or paying for CPR or first aid training.

Other Health Resources for Child Care Providers

Health Department District Offices telephone numbers to call for TB tests:

Herndon	703-481-4242
Falls Church.	703-534-8343
Mt. Vernon	703-704-5203
Fairfax.	703-246-7100
Springfield	703-569-1031

You are required to provide documentation from a physician, physician's designee or Health Department official, not older than 24 months, indicating that you and all adult household residents are free from communicable tuberculosis. (If you are a subsidy provider, any new caregiver or new adult must provide documentation showing they are free from communicable tuberculosis, that was completed within 30 calendar days and submitted prior to living in the home or coming in contact with children.)

Flu Shots Available at Health Department District Offices

The Fairfax County Health Department is encouraging all residents to protect themselves against influenza (flu), a contagious viral respiratory illness, by getting a flu shot every year. Because it can take up to two weeks for a flu shot to provide protection, people should get a vaccine early in the flu season, which typically runs from October until April, when people spend more time indoors. The illness season peaks in January and February.

Flu vaccines are available by appointment at the Health Department's five district offices in Fairfax County, for a fee. County residents can make an appointment at their nearest District Office above.

Health Department Contact Information

- The main phone number for the Health Department 703-246-2411
- Information on Communicable Diseases..... 703-246-2433
- Information on Environmental Health..... 703-246-2444
- Information on Food Safety..... 703-246-2444
- Information on Community Health and Safety..... 703-246-2300
- Information on Sewage, Wells and Septic Systems..... 703-246-2201
- To consult with the Epidemiology (EPI) Nurse 703-246-2433
- TTY number 703-591-6435

Stay Healthy Resources

- Take common sense steps to limit the spread of germs. Make good hygiene a habit for you and the children in your care.
- Wash hands frequently with soap and water.
- Cover your mouth and nose with a tissue when you cough or sneeze.
- Put used tissues in a waste basket.
- Cough or sneeze into your upper sleeve if you don't have a tissue.
- Clean your hands after coughing or sneezing. Use soap and water or an alcohol-based hand cleaner.

Looking for More Resources about Staying Healthy?

- You can download "Healthy Habits", "Be a Germ Stopper" and "Cover Your Cough" posters from the Center of Disease Control (CDC) at www.cdc.gov/germstopper/materials.htm. The CDC also has a fact sheet, "Stopping Germs At Home, Work and School" available in English, Spanish, Vietnamese and Tagalog.
- Kids can learn about health and hygiene at www.scrubclub.org. The Fairfax Health Department has a "Wash Your Hands" poster in English and Spanish.
- You can download an "It's Flu Season" poster at www.fairfaxcounty.gov/hd/flu/default.htm.

Preventing Falls and Other Injuries

You are children's best resource to stay safe and prevent injuries. Nearly 300 children under 4 years old die every month in the United States because of accidents – most of which could have been prevented, according to the American Academy of Pediatrics. Children injure themselves in playing in the child care environment, on door and gates, on stairs, in kitchen and cooking areas, on broken or inappropriate toys, and other ways.

In the child care environment, pay careful attention to how toys and materials are stored. Are the materials and toys stored appropriately? Are materials available and accessible to children so they can explore and play? Is the room arranged to allow supervision, and facilitate children's play?

To avoid injuries on doors and gates, make sure they are closed and secured. Gates that block an area from children should be used regularly and be in good repair. Never leave an open door unattended. There should be no access to decks, ponds, lofts or balconies that do not have protective barriers or guardrails. All areas of the child care home must be looked at closely for safety implications such as unstable or heavy furniture or other items that a child could pull down on himself.

Few things are safe for young children in the kitchen. To prevent injuries in the kitchen and during cooking, the kitchen should be an adult only area. Children love to cook. Structure the activity so children are participating in age appropriate activities and with age appropriate equipment.

Children love toys. Teach children to put toys away after play to avoid injuries and store toys for older children separately. Never hesitate to intervene in dangerous play or interactions between children.

Recently, lead based toys have been finding their way into children's play. However a number of older toys also contain lead based products. Take a good look at the toys in your business. Review what you have selected for children, how you clean and repair them, how you store them, and how you supervise and interact with children during play. Follow the age and safety recommendations on the toy label and guidelines. No equipment, material, or furnishings should be used if recalled or identified as hazardous by the U.S. Consumer Products Safety Commission. You can find more information about recalls on their website www.cpsc.gov

Important Safety Considerations

- Infants need to play while being protected from older children's play.
- Fans, when used, should be out of reach of children and cords should be secured so they are not a safety hazard.
- Children under two years of age and children over 2 years of age who are not developmentally ready to climb or descend stairs without supervision, should not have access to stairs.
- Children over the age of two should not have access to stairs with three or more risers that do not have protective barriers or guardrails on each side.

- No children under the age of five or a child over the age of five who lacks the motor skills and strength to avoid drowning, scalding, or falling while bathing, should be left unattended while in a bathtub.

Remember, you may not prevent every accident, but careful planning and supervision will go a long way in keeping children safe from preventable injuries. However:

- If a child sustains a serious injury while in your care, you should call 911 if applicable, notify the parent, and as soon as is practical, contact your child care specialist, or any CEPS manager. If you are a provider in the state subsidy program, you must also contact your state inspector as soon as is practical and not to exceed two business day.
- If there is a death of a child while in your care, you must notify your child care specialist, or any CEPS manager. If you are a provider in the state subsidy program, you must also contact your state inspector as soon as is practical and not to exceed one business day.
- If a child is missing from your care, contact the local authorities for help and assistance, contact the parents and then you must notify your child care specialist, or any CEPS manager. If you are a provider in the state subsidy program, you must also contact your state inspector as soon as is practical and not to exceed one business day.

Home Health and Safety Checklist

This checklist is a guide for making your home a healthy and safe environment for child care. It also will help you prepare for your Home Health and Safety visit. The Child Care Specialists and Fire Code Officials will come to your home and look for these items:

Exterior/Interior Safety/Health

- Address is posted and easily seen from the street or parking lot.
- Property is free of trash/debris/broken glass.
- Home is structurally sound with no peeling paint, loose down spouts, or broken walkways.
- Rooms are free of dirt, filth, trash, grease. Floors and carpets are swept daily.
- Home is free of insect and rodent infestations.
- Home is free of hazards to children, such as loose carpeting, toy chests without safety hinges, and small items that could be swallowed.
- Interior and exterior steps and stairs are in good repair with hand or guard rails. *(Providers in the state subsidy program-children under two years of age and children over two years of age who are not developmentally ready to climb or descend stairs without supervision should not have access to stairs. Children over the age of two should not have access to stairs with three or more risers that do not have protective barrier or guardrails on each side. Children should not have access to decks, porches, lofts, or balconies that do not have protective barriers or guardrails.)*
- Exit routes are free of obstructions and are well-lighted.
- Double keyed deadbolt locks are unlocked and keys removed from locks during hours of child care.
- Electrical panel is easily accessible and free of loose connections and frayed wiring, with no missing fuses. There is no exposed wiring anywhere in the house.
- Heating systems and associated duct work are in good condition.
- Well and/or septic systems are approved by the County. If private systems are used, the Health Department must approve them.

Play Area Safety/Health

- Equipment is structurally sound and in good condition. *Best practice says no equipment, material or furnishings should be used if recalled or identified as hazardous by the U.S. Consumer Products Safety Commission. (Providers in the state subsidy program-this is a requirement.)*
- Toys and materials are age-appropriate.
- Areas are free of electrical hazards.
- Rooms used for children are smoke free. *(Providers in the state subsidy program-this includes any vehicle used to transport children in care.)*
- Outdoor play areas are free of hazards, for example, standing water, animal feces, trash, construction materials, poison ivy, and dangerous lawn and garden tools. Fencing or other barriers might be needed when the play area is next to a body of water, or busy street. *(Providers in the state subsidy program-this is required and includes proximity to train tracks and streets with speed limit over 25 mph)*
- Outdoor play structures are anchored securely, rust free, sturdy, and have no broken parts.

Best practice says:

- *providers must ensure that unstable heavy equipment, furniture, or other items that a child could pull down on himself should be removed or secured to prevent injury or death.*
- *Trampolines should not be used and stationary outdoor playground equipment is not installed over concrete, asphalt, or any other hard surface.*
- *(Providers in the state subsidy program-these are requirements.)*

Kitchen

- Kitchen appliances are in good working order, with range, oven, and hood clean and free of grease.
- Small appliances (coffeemakers, hair dryers, toasters) are kept unplugged and out of children's reach.
- A working telephone is in the home. All telephone cords are out of reach of children.
- 911 stickers and Poison Control number are posted on all the phones. Current phone numbers to reach parents including home, work, and cell phone numbers are also posted.
- Kitchen trash and diapers are kept in separate, covered, washable containers. Diapers are in lined containers. *(Providers in the state subsidy program-soiled diapers or wipes should be stored in a foot-operated container or disposed of in a way that neither the caregiver's hand nor the soiled items touch the exterior surface of the container.)*
- Toxic household products, including medicines, are inaccessible to children and stored away from food. *(Providers in the state subsidy program-if hazardous substances are not kept in original containers, the substitute container must clearly indicate the contents.)*
- Refrigerator is at 40° F or 5° C or less.
- Clean drinking water is available at all times.
- Dangerous objects, such as knives, are kept out of children's reach.
- Food brought in for specific children is clearly labeled with the child's name and date.
- Food should be prepared, stored, served, and transported in a clean and sanitary manner.

Fireplaces, Wood Stoves/Other Heating Appliances

- Fireplaces, heating systems, and duct work is in good repair.
Best practice says that fireplaces are never used during child care hours.
- Wood stoves have a County permit indicating proper installation.
- Ashes are stored in a metal or approved non-combustible container with a tight fitting lid.
- Barriers are placed around space heaters, wood stoves and fans when in use. A fireplace must always have a screen or guard.
- All portable heating appliances are UL or FM approved.
- Flammable or combustible liquids are kept away from heat sources and out of children's reach.
- Materials that burn easily (such as newspaper, plastic sheeting, wood, cloth, or items made of these substances) are kept at least three feet away from appliances and other heat sources.

Firearms

- All firearms are kept unloaded and stored apart from ammunition.
- Firearms are stored in a locked area with keys out of reach of children

Laundry Room

- Washer, dryer, and dryer vents are free of lint and other combustible materials.

Animals

- Dogs and cats have up-to-date rabies immunizations.

Miscellaneous

- Rooms for child care are dry, with good lighting, ventilation, and kept at least 68° F or above during the heating season. *(Providers in the state subsidy program-rooms for children should not exceed 80° F unless fans and cooling systems are in use. Fans, when used, must be out of reach of children and the cords secured to avoid hazard.)*
- Open windows are screened from April 1 through November 1.
- Smoke detectors are installed on each level of the home, preferably on the ceiling and tested once a month.
- Fire extinguisher is rated a minimal rating of at least 2A10BC or 1A10BC, is mounted and fully pressurized.
- Fire drills and escape routes are practiced at least once a month with planned evacuation routes, and a written record kept.
- Electric outlets are child-proofed.
- Electric cords are out of reach of children. No multi-plug adapters allowed.
- Home is free of insect and rodent infestations.
- Poisonous plants are not around children, for example, poinsettias.
- Drapery and blind cords are out of reach of children.
- *(Providers in the state subsidy program-bathrooms must have sink located near the toilets and supplied with warm running water that does not exceed 120° F. Bathrooms must be equipped with soap, toilet paper, and disposable towels or air dryer within reach of children. Toilet chair or adult toilet with platform or steps and adapter seat are required.)*

Other Ordinance Requirements

When your Child Care Specialist comes for the Home Health and Safety visit, it is your responsibility to make sure to maintain and have:

- Up-to-date CPR/First Aid certification.
- Up-to-date in CPR and First Aid certification **for substitute and backup caregiver (if applicable).**

Documentation from a physician, physician's designee or Health Department official, not older than 24 months, indicating that you and all adult household residents are free from communicable tuberculosis. *(If you are a subsidy provider, any new caregiver or new adult must provide documentation showing they are free from communicable tuberculosis, that was completed within 30 calendar days and submitted prior to living in the home or coming in contact with children.)*

- 16 hours of professional development each year.

- Up-to-date children's immunizations. (*Providers in the state subsidy program-you are required to have updated immunization records every six months for children under the age of two years.*)
- Up-to-date rabies immunization records for pets.
- Child Protective Services and/or Criminal Background paperwork (repeated every five years or as needed).
- If any adult has resided in another state in the preceding five years, a search of the state central registry or any other child abuse and neglect registry, a criminal history record information check and sex offender registry search must be submitted to the state(s) to obtain a copy of the results. However, if the state where the individual previously resided participates in the National Fingerprint File (NFF) program through the FBI, the additional criminal history record information check is not required and only the search of the sex offender registry and the state central registry or any other child abuse and neglect registry is required.
- A Sworn Statement or Affirmation form is required for all adults age 18 and older living in the home. This form is resubmitted every year.
- A Waiver Agreement and Statement submitted once at the time of the initial Fingerprint National Background search
- A Fingerprint National Background search on all adults age 18 and older living in the home. Individuals who visit often and have regular contact with children in care require a criminal background search. Searches are repeated every five years. When child care providers have relatives and friends stay for more than 30 calendar days, a Child Protective Services, Sworn Statement, Waiver Agreement and Statement form and Fingerprint National background search must be completed.
- A written emergency response plan and supplies to support this plan.
- A written sick policy

First Aid Kit Recommendation

- Make sure that a first aid kit is available and secured at the provider's home, as well as, at any substitute or backup caregiver location.

Rule of Thumb on Record Keeping Time Frames

Keep your records accessible for:

- 3 years plus the current year for USDA
- 5 years for Permit documents such as reports, records, attendance records, medication records, or information documents, etc. (hard copy or electronic)
- 3 years for tax documentations
- 1 year minimum for Shelter-In Place, Fire Evacuation and Lockdown drill records. Archiving for three years is preferred.

Firsthand and Secondhand Smoke and Young Children

The provider is responsible for all aspects of children's health and safety while in child care. There is no doubt about the dangers to children for direct exposure to smoke. The law indicates that all rooms used for child care must be smoke free while children are in care. No person can smoke or use electronic smoking devices while children are in care. This includes indoors, in a vehicle while children are being transported or outside in an area that is occupied by children. But it is not enough to protect children from direct or firsthand exposure to smoke just while in care.

Exposure to smoke and the toxins left behind lay on every surface where children sleep, play and eat. It lays on every item they touch or put in their mouths. The toxins do not go away just because there is no smoke present. Secondhand smoke is the smoke breathed out by a smoker and the smoke from the burning end of a cigarette, cigar, pipe or hookah. The smoke from the burning end of a cigarette has many harmful chemicals. Exposure to secondhand smoke is called involuntary smoking or passive smoking. When anyone breathes in this secondhand smoke, they have no option but to bring these toxins into their body. Children breath faster than adults and are negatively impacted as they absorb these chemicals quicker negatively impacting their health.

Medical Information shows that:

- Children who breathe secondhand smoke are more likely to suffer from pneumonia.
- Children who breathe secondhand smoke are more likely to develop asthma. If they have asthma and breathe secondhand smoke, they are more likely to have more asthma attacks.
- Every year an estimated 150,000 to 300,000 cases of infections, such as bronchitis and pneumonia occur in infants and children under 18 months of age who breathe secondhand smoke, and result in 7,000 to 15,000 hospitalizations.

Sexual Offenders Search

Safety is important to you and your families. Here is another way you can get information and help keep children safe at home or around your community. The Virginia State Police's website, www.vsp.state.va.us, helps you find out if a convicted sexual offender is living in or near the area where you live or play with children. Under the Welcome to Virginia State Police Web banner, click on the words Sexual Offender Registry. On the Registry page, select Search the Public Notification Database. When you enter a zip code, the search results are displayed.

Fairfax Alerts

The Fairfax County Fairfax Alerts will deliver important emergency alerts, warnings and updates during a major crisis or emergency. Messages will be sent to any e-mail accounts, cell phone, text pager, satellite phones or wireless PDA's that you register. Fairfax Alerts provides real time updates, and if needed, instructions on where to go, or protective actions needed. To sign up, go to www.fairfaxcounty.gov/alerts. Follow the instructions to log on and register yourself.

Emergency Preparedness and Planning

A child care provider is required to have an emergency plan which helps you prepare for dealing with emergencies. There is no better time than now to develop or reexamine your emergency plan. A family child care provider has many daily responsibilities. Maintaining the safety of the children is more important than anything else. An emergency plan will help you think clearly and act quickly to protect yourself and the children in your care. Careful and consistent practice and good planning means that you and the children can respond to the situation better prepared and less stressed.

Defining and Understanding Evacuation, Shelter in Place and Lockdown Emergencies

Evacuation-Evacuation may be related to a fire or other problem in your home that requires you to leave immediately or it may be a larger community evacuation where you are directed by emergency responders to evacuate your neighborhood immediately. Your goal is to exit the home as quickly as possible to prevent harm to children and any other people who may be in your home. If you need to evacuate your home due to a danger such as a fire:

- You should have an evacuation floor plan showing the primary and alternate routes for leaving the home. Include your Shelter in place location on the map.
- Post the evacuation floor plan on every level of your home you use for child care.
- Take the daily accountability or sign in sheet, your cell phone and your Mobile Emergency Kit with you. This kit should have all your emergency information for each child as well as emergency supplies so it is ready to pick up and go. A backpack or duffel bag is easy to carry.
- Store your emergency kit in a place that children cannot reach. Make sure you have accounted for all children in your care.
- Remember each parent should have a copy of your written emergency plan updated every 6 months.
- Practice an evacuation/fire drill every month and during all shifts-evenings, weekends and nights if you have children in care and any other person in the home at these times.
- Remain calm and in control so you can assist children.
- Document the drill on the Fire/Evacuation Drill Record and save for a minimum of one year but three years is preferred.
- Remember, if you suspend or terminate all child care services for more than 24 hours as a result of an emergency situation and plan to resume child care at a later time, you must notify your child care specialist or a CEPS manager. If you are a provider in the state subsidy program, you must also notify your state inspector.

Shelter-in-Place-A shelter-in-place is needed because a danger is coming at you from outside the home and threatens the safety of you and the children. The shelter-in-place area you select is located away from windows and outside doors. The space could potentially be sealed off from inside and is an area where you and the children may spend a significant amount of time. An area like this is important in case of an environmental disaster, severe weather watch or warning, or health crisis. Most experts

recommend stocking this area with enough food and water for 3-5 days. In an emergency:

- Take your shelter-in place kit and your daily accountability or sign in sheet with you to the shelter-in-place area.
- Make sure you have accounted for all children in your care. As in the fire evacuation or shelter in place drill, you need to be calm and in control.
- The supplies in your emergency Shelter-in Place kit should have enough material to take care of basic nutrition and hygiene needs for all ages of children in your care, as well as material for children's play.
- You must practice this drill every month and document it on the Monthly Shelter-in-Place and Annual Lockdown Drill Record and save for a minimum of one year but three years is preferred.

Lockdown-An interior lockdown area is a space that can prevent a threat of violence or intruder from gaining access to you and the children. An exterior lockdown starts with securing your home by locking all windows and exits in an effort to prevent the danger from entering your home. The danger is coming into your home so you want to isolate yourself and the children from the potential violence. An interior lockdown area should be equipped with a door lock or a space that can be secured by moving furniture to barricade the entrance. In an emergency:

- Move yourself and the children to the lockdown area securing the door immediately.
- Take the daily accountability or sign in sheet and your cell phone with you. Make sure you have accounted for all children in your care.
- You do not want to draw attention to yourselves, you are hiding. Children should be on the floor, out of common view, away from windows and be very quiet. If the lockdown area has windows, close the blinds or shades.
- As in the fire evacuation or shelter in place drill, you need to be calm and in control.
- Call 911 to alert local authorities of the danger.
- Once you are in the lockdown area you do not open the door to allow any other person to enter this space unless it is an emergency responder. Stay in this location until the emergency responder states it is safe to leave or the danger has passed.
- If emergency responders decide to relocate you and the children, help children move to this safe location by helping them move quietly and quickly.
- You must practice this drill at least once each year and document it on the Monthly Shelter-in-Place and Annual Lockdown Drill Record and save for a minimum of one year but three years is preferred.

Gather Supplies and Materials

A Mobile Emergency Kit-You want all your emergency information and supplies located in one place and ready to pick up and go. A backpack or duffel bag is easy to carry. Store your emergency kit in a place that children cannot reach. See the Emergency Response Checklist for specific ideas to include in your mobile emergency kit.

A Shelter-in-Place Area-A shelter-in-place area is an area located away from windows and outside doors because a danger is coming at you from outside the home and threatens your safety. An area like this is important in case of a tornado or severe

weather watch or warning. Most experts recommend stocking this area with enough food and water for 3-5 days. In an emergency, *take your emergency kit with you to the shelter-in-place area*. See the Emergency Preparedness and Supplies Guide for specific ideas to include in your shelter-in-place area. You must practice this drill every month and document it on the Monthly Shelter-in-Place and Annual Lockdown Drill Record.

Procedures for Maintaining Essential Functions

You must establish procedures to ensure the essential functions (Toileting/Diapering, Feeding, Sleeping and Engagement) can be maintained so children are safe and healthy during an emergency:

Toileting/Diapering - I will have diapers and wipes for any child under the age of two, who is not developmentally ready or not toilet trained. I will have change of clothing for children that is seasonally appropriate.

Feeding - I will have age-appropriate nutritious snacks, water, and formula and bottles if applicable.

Sleeping - I will have infant sleeping clothes, blankets or large towels so children can rest as needed.

Engagement - I will have age-appropriate toys, books and play materials so that children can be engaged in play during an emergency.

Practice Your Plan

Plan and practice your emergency preparedness plan. Make sure your CPR and First Aid certifications are current. Practice monthly emergency/fire drills with the children so they get used to the idea of lining up and leaving one area to go to a safer area. When children are familiar with the evacuation/fire drill, they will be better able to respond if a real emergency occurs. Talk to the parents about your emergency preparedness plan. **Identify an alternate place where you would take the children, if you should have to evacuate your home.** Include the phone number of this alternate location in your plan.

Share your plan with parents. Always demonstrate calmness and patience during the drills. Children are looking to you to show them how to react and deal with the situation.

- **Tip One** - A common fear for young children is the dark. When storms cause sudden loss of power, it can be frightening to children. Practice your emergency drills by telling the children that you are going to turn out the lights and use your flashlight. It is a good idea to have flashlights in the main areas you use for child care so you have quick and easy access to them.
- **Tip Two**-Practice your drills by going to the shelter in place area in your home. Have the children go to the area and stay there with you for a short period of time so they are familiar with spending time there.

- **Tip Three-**Make the experience fun and stress free by playing a few games, reading a story or singing some songs with the children so they become accustomed to being in this area.

Helping Children Cope with Emergencies

Young children depend on routine in their daily lives. When emergencies interrupt these routines, children may become anxious, frightened, or fearful. Children can show their emotions in various ways, including:

- Becoming withdrawn or becoming unusually quiet.
- Losing their appetite.
- Having nightmares.
- Shouting or crying.
- Children also may imagine dangers. These imaginary fears and anxieties should be taken seriously. Encourage children to talk about their fears. If possible, comfort them with facts. Children want reassurance and guidance from adults in emergency situations.

They will feel safer when you:

- Act calmly, but seriously.
- Talk with them about what is happening and what you are going to do.
- Listen to their questions and provide honest information about their concerns.

Teaching children what to do in an emergency- practicing fire drills and other emergency procedures shows children that you are there to keep them safe.

Emergency Contact Information

It is important to keep contact information available in both your home and your emergency kit. When parents update their child's Medical and Emergency Contact Information forms, ask them to review the forms carefully. Information should include:

- Current phone numbers to reach parents at work and at home, including cell phone numbers
- Current phone numbers and names of individuals at a parent's work who can locate parents if they are not at their phones.
- Current phone numbers and names of friends, relatives and neighbors who are authorized to pick up a child in an emergency.
- Current phone numbers and names of physicians.

Emergency Resources and Phone Numbers

Emergency Preparedness Information on the Web

Fairfax County www.fairfaxcounty.gov/emergency
Virginia Emergency Management www.vdem.state.va.us
US Department of Homeland Security www.ready.gov
Federal Emergency Management Agency www.fema.gov
American Red Cross www.redcross.org
Center for Disease Control www.cdc.gov/flu/pandemic
U. S. Government www.pandemicflu.gov

Important Emergency Phone Numbers

Fairfax County – Emergency	911
Fairfax County - Non-Emergency	703-691-2131
Fairfax City	703-591-5511
Alexandria	911
Vienna	911
Herndon (in town limits only)	703-437-1118
Falls Church City (Police only)	703-241-5050
Poison Control	800-222-1222

Emergency Preparedness and Supplies Guide

Every permitted provider must demonstrate knowledge and documentation of an emergency plan. Here is a checklist that the Child Care Specialist will use when conducting the Home Health and Safety visit. It may be helpful to you in evaluating your current plan.

_____ Make a written emergency plan:

- Make sure to plan for a variety of emergencies—fire, severe weather, terrorism, intruders, health crisis, loss of utilities, environmental disasters and relocation or evacuation

_____ Practice your plan monthly:

- Practice evacuating to your shelter-in-place area every month so children are comfortable mobilizing quickly, and save drill records for three years
- Practice an evacuation/fire drill every month and during all shifts—evenings, weekends and nights if you have children in care at these times
- Evaluate the results of the evacuation drill
- Document your practice drills in writing and save for three years

_____ Identify and prepare a safe shelter-in-place area in your home:

- An area located away from windows and doors
- Store supplies in a waterproof container
- Post important emergency phone numbers and e-mail addresses (like electric, sewer, water, telephone, and gas companies, mental health services, health department, poison control, Police, Fire and Rescue, Red Cross, etc.)
- Know where your main water, and electrical shut offs are located and how to turn them off
- Develop a method of securing essential documents
 - Have medical and emergency contact information for each child
 - Have an original copy of an Authorization for Emergency Treatment form for each child
 - Include important emergency phone numbers and e-mail addresses of local authorities
 - Attendance records for head count
- Think about what accommodations or special requirements may be needed for infants, toddlers, and children with special needs to ensure their safety during evacuation
- Create an inventory list of supplies
- Make sure the supplies are appropriate for the different ages of the children
- Small toys and games
- Diapers, diaper wipes and potty chair, if applicable
- Baby bottles and infant formula
- Whistle

- Large gallon zip lock bags and trash bags
- Cell phone
- Duct tape and plastic sheeting
- Liquid hand soap and disinfecting wipes
- Safety/waterproof matches
- Scissors
- Make sure the supplies are seasonally appropriate
- A change of clothing and shoes for you and the children
- One blanket per person
- Plastic cups, utensils, plates and paper towels
- Tissues and toilet paper
- Manual can opener
- Maintain a supply of food and water for 3-5 days
- Non-perishable healthy foods (baby food and formula, powdered milk, canned juices, dried fruit, peanut butter and nuts, crackers, dry cereal and granola, ready to eat canned meats, fish, fruits, vegetables, beans and soups)
- One gallon of water per person per day
- If you have a Medication Administration certification, a supply of prescription, nonprescription medication, (medication for fever or pain, etc.) and other health supplies (vitamins, fluids with electrolytes, anti-diarrhea medication, etc.).
- Working battery-operated flashlight
- Working battery-operated radio

Identify an area in your home for Lockdown

- Identify an area where you can lock yourself and the children behind a barrier or locked door
- The locked/blocked area is large enough for you and the children
- You can access supplies from either the mobile emergency kit or shelter in place items
- The area you select prevents an intruder from being able to access the safe area or lockdown area
- Practice evacuating to your lockdown area at least once a year so children are comfortable mobilizing quickly, and save drill records for three years

Identify an alternate evacuation location in case you need to evacuate your home:

- Alternate location's address _____
- Plan your evacuation routes out of the home
- Leave a note on the door telling parents where the children may be picked up
- Change your voice mail to repeat your location
- Share your plan with the parents.

_____ Create a mobile emergency kit for your alternate evacuation location and ensure that the essential functions for children are covered:

- Store kit in shelter-in-place location

- Store kit out of reach of children
- Develop a method of securing essential documents
 - Have medical and emergency contact information for each child
 - Have an original copy of an Authorization for Emergency Treatment form for each child
 - Include important emergency phone numbers and e-mail addresses of local authorities
 - Attendance records for head count
- Think about what accommodations or special requirements may be needed for infants, toddlers, and children with special needs to ensure their safety during evacuation.
- Have first aid kit
- Have latex gloves
- Have waterless hand sanitizer
- Have battery-operated lantern or flashlights
- Have battery-operated radio with NOAA weather and TV channel reception
- Have extra batteries
- Have blanket or tarp
- If you have a Medication Administration certification-medication for you and the children if applicable, including special healthcare supplies.

Develop a communication plan:

- Talk to your parents about the plan
- Give your parents a copy of your plan
- Make sure to include the phone number of the alternate safe location
- Have current phone numbers to reach parents at work and at home, including cell phones, blackberries and pagers
- Have current e-mail addresses and fax numbers to reach parents
- Have current phone numbers and names of friends, relatives and neighbors who are authorized to pick up a child in an emergency
- Have current phone numbers and names of individuals at the parent's work site who can locate the parents if they are not at their work phones
- Have current phone numbers and names of physicians
- Talk to the parents about any changes in your emergency plan
- Identify an out of town contact person that everyone can reach by phone or e-mail. It may be easier to call long distance than to get a local call to connect.
- Remember, if you suspend or terminate all child care services for more than 24 hours as a result of an emergency situation and plan to resume child care at a later time, you must notify your child care specialist or a CEPS manager. If you are a provider in the state subsidy program you must also notify your state inspector.

Maintain your readiness - Always be ready:

- Post information like 911 sticker, non-emergency police number, and poison control on each level of the house you use for childcare

- Keep your certification in CPR and First Aid current
- Check all batteries every 6 months and replace as needed
- Check prescription and non-prescription medication expiration dates every six months
- Update medical information every six months
- Update emergency contact information every six months
- Check the expiration dates of food and water and replace as needed

Emergency Preparedness Plan Revised 1/19

Provider's Name: _____ Child's Name: _____

Provider's Address: _____

Provider's Phone Number: _____

Evacuation Procedures

- There is an emergency escape diagram of the home posted showing a primary and alternative exit route of how we will leave the home, and where we will assemble in case of fire. I have indicated the shelter-in-place location on the maps on each floor of my home used for child care.
- We practice and document this drill on a Fire Evacuation Drill Record every month and save for three years.
- My plan includes how to notify and account for all occupants in the home and how to contact emergency response organizations.
- Once all occupants have evacuated, one of the following plans will be used:
 - Nearby location-If the emergency requires that the children and I evacuate from my home and property, I will take the children to
_____ (address of nearby location)
_____ (phone number).
 - Further away location-If the emergency requires that the children and I evacuate from my home and property, I will take the children to
_____ (address of further away location) _____ (phone number).
- If a medical examination or treatment is needed, I will take the children to
_____ (facility and address)
unless emergency personnel designate another location.
- If an emergency requires a larger area evacuation, I will take the children to a mass shelter designated by emergency personnel.
- If it is too far to walk, I will transport the children by _____.

- **Mobile** emergency evacuation kit supplies are kept _____ (location within the home).

Procedures for Maintaining Essential Functions

The following procedures are established to ensure the essential functions can be maintained so children are safe and healthy during an emergency:

Toileting/Diapering - I will have diapers and wipes for any child under the age of two, who is not developmentally ready or not toilet trained. I will have change of clothing for children that is seasonally appropriate.

Feeding - I will have age-appropriate nutritious snacks, water, and formula and bottles if applicable.

Sleeping - I will have infant sleeping clothes, blankets or large towels so children can rest as needed.

Engagement - I will have age-appropriate toys, books and play materials so that children can be engaged in play during an emergency.

Emergency Procedures

Ongoing Emergency Preparedness Procedures

- I will train all adults who help care for the children about the emergency plans and procedures.
- I will review and update my emergency response plan every six months.
- I will stay with the children at all times during any emergency. I will check and record time and attendance whenever children are moved such as evacuation, shelter-in-place and lockdown.
- I will check and maintain supplies that are appropriate for the ages of children in my care in my mobile emergency evacuation kit and shelter-in-place supplies.

Shelter-in-Place Procedures

- If there is an emergency where “Shelter-in-Place” is required, all the children and I will go to _____ (room/place) in the home and remain there until rescued or notified that conditions are safe.
- I will alert children and other adults/children in the home by _____ (method).

- Shelter-in-place supplies are kept _____ (location in the home).
- I will bring any necessary medications, supplies, and essential emergency records/documents for the children.
- We practice and document this drill on a Monthly Shelter-in-Place and Lockdown Drill Record every month and save for three years.

Lockdown Procedures

- If there is an emergency requiring “Lockdown”, all the children and I will go to _____ (locked room/area) in the home, closing off fire doors and barriers, and remain there until rescued or notified that conditions are safe.
- I will alert the children and other adults/children in the home by _____ (method) and move the children into a locked area to prevent intruder access to children.
- I will practice this drill with children at least once annually and maintain a record of this date Monthly Shelter-in-Place and Lockdown Drill Record for three years.

Communication/Notification Procedures

- I will talk to parents about my emergency plans or any changes in the emergency preparedness plan.
- I will update emergency contact information every six months with parents/guardian.
- I will notify parents by calling work, home, and/or cell phones, blackberries, pagers, e-mail or fax numbers, as applicable.
- The plan will include current phone numbers and names of individuals at the parent’s work site who can locate the parents if they are not at their work phones.
- If parents cannot be reached, I will contact the friends, relatives and neighbors who are authorized to pick up a child in an emergency.
- I will try to identify an out of town contact person that parents can reach by phone or e-mail: _____ (name), _____ (phone), _____ (email address).
- In the event that I receive different instructions from emergency personnel, I will make every attempt to contact parents/guardians/emergency contacts with the alternate plans.

Provider's Signature

Parent's Signature

Date _____

Date _____

Provider is responsible for keeping emergency response plan information current with parents or guardians.

Provider's Signature: _____

6 Month Review _____

Parent's Initials _____

1 Year Review _____

Parent's Initials _____

Monthly Fire Evacuation Drills

Home Child Care Facility Revised: February 1, 2013

Fire Evacuation Drills Required. In accordance with Fairfax County Code Section 30-3-6.1 (aa), fire evacuation drills shall be conducted monthly in all home child care facilities. Records shall be maintained on site and provided to the Fire Code Official upon request. The record shall include the date and time of each monthly drill; the name of the person conducting each drill; the number of smoke alarms and carbon monoxide alarms tested; the number and ages of occupants evacuated; the notification/initiating method used to begin the drill; the time required to accomplish a complete evacuation of the home; any special conditions simulated or problems encountered during the drill; and the weather conditions at the time of the drill.

Involve Your Family! Fire evacuation drills should be practiced with all family members; therefore, all occupants should participate in fire evacuation drills during child care hours.

Guidelines for Conducting & Documenting Drills

- **Who Should Conduct the Drill?** Monthly fire evacuation drills must be conducted by an OFC approved child care provider during child care facility hours of operation.
- **Initiating the Drill.** The method used to initiate the fire evacuation drill should be by testing an operational smoke alarm; however, from time to time, other methods of notification such as a whistle or voice announcement may be used to initiate the drill. Record the method of notification in the “Method Used to Initiate Drill” column of the fire evacuation drill record.
- **Drill Procedures.** When the drill is initiated, all occupants should leave the building in a rapid, orderly, and safe manner to a predetermined location outside and away from the building. Do not delay the evacuation to retrieve belongings or to pick up toys, and be sure to account of all known occupants. Record the number and ages of occupants in the “Number / Ages of Occupants” column of the fire evacuation drill record.
- **Time to Complete Drill.** Once outside of the building at the predetermined location, note the amount of time needed to complete the evacuation. This time should be recorded in the “Time to Complete Drill” column of the fire evacuation drill record.
- **Simulated Conditions / Problems Encountered.** From time to time, consider simulating special conditions or situations during the drill. This helps vary the fire drill experience for the children and the provider, and avoids the seemingly routine nature of fire evacuation drills. Examples of a simulated special conditions or situations might include creating scenarios that require the use of alternate exits or having one child take the lead role in helping other children exit. Also, if problems are encountered during the fire evacuation drill, such as delays or impediments, note these problems on the fire evacuation drill record.

- **Weather Conditions.** Providers should not conduct fire evacuation drills during times of hostile or inclement weather that may pose a danger to the occupants. Otherwise, note the weather conditions at the time of the drill on the fire evacuation drill record.
- **Monthly Alarm Testing.** After each drill, test all smoke and carbon monoxide alarms, and record the number of alarms tested in the “Number of Alarms Tested” column of the fire evacuation drill record. All inoperable alarms must be repaired or replaced immediately.

Shelter-in-Place Drill Guidelines

A shelter-in-place is an area located away from windows and outside doors. A shelter-in-place area is part of your written emergency plan and a monthly drill is required to be performed once a month while caring for children in a daycare.

- 1) Check your emergency supplies for expiration dates, the appropriateness of the toys and the supplies for the children currently in your care every 6 months and at the time you shelter-in-place.
- 2) The drill should happen during normal operation hours of the child care program.
- 3) The provider should talk to the children before the first drill and walk them through the entire process. Make sure to answer any questions they have so the children will remain calm and not frightened during the drill.
- 4) Use a sound like a whistle to help the children know when to move to the shelter-in-place area.
- 5) Be sure to take the emergency supplies with you to the shelter in place area if supplies must be stored in a separate area.
- 6) Take a head count of the children and assure that everyone is accounted for in the shelter in place location.
- 7) If there is a chemical or biological threat, "Seal the room" by covering all doors, windows and vents (where you will be sheltering in place) with plastic sheeting and duct tape.
- 8) Get the emergency radio from the emergency kit and tune-in to the local emergency radio station in order to stay informed (Fairfax County operated an emergency low-power AM radio signal at 1670AM, to provide information to the public during emergencies).
- 9) Call or e-mail the out of state emergency contact person selected as part of your communication/notification plan.
- 10) Review the information on the Emergency Preparedness and Supplies Guidelines sheet in this chapter to customize your shelter-in-place supplies.
- 11) Immediately after the drill on the Evacuation/Fire Drill Record, record/note the date, time of day, length of time needed to evacuate the site, the number of children and their ages, how the drill was initiated, the staff present, any problems, weather special conditions that affected the drill.

Are You Ready for Your Fire Safety Inspection?

The most common fire and safety violations found during a Fire Safety Inspection concern the items listed below. Please read the following information to help you prepare for your Fire Safety visit.

Fire Extinguisher

Fire extinguishers should be located where they are easy to get. Most fires start in the kitchen area. If you have a fire extinguisher in the kitchen, it should not be located near the stove, to avoid walking past the stove to reach the fire extinguisher.

The fire extinguisher must:

- have a minimum rating of **1A10BC or 2A10BC**.
- be serviced or replaced every six (6) years.
- be located in or near the kitchen area, but not near the stove or oven.
- be mounted on the wall and be readily accessible at all times.

To operate the extinguisher:

1. Pull the pin from the handle.
2. Squeeze the handle.
3. Aim the hose/stream at the base of the fire.
 - Once a month, check the pressure gauge dial to make sure the fire extinguisher has the proper pressure to operate in case of a fire.
 - You can bring your fire extinguisher to your local fire department for additional help or questions about operating a fire extinguisher.

Smoke Alarm and Carbon Monoxide Alarm

A working smoke alarm must be installed, preferably on the ceiling, not over top of oven/stove area, on each floor level and outside of all sleeping rooms in the home. Smoke alarms need to be checked/tested and documented monthly. If your home has appliances that produce carbon monoxide, you must have a carbon monoxide alarm.

Storage of Miscellaneous Materials

30 inches in width, 36 inches in depth and 72 inches in height must be maintained around all sides of the electrical panel, water heater and furnace. Also, a clear access to these areas must be maintained at all times.

Emergency Evacuation/Fire Drills

Once permitted, an emergency evacuation/fire drill must be conducted at least once a month. The smoke alarm approved by the Fire Code Official is to be used to conduct the evacuation/fire drill. A written record of each emergency evacuation/fire drill is to be kept and made available to the Fire Code Official.

Fireplace and Ash Container

Fireplace ashes must be stored in a metal container with a tightly fitting lid. (Paper, plastic and other material will burn or melt). The container must be stored at least ten

feet away from any part of the home. Fireplace, wood stoves and chimneys must be inspected and cleaned annually

Extension Cords

Extension cords and multi-plug adapters may not be used in the home as a substitute for permanent wiring. Only power strips with built in surge protector are acceptable.

Important to remember:

- Remember, it is also a permit requirement to regularly practice fire drills and shelter in place drills with the children and to keep a record of the fire drills to be reviewed at renewal visits.

You can find a copy of the Evacuation/Fire Drill Record and Shelter in Place Drill forms in Chapter 6, the Useful Forms section.

Sleeping Areas and Equipment

The Fairfax County Ordinance requires that the provider must provide appropriate sleeping equipment during rest time that meets the current standard of the United Consumer Product Safety Commission for children birth through 12 months of age and for children over 12 months of age who are not developmentally ready to sleep on a cot or a bed. Rooms used for sleep must have two means of exit, one of which must lead directly to the outside. *Note: School age children are allowed to nap if needed but not forced to nap.*

Children are natural climbers. Curtains, blind cords, and drapery can be very dangerous and should never be near sleeping areas. Furniture like beds, cribs, and cots need to be away from windows. Make sure each child has a separate individual sleeping space. Allow 12 inches of space between each piece of sleeping equipment. This can be done by placing one child one way and the next child the opposite way.

Please note: Any crib provided by family child care homes must meet new and improved federal safety standards. The new standards address deadly hazards with traditional drop-side rails, require more durable hardware and parts and mandate more rigorous testing.

If young children are in care overnight, use a full-size crib for infants (birth through 12 months of age). Children who are over 12 months of age and who are not developmentally ready to sleep on a cot or bed should use a full-size crib. Cribs, cots, mats, and beds may not be occupied by more than one child at a time even if related to each other. *(For providers participating in the state subsidy program, babies must sleep in a crib during the day and double-deck cribs are prohibited.)*

Safe Cribs

- Place cribs where blind, electrical cords, cords from blinds or curtains are not within reach of children.
- No loose parts, peeling paint, or sharp angles.
- Slats are no more than 2 3/8 inches apart. If larger, the spaces are too far apart and not safe.
- No slats are missing or cracked.
- The mattress should fit very tightly on all sides. If you can fit more than two fingers between the mattress and sides of the crib, the mattress is too small.
- Mattress sheets should cover the mattress without being too loose or too tight in the corners.
- Remove all soft bedding such as quilts, sheepskins, pillows, comforters, bumper pads, stuffed toys, and any other soft items from the sleeping area for children under two years of age.
- Cribs must be up and fastened securely when a child is in a crib.
- For infants who can push up on their hands and knees, or are over 5 months, do not use toys or objects that hang over a crib or crib gyms.
- The crib must meet the current Consumer Product Safety Commission Standards.

For more information on crib recalls, contact the Consumer Product Safety Commission Hotline at 800-638-2772, www.cpsc.gov, talk with your Child Care Specialist or call 703-324-8100 to receive technical assistance.

Play Yards

Cribs are recommended for infants (birth through 12 months of age) and for children who are not developmentally ready to sleep on a cot or a bed. If you choose to use a play yard, it must meet the current federal standards of the United Consumer Product Safety Commission. For providers participating in the state subsidy program, babies must sleep in a crib during the day.

Mandatory manufacturing requirements for play yards include:

- A stability test to prevent the play yard from tipping over.
- Latch and lock mechanisms to keep the play yard from folding on a child when it is being used.
- Entrapment tests for attachments so a child's head does not get trapped while a bassinet or other accessory is attached.
- Floor strength tests ensure structural integrity and prevent children from getting trapped by the play yard floor.
- Minimum side height requirements to prevent children from getting out of the play yard on their own.
- A test to prevent play yards whose top rails fold downward from using a hinge that creates a V or diamond shape when folded to prevent head or neck entrapments.

Monitoring Safe Sleep

When infants are sleeping or resting, there must be either the provider or the substitute present on site. To make sure babies are safely sleeping, a provider can monitor by:

- Placing each infant for sleep in a location where the infant is within sight and hearing of the provider.
- In-person observation of each sleeping infant at least once every 15 minutes
- By using a baby monitor
- Promptly moving any infant, toddler, or preschooler who falls asleep in a play space other than his own crib, cot, mat, or bed to the designated sleep area if safety is a question.

Evening and Overnight

- The provider must stay awake while children are awake and must sleep on the same floor level as the children in care.
- Children over the age of 6 years or older should have separate sleeping areas.
- Age appropriate quiet activities should be available immediately before bedtime.
- There must be an operational tub or shower with heated and cold water and bath towels should be assigned for individual use.

Sleep Bedding and Linens

- Linen and pillows are for individual use.
- Pillows should have a pillow cover

- Mattresses should have a water proof cover and be cleaned and sanitized.
- For evening care, you must use beds with mattresses or cots with at least one inch of dense padding for children who sleep longer than two hours and are not required to sleep in cribs.
- For overnight care, you must use beds with mattresses or cots with at least two inches of dense padding for children who are not required to sleep in cribs.
- Bedding needs to be appropriate for the temperature of the rest area.



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Child Care Providers

Your Guide to New Crib Standards

Beginning **December 28, 2012**, any crib provided by child care facilities and family child care homes must meet new and improved federal safety standards. The new standards take effect for manufacturers, retailers, importers and distributors on **June 28, 2011**, addressing deadly hazards previously seen with traditional drop-side rails, requiring more durable hardware and parts and mandating more rigorous testing.

What you should know...

- This is more than a drop side issue. Immobilizing your current crib will not make it compliant.
- You cannot determine compliance by looking at the product.
- The new standards apply to all full-size and non full-size cribs including wood, metal and stackable cribs.
- If you purchase a crib prior to the June 28, 2011 effective date and you are unsure it meets the new federal standard, CPSC recommends that you verify the crib meets the standard by asking for proof.
 - o Ask the manufacturer, retailer, importer or distributor to show a Certificate of Compliance. The document must:
 - Describe the product
 - Give name, full mailing address and telephone number for importer or domestic manufacturer
 - Identify the rule for which it complies (16 CFR 1219 or 1220)
 - Give name, full mailing address, email address and telephone number for the records keeper and location of testing lab
 - Give date and location of manufacture and testing
 - o The crib must also have a label attached with the date of manufacture

What you should do...

- All child care facilities, family child care homes, and places of public accommodation:
 - o Must prepare to replace their current cribs with new, compliant cribs before December 28, 2012.
 - o Should not resell, donate or give away a crib that does not meet the new crib standards.
- Dispose of older, noncompliant cribs in a manner that the cribs cannot be reassembled and used.
- Noncompliant cribs should not be resold through online auction sites or donated to local thrift stores. CPSC recommends disassembling the crib before discarding it.



What Does A Safe Sleep Environment Look Like?

The image below shows a safe infant sleep environment.

Baby's sleep area is in the same room, next to where parents sleep.

Use a firm and flat sleep surface, such as a mattress in a safety-approved crib*, covered by a fitted sheet.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

Do not smoke or let anyone else smoke around your baby.



Do not put pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area. Make sure nothing covers the baby's head.

Dress your baby in sleep clothing, such as a wearable blanket. Do not use a loose blanket, and do not overbundle.

Always place your baby on his or her back to sleep, for naps and at night.



NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development



* A crib, bassinet, portable crib, or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact the CPSC at 1-800-638-2772 or <http://www.cpsc.gov>.

KEEP BABY SAFE IN PLAY YARD SPACE

Starting February 28, 2013, testing for play yards will be more rigorous.
Play yards that meet new safety standards must have:

Side rails that resist forming a sharp V when folded to prevent strangulation



Stronger corner brackets to prevent sharp-edged cracks and side rail collapse

SAFE SLEEP TIPS:

- Always place baby on back to sleep.
- Only use the mattress sold with the play yard.
- Keep pillows, quilts, comforters, and cushions out of play yards, cribs, and bassinets.
- Dress baby in footed pajamas for warmth.

A play yard is a framed enclosure with a floor and mesh or fabric side panels. It may be folded for storage or travel. It is primarily intended to provide a play or sleeping environment for children who are less than 36 inches tall who cannot climb out of the product.

Sturdier mattress attachments to the play yard floor to prevent entrapments and injuries



NSN 13-1



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Sudden Infant Death Syndrome (SIDS)

Sudden Infant Death Syndrome is the abrupt and unpredictable death of a baby that cannot be explained after a complete investigation and autopsy.

The following is a checklist for caregivers and parents to help reduce the risk of SIDS:

- Always place the baby on his/her back to sleep at night and naptime. Exception: If the parent requests an alternate sleeping position, a physician's note specifying this must be kept in the child's file.
- Give babies plenty of supervised play time on their stomachs when awake.
- Use a firm mattress in a safety-approved crib or bassinet.
- Eliminate fluffy, loose bedding from the baby's sleeping area.
- Keep the baby's face clear of coverings.
- Ask the parent to provide a sleeper garment. Dress the baby in it for sleep instead of using a blanket or comforter for a cover.
- Do not allow babies to share a crib, even if they are brothers, sisters or twins.
- Do not let the baby get too warm during sleep.
- Do not allow smoking around the baby or let babies sleep in a room where smoking is allowed (even if no one is smoking while the baby is in the room).

If you must use a blanket follow these steps:

- 1.) Place the baby with its feet at the foot of the crib
- 2.) Bring a thin blanket up only as far as the baby's chest.
- 3.) Tuck the blanket firmly under the crib mattress.

For more information about reducing the risk of Sudden Infant Death Syndrome, ask your Child Care Specialist.

Shaken Baby Syndrome

Shaken Baby Syndrome, also known as Abusive Head Trauma, occurs when a baby/ young child's head is whiplashed back and forth during shaking by its arms, legs, chest, or shoulders or other imposed trauma.

- SBS may include blunt force trauma resulting from the child being thrown
- In the US, approximately 1,300 infants a year are hospitalized or die from shaken baby syndrome. About 80% of the children who survive suffer brain injury, fractures, paralysis, blindness, deafness and other disabilities.

What happens?

When shaking occurs, the brain bounces back and forth within the skull cavity, injuring or destroying the brain tissue.

Why?

Babies' heads are large and heavy, making up 25% of their total body weight. Their neck muscles are too weak to support the weight of the large head.

Immediate consequences

Consequences can include breathing stops, extreme irritability, seizures, limp arms and legs, decreased level of consciousness, vomiting, heart stops and even death.

Long-term consequences

Consequences can include learning disabilities, physical disabilities, partial or total blindness, hearing impairment, speech disabilities, cognitive disabilities, cerebral palsy, seizures, behavioral disorders or even death.

Who and when?

Caregivers or parents who shake babies usually do so from the stress of dealing with a fussy baby. Other triggering events may include toilet learning difficulties and feeding problems.

How can you cope with a non-stop crying or fussy baby?

- Check if they are hungry, sick, running a fever, over dressed, over stimulated, lonely or bored, or need a diaper change
- Hold the baby close to your body
- Hugs, cuddles, gentle rocking
- Gently stroke the baby using long strokes
- Give the baby a warm bath
- Wrap the baby securely in a blanket
- Turn on some Mozart/ soft music
- Take a car ride
- Sing or talk to the baby in a soothing, quiet voice
- Interest the baby with a rattle or toy
- Call a friend to come over and help

- If you feel you are overwhelmed and in danger of hurting a child, put baby in a safe place and leave the room

Prevention

If you are afraid you might hurt a child in your care, follow these three simple steps:

- Stop! Take a break! Put the child in a safe place and leave the room for a few minutes.
- Calm down. Call a friend, a neighbor or the Division of Early Childhood Education and ask for help. Take 10 deep breaths, and then take 10 more. Do something for yourself--change your activity, or sit down, close your eyes and think of a pleasant place in your memory.
- Call Prevent Child Abuse Virginia at 1-800-244-5373 (8 a.m. to 9 p.m.), Monday – Saturday
- Try again. Go back and try to help the child again ***BUT NEVER SHAKE A BABY***

What can you do to comfort the baby?

- Check if they need a diaper change, hungry, sick, running a fever, over dressed, over stimulated, lonely or bored
- Hold the baby close to your body
- Gently stroke the baby using long strokes
- Wrap the baby securely in a blanket
- Sing or talk to baby in a nice quiet voice
- Interest the baby with a rattle or toy
- Turn on some soothing soft music

What happens? The brain bounces back and forth within the skull cavity, injuring or destroying the brain tissue

Why?

- Babies' heads are large and heavy, making up 25% of their total body weight. T
- The neck muscles are too weak to support the weight of the large head

Consequences:

- Immediate: baby stops breathing, extreme irritability, seizures, limp arms and legs, decreased level of consciousness, vomiting, heart stops and even death
- Long term: learning disabilities, physical disabilities, partial and total blindness, hearing impairment, speech disabilities, cognitive disabilities, cerebral palsy, seizures, behavioral disorders or even death

Health Immunizations

Immunization records are required for all children in care up to 12 years of age, including your own children. Immunization records must be signed or stamped by a doctor, nurse, or other health care professional and recorded on a signed statement from a physician or a photocopy of an official immunization record. The Child Care Specialist must see this record.

There are 15 potentially serious diseases that vaccines protect against:

Mumps	Polio	Rubella (German Measles)
Diphtheria	Tetanus (Lockjaw)	Pertussis (Whooping Cough)
Meningitis	Haemophilus Influenza type B (Hib disease)	Influenza
Rotavirus	Hepatitis A	Hepatitis B
Varicella (Chickenpox)	Rubeola (Red Measles)	Pneumococcal disease

At least one shot is needed for each of these diseases, and some of them require several doses for the best protection.

Here are three easy ways to comply with the regulation requirements:

- **When enrolling children, let parents know that they must supply a copy of each child's immunization record at the time of enrollment, or on the first day of care.**
- When parents share that they are taking children to the pediatrician, HMO, or health clinic for well or sick child visits, remind them that you need updates for immunizations.
- Keep a file for each child with updated immunizations. You must receive updated immunization records every six months for children under the age of two years.

What are Vaccine Preventable Diseases?

A vaccine preventable disease is a disease that can be prevented by the simple act of having children properly immunized. Vaccine preventable diseases have a costly impact: doctor visits, hospitalization and premature death. Sick children can also result in parents losing time from work.

Vaccines are responsible for the control of many infectious diseases that were once common in this country. Vaccines have reduced many diseases that used to kill or harm infants, children, and adults. The viruses and bacteria that cause vaccine preventable disease and death are still around and can be passed on to adults and children who are not protected.

Late July and early August are ideal times to make sure that children's vaccines and vaccine records are up-to-date. Parents are preparing children to begin or return to school. *All children entering school or child care must be immunized against diseases at the age recommended by the American Academy of Pediatrics.*

Recommended Immunization Schedule and Information

Vaccines work best when they are given at certain ages. For example, measles vaccine is not usually given until a child is at least a year old. If it is given earlier than that, it may not work as well. On the other hand, Diphtheria and Tetanus Toxoid and Pertussis vaccine (DTaP) should be given over a period of time, in a series of properly-spaced doses.

This chart shows the routine childhood immunization schedule. It tells you what childhood vaccines are recommended and the ages they should be given.

Read across the chart to see which vaccines are given at specific ages.

Fairfax County Childhood Immunization Schedule

<u>Child's Age</u>	<u>Shot</u>
Birth - 2 months	Hep B
1-4 months	Hep B
2 months	DTaP, Polio, Hib, RV, PCV
4 months	DTaP, Polio, Hib, RV, PCV
6 months	DTaP, Hib, RV, PCV, Influenza
6-18 months	Hep B, Polio
12-15 months	Hib, MMR, Varicella, PCV, Hep B
12-18 months	Varicella, Influenza
15-18 months	DTaP
12-23 months	Hep A (2 doses)

Before Starting School

4-6 years	MMR, DTaP, Polio
11-12 years	MMR, HPV, Tdap
11-16 years	Td

Vaccine Key

- Var is for Varicella (chicken pox)
- Hep A is for Hepatitis A only
- Hep B is for hepatitis B only
- Hib is for haemophilus influenzae only
- TIV is for Influenza only (should be yearly)
- IPV is for Inactivated Polio virus only
- RV is for Rotavirus only
- PCV is for Pneumonia
- HPV is for human papillomavirus
- Td combines tetanus and diphtheria
- MMR combines measles, mumps and rubella.
- DTaP combines diphtheria, tetanus, acellular pertussis.
- Hib/Hepatitis B combines haemophilus influenzae and hepatitis B
- Tdap combines tetanus, diphtheria, pertussis

Why are Vaccines So Important?

Children who attend group child care have a greater risk for many infectious diseases because of their close, frequent contact with other children. While child care providers can help reduce this risk by following good health and safety practices, no one can completely eliminate the risk to all children. Vaccines are one of the most effective ways to help prevent the spread of infectious diseases.

Combination Vaccines

A combination vaccine is more than one vaccine contained in a single shot. Doctors and parents both like them because they allow a child to get several vaccines at once without having to get as many injections. Several combination vaccines are already in use.

- MMR combines measles, mumps and rubella.
- DTaP combines diphtheria, tetanus, acellular pertussis.
- Hib/Hepatitis B combines haemophilus influenzae and hepatitis B

What if a Child Misses a Shot?

For most vaccines, it is never too late to catch up on missed shots. Children who missed their first shots at 2 months of age can start later. Children who have gotten some of their shots and then fallen behind schedule can catch up without having to start over. If you have children who were not immunized when they were infants, or who have gotten behind schedule, have the parent contact their doctor or health department clinic. They will help get the children up-to-date on their immunizations.

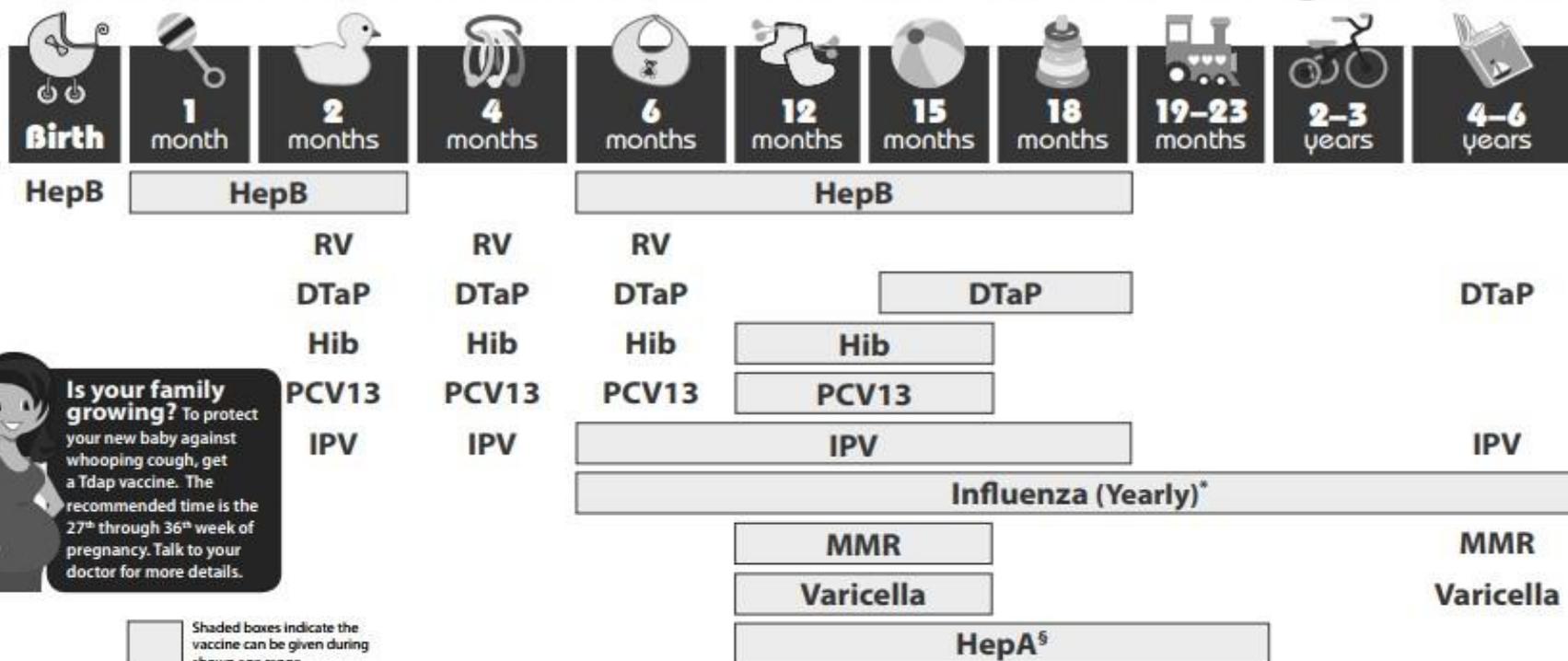
IMPORTANT! Share with parents--do not postpone a child's immunizations just because she can catch up later. **Every month a child goes without the scheduled immunizations, he/she is not fully protected from vaccine preventable diseases.**

Exceptions for Immunizations

There are legally recognized exceptions for a child to not receive immunizations.

- Religious reasons-Must be documented in writing. For a sample form, see Chapter 6, Useful Forms section.
- Health/Medical reasons-Must be documented in writing by a health care professional like a nurse, nurse practitioner or a doctor.

2019 Recommended Immunizations for Children from Birth Through 6 Years Old



Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

NOTE:

If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

- Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
 - § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the last dose. HepA vaccination may be given to any child 12 months and older to protect against hepatitis A. Children and adolescents who did not receive the HepA vaccine and are at high risk should be vaccinated against hepatitis A.
- If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.*

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.



For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

Last updated January 2019 • CS300526-A

Safe Health Practices

Hand washing is your first line of defense!

<p>Wash Hands.... First thing in the morning before contact with children. After cleaning. Before preparing food or eating food. After diapering/toileting. After coming in from outside play. After contact with body fluids (blood, mucus, vomit, feces, urine). After touching animals.</p>	<p>Why Do It? Many germs collect on hands throughout the day. Hand washing is the simplest way to stop the spread of disease anywhere in the home.</p>
<p>To Wash Hands.... Wet hands with warm water. Apply soap, preferably liquid. Lather hands, tops and backs of hands and wrists. Wash between fingers and under fingernails. Count to 30. Rinse well letting water run from wrists to fingers. Dry with a paper towel. Turn water off with a paper towel before throwing away into plastic-lined, covered step-can.</p>	<p>Why Do It? It is important to wash hands well to get the germs off and to stop the spread of disease.</p>
<p>When Changing Diapers..... Establish diapering area away from food preparation area. Keep all diapering supplies within close reach. Place disposable towel or roll paper on diapering surface and throw away items after each diaper change. Wipe child's bottom from front to back to prevent urinary tract infections. Place all disposable items in plastic bag or plastic-lined container. Clean and disinfect diapering area after changing the diaper. Wash the child's hands and your hands. Do not use the kitchen sink for hand washing after diapering or toileting.</p>	<p>Why Do It? Following proper diapering techniques will prevent the spread of disease.</p>

Use the bathroom sink.	
<p>When Taking a Temperature.... Be sure to follow the instructions for using the thermometer. Do not leave the child alone while taking the temperature. Clean the thermometer after use. Rinse in warm, soapy water and wipe with alcohol. Store thermometer in package to keep it from breaking. Keep thermometer out of children's reach.</p>	<p>Why Do It? Children may not be able to tell you if they are not feeling well. The temperature will tell you if a child is sick.</p> <p>It is important to take a child's temperature correctly. A child with a fever may be sick and probably needs to see a doctor.</p>
<p>When Disinfecting..... Wash item with soap and warm water first, then apply chlorine bleach solution. (See below) Allow items to air dry. Place bleach solution in a labeled spray bottle out of children's reach. Wash and disinfect any item or area that becomes soiled by blood, vomit, feces, or urine. Make a fresh bleach solution daily so that bleach evaporation does not make the solution too weak.</p>	<p>Why Do It? Toys and items that are touched often should be cleaned on a regular basis to kill germs.</p> <p>During outbreaks of illness, cleaning and disinfecting should be done daily.</p>
<p>Bleach Solution..... To mix the solution, combine 1 tablespoon of bleach to 1 quart of water. For larger amounts, combine ¼ cup of bleach per gallon of water. Mix a fresh solution each day. Throw away the old solution. Use a labeled spray bottle that you keep out of children's reach. Use solution to clean and sanitize items (toys and plastics) and surfaces (counters, chairs, tables, and cabinets).</p>	<p>Why Do It? A chlorine bleach disinfectant kills germs.</p> <p>¼ cup = 2 ounces 1 quart = 32 ounces or .9 liter 1 gallon = 4 quarts or 3.785 liters</p>
<p>Universal Precautions..... When you come in contact with blood or body fluids, practice universal precautions.</p>	<p>Why Do It? Universal precautions are recommended by the Center for Disease Control.</p>

<p>Use disposable gloves (preferably latex), unless the amount of blood or body fluid is so small that it can stay inside the material used for cleaning.</p> <p>Before throwing out articles contaminated with blood or body fluids, wrap all items, including used cleaning materials in plastic and place in a second plastic bag. Tape both bags closed.</p>	<p>It helps prevent the spread of communicable diseases.</p>
<p>An Area For Sick Children Should.....</p> <p>Be within your sight or hearing at all times, but away from the other children in the house.</p> <p>Have a bed or cot for the child to rest.</p> <p>Be close to a toilet and sink.</p> <p>Have a play area with toys that can be washed.</p> <p>Have a thermometer ready for taking temperatures.</p>	<p>Why Do It?</p> <p>Children who are sick need more opportunity for rest or quiet activities. Plan for a room or area in the home where sick children stay when they have an illness that could spread to other children.</p>

Hand Washing, Diapering and Toileting Practices

Hand washing

Children's hands are washed with soap and running water or disposable wipes before and after:

- eating meals or snacks
- after toileting and any contact with blood, feces or urine

Caregiver's hands are washed with soap and running water or disposable wipes before and after:

- helping a child use the toilet
- a diaper change
- using the toilet themselves
- any contact with blood feces or urine
- before feeding or helping children with feeding
- preparing or serving food and beverages

Note: If running water is not available, a germicidal cleansing agent can be used.

Caregivers and Diapering Practices

- never leaves a child unattended on a changing table
- cleans and changes child's clothing or diaper as soon as it is soiled or wet
- thoroughly cleans child's genital area with a moist disposable wipe during each diaper change or after toileting (If the child is allergic to disposable wipes, a moist clean individually assigned cloth can be used.)

Diapering surface is non-absorbent and washable; cleaned and sanitized after each use; separate from the kitchen, food preparation areas or surfaces used for children's activities.

Soiled cloth, disposable diaper and wipes are disposed of in leak-proof or plastic-lined storage system. Storage system is either foot operated or used in such a way that the caregiver's hand nor the wipes touch the exterior surface or the storage system during disposal.

Toileting

- responds promptly to a child's request for toileting assistance
- empties toilet chair promptly, cleans and sanitizes toilet chair after each use
- toilet chair or adult toilet has platform or steps and adapter seat when child is being toilet trained
- bathrooms are in a contained area, readily available and within the home used by the children
- toilets are flushable
- sinks are located near the toilet with running warm water that does not exceed 120° F
- provides soap, toilet paper and disposable towels or air dryer within reach of children
- allows privacy for children five years of age and older when toileting

- ensures that school age children of the opposite sex do not use the bathroom at the same time

Other Health Practices

- make certain children have individually assigned combs, brushes, toothbrushes, cloth bibs, towels, washcloths, or bedding and do not share these items
- disposable products are used once and then discarded
- when offering water play, empty and sanitize containers daily
- wash hands frequently, even if gloves are worn.
- feces or vomit should be put in the toilet
- handle sheets, towels, or clothing become soiled as little as possible
- wash separately with hot water and detergent for at least 25 minute.
- wash bedding at least once a week.

Daily Health Assessment

Because a child's health is the highest priority, the County Permit requires that providers are trained in health and safety and the prevention of the spread of communicable disease. Providers need to assess children when they arrive each day. This daily health assessment helps the provider get a picture of each child's overall health. This helps the provider be aware of changes in each child's health. It also helps the provider assess the child's ability to participate in group care that day.

Inform parents if you notice any of the following:

- Mood Changes - cranky, clingy
- Scalp - itching, sores, lice
- Face - unusual color, rash
- Eyes - red, discharge, rubbing
- Ears - earache, drainage, pulling on ears
- Nose - runny, sneezing
- Mouth - sores, redness, spots
- Throat - red, white spots, difficulty swallowing
- Chest - coughing, wheezing
- Skin - yellow, rash, bruises

Separate the child from the rest of the group if:

- Temperature taken orally is 101° F or greater.
- Frequent vomiting or diarrhea.
- Evidence of a communicable disease (See the Communicable Disease Reference Chart).

If you find you need to separate the child:

- Document what you have assessed (found) for your records and to use when you speak with the parent.
- Contact the parent and arrange for the child to be picked up as soon as possible.
- If the illness is a communicable disease, inform all parents whose children were exposed.
- If the illness is a vaccine preventable disease, all children who have not been immunized (for medical/religious reasons) should be excluded from child care for the full incubation period.

Guidelines for Determining Your Sick Child Care Policy

To help prevent the spread of disease, your child care program should have a written document that states your policy about children who arrive sick or become sick during the day. Sick children who attend child care programs while they are contagious can make other children and adults in the program sick, and they can spread the illness to others.

Your sick child policy should explain the following:

- You cannot care for a sick child.
- You will call parents to pick up a child who becomes ill and cannot participate in daily activities and routines. A child who does not feel well enough to be active, enjoy outdoor play or who feels miserable should not be in group care.
- Parents will have to arrange back-up care for their sick child, if they are not able to leave work to pick up the child.

Young children and fever

Any child complaining of illness must have his/her temperature taken. Fever is the body's normal response to infections and may be helpful in fighting them. While the body's average temperature is 98.6 degrees F, it fluctuates from a low 97.6 degrees F in the morning to a normal high of 99.9 degrees F in the later afternoon. Mild temperature fluctuations can be caused by exercise, excessive clothing, hot weather, or warm food or drinks. Health experts recommend retaking the child's temperature 15 minutes later under these circumstances. A child without a fever may still be ill and require medical care. Generally, children should be excluded whenever fever is accompanied by behavior changes, or signs/symptoms of illness.

Health Department Recommendations

Your sick child care policy should include that parents will need to pick up a child for the following conditions as recommended by the Health Department:

- Fever with behavior changes or signs or symptoms of illness: an oral temperature over 101°F or under the armpit (axillary) temperature over 100°F
- Diarrhea
- Vomiting
- ***In cases of fever, diarrhea and/or vomiting, the child should not return to care until 24 hours have passed since the last sign of the symptom.*
- Sore throat or difficulty swallowing
- Headache or stiff neck
- Severe itching or rashes
- Mouth sores
- Significant tiredness, irritability, crying
- Difficulty breathing, chronic coughing or wheezing
- Any contagious condition including ringworm, bedbugs, head lice, or pink eye,

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- Unusual nasal discharge
- Constant pain in the stomach
- Behavior that seems slow, confused, disoriented

Children who have had a contagious condition should not return to care until 24 hours have passed since the last symptom. You can consider requiring parents bring a note from the doctor stating that the child's illness is no longer contagious and the child may return to care.

Some Things to Keep in Mind

- Inform all families of any contagious illness.
- Write down everything you know about a child's illness, including symptoms, when it started and comments.
- Tell families what you know about a disease, including the symptoms and when it can be spread.
- To contact the National Capital Poison Center, call 800-222-1222, TTY 800-222-2222, or visit the website www.poison.org.

If you would like to ask a health care professional about illness and disease as you create your sick child policy, call the Health Department's Epidemiology (EPI) Nurse at 703-246-2433 between 8 a.m. and 4:30 p.m. Mondays-Fridays. There is no charge for this service. See the sample form on the next page as a resource.

Parent Notification of Child Care Sick Policy

Provider's Name _____ Child's Name _____

Children in child care are exposed to germs carrying disease and illness. I cannot completely prevent the spread of disease but this sick child policy helps me reduce the spread of sickness and disease whenever possible for all children in my care.

- I will not provide care for a sick child if the health of other children is at risk. Please keep your child home if s(he) is sick. A child that is sick cannot participate in daily activities and routines and cannot be successful in group care.
- You must have a plan for back-up care when your child is excluded from child care if you are not able to leave or stay at home from work to care for your sick child.
- Each morning I perform a quick health assessment on your child, as well as throughout the day.
- If a child is ill upon arrival, you will be asked to take the child home. Children showing signs or symptoms of illness must remain at home.
- If your child becomes ill while in my care, I will notify you so you can make arrangements to pick up your child as soon as possible.
- If you are not reachable, I will contact one of the emergency contact persons to pick up your child. You must provide local emergency contacts and information on how to reach them in case of emergency.
- Your child will be made comfortable and offered a quiet place to rest until you arrive.
- If your child leaves another program or school during the regular school day due to illness, (s)he may not attend my child care that same day.

_____ I am certified in Medication Administration. I administer prescription and nonprescription in my child care. You must give me written authorization to administer.

_____ I am not certified in Medication Administration and cannot administer prescription or nonprescription in my child care.

- I can administer nonprescription topical skin products, such as baby lotion, diaper ointment, teething gel and sunscreen, with written authorization to administer.
- You must provide a written allergy care plan if your child has allergies to food or medication and inform me of any food sensitivities or dietary restrictions.

You will be asked to pick up your child who has:

- Fever with behavior changes or signs or symptoms of illness: an oral temperature over 101°F or under the armpit (axillary) temperature over 100°F
- Diarrhea
- Vomiting

***In cases of fever, diarrhea and/or vomiting, the child should not return to care until 24 hours have passed since the last sign of the symptom.*

- Sore throat or difficulty swallowing
- Headache or stiff neck
- Severe itching or rashes
- Mouth sores
- Significant tiredness, irritability, crying
- Difficulty breathing, chronic coughing or wheezing
- Any contagious condition including ringworm, bedbugs, head lice, or pink eye,
- Unusual nasal discharge
- Constant pain in the stomach
- Behavior that seems slow, confused, disoriented.

These symptoms may or may not be associated with a communicable illness. Without consultation from a health care professional it is impossible to determine the nature of the illness. Therefore you will need to pick up your child for further evaluation.

You will be asked to bring a note from a doctor or health care professional stating the child may return to child care when the illness is no longer contagious.

- You are required to inform me within 24 hours if your child or a member of your immediate household develops a communicable disease as defined by the Virginia State Board of Health (in this chapter).
- You must report life-threatening diseases immediately.
- I will notify all parents within 24 hours if a communicable disease is reported at my child care.
- Health Department regulations governing periods of infection and exclusion will be enforced.

If you would like to ask a health care professional about illness and disease, call the Health Department's Epidemiology (EPI) Nurse at 703-246-2433 between 8 a.m. and 4:30 p.m., Mondays - Fridays. There is no charge for this service.

I understand and agree to follow the terms of this child care sick policy.

Parent Signature

Date

Provider Signature

Date

Emergency Contact Information

Child's Full Name _____ Date of Birth _____

Nickname(s) _____

Address _____

Custodial Parent _____ Custodial Parent _____

Email _____ Email _____

Home Phone _____ Home Phone _____

Address _____ Address _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Cell _____ Cell _____

Work Address _____ Work Address _____

Child's Physician _____

Address _____ Phone Number _____

Names and phone numbers of people authorized to pick up child in case of emergency when parent/guardian cannot be reached:

Name _____ Name _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Address _____ Address _____

Relationship to Child _____ Relationship to Child _____

Additional Information: _____

Persons **Not Authorized** to Pick Up My Child _____

Provider is responsible for keeping emergency response plan information current with parents or guardians.

Provider's Signature: _____

6 Month Review _____ Parent's Initials _____

1 Year Review _____ Parent's Initials _____

Communicable Disease Reference Chart for School Personnel

DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Chickenpox* (Varicella)	10-21 days, usually 14-16 days. (Incubation period in persons who receive VariZIG or IGIV extends through day 28.)	By direct contact with vesicular fluid or by airborne spread from respiratory tract secretions. Infectious from 2 days before rash onset until all lesions are crusted over and no new lesions appear within a 24-hour period (average is 4-7 days).	Sudden onset with slight fever and itchy eruptions which become vesicular (small blisters) within a few hours. Lesions commonly occur in successive crops, with several stages of maturity present at the same time. Communicable for as long as 5 days (usually 1-2 days) before eruption of vesicles and until all lesions are crusted (usually 5 days). Communicability may be prolonged in immunocompromised people.	CASE: Exclude from school for at least 5 days after eruptions first appear or until vesicles become dry. Avoid exposure to women in early pregnancy who have not had chickenpox and/or varicella vaccine. CONTACTS: Check vaccination status of contacts and recommend vaccination if needed. On appearance of symptoms, exclude from school.
Conjunctivitis, Acute Bacterial (Pink Eye)	Varies depending on causative agent.	By contact with discharges from the conjunctivae or contaminated articles.	Pink or red eyeball with swelling of the eyelids and eye discharge. Eyelids may be matted shut after sleep. May involve one or both eyes.	CASE: Exclude from school while symptomatic or until 24 hours of antibiotic treatment has been completed. CONTACTS: School exclusion not indicated.
Diarrheal Diseases* (Campylobacteriosis, <i>E. coli</i> O157:H7, Giardiasis, Salmonellosis, Shigellosis, etc.)	Campylobacteriosis: 1-10 days, usually 2-5 days. <i>E. coli</i> O157:H7: 1-8 days, average 3-5 days. Giardiasis: 3-25 days, usually 7-10 days. Salmonellosis: 6-72 hours, usually 12-36 hours. Shigellosis: 12-96 hours, usually 1-3 days.	By the fecal-oral route through direct contact or by ingestion of contaminated food or water.	Ranges from sudden onset of fever, abdominal pain, diarrhea, nausea, and sometimes vomiting in salmonellosis, to cramps and bloody stools in severe cases of shigellosis and <i>E. coli</i> O157:H7. Dangerous dehydration may occur in younger children. In giardiasis, persons may be asymptomatic or have decreased appetite and weight loss.	CASE: Exclude from school until cessation of acute diarrhea. Stress importance of proper handwashing. CONTACTS: School exclusion and stool cultures not indicated in absence of symptoms. Consult with your local health department for advice during suspected school outbreaks.
Fifth Disease (Erythema Infectiosum)	From 4-21 days.	Primarily through contact with respiratory secretions.	Rash characterized by a vivid reddening of the skin, especially of the face, which fades and recurs; classically, described as a "slapped face appearance." Mild symptoms of fever, body aches, and headache may occur 7-10 days before rash.	CASE: Exclusion from school not indicated. CONTACTS: School exclusion not indicated. Pregnant women and immunocompromised persons should seek medical advice.
Hepatitis A*	From 15-50 days, average 28-30 days.	By the fecal-oral route through direct contact or ingestion of contaminated food or water.	Fever, loss of appetite, nausea, abdominal discomfort and weakness followed by jaundice. Many unrecognized mild cases without jaundice occur, especially in children. Communicability greatest from 7 days before to several days after onset of jaundice.	CASE: Follow advice of child's physician and/or your local health department. CONTACTS: School exclusion not indicated. Stress importance of proper handwashing.

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO SCHOOL-AGED CHILDREN - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual* (2008) published by the American Public Health Association and the 2009 *Report of the Committee on Infectious Diseases (The Red Book)* published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department.

* Officially reportable in Virginia to the local health department. All outbreaks and unusual occurrences of disease are also reportable.

DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Hepatitis B*	From 45-160 days, average 90 days.	By direct contact with infected blood or body fluids. Transmission occurs when the hepatitis B virus enters the body through broken skin or mucous membranes.	Only a small proportion of acute infections have clinical symptoms. Symptoms are similar to those of hepatitis A.	CASE: Follow advice of child's physician and/or your local health department. CONTACTS: School exclusion not indicated.
HIV Infection* and AIDS*	Variable	By direct contact with infected blood or body fluids. Transmission occurs when the human immunodeficiency virus enters the body through broken skin or mucous membranes.	A broad range of disease manifestations affecting multiple organ systems. Many children remain asymptomatic.	CASE: Follow advice of child's physician and/or your local health department. CONTACTS: School exclusion not indicated.
Influenza	Usually 1-4 days	Person to person by respiratory droplets created by coughing or sneezing.	Sudden onset of fever, chills, headache, malaise, and nonproductive cough. Subsequently, respiratory tract signs including sore throat, nasal congestion, rhinitis, and cough become more prominent.	CASE: Exclude from school until at least 24 hours following resolution of fever. CONTACTS: School exclusion not indicated. Seasonal influenza vaccination encouraged to reduce spread of influenza.
Measles* (Rubeola, Red Measles)	From 7-21 days, (usually 8-12 days from exposure to onset of symptoms).	Airborne by droplet spread or direct contact with nasal or throat secretions of an infected person.	Prodrome characterized by fever followed by reddened eyes, runny nose, and cough. Dusky-red blotchy rash appears on day 3 or 4 and lasts 4 to 7 days. Communicable from 4 days before to 4 days after the appearance of the rash.	CASE: Exclude from school until at least 4 days after appearance of the rash. Check immunization records of all students. Discuss with your local health department. CONTACTS: Exclude from school immediately on signs of prodrome. Unimmunized students may need to be excluded from school. Follow recommendations of your local health department.
Meningitis, Bacterial (<i>H. influenzae</i> *, Meningococcal*, Pneumococcal)	<i>H. influenzae</i> : 2-4 days Meningococcal: 2-10 days, usually 3-4 days. Pneumococcal: 1-4 days	By direct contact or droplet spread of nasopharyngeal secretions of an infected person.	Sudden onset of fever, headache, nausea, stiff neck and photophobia. Rash may occur in cases of meningococcal disease.	CASE: Exclude from school during acute illness. Non-communicable after 24-48 hours of appropriate drug therapy. CONTACTS: School exclusion not indicated. Discuss with your local health department to determine if close contacts need prophylactic treatment for <i>H. influenzae</i> or meningococcal meningitis.
Mumps*	From 12-25 days, usually 16-18 days.	By droplet spread or by direct contact with the saliva of an infected person.	Fever with swelling and tenderness of one or both parotid glands located below and in front of the ears. Unrecognized mild cases without swelling may occur. Communicable from 3 days before swelling until 5 days after.	CASE: Exclude from school for 5 days after the onset of parotid gland swelling. CONTACTS: School exclusion not indicated.

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO SCHOOL-AGED CHILDREN - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual* (2008) published by the American Public Health Association and the 2009 *Report of the Committee on Infectious Diseases (The Red Book)* published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department.

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DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Scabies	Persons without previous exposure: 4 to 6 weeks. Previously infested and sensitized: 1-4 days after re-exposure.	By direct skin-to-skin contact.	Begins as itchy raised areas around finger webs, wrists, elbows, armpits, belt-line, and/or genitalia. Extensive scratching often results in secondary infection.	CASE: Exclude from school until 24 hours of appropriate treatment has been completed. CONTACTS: Inspect for evidence of infestation and refer for treatment if necessary. School exclusion is not indicated in the absence of infestation.
Streptococcal Diseases (Including Impetigo, Scarlet Fever, and "Strep" throat)	Variable, often 2-5 days, may be longer.	By direct contact with infected persons and carriers or by contact with their respiratory droplets.	Impetigo: Multiple skin lesions usually of exposed area (e.g., elbows, legs, and knees), but may involve any area. Lesions vary in size and shape, and begin as blisters, which rapidly mature into brown crusts on a reddened base. Healing from center outward produces circular areas, which may resemble ringworm. Scarlet Fever: Fever, sore throat, exudative tonsillitis or pharyngitis. Sandpaper-like rash appears most often on neck, chest, and skin folds of arms, elbows, groin, and inner aspect of thighs. "Strep" throat: Sudden onset of fever, sore throat, exudative tonsillitis or pharyngitis, and enlarged lymph nodes. Symptoms may be absent in some cases.	CASE: Exclude from school until lesions are healed or until 24 hours of antibiotic treatment has been completed. CONTACTS: Exclusion from school not indicated. Observe carefully for symptoms. CASE: Exclude from school during acute illness. Non-communicable after 24 hours of appropriate drug therapy. CONTACTS: Exclude on first indication of symptoms. Culturing of school contacts and treatment of carriers not usually indicated. CASE: Exclude from school until 24 hours of antibiotic treatment has been completed. CONTACTS: Exclusion from school not indicated. Observe carefully for symptoms.

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO SCHOOL-AGED CHILDREN - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual* (2008) published by the American Public Health Association and the *2009 Report of the Committee on Infectious Diseases (The Red Book)* published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department.

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Medication Administration in the Child Care Setting

Ordinance Requirements - In Fairfax County, the Home Child Care Ordinance states that permitted providers with Fairfax County home child care permits can legally administer **prescription and non-prescription medications** to children in care **only** after they complete and pass the Medication Administration Training (MAT) and meet other administrative requirements. The MAT is a one day training that is offered by qualified individuals approved by the Board of Nursing or the Virginia Department of Social Services. This training may be counted toward professional development training hours providers are required to complete annually.

Permitted providers may choose:

1. Providers can choose to administer prescription and non-prescription medication. They are required to complete and pass the MAT training every three years. This training is in addition to the twelve hours of training providers are required to complete annually. A list of trainers is included with this letter. The cost will vary by trainer.
2. Providers can choose **not** to administer prescription or non-prescription medication **except** when they have a child in care who may require an emergency injection of epinephrine using an auto-injector device (Epi Pen) or a child in care who may require the application of prescription topical ointment or cream. That provider may take the **Pre-Medication Administration Training (PMAT)**. This is a two-hour training and is less expensive than the MAT training. The PMAT training must be facilitated by an approved MAT trainer. The cost will vary by trainer.
3. Providers can choose **not** to administer prescription or non-prescription medication. These providers **can** administer non-prescription topical skin products. MAT or PMAT training is not required.

Providers should follow these guidelines when administering medication:

- The provider has obtained written authorization from a parent or guardian noting any known adverse reactions;
- The product is in the original container and, if the product is provided by the parent, labeled with the child's name;
- The product is applied in accordance with the manufacturer's instructions;
- Parents are informed immediately of any adverse reaction.
- The product is not used beyond the expiration date of the product.
- Sunscreen must have a minimum sunburn protection factor (SPF) of 15.
- The product must be inaccessible to children.

General Medication Safety

What is Medication Administration?

The County of Fairfax has specific regulations and guidelines for child care settings that define safe administration of medicine. This includes medicines prescribed by a health care provider (such as antibiotics, medicines for seizures, behavior or inhalers for asthma) as well as medicine purchased over-the-counter (such as cold pills, cough syrups, vitamins, Tylenol or Advil).

Why is Medication Administration important?

Medication administration is very important because medicine helps children fight short and long-term illnesses and improve their health and life. Careful and accurate administration of medication is very important because each child reacts differently to each medication. Herbs, vitamins, and home remedies are also considered medications. They all affect the body in some way or they may interact with each other causing different reactions.

When should a medication be given in a child care setting?

Medication should only be given when it is truly necessary. It is safest and best for children to receive their medicines at home. Doses up to three times a day can often be given before and after child care hours. When the number of doses or the action of the medication requires a dose during child care hours, you must follow safe medication administration practices.

Providers should use an Administering Prescription and Nonprescription Medication Record form.

A sample of this form is available in Chapter 6, the Useful Forms section. It requires a parent's signature with specific instructions to the provider about how the medicine is to be administered to the child.

How can medications be given safely?

- Medications are given safely when you are well-prepared and specifically trained in medication administration.
- Before the medication can be given:
 - Prescription medication must have the written health care provider's instructions.
 - It must be in a pharmacy-labeled bottle with the child's name.
 - The parent's written request must be completed.
 - Make sure all the information states the same instructions.
- Because every person reacts differently to medications, the first dose of a prescribed medication should always be given by the parent in their home.
- Keep the medication at your child care if possible. When medication is sent back and forth from home to child care, it increases the risk of missed doses, lost medication, unsafe storage, and other children accidentally taking the drug. Most pharmacies will split the prescription at no extra charge.
- Know the proper instructions for storage. Store medication at the proper temperature.

- You must accurately document in writing every dose of medication you administer. It is also important to clearly document missed and late doses and errors. This helps you prevent further mistakes and helps improve the safety and health of the children. Parents must always be informed of missed and late doses and errors.
- Always document the name of the person administering the medication, even if it is you.

(Note: Adapted from article from the National Resource Center for Health and Safety in Child Care)

Medication Administration Training

The following resource is not a complete list of local companies that provide PMAT or MAT training. Providers are encouraged to do their own research in selecting a company for these services. The County is not offering this list as a recommendation or endorsement.

Christine Carlock, RN

703-402-5011

ccargo@verizon.net

www.MATplusmore.com

Grace Cole-Alston, RN

703-757-0123

703-969-1277

NOVAMATTrainer@aol.com

Guidelines for Cleanliness

Food Safety and Storage

- Your kitchen must be clean and in sanitary condition.
- Keep a refrigerator thermometer in the refrigerator.
- Wash hands before and after handling food and between each step of food preparation.
- Completely wrap or cover food before storing and use within a day or two. Label with the date.
- Defrost food under cold running water, in the refrigerator, or by using the defrost setting on the microwave.
- Clean food preparation areas immediately after use and disinfect daily. See bleach recipe in this chapter.
- Sponges are not recommended since they tend to harbor bacteria. If used, wash and soak in a bleach solution daily.
- Wash cutting knife and cutting board thoroughly before changing from one food to the next.
- Refrigerate or freeze leftovers in covered shallow containers within two hours after cooking. Label with the date.

Flooring

- Vacuum carpeted child care areas daily.
- Sweep and mop vinyl, ceramic or wood flooring daily with a disinfectant.
- Clean spills immediately.

Bathrooms

- Small toilet chairs are recommended for toilet learning. Keep in the bathroom. Clean and disinfect after each use.
- It is important that bathrooms have a washable floor that can be cleaned and disinfected as needed. It is hard to keep rugs, toilet seat covers and decorative items clean. We recommend that you do not use them.
- Paper towels are better to use than cloth towels so that each child has a germ-free towel to dry hands.

Animals and Pets

It is important that pets or animals in the child care home are in good health, disease free, and friendly. You must inform parents when pets are in the child care area when children are present, and closely supervise children when animals are present in the child care area. Allergies to animals are common.

Dogs and cats must be immunized for rabies and any disease that can be transmitted to humans. **Do not keep aggressive animals, for example, Rottweilers and pit bulls, in the same physical space with children.** Monkeys, ferrets, reptiles, birds in the parrot family, wild or dangerous animals may not be in areas that are accessible to children during child care hours.

Additional Requirements

- A current record of immunization for rabies, signed by a veterinarian, must be kept in your file. A Child Care Specialist has to see this document.
- Are free of ticks, fleas and worms.
- Keep all animal cages clean and sanitary.
- All outdoors play areas must be free of animal feces.
- Keep animals food supplies, food dishes, and litter boxes in areas where children cannot reach or are off-limits to children.
- Wash hands after handling animals or animal litter.
- Teach children ways to be safe around pets such as not to provoke, startle, tease, hit, or remove food.
- Animals may not be allowed on any surface where food is prepared.

If you have questions about your particular situation, talk with your Child Care Specialist, or call 703-324-8100 for technical assistance.

Resources

Looking for More Resources about Health?

You can download “Every Day Preventative Actions” and “Fight Germs, Wash your Hands” and other posters from the Center for Disease Control (CDC) and the County Health Department at <https://www.cdc.gov/flu/pdf/freeresources/updated/everyday-preventive-actions-8.5x11.pdf>, <https://www.cdc.gov/handwashing/resources.html>, and <https://www.fairfaxcounty.gov/health/flu>.

- Kids can learn about health and hygiene at www.scrubclub.org.
- The Fairfax Health Department has a “Wash Your Hands” poster in English and Spanish at the following links: <https://www.cdc.gov/handwashing/posters.html> You can download a “Fight Flu!” poster at https://www.cdc.gov/flu/pdf/freeresources/flu_poster_final.pdf. For more information on health questions and issues, call the Virginia Department of Health at 800-732-8333 or visit the website, www.vdh.virginia.gov.
- To contact the National Capital Poison Center call 800-222-1222 or
- TTY 800-222-1222 or visit the website www.poison.org.
- Parents Guide to Childhood Immunization (2006). Department of Health and Human Services, Center for Disease Control and Prevention, National Immunization Program. See www.cdc.gov/vaccines/pubs/parents-guide/default.htm.
- If you need to consult with a health care professional about health related questions, call the Health Department’s Epidemiology (EPI) Nurse for consultation, 703-246-2433.
- To visit the American Academy of Pediatrics, go to www.aap.org.

Looking for More Resources about Safety?

- For more information on infant safety, contact the Consumer Product Safety Commission Hotline at 800-638-2772 or at their website www.cpsc.gov.
- For Sexual Offender Search, visit the Virginia State Police’s website, www.vsp.state.va.us
- To sign up for the Fairfax Alerts, go to www.fairfaxcounty.gov/alerts.
- For assistance with a dangerous animal in your neighborhood, you can contact the Fairfax County Police Department/Animal Control at 703-691-2131.
- For information or an appointment for a safety car seat check, call the Operation Kids Hotline at 703-280-0559. You can also go to www.fairfaxcounty.gov/police/chief/crimeandsafety/traffic/seatbeltsandchildsafetyseats for information on how to contact your local district police station to arrange a safety seat check or read additional information.

Emergency Preparedness Information on the Web

- Fairfax County Office of Emergency Management, www.fairfaxcounty.gov/emergency
- Virginia Emergency Management, www.vaemergency.gov
- US Department of Homeland Security, www.ready.gov
- Federal Emergency Management Agency, www.fema.gov
- American Red Cross, www.redcross.org/
- Center for Disease Control, www.cdc.gov/flu/pandemic-resources/
- U. S. Department of Health and Human Services, www.flu.gov/#

Chapter 2

Nutrition and Feeding of Children

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Your Role in Good Nutrition

Proper nutrition helps children get the very best start in life. As a child care provider, you have significant influence in children's lives. By serving children nutritious meals and snacks, you help children get the nourishment and energy they need to learn and grow.

You can help children develop healthy eating habits by modeling healthy food choices and eating nutritious meals and snacks with the children. These healthy eating habits will be carried throughout their lives. Good nutrition is critical to children's overall health.

Science based research shows that good nutrition in early childhood may reduce medical problems such as weak bones, high blood pressure, heart disease, diabetes, and obesity. The Dietary Guidelines for Americans is the best science based advice on how to eat a healthy diet and be physically active.

The Dietary Guidelines for Americans emphasizes three major goals:

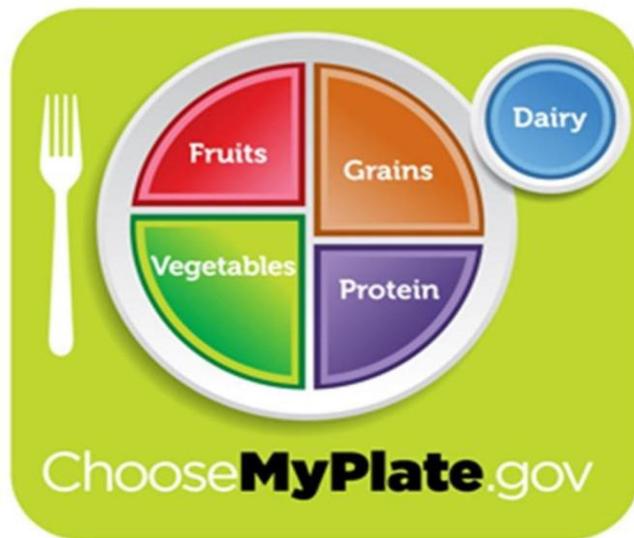
- Balance calories with physical activity to manage your weight. Find out your personal daily calorie limit at www.ChooseMyPlate.gov.
- Eat more of certain foods and nutrients such as fruits, vegetables, whole grains, fat-free and low-fat dairy products and seafood.
- Eat fewer foods with sodium (salt), saturated fats, trans fats, cholesterol, added sugars and refined grains:

You will receive additional support in planning nutritious meals and snacks for children when you join the USDA Child and Adult Care Food Program.

As soon as you are providing services to children in your care, call 703-324-8100 to register for the USDA Food Program Orientation or to schedule an In-home USDA Food Program Orientation.

MyPlate

Based on the “Dietary Guidelines for American”, MyPlate was developed as an eating guide to select foods that represent healthy choices to “build a healthy plate”.



The key messages of MyPlate are:

- Make half your plate vegetables and fruits.
- Make at least half your grains whole.
- Choose a variety of protein rich foods.
- Switch to skim or 1% milk and choose fat-free or low-fat dairy products.

Nutrition for Infants - Birth through 11 Months

Good nutrition is very important to the rapid growth and development that occurs during an infant's first year. As child care providers, it is important to make sure the nutritional needs for infants are met. Follow the "USDA Meal Guidelines for Infants 0 – 11 Months" guide to plan meals and snacks that include the right food components. For more information on meal guidelines for infants, visit the website under meal standards, www.fns.usda.gov/cacfp/meals-and-snacks.

Feeding Infants Breast Milk and/or Formula

- Breast milk is best for infants. It is the only food infants need during the first 6 months of life.
- Iron fortified infant formula can be given in place of breast milk up to 12 months of age. Iron is a very important nutrient during the baby's first year. Low-iron formulas, soy-based formulas, lactose-free milk based formulas, and other specialized formulas should be given only to infants, if a statement from the doctor is provided to you by the parents.

Age Appropriate Feeding

Remember, each infant is an individual. Each infant grows differently. In addition to age and size, special consideration should be given to their level of development for deciding what and how to feed infants. Feed infants according to their needs, and not on a rigid schedule.

Signs of Hunger—An infant who is hungry may:

- Wake and toss
- Suck on its fist
- Cry or fuss
- Look like he/she is going to cry

Signs of Fullness—An infant who is full may:

- Sleep with its lips together
- Slow down sucking
- Spit out the nipple of the bottle
- Turn away from the bottle
- Push the bottle away

Refer to "Tips on Feeding with a Bottle" to learn basic principles on feeding a baby using a bottle.

Tips on Feeding with a Bottle Feeding the Baby

- Infants should be fed on demand or in accordance with parental instructions. Feed when the baby indicates hunger. Respond to early signs of hunger. Do not wait until the baby is upset or crying from hunger.
- Continue to feed until the baby indicates he or she is full. Signs of fullness include sealing the lips, decrease in sucking, spitting out the nipple, and turning from bottle or pushing bottle away.
- Always hold the baby while feeding instead of propping the bottle in the baby's mouth. Tip the bottle so that milk fills the nipple and air does not get in. Do not prop the bottle. Propping a bottle can cause ear infections and choking, and it deprives the baby of important cuddling and human contact.
- Hold the baby's head a little higher than the rest of the body to prevent milk backing up in the ear and causing an ear infection.
- Burp the baby at natural pauses during the feeding and at the end of each feeding. This reduces spitting up from swallowed air.



- Put only breast milk or formula in the bottle. Do not put cereal, juices, other foods or drinks in the bottle. This is to prevent overfeeding, choking, tooth decay, and to allow the baby to develop good eating habits.
- Give the bottle to the baby at feeding time, not nap time, and do not let the baby go to sleep with the bottle. This is to prevent choking, ear infections, and tooth decay from the milk which remains on the teeth.
- Never force a baby to finish what is in the bottle. Babies are the best judge of how much they need.

Adapted from Feeding Infants: A Guide for Use in the Child Nutrition Programs

Tips on Feeding with a Bottle

Preparing and Storing Bottles

- Ensure that bottle feeding is clean and sanitary. Wash your hands, arms, and under your nails very well with soap and water. Rinse thoroughly. Clean and sanitize your workspace.
- Prepare the bottles of formula according to the directions on the formula container.
- Fill the bottles with the amount of formula the baby usually drinks at one feeding. Label each bottle with the baby's name, the date, and time the formula was prepared.
- Refrigerate bottles of breast milk immediately when they arrive. Make sure that each bottle is clearly labeled with baby's name, the date, and time the breast milk was collected.
- Refrigerate the bottle until feeding time at 40 degree Fahrenheit or below.
- Use refrigerated bottles of formula within 48 hours.
- Use refrigerated bottles of breast milk within 72 hours from the time they were collected.
- Shake the bottle of breast milk before feeding because breast milk separates when it is stored.
- For those babies who prefer a warm bottle, hold the bottle under running warm (not hot) water immediately before feeding. Water for warming a bottle may be heated in a microwave.
- Always check the temperature of the liquid before feeding to make sure it is not too hot or cold. Shake the bottle well and test the temperature by squirting a couple of drops of the liquid onto your wrist or back of your hand. The temperature is correct when it feels neither warm nor cold.
- Never use a microwave oven to heat the bottle. Since the liquid heats unevenly, it may become very hot even though the bottle feels cool. Also, microwave heating can destroy special substances in breast milk that protect baby's health.
- Throw out any unused formula or breast milk left in a bottle after feeding which has been unrefrigerated for 1 hour or more. It may not be reheated.
- Breast milk can be stored in a freezer for up to 3 months from when it was collected. Freezer temperature should be 0 degree Fahrenheit or below. Do not freeze infant formula.
- Thaw a bottle of frozen breast milk in the refrigerator or hold it under cold running water. Thaw only as much frozen breast milk as you think a baby will need for a feeding. Do not thaw frozen breast milk at room temperature, by heating on a stove, or in a microwave.
- Once the breast milk is removed from the freezer and thawed, refrigerate it at 40 degree Fahrenheit or below and use it within 24 hours. Once thawed, do not refreeze breast milk.

Feeding Infants Solid Foods

- Most infants are developmentally ready to start on solid foods at 6 months of age.
- Talk with the parent about which food is being given first at home, so that you can serve the same food in your care.
- Give only one new food at a time and wait at least one week before giving another new food. This will give the baby time to get used to each new flavor and texture and to see if the baby is allergic to new food.

Infant Cereal

- Iron-fortified dry infant cereal is a good first solid food choice because it is easy to digest.
- Dry infant cereal can be prepared with expressed breast milk or an iron-fortified formula.
- Iron-fortified infant rice cereal is usually the best first choice of cereal.
- Oat and barley infant cereal can be given at one-week intervals after rice cereal.
- Serve mixed-grain cereals only after the baby has eaten the different kinds of grains separately.

Vegetables and Fruits

- Vegetables and fruits may be introduced when the baby readily accepts 2 to 3 tablespoons of infant cereal at each meal.
- Examples of vegetables and fruits include: green beans, peas, squash, sweet potatoes, carrots, spinach, applesauce, apricots, bananas, peaches, pears, and plums.

Meat and Meat Alternatives

- Meat and meat alternatives may be introduced at 8 months of age. It is better to choose lean meats and poultry. Examples include: well-cooked lean beef, pork, lamb, veal, chicken and turkey.
- Meat alternatives include cooked dry peas, dry beans such as kidney beans, lima beans, pinto beans, and chick peas (garbanzos).

Cheese and Yogurt

- Cheese and yogurt may be introduced to infants at 8 months of age or older as meat-alternatives.
- Regular cheese (such as thin slices or strips of natural cheddar, colby, or mozzarella), and cottage cheese are the best choices.
- Yogurt must contain no more than 23 grams of total sugars per 6 ounces. Plain yogurt is the best choice.

Eggs

- Whole eggs may be introduced to infants 8 months or older as meat-alternative.

Bread Alternatives

- Rice, pasta, noodles or macaroni are other bread alternate choices at meals.
- These foods are usually introduced to infants 8 months of age or older depending on how well the infant can chew.

- A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

Finger Foods

- At 8 or 9 months of age, infants enjoy eating finger foods. Some good choices of finger food are:
 - whole grain crackers,
 - small pieces of dry whole grain bread,
 - whole grain toast,
 - plain whole grain crackers,
 - small pieces of soft whole grain tortilla or soft bread
 - soft cooked fruit or vegetables and
 - ready-to-eat cereal (Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.)
- Choking can be caused by hard pieces of raw vegetables or raw fruit.
- (See “You Can Prevent Choking” in this chapter.)

Drinking from a Cup

- Little by little, begin shifting from bottle feedings to cup feedings any time between 6 and 12 months of age.
- It is best to wean babies from a bottle to a cup by about 12 to 14 months of age.

Fruit Juices

- Fruit and vegetable juices must not be served for babies under 12 month of age.

Foods to Avoid

- No cow’s milk for babies under 12 months of age. It is not as nutritious as formula and may cause anemia in some babies.
- No Peanut Butter or other nut and seed butters (such as soy nut, almond, cashew, or sunflower seeds), and nuts and seeds. These foods can cause choking and allergic reaction.
- No popcorn or raisins. They can cause choking.
- No honey. It can cause a food related illness called “infant botulism”.

Refer to “Basic Principles for Feeding Solid Foods” to learn how to feed when baby is ready for solid foods.

Refer to “USDA Meal Guidelines for Infants 1 -11 months” to plan meals for babies under 12 months of age.

Basic Principles for Feeding Solid Foods

- Talk with parents before introducing solid foods. Only introduce solid foods when babies are developmentally ready.
- Coordinate with baby's parents so that the same new foods and textures are introduced at the same time as at home.
- Give only one food at a time, and wait at least one week before giving another new food. This will give the baby time to get used to each new flavor and texture, and to see if the baby is allergic to the new food.
- Wash your hands and the baby's hands before feeding to keep the food clean.
- When feeding solid foods to children under 12 months of age, seat baby in a high chair, infant seat, or feeding table that is appropriate for age and development. Fasten the baby securely with safety straps.
- Use a small spoon to feed solid foods. Place the food on the tip of the spoon and put the food on the middle of the baby's tongue to make it easy for the baby to swallow.
- Using Commercially Prepared Baby Food
 - Buy single-ingredient baby food jars, like single vegetables, fruits, and meats instead of baby food combination dinners and baby food desserts to get more nutrition.
 - After opening a baby food jar, label the jar with the child's name, the date, and time it was opened.
 - Store the jar in the refrigerator to keep the food safe at 40 degree Fahrenheit or below. Use the refrigerated foods within two days, except for baby food meats and eggs which should be used within 24 hours. Throw out foods not used within those times.
- Using Home-Prepared Baby Foods -
 - Refrigerate or freeze home-prepared baby foods which will not be eaten immediately after cooking. Label and date the containers of cooked food to be stored in a freezer or refrigerator.
 - Use freshly home-prepared refrigerated foods within two days, except for baby food meats and eggs which should be used within 24 hours. Throw out foods not used within those times.
 - Use home-prepared frozen baby foods within one month. Thaw frozen foods in the refrigerator, or under cold running water. Never defrost baby foods by leaving them at room temperature or in standing water, as in a pan or bowl. Label food with the date and time it was removed from the freezer. Store thawed food in the refrigerator and use it within two days, except for baby food meats and eggs which should be used within 24 hours. Throw out foods not used within those times. Do not refreeze baby food that has been thawed.
- Remove enough food into a dish for one feeding. This way the baby's saliva on the spoon will not spoil the leftover food in the jar or container. If additional food is needed, use a clean spoon. Throw away any leftover food in the dish. Do not put it back in the jar, refrigerator, or freezer.
- If needed, warm the baby food on a stove or in a food warmer. Stir the food and test the temperature before feeding to make sure it is not too hot.
- Babies should be fed when they are hungry and not restricted to a rigid schedule. Do not force the baby to finish the serving. Follow the baby's lead on when to feed, what to feed, and how much to feed.

USDA Meal Guidelines for Infants 0 – 11 months

Fairfax County Child and Adult Care Food Program



BREAKFAST	
Birth Through 5 Months	6 Through 11 Months
4-6 fluid ounces of breastmilk ¹ or formula ²	6-8 fluid ounces of breastmilk ¹ or formula ² ; and 0-4 tablespoons of infant cereal ^{2,3} , meat, fish, poultry, whole egg, cooked dry beans or peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or 1/2 cup of yogurt ⁴ ; or a combination of the above ⁵ ; and 0-2 tablespoons vegetable or fruit or a combination of both ^{5,6}
LUNCH OR SUPPER	
Birth Through 5 Months	6 Through 11 Months
4-6 fluid ounces of breastmilk ¹ or formula ²	6- 8 fluid ounces of breastmilk ¹ or formula ² ; and 0-4 tablespoons of infant cereal ^{2,3} , meat, fish, poultry, whole egg, cooked dry beans or peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or 1/2 cup of yogurt ⁴ ; or a combination of the above ⁵ ; and 0-2 tablespoons of vegetable or fruit or a combination of both ^{5,6}
SNACKS	
Birth Through 5 Months	6 Through 11 Months
4-6 fluid ounces of breastmilk ¹ or formula ²	2-4 fluid ounces of breastmilk ¹ or formula ² ; and 0-1/2 slice bread ^{3,7} ; or 0-2 crackers ^{3,7} ; or 0-4 tablespoons of infant cereal ^{2,3,7} or ready-to-eat breakfast cereal ^{3,5,7,8} ; and 0-2 tablespoons of vegetable or fruit or a combination of both ^{5,6}

1. Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.
2. Infant formula and dry infant cereal must be iron fortified.
3. Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.
4. Yogurt must contain no more than 23 grams of total sugar per 6 ounces.
5. A serving of this component is required when the infant is developmentally ready to accept.
6. Fruit and vegetable juices must not be served.
7. A serving of grains must be whole grain-rich, enriched meal, or enriched flour.
8. Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

You Can Help Prevent Choking

Babies and young children under the age of three are at the highest risk of choking on food and remain at high risk until they can chew better. Choking kills more young children than any other home accident. How can you make eating safer for young children?

Watch Babies and Children During Meals and Snacks to Make Sure They:

- Sit quietly for all feedings.
- Eat slowly.
- Chew food well before swallowing.
- Eat small portions and only one bite at a time.
- Do not eat or drink while walking.

Fix Table Foods So They Are Easy to Chew:

- Grind or mince tough foods.
- Cut soft food into small pieces or thin slices.
- Cut soft round foods, like cooked carrots, into short, thin strips rather than round pieces.
- Remove all bones from fish, chicken, and meat before cooking.
- Cook food until it is soft.
- Remove seeds, skin and pits from fruit.

Foods That Can Cause Choking and Should Not be Fed to Babies and Young Children:

Firm, smooth, or slippery foods that slide down the throat before chewing, such as:

- hot dogs, sausages, or toddler hot dogs (even when cut in round slices)
- peanuts and all other nuts
- hard candy or jelly beans
- whole beans of any type
- whole grapes, berries, cherries, melon balls or cherry/grape tomatoes
- whole pieces of canned fruit

Small, dry or hard foods that are difficult to chew and easy to swallow whole, such as:

- popcorn
- peanuts, nuts and seeds (like sunflower or pumpkin seeds)
- plain wheat germ
- whole grain kernels (like rice, wheat, berries)
- small pieces of raw carrots or other raw or partially cooked hard vegetables or fruits
- pretzels
- cooked or raw whole kernels of corn
- potato and corn chips

Sticky or tough foods that do not break apart easily and are hard to remove from the airway, such as:

- peanut butter or other nut or seed butters
- raisins and other dried fruit
- tough meat or large chunks of meat
- marshmallows
- chewing gum
- caramels or other chewy candy

Nutrition for Children-12 Months of Age or Older

Good nutrition in child care supports good health, a healthy weight and a lifetime of healthy eating habits. As a child care provider, you can help children to establish healthy eating habits by providing a variety of nutritious food and modeling healthy food choices at meals and snacks.

The food requirements of children vary because of age, individual body size, growth pattern, and activity level. Your child care program must provide children a variety of nutritious food and sufficient portions to meet their nutrient and energy needs. Children should be served meals and snacks at appropriate times based on the hours of operation and time of the day. Water must be available to children throughout the day and at mealtime.

Refer to “USDA Meal Guidelines for Children 1-12 Years” guide to plan well balanced meals and snacks that meet children’s nutrient and energy needs. There are three different meal patterns: breakfast, snack and lunch or supper. The meal patterns are based on five food components or groups of foods. The components and number of servings for each component vary according to the meal being served. For more information on meal pattern guidelines for children, visit the website under meal standards, www.fns.usda.gov/cacfp/meals-and-snacks.

The American Dietary Guidelines recommends:

- Whole milk for children 1 through 2 years old.
- Skim (fat-free) or 1% (low-fat) milk for children 2 years and older.

If the parent brings food from home, make sure the container is labeled with the child’s name. Unused portions of opened food should be discarded by the end of the day or returned to the parent. If the parent forgets to bring food or provides an inadequate amount, you should serve an appropriate meal or snack.

See the “Sample Menu for Children 12 months through 12 Years Old” in this chapter.

Menus should be available for all parents to see what their children are eating every day. Please post the menus on the bulletin board in the child care area.

Sample Menu for Children 12 Months through 12 Years Old

Water must be offered and made available at all times.

	Breakfast	Lunch	Snack
Day 1	*Milk Oranges *WW Bagel	*Milk Ground beef Tomato sauce Pears *WW pasta	*Milk Kiwi
Day 2	*Milk Bananas *WGR Cheerios	*Milk Beans and cheese Burrito Kiwi Tomatoes and lettuce *WW tortilla	String cheese Peaches
Day 3	*Milk Plums *WW Toast	*Milk Baked chicken Green beans Plums *WW bread	*Milk Pears
Day 4	*Milk Pears Oatmeal	*Milk **HM macaroni and cheese Cooked carrots Melon *WW pasta	Yogurt Apples
Day 5	*Milk Strawberries *WGR Kix	*Milk Fish Peas and carrots Oranges Brown rice	Cheese *WW crackers

* Milk = Children 1 through 2 years old – whole milk.
Children 2 years old and older – skim (fat-free) milk or 1% (low-fat) milk

*HM = Homemade
*WW = Whole wheat
*WGR = Whole grain

USDA Meal Guidelines for Children 1 – 12 years

Fairfax County Child and Adult Care Food Program (Post where meals are prepared and served)



BREAKFAST¹²

(Select all three components for a reimbursable meal)

Food Components and Food items	Ages 1-2 ⁹	Ages 3-5 ⁹	Ages 6-12 ⁹
1 – Milk¹	1/2 cup	3/4 cup	1 cup
1 – Fruits, Vegetables or portions of both²	1/4 cup	1/2 cup	1/2 cup
1 – Grains (oz eq)^{4,5,6}			
Whole grain-rich or enriched bread	1/2 slice	1/2 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin	1/2 serving	1/2 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal ⁷ , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ^{7,11}			
Flakes or rounds	1/2 cup	1/2 cup	1 cup
Puffed cereal	3/4 cup	3/4 cup	1 ¼ cup
Granola	1/8 cup	1/8 cup	1/4 cup

SNACK¹²

(Select two of the five components for a reimbursable snack, only one of the two components may be a beverage)

1 - Milk¹	1/2 cup	3/4 cup	1 cup
1 - Meat or Meat Alternates			
Lean meat, poultry, or fish	1/2 ounce	1/2 ounce	1 ounce
Tofu, soy product, or alternate protein products	1/2 ounce	1/2 ounce	1 ounce
Egg (large)	1/2	1/2	1/2
Cheese	1/2 ounce	1/2 ounce	1 ounce
Yogurt, plain or flavored unsweetened or sweetened ⁸	1/4 cup	1/4 cup	1/2 cup
Cooked dry beans/split peas	1/8 cup	1/8 cup	1/4 cup
Peanut butter or soy nut butter or other nut or seed butters	1 tbsp	1 tbsp	2 tbsp
Peanuts, soy nuts, tree nuts, or seeds	1/2 ounce	1/2 ounce	1 ounce
1 - Vegetables²	1/2 cup	1/2 cup	3/4 cup
1 - Fruits²	1/2 cup	1/2 cup	3/4 cup
1 - Grains (oz eq)^{4,6}			
Whole grain-rich or enriched bread	1/2 slice	1/2 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin	1/2 serving	1/2 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal ⁷ , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ^{7,11}			
Flakes or rounds	1/2 cup	1/2 cup	1 cup
Puffed cereal	3/4 cup	3/4 cup	1 ¼ cup
Granola	1/8 cup	1/8 cup	1/4 cup

LUNCH OR SUPPER¹²

(Select all five components for a reimbursable meal)

Food Components and Food items	Ages 1-2 ⁹	Ages 3-5 ⁹	Ages 6-12 ⁹
1 - Milk¹	1/2 cup	3/4 cup	1 cup
1 - Meat or Meat Alternates			
Lean meat, poultry, or fish	1 ounce	1 ½ ounce	2 ounces
Tofu, soy product, or alternate protein products	1 ounce	1 ½ ounce	2 ounces
Egg (large)	1/2	3/4	1
Cheese	1 ounce	1 ½ ounces	2 ounces
Yogurt, plain or flavored unsweetened or sweetened ⁸	1/2 cup	3/4 cup	1 cup
Cooked dry beans/split peas	1/4 cup	3/8 cup	1/2 cup
Peanut butter or soy nut butter or other nut or seed butters	2 tbsp	3 tbsp	4 tbsp
The following may be used to meet no more than 50% of the requirement: peanuts, soy nuts, tree nuts, or seeds, or any equivalent quantity of any combination of the above meat/meat alternates (1 ounces of nuts/seeds=1 ounces of cooked lean meat, poultry, or fish). ¹⁰	1/2 ounce = 50%	3/4 ounce = 50%	1 ounce = 50%
1 - Vegetables²	1/8 cup	1/4 cup	1/2 cup
1 - Fruits^{2,3}	1/8 cup	1/4 cup	1/4 cup
1 - Grains (oz eq)^{4,6}			
Whole grain-rich or enriched bread	1/2 slice	1/2 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin	1/2 serving	1/2 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal ⁷ , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup

¹Must be unflavored whole milk for children age one; must be unflavored low-fat (1 percent) or unflavored fat-free (skim) for children two through five years old; must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) for six years old and older.

²Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day. For children younger than four years old, offer cooked or soft food to prevent choking.

³A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.

⁴At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

⁵Meat and meat alternates may be used to substitute the entire grains component a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.

⁶Beginning October 1, 2019, ounce (oz) equivalents are used to determine the quantity of creditable grains.

⁷Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).

⁸Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁹The minimum quantities listed must be served. Children may be served larger portions based on their individual food needs.

¹⁰Caution, children under age five should not be served nuts or seeds.

¹¹Beginning October 1, 2019, the minimum serving sizes specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is 1/4 cup for children ages 1-2; 1/3 cup for children ages 3-5; 3/4 cup for children 6-12.

¹²Water must be available upon request to children throughout the day and at mealtime. Water does not fulfill any meal component and should not replace any required food.

Family-Style Meals

Serve all meals family style. Family-style meal service means serving foods in bowls or dishes on the table and children are encouraged to serve themselves or with limited help.

Advantages of Family-Style Meals

- Children are more willing to try new foods when they see other children serving themselves and eating.
- Children can choose to take small portions of food. It helps for them to know that the food will still be there for a second serving, if they want it. This helps children learn to judge their hunger and fullness.
- Children practice new skills with their hands and fingers like passing, pouring, and scooping foods.
- Children practice good table manners by taking turns, sharing, and saying “please,” “thank you” and “no thank you” to some foods.

How Children Feel About Food and Good Eating Habits

Children develop feelings for food at a very young age. These suggestions can help make mealtime a positive and fun experience for children in your care.

- Be sensitive to children’s needs
 - Serve age appropriate portions. For little children, serve small amounts. For older children, serve more.
 - Use child sized tables, chairs, dishes, glasses, silverware and serving utensils that young children can handle.
- Help children feel ready to eat
 - Provide some activities that will help children slow down before the meal, such as coloring, drawing, listening to soft music, reading a story, or talking about the meal.
 - Tell children a few minutes ahead of time that it will soon be time to eat. This will help them slow down and get ready to eat.
- Get children interested and involved
 - Before the children sit down at the table, talk about the foods they will be eating.
 - Encourage children to help set the table, bring food to the table, and clean and clear the table after eating.
- Make eating a happy time
 - Serve meals in a bright room with lots of light.
 - Arrange food on plates in such a way that it looks interesting and attractive.
 - Set a good example for children by eating the same foods that they are served
 - Invite the children to talk about their food experiences; how the food tastes and smells.

- Promote positive feelings
 - Allow children to leave food on their plates. They may learn to overeat if they are told to finish their meals or clean their plates.
 - Plan plenty of time to allow children to eat without feeling rushed.
 - Avoid allowing children to use food to gain special attention.
 - Never use food as a reward or punishment.

Meal Time Responsibilities

A caregiver's job is to:

- Provide a variety of nutritious foods.
- Offer meals and snacks at regular times.
- Set a good example.

A child's job is to:

- Decide what to eat.
- Decide how much to eat.

Food Allergies

Food allergies are most common in infants due to their immature digestive system. Symptoms include wheezing, diarrhea, rashes, itching, and headaches.

The symptoms may occur within minutes or up to 2 hours after the food is eaten. Some common foods that may cause allergic reactions to children are:

- Peanuts
- Eggs
- Milk
- Tree nuts (such as pecans, walnuts, almonds, and cashews)
- Fish
- Shellfish
- Soy
- Wheat

Most children outgrow their food allergies. However, an allergy to peanuts or tree nuts is seldom outgrown.

Once the food allergy is diagnosed and confirmed by the physician, here are some important steps you can take to prevent an allergic reaction:

- completely avoid allergen food, and appropriate substitutions should be made
- follow the instructions of the parents on what meals or snacks are approved
- read every label, every time
- modify recipes using safe substitutes when preparing allergen food
- be mindful of cross-contamination, especially when preparing allergen food

In an event of a suspected or confirmed allergic reaction, follow the instructions of the physician and parent. You must notify parents immediately of any confirmed or suspected allergic reactions and ingestion of any prohibited food even if a reaction does not occur.

A sample form in the Useful Forms section, Quick View Reference Sheet, is available to capture information on food and medical allergies for each child. For additional information on food allergies, see the Resource section of this chapter.

Managing Food Allergies: What you need to know

Avoid Problem Foods: Carefully avoiding problem foods is the only way to prevent allergic reactions. Even a trace amount of a problem food can cause a serious reaction. Learn how to find your problem foods in both obvious and unexpected place.

- Read every label, every time.
Read all product labels carefully before purchasing and serving any food. Ingredients in packaged foods may change without warning. Check ingredients on the label every time you shop. If you have questions, call the manufacturer. Federal law requires packaged food labels to list when any of the top eight food allergens is an intended ingredient. The top eight food allergens are: milk, egg, peanuts, tree nuts, wheat, soy, fish, and shellfish.
- Be mindful of cross-contact.
Cross-contact happens when an allergen food comes in contact with the safe food and their protein mix. As a result, each food contains small amounts of the other food. These amounts are so small that they usually cannot be seen.

Example: Using the same spatula that flipped a cheeseburger to flip a hamburger, removing shrimp from salad and not washing hands after handling shrimp before making the next salad, not properly cleaning a knife used to spread peanut butter before using it to spread jelly.

Tips to avoid cross-contact

- Wash your hands with soap and water before making and serving safe foods.
- Use utensils, cutting boards, and pans that have been thoroughly washed with soap and water. Consider using separate utensils and dishes for making and serving safe foods.
- If you are making several foods, cook the allergy-safe foods first.
- Keep the safe foods covered away from the foods that may splatter.
- Scrub down counters and tables with soap and water after making meals.
- Do not let the child share food, drinks, or utensils.

Recognize and Treat a Reaction:

It is important to be able to quickly recognize and treat an allergic reaction. **You must be certified in MAT or PMAT to administer medication!** Food allergy reactions are hard to predict. Communicate with the parent to know what to look for and how to respond. You must notify parents immediately of any confirmed or suspected allergic reactions and ingestion of any prohibited food even if a reaction does not occur.

Mild symptoms may include one or more of the following:

- Nose: Itchy/runny nose, sneezing
- Mouth: Itchy mouth
- Skin: A few hives, mild itch
- Gut: Mild nausea/discomfort

Severe symptoms may include one or more of the following:

- Lung: Short of breath, wheezing, repetitive cough
- Heart: Pale, blue, faint, weak pulse, dizzy
- Throat: Tight, hoarse, trouble breathing/swallowing
- Mouth: Significant swelling of the tongue and/or lips
- Skin: Many hives over body, widespread redness
- Gut: Repetitive vomiting, severe diarrhea
- Other: Feeling something bad is about to happen, anxiety, confusion

Know the possible symptoms of an allergic reaction from the child's parents. Mild symptoms can quickly turn into a life-threatening reaction. Anyone having a reaction to a food allergen should be closely monitored.

Plan Ahead: To avoid an allergic reaction, it is important for you to be prepared. You need to complete a training on food allergies. Make sure the Food Allergies Action Plan is in place and you have clear understanding of how to recognize and respond to an allergic reaction. Keep all important information and instructions together in an easily accessible place, and make sure to update it as needed. For field trips, you must take the allergy care plan and information for any child with food or medical allergies.

Food Safety Basics

Young children are at higher risk for developing food-borne illness because their immune system is not fully developed. As a child care provider, you are responsible to prepare and serve the meals and snacks from your kitchen as safe as possible. Be aware of the food allergies, sensitivities, and dietary restrictions for each child. Food shall be prepared, stored, served, and transported in clean and sanitary manner. The following four simple steps are very important:

1. Clean: Wash hands and surfaces often.
 - Make proper hand washing a family habit: before and after handling food, and after using bathroom, changing diapers, and handling pets.
 - Wash kitchen utensils and surfaces with hot soapy water.
 - Wash cutting boards and sponges in hot, soapy water each time they are used.
 - Clean with paper towels and toss them. Wash cloth towels often in the hot cycle of the washing machine.
 - Tables and high chair trays shall be cleaned and sanitized before and after each use for feeding, at least daily.
2. Separate: Do not cross contaminate.
 - Keep raw and cooked food separate. Keep raw meat, poultry, and fish wrapped, in sealed containers or plastic bags, so juices won't drip out.
 - Wash anything (including your hands) that touches raw meat, poultry, or fish before using it with other food.
 - Never put cooked food on the same plate or cutting board where you put the raw food. Wash the board or plate before you use it with another food.
3. Cook: Cook food to a safe, proper temperature.
 - Use a food thermometer to check the internal temperature of cooked foods. See the "Safe Cooking Temperatures" chart.
 - Cook ground meat or ground poultry until it reaches a safe internal temperature. Color is not a reliable indicator of doneness.
 - Cook eggs until yolks and whites are firm.
 - Cook fish until it's not shiny and it flakes easily with a fork.
 - Reheat leftovers to at least 165° Fahrenheit or 73.8°C.
 - Wash the thermometer with hot, soapy water after every use.
 - Be sure to turn and stir food while cooking in microwave.
4. Chill: Refrigerate food right away.
 - The temperature of a refrigerator – should be below 40° Fahrenheit or 4.4°C.
 - The temperature of the freezer – should be below 0° Fahrenheit or 17.7°C.
 - Thaw frozen food in the refrigerator or microwave, not on the counter.
 - Freeze or refrigerate leftovers and other cooked foods within two hours of cooking.
 - Put leftovers in small, shallow containers to cool faster.

Safe Cooking Temperatures

Safe Minimum Internal Temperatures As measured with a food thermometer	
Beef, pork, veal and lamb	160 °F
Ground Meats	160 °F
Poultry (whole, parts or ground)	165 °F
Eggs & Eggs Dishes	160 °F Cook eggs until yolk and white are firm. Scrambled eggs should not be runny.
Leftovers	165 °F
Fin Fish	145 °F
Safe Cooking Guidelines	
Shrimp, Lobster and Crabs	Flesh pearly and opaque
Clams, Oysters and Mussels	Shells open during cooking
Scallops	Milky white, opaque and firm

Nutrition Activities

Learning about different foods and their importance to health can be fun for children.

Nutrition activities can:

- Be lively and diverse.
- Take place in a variety of settings.
- Be combined with many other activities.

Outdoor Nutrition Activities

- Plan a trip with children to the -
- Grocery store --- take them to the produce aisle to learn more about unfamiliar fruits and vegetables. Discuss the nutritional importance, like carrots are good for the eyes, milk is good for the bones, etc.
- Farm --- to see where food comes from, to watch cows being milked, or fruits being picked. Talk about the importance of milk for growing healthy bones.
- Orchard --- to pick berries or apples.
- Bakery --- to learn how bread is made. Think about allowing the children to bake their own bread loaves once you get back home.
- Plant a small vegetable and/or herb garden. Show the children how simple herbs can make cooked vegetables taste even better.

Indoor Nutrition Activities

- Teach children the colors by using fruits and vegetables. For example, choose different fruits of each color, such as oranges, apples, bananas, blueberries, etc. and put them in a bowl or basket. Ask the children to identify the colors.
- Teach children how to count --- small pieces of fruit, slices of orange, cooked macaroni, etc.
- Help children learn about taste (sweet or sour) and texture (chewy or crunchy) by having a colorful tasting party.
- Plan a guessing game --- place different fruits or vegetables in paper bags and have children identify the food by name by feeling it. Talk about the nutritional importance of different foods.
- Match pictures of foods and foods products --- milk matches with cheese and yogurt, corn matches with cornbread and cereal, apple matches with apple sauce and apple pie.
- Have children identify different foods from each food group --- pancakes and pasta are in the bread group, chicken and fish are in the meat group, beans and nuts are in the meat alternate group.
- Have a tasting party with new and familiar foods like mango or hummus with pita bread.
- Help children learn about different cultures, share with them foods that people from different countries eat. Locate countries on a map. Talk about and taste pineapples from Hawaii, peanuts from Africa, and rice from Japan or India.
- Include special foods during holiday and ethnic celebrations.

Ideas for Sharing Food Experiences with Children's Parents

- Encourage the children to talk about the foods they ate by drawing, and/or painting pictures of the food, or by writing about their experience.
- Take photographs.
- Make extra food for parents to taste.
- Send the recipe home.

Involving Children in Food Preparation

Children are natural helpers, especially in the kitchen. Many children love to cook or prepare foods.

Young children can do all this and much more:

- Shuck corn, wash vegetables, snap beans, tear lettuce, and peel bananas.
- Cut shapes with cookie cutters.
- Knead and shape dough.
- Mix ingredients.
- Pour liquids (with your help).
- Put spreads on crackers or breads.

School age children can do all this and much more:

- Measure and mix ingredients.
- Make sandwiches.
- Use egg beaters or hand mixers with close supervision.
- Crack eggs, toss salad, grate cheese and peel fruits and vegetables.
- Layer or mix the ingredients in a casserole.

All children can help set the table, clear their own place settings, and place things in the trash.

Involving Children in Cooking Projects

Choose a recipe that matches the children's interests and capabilities. Have enough food and other supplies to make sure each child gets a chance to participate. Supervise, support, and encourage. Think safety. Some cooking ideas are listed below. Squeeze juice from oranges. Have them roll the orange, then cut in half and finally squeeze out the juice by using a plastic juicer.

Create banana pops.

1. Peel a banana.
 2. Insert the popsicle stick.
 3. Roll the banana in granola cereal.
 4. Place it in a styrofoam holder
- Freeze it for a few hours.
 - Make a fruit salad.
 - Make "fruit parfaits". Use fresh or canned fruits layered with low fat yogurt.
 - Make a dip using yogurt or pureed fruit.
 - Make their own fruit shakes using frozen fruit and low-fat milk.
 - Make a small pizza using an English muffin, tomato sauce, cheese and vegetable toppings.

More Activities with Foods

Dramatic Play: Set up a “grocery store” in the play area. Fill the store with a variety of products – real or plastic products, empty cartons and cereal boxes. Include nutritious foods from different food groups. Gather items with pictures and printed words that reflect what children see in their own homes and community grocery stores so children can pretend to shop for foods.

Books and Stories

There are many wonderful children’s books that can help children learn about nutrition. Use books and stories to help show children different kinds of foods from different cultures, how food can be prepared, and how foods can be combined to make delicious meals. The classic story of Stone Soup is a great way to show children how foods can be combined to make delicious meals.

Some other books are:

Eating the Alphabet, Lois Ehlert

Feast for 10, Cathryn Falwell

Everybody Cooks Rice, Nora Dooley

Gregory, the Terrible Eater, Michael Sharmat

Resources

If you would like to learn more about nutrition topics, here are some places to look.

For more information on dietary guidelines, visit these websites:

- The U.S. Department of Agriculture, www.DietaryGuidelines.gov
- Office of Disease Prevention/Health Promotion, www.health.gov/dietaryguidelines

For more information about healthy eating and being active, visit these websites:

- The Academy of Nutrition and Dietetics, www.eatright.org and www.eatright.org/kids
- The U.S. Department of Agriculture, www.ChooseMyPlate.gov
- The American Academy of Pediatrics, www.aap.org
- The U.S. Department of Health and Human Services, www.health.gov/paguidelines
- The Child and Adult Care Food Program, <https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>

For more information on food safety, visit these websites:

- The U.S. Food and Drug Administration, www.fda.gov/food or call toll free 1-888- 723-3366.
- The U.S. Department of Agriculture Food Safety and Inspection Services, www.fsis.usda.gov
- The U.S. Department of Agriculture, Meat and Poultry Hotline, call toll free 1-888-674-6854.
- “Just Ask Karen”, expert knowledge on handling and storing food safety and preventing food poisoning, available 24 hours a day, 7 days a week, www.AskKaren.gov

For more information on food allergies, visit this website:

The Food Allergy and Anaphylaxis Network, www.foodallergy.org

For nutrition activities visit this website:

Fuel Up to Play 60 for Education Professionals, www.fueluptoplay60.com

For nutritional recipes, visit these websites:

- www.foodnetwork.com
- www.eatright.org/kids

Chapter 3

Your Child Care Program

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Relationships with Families: Key Ideas

Developing and maintaining a strong child care provider-family relationship can be the most important investment for the success of your program. Good communication between you and the families will help you plan the best care for each one of the children and families you serve.

- Always greet each child and parent by their name.
- Talk every day with the parent about their child; share information about the child's activities and accomplishments.
- Invite parents to visit during the child care hours, unannounced, at all times.
- Invite parents to take part in activities or share their interests/talents.
- Discuss any problems privately with the parents during rest time or in the evening, when the child is not present.
- Contact the parent right away whenever the child becomes ill or injured.

How to Enroll New Families

- Your first contact with a new parent is often a phone call.
- Introduce yourself.
- Talk about your program in a relaxed and informative manner.
- Have a set of questions to help lead the discussion.
- If you are caring for children at the time of the initial call, tell the caller you will call back later, because you are now working with children in your care.
- Write down the name, phone number, and the best time to call them back.
- It is a good idea to talk about your ideas, activities and rules with the new parent.

It is best if the family can meet with you in your home for a visit when children are in care. Schedule the visit for a time when you can pay attention to the new parent/family, as well as the children in your care. This will allow the family to see the environment and the other children, how they relate to each other, and to you. This visit is a good time for you to talk with the family about your program.

The Visit

- Learn about the child and the important adults in his or her life.
- Ask for information that will help you personalize care. For example, for infants, find out about the important routines of feeding, diapering, comforting and sleeping.
- Listen to the parent talk about their children and what the parent wants in child care.
- The parent is the best person to learn about the child's **skills, interests and needs**.
- Remember that all children are different.

Building Relationships through Conversation

Your first phone conversation is the beginning of your relationship with a parent. Every word makes an impression.

- Do you sound friendly and professional?
- Are you comfortable answering questions about your child care?
- Can you describe why your child care program is a good place for their child?

Think about the questions you would ask if you were a parent looking for child care services.

- Write down your answers to these questions.
- Keep the answers so you can refer to them, if needed, while talking with a potential parent.
- Practice having conversations about your business with friends or family members.

You might start your conversation like this:

- I am glad you called to find out more about my child care.
- I have a Fairfax County Permit for my family child care business.
- Also, I have taken workshops about caring for children.
- Some of the activities I do with the children are: (name them)
- I participate in the USDA Food Program and am certified in First Aid and CPR.

You might ask about where the parent lives and identify your location.

Where do you live? I am located near (your area or neighborhood and school).

You would want to ask the age of the child.

How old is your child? I have openings for (ages of child you can care for).

You would want to find out what kind of care the family needs.

What hours do you need child care?

I am open (days of the week) from (times).

I can also take care of children part-time.

Keep the conversation open.

What questions can I answer for you?

Be the kind of person you would like to talk to if you were looking for care for your child. Be generous with your time and your patience. Parents will have many questions, and they should! They are looking for someone they can trust and who will work with them to provide the best possible care for their child.

Relationships with Children

Adults really matter in the way children see and feel about life. When asked, most adults' earliest memories are of the people who had significant relationships with them. For young children, life is shaped by relationships. When adults help children believe the world is safe and nurturing by developing a warm and responsive relationship, children learn empathy, flexibility, compassion, confidence, curiosity, and cooperation.

- Hold and cuddle infants. Infants can not be “spoiled”. You need to be sure infants in your care are comfortable, clean, fed and enjoyed.
- Talk or sing to the infant who follows your eyes and responds to you.
- Be positive. Smile.
- Children learn better in a warm, friendly, happy and nurturing environment.
- Some children need more attention than others. Give individual attention to each child and extra attention to a new child.
- Join in pretend play with toddlers and preschoolers.
- Ask open-ended questions rather than ones that require a yes or no answer.
- Remind the children how much you care about them.
- Use and encourage humor and creative problem-solving.
- Design a program that offers children:
 - learning through daily routines and play.
 - opportunities for new experiences and choices.
 - exploration of individual, unique interests.
 - Show respect for personal privacy.
 - Show respect for differences in cultural, ethical, and family background.
 - Encourage ways of getting along together.
- Have fun!

Remember:

- Your attitude, style, skills and expectations have a strong impact on children.
- Each child is different. Children bring their own unique temperament, experience, needs, knowledge, abilities and skills to any situation.
- Good programming means children are involved in learning through play.
- It is important to solve problems as soon as possible. Otherwise, the problem does not go away.

Positive Guidance

The Fairfax County Ordinance states that a provider may not use or allow any other person to use corporal punishment, physical, verbal or emotional punishment, or any humiliating or frightening methods of discipline.

At no time should you as the provider use any form of corporal punishment or engage in any form of injurious treatment to children. This includes, but is not limited to: hitting, shaking, spanking, slapping, jerking, biting, pinching, pulling hair, kicking, shaming for toileting accidents, withholding food or water, applying unpleasant or harmful substances, restricting of movement through binding or tying, forcing a child to assume an uncomfortable position, exercise as a punishment, or any other means of inflicting physical pain. A child may not be enclosed in a small, confined space or any space that cannot be exited freely. These forms of punishment are considered child abuse.

At no time should you as a provider belittle, frighten, shame, or threaten a child as a means of controlling behavior. These forms of punishment are emotionally devastating to children and, as a child care professional, you recognize the importance of using positive guidance techniques that encourage children instead of discouraging them.

Examples of such inappropriate methods and appropriate guidance possibilities include:

Inappropriate:

- “If you don’t come now, I will leave you.”

Appropriate: “It is time to leave. Can you find your coat or do you want me to get it for you?”

Inappropriate:

- “All the other children are being good; what’s wrong with you?”

Appropriate: “It seems you are having a hard time making a choice about your behavior. Come and help me in the block area. We will see what we can build together.”

Inappropriate:

- “Get over it, you shouldn’t be angry.”

Appropriate: “Sometimes, it is hard to know what to do when you feel angry. Let’s find a book and sit together for a few minutes until you feel calmer.”

Inappropriate:

- “If you’re not good, you won’t get to play outside.”

Appropriate: “Everyone is helping put away the toys so we can go outside. Which toy are you going to put away first?”

Inappropriate:

- “If you don’t share, I’ll take your toys away.”

Appropriate: “We only have two red trucks. When you are done using yours please give it to your friend here who is waiting to use it.”

Realistic Expectations

Children are not little adults. They think differently. They have a different level of skill proficiency. They develop socially, emotionally, physically and cognitively at different rates.

You can help children become stronger and more able to succeed by understanding that there are many things they are not yet able to do. At the same time, we can encourage them to do the things that they can do...and we can show our appreciation for all that they can do, all that they are, and all that they will become.

Valuing children just as they are is the best gift a provider can give children.

Positive Guidance Techniques

As the provider, you want to create an environment where every child feels loved, respected, nurtured and successful on a daily basis. While you allow the children to discover, explore and learn through play, you have a responsibility to provide them with support through the use of positive guidance techniques and appropriate limits. Children become more successful and confident as they develop internal control of their own behaviors. They don’t have to constantly rely on adults to remind them about what is appropriate and what is not appropriate.

The goal of positive guidance is to build self-discipline and self-control in children. Your role is to help children understand that they are responsible for their own behavior and that their behavior affects other people.

Positive guidance techniques include:

- **Making sure children understand your expectations**
Providing children with clear messages can prevent misunderstandings and clarify your expectations of a child’s behavior. When you provide clear, precise directions, the child has a clear picture of what he/she is expected to do.
- **Setting limits**
To help prevent inappropriate behavior, you need to set clear, simple limits. Good limits never degrade a child. Good limits have real meaning and reasons behind them and are developmentally valid.
- **Phrasing instructions with positive words**
Phrasing a comment or direction in a positive manner is one way of providing clear communication for children and will help children be more successful.
- **Providing realistic choices**
Giving children choices helps them develop independence, encourages cooperation, and gives them an opportunity to be in control of a portion of their lives. You can

help children learn to make appropriate decisions by offering them realistic choices and accepting their answers.

- **Encouraging children's efforts and recognizing positive behaviors when it happens**

Encouragement is a form of influence and provides a way for you to convey respect for a child. It is a way of saying that you appreciate a child's efforts and that you value the child for what he/she can accomplish at his/her own level – not in comparison or competition with other children.

- **Helping children identify and talk about feelings**

Identifying feelings, expressing themselves and listening to other children are powerful skills. Good problem solving skills give children life skills-the ability to develop interpersonal skills, develop and maintain relationships, negotiate and compromise.

- **Redirecting into appropriate activities or behaviors**

Teachers can use redirection to suggest alternative behaviors for a child engaged in an undesirable behavior. This is an opportunity for teachers to focus on the desired, appropriate behavior. The basic goal is to take a child's attention from a difficult/challenging situation and focus attention on a situation that produces immediate and appropriate satisfaction.

- **Modeling of appropriate behaviors**

Model the behavior(s) you want to see in children. Show children how they can act in situations.

- **Ignoring non-violent, non-threatening behaviors whenever possible**

Ignoring or not giving attention to an anti-social or inappropriate act of a child can be effective in certain situations. A child will often stop inappropriate behavior if no one is paying attention to him/her.

More Positive Guidance Techniques

Use positive guidance techniques that influence children's behavior.

- Monitor children's activities and behaviors at all times; however, disruptive behaviors can happen no matter how closely children are supervised.
- To minimize disruptive behavior, move frequently around the area. Listen to the voices of the children and be aware of their frustration levels so you can offer support before a problem happens.
- Help children express themselves and begin learning how to solve problems.
- No child in your care should be permitted to behave in a manner that may hurt him/herself, another person (child or adult), or damage property. This level of out-of-control is frightening both to the child who is upset and to the other children in your care.

Guide children in a way that helps them develop self-control of their behaviors without damaging self-esteem.

- This will include discussing problem behavior and giving age-appropriate reasons why a certain behavior is not appropriate.
- Give the child alternatives to the inappropriate behavior to help each child know what is expected and how to be successful.

Avoid criticizing or shaming children.

- For example: **You would say** “It is not okay to hit. Hitting hurts. Please use gentle touches.” **Instead of** “You’re a bad boy. Hitting isn’t nice. Why would you want to hit your friend?”

If necessary, a child may be temporarily removed from the other children or activities but will always remain under the supervision of a staff member.

- The use of time-out is not recommended. Time-out is a form of punishment by loss and does not teach children appropriate behavior to replace the inappropriate behavior for a preset period of time.
- Removing a child from a situation to allow the child time to get back in control is an appropriate guidance technique. Once the child is ready, he/she should be given every opportunity to try again with appropriate guidance for success. Time away from the group has no set time and ends when the child is ready to reconnect.
- Children need to be encouraged and respected rather than punished and excluded. Instead of just managing children’s behavior, help children learn to manage their own behaviors while providing opportunities to try again and be successful.

Below are some tips for helping children develop self-control and self-esteem through positive guidance.

What to Do?	Why Do It?
<p>For Infants Respond quickly to crying. Find the reason and do what is needed.</p>	<p>For Infants When adults respond quickly to the infant’s cry of distress, the infant learns to trust and feel secure.</p>
<p>For Toddlers Set limits. Focus on “do’s” instead of “don’ts”. Show the child you understand how he feels, but do not give in to tantrums. Offer real choices. Model the behavior you want to see.</p>	<p>For Toddlers Helps children learn what limits are in relation to behavior, develop a sense of inner control, express preferences and develop self-esteem.</p>
<p>For Preschoolers Encourage children to express their feelings and ideas in words. Provide suggestions for solving problems.</p>	<p>For Preschoolers Children are learning the social skills of problem solving, cooperatively working with others, and making friends. Children need to feel listened to and valued.</p>

What to Do?	Why Do It?
<p>For School-Agers Involve children in deciding rules and guidelines for behavior. Encourage children to try their ideas and learn new skills; help children accept mistakes and try again. Suggest games and activities that encourage cooperation rather than competition.</p>	<p>For School-Agers Helps children feel competent, a sense of belonging and ownership. Models respect for diversity, which in turn, helps children accept themselves and others. Promotes a sense of fun and learning and less emphasis on winning and losing.</p>

Planning Your Program

Schedules and Routines

- Help you manage your space and your time.
- Offer children a day that is fun, predictable with a routine that allows flexibility.
- Help children feel safe because they know what to expect in their day.
- Adjust to the children's unique interests, developmental levels or special needs.
- Include all children regardless of needs.
- Are posted on a parent bulletin board for parents to see.
- Look at the needs of all children, ages and developmental abilities.

Considerations When Planning Daily Activities for Infants and Toddlers

Now that you have your schedule and routine developed, it's time to look at your programming. Every day, providers must provide opportunities for learning for all children in care, including infants and toddlers.

- Young babies need to interact with the provider and other children in the home in order to stimulate their language development. They are watching what is going on around them and what they see pushes them to learn and explore more.
- They need to be able to play with a wide variety of safe, age appropriate toys.
- They need tummy time to build their neck and core muscles so they can pick up their heads and breathe.
- They need to receive individual attention and respond to holding, cuddling, talking, and reading.
- It is important that infants and toddler spend no more than 30 minutes of consecutive time during waking hours confined to a crib, play yard, high chair, bouncy seat, car seat to other confining piece of equipment. It is a baby's and toddler's job to interact with the world around them to make connections and feel your support. That doesn't happen if they are "housed" in confining equipment. The law even limits the time identifying that there must be at least one hour between confinements. Babies and toddlers need activities to develop motor skills such as sucking, reaching, turning, grasping, pulling up, balancing, creeping, crawling and walking.

Establishing a Daily Schedule and Routine

Caring for young children in your home requires planning. Having a schedule or daily routine helps structure the day and gives children a sense of security. When children know that they can depend on certain routines and can predict the order of their day, they feel safe. Your daily schedule should be consistent enough to be predictable, yet flexible enough to meet the individual, changing needs of children.

A good schedule for young children:

- Offers a **balance** between
 - Indoor and outdoor times
 - Quiet and active times
 - Time to play alone and time to play with others
 - Time to choose their own activities and time to join activities you plan for the group
- Pays special attention to **transition times** during the day:
 - Greeting children upon arrival
 - Helping children separate from parents
 - Cleaning up from meals and snacks
 - Getting ready to go outside
 - Getting ready for nap/rest time
 - Arriving and departing school-age or part-time children
 - Preparing to go home
- Meets the **individual needs** of each child
 - Babies are fed, diapered and put down to nap according to their individual schedules.
 - Provider spends one-on-one time each day with every child.
 - Observation is used to determine children's interests, growth, and development; daily activities are planned in response to this observation.

Although your daily schedule can help organize the day, you don't want it to limit your ability to be spontaneous and flexible. For instance, if it is a particularly beautiful day, you may want to spend most of the day outdoors.

Throughout the day, unplanned events often occur that offer "**teachable moments**," or unexpected learning opportunities. For instance, a child notices the "S" in the STOP sign on a walk is the same as the "S" in their name. You respond by encouraging children to identify other letters on your walk. You may read an alphabet book later in the day or encourage children to shape letters out of play dough. By carefully observing children's play and listening to their conversations and questions, you will discover many such teachable moments.

Sample Daily Schedule

Early Morning

6:30 a.m. – 8:30 a.m.

Children arrive. Your own children may be getting ready for school. Some children need breakfast. Following breakfast, infants are changed and put down for nap. (Infants and young toddlers should be allowed to nap on their own schedules, and even older children may need to nap unexpectedly at times.) Older children help with breakfast clean-up and play with table toys, read books, or listen to story tapes until everyone finishes breakfast and cleans up.

Morning

8:30 a.m. – 9:45 a.m.

Toddlers and preschool children select an activity of their choice or join in a planned group activity such as painting, water play, cooking, or puppet making. As babies wake up, they are brought in to join the group activity. Children help clean up after the play time.

9:45 a.m. – 10:15 a.m.

Snack and conversation. Talk about what happened during the morning and what is going to happen later in the day. Clean-up follows.

10:15 a.m. – 11:00 a.m.

Get ready to go outside: use the toilet, hands are washed, diapers are changed, and so on. Outdoor play – neighborhood walks, gardening, free play, water play, etc.

11:00 a.m. – 11:30 a.m.

Free play again, or a special planned activity such as making and using play dough at the kitchen table.

11:30 a.m. – 11:45 a.m.

Clean-up and story time; get ready for lunch

Lunch and Rest

11:45 a.m. – 12:30 p.m.

Family-style lunch and conversation. After lunch, older children help put food away and clean-up. Hands are washed, diapers changed, and teeth brushed.

12:30 p.m. – 2:30 p.m.

Nap or rest time. Preschoolers who do not nap, rest quietly or look at books. It is reasonable to expect children to rest quietly for 30 – 40 minutes before they are allowed to get up and begin a quiet activity. As children wake up, diapers are changed, children use the toilet, and hands are washed.

Afternoon

2:30 p.m. – 3:15 p.m.

Snack. School-age children arrive and help themselves to a snack from a healthy selection. Discussion of choices for afternoon activities. Clean-up follows.

3:15 p.m. – 4:00 p.m.

Active indoor or outdoor play for all children. Music and movement, obstacle courses and nature walks are all good choices. A special project may be planned.

Late Afternoon

4:00 p.m. – 5:00 p.m.

Free play. Children play with table toys, blocks, crayons, or pretend play. Books are read to small groups of children. Sing songs or do finger plays with small groups.

5:00 p.m. – 6:00 p.m.

Children go home at different times. Children are prepared to go home, personal items are gathered, diapers are changed, and information to be shared with parents is prepared. Children are engaged in quiet activities until their parents arrive.

Your Child Care Space

Indoor and outdoor areas should provide developmentally appropriate activities, supplies, and material that are safe and accessible.

Set-up your child care space so children can safely and happily play and explore. You and the children in your care should be able to quickly and easily access materials and equipment. The environment in your home should welcome children of all abilities.

Important Ideas in Creating the Child Care Space

The child care space sends important messages to the children in your care. Your space should say to children:

- “This is my space and I belong here.”
- “I have the power to make choices about what I want to do!”
- “I am smart and I can learn while I play.”
- “I have space to move and to play.”

Getting Started Creating Spaces to Learn and Grow

- Look at the needs of the children and parents you serve. What are the ages of the children in your care? What are the interests and traditions of individual children and their families? Do your materials reflect the cultures of the families you serve?
- Look at your child care environment from a child’s point of view. Are you making changes as children grow and their interests change?
- Take an inventory of your equipment and materials-keep the things children play with again and again. Put away the things they don’t use. You can bring these things out at another time and children may use them with new excitement.
- Eliminate clutter by creating spaces to organize, display and store your play materials.

“This is My Space and I Belong Here”

Does your child care environment make the children in your care and their families feel at home and give them a sense of belonging? A quality child care environment is a relaxed and comfortable place. It helps children feel safe and encourages children and families to connect to one another.

- Display photos of children and their family members, especially in entry spaces. Throughout your space include visual displays that have meaning-children’s own artwork, magazine pictures that reflect the children’s interests and families’ cultures and community.
- Display printed words in the language spoken by the children in your care.
- Give children their own space to hang clothing and store their belongings such as favorite toys from home or artwork to be taken home.
- Offer toys, books, pictures and materials that reflect a diverse world where people have different cultures and skin colors; where there are people of all ages and people with special needs; and where men and women can do the same work.
- Hang mirrors at children’s eye level so that they can see themselves.
- Include songs, background music, music for movement and dancing, and lullabies at naptime that reflect the cultures of the children and caregiver.

“I Have the Power to Make Choices About What I Want To Do”

Choices matter - especially to children. Giving children choices helps children develop a sense of competence and helps them practice making decisions. Choices help children trust their judgment. You can promote choice by setting up an environment that encourages children to select materials by themselves and have input on how their space is arranged.

Try these ideas for encouraging children to make choices:

- Arrange materials on low, open shelves which are easy for children to reach so they can make their own selections.
- Create a well-organized environment with labeled containers (words or pictures) to help children find, play with and put away materials.
- Provide a sufficient amount of supplies so there are always enough choices available for play.
- Make available a variety of materials so choices can be creative.
- Involve children in arranging and making changes in the environment to fit their play.
- Rotate accessible materials so that children will experience change in their choices.
- If you care for children of different ages, store materials in clear containers at the eye level of the children who will use them. For example, large soft foam blocks might be on a shelf next to the floor for infants. Tiny snap blocks would be on a higher shelf, accessible only to school-agers.

“I Am Smart and I Can Learn While I Play”

Successful child care environments encourage lots of learning through exploration. A “smart” environment promotes mental, physical, social and emotional development in young children.

- Have a variety of materials available, especially, those that are “open-ended” and can be used in many different ways. Water color paints, block building, scarves, and play dough are examples of materials that encourage children to use their imagination.
- Put toys that are similar together in the same space; group items together based on the type of activity. For example, blocks, cars, trucks, traffic signs, plastic animals, and people would be stored in the same general area. Put books, puzzles and matching games in a quiet activity area.
- Depending on how you set up your environment, you may want to consider activity areas. Use shelves, see through curtains, tables and other objects to separate an activity area within a larger room. Have the children come up with a name for the area.
- Label containers with pictures and printed words to help children know where things belong. Children are using their minds as they sort and organize materials.

“I Have Space to Move and to Play”

The Fairfax county Home Child Care Ordinance includes that each child must have adequate space to allow for free movement and active play indoors and out. Adequate space is important to a child’s growth and development.

Children need opportunities to stretch, wiggle and move throughout the day. These activities help children build strong muscles and develop coordination It is also an important way children release energy, reduce stress and potential behavioral issues. Your child care environment should encourage energetic indoor and outdoor activities. These activities help children build strong muscles, develop coordination, release energy and relieve stress.

- Except in extreme cases of weather, plan for at least one or two outdoor playtimes every day, even if only for a few minutes. Ask parents to bring an extra set of warm clothing, gloves and hats. Keep an outdoor bag ready by the door with balls, jump ropes and other active toys.
- Organize materials in portable containers and baskets or place them on shelves with wheels. That way, furniture and supplies can be moved quickly and easily to create open spaces for movement such as dancing, obstacle courses, jumping and tumbling.
- Use pieces of furniture for more than one use. A low child-size table can be covered with a plastic, flannel-backed tablecloth for play with art material or for eating meals.
- Involve children in everyday activities that keep them moving, such as easel painting, clean-up, setting the table, pouring juice, and watering plants.

A Little TV or Computer Time Goes a Long Way

If television, videos, and computer games are part of your program, they should be limited to age appropriate programming, and offered for only brief periods of time (one hour per day and one full-length movie per week). Offer additional activity choices during these times.

Look reflectively at your child care setting to see how these factors affect the children and their play. Consider these attributes of space:

Light – The amount of light and color affect the mood. Warm, soft light encourages coziness and quiet. Bright, indirect light encourages active play and creativity. Natural light is best.

Color – use light neutral color paint on walls floors and furnishings. Let the color come from the children’s work and photographs of children at work and family. Bright colors are inescapable and may cause children to feel overstimulated.

Ventilation – We all function best when the air is fresh and there is some air movement.

Temperature – Your home’s temperature should allow an infant to explore comfortably in bare feet.

Sound – Noise stimulates so a little noise is good but too much is hard on children. It can must children fee stressed, unable to focus and may create conflict. Even music in the background should have a purpose or be soft.

Openness – Big open areas encourage running and loud voices. Enclosed areas allow for relaxing. The activity should fit the space.

Storage - Select materials for children’s play and rotate in different material to meet children changing interests or developmental abilities.

Access – Store items where they can be easily reached and use a barrier other another areas to store materials that are off limits to children.

Traffic - (the way that children move throughout the space). Controls flow and movement of activity

Space Considerations

You can use the guide below to help you evaluate your set up.

- Does my space have a homey and relaxing feel?
- Can I see every part of the room?
- Are all hazards out of reach of children?
- Does each activity area has plenty of light?
- Are there soft, absorbing materials to help keep the noise down?
- Is it easy for children to move around to each activity area?
- Are the activity areas separate from each other so play is undisturbed?
- Are the pathways clear and about 3 feet wide?
- Does fresh air circulate throughout the child care areas?
- Is every part of the room at a comfortable temperature?
- Are noisy areas and activities grouped together?
- Are quieter areas and activities grouped in another area?

- Can children get the age appropriate materials out and put them away by themselves?
- Are materials are stored near where they are used?
- Do I have an areas where I can store other materials to rotate into the program in the future?

Developmentally Appropriate Practice

Indoor and outdoor areas should provide developmentally appropriate activities, supplies, and materials that are safe and accessible.

Children learn and develop best when they are guided by a skilled early childhood professional who gets to know every child and family as individuals. Children learn when they have secure, consistent relationships with adults who pay attention to them and support their efforts.

The provider learns about each child's personality, abilities, interest and ways of learning. With this knowledge the provider can begin to plan activities that are both challenging and achievable for each child. Goals and experiences are individually planned to meet each child's learning and development.

Children's development and learning advances when they can select activities from among many choices that challenge them to practice new skills. To do this, the provider must have knowledge of how children learn and develop; always remembering that children's experiences shape their motivation. They develop their knowledge and understanding of the world through their experiences.

The result of this intentional work with children results in developmentally appropriate activities and the supplies and materials that allow for curiosity, exploration, open ended play and opportunities for learning that matters to children. The provider's actions, interactions and programming are critical to supporting children's learning and development.

Block Play

Children are natural builders. Blocks are ideal for learning because they involve the child (both boys and girls) as a whole. The way they move their muscles, the way they discover how different objects feel in their hands, the way they think about spaces and shapes, and the way they develops thoughts and interests of their own.

Blocks come in all shapes and sizes and in a variety of materials including wood, foam and cardboard. Children of all ages and developmental levels may use them to create, solve problems, and challenge themselves.

- Infants and toddlers enjoy simply touching, carrying and gripping larger textured blocks.
- As toddlers, they develop more muscle control and are able to combine blocks, stack them, or line them up.
- Two-year olds may demonstrate their first attempts at building structures and show the beginning of fantasy play.
- Three-year olds learn how to balance and fit pieces together to build sturdy towers and house-like structures.
- Three and four year olds begin to recognize designs and patterns.
- Five-year olds recreate structures they have built before and build things that represent everyday life.

Why add blocks to your child care space?

- Block play encourages children to make friends and cooperate.
- It builds strength in their fingers and hands, and increases their eye-hand coordination.
- It helps children develop their vocabulary as they describe sizes, shapes and positions.
- Blocks offer children the chance to make their own designs and encourages pretend play.

Things to consider:

- Keep the block play area away from major traffic patterns, so structures are not accidentally knocked down by a child walking by.
- Make the block area large so children can spread out and build up.
- Use a low nap rug on the floor. It is more comfortable to play on a rug than a floor. The rug absorbs some of the noise and defines the block play area.
- Talk to children while they play. Avoid directing their play and instead ask open-ended questions about their choices.
- Include books in the play area about buildings and transportation.
- Encourage literacy by including paper, crayons and pencils for drawing, sketching, or sign making.

Materials that Support Block Play

Wooden blocks

Foam and cardboard blocks

Little cars and larger trucks

Take apart cars

Rubber animals

Traffic signs

Homemade blocks

Plastic people

Cardboard tubes

Trains, planes and boats

Duplos and Legos, depending on the ages of children in care

Books about things that move-cars

trucks, planes, construction vehicles, buses, helicopters

Credits-NAEYC article, 1997, "Block Play: Building a Child's Mind"

Science

Science is learning about ourselves and the world around us.

- We see children explore science in their play; collecting rocks, growing plants, planting gardens, watching animals, looking for worms, identifying bugs, and discovering what is uncovered in the dirt.
- Children experience science with all their senses-what they see, smell, feel, hear, and taste. That's why science and young children are made for each other.
- Children are born ready to explore, discover and learn. They do this best when their minds and bodies are working together.
- As caregivers, we can support this natural curiosity by allowing them many opportunities to explore, experiment, make predictions, and find the answers to their questions.
- One part of science is nature which has a therapeutic quality-it is calming and supports the development of caring and pro-social behavior.

First step - build on the things that interest your children. That is how science starts naturally.

- Children are naturally curious and will want to do things they really like. Some children know a lot about insects. They know the ant has three parts to its body, that ants travel in a straight line because they follow a scent trail, or that ants do not like ants from other colonies.
- An adult helped them learn that. It may have been when the adult asked questions, "What is it carrying?" or "Can you use the magnifying glass to see its jaws, its antennae?" It may have been when the adult used new vocabulary in her conversations with the children. It may have been by providing picture books and non-fiction science books, so children could expand their knowledge of ants.

Second step - lead but don't direct.

- As an adult, you may be tempted to give all the answers to children's questions. Science is solving problems and looking for answers.
- Your role is to encourage young children to explore the How, What, When, Where, and Why without directing how they answer questions. "I don't know. Let's find out together," is a good answer!
- Scientists observe, predict, test, and experiment to get solutions-so will children! It's okay to figure out the answer, even when the answers are not correct. Children's curiosity is a powerful force.

Third step - teach them skills and give them tools.

- Science requires careful observation. You can help children develop this skill by asking open-ended questions like "Why do you think....?", "What do you think will happen if....?", "How can we find out about....?" or "How is this different from....or the same as....?".
- When introducing a new tool to children, like a magnifying glass, make sure to teach children how to use it properly. Children want to explore real things with real tools.

Take a look at the following tools, materials and supplies that support science and think about how children can use them:

magnifying glass	tape measure or ruler	scale for weighing	Flash lights
magnets	compass	tweezers	washers
safety goggles	plastic containers	sieves and funnels	insect nets
eye droppers	binoculars	paper and pencils	insect cages
coffee filters	aluminum foil	cardboard tubes	string
clamps and clips	springs	locks and keys	pulleys and wheels
tape			

Fourth step - give them time to explore.

- Children need to spend time engaged in exploration. Children begin to notice things and begin to form ideas about what they think, about how things move, and about what is alive and what is not.
- Schedules need to allow and encourage children to select opportunities to follow their own interests.

How do you start?

Look for teachable moments. For instance, when you and the children are in your yard or walking to the park, you notice a bird that keeps flying into a bush with straw and twigs. You make a statement about what you see and ask the children to say what they saw. “What kind of bird is it?” or “What do you think that bird is doing with that straw?” Talk about respect for other living things, why you stay away from the nest during nesting season, and observe the nest after the fledglings fly away. Take pictures of the nest, and read books about birds. School-agers can try and make an animal that flies with wings like birds do. Maybe you and the children try and build your own nest with straw and twigs.

By listening to children’s conversations, noting their questions and what they are curious about, a science curriculum naturally emerges. Be an active adult learner! Look for many science training opportunities offered in the Institute for Early Learning catalog.

There are also many wonderful children’s books that can help children learn about science. Some of the following titles can be found at your local library.

Wonderful Worms, Linda Glaser
What Do You Do With A Tail Like This?, Steve Jenkins and Robin Page
Hidden World Underground, Scholastic
Miss Emma’s Wild Garden, Ana Grossnickle Hines
Owl Babies, Martin Waddell
Who’s Hiding Here, Yoshi
Bugs! Bugs! Bugs!, Bob Barner
The Icky Counting Book, Jerry Pallotta
Nuts to You, Lois Ehlert
Sunflower House, Eve Bunting

Math in Everyday Life

Math is everywhere. As children go through their day, they have many experiences which support the formation and understanding of basic math concepts such as counting, one-to-one correspondence, matching, sorting, spatial relationships, measurement, and time.

- When children help set the table for lunch, they learn that there needs to be one plate and one cup for each person. They put one piece of cheese on each cracker. This is called **one to one correspondence**.
- When they find their shoes in a pile of shoes, they have **sorted and matched**.
- When the day follows a consistent routine, the child comes to understand that after snack time my mom comes, he is developing a **sense of time and sequence**.
- When a child looks across the table and says, “He has more milk than I do!” he is **estimating and comparing** amounts.

Learning about math is a natural process. There is no need for formal lessons. Through play, natural conversations, experimentation, and exploration, children begin to build mathematical understanding. Providers can support this learning by making the most of spontaneous opportunities that come up throughout the day.

Following are just a few ways to explore math everyday:

- Count the number of stairs as you walk down to the basement.
- Ask each child to take 5 crackers from the snack basket.
- Use a calendar and talk about how many days until the field trip.
- Put different size containers in a sand box or water play area to encourage experimentation with volume through fill and dump play.
- Let children help match socks from the laundry.
- Cook with children. Use measurement words like 1 cup, 8 ounces, 240 ml, 1/2 teaspoon, 2.5 cc, etc.
- Use comparison words with children, “Go get the *smallest* ball in the basket.”
- Have conversations about sequence, “What happened first in the story? What happened next? How did the story end?”

The materials you have for children to use can also help support children’s development of math concepts. A selection of toys/materials from the following list will give children many ways to explore math concepts while they play.

- Puzzles
- Beads for stringing
- Assortment of buttons for sorting
- (for older preschoolers)
- Timers
- Balance scales
- Board games
- Measuring cup and measuring spoon sets
- Rulers, measuring tapes, growth charts
- Cash registers/play money
- Pegboards
- Balls of different sizes
- Water
- Sand
- Nesting toys
- Unit blocks

There are also many wonderful children's books that can help children learn about math. Some of the following titles can be found at your local library.

Inch by Inch, Leo Leoni
The Doorbell Rang, Pat Hutchins
Fish Eyes, Lois Ehlert
Ten, Nine, Eight, Molly Bang
Eating Fractions, Bruce McMillan
The Button Box, Margarete S. Reid
1, 2, 3, to the Zoo, Eric Carle
10 Black Dots, Donald Crews

Music and Movement

Music and movement are important parts of any child care program. This includes listening to music on tapes and CDs, singing songs and chants, dancing and moving to rhythms, and making music with instruments (homemade and store bought).

Music can do many things. It can create a soothing, peaceful environment during rest time. Lively music invites children to move, release stress and energy. It can be a lifesaver on rainy days when it's impossible to go outside. Music from children's cultures creates a nice connection to family and home. Music that children create themselves encourages creativity, coordination, the expression of feelings, and cooperation with others.

Consider some of the following ways to make music and movement a part of every day for children.

Listening to music

- Introduce children to many different types of music and instruments – music for children, classical music, jazz, instrumentals, songs with words, and music from different cultures.
- Play soft, soothing music during rest time to help children relax.
- Avoid playing music as background noise when children are engaged in other activities. This can interfere with children's concentration. Music should be played only when it is a part of the child's activity.

Singing songs and chants

- Songs and chants are used throughout the day at both planned and informal times. For instance, when children are washing their hands before lunch, you and the children can chant:

“This is the way we wash our hands, wash our hands, wash our hands.
This is the way we wash our hands right before our lunch.”

- Repeat favorite songs regularly so that children can learn the words and sing along to the best of their ability.
- Children should be encouraged, but never forced to participate in singing.
- Popular recording artists include:
 - Hap Palmer www.happalmer.com
 - Laurie Berkner www.laurieberkner.com
 - Wiggles www.wiggles.com
 - Raffi www.raffinews.com
 - Rebecca Frezza www.bigtruckmusic.com
 - Greg and Steve www.gregandsteve.com

Dancing and moving to music

- Put on some lively music and watch what happens. Children naturally move to music. Even the youngest babies will bounce up and down in your arms to a lively beat.
- Provide open space for big movements or take the music outdoors.
- Use scarves or streamers for children to use as they move to music.

Making music

- Make music with homemade instruments – beans or rice inside plastic containers make great rattles; a large coffee can with lid, an oatmeal container, or a pan with a wooden spoon makes a great drum. Wooden blocks can be banged together and sticks can be tapped. Look around your house to find other ways to make music with everyday items.
- Begin a collection of store bought musical instruments. Start with a triangle, a tambourine, wrist bells, and rhythm sticks. Add to your collection as time goes by.

What do children gain?

Children enjoy listening to music, singing songs, making music, and moving to rhythms. Making music and moving to music allows for self-expression and creativity. By listening to music and singing, children learn to identify sounds and play with language as they make up silly songs. They create their own sounds with their voices and instruments as well. It's a wonderful way to add joy and freedom of expression to every day.

Materials that support music and movement

Rattles and bells	Kazoos
A spoon and an empty pan	Harmonicas
Scarves and ribbons	Hula hoops
Blocks to clap together	Tapes and tape recorders
An upside down bucket	Bells
Radio with CD player and CDs	
A coffee can with lid and objects inside to make sounds	

Creative Art Experiences

The creative art experiences that you provide for children in your program can be some of the most enjoyable and valuable times of the day. Open-ended art such as drawing with crayons on blank paper, painting at an easel, or cutting out and gluing magazine pictures into a collage are very worthwhile for children.

Art experiences support children's development in the following ways:

- Develop creative thinking
- Provide a means of communication and self-expression
- Serve as an emotional release
- Strengthen the self-concept and confidence
- Increase self-understanding
- Provide problem-solving and decision-making opportunities
- Develop small muscle (fine motor) control needed for writing
- Help the adult understand the child better
- Generate joy

Art materials should be available for children on a regular basis. Begin with some basic supplies such as:

- Blank paper, white is best (The younger your children are, the bigger the paper needs to be.)
- Chunky crayons (thin crayons are easily broken by toddlers and young children)
- Markers
- Child size scissors
- Glue or paste

Consider adding the following as your space and budget allow:

- Hole puncher
- Fancy edged scissors
- Stapler
- Tape
- Colored construction paper
- Beads, buttons, and other materials for collage
- Colored pencils
- Clay or play dough
- Rubber stamps and stamp pads
- Old magazines for cutting
- Recycled materials such as paper towel tubes, toilet paper rolls, plastic lids, scrap pieces of wood, fabric scraps, etc. for collage and three-dimensional creations
- Gadgets to paint with such as plastic curlers, combs, sponges, and feathers
- Oil pastels
- Glitter
- Pipe cleaners and yarn
- Cardboard pieces
- An easel
- Tempera paint and brushes

Some suggestions:

- Place children's names on their work
- Display artwork at children's eye level.
- When children take home their creations for their families to enjoy, carefully roll up the pictures and use a ribbon or similar material to keep in a roll. This careful packaging helps families learn about the importance of their children's artistic expression and play.

Remember there is a big difference between creative art experiences and coloring in a coloring book or following a pattern to create a craft project. Coloring books, patterns and craft projects do not support creative thinking, problem solving, or self-expression, and may, in fact, create a lot of frustration in some children. The best art experiences are those that are freely created by the children.

We also support children's creativity when we describe their art work rather than make comments that evaluate their art. Make comments that describe what you see in their creations or describe how the art makes you feel. For instance, "I really like the shade of blue that you used for the sky." Or "All of the bright colors that you used make me feel happy." These responses are more helpful to children than "What a beautiful picture!" Invite children to tell you stories about their creations. "Tell me about your painting," is better than "What is that?"

Art is far more than just putting marks on paper. Give children the opportunity to express themselves through art and their creativity will increase greatly. In addition, they express their feelings, use descriptive language, solve problems, develop coordination, and so much more. Make art a part of your program every day.

Please Note: Young children can choke on small items when placed in the mouth. For example, play dough, buttons, pebbles, seeds, and beans can present a choking hazard for young children who put things in their mouths. Consider the ages of the children when planning activities and arranging materials on shelves. Small objects should be out of the reach of infants and toddlers but still within reach of older children. Be careful to supervise at all times when children are using small items.

Early Literacy and Young Children

The development of language skills begins at birth. So does learning to read and write. Children's early play experiences with printed material of all kinds, including pictures, books and labels on toy containers build early literacy skills.

To support children's early skills in listening, speaking, vocabulary, reading and writing:

- Read aloud to infants and young children every day.
- Plan a snuggle-up, cozy area to read together. Locate books so that children can reach them. Include books written in the children's home language.
- Talk to children about books. Talk about the author, illustrator, and pictures. Predict what may happen next in the story. Make up a different ending to the story.
- As you go through daily routines, talk and sing with the babies and children. Include lullabies, nursery rhymes, finger plays, and action songs. Name things. Describe the world around them.
- Encourage children to make up stories or songs. Write them down. Read the stories aloud.
- Ask older children to read to younger children.
- Meet children's individual needs. Visit libraries and book stores and help children select books they like.
- Tell family stories, favorite folk tales and sing favorite songs.
- Model reading and writing so children can see your enjoyment.
- Invite preschool children to help with grocery lists, write notes to family and friends, and follow recipes. Children can draw pictures or cut magazine pictures to help label items.
- Connect children's real life experiences with environmental print play props such as coupons from the grocery store, empty food packages, and newspaper ads.
- Borrow tapes and CDs of children's music from your local library for singing, dancing, exercising or resting.
- Place writing tools and paper so that children can easily reach them. Scribbling on paper with crayons or markers helps develop the small hand and finger muscles needed for writing.
- Encourage children to spell words on their own.
- If you need assistance, talk to your Child Care Specialist. She will help you find literacy programs in your community. Visit your local library.

Materials That Support Early Literacy

Infants and Toddlers enjoy-

- Blocks that are durable
- Simple pictures of familiar objects and people
- Short stories about daily activities
- Large jumbo crayons and blank paper

Preschoolers enjoy-

- A variety of stories that are pretend and/or real information books
- A collection of drawing and writing supplies: markers, crayons, paint, different kinds of paper, paste, and child-safe scissors
- Dress-up clothes, dolls, puppets, play telephones, housekeeping props and a print-rich environment that reflects the children's home languages, cultures, families, and community
- Real experiences with nature and animals
- A magnifying glass to examine shells, rocks and plants

School-age children enjoy-

- Books with a variety of reading levels and topics
- Factual information
- Adventure or mystery stories, and magazines
- Humorous books, limericks, jokes and riddles
- Poetry and "How To" books
- Art and writing materials; different kinds of paper that can be used to express creativity
- Tapes and CDs

Outdoor Play

The Fairfax county Home Child Care Ordinance states that each child must have adequate space to allow for free movement and active play indoors and out. Adequate space is important to a child's growth and development.

Children need opportunities to stretch, wiggle and move throughout the day. These activities help children build strong muscles and develop coordination. It is also an important way children release energy, reduce stress and potential behavioral issues. Your child care environment should encourage energetic indoor and outdoor activities. These activities help children build strong muscles, develop coordination, release energy and relieve stress.

Outdoor Considerations

Plan at least one or two outdoor playtimes each day. Remember:

- As long as children are dressed properly, there is no reason to keep children indoors on hot and humid or cold and windy days. On these days, you may want to shorten periods outdoors.
- Children playing in the outdoor play area need to be visible at all times.
- Check the playground for trash, broken glass, loose objects, or holes.
- Check for smooth play equipment surfaces that are splinter-free.
- Make certain swings, slides and climbing equipment are securely anchored and have cushioning material under the areas.
- If you have a sandbox, be sure it is covered when not in use.
- Leave no water standing in buckets, wheelbarrows, or tubs.
- Provide helmets for children who ride 2-wheeled bicycles, skateboards or roller skates.
- Almost any activity you do with children indoors, you can do outdoors.

Materials that Support Outdoor Play

balls of different sizes	bubbles and bubble wands
bean bags	chalk
cones	brushes
jump ropes	buckets
hula hoops	digging tools
old sheets and tarps	sand pit
cardboard boxes	tires

Some suggestions:

- Invite children to dance to recorded music
- Play rhythm instruments (may be home-made or purchased)
- Sing
- Play clapping games or finger plays
- Act out stories or ideas
- Exercise to music

Even on a cold or wet day, take children outdoors for a short amount of time. More music and movement can be added into the daily schedule when weather prevents safe access to the outdoors. Consider pushing furniture out of the way to make more space.

Activities for Fun and Learning

Children are eager learners. Observe and listen to their play. Respond to children's speech by repeating their words or responding in ways that extend thinking. Model enthusiasm for children's natural curiosity. Ask questions, compare sizes of objects, sing and tell stories.

Children may occasionally need adult guidance, but it is always best to let them play and discover on their own. It is your job to offer children a wide variety of activities and experiences based on their ages and abilities. For example:

Infants can:

- Grasp, hold, and pick up soft toys, rattles, and board books.
- Feel, taste, and chew everything they touch.
- Roll over, sit up, creep, crawl, climb, pull, stand and walk. Provide lots of time for children to move freely on the floor.

Toddlers (in addition to infant activities) can:

- Pile blocks
- Draw with jumbo crayons
- Pour
- Put puzzles or toys together
- Use eating utensils
- Turn pages of book
- Play with water or sand
- Climb
- Hop
- Throw and ball
- Jump
- Push and pull
- Ride Toys
- Dance

Preschoolers (in addition to toddler activities) can:

- Draw and write
- Cut
- String beads
- Pick up objects with tongs
- Build with pieces that snap together
- Button
- Zip
- Lace
- Throw a ball
- Ride a tricycle
- Jump
- Gallop
- Balance
- Dance with props
- Do puzzles

Please Note: Young children can choke on small items when placed in the mouth. For example, beads, buttons, and small pieces that snap together, can present a choking hazard for young children who put things in their mouths. Consider the ages of the children when planning activities and arranging materials on shelves. Small objects should be out of the reach of infants and toddlers but still within reach of older children. Be careful to supervise at all times when children are using small items.

School-age children enjoy:

- Long-term projects using real equipment and materials they can use themselves
- Hobbies, collecting related items

- Active cooperative group games
- Balls
- Jump rope activities, jingles, and rhymes
- Music for movement and exercise

Nutrition Activities:

Learning about different foods and their importance to health can be fun for children.

Nutrition activities can:

- Be lively and diverse.
- Take place in a variety of settings.
- Be combined with many other activities.

Outdoor Nutrition Activities:

Plan a trip with children to the-

- Grocery store --- take them to the produce aisle to learn more about unfamiliar fruits and vegetables. Discuss the nutritional importance, like carrots are good for the eyes, oranges help cure the common cold, etc.
- Farm --- to see where food comes from, to watch cows being milked, or fruits being harvested. Discuss importance of milk for growing healthy bones.
- Orchard --- to pick berries or apples.
- Bakery --- to learn how bread is made. Think about allowing the children to bake their own bread loaves once you get back home.

Plant a small vegetable and/or herb garden. Show the children how simple herbs can make cooked vegetables taste even better

Indoor Nutrition Activities:

- Teach children the colors by using fruits and vegetables --- oranges, carrots, red apples, bananas broccoli, etc.
- Teach children how to count --- small pieces of fruit, slices of orange, cooked macaroni, etc.
- Help children learn about taste (sweet or tart) and texture (chewy or crunchy) by having a colorful tasting party.
- Plan a guessing game --- place different fruits or vegetables in paper bags and have them identify the food by name by feeling it. Reinforce its nutritional importance.
- Match pictures of foods and foods products --- milk matches with cheese and yogurt, corn matches with cornbread and cereal, apple matches with apple sauce and apple pie.

Have children identify different foods from each food group --- pancakes and pasta are in the bread group, chicken and fish are in the meat group, beans and nuts are in the meat alternate group.

- Have a tasting party with new and familiar foods like mango or hummus with pita bread.
- Help children learn about different cultures, share with them foods that people from different countries eat --- locate Central America. Talk about and taste pineapples and peanuts from Africa, and rice from Japan.
- Include special foods during holiday and ethnic celebrations.

Ideas for Sharing Food Experiences with Children's Parents

- Encourage the children to talk about the foods they eat or draw, paint a picture, or write about the experience.
- Take photographs.
- Make extra food for parents to taste.
- Send the recipe home.

Involving Children in Food Preparation

Children are natural helpers, especially in the kitchen. Many children love to cook or prepare foods.

Young children can do all this and much more:

- Shuck corn, wash vegetables, snap beans, tear lettuce, and peel bananas.
- Cut shapes with cookie cutters.
- Knead and shape dough.
- Mix ingredients.
- Pour liquids (with your help).
- Put spreads on crackers or breads.

School age children can do all this and much more:

- Measure and mix ingredients.
- Make sandwiches.
- Use egg beaters or hand mixers with close supervision.
- Crack eggs, toss salad, grate cheese and peel fruits and vegetables.
- Layer or mix the ingredients in a casserole.

All children can help set the table, clear their own place settings, and place things in the trash.

Involving Children in Cooking Projects

Choose a recipe that matches the children's interests and capabilities. Have enough food and other supplies to make sure each child gets a chance to participate.

Supervise, support, and encourage. Think safety. Some cooking ideas are listed on the next page:

- Let the children squeeze juice from oranges. Have them roll the orange, then cut in half and finally squeeze out the juice by using a plastic juicer.
- Let the children create banana pops. Let the child peel a banana, insert a popsicle stick then roll the banana in granola cereal. Place it in a styrofoam holder and freeze it for a few hours.
- Let the children make a fruit salad.
- Let the children make “fruit parfaits”. Use fresh or canned fruits layered with low fat yogurt.
- Let the children make a dip using yogurt or pureed fruit.
- Let the children make their own fruit shakes using frozen fruit and low-fat milk.
- Let the children make a small pizza using an English muffin, tomato sauce, cheese and vegetable toppings.

More Activities with Foods

Set up a “grocery store” in the play area. Fill the store with a variety of products – real or plastic products, empty cartons and cereal boxes. Include nutritious foods from different food groups. Gather items with pictures and printed words that reflect what children see in their own homes and community grocery stores.

Books and Stories

There are also many wonderful children’s books that can help children to learn about nutrition. Use books and stories to help show children different kinds of foods from different cultures, how food can be prepared, and how foods can be combined to make delicious meals. The classic story of Stone Soup is a great way to show children how foods can be combined to make delicious meals.

Some other books are:

Eating the Alphabet, Lois Ehlert

Feast for 10, Cathryn Falwell

Everybody Cooks Rice, Nora Dooley

Gregory, the Terrible Eater, Michael Sharmat

Recipes for Play

Children need opportunities to work with materials such as flour and salt dough (called play dough) and other art materials to explore and create. The following simple art and craft recipes will provide the creative, hands-on, sensory experiences that are important for children's play.

Painting

Non-toxic tempera painting, for example, provides experiences to explore and express feelings through colors, textures, and designs. Offer children paint in many colors. Try applying the paint to plain large pieces of paper using:

- different size brushes
- cookie cutters
- eye droppers
- string (held by clothespins)
- toy cars
- spools and wooden pieces
- squeeze bottles
- sponges
- shells

Finger Paint

1 cup cornstarch
2 envelopes unflavored gelatin
2 cups cold water
1 cup soap flakes (Ivory is best)

Dissolve the cornstarch in 1 ½ cups of cold water. Soak the gelatin in remaining cold water and add to the cornstarch. Cook over medium heat until thick and glossy, stirring occasionally. Blend in soap flakes and stir well. Add powdered paint or food coloring and store in jars or containers with lids.

Puffy Paint

1 cup flour
1 cup salt
1 cup water
liquid tempera paint

Mix ingredients. Pour mixture into plastic squeeze bottles. Squeeze mixture onto a styrofoam plate. Mixture will harden into puffy shape.

Play Dough Recipes

Homemade play dough is a modeling play material similar to potter's clay to sculpt with hands. Store the play dough in a plastic container with a tight lid in the refrigerator. For scented play dough, add a few drops of vanilla or other desired flavoring.

Play Dough

1 cup flour

1 cup water

½ cup salt

1 Tbsp. cooking oil

2 tsp. cream of tartar

Food Coloring

Mix dry ingredients in a small saucepan. Add liquids. Cook over medium-high heat 3-5 minutes, stirring constantly, until dough begins to look glossy when lifted from pan. Remove from heat and knead for a few minutes until smooth. It is better to undercook than overcook.

Cooked Soda Dough

1 pound baking soda

1 pound cornstarch

2 to 3 ¼ cups water

Mix and cook over medium heat until too thick to stir. Knead the mixture as it cools. Keep in an airtight container. Water can be added to soften the dough when needed.

Play Dough That Hardens

2 cups cornstarch

1 cup baking soda

1 cup water

Food coloring

Mix all ingredients and cook, stirring constantly, until they form a ball. Knead the dough as it cools. Use to make craft products. Paint may be applied when dry.

Cornstarch Paste

1 tsp. flour

¼ tsp. powdered alum (found in spice or baking goods area of grocery stores)

2 tsp. cornstarch

3 oz. water

Mix dry ingredients. Add water slowly, stirring out lumps. Cook over a low heat preferably in a double boiler, stirring constantly. Remove when paste thickens. It will thicken more as it cools. Keep in a covered jar. Thin with water if necessary.

Flour Paste

1 cup boiling water
2 cups flour
1 tbsp. powdered alum (found in spice or baking goods area of the grocery stores)
2 cups cold water
1 heaping tsp. Oil of Cloves

Add powdered alum to 1 cup boiling water. Mix flour and cold water until smooth. Pour mixture gradually into boiling alum water. Cook until it has a bluish cast, stirring constantly. Remove from heat, add Oil of Cloves and stir. Keep in an air-tight jar. Thin by adding water.

Exploring Textures

Children can experiment with shapes, textures, and forms with the following materials.

Corn Starch Magic

1 cup cornstarch
 $\frac{1}{3}$ to $\frac{1}{2}$ cup water

Slowly add water to cornstarch and mix together.

Magic Goop

Heat:
2 cups salt
 $\frac{2}{3}$ cup water

In a separate bowl mix:

1 cup cornstarch
 $\frac{1}{2}$ cup cold water

Combine salt water with starch water and mix thoroughly.

Glurch (Similar to Silly Putty in texture)

Gradually pour starch into glue:
 $\frac{2}{3}$ part liquid starch (Stay Flo starch is best.) into $\frac{1}{3}$ part Elmer's Glue.
For thicker Glurch, add more starch.

Bubbly Fun

Soap Bubbles

$\frac{1}{2}$ cup Joy or Dawn detergent
4 cups water
2 Tbsp. glycerin (found in hardware stores)

Mix together gently. Add liquid food coloring. Let stand for about 4 hours at room temperature. Use with bubble soap wands, wire hoops, strawberry baskets, etc. to blow bubbles.

Chalk

Dollar Stores (or similarly named stores) carries children's chalk. Large pieces of bright-colored, **non-toxic** chalk may be used inside or outside on sidewalks or other similar surfaces.

Invite children to experiment with dry and wet chalk drawing by dampening paper with a wet sponge.

Materials for Exploration and Mastery

- Sand or water held in plastic containers or plastic-lidded storage boxes. (Include a variety of shapes and sizes for pouring, measuring, and exploration. Remember not to leave children alone with containers filled with water.)
- Blocks, vehicles, table toys, and puzzles
- Plants to grow indoors and outdoors
- Home-made musical instruments

Textured Materials for Creative Activities

- Gather materials of different textures, patterns and colors.
- Collage materials can be gathered in the family child care home, on a nature walk around the block, in children's homes or purchased at community garage sales.

Offer children opportunities to make choices and experiment with design and patterns.

Invite children to:

- press materials into clay or play dough to make a pattern
- make rubbings of different textures
- sort into small zip lock bags
- use props for storytelling

Things Found on Nature Walks:

dried leaves	grasses	wood
moss	pine cones	pebbles
berries	pine needles	feathers
seed pods	small shells	flowers

Textured Materials:

leather	felt	burlap or sacking
corrugated paper	crepe paper	sand paper
velvet	paper toweling	scraps of wood

Shapes:

buttons
sponges

drinking straws
styrofoam

wooden applicators
beads

Scattering Material:

sand
twigs

sawdust
shavings

tiny pebbles
salt

Sparkling/Shiny:

glitter
metallic paper

sequins, large and small
colored cellophane

Patterned Material:

catalogues
magazines

wall paper samples
printed fabrics

Please Note: Young children can choke on small items when placed in the mouth. For example, small sea shells, buttons, pebbles, and coins can present a choking hazard for young children who put things in their mouths. Consider the ages of the children when planning activities and arranging materials on shelves. Small objects should be out of the reach of infants and toddlers but still within reach of older children. Be careful to supervise at all times when children are using small items.

Resources

Science

- Gryphon House at <http://www.gryphonhouse.com/>
This is a collection of favorite games, projects and activities from every book published by Gryphon House.
- National Geographic at www.nationalgeographic.com/kids/
This website offers a wide variety of choices including kids news, games, a downloadable Kids magazine and Family Newsletter.
- National Wildlife Federation at www.nwf.org/Educational-Resources/Educator-Tools
The home of Wild Animal Babies, Ranger Rick and Your Big Backyard magazine series. This website offers activities and information for children, 12 months to teens.
- Kid Site at www.kidsites.com/sites-edu/science.htm
This website offers a number of other websites that offer information about science for children.

Math

- NAEYC at <https://oldweb.naeyc.org/about/positions/psmath.asp>
This website describes the importance of early math experiences and its connection to school success.
- Early Childhood article, “What is Mathematics?” at www2.ed.gov/pubs/EarlyMath/whatis.html
This article offers practical ideas for including math in everyday activities.

Music, Art and Block Play

- Kaplan, www.kaplanco.com
- Discount School Supply, www.discountschoolsupply.com
- Childcraft, www.childcraft.com

Active Play

- Head Start Body Start, www.headstartbodystart.org

Early Literacy

- Redleaf Press, www.redleafpress.org
- The Book Vine, www.bookvine.com
- WETA’s Reading Rockets, www.readingrockets.org

Chapter 4

The Business of Family Child Care

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Good Business Practices

To have a successful program, you will need to be organized:

- Establish clear written policies, including a parent/provider agreement about your child care program. (See “The Child Care Agreement” in this chapter).
- Keep accurate records of money earned and all expenses including receipts.
- Keep records of attendance.
- Set clear rules with regards to holidays, vacations and sick days.

Setting Fees

There are many things to consider before deciding your fee. Rates are determined by:

- Number of hours the children are in care: full/part time, before and/or after school, regular or occasional care.
- Ages of the children (infants, toddlers, preschool, school-aged).
- Cost of daily supplies (diapering supplies, food, special field trips, art supplies, etc.).
- Quality and quantity of space (attractive, clean, and inviting areas for quiet and active play) available for child care indoors and outdoors.
- Group size. Sometimes parents will pay more if you have fewer children.
- Your training, experience and education in child development/early education, certificate programs, credentials, accreditations, and degrees. (You can learn about Professional Development in Chapter 5.)
- Your child care activity program.
- Go to Child Care Central, www.fairfaxcounty.gov/office-for-children/ccar/learn-more
- to see a typical range of child care fees in Fairfax County.

Understanding Family Child Care Regulations

Family child care is a business. State, county and local governments regulate family child care in Fairfax County and in the City of Falls Church, the City of Fairfax, the Town of Herndon and the Town of Vienna. Here is a brief review of the legal requirements for family child care providers.

STEP ONE - Decide whether you need a permit or a license.

Fairfax County Home Child Care Permit (4 or Fewer Children)

To provide child care for 1-4 children other than your own, you must apply for a County permit. Family child care providers in Fairfax County must have a Home Child Care Permit to operate a child care business in their homes. You may have only one, a permit or a license, but not both at the same time.

Important! Before you apply for a permit or license, you should determine if your apartment complex or home owner's association (HOA) allows you to operate a child care business in your home.

- Please note that the county family child care permit does not override any applicable bylaws and requirements of your residential complex or homeowner's association.
- It is your responsibility to be in compliance with apartment and home owner's association bylaws and HOA regulations regarding a home business.
- The permit must be renewed each year and requires home health, safety, and fire inspections annually.

For more information call the Fairfax County Division of Early Childhood Education at 703-324-8100. For more information on regulations in the City of Fairfax, call 703-385-7820; for the City of Falls Church, call 703-248-5005.

State of Virginia Family Day Care Home License (5 or More Children)

- To provide child care for 5 or more children, you must apply for a state license. Providers in Fairfax County who care for 6-10 children must have a Virginia State Family Day Care Home License.
- State licensed providers may need a Special Use Permit from the Fairfax County Zoning Administration. This will depend on the number of children and type of facility used for childcare. See Zoning section for more information.

For more information about the state license and assistance in obtaining the license, call the Virginia State Department of Social Services, Division of Licensing at 703-934-1505 or go to www.dss.virginia.gov.

For more information, call the Fairfax County Department of Planning and Zoning at 703-324-1290.

If you live in another jurisdiction – the City of Falls Church, the City of Fairfax, the town of Herndon or the Town of Vienna – go to Step Three to contact Zoning for your areas.

STEP TWO – You must comply with all Zoning Requirements

Zoning Requirements

Whether you are a state licensed or county permitted provider, a home child care facility is subject to the Fairfax County Zoning Ordinance.

County Permit- A Fairfax County Child Care Permit is required to authorize care for a maximum of four (4) non-resident children based on age and ratio.

- The maximum number of children allowed at any one time is four (4) when the county permitted home child care facility is located in a house, townhouse, apartment, or mobile home.
- Other requirements include: the operator of the home child care facility must live in the dwelling; there shall be no signs or other exterior evidence of the child care other than play area; and the child care is subject to the regulations of Chapter 30 of the Fairfax County Code or Title 63.2, Chapter 17 of the Code of Virginia, whichever is applicable.

State License- Home child care facilities with five (5) or more children are regulated by Title 63.2, Chapter 17 of the Code of Virginia and require a license from the State of Virginia.

- Under the Zoning Ordinance, is seven (7) when the home child care facility is located in a single family detached dwelling, and five (5) when the home child care facility is located in a townhouse, apartment, or mobile home, without obtaining additional zoning approval. In addition, if you are state licensed only one non-resident assistant is permitted without obtaining additional zoning approval.
- Additional children up to a maximum of twelve (12) and/or additional non-resident assistants *may* be allowed with Special Use Permit approval from the Board of Zoning Appeals, or with Special Exception approval from the Board of Supervisors if you live in most planned development zoning districts.
- Other requirements include: the operator of the home child care facility must live in the dwelling; there shall be no signs or other exterior evidence of the use other than play areas; and the use is subject to the regulations of Chapter 30 of the Fairfax County Code or Title 63.2, Chapter 17 of the Code of Virginia, whichever is applicable.
- For more information on the Special Use Permit or Special Exception application process, please visit <http://www.fairfaxcounty.gov/planning-zoning/zoning/special-permit-process> or contact the Zoning Evaluation Division at 703-324-1290.

The new state licensing application and renewal process requires that providers applying for a State license complete a “Contact with Local Zoning Administrator” form.

Providers need to disclose how many children will be in care at the residence. Zoning will review the form and determine the number of children that can be cared for in that residence based on the dwelling type and any zoning approvals. "Contact with Local Zoning Administrator" forms required for state license renewal or new applications should be sent to:

*Fairfax County Zoning Administration Division
Ordinance Administration Branch
12055 Government Center Parkway, Suite 807
Fairfax, VA 22035*

Forms are included in the State application materials and, once reviewed will be sent back within five (5) business days. Provide all requested information, including an e-mail address and contact phone number, and please indicate if this is a state renewal or new license request. When signed by the County's zoning staff, any "Contact with Local Zoning Administrator" forms will note the current Fairfax County limitations/requirements on the form. Please note that under an extended grace period, providers currently licensed for more than the numbers permitted by right without Special Permit or Special Exception approval are expected to submit a complete Special Permit or Special Exception application by March 31, 2014. Applicants for new licenses are expected to comply with current County regulations regarding maximum numbers of children permitted to be cared for.

In Other Jurisdictions, zoning requirements may include a Special Use Permit or a Home Occupancy Permit.

For information, call:

City of Falls Church at 703-248-5080; or visit <https://www.fallschurchva.gov/730/Zoning>

City of Fairfax at 703-385-7820; or visit www.fairfaxva.gov

Town of Herndon at 703-787-7380; or visit www.herndon-va.gov

Town of Vienna at 703-255-6341; or visit www.viennava.gov

STEP THREE - You must contact the Fairfax County Department of Tax Administration

Business Return of Tangible Personal Property (BPP) Tax

- In Fairfax County – Providers must pay a business personal property (BPP) tax on property, such as cribs, high chairs and toys used in their businesses. BPP tax returns are filed in May each year for the proceeding year.
- The BPP tax is based on the assessed value of taxed property which depreciates at a fixed rate each year. For more information, call the Fairfax County Department of Taxation at 703-222-8234.
- In other jurisdictions, providers pay the BPP tax to their local governments.

For more information in other jurisdictions, please call or visit:

City of Falls Church at 703-248-5019; or visit www.fallschurchva.gov/438/Business-Registration-License-Taxes

City of Fairfax at 703-385-7880; or visit www.fairfaxva.gov

Town of Herndon at 703-435-6813; or visit www.herndon-va.gov

STEP FOUR - Contact the Fairfax County Department of Tax Administration for a Business, Professional and Occupational License.

Business, Professional and Occupational License (BPOL)

- In Fairfax County, the BPOL is a business license—not a license to do child care.
- If income is \$10,000 or less, no tax is required. The BPOL is not required.
- The BPOL tax is \$30 for businesses with a gross annual income of more than \$10,000, but less than \$50,000.
- For businesses with gross annual income from \$50,001 to \$100,000, a flat fee of \$50 is assessed.
- For businesses with gross annual income from \$100,001 or greater, the tax rate is determined by the business classification.
- For information, call the Fairfax County Department of Taxation at 703-222-8234 or email at dtappd@fairfaxcounty.gov.

In other jurisdictions, providers apply for the BPOL through their local governments.

- License fees and schedules may vary.

For more information, call:

City of Falls Church at 703-248-5019; or visit www.fallschurchva.gov/438/Business-Registration-License-Taxes

City of Fairfax at 703-385-7880; or visit www.fairfaxva.gov

Town of Herndon at 703-435-6813; or visit www.herndon-va.gov

Town of Vienna at 703-255-6321; or visit www.viennava.gov

Please note: Fairfax County charges a \$50.00 fee for checks that are returned for insufficient funds or closed checking accounts.

Permit Renewal

You will receive a yellow postcard in the mail 3 months before your renewal date. The first time you renew your permit, you will need:

- To complete the information on the yellow card.
- To mail yellow card along with your renewal fee to the Office for Children. The address is on the yellow card.
- A Home Health and Safety visit.
- A Fire Safety inspection and up-to-date fire drill records.
- Up-to-date CPR/First Aid certification.
- An emergency plan and emergency supplies.
- Documentation from a physician, physician's designee or Health Department official, not older than 24 months, indicating that you and all adult household residents are free from communicable tuberculosis.
- Sixteen hours of professional development training by your next renewal date
- Up-to-date children's immunizations for your own children and the children in your care who are under school age.
- Up-to-date rabies records for pets.
- To post your permit in your child care area.
- Child Protective Services search for individuals over 14 years of age and Fingerprint National Background Checks for all adults residing in the home and/or caring for children. This search is repeated every five years.
- If any adult has resided in another state in the preceding five years, a search of the state central registry or any other child abuse and neglect registry, a criminal history record information check and sex offender registry search must be submitted to the state(s) to obtain a copy of the results. However, if the state where the individual previously resided participates in the National Fingerprint File (NFF) program through the FBI, the additional criminal history record information check is not required and only the search of the sex offender registry and the state central registry or any other child abuse and neglect registry is required.
- A Sworn Statement or Affirmation form is required for all adults age 18 and older living in the home. This form is resubmitted every year.
- Fingerprint National Background Checks are repeated every five years. If you have new adults 18 years or older who have moved into your residence, they must submit a Fingerprint National Background Checks form, a Sworn Statements of Affirmations form, a Child Protective Services Central Registry Release of Information form, a Waiver Agreement and Statement form and TB screening result documentation.
- A signed Waiver Statement and Agreement form is required for all adults age 18 and older living in the home at the time of the first Fingerprint National Background Check.

Important! Before you apply for a permit renewal at a new address, find out if your apartment complex or homeowners' association allows you to operate a home business.

You will receive your permit renewal when all paperwork including: background checks, tuberculosis documentation, First Aid and CPR certification, training certificates and child care specialists and fire department visits are received or completed.

Please note: There is a \$14.00 application fee, a \$27.00 fee for each Fingerprint National Background Check and a \$50 fee for any check returned for insufficient funds.

Permit Visits

Permit Renewal Requirements

- _____ CPR and First Aid certificates
- _____ Training certificates
- _____ Tuberculosis documentation for all adult household residents every two years
- _____ Copy of home and health visit
- _____ Fire and Evacuation Drill, Shelter in Place and Lockdown Drill Records
- _____ Written sick child policy
- _____ Written emergency plan and
- _____ Permit with limitations if applicable
- _____ Private water supply Health Department permit if applicable
- _____ Your children's immunization records if applicable
- _____ Rabies certificate for dogs and cats

USDA Food Program Visit

- _____ USDA Application and USDA Agreement (Contract)
- _____ An Enrollment form for each child (and copy of Infant Formula Choice form or copy of medical documentation as needed)
- _____ Proof of the last annual USDA Food Program training
- _____ Last USDA Food Program visit
- _____ Posted Building for the Future poster
- _____ Attendance Records including a copy of menus for the current month's Food Program record (Attendance and Menus)

Advertising Your Business Services

Child Care Central

As a small business owner, you are responsible for recruiting and selecting families that you agree to provide care. The County does not refer families or children to specific providers.

Once you are permitted, you will be listed on the Division of Early Childhood Education Child Care Central Website, www.fairfaxcounty.gov/familyservices/office-for-children. The website assists parents in finding and selecting care through a database of child care resources throughout the County. An application will be mailed to you automatically when you receive your permit. It is helpful to provide as much information as you can, so parents may see what you have to offer in your child care. This website service is provided free of charge. **If you choose not to be part of the website, please call 703-324-8100.**

Create A Flyer – Tell Families Your Child Care Business is Special

A flyer advertising your child care business is one of the best ways to let families know that your home is a very special place for children. Your flyer can help families learn about you and your child care program.

The flyer should include:

- Your name, telephone number, email address and the best time to call you
- Your location or neighborhood (Not exact address)
- The best time to call
- The days and hours you are open
- The age groups of the children you accept for care
- Your qualifications (training, course work, accreditation, credentials, degree, certification, or years of experience)

Additionally, think about how you would answer questions like these:

What are my strengths?

I work well with all ages of children.

I have three years experience in child care.

I have a child care permit.

I attend professional training courses and workshops.

I participate in the USDA Food Program.

I am certified in CPR and First Aid.

What services do I offer families?

I provide transportation after school to my home.

I work with children on their homework.

I offer child care in the evenings and weekends.

What special activities do I plan for children?

I go to the library for the Children's Story Time each week.

I include children in cooking projects.

I plan dance, music and art experiences.

I plan educational field trips throughout the year.

Why do I like working with children?

Write one or two sentences with specific examples explaining why you enjoy working with children.

How do I include families in my child care business?

I plan a family night every two months and we make and cook our own pizzas.

I have lots of pictures of family members posted at the children's eye level.

I welcome parents to drop in at any time to see or play with their children.

Your answers to these questions will provide the information for your flyer.

There are many places in the community you can ask to display your flyer.

Here are some suggestions:

- Local schools and school offices
- Religious organizations, churches and church bulletins
- Pediatricians' and dentists' offices
- Children's clothing, toy or book stores
- Libraries and community centers
- Fitness clubs, supermarkets, Laundromats and other places parents gather.
- Local child care centers, nursery schools and other family child care homes (They may refer parents to you if they are full, do not serve a particular age group, do not provide care during the hours needed, or feel a home setting is better for a child.)

The flyer represents you and your business. Keep it simple and easy to read. Consider using simple graphics, photographs, and colored paper.



**Maria's Family Child Care
Located in the Lorton area, 22079
(703) xxx-xxxx**

Services for you and your family:

- Permit from Fairfax County
- Open 7:00 a.m. – 6:30 p.m.
- Specialize in infant and toddler care
- Participate in the USDA Food Program
- Certified in CPR and First Aid
- Have experience working with young children
- Participate in professional training
- Fluent in Spanish and English

For additional information, call me!

Advertise Online and through Classified Websites

New opportunities for advertising are being created. Some websites are free, others cost money. **Make sure you find out the cost to advertise.**

Online

Here is a sampling of the online sites that advertise child care options.

- Daycare.com, www.daycare.com, is a national database resource for parents and providers including program descriptions and contact information and there is a fee.
- Child Care Directory, www.childcare-directory.com, lists itself as a child care parent provider information network. You write your own ad and there is a fee.
- Care.com, www.care.com is a broad search engine for care – pet care, senior care nannies and child care providers, parents searching for care and also posts employment opportunities and child care provider information.

Classified Websites

One example is The Super Pages, www.superpages.com. It has child care services listings which show the child care businesses that advertise through them. This is a free listing. Super Pages also has a link to create your own website for a fee.

Web Builder Sites

You may want to create a website to give your business more exposure. A website gives parents an easy way to find out about your business. Here are some free web builder sites:

- www.wordpress.com
- www.weebly.com
- www.ConstantContact.com
- www.Site123.com
- www.HostGator.com
- www.wix.com

You can also buy a website from businesses such as:

- www.networksolutions.com
- www.smallbusiness.yahoo.com
- www.goDaddy.com

Email

Many parents in Fairfax County choose to communicate by email. If you have an email address, it's easier for parents to contact you about putting children in your care or touching base about their children's day. Learning how to use email can help you to have a more successful business.

Here are some free email sites:

www.yahoo.com
www.hotmail.com

www.lycos.com
www.excite.com

www.gmail.com
www.aol.com

The Child File

The Child File

For good business practices, an individual file must be created containing documentation and information on each child. A one-page checklist example can be found in Chapter 6, Useful Forms. The checklist will provide you with a simple and ready reference of all required documentation and personal details of each child in your care.

The Child File should include the following:

- Required Documentation
 - Immunization record (or doctor's note or Religious Exemption form)
 - Child Care Sick policy
 - Written Emergency plan
 - Authorization to administer prescription medication if you are MAT certified (Administering Prescription and Nonprescription Medication Record form)
 - Permission to Participate in Swimming or Wading if applicable
 - State subsidy providers-"Proof of Child Identity and Age" for all children in care, a written allergy care plan for any child with medical or food allergies, sensitivities or dietary restrictions.

- Important Health and Safety Information
 - Emergency Contact Information form
 - Child likes and dislikes
 - Authorization for medical treatment form
 - Illness/injury report
 - General disposition of the child
 - Allergies and food/dietary needs
 - Prescription or Nonprescription medication
 - Special blanket for napping
 - Toys and interests
 - Languages spoken
 - Ways to encourage positive behaviors

- Good Business Practice Considerations
 - Defined business services offered
 - Fees and hours of operation
 - Days closed and vacation days
 - Food arrangement and instructions
 - Field trip and transportation permission
 - Clothing requests
 - Other blank business forms

Children's records are available to parents upon request, unless otherwise ordered by the court.

The Child Care Agreement

The Agreement

It is important that you have a signed contract which states the terms of the child care arrangement. Some providers give the parent a copy of the written agreement or an overview of program policies for the parent to read at home. Other providers discuss the agreement, program and policies, and have a copy ready for signature at another time.

No child should begin child care before an agreement has been completed and signed. A copy of the agreement, which may be changed, is in Chapter 6, the Useful Forms section. It outlines the written policies you and the parent are agreeing to follow before child care services begin. You and the parent keep a signed copy.

An agreement should include the following:

- Family Information and Emergency Contacts (See sample form in this chapter)
- Hours and days of operation
- Fees and payment schedules
- Food
- Sick care policy
- Health Information about food and medical allergies, sensitivities and dietary restrictions. (*State subsidy providers can use the “Proof of Child Identity and Age” form to document this.*)
- Emergency Preparedness information
- Clothing
- Field trips
- Information about the child
- Special information
- Holidays and vacation time
- Legal information regarding the non-custodial parent

Your Child Care Specialist will answer your questions on preparing a contract/agreement.

Child Care Agreement

Provider _____ Phone Number _____

Address _____

Welcome to my family child care home. Parents are welcome to visit at any time during child care hours. The purpose of this agreement is to define the mutual terms for child care arrangements. Please let me know of any changes of address or telephone or emergency numbers. *Please complete the **Emergency Contacts Information form** before your child's first day.*

Family Information

Child's name: _____ Sex: F ___ M ___ Date of Birth _____

Custodial Parent's name(s) _____

Please complete the Emergency Contacts Information form before your child's first day.

Hours and Days of Operation

Child care services will begin on _____, 201 _____

The hours for care will begin at _____ a.m./p.m. and end at _____ on the following days:

If your child is going to absent or late, please call in advance.

Child care will not be available on the following holidays: _____

My vacation period will be _____. You will be responsible for making other child care arrangements. Payment is _____ or is not _____ expected.

Fees

\$ _____ per week for full time care.

\$ _____ per hour for regular, part-time care.

\$ _____ per hour for drop-in care, if space is available.

\$ _____ for late payment charged for any time after _____ unless special arrangements have been made.

Optional-

\$ _____ per meal.

\$ _____ No fee Families are required to bring the appropriate foods for infants under _____ months old.

Child care fees are payable in advance and are due no later than_____.

Fees may be paid: weekly_____ bi-weekly _____ monthly _____

I collect an advance deposit of \$_____at the time of enrollment. This amount will be returned when services are terminated if your account is paid in full.

Fees may be (or may not be) adjusted when services are not available because of illness or vacation.

Child care fees will be paid by: Cash_____ Check/M.O. _____

Notice: A two week written notice is required for any of the following:

1. Termination of the agreement by either party
2. Increases in child care fees
3. Vacation periods for both families and provider
4. For return of your advance deposit

Food

Meals will be:_____Prepared by the provider_____Brought by family

Families are required to bring the appropriate foods for infants under_____months old.

Meals served will be:

- | | | |
|--|--|--|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Morning snack | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> Afternoon snack | <input type="checkbox"/> Supper | <input type="checkbox"/> Evening snack |

Please explain if the child has special dietary needs:

Infants will be fed according to family's instructions. Please update and notify me of any changes in feeding schedules, formulas, and additional foods. Breast-fed infants need to have an adequate supply of expressed milk in labeled bottles.

Positive Guidance

I want your child to feel respected, nurtured and successful every day. I feel that we are a team and work together to encourage and help your child learn and discover. I will use positive guidance techniques along with appropriate limits to support each child as they develop their own skills in self-control and self-discipline. I value working together with you to select the best solutions when challenges arise.

Illness

Please notify me if your child will be absent because of illness. If your child is home for more than_____days she/he must bring a signed physician's statement when returning to the program.

If the child is absent, payment is _____ expected _____ is not expected.

Please inform me of any contagious disease immediately. All families of children in my care will be notified.

If your child becomes ill during care, you will be asked to pick up your child within _____ hours. If you cannot be reached, I will call one of the emergency numbers you have listed. Your child may return to child care when the child is no longer sick.

_____ Parent's initials. Received a written copy of the child care sick policy.

Immunizations

Please provide a copy of updated immunization records each time your child has new immunization shots. Documentation of current immunizations is required in every child's file and must be updated every six months for all children under the age of two.

Clothing

Label your child's clothing and other items with his/her name and bring in some type of storage bag. Supply at least two complete sets of play clothes, outdoor clothing, and the following: _____diapers _____baby wipes _____bibs

Other _____

Pets

We have family pets_____. Our pets_____are or_____are not included in the child care environment.

Special Instructions-Please let me know any:

Special accommodations needed: _____

Pertinent developmental information: _____

Physical problems: _____

Health Information

Food Allergies, and/or food intolerance or restrictions: _____

Medications taken regularly in case of emergency: _____

_____Food allergy care plan received_____Yes_____No

Medication allergies: _____

Safe Sleep

During rest times, I will provide appropriate sleeping equipment for the age and developmental readiness of your child. This equipment meets the current standard of the United States Consumer Product Safety Commission. If you choose to provide sleep equipment for your child, it must meet these same safety standards.

Please note: To reduce the risk of Sudden Infant Death Syndrome (SIDS), your baby will be placed on his/her back to sleep in appropriate sleeping equipment such as a crib,

a bassinet or play yard (unless I receive a signed permission form stating otherwise from a licensed physician.) Bouncy seats and car seats are not used for napping or sleeping.

Emergency Preparedness Plan

_____ Parent's initials. Received a written copy of the written emergency plan.

Field Trips

We often we take trips away from my home to help your child learn more about the community. Your permission is needed to allow your child to ride in my car. You will be notified in advance when trips are being planned indicating the date, location and amount of time away from home. For any child with medical or food allergies, and/or food intolerance or restrictions, you must carry the allergy care plan and information for the child(ren).

A proper infant seat or child booster seat is required for car travel for any child under the age of 8. _____ You or _____ I will provide the seat.

Please provide a current photograph of your child in case it is needed in an emergency situation.

I (We) fully understand and agree to the terms of this contract. This agreement may be re-negotiated at any time.

Parent's Signature _____ Date _____

Parent's Name in Print _____

Provider's Signature _____ Date _____

Provider's Name in Print _____

Getting to Know Your Child

Please help me know more about your child

Child's Name: _____ Nickname: _____

Language spoken at home: _____

How does he or she communicate: _____

Favorite toys, playthings, or play interests: _____

Favorite foods: _____

Favorite sleeping position: _____

Please note: To reduce the risk of Sudden Infant Death Syndrome (SIDS), your baby will be placed on his/her back to sleep (unless I receive a signed permission form stating otherwise from a licensed physician).

Blanket or special toy: _____

General disposition/fears/comforting: _____

Favorite songs/games/ finger plays: _____

Brothers/Sisters/others in the home: _____

How do you encourage positive behavior: _____

If your child attends school, please list:

School Name _____ School phone number _____

Hours in school _____ a.m./p.m. to _____ a.m./p.m.

Additional information which may be helpful in understanding your child, his or her needs and in making the transition to this child care program easier:

Emergency Contact Information

Child's Full Name _____ Date of Birth _____

Nickname(s) _____

Address _____

Custodial Parent _____ Custodial Parent _____

Email _____ Email _____

Home Phone _____ Home Phone _____

Address _____ Address _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Cell _____ Cell _____

Work Address _____ Work Address _____

Child's Physician _____

Address _____ Phone Number _____

Names and phone numbers of people authorized to pick up child in case of emergency when parent/guardian cannot be reached:

Name _____ Name _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Address _____ Address _____

Relationship to Child _____ Relationship to Child _____

Additional Information: _____

Persons **Not Authorized** to Pick Up My Child _____

Out of Area Contact Person/Phone Number _____

Provider is responsible for keeping emergency response plan information current with parents or guardians.

Provider's Signature: _____

6 Month Review _____ Parent's Initials _____

1 Year Review _____ Parent's Initials _____

Permitted Provider's Responsibility for Using a Substitute Care Provider

Substitute care provider definition:

A substitute care provider is any person 18 years or older who provides care, protection, supervision and guidance to children when the provider is away from the family child care home, with or without compensation, and who meets all Fairfax County child care permit requirements.

When can I use a substitute provider?

A substitute provider can be used when a family child care provider must be away from the child care home due to; for example, a doctor's appointment, an emergency or a vacation. Substitute care cannot exceed 240 hours per calendar year.

Am I responsible for the care my substitute provider gives the children in my child care home?

Yes, the Fairfax County Ordinance recognizes only you as the permitted provider so you are responsible for the performance of the substitute in your absence. You must ensure that the substitute provider is qualified and prepared.

What steps do I need to take to use a substitute provider?

- If you plan to use a substitute for one or more weeks, you must notify the appropriate OFC programs by calling 703-324-8100, or by faxing to Provider Services, 703-653-1302.
- CCAR participants need to contact their CCAR child care specialist before using a substitute care provider. Failure to notify CCAR may result in loss of payment for child care services during your absence.
- Ensure your substitute provider meets all the health and safety requirements for permitted providers. Those requirements are listed on the form entitled: *Checklist/Agreement for Using a Substitute Care Provider*. All requirements must be met before you leave the children in your care with a substitute.
- Maintain a file with the required documentation for all your substitute providers as outlined on the form: *Checklist/Agreement for Using a Substitute Care Provider*. This file will be reviewed by CEPS child care specialist at your permit renewal.
- Consult with Internal Revenue Services for requirements to be an employer.

Checklist/Agreement to Use a Substitute Care Provider

Keep in your records

Provider's Name _____

Requirements for a **substitute provider** (maintained in OFC records) are:

_____ Satisfactory results from the Child Protective Services background check repeated every five years, expiration date _____

_____ Waiver Agreement and Statement submitted at the time of the initial search

_____ Satisfactory results from the Fingerprint National Background Check repeated every five years, expiration date _____

_____ Signed Sworn Statement or Affirmation form repeated every year, expiration date _____

Forms above are available for download from the OFC website at www.fairfaxcounty.gov/office-for-children. You can find these business forms under the "Child Care Professionals" section in the center column of the page. If you prefer, you can call OFC at 703-324-8100 to request copies of the forms through the mail.

Mail completed forms to:
Community Education and Provider Services
Division of Early Childhood Education
12011 Government Center Parkway, Suite 800
Fairfax, VA 22035

Please note:

- You are responsible for the \$27.00 cost of the Fingerprint National Background Check for each substitute.
- Fingerprint National and Child Protective Services background checks may take three to four weeks to process.

Requirements for a **substitute provider** (maintained in Provider's records) are:

_____ Documentation from a healthcare professional indicating the substitute is free of communicable tuberculosis, every two years

_____ If you are a subsidy provider, any new caregiver must provide documentation must be from a healthcare professional indicating the substitute is free of communicable tuberculosis that was completed within the last 30 calendar days and submitted prior to the date of employment and contact with children.

_____ Current First Aid certification

_____ Current Certification for Pediatric CPR (Online certification is not acceptable)

Requirements for a **family child care provider** using a substitute are:

_____ Notify parents in advance when a substitute will be providing care in your home.

_____ Introduce the substitute provider to the child/family prior to serving as the primary caregiver.

_____ Ask parents to sign a Parent Notification and Authorization for Substitute Care form and keep this form in your records.

_____ Documentation indicating date of employment and date of separation of employment.

_____ Conduct an orientation/training session to include:

_____ Policies – for example, numbers of children you can have in care

_____ Procedures – where is the bus stop, what time does the bus arrive

_____ Emergency evacuation/fire drill and emergency preparedness plan,
Shelter in Place and Lock procedures

_____ Child Care Sick Policy

_____ Information on specific children's allergies, sensitivities, and dietary restrictions.

_____ Location of children's folders

_____ USDA Food Program Guidelines

_____ All requirements listed in the Ordinance

_____ Requirements for reporting child abuse and neglect

_____ Care, protection, supervision, and guidance for children

Date of orientation _____

Notification and Authorization for Substitute Care

Keep in your records

To Be Completed by Provider:

I, _____, will not be available to provide child care from
Provider's Name

_____ until _____
Date Date

In my absence, _____ will provide care in my home.
Print Substitute's Name

I have a permit or state license which will remain valid during the period of my absence.

I accept responsibility for the performance of my substitute. The substitute understands and agrees to abide by terms of the child care permit or license.

Print Provider's Name Provider's Signature Date

Print Substitute's Name Substitute's Signature Date

To Be Completed by Parents:

Print Parent's Name Parent's Signature Date

Please note: CCAR participants need to contact their CCAR child care specialist before using a substitute care provider.

Liability Insurance for Family Child Care Homes

Child care is a business. Providers and centers are responsible for the supervision of children in care at all times and for the correct handling of any emergency.

Liability insurance is a standard consideration for any business. It covers the center or family child care home when an injury occurs. Comprehensive general liability insurance should include bodily injury, damage to property, medical emergencies, and legal costs.

Homeowner's or renter's insurance on the provider's home does not provide liability coverage for a family child care business. Moreover, if the provider rents his/her home, the landlord may need to be listed on the family child care business liability policy. Contact an insurance provider for more complete information.

Insurance requirements in states vary. In Virginia, it is required that each family day home provider notifies, **in writing**, each parent or guardian that there is liability insurance coverage (at least \$100,000 per occurrence and \$300,000 aggregate) in force to cover the operation of the family day home or that no liability insurance is in force.

Fairfax County **permitted** family child care providers are not required to carry liability insurance at this time.

The OFC/CEPS does not recommend any specific insurance company.

The following is a sample of companies and brokerage agencies that provide liability insurance in multiple states for family child care homes or child care centers.

COMPANIES and BROKERAGE AGENCIES

- **Markel Specialty Insurance**
4521 Highwoods Pkwy
Glen Allen, VA 23060
800-476-4940
Web: <https://www.markelinsurance.com/childcare>
E-mail: eservice@markelcorp.com

Markel is one of the foremost insurance carriers that directly offer family home liability insurance. The website is set up so there is an online application process you can submit and receive a quote.

- **Assure Child Care - Bilingual staff and websites**
80 South 8th St., Ste 700
Minneapolis, MN 55402
Main number: 855-818-5437
Sandy Herzog, Director
Direct: 612-373-9889
Web: <https://www.assurechildcare.com/>
E-mail: info@assurechildcare.com

ACC provides coverage for family child care homes, including military family child care. Information about insurance is available on the website to You can ask questions directly to Sandy by email at sherzog@assurechildcare.com, or info@assurechildcare.com, or call her direct line.

- **Block Insurance**
P.O. Box 623188
Oviedo, FL 32762
800-225-0863
Web: <http://www.blockinsurance.net/>

Block Insurance provides insurance for child care centers, private schools, and family child care homes.

- **NSM Insurance Group**
James S. Kaminski
Program Underwriter, part of Care Providers Insurance Services
555 E. North Ln. Suite 6060
Conshohocken, PA 19428
610-808-9766
Direct Cell: (215) 720-4404
jkaminski@nsminc.com
Web: <https://nsminc.com/>

NSM has several different types of policies. Contact James directly to discuss which option works best.

- **Francis L. Dean & Associates, Inc.**
1776 South Naperville Road, Building-B
P.O. Box 4200
Wheaton, IL 60189
800-745-2409
Web: <https://www.fdean.com/>

Francis L. Dean & Associates, Inc. offers liability and Accident Medical Insurance for family child care providers, child care centers, and nursery schools.

- **State Farm**
Thomas Ntuk
150 Elden St #275
Herndon, VA 20170
Direct Cell: 703-509-9843
Web: <https://www.thomasntuk.com/>
Email: thomas@thomasntuk.com

Four out of every five homes are insured by State farm. You can attach a rider to your homeowners policy with State Farm. If your home is insured with another company, Thomas can put you in touch with an independent broker who will be able to provide coverage. Contact Thomas directly to discuss which option works best.

Additional Resources

The following organizations publish informational fact sheets and brochures about liability insurance issues and concerns:

- **National Association for Family Child Care (NAFCC)**

5202 Pinemont Drive
Salt Lake City, UT 84123
800-269-9338
World Wide Web: <http://www.nafcc.org>

NAFCC has information about liability insurance in their newsletter, *The National Perspective*, for members. *Liability Insurance for Family Child Care Providers*, published by the Children's Foundation, includes basic information about understanding and securing professional family child care liability insurance. This document is available from NAFCC.

- **Child Care Aware of America**

World Wide Web: <http://www.childcareaware.org/state/virginia>

On the Child Care Aware website has many pertinent resources for family child care providers.

Articles of interest on liability insurance include the following:

- *Child Care Home: Liability Insurance* (1996), by Elaine Wilson, is available on the Web at <http://www.nccc.org/Business/cch.liability.html>
- *Liability Insurance - Family Child Care Fact Sheet* (1995), by June Wambolt, is available on the Web at <http://www.nccc.org/Business/liability.ins.html> (also in Spanish); and
- *Liability Insurance and the Family Child Care Provider* (1995), by Brenda Crude and Carol Volker, is available on the Web at <http://www.nccc.org/Business/liabil.ins.fcc.html>

Glossary of Insurance Terms

Claims Made Policy - A policy for which claims are paid only if they occurred and were filed while the policy was in force.

Declarations - A section of an insurance policy that provides basic descriptive information about the insured person and/or property, the premium to be paid, the time period of the coverage, and the policy limits.

Deductible - A provision in an insurance contract stating that the insurer will pay the amount of any insured loss that exceeds a specified amount. The specified amount is the deductible.

Endorsement - An amendment or addition to the policy; also known as a rider.

Errors and Omissions - Insurance for the liability of a professional for losses that occurred because of his or her errors or oversights.

Exclusion - Clauses that narrow the focus and eliminate specific coverage broadly stated in the insurance policy.

Independent Agent - An agent who is authorized to write insurance for more than one insurance company.

Liability - Legal responsibility for damage or injury caused by you. The responsibility usually is financial and usually is due to negligence. Negligence occurs when there is a breach of the duty owed an individual that causes injury or damages.

Liability Limits - The maximum dollar amount that the insurance company will pay for claims on the particular policy.

Licensed Insurance Company - A company licensed by your state; required to file rates and policies with the state; backed by the state insurance guaranty fund if the company becomes insolvent.

Occurrence Form - A policy for which claims are paid after the policy has expired or you have gone out of business, if the claim occurred while the policy was in force.

Premium - The amount of money charged to a policy holder for an insurance policy.

Surplus Lines Insurance Market - Insurance written by companies that are not licensed in your state. Unlicensed companies write policies to cover risks that licensed companies choose not to insure; usually do not have to file rates and forms with the state department of insurance; and aren't covered by the state insurance guaranty fund.

Underwriter - An employee of an insurance company who assesses the risk to the company of accepting submitted insurance applications.

Reprinted with permission from the National Network for Child Care - NNCC. Cude, B., & Volker, C. (1993). Liability insurance and the family child care provider [Publication Number NCR No. 395]. Ames, IA: Iowa State University Extension.

Tax Information for Providers

This information is being made available to you as a general guide to tax treatment of child care and self-employed business related expenses. It should not be considered professional tax advice. Specific questions should be addressed to the Internal Revenue Service or your tax advisor.

Family child care providers are considered self-employed by the Internal Revenue Service. Providers earning consistent income by caring for children in their homes are required by law to file income tax returns on or before April 15th.

Reminder:

Remember to apply for the Business, Professional and Occupational License (BPOL) if your income falls within the guidelines. (See “Understanding Family Child Care Regulations” section in this chapter.)

Preparing Tax Returns

Preparing income tax returns includes keeping records of income and expenses.

- Income records should include the names, dates of attendance of each child in care, and amounts of payments received from each family.
- Reimbursements from the Child and Adult Care Food Program is not considered income. You do need to report it.
- Anything you buy for your child care business, keep a record of how much it costs and the purpose of the item. Keep records on the percentage of rent, utilities and repairs assigned to the business use of the home.
- Keep all receipts, bills, and invoices in one place. You can use this to complete your tax forms. Keep for at least three years after filing a tax return.
- If a taxpayer needs to file an amended return, this generally can be done any year within the last three years after the original return was filed. Federal Income Tax Form 1040X is used to file amended returns.

Deductible Expenses

IRS Publication 587, Business Use of Your Home, is an excellent guide for determining deductible expenses related to operating a business in the home.

Direct Expenses

- Direct expenses benefit only the business part of the home.
- Direct expenses can be deducted in full. Typical direct expenses include the following:
 - Supplies. Paper products, art materials, cleaning agents, and consumable items used only for child care are fully deductible.
 - Equipment. Providers may be able to deduct toys, games, and other equipment purchased for their child care business.
 - Automobile. Transportation costs related to child care are deductible. Records must be kept of odometer readings from the beginning to the end of each trip, the date of the trip, and destination. As of April, 2007, the IRS allows \$.485 a mile to be deducted for transportation costs. For current rates see: www.irs.gov.

- Other direct expenses include:
 - Professional dues and publications
 - Legal and professional services
 - Insurance related to child care services
 - All expenses related to the Fairfax County Home Child Care Permit

Indirect Expenses

- Indirect or shared expenses benefit both the business and personal parts of the home.
- The business percentage of indirect expenses can be deducted. Typical indirect expenses will include the following:
 - Food. Providers who claim child care food expenses as a deduction must use Tax Form 1040 Schedule C, Profit or Loss from Business.
 - All of the cost of food consumed by the child care children can be deducted.
 - The cost of food consumed by the provider and his/her family cannot be deducted.
 - The total cost of food provided to child care children **minus** any reimbursement is fully deductible.
 - Rent. A portion of the rent can be deducted according to the percentage of time the children are in care and the percentage of space used by the children.

Example: If an apartment contains 2,000 square feet and all the rooms are used for child care purposes, this equals 100% use of space. If the time spent for preparation, child care, clean up, and other related business activities adds up to 55 hours each week, then 30% of the time is used in child care (55 x 4 weeks divided by 730 hours in a month.) To get the percentage of rent to be deducted, multiply the percentage of time by the percentage of space. In this case, 100% x 30% = 30%, therefore, 30% of the rent can be deducted as a business child care expense.

- Home Depreciation. Homeowners may want to consider claiming depreciation on their homes. Please refer to IRS publication 534, Depreciation as well as IRS Publication 587, Business Use of Your Home or speak to a tax consultant concerning depreciation.
- Utilities and Services. Utility bills can generally be deducted according to the same time/space formula mentioned above.
- Repairs. Cleaning and repair bills directly related to child care can be deducted. Repairs are deducted according to the time/space formula. Be certain to make a written notation alongside your expense record as to the reason and/or method used to justify repair expenses.

Individual Retirement Account

As self-employed persons, family child care providers are able to decrease taxable income by depositing money into an IRA (Individual Retirement Account). More information on Retirement Plans can be found in the IRS Publication 590, Individual Retirement Arrangements, and IRS Publication 560, Retirement Plans for the Small Business.

Providers Who Are Employers

If you have a Fairfax County Home Child Care Permit, you do not typically hire assistants. For providers who do hire assistants, you may be considered in the role of employers by the IRS. Employers must have an Employer Identification Number (EIN). Most employers must withhold, deposit, report and pay income taxes, Social Security and Medicare Taxes. Federal Unemployment Tax (FUTA) is not withheld. For additional information, see Publication 15, Circular E, Employer's Tax Guide and Publication 926, Household Employer's Tax Guide.

Dependent Care Tax Credit

Parents may claim child and dependent care expenses as a tax credit on their income tax returns. Parents who claim a tax credit on their income tax form must provide the IRS with the name, address, and social security number or tax ID number of the person providing child care. This information is to be recorded by the provider on IRS Tax Form W-10 and given to the parent. Providers may be penalized if they do not provide this information or if they give incorrect information. Family child care providers may wish to present parents with an accounting of their child care payments along with the IRS Tax Form W-10.

Rule of thumb on Record Keeping Time Frames

Keep your records accessible for:

- 3 years for USDA
- 5 years for Permit documents such as reports, records, attendance records, medication records or information documents, etc. (hard copy or electronic)
- 5 years for tax documentations

Helpful Resources

- IRS income tax assistance is available to all taxpayers who call 800-829-1040, or go to www.irs.gov.
- The Volunteer Income Tax Assistance Program (VITA), sponsored by the IRS, trains volunteers to provide personal income tax assistance to families. They can be contacted by calling 800-829-1040.
- For information on Fairfax County taxes, call 703-222-8234.
- For information on Virginia State taxes, call 804-367-8031.

Resources

- IRS income tax assistance is available to all tax payers who call 800-829-1040, or go to www.irs.gov.
- For information on applying for an Employer Identification Number (EIN), go to <http://www.irs.gov/businesses/small/article/0,,id=98350,00.html>
- Redleaf Press publishes a variety of family child care business resources. You can contact Redleaf Press by calling 800-423-8309 or by going online to www.redleafpress.org.
 - C-K Kids: The Online Business Software for Family Child Care Providers
 - Family Child Care Tax Companion
 - Family Child Care Tax Workbook and Organizer

Chapter 5

Being a Child Care Professional

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Professionalism

The Fairfax County Ordinance recognizes you and only you as the permitted provider.

Child care is a profession. You are a professional. What does this mean? It means that you provide high quality child care every day to children and their families. This means you earn a living from work that requires knowledge and skills that has been achieved through training or some other form of education. Parents choose a professional because they want:

- a needed service,
- specialized knowledge
- dependability
- a person who knows what to do and does it well
- a commitment to quality

What is quality child care?

- A safe and healthy environment.
- Good nutrition.
- Communication between you and the parents about their children.
- Relationships that are warm, respectful, and caring between you and the children.
- Daily routines and playtime for children to learn.

There is always something new for us to learn about children and how they grow and learn. As a professional, you are interested in all areas of development for each child (physical, social, emotional, and intellectual development). **Physical development** is the process of how a child grows and learns to use his body. **Social development** is the process of learning to build relationships and to get along with others. **Emotional development** is the process of learning to express one's needs and control one's emotions. **Intellectual development** is the process of becoming knowledgeable about people and objects in the world. This process begins early and is gathered by using the five senses of seeing, hearing, touching, smelling, and tasting.

As a professional, you observe young children's play, noticing their abilities and interests. You use this information to plan your program and activities. All of the areas of development, (physical, social, emotional, and intellectual development), are important to consider in planning your program and activities.

Having a professional business in your home means you:

- Have skills in program management.
- Follow good business practices.
- Develop respectful relationships with families, who are your customers.
- Promote the learning and well-being of children from all cultures and language groups.
- Are ready and well rested for work each day. You must be free of effects of medication that impairs functioning, alcohol or illegal drugs.

Confidentiality Practices

You are an early childhood professional. As a professional you are required to safeguard the information, both business and personal information, shared with you by families. You care for their children and as you build trusting relationships with children and their families, you learn private information. In return, parents and children expect that you keep all information confidential.

- You cannot share that information with other providers, friends or family.
- You cannot share information in casual conversation at a restaurant or other social setting.
- You may never share information about children or families for your own gain or to discredit a child or parent because there were challenges between you in your business relationship.
- You may never share information that cause a child to be the object of ridicule or gossip.
- Why? Because it is not the ethical and it is not the legal thing to do.

In your life, you share information with professionals about your health, worries, finances, medication, the challenges experienced by your children, your spouse or other family members. These professionals are accountants, teachers, doctors, social workers, dentists, nurses, lawyers, and yes child care providers. You share that information with confidence that the information will be handled with respect and dignity, and will be used to positively impact and support you and your family. You do so with the expectation that professionals must keep your information safe.

Parents expect the same high standard from you.

- You are bound by ethical and legal obligations to protect and maintain the confidentiality and privacy of all information learned about your child care families, their family members and acquaintances.
- Just as you keep the children's files in secure location to ensure complete privacy, you must secure all information you have come to know while providing child care to families.
- It is unethical to discuss this information unless you are ordered by the court or a parent authorizes sharing specific information with specifically identified individuals.
- Confidential communication includes conversations, correspondence, emails, texts, all forms, reports or any other form a communicated generated because of your relationship as a child care professional and the family.

Maintaining the required confidentiality means you are in compliance with the law and this protects children, families and your business.

Professional Development

Annual of professional development requirements are 16 hours per year by their renewal date.

Professional development is important for many reasons. Some of these include:

- It is important for you to understand basic information about child care and child development so that you know how to support the needs of the children in your care.
- It is important to develop a foundation of knowledge about good child care practices.
- It is important to understand basic child development.
- It is important to understand what learning activities are appropriate for children at different ages.
- It is important to keep current on new ideas and information concerning young children and child care.
- It is important to talk with other professionals. Consider attending a conference or joining a family child care association.

The Division of Early Childhood Education offers a wide variety of training opportunities on topics identified in the Fairfax County Ordinance including:

- Health and Safety
- Nutrition
- Early Literacy
- Social and Emotional Development
- Positive Guidance
- Art, Music and Movement
- Prevention and Recognition of Communicable Diseases
- Child Abuse Prevention and Intervention
- Physical and Intellectual Development
- Professional Ethics
- Business Practices
- Emergency Preparedness

The Home Child Care Facility Ordinance requires that you must always keep your First Aid and CPR certifications **up-to-date**. Please remember that First Aid, CPR training hours do not count toward the professional development training required for your permit. MAT training hours do count toward the professional development training.

Over the next three years you must meet the hours of professional development required each year, and plan how you will get enough training hours each year. It is best to schedule classes throughout the year rather than waiting until your permit is about to expire. Be sure to keep all of the training certificates that you receive. You will need to show these to your child care specialist at the time your permit is renewed.

Guide to the Professional Development and Training in Early Care and Education

The Division of Early Childhood Education publishes a monthly training document. The “**Institute for Early Learning: Professional Development and Training in Early Care and Education**,” (IFEL) lists courses and workshops offered for early learning professionals. It includes professional development descriptions, dates, times and locations for each of the classes beginning in the designated month. Each class description identifies the “Child Development Associate” program (CDA) content areas as well. The monthly registration system allows providers to plan more effectively and to be more selective in choosing classes that fit with their personal schedule.

The monthly class flyer will be posted online at www.fairfaxcounty.gov/office-for-children/ifel. To attend any of the trainings listed in the flyer, you must register. Throughout the year registration for professional development classes will be available on the second Wednesday of each month for classes that begin the following month. Classes are available for registration beginning at 8:30 a.m.

Numbers of Classes

All child care professionals can enroll in six IFEL courses each year. Family child care professionals will be able to enroll in an additional six Family Child Care business courses throughout the year.

The section listed as “Family Child Care Business Workshops” is designed specifically for those who are in the business of family child care. **If you just started your family child care business, there are two classes that would be good for you to take as you develop your program.**

- ***The USDA Child and Adult Care Food Program***
This workshop will help you understand how the Food Program can benefit the children in your care and your family child care business. You can sign-up for this training as soon as you have children in your care and you have a permit.
- ***Family Child Care Business classes offered by the Women’s Business Center***
These workshops will help you learn ways to run a successful child care business, including marketing and record keeping.

Registration in additional professional development opportunities such as webinars, seminars and symposiums will be available and is not limited. Child care professionals will continue to register using the current processes of registering online. Because the classes listed are professional development experiences, children cannot be accommodated in any of the training classes.

Enrollment Status

Any class which you are enrolled will count as one of your 12 allotted classes per year – whether or not you attend the class. Everyone who holds “enrolled” status for a class is guaranteed a place in the class and the class will count as part of the yearly class total even if you do not attend.

Cancelling a Class

If you are enrolled in a class and you will not be able to attend, it is very important to cancel the class at least two days before the class begins to avoid having it count as one of your 12 classes. Classes can be cancelled yourself through IFEL online (the online training system), by emailing the Institute for Early Learning at childcareclasses@fairfaxcounty.gov, or by calling 703-324-3044 and leaving a message.

Waitlist

If you are on the waitlist for a class, you may not attend the class unless you are called by the registrar. Your enrollment status will change from being on the “Waitlist” to being “Enrolled”. If a space opens in the class before the class begins, providers from the waitlist are called and offered the opportunity to attend that training.

Email Communication

Email is the primary way IFEL communicates, so update your email address in the IFEL Online training database to receive regular communication from us, such as your confirmation letter or new professional development opportunities. To update your email, please call us at 703-324-8100 so we make sure to update your information in all OFC systems.

Class Reminders

For many of the trainings, an email reminder is sent approximately one week before the training. When you receive this email, please respond to let us know if you will be attending the class or if you need to cancel.

Start early developing a professional development plan and attending training throughout the year to meet your required hours of training.

For more information regarding the Professional Development and Training in Early Care and Education flyers or to find other professional development opportunities as they are scheduled, please visit our Web site: www.fairfaxcounty.gov/office-for-children/ifel

Developing a Professional Development Plan

Do you know where you are going professionally? A good professional development plan will help you answer this question. To develop a professional development plan, first ask yourself these questions:

- Where am I in my career?
- What professional development have I taken?
- What do I know about the children and families in my care?
- What are my skills?
- What do I want or need to learn?

Your answers will make it easier to decide what courses and workshops will be most beneficial to you and your child care. Your child care specialist can help you develop a general plan about the course topics you want to take over the coming year. A professional development plan will also help you space your choices over the year and get the courses when they are announced.

Four Easy Ways to Register for OFC Trainings

Register Online

Register online at www.fairfaxcounty.gov/office-for-children/ifel- 24 hours a day, seven days a week. You will need a registration ID number and a PIN number. Your registration ID number is printed on the upper right hand corner of the mailing label on your brochure.

Do you need a registration ID number?

- Family child care providers, call 703-324-8100
- Child care center staff, call 703-324-3044

First Time Online Registration	Returning Online Users
1. Type your registration ID number. The last four digits of your home phone number will be your temporary PIN number. Click "Continue".	1. Type your registration ID number and your PIN number. Click "Submit".
2. You will be asked to choose a new PIN number. Choose a four-digit number and enter it twice. This is the permanent PIN number you will use each time you register online.	2. If you have forgotten your PIN number or registration ID, click on "Forgot your registration information?" You will receive an email with your registration ID and PIN numbers. Use this information to log in.
3. Click "Submit".	3. Once on the IFEL Online Home page, click "Enroll in Course" to register.
4. Once on the IFEL Online Home page, click "Enroll in Course" to register.	4. On the "Current Courses and Workshops" page, make your selections by double clicking on the course or workshop title. Click "Enroll".
5. On the "Current Courses and Workshops" page, make your selections by double clicking on the course or workshop title. Click "Enroll".	5. Your enrollment status will now read either "Enrolled" or "Waitlist".
6. Your enrollment status will now read either "Enrolled" or "Waitlist".	6. If you wish to enroll in another course, click "Enroll in Course".
7. If you wish to enroll in another course, click "Enroll in Course".	7. Click "Log Off: after making all your selections.
8. Click "Log Off" after making all your selections.	

Mail or FAX Registration

Fill out and mail the registration form from the back of the “Institute for Early Learning” catalog to: Early Childhood Education, 12011 Government Center Parkway, Suite 920, Fairfax, Virginia 22035. Or fill out and FAX the registration form to (703) 803-0116.

Register in Person

Bring a copy of your completed registration to the office at 12011 Government Center Parkway, Suite 920. Office hours are 8 a.m. – 4:30 p.m., Monday through Friday.

Call the Automated Telephone Registration System

Make a list of the course numbers you would like to attend. Call (703) 324-4018 from any touch phone.

Press 1 to confirm that you are calling from a touch tone phone.

Press 2 when you hear the prompt, “To enroll in training, to check on which trainings you are enrolled or to cancel a course”,

- Enter your registration number. You will be asked to **press 1** to confirm this number is correct. If you have registered online before, use the same registration number.
- If you have a pin number from registering online, enter it. You will be asked to **press 1** to confirm this number is correct.
- If you do not have a pin number, enter the last four digits of your home phone number.
- The recorded voice will say the first 5 letters of your last name. **Press 1** if correct.

Listen to the options carefully and completely. **Press 2** to “Enroll in Training”.

- Using your phone key pad, enter the letter and the course number with no dashes and **press #**. For example, if you want to register for Course #: 1296-02, you would enter 129602 and **press #**. The voice will repeat your selection and ask you to **press 1** to confirm.
- A voice will respond to your request and identify your status. It will say, “You are enrolled in (course name) or “You are on the waitlist for (course name). ***Write down the name of the course and your registration status for the course. You will not receive a confirmation letter by mail when you register through the Automated Telephone Registration System.***
- If you have another registration request, **press 2** and enter that course the same way as before.
- To return to the beginning, the main menu, **press 9** or hang up to end your call.

Cancellation Policy

If you are unable to attend a course or workshop, please cancel your enrollment at least 24 hours in advance. Call the training line 703-324-3044 or email childcareclasses@fairfaxcounty.gov.

Professional Development Training Alternatives

Many professional development opportunities can be found in the Washington Metropolitan Area. The Fairfax area offers a variety of training alternatives for family child care providers. **There are many other universities, colleges, organizations and businesses that offer online training. Other training alternatives** are available in your local community. Here is a list of other places and resources that may offer training opportunities. **Remember to talk with your child care specialist to make sure the training will count toward your training hours.**

Virginia Department of Social Services (VDSS). If you visit the website's VDSS Professional Development catalog https://www.dss.virginia.gov/files/division/cc/provider_training_development/intro_page/courses/gen_training_info/DSS_Catalog_WEB4.pdf, it provides more information about the courses. You can visit the Community College Workforce Alliance webpage <http://ccwatraining.org/childcare> for more online training information.

All of the online courses are available year round. Once you register for a course, you will be loaded into an online learning system. You will receive an email with the link, your username and password to access your online account. You will have 30 days from the date of the email to complete your online course. Each course takes approximately 60-90 minutes to complete the course. You may start and stop the class anytime during your 30 day access. You will have a final assessment at the end of the course and be able to print a certificate of completion. You may access your account at any time to reprint your certificate(s) or view the classes you have previously taken.

Here are the steps to register:

Go to <http://ccwatraining.org/> to begin the process.

1. As you begin this process you will be directed to *another* CCWA website.
2. Select "Sign In" on the left menu.
3. Then select "Create a New Profile".
4. Fill in your profile and press submit – you will get a welcome message and you are ready to enroll.
5. Search for your courses using the search box (upper right of the website), or click on Courses (left menu) and look under the category Professional Education and Training and then the subcategory Childcare Provider.
6. Select the class or classes you wish to take and they will be added to your shopping cart.
7. Easily click and pay for your classes.

In 1- 3 days you will receive a separate email from the online learning system alerting you that your child care class(es) has been loaded into the system. You will be given the link along with your username and password. You will have 30 days from the date of the email to complete the online class.

Community Education & Provider Services

Professional Learning and Training Opportunities



In-Person, Conference, or Classroom Training Offered by Organization

ESOL - community, church, or school courses with certified instructor.

Fairfax County Library - Early Literacy

<https://research.fairfaxcounty.gov/early-literacy/professionals>

Fairfax United Methodist Preschool

Winter Workshop Series

<http://www.fairfaxumc.org/children>

Family Child Care Associations

<https://www.fairfaxcounty.gov/familyservices/office-for-children/community-education-provider-services/family-child-care-associations>

George Mason University

Winter/Fall Series and Spring Professional Development Day

<http://hr.gmu.edu/cdc/profdev.php>

Head Start/EHS workshops - through OFC

Infant Toddler Connection

<https://www.fairfaxcounty.gov/familyservices/office-for-children/infant-and-toddler-connection>

Infant Toddler Family Day Care

www.infanttoddler.com

Institute for Early Learning (IFEL)

Professional Development Courses – includes Introduction to Early Childhood 48-hour Certificate Program

www.fairfaxcounty.gov/familyservices/office-for-children/institute-for-early-learning

Lakeshore Learning

Store Workshops - with approval

NAEYC conferences

www.naeyc.org

Portage Curriculum

Workshops through CEPS/OFC

School Readiness

Opportunities through OFC and NCS

Virginia Association for Early Childhood Education

<http://www.vaece.org/>

Virginia Infant & Toddler Specialist Network Statewide (VA-ITSN) professional development

www.va-itsnetwork.org

Virginia Quality - online and through OFC

www.virginiaquality.com

Wolf Trap Early Learning through the Arts

www.wolftrap.org/education.aspx

Women's Business Center

www.cbponline.org/Business-Training/Online-Training.aspx

Zero to Three – Annual Conference

www.zerotothree.org

5-10



Where a TTY number is not indicated, use 711/Virginia Relay. Reasonable accommodations provided upon request, call 703-324-8100.

A Fairfax County, VA Publication



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Community Education & Provider Services

Professional Learning and Training Opportunities



Vendors for Online Training

This is a sampling of companies that provide professional development online. It is not a complete list and is not offered by the county as an endorsement. Training must relate to your position as a family child care provider. You are encouraged to do your own research and contact your child care specialist in advance to make sure the training is creditable for your permit renewal.

American Academy of Pediatrics

<https://shop.aap.org/professional-education/online-courses>

Offers free online training. These topics are approved: Preventing and Managing Infectious Diseases, Keeping Children Safe, and Education Settings, and Reducing the Risks of SID and SUD.

Care Courses

www.carecourses.com

Offers a variety of online topics (over 60) at approximately \$34 per course. Has a self-check component, participant must score at least 70% to receive a certificate. Certificate sent by mail.

Child Care Aware Training Academy

<https://usa.childcareaware.org/members-providers/training-academy/>

Has an online program with at least 34 different trainings ranging from 2-5 hours. Participant must score at least 75% to receive a certificate. Each course is approximately \$35. Certificates can be printed.

Child Care Education Institute

www.cceionline.edu

Variety of topics (100+) at approximately \$15 and higher per course. Certificate generated on completion of course. Some courses available in Spanish.

Child Care Lounge

www.childcarelounge.com/training/

Variety of topics offered (40+) and costs are approximately \$16 and higher. After satisfactory completion of tasks, a certificate is generated.

Child Care Training

www.childcaretraining.org

Topics need to be approved in advance as this is based out of Montana Child Care Resources, Inc. Must successfully pass quizzes to print a certificate of completion.

Community Business Partnership

<https://www.ed2go.com/cbponline/>

Offers classes for many different businesses. Topics must be approved in advance. Cost ranges from \$21–\$299. Courses span many weeks, are online and instructor-led. Certificates available at no cost.

Early Childhood Investigations Webinars

www.earlychildhoodwebinars.com

Certificate link generated at the end of the webinar if participant was active during the entire presentation. Topic must be approved in advance. No cost.

Early Childhood eTraining on Demand

www.earlychildhoodetraining.org

Variety of topics at approximately \$20 per class. Certificate issued at completion of course. Questionnaire not required to receive certificate, but strongly encouraged. Some courses available in Spanish.

Head Start Early Childhood Learning and Knowledge Center

<https://eclkc.ohs.acf.hhs.gov/professional-development>

Webinars with link for certificate of completion. Variety of topics. No Cost.

Community Education & Provider Services

Professional Learning and Training Opportunities



International Accreditors for Continuing Education and Training (IACET)

<https://www.iacet.org/>

Any vendor participating in IACET with pre-approval of topic by your child care specialist.

Kaplan Early Learning Company

<https://www.kaplanco.com/professionaldevelopment>

Courses with cost ranging from \$90 unlimited access to \$30 a course. Course lengths vary. Must pass test on course material and submit short writing assignment to complete course for credit.

National Association of Family Child Care

Webinars: <https://www.nafcc.org/webinars>

Fee for each webinar. Cost reduced for members of NAFCC. Can print a certificate at end of webinar.

NOVA Community College

<https://www.nvcc.edu/>

Early Childhood Education courses and certificate programs. All courses at substantial cost, have written competency requirements, and college grades earned.

PACER Center Champions for Children with Disabilities

www.pacer.org

Links to handouts posted on the event page.

Certificates available for live event stream and can be accessed by completing a workshop evaluation after the event.

Penn State Extension-Better Kid Care

<http://extension.psu.edu/youth/betterkidcare>

More than 260 workshops on many topics in English and Spanish. Some courses are free; some have a cost. Can print certificate after successfully completing the training. Limited technical assistance.

ProSolutions

<http://www.prosolutionstraining.com>

More than 100 courses in early childhood education and human services; most offered in Spanish. Unlimited trainings for \$99/per year (member). Can print certificates and earn IACET CEUs at no extra cost.

Smart Horizons

<http://www.smarthorizons.org/childcare>

Variety of training including CDA. Cost by length of class. Must pass exam at 70% to receive credit. Can print certificate. Tech support during business hours.

Teachstone

<http://www.teachstone.com/professional-development>

Variety of training including CDA. Cost by length of class. Must pass exam at 70% to receive credit. Can print certificate. Tech support during business hours.



Community Education & Provider Services

Professional Learning and Training Opportunities



Teaching Strategies

<http://www.teachingstrategies.com>

Online training in Creative Curriculum. Courses are 10 hours and approximately \$150 per course. Must pass knowledge checks throughout course. Can print certificate.

Texas A & M Agrilife Extension

<http://agrilifeextension.tamu.edu/solutions/child-care-training-courses>

Must pass exam to receive credit, pay a processing fee to receive a certificate. Some classes are free with free certificates. Offered in English, Spanish, Vietnamese.

The Source for Learning

<http://www.sourceforlearning.org/ecei>

Webinars are free. Can download certificate at end of webinar. Archived webinars are not creditable. Other courses are fee-based.

Virginia Department of Social Services

www.ccwa.vccs.edu

Online classes on the Professional Education and Training, Child Care Provider tab. Cost is approximately

\$20 per class. After successful completion of courses, certificates can be printed.

Virginia Department of Education

www.doe.virginia.gov/cc

VDOE offers a variety of training, education, and resources to help early childhood professionals earn the continuing education and training.

Virginia Early Intervention eLearning Center

<http://veipd.org/main/onlinetrainings.html>

Support and education on early intervention. Workshops are self-paced, free. Certificates can be printed.

Women's Business Center

<http://www.cbponline.org/Business-Training/Class-Calendar.aspx>

Select the class on the calendar page to display class and registration information. May be able to attend some trainings at a free or reduced cost. Contact info@cbponline.org to determine if a class is eligible for reduced rate. Certificates available upon request.

Professional Learning and Training
Updated August 2022



Scholarship Opportunities

Virginia Child Care Provider Scholarship Program. This program will pay your tuition for up to eight child-care related courses at a Virginia institution of higher learning. Local colleges offering such courses include Northern Virginia Community College, George Mason University, and Marymount University. Courses taken can be used towards certification or a degree in early childhood education. All providers, who have a GED or are a high school graduate, are eligible for the scholarship program. Scholarship applications are accepted mid June - mid August (for the fall semester), November–early January (for the Spring Semester), and mid March–mid May (for the summer semester). For an application or to learn more about this program, go to www.dss.virginia.gov/family/cc/professionals_resources.cgi or call the Virginia Department of Social Services at 1-866-636-1608.

Northern Virginia Association for the Education of Young Children (NVAEYC). This organization offers an annual scholarship opportunity to providers seeking the CDA credential or college credit. Applications are generally accepted in January and February. For more information, go to their website, www.nvaeyc.org.

The Virginia Association for Early Childhood Education (VAECE). This organization also has an annual scholarship to assist people working with young children seeking a CDA credential. They will pay 50% of the \$325 fee or 50% of the \$50 for the CDA renewal fee. For more information, go to their website, <http://www.vaece.org/scholarships.html>.

Accreditation, Certificate and Credential Options

Provider Accreditation

National Association for Family Child Care

For family child care providers, an accreditation signifies to parents that a high standard of quality family child care is offered. NAFCC has developed a self-study procedure to help providers assess their program and work towards earning a nationally recognized accreditation. A provider must meet certain requirements before she/he is eligible to begin the process.

The six self-study areas in a NAFCC accreditation are: Relationships, The Environment, Activities, Developmental Learning Goals, Safety and Health, Professional and Business Practices. Providers receive the self-study packet. **Self-Study Enrollment Fee** for member is \$315 and the non-member fee is \$450 (Includes a box kit with the printed materials and an online portal with the same publications in digital format)

The self-study enrollment fee is non-refundable and non-transferable once NAFCC has sent the self-study kit. After 3 years your self-study file will be closed for accounting purposes. If you need more time a \$25 reinstatement fee is due (in addition to other applicable fees) at the time you submit your application. **Accreditation Application Fee** for member is \$525 and for non-member the fee \$735. The accreditation fee is non-refundable and non-transferable once NAFCC has received an accreditation application. **Annual Update Fee** for member is \$160 and for non-member is \$240

The annual update fee is due with the first year annual update. No fee is due with the second year annual update. The annual update fee is non-refundable and non-transferable once NAFCC has received an annual update form. **Accreditation Package** Member-\$945 Non-Member-\$1340. This option includes the self-study enrollment fee, accreditation application fee, and annual update fee. Refund or transfer of fee is permitted depending on what has been sent or submitted (see above).

In addition, ninety (90) hours of education or training is required within three years prior to the observation visit. When ready, the provider submits the "Request for Observation" form with the fee \$525 for members and \$735 for non-members. A provider completes a formal self-evaluation and distributes surveys to all parents. A NAFCC-trained observer visits for the day to document the program, review records, and conduct an interview with the provider. The completed observation is sent to NAFCC's Accreditation Commission who reviews the information and observation. If the Parent Surveys have generally positive responses, the critical standards and at least 90% of the remaining standards are marked "Fully Met", NAFCC will award accreditation for three years. For more specific information, visit the website, www.nafcc.org or call 800-359-3817.

Family Child Care or Center-Based Accreditation

Child Development Associate (CDA) Credential

For family child care providers and center-based staff, the Child Development Associate (CDA) is a nationally recognized credential which has been awarded to over 150,000 early childhood professionals since its inception in 1971. The CDA program is administered through the Council for Professional Recognition. The credential is awarded to candidates that can demonstrate competence in working with children, birth through 5 years of age. Candidates can choose to be credentialed in one of the

following settings – Center-based Preschool, Center-based Infant/Toddler, or Family Child Care. The CDA Competency Standards are the core of the CDA program. These standards are statements of the skills needed to be a competent caregiver and they encompass all areas of child development as well as the ability to work with families, be an effective program manager and professional in the field of early childhood. The material is available in Spanish.

Candidates document their competence in these areas by being observed as they work with young children, receiving feedback from parents in the form of a questionnaire, compiling a Professional Resource File, through an oral interview, and by completing an Early Childhood Studies Review exam. One hundred twenty (120) hours of child care education is required before a candidate can apply for assessment. This education must be in a variety of early childhood topics covering eight content areas set forth by the Council for Professional Recognition. Once a candidate completes all documentation requirements, the documentation collected by the candidate is reviewed by the Council and a decision is made whether to issue the Credential. The initial Credential is valid for three years and may be renewed for the same setting and age endorsement for a five-year period. The cost to apply for this credential is \$325. To receive an application, call 800-424-4310 or fax your request 202-265-9161. For additional information, visit the Council's website, www.cdacouncil.org.

Northern Virginia Community College (NVCC)-Infant and Toddler Care Career Studies Certificate

The Infant and Toddler Care Career Studies certification program is a partnership between the Early Childhood Education division and Northern Virginia Community College Alexandria campus. This particular program is specifically for family child care providers who meet the college criteria for admission. Classes are held on Saturdays. The course credits are transferable and can be applied to an Associate Degree at the college.

Earning this certificate takes four semesters and one summer session to complete. The certificate focuses on child development and early childhood practices through in-depth studies of these topics, and specifically, inclusive learning environments. The tuition is paid via the Virginia Child Care Provider Scholarship Program sponsored by Virginia Department of Social Services. The OFC provides the study materials and books for the providers in the certificate program. For additional information, visit the websites, http://www.dss.virginia.gov/files/division/cc/provider_training_development/intro_page/vdss_endorsements/infant_and_toddler_endorsement_info_packet_updated_4.18.pdf and <https://nvcc.academicworks.com/> or www.dss.virginia.gov/family/cc/professionals_resources.cgi. For additional information, call 703-324-8100 or 703-324-8096.

Northern Virginia Community College (NVCC)-School Age Child Care Career Studies Certificate

For both home and center based providers, the School-Age Child Care Career Studies Certificate is designed for providers working with or seeking to work in programs serving children from kindergarten through elementary school-age. These programs would include before and after school programs, extended day programs and summer out-of-school programs. This can be completed going to school full time, in one year equaling 21 semester hours. The certificate includes studies in child development, curriculum,

behavior management, exceptional children and communication skills and focuses specifically on school-age children. Cost for the certificate is approximately \$2250.00 with tuition, books and parking cost included. Individuals can find out more information about scholarships opportunities at <https://nvcc.academicworks.com/> or https://www.dss.virginia.gov/files/division/cc/provider_training_development/intro_page/courses/gen_training_info/DSS_Catalog_WEB4.pdf For additional information about this certificate, visit the website www.nvcc.edu for general information.

Northern Virginia Community College (NVCC)-Early Childhood Development Associate in Applied Science Degree (AAS)

For both home and center based providers, the Early Childhood Development AAS degree is designed for providers who are working with children and want to update and enhance their skills and competencies. It is also designed to develop a solid foundation in early childhood knowledge for the individual who wants to become involved in the care and direction of young children. This would include family child care, daycare and child development settings. This degree can be completed in two years equaling 67 semester hours. The degree includes studies in child development, math, science, writing, behavior management, health, music and movement, communication and more. Cost for the degree is approximately \$7,000.00 with tuition, books and parking. Individuals can find more information about scholarships opportunities at <https://nvcc.academicworks.com/> or www.dss.virginia.gov/family/cc/professionals_resources.cgi.

For additional information about this degree, visit the website www.nvcc.edu for general information or

http://www.dss.virginia.gov/files/division/cc/provider_training_development/intro_page/vdss_endorsements/early_childhood_endorsement_I_creativity_series_intro_packet_updated_4.18.pdf. Under Early Childhood Development for more specific course information.

School Readiness Collaborative, School Readiness Certificate

This grant funded degree program is available to child care providers, home or center based, in Fairfax County through the Institute for Early Learning. The program began in June 2006 after being piloted with a group of providers in four elementary school neighborhoods. The certificate training offers 45 hours of training on topics such as planning early learning programs to promote school readiness, documenting child's progress and growth, developing professional portfolios to track training and professional growth, setting up an enriching learning environment, helping children make smooth transitions to kindergarten, and involving parents in their child's learning. Interested providers can contact Betsi Closter at 703-324-8000.

National Child Care Association-CCP Credential

For both home and center based providers, The Certified Childcare Professional credential authenticates teaching skills and professionalism. This credential is particularly valuable for teachers who have not completed a college degree or whose degree is in another field. You need a high school diploma or the equivalent to be a part of the program. The credential requires 180 hours of continuing education credit which can be acquired by attending conferences, taking courses or using the special video lesson series. A provider would need 720 hours of experience working with

children. A portfolio is used to demonstrate knowledge about young children and how they learn. Each provider has a mentor and is observed by a more experienced teacher.

The final step is to successfully complete the exam. The full fee for the CCP is approximately \$495.00 and this fee includes the cost of the mentor. For additional information, visit the website, <https://necpa.net/page/ccp/> or call 800-543-7161.

Professional Associations

The Division of Early Childhood Education recommends that you join a professional association. You have the option of joining a national association such as National Association for the Education of Young Children (NAEYC) or local associations such as the Northern Virginia Association for the Education of Young Children (NVAEYC) or the Virginia Alliance of Family Child Care Associations (VAFCCA) or both. As a member of an association, you will have opportunities to meet and talk with others in the profession of child care, obtain information about conferences, and order a variety of materials and publications.

National Association for the Education of Young Children (NAEYC)

1509 16th Street NW

Washington, DC 20036-1426

www.naeyc.org

800-424-2460

202-232-8777

- The National Association for the Education of Young Children (NAEYC) is a national organization which also makes you a member of the local chapter, the Northern Virginia Association for the Education of Young Children (NVAEYC), Virginia Association for Early Childhood Educators (VAECE), and the Southern Early Childhood Association (SECA). NAEYC offers early childhood professionals workshops and conference training opportunities as well as advocacy opportunities.
- Membership also entitles you to a reduced rate to attend the national NAEYC Conference and entitles you to a reduced rate to attend the local NVAEYC Conference.

The Northern Virginia Association for the Education of Young Children (NVAEYC)

- Membership entitles you to attend professional workshops for free and also entitles you to a reduced rate to attend the national and local NAEYC Conference.
- It also entitles you to 6 issues of the professional journal, Young Children,
- It also entitles you to NVAEYC newsletter, "Children's World".

Contact Ginny Holloway, 703-327-7969 or Fahemeh Pirzadeh, 703-476-8150 or visit their website at www.nvaeyc.org.

The National Association for Family Child Care (NAFCC)

5202 Pinemont Drive

Salt Lake City, Utah 84123

www.nafcc.org

801-359-3817

- The National Association for Family Child Care (NAFCC) is a professional organization of child care providers who work in their own homes. You can earn your accreditation through this organization. Accreditation tells parents that your child care offers a high standard of quality care.

State and Local Family Child Care Associations

Virginia Alliance of Family Child Care Associations (VAFCCA)

- VAFCCA is a professional state organization for family child care providers.
- Their mission is the professional development of family child care providers and the promotion of quality child care.
- The Alliance represents, supports, and provides training, services, technical support and resources to its members.
- The VAFCCA addresses legislative issues, which affect children, families, and child care workers, by advocating for fair and uniform regulations and enforcement.
- Contact Cheryl Morman, 804-615-2293, www.vafcca1.net or e-mail cherylmorman@yahoo.com.

These local associations offer you the opportunity to get to know other child care providers in your area, attend regular meetings, receive referral assistance, and in some cases, receive additional training opportunities.

Burke Child Care Connection. Contact Susan Gallier, 703-866-2266, or email susangallier@verizon.net or visit the website www.burkechildcareconnection.com

Centreville-Chantilly Child Care Connect-C5. Contact Shashi Negi, 703-489-4212, or email Shashinegi@yahoo.com or contact Sandra Myers, 703-624-9204, or email sandramyers815@gmail.com or visit the website <http://connectwithc5.com>

Child Care Professionals of Alexandria. Contact Sherry Williams, 703-548-6818, or email mssherry8617@gmail.com

Herndon/Reston Family Child Care Association. Contact CeCe Holman, 703-856-7461, or e-mail kdsrme@verizon.net

Hispanic Association for Child Care. Contact Maria Potts, 571-447-1590, or email Hafcc@gmail.com

Northern Virginia FCC Hispanic Association. Contact Angélica Guevara, 703-508-3955, Angysdaycare13@gmail.com

NVFCCA/Mount Vernon-Lee Chapter. Contact Annette Carter McMillan, 703-373-3544, e-mail acnvfcca@yahoo.com or visit the website at www.nvfccamtvernonlee.org

National Association for the Education of Young Children (NAEYC) Code of Ethical Conduct

Early childhood education, like other professions, has a Code of Ethical Conduct which provides guidelines for moral and responsible behavior and guidance in resolving ethical difficulties that face the child care provider. The National Association for the Education of Young Children (NAEYC) created A Code of Ethics which defines your ethical responsibilities to children, families, the people you work with and the community.

It states that early childhood educators:

- Appreciate childhood as a unique and valuable stage of the human life cycle.
- Base work with children on knowledge of child development.
- Appreciate and support the close ties between the child and family.
- Recognize that children are best understood in the context of family, culture and society.
- Respect the dignity, worth, and uniqueness of each individual (child, family member, and colleague).
- Help children and adults achieve their full potential in relationships that are based on trust, respect, and positive regard.
- Maintain confidentiality and respect the privacy of the children and families you serve.

NAEYC, Code of Ethical Conduct and Statement of Commitment: Guidelines for Responsible Behavior in early Childhood Education (1998).

Child Abuse and Neglect

When you suspect that a child is being abused or neglected, you should immediately report your concerns to Child Protective Services. According to Virginia law, any person who suspects child care neglect or abuse is **required** to inform Child Protective Services. Persons who provide full or part-time child care are “mandated reporters” and can be fined for failure to report suspected abuse or neglect to the Child Protective Services Hotline.

You may report without giving your name. Any identifying information about the person reporting remains confidential, unless ordered by the court. Persons reporting in good faith are, by law, immune from civil or criminal liability.

It is not necessary that you have proof before reporting signs and symptoms of child abuse (neglect, physical, sexual and emotional). It is the responsibility of Child Protective Services to make its own determination.

Help is available 24 hours a day, seven days a week, for abused and neglected children, as well as their families.

How to Report Child Abuse and Neglect

- Call the Fairfax County Child Protective Services Hotline 703-324-7400
- Call the State Hotline, Voice and TDD accessible 800-552-7096
- Call the Fairfax County Police 703-691-2131

For additional information, **or visit www.scanva.org to reach the Stop Child Abuse Now (SCAN) website.**

You can also check the Virginia Department of Social Services’ website for more information about child abuse prevention, <http://www.dss.virginia.gov/family/cps/index.cgi>

Training

To learn more about child abuse and neglect and being a mandated reporter, you can take an online course through the Department of Social Services, <http://dss.virginia.gov/abuse/mr.cgi>. You will be able to print a certificate for one hour of training credit after successfully completing the course. If you prefer to receive training in person, you can also sign up to attend one of the Child Abuse and Neglect Recognition and Response workshops offered three times each year through the Institute for Early Learning.

As a Family Child Care Provider, You Are a **Mandated Reporter** of Child Abuse and Neglect



Why Should I Report?

The purpose of mandated reporting is to identify suspected abused and neglected children as soon as possible so that they can be protected from further harm. Child Protective Services cannot act until a report is made. As a mandated reporter, you play a critical role in preventing any future harm to children.

Without detection, reporting, and intervention, these children may remain victims for the rest of their lives. Abused children don't just grow up and forget their childhood. They can carry physical and emotional scars throughout their lives, and may repeat the pattern of abuse or neglect with their own children.

Who Must Report?

Anyone can report suspected child abuse or neglect. You are a family child care provider and according to Virginia law, any person providing full or part-time child care for pay on a regular basis is considered a mandated reporter.

If you are a mandated reporter, or you have received training in recognizing and reporting suspected child abuse and neglect, you are required by law to report your concerns within 24 hours.

When Should I Report?

When you suspect that a child is being abused or neglected, you should immediately report your concerns to the local department of social services in your community. You do not need to have "evidence" or actual knowledge of abuse when you make a report; all you need is reasonable cause, suspicion, or belief based on your observations.

How Should I Report?

You may report anonymously, but you are encouraged to give your name. If you give your name when you report, it will be documented that you have met your legal obligation to report the suspected child abuse and neglect. This makes it possible for the Child Protective Services worker to contact you later if additional information is needed. Even if you provide your name, by law CPS cannot identify the name of the caller to the family.

Who Do I Call?

- Child Protective Services Hotline: 703-324-7400, seven days a week, 24 hours a day.
- If it involves a child in your care, you can also contact the Office for Children at 703-324-8100.

If the Office for Children receives concerns of suspected child abuse or neglect from parents of children in family child care or from family child care providers, then OFC must report that concern to the local department of social services.

What Could Happen if I Do Not Report?

Mandated reporters who fail to report suspected child abuse or neglect, as soon as possible but no longer than 24 hours after having reason to suspect a reportable offense, shall be fined not more than \$500 for the first incident and \$1,000 for any subsequent incidents. Failure to report suspected acts of sexual abuse may result in being charged with a Class 1 misdemeanor. All such incidents are referred to the local commonwealth's attorney.

Section 63.2-1512 of the Code of Virginia protects a person, who either makes a CPS report or participates in a court hearing that results from a CPS report, from criminal and civil liability unless it is proven that the person acted with malicious intent.

What If I Am Not Sure?

If you are a family child care provider, you can discuss the situation with staff at the Child Protective Services Hotline at 703-324-7400. If a child has told you about abuse or neglect, this is enough for you to call. It is better to make your concerns known than to remain silent and possibly allow a child to remain unprotected.

Want To Learn More?

You can learn more about child abuse and neglect and being a mandated reporter by visiting the Department of Social Services website for additional resources. For approved training opportunities:

- You can take a one hour online course through DSS at www.dss.virginia.gov/family/cps/mandated_reporters/cws5692/index.htm. You will be able to print a certificate for one hour of training credit after successfully completing the course.
- If you would like to attend training in person, you can sign up to attend one of the Child Abuse and Neglect Recognition and Response workshops offered throughout the year through the Institute for Early Learning.

This flyer was adapted from: www.dss.virginia.gov/files/division/dfs/mandated_reporters/cps/resources_guidance/B032-02-0280-00-eng.pdf.

Fairfax County

 Office for Children
www.fairfaxcounty.gov/ofc



Reasonable accommodations made upon request; call 703-324-8000 or TTY 711.



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Physical and Behavioral Indicators of Child Abuse and Neglect: Clues to Look for in Detection

Type of Child Abuse/Neglect	Physical Indicators	Behavioral Indicators
PHYSICAL ABUSE	<p>Unexplained bruises and welts:</p> <ul style="list-style-type: none"> - on face, lips, mouth - on torso, back, buttocks, thighs - in various stages of healing - clustered, forming regular patterns - reflecting shape of article used to inflict (electric cord, belt buckle) - on several different surface areas - regularly appear after absence, weekend, or vacation - human bite marks - bald spots <p>Unexplained burns:</p> <ul style="list-style-type: none"> - cigar, cigarette burns, especially on soles, palms, back, or buttocks - immersion burns (socks-like, glove-like, doughnut shaped on buttocks or genitalia) - patterned like electric burner, iron, etc. - rope burns on arms, legs, neck, or torso <p>Unexplained fractures:</p> <ul style="list-style-type: none"> - to skull, nose, facial structure - in various stages of healing - multiple or spiral fractures <p>Unexplained lacerations or abrasions:</p> <ul style="list-style-type: none"> - in mouth, lips, gums, eyes - in external genitalia 	<p>Not sure of adult contacts</p> <p>Apprehensive when other children cry</p> <p>Behavioral extremes:</p> <ul style="list-style-type: none"> - aggressiveness, or - withdrawal - overly compliant <p>Afraid to go home</p> <p>Reports injury by parents</p> <p>Exhibits anxiety about normal activities, e.g., napping</p> <p>Complains of soreness and moves awkwardly</p> <p>Destructive to self and others</p> <p>Early to school or stays late as if afraid to go home</p> <p>Accident prone</p> <p>Wears clothing that covers body when not appropriate</p> <p>Chronic runaway (especially adolescents)</p> <p>Cannot tolerate physical contact or touch</p>

Physical and Behavioral Indicators of Child Abuse and Neglect: Clues to Look for in Detection

Type of Child Abuse/Neglect	Physical Indicators	Behavioral Indicators
PHYSICAL NEGLECT	<p>Consistent hunger, poor hygiene, inappropriate dress</p> <p>Consistent lack of supervision, especially in dangerous activities for long periods</p> <p>Unattended physical problems or medical needs</p> <p>Lice</p> <p>Distended stomach, emaciated</p>	<p>Begging, stealing food</p> <p>Constant fatigue, listlessness or falling asleep</p> <p>States there is no caretaker at home</p> <p>Frequent school absence or tardiness</p> <p>Destructive, pugnacious</p> <p>School dropout (adolescents)</p> <p>Early emancipation from family (adolescents)</p>
SEXUAL ABUSE	<p>Difficulty in walking or sitting</p> <p>Torn, stained or bloody underclothing</p> <p>Pain or itching in genital area</p> <p>Bruises or bleeding in external genitalia, vaginal or anal areas</p> <p>Venereal disease</p> <p>Frequent urinary or yeast infections</p> <p>Frequent unexplained sore throats</p>	<p>Unwilling to participate in certain physical activities</p> <p>Sudden drop in school performance</p> <p>Withdrawal, fantasy or unusually infantile behavior</p> <p>Crying with no provocation</p> <p>Bizarre, sophisticated or unusual sexual behavior or knowledge</p> <p>Anorexia (especially adolescents)</p> <p>Sexually provocative</p> <p>Poor peer relationships</p> <p>Reports sexual assault by caretaker</p>

Physical and Behavioral Indicators of Child Abuse and Neglect: Clues to Look for in Detection

Type of Child Abuse/Neglect	Physical Indicators	Behavioral Indicators
SEXUAL ABUSE		Fear of or seductiveness toward males Suicide attempts (especially adolescents) Chronic runaway Family pregnancies
EMOTIONAL MALTREATMENT	Speech disorders Lags in physical development Failure to thrive (especially in infants) Asthma, severe allergies or ulcers Substance abuse	Habit disorders (sucking, biting, rocking, etc.) Conduct disorders (antisocial, destructive, etc.) Neurotic traits (sleep disorders, inhibition of play) Behavioral extremes - complaint, passive - aggressive, demanding Overly adaptive behavior - inappropriate adult - inappropriate infantile Developmental lags (mental, emotional) Delinquent behavior (especially adolescents)

*From Cynthia Crosson TOWES, Child Abuse and Neglect, A Teacher's Handbook for Detection Reporting and Classroom Management, pp. 82-83. Copyright 1984 by the National Education Association of the United States. Reproduced with permission. This information provided by Fairfax County Department of Family Services Child Protective Services Hotline 703-324-7400



The Code of the County of Fairfax Effective October 20, 2020

An ordinance amendment to Section 30-3-2 authorizes the Fairfax County Community Education and Providers Services program to obtain a copy of the results of a criminal history record information check and sex offender registry search maintained by any other state in which the applicant and/or adult resident of the proposed facility has resided in the preceding five years. However, if the state where the individual previously resided participates in the National Fingerprint File (NFF) program through the FBI, the additional criminal background check is not required and only the search of the sex offender registry is required. This proposed amendment will align the County Code with new state child care licensing requirements, and reflects federal and state requirements for background checks for child care facilities.



The Code of the County of Fairfax Effective July 1, 2018

CHAPTER 30. - Minimum Private School and Child Care Facility Standards.

ARTICLE 1. In General.

Section 30-1-1. Definitions.

Section 30-1-2. Administration and enforcement of Chapter.

Section 30-1-1. - Definitions.

For the purposes of this Chapter, the following words and phrases shall have the meanings respectively ascribed to them by this Section:

Adult means a person 18 years of age or older.

Barrier offense means offenses which bar an applicant from obtaining a home child care facility permit pursuant to this Chapter or mandate revocation of an outstanding permit. Barrier offenses are:

- (1) If the provider or any person who resides in the home is convicted of (i) any of the following offenses set out in the Virginia Code: a felony violation of § 16.1-253.2; any violation of § 18.2-31, 18.2-32, 18.2-32.1, 18.2-32.2, 18.2-33, 18.2-35, 18.2-36, 18.2-36.1, 18.2-36.2, 18.2-41, or 18.2-42; any felony violation of § 18.2-46.2, 18.2-46.3, 18.2-46.3:1, or 18.2-46.3:3; any violation of § 18.2-46.5, 18.2-46.6, or 18.2-46.7; any violation of subsection A or B of § 18.2-47; any violation of § 18.2-48, 18.2-49, or 18.2-50.3; any violation of § 18.2-51, 18.2-51.1, 18.2-51.2, 18.2-51.3, 18.2-51.4, 18.2-51.5, 18.2-51.6, 18.2-52, 18.2-52.1, 18.2-53, 18.2-53.1, 18.2-54.1, 18.2-54.2, 18.2-55, 18.2-55.1, 18.2-56, 18.2-56.1, 18.2-56.2, 18.2-57, 18.2-57.01, 18.2-57.02, 18.2-57.2, 18.2-58, 18.2-58.1, 18.2-59, 18.2-60, or 18.2-60.1; any felony violation of § 18.2-60.3 or 18.2-60.4; any violation of § 18.2-61, 18.2-63, 18.2-64.1, 18.2-64.2, 18.2-67.1, 18.2-67.2, 18.2-

67.3, 18.2-67.4, 18.2-67.4:1, 18.2-67.4:2, 18.2-67.5, 18.2-67.5:1, 18.2-67.5:2, 18.2-67.5:3, 18.2-77, 18.2-79, 18.2-80, 18.2-81, 18.2-82, 18.2-83, 18.2-84, 18.2-85, 18.2-86, 18.2-87, 18.2-87.1, or 18.2-88; any felony violation of § 18.2-279, 18.2-280, 18.2-281, 18.2-282, 18.2-282.1, 18.2-286.1, or 18.2-287.2; any violation of § 18.2-289, 18.2-290, 18.2-300, 18.2-308.4, or 18.2-314; any felony violation of § 18.2-346; any violation of § 18.2-355, 18.2-356, 18.2-357, or 18.2-357.1; any violation of subsection B of § 18.2-361; any violation of § 18.2-366, 18.2-369, 18.2-370, 18.2-370.1, 18.2-370.2, 18.2-370.3, 18.2-370.4, 18.2-370.5, 18.2-370.6, 18.2-371.1, 18.2-374.1, 18.2-374.1:1, 18.2-374.3, 18.2-374.4, 18.2-379, 18.2-386.1, or 18.2-386.2; any felony violation of § 18.2-405 or 18.2-406; any violation of § 18.2-408, 18.2-413, 18.2-414, 18.2-423, 18.2-423.01, 18.2-423.1, 18.2-423.2, 18.2-433.2, 18.2-472.1, 18.2-474.1, 18.2-477, 18.2-477.1, 18.2-477.2, 18.2-478, 18.2-479, 18.2-480, 18.2-481, 18.2-484, 18.2-485, 37.2-917, or 53.1-203; any violation of § 18.2-89, 18.2-90, 18.2-91, 18.2-92, 18.2-93, or 18.2-94; any felony violation of § 18.2-248, 18.2-248.01, 18.2-248.02, 18.2-248.03, 18.2-248.1, 18.2-248.5, § 18.2-250, 18.2-251.2, 18.2-251.3, 18.2-255, 18.2-255.2, 18.2-258, 18.2-258.02, 18.2-258.1, or 18.2-258.2; (ii) any substantially similar offense under the laws of another jurisdiction; (iii) any offense set forth in Va. Code § 9.1-902 that results in the person's requirement to register with the Sex Offender and Crimes Against Minors Registry pursuant to Va. Code § 9.1-901, including any finding that a person is not guilty by reason of insanity in accordance with Chapter 11.1 (§ 19.2-182.2 et seq.) of Title 19.2 of the Virginia Code of an offense set forth in Va. Code § 9.1-902 that results in the person's requirement to register with the Sex Offender and Crimes Against Minors Registry pursuant to Va. Code § 9.1-901, or any substantially similar offense under the laws of another jurisdiction, or any offense for which registration in a sex offender and crimes against minors registry is required under the laws of the jurisdiction where the offender was convicted; (iv) any other felony not included in clause (i), (ii), or (iii), unless five years have elapsed from the date of the conviction; or (v) any offense listed as a "Barrier crime" in Va. Code § 19.2-392.02, including all subsequent amendments or modifications thereto. Convictions shall include prior adult convictions and juvenile convictions and adjudications of delinquency based on a crime that would be a felony if committed by an adult within or outside the Commonwealth.

- (2) If the provider or a person who resides in the home is the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth; and
- (3) If the provider makes a false statement regarding a material fact on an application for a home child care permit under this Chapter; this bar shall remain in effect for a period of one year from the time the permit is denied or revoked on this basis.

Director of Health means the Director of the Fairfax County Health Department or the authorized agent of the Director of the Fairfax County Health Department.

Director of the Office for Children means the Director of the Fairfax County Office for Children or the authorized agent of the Director of the Fairfax County Office for Children.

Home child care facility means any facility located in a dwelling or mobile home, as defined in Article 20 of Chapter 112 of the Fairfax County Code (the Zoning Ordinance), where a person, for compensation, regularly provides care, protection, supervision and guidance to one or more children who do not reside in the facility and who are not attended by a parent, guardian or legal custodian while they are in that facility, during a part of the day for at least four days of a calendar week. If, on a regular basis, a person receives compensation for the care, protection, supervision and guidance of one or more children in a structure other than a dwelling or mobile home, as defined in the Zoning Ordinance, that facility shall be deemed to be a child care center and included within those facilities defined in this Section. A home child care facility does not include: (i) any family day home licensed by the Commonwealth pursuant to *Virginia Code* § 63.2-1701 or any facility exempted from licensure by *Virginia Code* § 63.2-1715; (ii) any dwelling or mobile home where a person provides care solely for children who reside there; or (iii) any dwelling or mobile home where a person provides care solely for relatives of the resident owner or tenant. However, if on a regular basis, a person receives compensation for the care, protection, supervision and guidance of one or more children who do not reside in that dwelling or mobile home and who are not attended by a parent, guardian or legal custodian while they are in that dwelling or mobile home during a part of the day for at least four days of a calendar week, and a home child care facility is established thereby, then any children who are related to the person who provides such care and are present in that dwelling or mobile home and any other children who reside in that dwelling or mobile home shall be counted and considered in determining whether the facility complies with the provisions of this Chapter.

Occasional child care means care provided on an hourly basis, for one or more children between the ages of six weeks and 12 years of age, for a period not to exceed four hours within any one day, which is contracted for by a parent, guardian, or legal custodian for the same child not more than ten days within a calendar month.

Permit means authorization from the County to operate a private school, nursery school, child care center or home child care facility for the care, guidance, education, training or protection of children in compliance with this Chapter.

Private school, nursery school, or child care center means any place, home, facility, or institution, however designated, or any part thereof, that (1) is eligible for an exemption from state licensure pursuant to *Virginia Code* §§ 63.2-1716 and 63.2-1717; (2) is operated for the purposes of providing care, guidance, education or training; and (3) receives on a regular basis, for any period of more than one hour but less than twenty-four hours in any twenty-four-hour period, one or more children under the age eligible for enrollment in the Fairfax County Public Schools who are not attended by a parent, guardian or person with legal custody. A home child care facility, as defined in this Section, shall not be included within this definition.

Provider means the adult responsible for obtaining the permit and for the day-to-day operation of the home child care facility. The provider is responsible for providing care, protection, supervision, and guidance to children in a home child care facility.

Substitute Care Provider means any person who provides care, protection, supervision, and guidance to children when the provider is away from the home child care facility.

Section 30-1-2. Administration and enforcement of Chapter.

The Director of Health shall administer and enforce the provisions of Article 2 of this Chapter. The Director of the Office for Children and the Chief of the Fairfax County Fire and Rescue Department or the agent of the Chief ("the Fire Code Official") shall administer and enforce the provisions of Article 3 of this Chapter.

ARTICLE 3. Home Child Care Facilities.

Section 30-3-1. Permit required.

Section 30-3-2. Annual permit application, issuance or denial.

Section 30-3-3. Temporary permits.

Section 30-3-4. Provider Qualifications.

Section 30-3-4.1. Substitute Care Providers.

Section 30-3-5. Permitted Numbers of Children.

Section 30-3-6. Physical facilities, equipment and operation.

Section 30-3-6.1. Home child care facility fire safety requirements.

Section 30-3-7. Immunizations.

Section 30-3-8. Inspection of facilities.

Section 30-3-9. Enforcement.

Section 30-3-10. Appeals from permit denials, revocations and suspensions.

Section 30-3-1. Permit required.

It is unlawful to operate a home child care facility within the County without a valid permit. Permits shall be issued by the Director of the Office for Children on an annual basis. Permits shall be valid for a period of one year from the date of issuance.

Section 30-3-2. - Annual permit application, issuance or denial.

(a) A person proposing to operate a home child care facility, and each adult who resides in the proposed facility, shall submit to fingerprinting and shall provide personal descriptive information to be forwarded along with each individual's fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal history record information regarding each such person. The applicant shall also submit an application on a form prepared by the Director of the Office for Children, which shall include:

- (i) The name and address of the home child care facility;
- (ii) The name of the applicant;
- (iii) A statement of whether the applicant currently holds or previously held a home child care facility permit in the County;

- (iv) The names of all persons who reside in the home;
- (v) A sworn statement from the applicant and each adult who resides in the proposed facility stating whether he or she has ever been convicted of or is the subject of any pending charges for any offense within or outside the Commonwealth and consent forms signed by the applicant and each adult who resides in the proposed facility allowing the Director of the Office for Children to obtain the results of the criminal history record search conducted in accordance with Section 30-3-2(b)(iii). The applicant must pay any fee required in connection with such criminal history investigation for each person making disclosures and providing consent forms;
- (vi) A sworn statement from the applicant and each adult who resides in the proposed facility stating the names of all states in which he or she has lived in the 5 years prior to the date of the application and stating whether he or she has been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth of Virginia and consent forms signed by the applicant and each adult who resides in the proposed facility giving consent to the Director of the Office for Children to obtain a copy of the results of a search of the central registry maintained pursuant to Va. Code § 63.2-1515, and any child abuse and neglect registry or equivalent registry maintained by any other state in which the applicant or any adult who resides in the proposed facility has resided in the previous five years for any founded complaint of child abuse or neglect; the applicant shall also provide sworn statements from a parent, guardian or legal custodian on behalf of all minors age 14 and older who reside in the proposed facility stating whether the minor has been the subject of a founded complaint of child abuse or neglect and consent forms signed the parent, guardian or legal custodian of all minors age 14 and older who reside in the proposed facility, giving consent to the Director of the Office for Children to obtain a copy of the results of a search of the central registry maintained pursuant to Va. Code § 63.2-1515 for any founded complaint of child abuse or neglect;
- (vii) Copies of the applicant's current certifications in first aid and cardiopulmonary resuscitation (CPR);
- (viii) Proof of the applicant's compliance with the training requirements established in Section 30-3-4(b), which shall consist of records provided by the trainer or, if none are provided by the trainer, records maintained by the applicant;
- (ix) A description of the structure in which the home child care facility is proposed to be operated, including a description of all places and areas to which the children shall have access;
- (x) The proposed hours of operation;
- (xi) A statement of whether the applicant is 18 or more years old;
- (xii) A certificate from a physician, physician's designee, or Health Department official stating that acceptable screening methods (tuberculin skin test and/or tuberculosis risk and symptom screen and/or chest X-ray), singly or in combination as determined appropriate by the signatory, indicate that the applicant and all adult household residents are currently free from communicable tuberculosis. The screen must be performed every two years or more frequently as recommended by a physician or the local health department;
- (xiii) A written policy describing what the applicant will do with children in care who are

sick and a written emergency preparedness plan;

- (xiv) Such other information, including, but not limited to, information concerning applicant's child care training and special skills, as the Director of the Office for Children may deem appropriate;
- (xv) The application fee of \$14, which is in addition to any business or occupation license tax imposed by the County, and any other taxes or fees that may be required to engage in the business.

If the information the provider submits in accordance with subsections (iv), (v), (vi), and (xii) changes during the term of the permit, the provider must report the change to the Director of the Office for Children within 21 days and must promptly submit updated information and documents.

(b) Upon submission of an application to the Office for Children:

- (i) The Director of the Office for Children shall inspect the proposed facility to determine whether it is in compliance with this Article and all applicable Virginia law that may affect the health and safety of the children who may attend or be present at the facility.
- (ii) The Fire Code Official shall conduct a fire safety inspection of the proposed facility and advise the Director of the Office for Children of any noncompliance with this Article or any applicable Virginia law that may affect the health and safety of the children who may attend or be present at the facility.
- (iii) If the applicant does not hold a permit under this Article at the time of the application, the Director of the Office for Children shall require that the fingerprints and personal descriptive information for the applicant and each adult who resides in the proposed facility be forwarded to the Central Criminal Records Exchange and request a search of the Central Criminal Records Exchange and a national criminal history search by the Federal Bureau of Investigation to determine whether the applicant or any persons who reside in the home have committed any crimes that constitute barrier offenses. Otherwise, the Director may request a criminal records search if five or more years have passed since the last records search on an individual, or upon receipt of new information submitted in accordance with this section, or as the Director deems appropriate in extenuating circumstances.
- (iv) If the applicant does not hold a permit under this Article at the time of the application, the Director of the Office for Children shall request a copy of the results of a search of the central registry maintained pursuant to Va. Code § 63.2-1515 for the applicant and all individuals age 14 and older that reside in the proposed facility, and a copy of the results of a search of any child abuse and neglect registry or equivalent registry maintained by any other state in which the applicant or any adult who resides in the proposed facility has resided in the preceding five years for the applicant and all adults who reside in the proposed facility, for any founded complaint of child abuse or neglect. Otherwise, the Director may request a copy of the central registry maintained pursuant to Va. Code § 63.2-1515 if five or more years have passed since the last records search on an individual, or upon receipt of new information submitted in accordance with this section, or as the Director deems appropriate in extenuating circumstances.

(c) The Director of the Office for Children shall issue a permit to an applicant if the

Director determines from the information contained in the permit application, the facility inspections, and the records searches that (i) the applicant is an adult; (ii) neither the applicant nor any person who resides in the facility has committed any barrier offense; and (iii) both the applicant and the proposed facility are in compliance with this Article and all applicable Virginia laws that may affect the health and safety of the children who may attend or be present at the proposed facility. The permit shall be displayed in the home child care facility by the provider.

- (d) The Director of the Office for Children shall deny a permit to any applicant if the Director determines from the information contained in the permit application, the facility inspections, and the records searches that (i) the applicant is not an adult; (ii) the applicant or any person who resides in the facility has committed any barrier offense; or (iii) either the applicant or the proposed facility is not in compliance with this Article and all applicable Virginia laws that may affect the health and safety of the children who may attend or be present at the proposed facility. If the denial is based on the results of the searches of the records of the Central Criminal Records Exchange, the national criminal background check, or the Department of Social Services, the Director shall provide the applicant a copy of the information upon which the denial was based.

Section 30-3-3. Temporary permits.

- (a) A person proposing to operate a home child care facility that is not in compliance with the requirements of this Article may apply to the Director of the Office for Children for a temporary permit to operate a home child care facility for a period of not more than six months. The Director of the Office for Children may grant such a temporary permit for a period of not more than six months if the applicant:
- (i) Is an adult;
 - (ii) Certifies that all the requirements of this Article will be met within six months from the date of issuance of the temporary permit or within such lesser period as may be approved by the Director;
 - (iii) Agrees to apply for a regular permit as soon as the facility is able to comply with the requirements of this Article;
 - (iv) Certifies that neither the applicant nor any adult who resides in the proposed facility has committed any barrier offense; and
 - (v) The Director of the Office for Children has no information which is contrary to the applicant's certification.
- (b) If the holder of a temporary home child care facility permit is unable to comply with the requirements of this Article within the period authorized by the temporary permit period, the holder of the temporary permit may apply to the Director of the Office for Children for an extension of the temporary permit for an additional period of not more than six months. If in the judgment of the Director of the Office for Children the failure to comply with the provisions of this Article was the result of circumstances beyond the control of the holder of the temporary permit then the Director of the Office for Children may extend the temporary permit for an additional period of not more than six months.

Section 30-3-4. - Provider Qualifications.

- (a) The provider must be an adult.

- (b) The provider must be trained in areas such as physical, intellectual, social, and emotional child development; behavior management and discipline techniques; health and safety in the home child care environment; art and music activities for children; nutrition; child abuse detection and prevention; recognition and prevention of the spread of communicable diseases; emergency preparedness; and business practices of family child care. All providers must attend 16 hours of training by an approved trainer during the term of the permit. The Director of the Office for Children shall maintain a list of entities that are approved as trainers. Upon request from the provider, accompanied by information about the entity and/or the course, the Director of the Office for Children may approve additional trainers or a specific course.
- (c) The provider must be currently certified in first aid and cardiopulmonary resuscitation (CPR).
- (d) In addition to the training required in subsection (b) above, and except as set forth in Section 30-3-6(o) and (p), a provider who administers prescription medications or non-prescription medications to children in care must satisfactorily complete a training program for this purpose developed or approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or pharmacist. Providers required to complete the training program shall be retrained at three-year intervals.

Section 30-3-4.1. Substitute Care Providers.

- (a) When a provider must be away from the home child care facility, a substitute care provider may be used. Substitute care shall not exceed 240 hours per calendar year. Any substitute care provider must be an adult.
- (b) The substitute care provider shall submit to the Director of the Office for Children the disclosure and statement required of providers by Section 30-3-2(a), subsections (v) and (vi), along with payment of the applicable fees. A provider shall not use a substitute care provider until the Director has notified the provider that the substitute care provider has not committed a barrier offense.
- (c) The substitute care provider must be currently certified in first aid and cardiopulmonary resuscitation (CPR). The provider must maintain copies of the certifications.
- (d) The substitute care provider must have a tuberculosis screening in accordance with Section 30-3-2(xii). The provider must maintain copies of the screenings.

Section 30-3-5. - Permitted Numbers of Children.

No home child care facility shall care for more children than specified in each of the following provisions:

- (a) The total number of nonresident children at a home child care facility at any one time shall not exceed four; and
- (b) The total number of children at a home child care facility at any one time who are less than two years of age, including any resident children, shall not exceed four;
- (c) And the total number of children at a home child care facility at any one time who are under the age at which they are required to be enrolled in a public or private school pursuant to Virginia Code § 22.1-254, including any resident children, shall not exceed six; and

- (d) The total number of children at a home child care facility at any one time, including any resident children who are less than ten years of age, shall not exceed eight.

Section 30-3-6. - Physical facilities, equipment and operation.

- (a) Providers shall supervise children in a manner which ensures that the provider is aware of what the children are doing at all times and can promptly assist or redirect activities when necessary. In deciding how closely to supervise children, providers shall consider the ages of the children, individual differences and abilities, layout of the house and play area, neighborhood circumstances or hazards and risk activities in which children are engaged.
- (b) All rooms used for child care shall be dry, well-lighted and have adequate ventilation and shall be smoke free when any child in care is present. Windows that can be opened shall be screened from April 1 through November 1 of each year.
- (c) The provider shall provide each child with adequate space to allow free movement and active play indoors and out. Indoor and outdoor areas shall provide developmentally appropriate activities, supplies, and materials that are safe and accessible. All areas shall be free of dangerous and hazardous conditions.
- (d) Covered, washable waste receptacles shall be provided for all waste materials, diapers, garbage, and refuse. Trash and other waste materials shall be removed as often as necessary to prevent excessive accumulations and shall be deposited in trash or waste disposal containers.
- (e) Toxic or dangerous materials shall be stored in areas that are inaccessible to children and separate from food supplies and areas in which food is prepared.
- (f) Dogs and cats four months old or older that regularly are present at the facility shall be immunized for rabies, and records of such immunizations shall be kept available at the facility for inspection by the Director of the Office for Children.
- (g) A refrigerator shall be used for perishable food and that refrigerator shall maintain a constant temperature of 40 degrees Fahrenheit or less. Food brought into any home child care facility for consumption by nonresident children shall be clearly marked for consumption by the children for whom the food is intended. Meals or snacks shall be offered to the children at least once every three hours. Home child care facilities that provide meals or snacks to children in care shall follow the most recent, age-appropriate nutritional guidelines set forth by the United States Department of Agriculture, Food and Nutrition Service.
- (h) Each home child care facility that is not served by a public water supply shall have a private water supply approved by the Department of Health. Each home child care facility that is not served by a public sewage disposal system shall have a private sewage disposal system approved by the Department of Health. Drinking water from a public water supply, well permitted by the Department of Health, or other source acceptable to the Department of Health shall be available for all children.
- (i) Except for those rooms used by children while sleeping under covers, all rooms used for child care shall be maintained at a temperature of not less than 68 degrees Fahrenheit.
- (j) Providers shall not use or allow any other person to use corporal punishment, physical, verbal, or emotional punishment, or any humiliating or frightening methods of discipline.
- (k) Firearms of every type and purpose shall be stored unloaded in a locked container,

compartment, or cabinet, and apart from ammunition. Ammunition shall be stored in a locked container, compartment, or cabinet during the home child care facility's hours of operation. If a key is used to lock the container, compartment, or cabinet, the key shall be inaccessible to children.

- (l) Providers shall handle blood, bodily fluids, and other potentially infectious materials as if known to be infectious for human immunodeficiency virus, hepatitis B virus, and other blood borne pathogens.
- (m) During rest times the provider shall provide appropriate sleeping equipment that meets the current standards of the United States Consumer Product Safety Commission for children birth through 12 months of age and for children over 12 months of age who are not developmentally ready to sleep on a cot or bed. If children are in care overnight on a regular or frequent basis, then the provider shall provide cribs that meet the current standards of the United States Consumer Product Safety Commission for full-size baby cribs for children from birth through 12 months of age and for children over 12 months of age who are not developmentally ready to sleep on a cot or bed.
- (n) All home child care facilities shall be maintained free from rodents and insect infestation.
- (o) Except as set forth in subsection (p) below, whenever the home child care facility has agreed to administer prescription medications or non-prescription medications, the medication shall be administered in compliance with the Virginia Drug Control Act by a provider who has satisfactorily completed the training required by Section 30-3-4(d).
- (p) Notwithstanding subsection (o) above, a provider may administer nonprescription topical skin products such as sunscreen, diaper ointment and lotion, oral teething medicine, and insect repellent, provided the following requirements are met:
 - (i) The provider has obtained written authorization, at least annually, from a parent or guardian noting any known adverse reactions;
 - (ii) The product is in the original container and, if the product is provided by the parent, labeled with the child's name;
 - (iii) The product is applied in accordance with the manufacturer's instructions;
 - (iv) Parents are informed immediately of any adverse reaction;
 - (v) The product shall not be used beyond the expiration date of the product;
 - (vi) Sunscreen must have a minimum sunburn protection factor (SPF) of 15; and
 - (vii) The product does not need to be kept locked, but shall be inaccessible to children.
- (q) The home child care facility shall annually obtain written permission from the parent of each child who participates in swimming or wading activities, and a written statement from the parent advising of a child's swimming skills before the child is allowed in water above the child's shoulder height.
 - (i) The provider shall have a system for accounting for all children in the water.
 - (ii) Outdoor swimming activities shall occur only during daylight hours.

- (iii) When one or more children are in water that is more than two feet deep in a pool, lake, or other swimming area on or off the premises of the home child care facility, the provider and another person 15 years or older shall be present at all times and either the provider or the other person must be currently certified in basic water rescue, community water safety, water safety instruction, or lifeguarding. The certification shall be obtained from a national organization such as the American Red Cross or the YMCA.
- (r) (i) Access to the water in above-ground swimming pools shall be prevented by locking and securing the ladder in place or storing the ladder in a place inaccessible to children.
- (ii) A non-climbable barrier at least four feet high such as, but not limited to, a fence or impenetrable hedge shall surround outdoor play areas located within 30 feet of drowning hazards such as, but not limited to, in-ground swimming or wading pools, ponds, or fountains not enclosed by safety fences.
- (iii) Portable wading pools without integral filter systems shall be emptied, rinsed, and filled with clean water after use by each group of children or more frequently as necessary; and shall be emptied, sanitized, and stored in a position to keep them clean and dry when not in use during the home child care facility's hours of operation. Portable wading pools shall not be used by children who are not toilet trained. Bathtubs, buckets, and other containers of liquid accessible to children shall be emptied immediately after use.
- (iv) Hot tubs, spas, and whirlpools shall not be used by children in care, and shall be covered with safety covers while children are in care.

Section 30-3-6.1. Home child care facility fire safety requirements.

- (a) Telephone service shall be available, operable and accessible during the home child care facility's hours of operation.
- (b) All landline telephones shall be labeled with 911 stickers approved by the Office of the Fire Code Official.
- (c) Address numbers or building numbers shall be placed in a position that is plainly legible and visible from the street or road fronting the property.
- (d) Combustible waste material, lint, and dust creating a fire hazard shall not be allowed to accumulate in or on dryers, heating appliances, and furnaces.
- (e) Kitchen ranges, ovens, and exhaust hoods, grease removal devices, fans, ducts, and other appurtenances shall be free of excessive grease.
- (f) All exit stairs, interior or exterior, shall be in good repair and shall be provided with handrails and guard rails as required by the Virginia Uniform Statewide Building Code.
- (g) All egress pathway and exit doors shall be unlocked in the direction of egress and free from obstructions that would prevent their use, including debris, storage, and accumulations of snow and ice.
- (h) Closet and bathroom doors shall be unlocked in the direction of egress and designed to permit opening of the locked door from the outside with a readily accessible opening device.

- (i) Electrical hazards identified by the Fire Code Official shall be abated in accordance with the Virginia Uniform Statewide Building Code.
- (j) Extension cords, temporary wiring, and flexible cords shall not be substituted for permanent wiring. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings, or floors, or under doors or floor coverings, or be subject to environmental or physical damage.
- (k) A working space of not less than 30 inches in width, 36 inches in depth, and 78 inches in height shall be provided in front of the electrical service equipment. Where the electrical service equipment is wider than 30 inches, the working space shall not be less than the width of the equipment. No storage of any materials shall be located within the designated working space.
- (l) The use of portable unvented fuel-fired heating equipment is prohibited except in single-family dwellings classified R-5 by the Virginia Uniform Statewide Building Code. Where allowed, such equipment must be listed and approved by a nationally recognized testing laboratory.
- (m) Where portable unvented fuel-fired heating equipment is allowed, the heating element or the combustion chamber shall be permanently guarded so as to prevent accidental contact by persons or combustible material.
- (n) Fireplace screens, glass, or doors shall be in good condition and designed to guard against accidental contact with the combustion chamber contents. The fireplace screen, glass, or doors shall be affixed to prevent accidental release of embers or products of combustion.
- (o) Wood stoves shall be listed and approved by a nationally recognized testing laboratory. Wood stoves shall be used and installed in accordance with the manufacturer's specifications. The provider shall have the manufacturer's specifications available on site for the Fire Code Official's review upon request.
- (p) Fireplaces, wood stoves, and chimneys shall be inspected and cleaned annually or as often as necessary to remove the buildup of creosote and other flammable residues. The provider shall have proof of inspection available on site for the Fire Code Official's review upon request.
- (q) Ashes from fireplaces and wood stoves shall be removed to the outside and stored in a container, with a tight fitting lid, which has been listed and approved by a nationally recognized testing laboratory.
- (r) The furnace and other heating appliances shall maintain clearance from ignition sources as specified by the equipment manufacturer, unless the provider can establish cause for an exception.
- (s) Storage of combustible materials in buildings shall be orderly. Storage shall be separated from heaters or heating devices by distance or shielding so that ignition cannot occur.
- (t) Heating systems and associated ductwork shall be clean and in good working order. Adequate combustion air must be provided as required by the Virginia Uniform Statewide Building Code. Flues for the exhaust of carbon monoxide and other by-products of combustion shall be free of leaks and in good repair.

- (u) An operable smoke alarm shall be provided outside of each sleeping area, with at least one such device on each floor. Each smoke alarm shall be tested at least once a month and records of testing provided to the Fire Code Official upon request. Smoke alarms may be of the fixed-wired or battery type.
- (v) An operable carbon monoxide alarm shall be installed in homes according to the manufacturer's specifications where appliances may produce carbon monoxide. Each carbon monoxide alarm shall be tested at least once a month and records of testing provided to the Fire Code Official upon request.
- (w) Portable fire extinguishers having a minimum rating of 1A10BC shall be properly mounted and readily accessible (i) within 30 feet of cooking equipment; and (ii) in areas where flammable liquids are stored, used, or dispensed.
- (x) Portable fire extinguishers shall be selected, installed, and maintained in accordance with the manufacturer's specifications. All fire extinguishers shall be replaced at least every six years.
- (y) Storage of flammable or combustible liquids inside buildings in containers and portable tanks shall be in accordance with the Virginia Statewide Fire Prevention Code and the manufacturer's recommendations. Areas of flammable and combustible liquid storage shall be secured to prevent access during the home child care facility's hours of operation.
 - (i) Combustible waste material creating a fire hazard shall not be allowed to accumulate in buildings, structures, or upon premises.
 - (ii) Areas of storage of machinery such as lawnmowers and power tools shall be inaccessible to the children in care.
- (z) The provider shall prepare an emergency evacuation plan, which shall include the preferred method to notify employees, children, and other occupants of an emergency situation; emergency egress routes from each room where child care is permitted; procedures for accounting for employees, children, and other occupants; and the preferred and alternate plans to notify emergency response organizations.
- (aa) Fire evacuation drills shall be conducted monthly in all home child care facilities. Records shall be maintained on site and provided to the Fire Code Official upon request. Each record shall include the identity of the person conducting each drill; the date and time of each drill; the notification/initiating method used; the number of occupants evacuated; special conditions simulated; problems encountered; weather conditions when occupants were evacuated; and the time required to accomplish a complete evacuation.
- (bb) Rooms used for sleeping must provide two means of exit, one which leads directly to the outside, as required by the Virginia Uniform Statewide Building Code.

Section 30-3-7. Immunizations.

The provider shall not accept into care any child who has not been immunized, or exempted from mandatory immunization, in accordance with *Virginia Code* § 32.1-46. The provider shall maintain for each child a copy of the child's immunization records; or a statement from the parents certifying that they object on religious grounds but that, to the best of the parent's knowledge, the child is in good health; or a statement from a

physician indicating that immunization is not currently advisable for specific health reasons and an estimated date when immunizations can be safely administered.

Section 30-3-8. Inspection of facilities.

In addition to the inspections required by Section 30-3-2, with the consent of the owner, provider, or agent in charge of the facility, or pursuant to a duly issued inspection warrant, the Director of the Office for Children shall have the right at all reasonable times to inspect all areas of any home child care facility that are accessible to children for compliance with this Article. Warrants to inspect any such facility shall be based upon a demonstration of probable cause and supported by affidavit.

Section 30-3-9. Enforcement.

- (a) Any person operating a home child care facility without the permit required by this Article shall be guilty of a Class 2 misdemeanor as provided in Section 1-1-12 of this Code.
- (b) Any person subject to this Article who fails to comply with any other requirement of this Article or the permit shall be subject to such administrative action as prescribed in this Section. However, administrative action by the Director of the Office for Children shall not preclude any other administrative, civil or criminal proceedings authorized by law as a result of the same conduct.
- (c) The Director of the Office for Children may revoke any permit granted under this Article if during the term of the permit the home child care facility is found by the Director to be in violation of the permit or this Article or if any circumstances exist which, if existing at the time of the permit application, would have warranted denial of the application. The Director of the Office for Children may suspend any permit granted under this Article if during the term of the permit the Director reasonably suspects a violation of the permit, this Article, or any applicable Virginia laws that may affect the health and safety of the children who may attend or be present at the facility. Prior to suspending or revoking any permit, unless in the judgment of the Director of the Office for Children there are exigent health and safety conditions which justify immediate suspension of a permit, the Director of the Office for Children shall give the provider at least ten calendar days written notice of the proposed suspension or revocation. In the case of exigent health and safety conditions which in the judgment of the Director of the Office for Children justify the immediate suspension of the permit, the Director of the Office for Children shall suspend the permit immediately and notify the provider as soon as is practicable.
- (d) If a permit to operate a home child care facility is revoked or suspended by the Director of the Office for Children, the provider shall notify all clients. Evidence of such notification shall be submitted to the Director of the Office for Children.

Section 30-3-10. Appeals from permit denials, revocations and suspensions.

Any applicant for a home child care facility permit whose application is denied and any provider whose permit is suspended or revoked may submit a written request to the Director of the Office for Children for a hearing on the matter. Any request for hearing must be submitted to the Director of the Office for Children within ten business days of the time the provider receives notice of the action regarding which the provider seeks a hearing, and must specify the grounds for appeal.

ARTICLE 4. Miscellaneous Provisions.

Section 30-4-1. Severability.

If any section of this Chapter or any portion thereof is held invalid or unconstitutional by any court of competent jurisdiction or administrative agency, such decision shall not affect the validity of the remaining sections or portions hereof.

Resources

County Websites

Libraries- Includes information on how to apply for a library card, reserve specific books you want to read with children, and find out about your community library programs.

<https://www.fairfaxcounty.gov/library/>

Health Department, Health Clinics- Provides information on making an appointment to get a TB test at the health clinic near you, hours opened and their addresses.

<https://www.fairfaxcounty.gov/health-humanservices/>

Department of Tax Administration- Provides information about obtaining the required Business, Professional and Occupational License (BPOL) for your Family Child Care business. <https://www.fairfaxcounty.gov/topics/taxes-and-fees>

Park Authority Partakes-Offers training opportunities that may count toward the required training hours to renew your permit. Consult your child care specialist in advance to get the training approved before you attend.

<https://www.fairfaxcounty.gov/topics/recreation-and-parks>

Office of Emergency Management, Community Emergency Alert Network (CEAN) – Provides information on registering for the CEAN program to receive emergency alerts, warnings and updates during **major crisis and emergency**.

<https://www.fairfaxcounty.gov/emergencymanagement/>

Family Services-For additional information on child abuse and neglect and intervention, you can visit the Blue Ribbon Campaign website at

<https://www.fairfaxcounty.gov/health-humanservices/>

Zoning-Reviews compliance with zoning ordinances.

<https://www.fairfaxcounty.gov/topics/land-use-and-planning>

Virginia State Websites

Virginia State Police, The Sexual Offender Search- Allows you to enter your zip code and find out whether a convicted sexual offender is living in or near the area you live or play with children. <https://sex-offender.vsp.virginia.gov/sor/>

Virginia Department of Social Services, VISSTA- Offers a variety of training opportunities for a small fee. These trainings count toward the required training hours to renew your permit

https://www.dss.virginia.gov/family/cc/professionals_resources.cgi

For more information about child abuse prevention, you can visit the Virginia Department of Social Services' website

<https://www.dss.virginia.gov/family/cps/index.cgi>

Federal Government

Internal Revenue Service- Providers are required to have a tax identification number. If you do not want to use your social security number, you must apply through the IRS for an Employer Identification Number (EIN). www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Small-Business-and-Self-Employed-Tax-Center-1

Other Organizations

National Association for the Education of Young Children, (NAEYC) - Offers early childhood professionals workshops and **national conference** training opportunities as well as advocacy opportunities. www.naeyc.org

Northern Virginia Association for the Education of Young Children, (NVAEYC) - Provides training workshops throughout the year on a variety of topics for a small fee as well as a **local conference**. These trainings count toward the required training hours to renew your permit. www.nvaeyc.org.

Zero to Three - Provides information on the care and development of children from birth to three years of age. Excellent resources in literacy development and brain development and offers a **national conference**. www.zerotothree.org.

The National Association for Family Child Care (NAFCC) – Offers information on accreditation, advocacy, and provides training designed specifically for family child providers and a **national family child care conference**.

Women’s Business Center of Northern Virginia - Provides classes and workshops on business skills, finance and marketing for a small fee. Offer a **local business development conference**. These trainings count toward the required training hours to renew your permit. www.ed2go.com/cbponline/

Stop Child Abuse Now (SCAN) - Provides parent education and family support. Visit their website, www.scanva.org

Materials and Supplies

Kaplan, www.kaplanco.com

Redleaf Press, www.redleafpress.org

Discount School Supply, www.discountschoolsupply.com

Childcraft, www.childcraft.com

Chapter 6 Useful Forms

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Child's File Checklist _____

Required Documentation

- _____ Immunization record (or doctor's note and Religious Exemption form)
- _____ Written child care sick policy
- _____ Written emergency preparedness plan including shelter in place and lockdown areas
- _____ Authorization to administer prescription medication (Administering Prescription and Nonprescription Medication Record form)
- _____ Permission to Participate in Swimming or Wading if applicable
- _____ State subsidy providers - "Proof of Child Identity and Age" and a written allergy care plan

Important Health and Safety Information

- _____ Emergency Contact Information form
- _____ Likes and dislikes
- _____ Authorization for Medical Treatment form
- _____ Illness/Injury report
- _____ General disposition
- _____ Allergies and food restrictions/dietary needs
- _____ Prescription or Nonprescription medication
- _____ Special blanket for napping
- _____ Toys and interests
- _____ Language spoken
- _____ Ways to encourage positive behavior

Good Business Practice Considerations

- _____ Defined business services offered
- _____ Fees and hours
- _____ Days closed and vacation
- _____ Food arrangement and instructions
- _____ Field trip and transportation permission
- _____ Clothing requests
- _____ Other blank business forms

Child Care Agreement

Provider _____, Phone Number _____

Address _____

Welcome to my family child care home. Parents are welcome to visit at any time during child care hours. The purpose of this agreement is to define the mutual terms for child care arrangements. Please let me know of any changes of address or telephone or emergency numbers. *Please complete the **Emergency Contacts Information form** before your child's first day.*

Family Information

Child's name _____ Date of Birth _____

Custodial Parent's name(s) _____

Please complete the Emergency Contacts Information form before your child's first day.

Hours and Days of Operation

Child care services will begin on _____, 201 _____

The hours for care will begin at _____ a.m./p.m. and end at _____ on the following days:

If your child is going to absent or late, please call in advance.

Child care will not be available on the following holidays: _____

My vacation period will be _____. You will be responsible for making other child care arrangements. Payment is _____ or is not _____ expected.

Fees

\$ _____ per week for full time care.

\$ _____ per hour for regular, part-time care.

\$ _____ per hour for drop-in care, if space is available.

\$ _____ for late payment charged for any time after _____ unless special arrangements have been made.

Optional-

\$ _____ per meal.

\$ _____ No fee _____ Families are required to bring the appropriate foods for infants under _____ months old.

Child care fees are payable in advance and are due no later than_____.

Fees may be paid: weekly_____ bi-weekly _____ monthly _____

I collect an advance deposit of \$_____at the time of enrollment. This amount will be returned when services are terminated if your account is paid in full.

Fees may be (or may not be) adjusted when services are not available because of illness or vacation.

Child care fees will be paid by: Cash_____ Check/M.O. _____

Notice: A two week written notice is required for any of the following:

5. Termination of the agreement by either party
6. Increases in child care fees
7. Vacation periods for both families and provider
8. For return of your advance deposit

Food

Meals will be:_____Prepared by the provider_____Brought by family

Families are required to bring the appropriate foods for infants under_____months old.

Meals served will be:

- | | | |
|--|--|--|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Morning snack | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> Afternoon snack | <input type="checkbox"/> Supper | <input type="checkbox"/> Evening snack |

Please explain if the child has special dietary needs:

Infants will be fed according to family's instructions. Please update and notify me of any changes in feeding schedules, formulas, and additional foods. Breast-fed infants need to have an adequate supply of expressed milk in labeled bottles.

Positive Guidance

I want your child to feel respected, nurtured and successful every day. I feel that we are a team and work together to encourage and help your child learn and discover. I will use positive guidance techniques along with appropriate limits to support each child as they develop their own skills in self-control and self-discipline. I value working together with you to select the best solutions when challenges arise.

Illness

Please notify me if your child will be absent because of illness. If your child is home for more than_____days she/he must bring a signed physician's statement when returning to the program.

If the child is absent, payment is _____ expected _____ is not expected.

Please inform me of any contagious disease immediately. All families of children in my care will be notified.

If your child becomes ill during care, you will be asked to pick up your child within _____ hours. If you cannot be reached, I will call one of the emergency numbers you have listed. Your child may return to child care when the child is no longer sick.

_____ Parent's initials. Received a written copy of the child care sick policy.

Immunizations

Please provide a copy of updated immunization records each time your child has new immunization shots. Documentation of current immunizations is required in every child's file and updated every six months for all children under the age of two.

Clothing

Label your child's clothing and other items with his/her name and bring in some type of storage bag. Supply at least two complete sets of play clothes, outdoor clothing, and the following: _____diapers _____baby wipes _____bibs

Other _____

Pets

We have family pets_____. Our pets_____are or _____are not included in the child care environment.

Special Instructions-Please let me know any:

Special accommodations needed: _____

Pertinent developmental information: _____

Physical problems: _____

Health Information

Food Allergies, and/or food intolerance or restrictions: _____

Medications taken regularly in case of emergency: _____

_____Food Allergy Action Plan Received _____Yes _____No

Medication allergies: _____

Safe sleep

During rest times, I will provide appropriate sleeping equipment for the age and developmental readiness of your child. This equipment meets the current standard of the United States Consumer Product Safety Commission. If you choose to provide sleep equipment for your child, it must meet these same safety standards.

Please note: To reduce the risk of Sudden Infant Death Syndrome (SIDS), your baby will be placed on his/her back to sleep in appropriate sleeping equipment such as a crib,

bassinet or play yard (unless I receive a signed permission form stating otherwise from a licensed physician.) Bouncy seats and car seat are not used for sleeping or napping.

Emergency Preparedness Plan

_____ Parent's initials. Received a written copy of the written emergency plan.

Field Trips

We often we take trips away from my home to help your child learn more about the community. Your permission is needed to allow your child to ride in my car. You will be notified in advance when trips are being planned indicating the date, location and amount of time away from home. For any child with medical or food allergies, and/or food intolerance or restrictions, you must carry the allergy care plan and information for the child(ren).

A proper infant seat or child booster seat is required for car travel for any child under the age of 8. _____ You or _____ I will provide the seat.

Please provide a current photograph of your child in case it is needed in an emergency situation.

I (We) fully understand and agree to the terms of this contract. This agreement may be re-negotiated at any time.

Parent's Signature _____ Date _____

Parent's Name in Print _____

Provider's Signature _____ Date _____

Provider's Name in Print _____

Getting to Know Your Child

Please help me know more about your child.

Child's name: _____ Nickname: _____

Language spoken at home: _____

How does he or she communicate: _____

Favorite toys, playthings, or play interests: _____

Favorite foods: _____

Favorite sleeping position: _____

Please note: To reduce the risk of Sudden Infant Death Syndrome (SIDS), your baby will be placed on his/her back to sleep (unless I receive a signed permission form stating otherwise from a licensed physician).

Blanket or special toy: _____

General disposition/fears/comforting: _____

Favorite songs/games/ finger plays: _____

Brothers/Sisters/others in the home: _____

How do you encourage positive behavior: _____

If your child attends school, please list:

School Name _____ School phone number _____

Hours in school _____ a.m./p.m. to _____ a.m./p.m.

Additional information which may be helpful in understanding your child, his or her needs and in making the transition to this child care program easier:

Emergency Contact Information

Child's Full Name _____ Date of Birth _____

Nickname(s) _____

Address _____

Custodial Parent _____ Custodial Parent _____

Email _____ Email _____

Home Phone _____ Home Phone _____

Address _____ Address _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Cell _____ Cell _____

Work Address _____ Work Address _____

Child's Physician _____

Address _____ Phone Number _____

Names and phone numbers of people authorized to pick up child in case of emergency when parent/guardian cannot be reached:

Name _____ Name _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Address _____ Address _____

Relationship to Child _____ Relationship to Child _____

Additional Information: _____

Persons **Not Authorized** to Pick Up My Child _____

Out of Area Contact Person/Phone Number _____

Provider is responsible for keeping emergency response plan information current with parents or guardians.

Provider's Signature: _____

6 Month Review _____ Parent's Initials _____

1 Year Review _____ Parent's Initials _____

Checklist/Agreement to Use a Substitute Care Provider

Keep in your records

Provider's Name _____

Requirements for a **substitute provider** (maintained in OFC records) are:

_____ Satisfactory results from the Child Protective Services background check repeated every five years, expiration date _____

_____ Waiver Agreement and Statement submitted at the time of the initial search

_____ Satisfactory results from the Fingerprint National Background Check repeated every five years, expiration date _____

_____ Signed Sworn Statement or Affirmation form repeated every year, expiration date _____

Forms above are available for download from the OFC website at www.fairfaxcounty.gov/ncs/office-for-children. You can find these business forms under the "Child Care Professionals" section in the center column of the page. If you prefer, you can call OFC at 703-324-8100 to request copies of the forms through the mail.

Mail completed forms to:
Community Education and Provider Services
Division of Early Childhood Education
12011 Government Center Parkway, Suite 800
Fairfax, VA 22035

Please note:

- You are responsible for the \$27.00 cost of the Fingerprint National Background Check for each substitute.
- Fingerprint National and Child Protective Services background checks may take three to four weeks to process.

Requirements for a **substitute provider** (maintained in Provider's records) are:

_____ Documentation from a healthcare professional indicating the substitute is free of communicable tuberculosis, every two years

_____ If you are a subsidy provider, any new caregiver must provide documentation must be from a healthcare professional indicating the substitute is free of communicable tuberculosis that was completed within the last 30 calendar days and submitted prior to the date of employment and contact with children.

_____ Current First Aid certification

_____ Current Certification for Pediatric CPR (Online certification is not acceptable)

_____ Ask parents to sign a Parent Notification and Authorization for Substitute Care form and keep this form in your records.

_____ Documentation indicating date of employment and date of separation of employment.

_____ Conduct an orientation/training session to include:

_____ Policies – for example, numbers of children you can have in care

_____ Procedures – where is the bus stop, what time does the bus arrive

_____ Emergency evacuation/fire drill and emergency preparedness plan,
Shelter in Place and Lock procedures

_____ Child Care Sick Policy

_____ Information on specific children’s allergies, sensitivities, and dietary restrictions.

_____ Location of children’s folders

_____ USDA Food Program Guidelines

_____ All requirements listed in the Ordinance

_____ Requirements for reporting child abuse and neglect

_____ Care, protection, supervision, and guidance for children

Date of orientation _____

Notification and Authorization for Substitute Care

Keep in your records

To Be Completed by Provider:

I, _____, will not be available to provide child care from
Provider's Name

_____ until _____
Date Date

In my absence, _____ will provide care in my home.
Print Substitute's Name

I have a permit or state license which will remain valid during the period of my absence.

I accept responsibility for the performance of my substitute. The substitute understands and agrees to abide by terms of the child care permit or license.

Print Provider's Name Provider's Signature Date

Print Substitute's Name Substitute's Signature Date

To Be Completed by Parents:

Print Parent's Name Parent's Signature Date

Please note: CCAR participants need to contact their CCAR child care specialist before using a substitute care provider.

Parent Notification of Child Care Sick Policy

Provider's Name _____ Child's Name _____

Children in child care are exposed to germs carrying disease and illness. I cannot completely prevent the spread of disease but this sick child policy helps me reduce the spread of sickness and disease whenever possible for all children in my care.

- I will not provide care for a sick child if the health of other children is at risk. Please keep your child home if s(he) is sick. A child that is sick cannot participate in daily activities and routines and cannot be successful in group care.
- You must have a plan for back-up care when your child is excluded from child care if you are not able to leave or stay at home from work to care for your sick child.
- Each morning I perform a quick health assessment on your child, as well as throughout the day.
- If a child is ill upon arrival, you will be asked to take the child home. Children showing signs or symptoms of illness must remain at home.
- If your child becomes ill while in my care, I will notify you so you can make arrangements to pick up your child as soon as possible.
- If you are not reachable, I will contact one of the emergency contact persons to pick up your child. You must provide local emergency contacts and information on how to reach them in case of emergency.
- Your child will be made comfortable and offered a quiet place to rest until you arrive.
- If your child leaves another program or school during the regular school day due to illness, (s)he may not attend my child care that same day.

_____ I am certified in Medication Administration. I administer prescription and nonprescription in my child care. You must give me written authorization to administer.

_____ I am not certified in Medication Administration and cannot administer prescription or nonprescription in my child care.

- I can administer nonprescription topical skin products, such as baby lotion, diaper ointment, teething gel and sunscreen, with written authorization to administer.
- You must provide a written allergy care plan if your child has allergies to food or medication and inform me of any food sensitivities or dietary restrictions.

You will be asked to pick up your child who has:

- Fever with behavior changes or signs or symptoms of illness: an oral temperature over 101°F or under the armpit (axillary) temperature over 100°F

- Diarrhea
- Vomiting

***In cases of fever, diarrhea and/or vomiting, the child should not return to care until 24 hours have passed since the last sign of the symptom.*

- Sore throat or difficulty swallowing
- Headache or stiff neck
- Severe itching or rashes
- Mouth sores
- Significant tiredness, irritability, crying
- Difficulty breathing, chronic coughing or wheezing
- Any contagious condition including ringworm, bedbugs, head lice, or pink eye,
- Unusual nasal discharge
 - Constant pain in the stomach
 - Behavior that seems slow, confused, disoriented.

These symptoms may or may not be associated with a communicable illness. Without consultation from a health care professional it is impossible to determine the nature of the illness. Therefore you will need to pick up your child for further evaluation.

You will be asked to bring a note from a doctor or health care professional stating the child may return to child care when the illness is no longer contagious.

- You are required to inform me within 24 hours if your child or a member of your immediate household develops a communicable disease as defined by the Virginia State Board of Health (in this chapter).
- You must report life-threatening diseases immediately.
- I will notify all parents within 24 hours if a communicable disease is reported at my child care.
- Health Department regulations governing periods of infection and exclusion will be enforced.

If you would like to ask a health care professional about illness and disease, call the Health Department's Epidemiology (EPI) Nurse at 703-246-2433 between 8 a.m. and 4:30 p.m., Mondays - Fridays. There is no charge for this service.

I understand and agree to follow the terms of this child care sick policy.

Parent Signature

Date

Provider Signature

Date

Authorization for Emergency Treatment

Child's Information

Child's Name: _____

Child's Date of Birth: _____

Child's Allergies (if any): _____

Child's Doctor: _____ Telephone Number: _____

Family's Doctor: _____ Telephone Number: _____

Medicines Child Is Taking: _____

Last Tetanus Shot: _____

Outstanding Medical History (example: Diabetes, Heart Disease, etc.):

Insurance Information

Insurance Company: _____

Identification/Policy Number: _____

Subscriber's Name: _____

Subscriber's Place of Employment /Phone Number: _____

I, _____, give permission for _____
(Name of Parent) (Name of Provider)

to obtain professional medical care for my child if an emergency occurs and I cannot be reached immediately. I agree to accept the financial responsibility for all medical expenses incurred.

Date

Signature of Parent or Guardian

All parents and guardians are responsible for maintaining this consent form as it cannot be maintained by the hospital.

revision 10/21/14

Administering Prescription or Nonprescription Medication Record (Parents Please Fill Out)

Date: _____ Child's Name: _____

Please give my child the following:

Prescription or Nonprescription Medication Name: _____

Administer Medication: _____
(Start Date) (End Date)

Amount: _____ Time: _____

Must be: Refrigerated _____ Room Temperature _____ Expiration date is current _____

Medicine must be in original container. Parent has administered first dose with no adverse effects.

Signature of Parent/Guardian Date

The above nonprescription medicine has been administered according to the directions:

Date Administered	Amount	Time	Provider's Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medication Error: Who administered: _____ Adverse reaction: _____

Date	Amount	Time	Parent Contacted	How Contacted	Parent Instructions
_____	_____	_____	_____	_____	_____

The unused portion of this medication has been returned to parent? Yes _____ No _____

Signature of Parent/Guardian Date

If not returned to parent, the medication was disposed of appropriately Yes _____ No _____

Signature of Provider Date

Date filed in child's record: _____
(Date)

Injury or Accident Report

Child's name: _____ Child's age: _____

Date of injury: _____ Time of injury: _____ Provider Present: _____
(month/day/year) (a.m.-p.m.) (Yes or No)

Witness to injury _____ How were parents notified: _____
(in person, telephone, message machine, email)

Name of parent notified: _____
Date Time

Other person (s) notified: _____
Date Time

Location where injury or accident occurred (i.e. kitchen, play yard): _____

Description of injury or accident:

Cut Scrape Bruise/Swelling Burn

Bump on head Loss of consciousness Other: _____

Specific body parts involved: _____

Description of how injury or accident occurred: _____

Treatment received by child:

Pressure Elevation Cold pack Washing Applied antiseptic

Band-Aid Bandage Other: _____

Notified CEPS (703-324-8100) of Serious Injury: _____

(Provider in the state subsidy program must also
contact your state inspector within two business days)

Date Time

Signature of child care provider _____
Date Time

Signature of parent/guardian _____
Date Time

Quick View Reference Sheet
Medication Allergies, Food Allergies, Intolerances or Dietary Restriction

Child's Name	Medication Allergies	Food Allergies	Food Intolerance	Dietary Restrictions	Instructions from Doctor Received

Note: This is confidential information. Please post with a cover sheet.

CERTIFICATE OF RELIGIOUS EXEMPTION

Name _____ Birth Date _____

The administration of immunizing agents conflicts with the above named child's/my religious tenets or practices. I understand, that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease in my child's childcare, for my child's own protection, until the danger has passed, I will not bring my child to childcare.

Signature of parent/guardian _____ Date _____

I hereby affirm that this affidavit was signed in my presence on

This _____ Day of _____

Notary Public _____

Notary Commission Number _____

Notary Public Seal

Permit Visits

Permit Renewal Requirements

- _____ CPR and First Aid certificates
- _____ Training certificates
- _____ Tuberculosis documentation for all adult household residents every two years
- _____ Program Visit Results Form
- _____ Fire and Evacuation Drill, Shelter in Place and Lockdown Drill Records
- _____ Written sick child policy
- _____ Written emergency plan and
- _____ Permit with limitations if applicable
- _____ Private water supply Health Department permit if applicable
- _____ Your children's immunization records if applicable
- _____ Rabies certificate for dogs and cats

USDA Food Program Visit

- _____ USDA Application and USDA Agreement (Contract)
- _____ An Enrollment form for each child (and copy of Infant Formula Choice form or copy of medical documentation as needed)
- _____ Proof of the last annual USDA Food Program training
- _____ Last USDA Food Program visit
- _____ Posted Building for the Future poster
- _____ Attendance Records including a copy of menus for the current month's Food Program record (Attendance and Menu)

Emergency Preparedness Plan Revised 1/19

Provider's Name: _____ Child's Name: _____

Provider's Address: _____

Provider's Phone Number: _____

Evacuation Procedures

- There is an emergency escape diagram of the home posted showing a primary and alternative exit route of how we will leave the home, and where we will assemble in case of fire. I have indicated the shelter-in-place location on the maps on each floor of my home used for child care.

- We practice and document this drill on a Fire Evacuation Drill Record every month and save for three years.

- My plan includes how to notify and account for all occupants in the home and how to contact emergency response organizations.

- Once all occupants have evacuated, one of the following plans will be used:
 - Nearby location-If the emergency requires that the children and I evacuate from my home and property, I will take the children to _____ - _____(address of nearby location)_____ (phone number).
 - Further away location-If the emergency requires that the children and I evacuate from my home and property, I will take the children to _____(address of further away location) _____(phone number).

- If a medical examination or treatment is needed, I will take the children to _____ (facility and address)
unless emergency personnel designate another location.

- If an emergency requires a larger area evacuation, I will take the children to a mass shelter designated by emergency personnel.

- If it is too far to walk, I will transport the children by _____.

- **Mobile** emergency evacuation kit supplies are kept _____(location within the home).

Procedures for Maintaining Essential Functions

The following procedures are established to ensure the essential functions can be maintained so children are safe and healthy during an emergency:

Toileting/Diapering - I will have diapers and wipes for any child under the age of two, who is not developmentally ready or not toilet trained. I will have change of clothing for children that is seasonally appropriate.

Feeding - I will have age-appropriate nutritious snacks, water, and formula and bottles if applicable.

Sleeping - I will have infant sleeping clothes, blankets or large towels so children can rest as needed.

Engagement - I will have age-appropriate toys, books and play materials so that children can be engaged in play during an emergency.

Emergency Procedures

Ongoing Emergency Preparedness Procedures

- I will train all adults who help care for the children about the emergency plans and procedures.
- I will review and update my emergency response plan every six months.
- I will stay with the children at all times during any emergency. I will check and record time and attendance whenever children are moved such as evacuation, shelter-in-place and lockdown.
- I will check and maintain supplies that are appropriate for the ages of children in my care in my mobile emergency evacuation kit and shelter-in-place supplies.

Shelter-in-Place Procedures

- If there is an emergency where “Shelter-in-Place” is required, all the children and I will go to _____ (room/place) in the home and remain there until rescued or notified that conditions are safe.
- I will alert children and other adults/children in the home by _____ (method).
- Shelter-in-place supplies are kept _____ (location in the home).
- I will bring any necessary medications, supplies, and essential emergency records/documents for the children.

- We practice and document this drill on a Monthly Shelter-in-Place and Lockdown Drill Record every month and save for three years.

Lockdown Procedures

- If there is an emergency requiring “Lockdown”, all the children and I will go to _____(locked room/area) in the home, closing off fire doors and barriers, and remain there until rescued or notified that conditions are safe.
- I will alert the children and other adults/children in the home by _____ (method) and move the children into a locked area to prevent intruder access to children.
- I will practice this drill with children at least once annually and maintain a record of this date Monthly Shelter-in-Place and Lockdown Drill Record for three years.

Communication/Notification Procedures

- I will talk to parents about my emergency plans or any changes in the emergency preparedness plan.
- I will update emergency contact information every six months with parents/guardian.
- I will notify parents by calling work, home, and/or cell phones, blackberries, pagers, e-mail or fax numbers, as applicable.
- The plan will include current phone numbers and names of individuals at the parent’s work site who can locate the parents if they are not at their work phones.
- If parents cannot be reached, I will contact the friends, relatives and neighbors who are authorized to pick up a child in an emergency.
- I will try to identify an out of town contact person that parents can reach by phone or e-mail: _____(name), _____(phone), _____(email address).
- In the event that I receive different instructions from emergency personnel, I will make every attempt to contact parents/guardians/emergency contacts with the alternate plans.

Provider’s Signature

Parent’s Signature

Date _____

Date _____

Provider is responsible for keeping emergency response plan information current with parents or guardians.	
Provider’s Signature: _____	
6 Month Review _____	Parent’s Initials _____
1 Year Review _____	Parent’s Initials _____

Parent Notification of Allergic Reaction or Exposure

Child's name: _____ Child's age: _____

Date of reaction: _____ Time of reaction _____ Provider Present: _____
(month/day/year) (a.m.-p.m.) (Yes or No)

Date of exposure: _____ Time of exposure: _____ Provider Present: _____
(month/day/year) (a.m.-p.m.) (Yes or No)

Name of food ingested or exposed: _____

Confirmed or suspected symptoms or reaction: _____

How were parents notified: _____
(in-person, telephone, voice mail, text, email)

Name of parent notified: _____
Date Time

Other person (s) notified: _____
Date Time

Followed instructions from physician: _____yes_____no

Plan to prevent future exposure: _____

Signature of child care provider Date Time

Signature of parent/guardian Date Time

Playground and Outdoor Safety Measures

As the caregiver, I:

- Actively supervise each child during outdoor play to minimize risk of injury according to their age and developmental abilities
- Will contact the local authorities for help and assistance if a child is missing from my care, contact the parents, notify my child care specialist, or any CEPS manager and if a provider in the state subsidy program, my state inspector as soon as is practical and not to exceed one business day.

I have assessed that the stationary equipment and play areas on my property or in common neighborhood or parks:

- Are clean, safe and operable
- Are in compliance with U.S. Consumer Safety Product Commission
- Are not installed over concrete, asphalt or any other hard surfaces
- Have no splintering, cracked or deteriorating wood
- Have no chipped or peeling paint
- Have no bending, warping, rusting or breakage
- Have no head entrapment hazards
- Have no tripping hazards
- Have no unstable heavy equipment
- Are free of obvious injury hazards
- Have a non-climbable barrier at least 4 feet high for play areas or grounds located within 30 feet of hazard such as an in-ground pool, fountain, wading pool, lake, pond, or streets with speed limits over 25 mph or with heavy traffic or railroad tracks.
- Offer no access to decks, ponds, lofts or balconies that do not have protective barriers or guardrails
- Are smoke free by any one in outdoors areas occupied by children
- Have no access to trampoline during the hours children are in child care

Chapter 7

State Subsidy Requirements

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State Subsidy Requirements Differing from Permit Requirements

Administration

Operational responsibilities

Children 13 years and older are counted in numbers of care. When at least one child receives care for compensation, all children in care and supervision count in capacity.

Provider will inform all caregivers of children's allergies, sensitivities and dietary restrictions.

General record keeping

Maintain an accessible list of all children's allergies, sensitivities and dietary restrictions.

All records and children's information is treated confidentially.

Provider must keep a written hard copy of attendance showing arrival and departure times and kept for five years after termination.

Children's records are available to parent upon request unless otherwise ordered by court.

Children's information

Special instructions for the care and activity of a child with special needs

Documentation of the enrollment of a child experiencing homelessness

In second set of regulations, "Proof of Identity and Age" required. Read the entire section of regulations for approved types of documentation. Sample form and policy description are included in this notebook section.

Caregiving records

Name, address, and age verification for each caregiver

Documentation of the health requirements under 22VAC-40-665-190

Health requirements for caregivers

Any new adult or caregiver must provide documentation showing they are free from communicable tuberculosis that was completed within 30 calendar days and submitted prior to living in the home or coming into contact with children.

Reports

Amends when to notify licensing if a child's injury requires care by a medical professional.

Immunizations

Provider must have documentation of additional immunizations once every six month for children under the age of two years.

General qualifications

Provider and caregivers who are alone with children must be communicate effectively as applicable to the job responsibility and be capable of communicating to emergency personnel.

Caregiver training

Lists the required trainings for subsidy vendors including Virginia Pre-service Training, orientation, VDSS health and safety update course.

Read section E in second set of regulations regarding CPR and first aid.

Physical Plant

Building or home maintenance

Temperatures in the home may not exceed 80 degrees.

Restrictions on when a child may have access to stairs

Hazardous substances and other harmful agents

No caregiver is under the effects of medication that impairs functioning, alcohol or illegal drugs.

Bathroom area and furnishings

Read section A, B, and C.

Play areas

Trampolines may not be used during the hours of child care.

Caregivers and Supervision

Supervision and ratio requirements

Read all sections.

Behavioral guidance

A provider may not use enclosure in a small, confined space or any space that a child cannot freely exit himself, punishment by another child, punishment for toileting accidents.

Parent notifications and involvement

Read the entire section.

Furnishings, equipment and materials

Children will be protected from material that could be swallow or present a choking hazard.

Use of comb and brushes

Use of disposable products

Use of full size cribs, use of bumper pads, pillow and filled comforters, quilts, stuffed toys and sheepskins

Bedding and linens for use while sleeping or resting

Read A, B and C.

Hand washing and toileting procedures

Read all sections.

General requirements for medication administration

Read all sections.

First Aid and emergency supplies

Requires working battery operated radio and flashlight

Procedures for emergencies

Lockdown procedures

Continuity of operations requirements – procedures to maintain essential functions for children during an emergency.

Emergency response drills

Lockdown procedures

Special Services

Nutrition and food services

Provider should schedule appropriate times for snack, meals, or both based on the hours of operation and time of the day.

Children under three years of age or younger should not be served foods that are potential for choking.

Food from home

Process to avoid cross contamination

Awareness of food allergies, sensitivities and dietary restrictions

Provider will not serve prohibited food to a child.

Special feeding needs

Read the entire section.

Transportation and field trips

Read the entire section.

Copy of each child's emergency information and an allergy care plan and information.

Animals and pets

Read the entire section.

Evening and overnight care

Read the entire section.

Proof of Child Identity and Age

If you are a provider who receives money from state subsidy funding for child care for a child(ren) in your program, it is mandated that you verify reliable proof of identity and age for every child enrolled in your program, including those children whose care is not paid for by the subsidy program. The one exception is when the child attends a public school in Virginia and you assume responsibility for the child directly from school (i.e. an after school program) or if you bring the child directly from your program to the school (i.e. a before school program).

The reason for the required documentation is to help identify missing children. You are mandated to require information from the person enrolling the child regarding the child's previous child care and school(s) attended and that they present proof of the child's identity and age. If the parent, guardian or other person enrolling the child in your program for longer than two consecutive days or other pattern of regular attendance, does not provide the required documentation within seven days, you must notify local law enforcement.

Proof of identity means a certified copy of a birth certificate or other reliable proof. There are nine acceptable forms of reliable proof you can view as proof of identity. There is a template form you may use that identifies all nine acceptable forms of reliable proof. You are not required to keep the actual documentation or a copy of the documentation. However, you must document that you have viewed one of the acceptable forms of identification.

If a parent, guardian or other person enrolling the child cannot provide the information within seven days because they do not have a copy of their birth certificate, the child can still attend child care. The parents, guardian or other person should immediately contact the Office of Vital Records, Virginia Department of Health (VDH) at 804-662-6200 or view the VDH website at www.vdh.virginia.gov for information on how to obtain a certified copy of a birth certificate for a child born in Virginia. As soon as the parent has received the certified copy, they must show it to you and you must document that you have verified the information.

If the parent, guardian or other person enrolling the child in your program for longer than two consecutive days or other pattern of regular attendance does not provide the required documentation within seven days, you must document and notify local law enforcement of the failure to provide the mandated information.

If you have any questions about this requirement, please contact your state licensing inspector or call the Fairfax Licensing Office at 703-934-1505.

Proof of Child Identity and Age

(If you are a vendor for the state child care subsidy program, you must verify proof of identity and age for **every** child enrolled in your program. The one exception is if the child attends a public school in Virginia and you assume responsibility for the child directly from school, or if you bring the children directly from your program to the school.)

Child's name: _____ Date of birth: _____

Child's place of birth: _____ Date documentation viewed: _____

Provider name: _____ Provider signature: _____

Type of document viewed:

_____ Certified copy of birth certificate _____ Birth registration card

_____ Notification of birth (hospital, physician, or midwife record)

_____ Record from a public school in Virginia _____ Passport

_____ Copy of placement agreement or entrustment agreement from a child placing agency (foster care and adoption agencies)

_____ Certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth certificate was previously presented

_____ Copy of the conferring temporary legal custody or entrustment agreement of a child to an independent foster parent

_____ Child Identification card issued by the Virginia Department of Motor Vehicles (DMV)

If the parent, guardian or other person enrolling the child in your program for longer than two days or other pattern of regular attendance, does not provide the required information with seven business days of the first day of care, document the following required information.

Date law enforcement was notified: _____

Name of person who called law enforcement: _____

Name of local law enforcement staff notified: _____

Subsidy Inspection Requirements for Family Day Homes

INTRODUCTION

VENDHOM-000-(1)-001. Definitions; subsidy inspection requirements for family day home vendors.

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

"Accessible" means capable of being entered, reached or used.

"Adult" means any individual 18 years of age or older.

"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" means an individual who helps the provider in the care, protection, supervision, and guidance to children in the home.

"Attendance" means the actual presence of an enrolled child.

"Body Fluids" means urine, feces, saliva, blood, nasal discharge, eye discharge, and injury or tissue discharge.

"Caregiver" means an individual who provides care, protection, supervision, and guidance to children in the home and includes the provider and assistant.

"Child" means any individual under 18 years of age.

"Child experiencing homelessness" 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 grounds due to lack of alternative adequate accommodations;
4. Living in congregate, temporary, emergency or transitional shelters;
5. Abandoned in hospitals;

6. Awaiting or in foster care placement;
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; and
8. A migratory child as defined in section 1309 of the federal Elementary and Secondary Education Act of 1965, P.L. 89-10 who qualifies as homeless because he is living in circumstances described above.

"Cleaned" means treated in such a way as to remove dirt and debris by scrubbing and washing with soap and water or detergent solution and rinsing with water or the use of an abrasive cleaner on inanimate surfaces.

"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.

"Department" means the Virginia Department of Social Services.

"Department representative" means an employee or designee of the Virginia Department of Social Services, acting as the authorized agent of the Commissioner of the Virginia Department of Social Services.

"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.

"Family day home" means a child day program offered in the residence of the provider or the home of any of the children in care for one through 12 children under the age of 13, exclusive of the provider's own children and any children who reside in the home, when at least one child receives care for compensation. A family day home serving five through 12 children, exclusive of the provider's own children and any children who reside in the home, shall be licensed. A family day home caring for more than four children under the age of two, including the provider's own children and any children who reside in the home, shall be licensed or voluntarily registered. A family day home where the children in care are all related to the provider by blood or marriage shall not be required to be licensed.

"Inaccessible" means not capable of being entered, reached, or used.

"Infant" means a child from birth to 16 months of age.

"Lockdown" means a situation where children are isolated from a security threat and access within and to the home is restricted.

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

"Over-the-counter or nonprescription medication" means medication that can be purchased without a written prescription. This includes herbal remedies and vitamins and mineral supplements.

"Parent" means a parent by blood, marriage or adoption and also means a legal guardian or other person standing in loco parentis.

"Provider" means a person, entity, or organization providing a child care program.

"Residence" means principal legal dwelling that is occupied for living purposes by the provider or a child in care and contains the facilities necessary for sleeping, eating, cooking, and family living.

"Sanitized" means treated in such a way as to remove bacteria and viruses from inanimate surfaces through first cleaning and secondly using a solution of one tablespoon of bleach mixed with one gallon of water and prepared fresh daily or using a sanitizing solution approved by the U.S. Environmental Protection Agency. The surface of the item is sprayed or dipped into the sanitizing solution and then allowed to air dry for a minimum of two minutes or according to the sanitizing solution instructions.

"School age" means eligible to attend public school, age five or older by September 30 of that same year.

"Serious injury" means a wound or other specific damage to the body such as 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 movement of occupants of the building to designated protected spaces within the building.

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

"Vendor" means a legally operating child care provider who is approved by the department to participate in the Child Care Subsidy Program. Multiple facilities/sites operated by the same person, entity or organization are considered separate vendors.

"Vendor agreement" means an agreement between the state and a child care vendor that must be signed by all vendors before child care payments can be authorized.

"Volunteer" means a person who works at the family day home and:

1. Is not paid for services provided in the family day home;
2. Is not counted in the caregiver-to-children ratios; and
3. Is in sight and sound supervision of a caregiver when working with a child.

Any unpaid person not meeting this definition shall be considered a "caregiver" and shall meet caregiver requirements.

VENDHOM-000-(1)-002. Legal Base.

A. The Child Care Development Block Grant Act of 2014, 42 U.S.C. §§9858 et seq.

B. Code of Virginia §§ 63.2-100, 63.2-203, 63.2-217, 63.2-1712, 63.2-1718, 63.2-1724, 63.2-1725

VENDHOM-000-(1)-003. Purpose and applicability.

The standards in this part apply to family day homes that are applying to receive, or that receive, funds from the Child Care Subsidy Program. The purpose of these standards is to protect children under the age of 13, or under the age of 18 and physically or mentally unable to care for themselves, or under court supervision who are separated from their parents during part of the day by:

1. Ensuring that the activities, services, and facilities of family day homes receiving these funds are conducive to the well-being of children; and
2. Reducing risks in the environment.

ADMINISTRATION

VENDHOM-000-(2)-004. Operational responsibilities.

A. The vendor shall ensure compliance with these standards; the terms of the current vendor agreement issued by the department, and with relevant federal, state or local laws, and other relevant regulations.

B. The vendor shall ensure compliance with any policies that have been disclosed to the parents of an enrolled child.

C. Pursuant to § 63.2-1725, the vendor shall ensure that the applicant, household member, and any caregiver who is or will be involved in the day-to-day operations of the

family day home or is or will be alone with, in control of, or supervising one or more of the children shall not have an offense, as defined in § 63.2-1719.

D. The vendor shall ensure that the family day home does not exceed the capacity allowed by law or regulation.

E. When at least one child receives care for compensation, all children who are in care and supervision count in the capacity. When children 13 years or older are enrolled in the program and receive supervision in the program, they shall be counted in the number of children receiving care and the family day home shall comply with the standards for these children.

F. The vendor shall post, with parental approval, or keep in a way that is immediately accessible to a caregiver, a current list of all children's allergies, sensitivities, and dietary restrictions.

VENDHOM-000-(2)-005. General recordkeeping; reports.

A. Caregiver records and children's information shall be treated confidentially.

B. The vendor shall maintain a written hard copy record of daily attendance that documents the arrival and departure of each child in care as it occurs.

C. Records, reports and information required by this part may be kept as hard copy or electronically, and shall be maintained in the home and made accessible to department's representative for five years after termination of services or separation from employment unless specified otherwise.

VENDHOM-000-(2)-006. Children's information.

A. Vendors shall maintain, and keep at the family day home, written or electronic information for each enrolled child which shall be made available to the department's representative.

B. The child's information shall include the following:

1. Child's full name, nickname (if any), sex, address, and birthdate;
2. Name, home address, and telephone number for each parent who has custody;
3. Name, address, and phone number for each custodial parent's place of employment or school attendance, if applicable;
4. Name, address, and phone number of at least one person designated by the parent to contact in case of an emergency, if the parent cannot be reached;

5. If applicable, information on allergies, including food allergies, intolerances to food, medication, or other substances, and actions to be taken in an emergency situation; information on other physical problems; pertinent developmental information, and any special accommodations needed;
6. Names of persons besides the custodial parent who are authorized to pick up the child;
7. Immunization records for the child received on or before the child's first day of attendance, except that children experiencing homelessness may provide such records within 90 days of enrollment;
8. Written authorization for emergency medical care should an emergency occur and the parent cannot be located immediately unless the parent presents a written objection for the provision of medical treatment on religious or other grounds;
9. Written authorization to administer prescription or non-prescription medications if the family day home agrees to administer medication;
10. Special instructions including but not limited to recommendations for the care and activities of a child with special needs, exception to infant being fed on demand, etc.;
11. A written care plan for each child with a diagnosed food allergy, to include instructions from a physician regarding the food which the child is allergic to and the steps to be taken in the event of a suspected or confirmed allergic reaction;
12. Record of any accidents or injuries sustained by the child while in care;
13. Permission to transport child if the family day home provides transportation;
14. Permission for field trips;
15. Permission for swimming or wading activities to include a parent's statement of the child's swimming ability, if applicable;
16. A written statement that the family day home 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 family day home;
17. Any written agreements between the parent and the family day home; and
18. Documentation of the enrollment of a child experiencing homelessness enrolled under provisions of VENDHOM-000-(2)-010.A.2.

VENDHOM-000-(2)-007. Caregiver records.

The following records shall be kept for each caregiver:

1. Name, address, verification of age requirement, date of employment or volunteering.
2. The department's letter indicating eligibility to hire provided by the department or the department's contractor documenting background checks to include:
 - a. Satisfactory results of Virginia State Police name search for criminal history;
 - b. Central Registry Child Protective Services check; and
 - c. Sworn Statement or Affirmation as to whether the individual has ever been:
 - (1) The subject of a founded complaint of child abuse or neglect within or outside the Commonwealth; or
 - (2) Convicted of a crime or is the subject of any pending criminal charges within the Commonwealth or any equivalent offense outside the Commonwealth.
3. Any individual who begins employment or service after the vendor agreement has been signed shall have the results of the background check in the file within 30 days of the individual's beginning date of employment or service. Note: No violation shall occur if documentation is maintained that the checks were submitted within the first seven days of employment or service and the results are not available due to an administrative delay.
4. Subsequent background checks must be repeated every 3 years.
5. Tuberculosis screening results.
6. First aid, cardiopulmonary resuscitation and other certifications as required by the responsibilities held by the caregiver.
7. Documentation of training received which shall include the name of the caregiver, name of the training topic, evidence that training in each topic required in VENDHOM-000-(3)-012 has been completed, date and total hours of the session, name of the organization that sponsored the training and the trainer.
8. Date of separation from employment.

VENDHOM-000-(2)-008. Health requirements for caregivers.

A. Documentation shall be maintained that each caregiver has been evaluated by a health professional and a statement that the individual is believed to be free of communicable tuberculosis shall be maintained in the individual record.

1. Documentation shall be submitted no later than 21 days after employment or volunteering and shall have been completed within 12 months prior to or 21 days after employment or volunteering; and
2. Subsequent TB screenings are required at least every two years from the date of the initial screening, more frequently if recommended by a physician.

B. The vendor or the department's representative may require a report of examination by a licensed physician or mental health professional when there are indications that a caregiver's physical or mental health may endanger the health, safety, or well-being of children in care.

C. A caregiver who is determined by a licensed physician or mental health professional to show an indication of a physical or mental condition that may endanger the health, safety, or well-being of children in care or that would prevent the performance of duties shall be removed immediately from contact with children and food served to children until the condition is cleared as evidenced by a signed statement from the physician or mental health professional.

VENDHOM-000-(2)-009. Reports.

A. The vendor shall inform the department's inspector as soon as practicable, but not to exceed one business day, of the circumstances surrounding the following:

1. Death of a child while under the family day home's supervision;
2. Missing child when local authorities have been contacted for help; and
3. 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.

B. The vendor shall inform the department's representative as soon as practicable, but not to exceed two business days, of any serious injury to a child while under the family day home's supervision.

C. Any suspected incident of child abuse or neglect shall be reported in accordance with § 63.2-1509 of the Code of Virginia.

VENDHOM-000-(2)-010. Immunizations for children.

A. Before a child may attend the family day home, the vendor shall obtain documentation that the child has been immunized according to the requirements of § 32.1-46 A of the Code of Virginia and applicable State Board of Health regulations.

1. The vendor may allow a child to attend contingent upon a conditional enrollment. Documentation related to the child's conditional enrollment shall be maintained in the child's record. A conditional enrollment means the enrollment of a child for a period of 90 days contingent upon the child having received at least one dose of each of the required vaccines and the child possessing 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 the hepatitis B vaccine, the conditional enrollment period, for hepatitis B vaccine only, shall be 180 calendar days.

2. If a child is experiencing homelessness and does not have documentation of the required immunizations, the vendor 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.

B. The family day home shall obtain documentation of additional immunizations once every six months for children under the age of two years.

C. Pursuant to subsection C of § 22.1-271.2 of the Code of Virginia and 12VAC5-110-110 of the Regulations for the Immunizations of School Children, documentation of immunizations is not required for any child whose:

1. Parent submits an affidavit to the family day home 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.

CAREGIVER QUALIFICATIONS AND TRAINING

VENDHOM-000-(3)-011. General qualifications.

A. The vendor, and any caregivers who are left alone with children, shall be able to speak, read, and write in English sufficient to understand the regulations and communicate with emergency service personnel, parents and children, the department, and local department personnel.

B. Caregivers must be at least 16 years of age; however no caregiver under the age of 18 may be alone with children or administer medication.

1. Caregivers under the age of 18 shall be under sight and sound supervision of an adult caregiver.
2. Adult caregivers shall supervise no more than two caregivers under the age of 18 at any given time.

VENDHOM-000-(3)-012. Caregiver training and development.

A. Prior to approval as a subsidy vendor, the perspective vendor shall complete Virginia Pre-Service Training for Child Care Staff sponsored by the Department of Social Services, which shall include, but not be limited to training on the following topics:

1. Facility health and safety;
2. Emergency preparedness and response planning;
3. Prevention of sudden infant death syndrome (SIDS) and safe sleep practices;
4. Administration of medication overview;
5. Prevention of shaken baby syndrome and abusive head trauma (AHT);
6. Prevention of and response to emergencies due to food and allergic reactions;
7. Recognizing child abuse and neglect and reporting responsibilities;
8. Preventing the spread of disease, including immunization requirements;
9. Handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated by body fluids;
10. Transportation;
11. Foundations of child development;
12. Inclusion: Exploring the meaning and the mindset;
13. Oral health; and
14. Introduction to the Subsidy Program.

B. Within the first 90 days of employment or service all caregivers shall complete Virginia Pre-Service Training for Child Care Staff sponsored by the Department of Social Services, which shall include but not be limited training on the following topics:

1. Facility health and safety;
2. Emergency preparedness and response planning;
3. Prevention of sudden infant death syndrome (SIDS) and safe sleep practices;

4. Administration of medication overview;
5. Prevention of shaken baby syndrome and abusive head trauma (AHT);
6. Prevention of and response to emergencies due to food and allergic reactions;
7. Recognizing child abuse and neglect and reporting responsibilities;
8. Preventing the spread of disease, including immunization requirements;
9. Handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated by body fluids;
10. Transportation;
11. Foundations of child development;
12. Inclusion: Exploring the meaning and the mindset;
13. Oral health; and
14. Introduction to the Subsidy Program.

C. All caregivers hired prior to the effective date of this regulation, shall complete Virginia Pre-Service Training for Child Care Staff sponsored by the Department of Social Services, to include all of the topics described in subsection B of this section, within 90 days of the date this regulation becomes effective. This training may count for staff annual training requirements in subsection H of this section.

D. Orientation training for caregivers shall be completed on the following specific topics prior to the caregiver working alone with children and within seven days of the date of employment or the date of subsidy vendor approval:

1. Playground safety procedures;
2. Responsibilities for reporting suspected child abuse or neglect;
3. Confidentiality;
4. Supervision of children, including arrival and dismissal procedures;
5. Procedures for action in the case of lost or missing children, ill or injured children, medical and general emergencies;
6. Medication administration procedures, if applicable;
7. Emergency preparedness plan as required in VENDHOM-000-(7)-029;
8. Procedures for response to natural and man-made disasters;

9. Prevention of shaken baby syndrome/abusive head trauma including coping with crying babies, fussy or distraught children;

10. Prevention of sudden infant death syndrome and use of safe sleeping practices;

11. Caregivers who work with children that have food allergies shall receive training in preventing exposure to food(s) to which the child is allergic, preventing cross-contamination, recognizing and responding to any allergic reactions; and

12. Transportation.

E. All caregivers shall have within 30 days of employment or 90 days from subsidy vendor approval:

1. Current certification in cardiopulmonary resuscitation (CPR) appropriate to the age of children in care. The training shall include an in-person competency demonstration; and

2. Current certification in first aid.

3. During the 30 or 90 day period, there must always be at least one caregiver with current cardiopulmonary and first aid training present during operating hours of the family day home.

4. A caregiver 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.

F. Caregivers employed prior to the effective date of this regulation must complete cardio CPR and first aid training as required by this section within 90 days of the effective date of this regulation. During this 90 day period, there must always be at least one caregiver with current cardiopulmonary and first aid training present during operating hours of the family day home.

G. CPR and first aid training may count towards the annual training hours required in subsection H of this section if documentation for training as required in VENDHOM-000-(2)-007.7 is maintained.

H. Caregivers who work directly with children shall, in addition to orientation training required in subsections A through D of this section, annually attend at least 16 hours of training, including the department's health and safety update course. This training shall be related to child safety, child development, health and safety in the family day home environment, and any required department sponsored training.

I. To safely perform medication practices, whenever a family day home agrees to administer prescribed medications, the administration shall be performed by a caregiver

who has satisfactorily completed a training program for this purpose by the Board of Nursing and taught by a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or pharmacist; or administration shall be performed by a caregiver who is licensed by the Commonwealth of Virginia to administer medications.

The decision to administer medicines at a family day home may be limited by policy to prescription medications, over-the-counter or nonprescription medications; or no medications.

J. Caregivers required to have the training required in subsection I of this section shall be retrained at three-year intervals.

PHYSICAL PLANT

VENDHOM-000-(4)-013. Building or home maintenance.

A. Areas and equipment of the family day home, 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; head entrapment hazards; protruding nails, bolts or other components that entangle clothing or skin; the presence of poisonous plants; tripping hazards; and unstable heavy equipment, furniture, or other items that a child could pull down on himself.

B. Inside areas occupied by children shall be maintained no lower than 65°F and shall not exceed 80°F unless fans or other cooling systems are in use.

C. In areas used by children of preschool age or younger, the following shall apply:

1. Fans, when used shall be out of reach of children and cords shall be secured so as not to create a hazard.
2. Electrical outlets shall have protective covers that are of a size that cannot be swallowed by children.

D. Sharp kitchen utensils and other sharp objects shall be inaccessible to children unless being used by the caregiver or with children under close supervision.

E. Equipment in the home shall include, but not be limited to, an in-service, nonpay telephone.

F. No equipment, materials, or furnishings shall be used if recalled or identified by the U.S. Consumer Product Safety Commission as being hazardous.

G. Radiators, oil and wood burning stoves, floor furnaces, fireplaces, portable electric heaters, and similar heating devices located in areas accessible to children shall have barriers or screens and be located at least three feet from combustible materials.

H. Unvented fuel burning heaters shall not be used when children are in care. Unvented fuel burning heaters include, but are not limited to, portable oil-burning (kerosene) heaters; portable, unvented liquid or gas fueled heaters; and unvented fireplaces.

I. Wood burning stoves and fireplaces and associated chimneys, if used, shall be inspected annually by a knowledgeable inspector to verify that the devices are properly installed, maintained, and cleaned as needed. Documentation of the inspection and cleaning shall be maintained by the vendor.

J. All flammable and combustible materials such as, but not limited to, matches, lighters, lighter fluid, kerosene, turpentine, oil and grease products, aerosol cans, and alcohol shall be stored in an area inaccessible to children.

K. Children under two years of age and children over two years of age who are not developmentally ready to climb or descend stairs without supervision shall not have access to stairs.

L. Children over the age of two shall not have access to stairs with three or more risers that do not have protective barriers or guardrails on each side.

M. Children shall not have access to decks, porches, lofts, or balconies that do not have protective barriers or guardrails.

N. Windows and doors used for ventilation shall be securely screened.

O. Machinery in operation such as lawnmowers and power tools shall be inaccessible to the children in care.

VENDHOM-000-(4)-014. Hazardous substances and other harmful agents.

A. Potentially poisonous substances, materials and supplies such as, but not limited to, cleaning agents, disinfectants, deodorizers, plant care chemicals, pesticides, and petroleum distillates shall be stored away from food in areas inaccessible to children.

B. Cleaning and sanitizing materials shall not be located above food, food equipment, utensils or single-service articles and stored separate from food.

C. If hazardous substances are not kept in original containers, the substitute container shall clearly indicate their contents.

D. The vendor shall ensure that:

1. No person smokes or uses an electronic smoking device:

a. Indoors while children are in care,

b. In a vehicle when children are transported, or

- c. Outdoors in an area occupied by children.
- 2. No caregiver is under the effects of medication that impairs functioning, alcohol, or illegal drugs.

VENDHOM-000-(4)-015. Bathroom area and furnishings.

A. Each bathroom area provided for children shall:

- 1. Be within a contained area, readily available and within the home used by the children;
- 2. Have toilets that are flushable;
- 3. Have sinks located near the toilets and that are supplied with running warm water that does not exceed 120°F; and
- 4. Be equipped with soap, toilet paper, and disposable towels or an air dryer within reach of the children.

B. There shall be a toilet chair or an adult-sized toilet with a platform or steps and adapter seat available to a child being toilet trained.

C. School age children of the opposite sex shall not use the same bathroom at the same time.

VENDHOM-000-(4)-016. Play areas.

A. The family day home shall ensure that all areas of the premises accessible to children are free of obvious injury hazards.

B. A non-climbable barrier at least four feet high such as, but not limited to, a fence or impenetrable hedge shall surround outdoor play areas located within 30 feet of hazards such as, but not limited to, lakes, ponds, and streets with speed limits in excess of 25 miles per hour or with heavy traffic, or railroad tracks.

C. Stationary outdoor playground equipment shall not be installed over concrete, asphalt, or any other hard surface.

D. Trampolines shall not be used during the hours children are in care.

CAREGIVERS AND SUPERVISION

VENDHOM-000-(5)-017. Supervision and ratio requirements.

A. A caregiver shall be physically present on site and provide direct care and supervision of each child at all times. Direct care and supervision of each child includes:

1. Awareness of and responsibility for each child in care, including being near enough to intervene if needed; and
2. Monitoring of each sleeping infant in one of the following ways:
 - a. By placing each infant for sleep in a location where the infant is within sight and hearing of a caregiver;
 - b. By in-person observation of each sleeping infant at least once every 15 minutes; or
 - c. By using a baby monitor.

B. Caregivers shall actively supervise each child during outdoor play to minimize the risk of injury to a child.

C. A caregiver may allow only school age children to play outdoors while the caregiver is indoors if the caregiver can hear the children playing outdoors.

D. No child under five years of age or a child older than five who lacks the motor skills and strength to avoid accidental drowning, scalding, or falling while bathing shall be left unattended while in the bathtub.

E. The vendor shall ensure that a caregiver does not exceed 16 points by using the following point system to determine if an additional caregiver is needed:

1. Children from birth through 15 months of age count as four points each;
2. Children from 16 months through 23 months of age count as three points each;
3. Children from two through four years of age count as two points each;
4. Children from five years through nine years of age count as one point each; and
5. Children who are 10 years of age and older count as zero points.

F. A vendor's own children and resident children under eight years of age count in point maximums.

G. In accordance with § 63.2-100 of the Code of Virginia, no family day home shall care for more than four children under the age of two, including the provider's own children and any children who reside in the home, unless the family day home is licensed or voluntarily registered.

VENDHOM-000-(5)-018. Supervision near water.

A. Access to the water in aboveground swimming pools shall be prevented by locking and securing the ladder in place or storing the ladder in a place inaccessible to children.

B. A non-climbable barrier at least four feet high such as, but not limited to, a fence or impenetrable hedge shall surround outdoor play areas located within 30 feet of drowning hazards such as, but not limited to, in-ground swimming or wading pools, ponds, or fountains not enclosed by safety fences.

C. Portable wading pools without integral filter systems shall:

1. Be emptied after use by each group of children, rinsed, and filled with clean water, or more frequently as necessary; and
2. When not in use during the family day home's hours of operation, be emptied, sanitized, and stored in a position to keep them clean and dry.

D. Portable wading pools shall not be used by children who are not toilet trained.

E. Hot tubs, spas, and whirlpools shall:

1. Not be used by children in care, and
2. Covered with safety covers while children are in care.

F. The level of supervision by caregivers required and the point system as outlined in VENDHOM-000-(5)-017 shall be maintained while the children are participating in swimming or wading activities.

G. Caregivers shall have a system for accounting for all children in the water.

H. Outdoor swimming activities shall occur only during daylight hours.

I. When one or more children are in water that is more than two feet deep in a pool, lake, or other swimming area on or off the premises of the family day home:

1. A minimum of least two caregivers shall be present and able to supervise the children; and
2. An individual currently certified in basic water rescue, community water safety, water safety instruction, or lifeguarding shall be on duty supervising the children participating in swimming or wading activities at all times.

PROGRAMS

VENDHOM-000-(6)-019. Daily activities.

A. Infants and toddlers shall be provided with opportunities to:

1. Interact with caregivers and other children in the home in order to stimulate language development;
2. Play with a wide variety of safe, age-appropriate toys;
3. Receive individual attention from caregivers including, but not limited to, holding, cuddling, talking, and reading; and
4. Reach, grasp, pull up, creep, crawl, and walk to develop motor skills.

B. Infants and toddlers shall spend no more than 30 minutes of consecutive time during waking hours, with the exception of mealtimes, confined in a crib, play pen, high chair or other confining piece of equipment. The intervening time period between confinements shall be at least one hour.

C. Infants shall be placed on their backs when sleeping or napping unless otherwise ordered by a written statement signed by the child's physician.

D. An infant, toddler, or preschool child who falls asleep in a play space other than his own crib, cot, mat, or bed shall be moved promptly to his designated sleeping space if the safety or comfort of the infant, toddler, or preschool child is in question.

E. School age children shall be allowed to nap if needed, but not forced to do so.

F. Infants shall be protected from older children.

VENDHOM-000-(6)-020. Behavioral guidance.

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

B. In order to promote the child's physical, intellectual, emotional, and social well-being and growth, caregivers shall model desired, appropriate behavior and interact with the child and one another to provide needed help, comfort, support and:

1. Respect personal privacy;
2. Respect differences in cultural, ethnic, and family background;
3. Encourage decision-making abilities;
4. Promote ways of getting along;
5. Encourage independence and self-direction; and
6. Use consistency in applying expectations.

C. If time-out is used as a discipline technique:

1. It shall be used sparingly and shall not exceed one minute for each year of the child's age.
2. It shall not be used with infants or toddlers;
3. The child shall be in a safe, lighted, well-ventilated place, and within sight and sound of a caregiver; and
4. The child shall not be left alone inside or outside the program while separated from the group.

VENDHOM-000-(6)-021. Forbidden actions.

The following actions or threats thereof are forbidden:

1. Physical punishment, including, but not limited to, striking a child, roughly handling or shaking a child, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, or exercise as a punishment.
2. 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.
3. Punishment by another child;
4. Withholding or forcing of food, water, or rest;
5. Verbal remarks that are demeaning to the child;
6. Punishment for toileting accidents; and
7. Punishment by applying unpleasant or harmful substances.

VENDHOM-000-(6)-022. Parental involvement and notifications.

A. The caregiver shall notify the parent immediately if a child is lost, requires emergency medical treatment, sustains a serious injury, or dies.

B. The caregiver shall notify the parent by the end of the day of any known minor injuries.

C. The caregiver shall maintain a written record of children's serious and minor injuries in which entries are made the day of occurrence. The record shall include the following:

1. Date and time of injury;
2. Name of injured child;

3. Type and circumstance of the injury;
4. Caregiver present and treatment;
5. Date and time when parents were notified; and
6. Caregiver and parent signatures.

D. Parents shall be notified immediately of any confirmed or suspected allergic reactions and the ingestion of the prohibited food even if a reaction did not occur.

E. Parents shall be informed of the family day home's emergency preparedness plan.

F. Caregivers shall promptly inform parents when persistent behavioral problems are identified.

G. Caregivers shall provide information weekly to parents about the child's health, development, behavior, adjustment, or needs.

H. Parents shall be informed of the reason for a child's termination from care.

I. A custodial parent shall be admitted to any child day program. Such right of admission shall apply only while the child is in the child day program, pursuant to § 63.2-1813 of the Code of Virginia.

J. When children at the family day home 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 family day home's having been informed unless forbidden by law, except for life threatening diseases, which must be reported to parents immediately.

VENDHOM-000-(6)-023. Furnishings, equipment and materials.

A. Furnishings, materials, and equipment shall be age and stage appropriate for the children.

B. Children shall be protected from materials that could be swallowed or present a choking hazard. Toys or objects less than 1-1/4 inches in diameter and less than two inches in length shall be kept out of reach of children under the age of three years.

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. Play yards where used shall meet the Juvenile Products Manufacturers Association (JPMA) and the American Society for Testing and Materials (ASTM) requirements and shall not be used after recalled. If play yards, portable cribs, or mesh-sided cribs are

used for sleeping or napping they shall meet the requirements of subsections H through L of this section.

F. Cribs shall be provided for children from birth through 12 months of age and for children over 12 months of age who are not developmentally ready to sleep on a cot, rest mat or bed during the designated rest periods and not be occupied by more than one child at a time.

G. Cots, rest mats or beds shall be provided for children over 12 months of age and shall not be occupied by more than one child at a time.

H. Full-size cribs shall meet the following requirements:

1. Meet the current Consumer Product Safety Commission Standards (16 CFR parts 1219, 1220 and 1500).

2. Have mattresses that fit snugly next to the crib so that no more than two fingers can be inserted between the mattress and the crib.

I. Pillows and filled comforters shall not be used by children under two years of age while sleeping or resting including quilts, sheepskins or stuffed toys.

J. Cribs shall be placed where objects outside the crib such as electrical cords or cords from blinds, curtains, etc. are not within reach of infants or toddlers.

K. Use of bumper pads shall be prohibited.

L. There shall be at least 12 inches of space between occupied cribs, cots, beds, and rest mats.

M. Toys or objects hung over an infant in a crib and crib gyms that are strung across the crib may not be used for infants over five months of age or infants who are able to push up on their hands and knees.

N. Crib sides shall always be up and the fastenings secured when a child is in the crib.

O. Use of double-deck cribs is prohibited.

VENDHOM-000-(6)-024. Bedding and linens for use while sleeping or resting.

A. Linens shall be assigned for individual use.

B. Pillows when used shall be assigned for individual use and covered with pillow cases.

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

SPECIAL CARE PROVISIONS AND EMERGENCIES

VENDHOM-000-(7)-025. Preventing the spread of disease.

A. A child shall not be allowed to attend the family day home for the day if he has:

1. A temperature over 101°F;
2. Recurrent vomiting or diarrhea; or
3. Symptoms of a communicable disease.

B. If all children in care are from a single family unit, the caregiver may choose not to exclude a child that is ill.

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

1. Arrangements shall be made for the child to leave the family day home as soon as possible after the signs or symptoms are noticed; and
2. The child shall remain in the designated quiet area until leaving the family day home.

D. When any surface has been contaminated with body fluids, it shall be cleaned and sanitized.

VENDHOM-000-(7)-026. Hand washing and toileting procedures.

A. When hand washing, the following shall apply:

1. Children's hands shall be washed with soap and running water or disposable wipes before and after eating meals or snacks.
2. Children's hands shall be washed with soap and running water after toileting and any contact with blood, feces or urine.
3. Caregivers shall wash their hands with soap and running water before and after helping a child use the toilet or a diaper change, after the caregiver uses the toilet, after any contact with body fluids, before feeding or helping children with feeding, and before preparing or serving food or beverages.
4. If running water is not available, a germicidal cleansing agent administered per manufacturer's instruction may be used.

B. A child shall not be left unattended on a changing table during diapering.

C. When a child's clothing or diaper becomes wet or soiled, the child shall be cleaned and changed immediately.

D. During each diaper change or after toileting accidents, the child's genital area shall be thoroughly cleaned with a moist disposable wipe or a moist, clean individually assigned cloth, if the child is allergic to disposable wipes.

E. The diapering surface shall be:

1. Separate from the kitchen, food preparation areas, or surfaces used for children's activities;
2. Nonabsorbent and washable; and
3. Cleaned and sanitized after each use.

F. Soiled disposable diapers and wipes shall be disposed of in a leak-proof or plastic-lined storage system that is either foot operated or used in such a way that neither the caregiver's hand nor the soiled diaper or wipe touches the exterior surface of the storage system during disposal.

G. When cloth diapers are used, a separate leak-proof storage system as specified in subsection F of this section shall be used.

H. Children five years of age and older shall be permitted privacy when toileting.

I. Caregivers shall respond promptly to a child's request for toileting assistance.

J. Toilet chairs, when used, shall be emptied promptly, cleaned and sanitized after each use.

VENDHOM-000-(7)-027. General requirements for medication administration.

A. Prescription and nonprescription medications shall be given to a child:

1. According to the home's written medication policies, and
2. Only with written authorization from the parent.

B. The family day home may administer prescription medication that would normally be administered by a parent or guardian to a child provided:

1. The medication is administered by a caregiver who meets the requirements of VENDHOM-000-(3)-012.I and J;
2. The caregiver administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container; and
3. The caregiver administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration.

C. The family day home may administer nonprescription medication provided the medication is:

1. Administered by a caregiver 18 years of age or older;
2. Labeled with the child's name;
3. In the original container with the manufacturer's direction label attached; and
4. Given only at the dose, duration, and method of administration specified on the manufacturer's label for the age or weight of the child needing the medication.

D. Nonprescription medication shall not be used beyond the expiration date of the product.

E. Medications for children in care shall be stored separately from medications for household members and caregivers.

F. When needed, medication shall be refrigerated.

G. 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.

H. Medication, except for those prescriptions designated otherwise by written physician's order, including refrigerated medication and medications for caregivers and household members, shall be kept in a locked place using a safe locking method that prevents access by children.

I. If a key is used, the key shall be inaccessible to the children.

J. The vendor shall keep a record of prescription and nonprescription medication given children, which shall include the following:

1. Name of the child to whom medication was administered;
2. Amount and type of medication administered to the child;
3. The day and time the medication was administered to the child;
4. Name of the caregiver administering the medication;
5. Any adverse reactions; and
6. Any medication error.

VENDHOM-000-(7)-028. First aid and emergency supplies.

A. A first aid kit shall be available wherever children are in care.

B. The required first aid kits shall include at a minimum:

1. Scissors;
2. Tweezers;
3. Gauze pads;
4. Adhesive tape;
5. Band-Aids, assorted types;
6. An antiseptic cleansing solution /pads;
7. Digital thermometer; and
8. Single use gloves such as surgical or examination gloves.

C. The following nonmedical emergency supplies shall be required:

1. One working, battery-operated flashlight; and
2. One working, battery-operated radio.

VENDHOM-000-(7)-029. Procedures for emergencies.

A. The family day home shall have a written emergency preparedness plan that addresses caregiver responsibility and home readiness with respect to emergency evacuation, relocation, lockdown and shelter-in-place procedures. The plan shall address the most likely to occur emergency scenario or scenarios, including but not limited to fire, severe storms, flooding, tornadoes, loss of utilities, earthquakes, intruders, violence on or near the premises, chemical spills, and facility damage or other situations that may require evacuation, lockdown or shelter-in-place.

B. The emergency plan shall contain procedural components for:

1. Sounding of alarms (evacuation, intruder, shelter-in-place such as for tornado, or chemical hazard);
2. Emergency communication to include:
 - a. Notification of local authorities (fire and rescue, law enforcement, emergency medical services, poison control, health department, etc.), parents, and local media; and
 - b. Availability and primary use of communication tools;
3. Evacuation and relocation procedures to include:
 - a. Assembly points, designated relocation site, head counts, primary and secondary means of egress, and complete evacuation of the buildings;

- b. Accommodations or special requirements for infants, toddlers, and children with special needs to ensure their safety during evacuation or relocation;
- c. Securing of essential documents (attendance record, parent contact information, etc.) and special healthcare supplies to be carried off-site on immediate notice;
- d. Method of communication after the evacuation; and
- e. Procedure to reunite children with a parent or authorized person designated by the parent to pick up the child.

4. Shelter-in-place to include:

- a. Scenario applicability, inside assembly points, head counts, primary and secondary means of access and egress;
- b. Accommodations or special requirements for infants, toddlers, and children with special needs to ensure their safety during evacuation or relocation;
- c. Securing essential documents (attendance record, parent contact information, etc.) and special health supplies to be carried into the designated assembly points;
- d. Method of communication after the shelter-in-place; and
- e. Procedure to reunite children with a parent or authorized person designated by the parent to pick up the child.

5. Lockdown procedures, to include:

- a. Methods to alert caregivers and emergency responders;
- b. Methods to secure the family day home and designated lockdown locations;
- c. Methods to account for all children in the lockdown locations;
- d. Methods of communication with parents and emergency responders;
- e. Accommodations or special requirements for infants, toddlers, and children with special needs to ensure their safety during lockdown; and
- f. Procedure to reunite children with a parent or authorized person designated by the parent to pick up the child.

6. Home containment procedures, (e.g., closing of fire doors or other barriers) and shelter-in-place scenario (e.g., intruders, tornado, or chemical spills);
7. Caregiver training requirements, drill frequency, and plan review and update; and
8. Other special procedures developed with local authorities.

C. Emergency evacuation and shelter-in-place procedures/maps shall be posted in a location conspicuous to caregiver and children on each floor of each building.

D. A 911 or local dial number for police, fire and emergency medical services and the number of the regional poison control center shall be posted in a visible and conspicuous place.

VENDHOM-000-(7)-030. Emergency response drills.

A. The emergency response drills shall be practiced as follows:

1. Evacuation procedures shall be practiced at least monthly;
2. Shelter-in-place procedures shall be practiced twice a year; and
3. Lockdown procedures shall be practiced at least annually.

B. The family day home shall maintain a record of the dates of the practice drills for one year. For family day homes offering multiple shifts, the simulated drills shall be divided evenly among the various shifts.

SPECIAL SERVICES

VENDHOM-000-(8)-031. Nutrition and food services.

A. Family day homes shall schedule appropriate times for snacks or meals, or both, based on the hours of operation and time of the day.

B. Drinking water shall be accessible to all children.

C. When family day homes choose to provide meals or snacks, the following shall apply:

1. Family day homes offering both meals and snacks shall serve a variety of nutritious foods and sufficient portions.
2. Children three years of age or younger may not be offered foods that are considered to be potential choking hazards.

D. When food is brought from home, the following shall apply:

1. The food container shall be clearly labeled in a way that identifies the owner;
2. The family day home 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.

E. Tables and high chair trays shall be cleaned and sanitized before and after each use for feeding, at least daily.

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

G. When food is prepared that a child is allergic to, the caregiver shall take steps to avoid cross contamination in order to prevent an allergic reaction.

H. Caregivers who prepare and serve food to children, or supervise meals, shall be aware of the food allergies, sensitivities, and dietary restrictions for each child.

I. Caregivers shall not serve prohibited food to a child.

VENDHOM-000-(8)-032. 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.

B. When a child is placed in an infant seat, high chair or feeding tables, the protective belt shall be fastened securely.

C. 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.

D. Infants shall be fed on demand or in accordance with parental instructions.

E. Prepared infant formula shall be refrigerated, dated and labeled with the child's name, if more than one infant is in care.

F. Heated formula and baby food shall be stirred or shaken and tested for temperature before serving to children.

G. Milk, formula or breast milk shall not be heated or warmed directly in a microwave. Water for warming milk, formula, or breast milk may be heated in a microwave.

H. 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 labeled with the child's name, dated and stored in the refrigerator; otherwise, it shall be discarded or returned to the parent at the end of the day. Formula or breast milk shall not remain unrefrigerated for more than two hours and may not be reheated.

I. Caregivers shall feed semisolid food with a spoon unless written instructions from a physician or physician's designee state differently.

VENDHOM-000-(8)-033. Transportation and field trips.

A. If the family day home provides transportation, the family day home shall be responsible from the time the child boards the vehicle until returned to the parent or person designated by the parent.

B. Drivers must be 18 years of age or older and possess a valid driver's license to operate the vehicle being driven.

C. Any vehicle used by the family day home 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 as required by § 46.2-472 of the Code of Virginia;
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 volunteers supply personal vehicles, the family day home is responsible for ensuring that the requirements of this subsection are met.

D. The family day home 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 are 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 caregiver or the driver always remains in the vehicle when children are present;
5. Caregiver has a list of the names of the children being transported; and
6. Allergy Care Plan and information as specified in VENDHOM-000-(2)-006.B.11 shall be carried.

E. 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.

F. Caregiver shall verify that all children have been removed from the vehicle at the conclusion of any trip.

VENDHOM-000-(8)-034. Animals and pets.

A. Animals shall not be allowed on any surfaces where food is prepared or served.

B. A pet or animal present at the home, indoors or outdoors, shall be in good health and show no evidence of carrying any disease.

C. Dogs or cats, where allowed, shall be vaccinated for rabies and shall be treated for fleas, ticks, or worms as needed.

D. The vendor shall maintain documentation of the current rabies vaccination for dogs and cats.

E. Caregiver shall closely supervise children when children are exposed to animals.

F. Children shall be instructed on safe procedures to follow when in close proximity to animals, e.g., not to provoke or startle them or remove their food.

G. Monkeys, ferrets, reptiles, psittacine birds (birds of the parrot family), or wild or dangerous animals shall not be in areas accessible to children during the hours children are in care.

H. Animal litter boxes, toys, food dishes, and water dishes shall be inaccessible to children.

VENDHOM-000-(8)-035. Evening and overnight care.

A. Caregivers shall remain awake until all children are asleep and shall sleep on the same floor level as the children in care.

B. 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.

- C. For overnight, 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.
- D. In addition to requirements in VENDHOM-000-(6)-024 about linens, bedding appropriate to the temperature and other conditions of the rest area shall be provided.
- E. When children are six years of age or older, boys and girls shall have separate sleeping areas.
- F. In family day homes providing overnight care, an operational tub or shower with heated and cold water shall be provided.
- G. When bath towels are used, they shall be assigned for individual use.
- H. Quiet activities shall be available immediately before bedtime.



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

DATE: October 16, 2018

TO: Subsidy recipients- Licensed FDH

FROM: Tara Ragland, Director
Division of Licensing -Children’s Programs

SUBJECT: Child Care Program Regulation (22VAC40-665) - Subsidy inspection requirements

This memo is to inform you that the new Child Care Program regulation (22VAC40-665) will become effective on October 17, 2018. This subsidy regulation replaces and updates inspection requirements in the Subsidy Vendor Agreements. Inspections will be conducted using the Child Care Program regulation and not Appendix A of the Vendor Agreement.

Substantive changes are explained in the chart below. New requirements are indicated with an (*) During a 60 day implementation period, between 10/17/2018-12/14/2018, areas of noncompliance identified with the new requirements will not be cited as violations. These findings will be noted in the comment box on the inspection summary. The requirements for which the implementation period applies to appear in bold in the chart below.

The updated requirements for subsidy vendors are found in the Child Care Program regulation (22VAC40-665) located at:
http://dss.virginia.gov/files/division/licensing/ucdprcca/vendor_agreements_inspection_requirements/subsidy_vendor_inspection_requirements_for_family_day_homes.pdf

Section	Substantive Changes
22VAC40-665-120. Definitions; subsidy program requirements for	*New definition of “child with special needs or disability” added. Incorporates the definition found in the Individuals with Disabilities Education Act and includes the conditions under which a child is considered a child with special needs or a

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child day center vendors.	<p>disability.</p> <p>*New definition of “preschool” added. Defined as a child from the age of two up to the age of eligibility to attend public school.</p>
22VAC40-665-150. Operational responsibilities.	<p>*All staff who work with children must be informed of children’s allergies, sensitivities, and dietary restrictions.</p> <p>*A current list of all children’s allergies must be accessible to all caregivers and kept confidential.</p>
22VAC40-665-180. Caregiver records.	<p>Caregiver records must now include:</p> <ul style="list-style-type: none"> • Satisfactory results of the fingerprint-based national criminal background check; • Satisfactory results of the Virginia Child Protective Services Central Registry check; • Sworn statement; • Satisfactory results of the child abuse and neglect registry from any other state in which the individual has resided in the preceding five years; and • Documentation of subsequent background checks conducted every five years. <p><u>These are not new requirements.</u> The list of documentation required in a staff record has been updated to reflect current background checks required in the Code.</p>
22VAC40-665-190. Health requirements for caregivers.	<p>Tuberculosis screening is now required before coming into contact with children and documentation must have been completed within the last 30 calendar days of the date of employment.</p>
22VAC40-665-220. General qualifications.	<p>*Caregivers under 18 may not administer medication.</p>
22VAC40-665-230. Caregiver training and development.	<p>*CPR/First aid training is required for all staff within 90 days of the date of employment. One caregiver with current CPR/First aid training must be present during operating hours, even during the 90 day period.</p>
22VAC40-665-400. Procedures for emergencies.	<p>*Procedures for the continuity of operations to ensure that essential functions are maintained during an emergency must be included in the emergency response plan.</p>