

# Family Child Care Licensing Regulations

State of Vermont

Department of Social and Rehabilitation Services  
Child Care Services Division  
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<http://www.state.vt.us/srs/childcare/licensing/license.htm>



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**NOTE:**

Boxes such as these appear amidst the regulations. The information contained in these “noteboxes” is advisory and provides examples or guidance for licensees and staff in Licensed Family Child Care Homes.

These regulations are issued pursuant to  
33 V.S.A. §306(b) § 3502(d)

These regulations reflect the current requirements of many state statutes related to the health, safety and welfare of Vermont's children. Laws do change. Licensees must comply with all of Vermont laws including related health, safety or welfare regulation. To the extent that the new laws become more stringent than these Family Child Care Licensing Regulations in the future, licensees should comply with the new laws. For example, if seat belt and child restraint laws become stricter, licensees would be required to adhere to the new law.



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**NOTE: Some regulation numbers may appear to be missing – this is intentional. There are no regulations missing and the numbers are correct.**

## Definitions

**AIDE-** A volunteer or unpaid person present and assisting in the Licensed Family Child Care Home.

**CHILD-** Person who has not yet reached the age of sixteen years.

**CHILD CARE** – The developmentally appropriate care, protection and supervision which is designed to ensure wholesome growth and educational experiences for children outside of their home for periods of less than 24-hours a day.

**COMMISSIONER-** Commissioner of the Department of Social and Rehabilitation Services or his/her designee.

**CONDITIONS OF THE LICENSE-** Requirements that must be met in order to retain a license.

**CONFIDENTIALITY-** The protection of personal information from persons who are not authorized to see or hear it.

**CORPORAL PUNISHMENT-** The intentional infliction of pain by any means for the purpose of punishment, correction, discipline, instruction or any other similar reason.

**CURRICULUM-** A set of activities and experiences consistent with the developmental needs of young children.

**DEPARTMENT-** The Vermont Department of Social and Rehabilitation Services, Agency of Human Services and/or its agents.

**DEVELOPMENTALLY APPROPRIATE-** Activities and interactions that recognize and address the physical, emotional, social, and cognitive stages of each child.

**DIRECT SUPERVISION** – Constant visual supervision, in the same room or outdoor play area, of a trainee, volunteer or person 16 and 17 years of age who assist in the program.

**DISCIPLINE-** A process of guiding children to develop internal pro-social behavior through supportive consistent use of the following: modeling appropriate behavior; praise, active listening, limit setting, reinvolvement and modifying the environment.

**DIVISION-** The Child Care Services Division of the Vermont Department of Social and Rehabilitation Services.

**EARLY CHILDHOOD FACILITY-** Any place, operated as a business or service on a regular or continuous basis whether for compensation or not, which provides child care.

**EARLY CHILDHOOD PROGRAM ASSESSMENT TEAM** - A group of parents and representatives from early childhood programs and community support agencies who are brought together for the purpose of assessing and improving program quality.

**FAMILY CHILD CARE LICENSING REGULATIONS:** Regulations pursuant to 33 V.S.A. § 306 (b) and 33 V.S.A. § 3502 (d).

**HIGHER EDUCATION COURSE-** A three credit course or equivalent which could apply toward acquiring a post secondary degree in Early Childhood Education, Elementary Education, Human Development or other related field.

**HUMAN SERVICES COOP STUDENT-** A person 17 years of age who is (1) enrolled in a technical center approved by the State Board of Education, (2) has successfully completed at least one semester of early childhood course work or a minimum of 180 hours in a child development theory and lab school practice.

**HUMAN SERVICES GRADUATE -** A person who has received a certificate of completion from a technical center human services program, emphasizing child development/early childhood education and is approved by the State Board of Education.

**INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN (IPDP) -** A personalized plan for increasing one's knowledge and improving skills by assessing current knowledge and skills, identifying specific areas for improvement, developing strategies and resources to address those areas and providing opportunities to reflect and demonstrate personal growth.

**LICENSE-** An official document which certifies that a licensee has been granted permission by the State to operate an Licensed Family Child Care Home in accordance with the provisions of the law and regulations of the department.

**LICENSED FAMILY CHILD CARE HOME –** An early childhood program licensed for up to 12 children in the residence of the licensee where the licensee is one of the primary caregivers.

**LICENSED SPACE-** The indoor and outdoor space approved by the Division as usable space where children may be present.

**LICENSEE-** The person, corporation or other legal entity named on the license certificate as having received the license and who is responsible for maintaining compliance with the regulations.

**NON-RECURRING SERVICES-** Licensed Family Child Care Homes designed to meet the short-term needs of families arising from tourism, recreation or shopping.

**PARENT –** A child's parent or legal guardian.

**PARENT EDUCATION PROGRAM-** A program which provides an intentional level of training and supervision of parents in order for them to actively assist in the implementation of an early childhood program.

**PARENTAL NOTIFICATION LETTERS-**A written notification from the licensee to the parent(s), sent by mail, as required by 33 V.S.A. § 306(7) indicating that a staffing or serious health or safety violation had been identified by the Division.

**PLAY GROUP-** An educational and socialization opportunity for children and their parents (or caregivers). Playgroups are exempt from licensure.

**PRIMARY STAFF PERSON-** The staff person responsible for facilitating and nurturing a child's cognitive, social, emotional and physical growth and development and the person responsible for communicating the child's daily activities to the child's parent.

**PROFESSIONAL DEVELOPMENT ACTIVITY-** Interactive developmental activities in the areas of: child development, learning environments, effective teaching and nurturing, parent partnership, ethics and professional behavior, program management, child health, prevention and safety. These activities include but are not limited to workshop training sessions, course work, site visit to other programs, a mentoring session, lecture/presentation, or acting as a member of an Early Childhood Program Assessment Team assessing compliance to these regulations.

**PROGRAM DIRECTOR-** The licensee and the person responsible for managing the program design and curriculum.

**PROVISIONAL LICENSE-** A non-renewable license issued by the department for a period of not more than one year to an applicant who has submitted an application for the licensure of a facility not previously licensed. A provisional license may be if the Department finds that an applicant's facility, staff, program, or other matter is not in full compliance with these regulations, but is likely to achieve full compliance within a pre-determined time period set by the Division, not to exceed one year.

**RECREATION PROGRAMS-** Programs exempt from licensure pursuant to 33 V.S.A. §3502(b) that operate for no more than four hours one day a week or not more than two hours two days a week whose primary function is other than the care, supervision and protection of children; or operate 13 consecutive weeks or less which provide a variety of activities including, but not limited to athletics, and arts and crafts to children who have completed kindergarten or who will reach their sixth birthday by September 1<sup>st</sup> of the enrollment year; or operate part day programs less than four hours per day and thirteen weeks or less per year providing a variety of activities including but not limited to athletics, arts or crafts and socialization to children age three, four and five; or programs which provide for the development of a single skill based on activity such as skiing, pottery making, computer operation, tennis or musicianship for children ages four years and older.

**REVOCATION-** The formal act of closing an early childhood facility due to violations of these regulations or related statute. A facility may continue to operate during a revocation action pending an appeal to the Human Services Board.

**SERIOUS VIOLATION-** A violation of group size, staffing requirements or any violation which immediately imperils the health, safety or well-being of children. Serious

violations may also include corporal punishment, lack of supervision, physical or sexual abuse or health and safety requirements.

**STAFF-** Persons who have direct responsibilities for the operation of the program or the care and education of children.

**SPECIAL NEEDS CHILD-** A person under the age of nineteen (19) who is eligible for special education services in accordance with an Individualized Education Plan (IEP) or 504 Plan and who is not capable of safely caring for him/herself; or (b) A person who is age 13 or older who has a documented physical, emotional, or behavioral condition that precludes the person from providing self-care or being left unsupervised, as verified by the written report of a physician, licensed psychologist, or court records.

**SUPERVISION OF CHILDREN-** The knowledge of and accounting for the activity and whereabouts of each child in care and the proximity of staff to children at all times assuring immediate intervention of staff to safeguard a child from harm.

**SUSPENSION-** The formal act of immediately removing a license to operate due to the immediate imperilment of the health, safety or well being of a child.

**TERMS OF THE LICENSE** – The location, number and ages of children, hours and days of operation and expiration date listed on the license certificate issued by the Department or by subsequent Departmental action.

**USEABLE SPACE-** The space described by the application, which has been inspected and approved by the Division. All other space is not useable space.

**VARIANCE-** An exception to a regulation granted by the Commissioner in circumstances when, in his/her judgment, the literal application of a regulation would result in unnecessary hardship and when the intent of the regulation can be achieved by other means.

**VERMONT FRAMEWORK OF STANDARDS AND LEARNING OPPORTUNITIES-** Standards developed by the Vermont Department of Education to provide practical, useful reference points for the development of local curriculum and assessment. The Standards identify (1) essential knowledge and skills that the Vermont Department of Education expect to be taught and learned in schools and (2) behaviors and attitudes related to success in and outside of schools.



# I. PROGRAM DESIGN AND CURRICULUM

## A. The Learning Environment

Knowledge about how children learn is the foundation of program design and curriculum. A program's curriculum is developmentally appropriate when it stimulates learning at both the developmental level of the group and the stage of development of each individual child. Children should select and participate in activities that are both challenging and geared for success. Learning programs should be designed to provide a balance between individual and group needs, between teacher-directed and child-selected activities, and

1. The program director shall manage the program design and curriculum to ensure the provision of developmentally appropriate activities and materials.
2. The program and curriculum\* shall provide developmentally appropriate activities, and materials in sufficient quantity and variety to meet the needs and interests of children being served.

The curriculum\* shall promote:

- a. social skills (for example: opportunities for sharing, caring and helping);
  - b. positive self-concepts (for example: encouraging children to draw pictures and tell stories about themselves and their families);
  - c. language and literacy (for example: reading books, songs, conversation, story telling, scribbling and drawing);
  - d. physical development in both indoor and outdoor settings, strengthening large and small muscles and encouraging eye-hand coordination, body awareness, rhythm, and movement (for example: finger plays, obstacle courses and puzzles);
  - e. sound health, safety and nutritional practices in the daily routine (for example: handwashing and giving opportunities to help prepare and serve food);and
  - f. creative expression and appreciation for the arts (for example: creating art work as process rather than product, dance, movement, dramatic play, music and materials that represent a variety of cultures).
3. The program and curriculum\* shall provide:
    - a. individual, small group and large group activities;
    - b. children with many opportunities for success through open-ended activities (for example: blocks, play dough and sand/ water and praising effort, not just results;

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\* This may be linked to the **Vermont Framework of Standards and Learning Opportunities**.

- c. an environment of respect for individual and cultural diversity (for example: acknowledging and respecting each child's unique qualities and integrating positive cultural experiences into daily activities);and
  - d. opportunities for children to solve problems, initiate activities, experiment and gain mastery through learning by doing.
4. Children shall be provided with opportunities to explore science, dramatic play, music, language arts and mathematical concepts.
5. There shall be a balance between staff-directed and child-initiated activities. Staff voices shall not dominate the overall sound of the group.
6. Infants and toddlers shall have ample opportunities to move about freely in a safe area. When infant chairs, infant/toddler swings, high chairs or playpens are used for supervised play usage shall not exceed ½ hour period for every 3 hour interval.

**Note:** Considerations for computer use in Licensed Family Child Care Homes:

- Select programs which are developmentally appropriate, instructional and within the child's ability.
- Develop clear and simple rules on the use of the computer, sharing and time limits.
- Instruct children in basic use of computer including start up, shut down and running programs.
- Provide a stable workstation that won't tip over.
- Place computer and all electrical equipment near a power source to limit extension cord use, but away from any water source.
- Bundle cords together so as to minimize hazards.
- Place monitor at eye level of users. Keyboard and mouse should be easily reachable by children.

7. If television/video viewing occurs it shall not exceed 5 hours per week and shall be:
  - a. in the presence of staff;
  - b. educational;
  - c. designed for children; and
  - d. Age-appropriate alternatives shall be available when television/video viewing occurs.
8. Outdoor play equipment shall be available and appropriate for the number and ages of the children.

## **B. Program Planning**

1. The program shall be designed to meet the strengths, interests and needs of each child.

2. The program and curriculum shall provide all children enrolled in the program equal opportunity to participate in all activities appropriate to their age/ development.
3. Program staff shall follow modifications and emergency procedures related to enrolled children with special needs which shall be developed in consultation with the child's parents and program/agencies providing services to the child.
4. When the program has a policy to provide Non-recurring Services, a plan shall be in effect which will provide orientation for staff regarding special considerations for the care of children attending on a non-recurring basis. Considerations included: consoling and transitioning the child into the group, immunization status, security and identification. A copy of the plan shall be submitted to the Division annually upon reapplication.
5. The staff shall demonstrate the program's commitment to continuous learning and improvement by performing an annual assessment of the program.

### **C. Interactions Among Children and Adults**

1. Each child shall be assigned a primary staff person.
2. Each child shall be treated with consideration and respect, and with equal opportunities to take part in all developmentally appropriate activities.
3. Staff shall appropriately hold, touch and smile at children.
4. Staff shall speak clearly to children at their eye level.
5. Staff shall be available and responsive to children, encouraging them to share experiences, ideas and feelings. At least one adult shall sit with children during meals and snacks.
6. Staff shall listen to children with attention and respect.
7. Children shall be attended to when they cry.
8. Nurturing activities performed by the staff, including diapering, toileting, feeding, dressing and resting shall be performed in consideration of the parent's own nurturing practices when developmentally appropriate and would not constitute a violation of these regulations. These activities shall be performed in a relaxed, reassuring and individualized manner which is developmentally appropriate and promotes the child 's learning self-help and social skills.
9. Profanity and obscene language shall not be used.

## D. Supervision

1. Each child shall be visually supervised in person at all times by staff (except sleeping infants who are subject to in-person checks every 15 minutes – see **V.D. 3**). Children must be visually supervised while napping/resting.
2. Outdoor play areas shall be under the supervision of staff interacting with the children.
3. Children shall be protected from the harmful acts of other children.

**Note:** Be mindful to supervise lofts, playhouses and other locations carefully when it is difficult to visually supervise children. Inadequate supervision is a leading factor contributing to accidents, injuries and inappropriate touching among children.

## E. Staff/Child Ratios

1. In determining the staff/child ratios, only those staff members working directly with the children a minimum of 90% of their assigned duty time shall be counted. (These staff members shall only be counted when they are readily available on the premises.)
2. The Family Child Care Licensee's and the Family Child Care Assistant's own pre-school or homebound children with special needs shall be included in the total number of children in care.
3. The following ratios and numbers shall apply:
  - a. a second staff person is present and on duty when the number of children receiving child care exceeds six (6); and
  - b. there are no more than two children under 24 months of age per staff person;or, when children only under age 3 are enrolled:
  - c. there is at least one staff present and on duty when 3 or fewer children are in care; and
  - d. there are at least two staff persons present and on duty when 4-7 children are in care; and
  - e. there are at least three staff persons present and on duty when 8 or more children are in care.

## **F. Observation and Assessment of Children**

**Note:** Assessment helps shape teaching practice, supports children's strengths and abilities and is respectful of the many ways that children learn.

1. There shall be documented evidence of continuing observation, recording and evaluation of each child's growth and development.
2. The child's parents, and at the parents' choice, representatives from other agencies/programs providing services to the child, shall have opportunities to contribute to the individualized program for that child.

## **G. Guidance and Discipline**

1. Staff's expectations of children's social behavior shall be appropriate to each child's level of development. Guidance shall be designed to meet the individual needs of each child.
2. Staff shall use positive methods of guidance and discipline that encourage self-control, self-direction, self-esteem and cooperation (for example, redirection, planning ahead to prevent problems, reinforcing and praising appropriate behavior and encouraging children to express their feelings and ideas instead of solving problems with force).
3. Derogatory or humiliating remarks made by staff in presence of children or families are prohibited.
4. No employee, volunteer or parent shall use any form of inappropriate discipline or corporal punishment such as, but not limited to:
  - a. hitting, shaking, biting, pinching;
  - b. restricting a child's movements through binding, tying, or use of any other mechanical restraint;
  - c. withholding food, water or toilet use;
  - d. confining a child in an enclosed or darkened area, such as a closet or a locked room; or
  - e. inflicting mental or emotional punishment such as humiliating, shaming, threatening, or frightening a child.

## II. Personnel

The quality of any program for young children is largely determined by the knowledge, experience, and training of its staff. All program staff who work with children and families, need to have, and to continue receiving as part of their jobs, knowledge of child development and early education, supervised experience in working with young children, and continuing opportunities to improve their practice and increase their understanding of young children and families. Time to permit and invite reflection, inquiry, and self-study should be made part of every program design.

Consistency is also vital on the levels of administration and day-to-day contact with children and families. Consistency and stability are essential for every child's early learning. Children and families who are building trust in others need to have a consistent relationship with a staff member who is aware of and sensitive to the individual child's personality, interests, and needs. People who work with young children should consistently provide support for early learning and should make a steady effort to interact in positive ways with children, parents, and other staff. Administrators must provide the consistent and appropriate leadership that is vital for their program's continuity and quality of services.

### A. Qualifications

**Note:** The standards and practices listed here are minimum qualifications and criteria for licensing purposes. Requirements for individual programs may vary and exceed licensing requirements.

1. Staff who are employed at a licensed program prior to the effective date of these rules may continue their current position at that program providing they obtain annually a minimum of 12 (clock) hours of professional development activities which may be applied toward their Individual Professional Development Plan (IPDP).
2. All staff members who work with children shall have a basic knowledge of child development principles appropriate for their position.
3. All staff counted in the staff/child ratio shall meet or exceed the qualifications for one of the following positions:

**Position:** Family Child Care Licensee/Program Director

**Qualifications:** High school diploma or equivalent, at least 18 years of age and:

- Child Development Associate (CDA), Certificate of Completion of the Registered Child Care Apprenticeship Program, or AA, BA, in child development (or related field which includes at least 4 courses successfully completed in child development), and
- two years of successful experience operating a state regulated family child care home.

**Annual Professional Development Requirement:** Minimum of 12 (clock) hours of Professional Development Activities, which may be applied toward meeting the Family Child Care Licensee's Individual Professional Development Plan (IPDP).

**Position:** Family Child Care Assistant

**Qualifications:** A person over 18 years of age who has at least one (1) year of successful experience working with young children in a regulated facility and one (1) 30-hour course in child development topics approved by the Division to be completed within one year.

**Annual Professional Development Requirement:** Minimum of 12 (clock) hours of Professional Development Activities, which may be applied toward meeting the Family Child Care Assistant's Individual Professional Development Plan (IPDP).

## **A. Staffing**

1. Each program shall have a program director who is present more than half of the time children are present.
4. All staff counted in the staff/child ratios shall be at least 18 years of age.
5. Persons between 16 and 18 years of age who assist in the program shall:
  - a. be under the direct supervision of the Family Child Care Licensee or Family Child Care Assistant
  - b. not be counted in the staff/child ratios; and
  - c. not be left alone with children.
8. Each staff shall have a written work, education, training and experience history on file that documents the staff member's ability to perform the duties in his or her job description.
9. All staff who work with children shall be actively engaged in professional development activities as specified in their Individual Professional Development Plan (IPDP). Annual professional development activities required by **Section A** must have representation from at least two of the activities listed under Professional Development Activities in the Definition Section at the beginning of these requirements.
10. Within six months of hire, all paid staff counted in the staff/child ratios shall have obtained training in basic first aid for children, injury prevention and emergency readiness.
11. At least one staff person shall be present who is certified in Infant/Child CPR. By 1/1/02 all paid staff shall obtain training in rescue breathing, airway obstruction and infant/child CPR from the American Red Cross, American Heart Association or other state recognized organization providing equivalent training.
12. All persons who have contact with children shall have no history of child abuse or criminal activity that would disqualify them. The following persons may not operate, reside, be present at, or be employed at a licensed program:

- a. persons convicted of fraud, felony or an offense involving violence or unlawful sexual activity or other bodily injury to another person including, but not limited to abuse, neglect or sexual activity with a child ; or
  - b. a person found by a court to have abused, neglected or mistreated a child, elderly or disabled person or animal; or
  - c. adults or children who have had a report of abuse or neglect substantiated against them under Chapters 49 & 69 of Title 33 Vermont Statutes Annotated.
13. Persons prohibited by **Number 12** above may be present or be employed in a Licensed Family Child Care Home only when the licensee and the person involved obtains a waiver from the prohibition by submitting evidence acceptable to the Commissioner which shows suitability or rehabilitation sufficient to warrant their participation or presence in the program.
14. Parents of children enrolled in the facility who would be otherwise prohibited under **Number 12** above, but are participating in prevention or parent education programs within the facility, may be present at the facility as long as they are visually supervised at all times by the staff of the facility.
15. Parents with a history of child abuse or criminal activity as defined in **Number 12** above may be present to drop off and pick up their children and may participate in program activities provided they are under continual visual supervision by staff. They may not be left alone with children nor counted in the staff/child ratio.
16. All staff working with children shall be able to comprehend basic written format.
17. Informational material relative to the care, development and education of children published or distributed by community resources agencies and other relevant sources shall be made accessible to all staff.
18. Substitute staff members and full-time aides can be on duty for more than three days only if the program has on file at least three references that attest to the person's competence to perform the duties assigned. Parents of children attending the program are not subject to this provision unless they are being counted in the staff/child ratio.



### III. Leadership and Administration

An effective early childhood program implements best practices through well-defined policies and procedures that guide all aspects of the program's operations. Four essential elements of leadership and organization are:

**Policies and Procedures:** Written policies and procedures can ensure consistency and equity in all areas of program management when they are understood by staff and families and are evaluated routinely.

**Organizational Structure and Job Descriptions:** An organizational chart should be accompanied by position descriptions that include supervision and evaluation responsibilities.

**Staff Development:** All staff should be provided with professional development activities.

#### A. Staff Development

1. All staff shall be provided with opportunities for professional development annually. (See Professional Development Activities in **Definitions** section.)

#### B. License and Licensing

1. The licensee shall be responsible for compliance with these regulations and shall operate the facility at all times within the terms and conditions of the license.
2. The number of children served by the Licensed Family Child Care Home at any one time shall not exceed the maximum number of children for which the facility is licensed.
3. The licensee shall not sell or otherwise transfer the license to another individual, organization or corporation.
4. The license is valid only for the location listed on the license.
5. The licensee shall not alter or tamper with the license certificate or cause another to alter or tamper with the license certificate.
6. The license and a copy of current **Family Child Care Licensing Regulations** shall be posted in the facility where parents and the staff can see and read them.
7. The licensee shall not represent or give the impression that the Licensed Family Child Care Home and/or its services are otherwise than as defined by the license certificate and the limitations of these regulations.

9. When the Division grants a license based on the CDA credential of the program director, the program director must maintain a valid (not expired) CDA credential.
13. During the hours of operation the facility shall be used only for the purposes of early childhood program services or training.
14. The licensee or licensee's agent shall inform all staff of revisions in these regulations within 30 days following their effective date.
15. The licensee or the licensee's agent shall not deny a child's entry into the program because of race, creed, color, national origin, disability, gender or the child's parents' marital status or sexual orientation.
16. Each program shall carry liability insurance of a reasonable amount for its own protection. Evidence of insurance coverage shall be provided to the Division upon licensing and relicensing. Automotive insurance covering property damage, bodily injury and liability shall be carried.
17. The facility shall meet all applicable requirements of the Department of Labor and Industry and the Agency of Natural Resources, the Americans with Disabilities Act and the Federal Pro-Children Act of 1994.

**Note:** If municipal zoning is required and the facility site is on a state highway then an access permit may be required from the Utilities and Permit Unit, Technical Services Division of the Agency of Transportation, 828-2653.

18. As of the date of application or reapplication, the applicant/ licensee shall certify that he/she is in compliance with 32 V.S.A., §3113 by being in good standing with respect to, or in full compliance with a plan approved by the Commissioner of Taxes to pay, any and all taxes due the State of Vermont.
19. As of the date of application or reapplication, the applicant/ licensee shall certify that he/she is in compliance with 15 V.S.A. §795 by being in good standing with respect to, or in full compliance with a plan approved by the Vermont Office of Child Support to pay any and all child support due the State of Vermont.
20. Prior to initial licensure of an existing building an assessment shall be performed by a person certified by the Vermont Department of Health to determine (1) if Asbestos Containing Material (ACM) is present; and (2) if ACM is present, to ascertain the condition of such material. A copy of the assessment shall be made part of the initial application. If abatement recommendations (repairs, enclosure, encapsulation, or removal and clean up) are made, the Vermont Department of Health Asbestos Control Program shall be notified by the applicant and, if warranted, a site visit may be made by a Vermont Department of Health representative to determine the necessity of the recommendation.

21. If the facility was constructed prior to 1978, and has not been determined to be lead free by an inspector licensed by the Vermont Department of Health, the licensee shall comply with the requirements of 18 V.S.A. Chapter 38 (Childhood Lead Poisoning Prevention Law) prior to licensure and shall assure that essential maintenance practices have been performed and will continue to be performed annually as required by law (See **V. R.**).
22. A state licensed family child care home serving no more than six full-time children and four part-time children, shall be considered to constitute a permitted use of property but may require site plan approval based on local zoning requirements. A state licensed family child care facility serving more than six full-time and four part-time children may, at the discretion of the municipality, be subject to all applicable municipal zoning bylaws. Zoning approval shall be properly recorded in the municipal office in which the facility is located.

### **C. Policies, Procedures, Records and Reports**

1. Written information shall be provided to parents and shall include:
  - a. a typical daily schedule;
  - b. a policy regarding the reporting of suspected child abuse and/ or neglect;
  - c. a description of religious activities, if any;
  - d. a schedule of fees and payment plans;
  - e. a statement allowing parental freedom of access to the facility, the child 's records and the staff;
  - f. an explanation of program confidentiality policies;
  - g. a description of the program which sets forth the philosophy and methods employed to reach developmental goals for children and families;
  - h. policies related to the inclusion of children with special needs and disabilities;
  - i. a description of how to have Internet access to view these regulations and access to early childhood program information;
  - j. requirements for maintaining accurate and up to date immunization records;
  - k. off site activity (field trips) policy;
  - l. no smoking policy;
  - m. a policy regarding inclusion and exclusion of ill children in Licensed Family Child Care Homes;
  - n. check in check out procedures;
  - o. information concerning complaint procedures;
  - p. Child Care Consumer Concern Line telephone number (1-800-540-7942).

**Note:** Best Practice is to encourage parent to address concerns and/or complaints with the child's primary staff person and/or program director.

2. When the program's policy is to admit children on a non-recurring basis all parents shall be notified of the policy. The policy shall inform all parents that children attending on a non-recurring basis may not be immunized.
3. Written parental permission shall be obtained prior to making professional referrals.
4. Written procedures shall be established for:
  - a. record keeping;
  - b. daily communication with parents about their child's activities;
  - c. storage and administration of medications;
  - d. guidelines for volunteers;
  - e. emergency procedures including staffing emergencies, evacuation plans, sick or injured children and medical emergencies;
  - f. Emergency Response Plan for disasters (See **V.E.8.**).
  - g. excluding persons whose presence is prohibited by these regulations;
  - h. off-site activities;
  - i. assuring children have an extra set of clean clothes available;
  - j. child discipline and guidance;
  - k. complaint and grievance procedures;
  - l. religious activities (if any);
  - m. confidentiality;
  - n. reporting suspicion of child abuse and neglect;
  - o. parental freedom of access;
  - p. curriculum development policies and responsibilities; and
  - q. staffing including opening and closing.
5. Staff shall be trained in and have available to them the program's philosophy and all written procedures listed in **Number 4** above.
6. All written policies and procedures shall be reviewed annually and revised when necessary.
7. Staff shall be physically able to perform their duties. The Licensee shall ensure that staff members who have contagious illness, or who are incapacitated by illness, extreme fatigue, or any other condition that limits their ability to work with children, shall not do so until their condition has improved. Staff members who are suffering from a contagious illness shall only return to work after their illness has been treated to a point that it is no longer contagious, or after a medical authority has indicated that it is safe for them to work with children again.
8. No person shall be present at the program while under the influence of alcohol or any other drug which impairs their ability to work safely with children.

9. A person shall be prohibited from the facility when his/ her presence or behavior disrupts the program, distracts the staff from their responsibilities, intimidates or promotes fear among the children, or when there is reason to believe that his/her action or behavior will present children in care with risk of harm.
10. A child shall be released only to persons authorized by the parent/guardian. When a person authorized to pick up a child (see **13 e.** below), is unknown to the staff, their identity must be verified prior to releasing the child.
11. When an emergency request is made by a parent for the child to be picked up by someone not listed in **13 e.** below there shall be a system to verify the identity of both the parent caller and the person being authorized to pick up the child. Staff shall document in writing emergency calls and information regarding the identity of the person authorized to pick up the child.
12. A child shall be released to either parent unless there is a court order which prohibits release to a particular parent. A copy of the court order shall be at the facility.
13. Prior to admission, each child's file shall contain the following:
  - a. a completed child 's admission form which is signed and dated by the parent;
  - b. child 's complete name, birth date and date admitted;
  - c. full name of parent(s), home and daytime telephone numbers (if applicable) and address;
  - d. name, address and home and daytime telephone numbers of two persons to contact in an emergency if the parent cannot be reached;
  - e. name, address, home and daytime telephone numbers of persons, if any, authorized to pick up the child;
  - f. name and telephone numbers of child 's health care provider and dentist;
  - g. description of child 's health history, current medications, allergies, special dietary requirements and other identified special need(s);
  - h. signed permission by parent to authorize emergency medical care and associated transportation.
  - i. completed immunization form listing types and dates of immunizations.

**Note:** The immunization form may be a photocopy of the child 's original immunization record.

The immunization form must attest that the child has been immunized in accordance with the schedule of immunization determined by the Vermont Department of Health, or a statement which attests that:

- I. the child has not been immunized because the immunization is medically contraindicated, or
- II. the child has not been immunized because to do so would interfere with the child's or families moral or religious beliefs, or
- III. the child has been immunized according to the schedule except for specifically named immunizations listed in the statement. The statement shall attest that these immunizations will be given within a reasonable stated period of time. A child shall not receive care at the facility after the stated period of time has lapsed unless there is a written statement that the child has received all immunizations required by the schedule.

**Note:** Programs need not have immunization records for children who are attending on a non-recurring basis.

14. Records and information required by **Number 13.** above shall be kept at the licensed family child care home facility.
15. Reports of the immunization status of each child shall be reported to the Vermont Department of Health upon request.
16. Daily attendance records, listing the dates and hours of attendance for each child, shall be maintained on the premises and kept up-to-date for a period of at least the previous 12 months.
17. When a child is no longer enrolled the date of the child's withdrawal shall be recorded in the child's file. The child's file shall be maintained at the facility for at least 12 months from the child's last date of attendance. After 12 months the file may be destroyed or returned to the parent. The child's file shall be made available for review by the child's parents during this period.
18. A child's presence in the facility shall always be documented by using a Time-in and Time-out procedure for each child in attendance.
19. The child's parent and the Division shall receive a written report within two working days of an incident or injury that required the services of a medical professional, including a dentist, which occurred while the child was in attendance.
20. Any incident where a child is bitten by an animal while in attendance shall be reported to the Division and the State Public Health Veterinarian at the Vermont Department of Health (1-800-4-RABIES).
21. The licensee shall submit a written report to the Division within 48 hours of a fire that required the use of a fire extinguisher and/or the services of a fire department.

22. Staff shall observe confidentiality in regard to child /family records and family information. Confidential conversations regarding children/families or collaborating agencies shall be made in private.

**Note:** Cordless phone conversations may be overheard by third parties. The use of digital cordless phones with ratings of 900mhz or 2.4ghz minimize opportunities for calls to be overheard.

23. Upon the Department's request all reports and notices issued by the Department shall be conspicuously posted near the license certificate for a length of time determined by the Department or mailed to individual parents.
24. Written parental permission shall be acquired for field trips. Parents are to be notified in advance when vehicles are to be used. (See **V. V.1.**) Parents may grant general authorization for walking field trips.
25. All records and reports required by these regulations shall be maintained in an up-to-date manner at the facility and are subject to inspection by and/or surrender to the Department upon request.

#### **D. Staff Organization**

1. Applicants for a license shall submit completed Licensing Records Check Forms to the Division prior to the initial licensing.
2. The licensee or designee shall submit a completed Licensing Records Check Form upon employing a person, arranging for the presence of an aide, substitute or other person who will have contact with children in the Licensed Family Child Care Home.
3. Upon relicensing, the licensee or designee shall complete and submit the Division's completed Licensing Records Check Form for staff, aides, substitutes and other persons who have contact with children in the Licensed Family Child Care Home.
4. A completed Licensing Records Check Form shall include the person's full and complete name(s), date of birth, social security number, home telephone number, name of child care program and the signature of the person subject to the record check.
5. Each newly hired staff member (even those not employed in direct care) shall have at least three positive written references from people who are not their relatives. These references may be taken over the telephone by representatives of the program from persons who are unrelated to the potential staff person which attest to his/ her ability to perform the duties required by the job description. Each reference obtained over the telephone shall be dated and signed by the program's representative and shall include the name and the telephone number of the person who gave the reference.

6. There shall be a written job description for each staff position. The person responsible for supervising and evaluating the position shall be identified in the job description. All staff members shall receive supervisory feedback on a regular basis.
7. At least once a year, each staff member shall receive a performance review from his/ her supervisor. Performance recommendations shall be incorporated into the persons Individual Professional Development Plan (IPDP).

## **E. Reporting Suspicion of Child Abuse**

1. Staff shall be made aware that Vermont State law requires them to report all suspected incidences of child abuse and/or neglect to the Department within 24 hours.
2. There shall be a written policy which is known to the licensee and to all staff which requires them to report or cause a report to be made to the Department within 24 hours when there is reasonable cause to believe that a child has been abused or neglected.
3. A Licensee or his/her designee shall not discharge, demote, transfer, reduce pay, benefits or work privileges, prepare a negative work performance evaluation or take any other action detrimental to any employee because the employee filed a good faith report with the Department regarding suspicion of abuse or neglect of a child.
4. A signed and dated written statement shall be on file for each staff person, assisting parent or aide indicating that the individual was informed of the programs policies on abuse and neglect and that they are aware that abuse and/or neglect of children is against the law, prohibited by the program and must be reported to the Department.
5. The telephone number to report suspected incidences of child abuse and/or neglect shall be posted by the telephone where staff can easily see it.



## IV. Parent Involvement

Parents play the primary, critical role in supporting their children's growth and development. Effective early childhood programs include parents as partners in the planning, implementation, and evaluation of day-to-day activities. Programs build and support this partnership. - They provide continuity and consistency with children's home lives when they offer a variety of meaningful opportunities for parents to participate and when they communicate regularly with parents and others who are significantly involved with the children.

Practices are family-centered when they show respect for the family's role in children's lives and acknowledge the impact of parents and other family members as children's first and most influential teachers.

Effective programs acknowledge and accommodate, as much as possible, the diversity in today's family structures and backgrounds. Program staff invite parents to approach them with any concerns or suggestions. Confidentiality is always respected.

1. There shall be a process of orienting children and parents to the program which offers parent orientation, pre-enrollment visit and a gradual introduction of children to the program.
2. Parents shall have unlimited access without delay to their child and the staff person primarily involved with the child whenever their child is present at the program.
3. Staff shall encourage parents to become involved in the program and to spend periods of time at the facility interacting with their child.
4. Parent conferences shall be offered at least twice a year to discuss children's progress, accomplishments and issues at home which impact the child at the program. The staff person primarily involved with the child shall be present during the conference. Parent's reasonable requests for additional conference(s) shall be honored within 7 days.
5. The program shall encourage and facilitate two-way communication between staff and parents that provides information to parents about their child, the program, policies, resources and concerns.
6. The program may offer parents opportunities to be involved in:
  - a. experiences and activities that enhance their skills, self-confidence and sense of independence in providing an environment where their child can develop to their full potential.
  - b. experiences in child growth and development that will strengthen their role as the primary influence in their children's lives.
  - c. ways of providing educational and developmental activities in the program.

- d. identifying and using family and community resources.
7. The program shall provide comfortable accommodations for mothers who breast-feed their child during the hours their child is present.

## V. Health & Safety

For children to develop and learn, their health and safety must be protected. Any situation that is unhygienic, is physically hazardous, or exposes children to contagious illness can endanger their well-being, sometimes with permanent effect.

**Self-Monitoring:** All early childhood programs should check every day for health and safety hazards, taking immediate action whenever necessary.

**Prevention:** Programs should take a preventive approach to health and safety, emphasizing positive practices that minimize the need for intervention, treatment, or corrective action by outside agencies. Developing policies and procedures to promote positive practices, as well as outlining actions to be taken if an emergency or an unsafe situation appears, will do a great deal to prevent problems from becoming serious when they do occur. All staff should be fully informed that they share responsibility for ensuring that the children's environment is healthy and safe.

**Community Services:** Limited program resources make it unrealistic to expect that every program will be equipped to deal with all the needs that face today's children and families. But staff should be knowledgeable about community services and resources that can supplement those of the program. By providing resource and referral services to families in such areas as health, nutrition, social services, and transportation, programs can help knit together a unified early childhood system.

### A. General Safety Standards

1. The facility shall provide a pleasant, safe, clean and well- lighted environment suitable for children, which is not subject to drafts.
2. Children in care shall be protected from any and all conditions, which threaten a child 's heath, safety and well being. This includes protecting children from stoves, unstable furnishings and equipment, pools, window covering pull cords, telephone and electrical cords, poisonous plants, asbestos, wells, chips and dust from lead paint, traffic, toxic substances, pressure treated wood containing creosote or pentachlorophenol, and other hazards.
3. There shall be a telephone, in working order, on the premises accessible for incoming and outgoing use during the time children are present. The telephone number shall be publicly listed. The use of answering machines or voice mail is permitted only when they are fully operational, located where they can be heard by staff, or checked every 15 minutes.
4. The following emergency numbers shall be posted near the telephone:
  - Fire
  - Police
  - Ambulance
  - Poison Center
  - 911, address and directions to facility

- District Social Services office (for reporting suspected child abuse or contacting social workers serving families of children in care)
5. The following numbers shall be located near the telephone:
    - Parents home and work
    - Emergency contacts for each child
    - Child 's heath care provider and dentist
    - Child Care Services Division 1-800-649-2642
  6. The licensed space shall provide 35 square feet of safe, useable space per child inside the facility, excluding hallways, bathrooms, offices, food preparation area and areas where children's personal belongings are stored.
  7. Furniture shall be appropriate for the size, abilities, and activities of the children.
  8. Furniture, equipment and climbing structures shall be clean, sturdy, without sharp edges, and present minimal hazards. Bookcases and other shelving units shall not present a tipping or falling hazard.
  9. Closet and bathroom doors which can be locked shall have an unlocking device readily accessible to staff. No locking or fastening device shall be used on the outside of the door which would prevent free escape.
  10. Comfortable adult-sized seating(s) shall be provided in infant and toddler areas.
  11. Toys for infants and toddlers (or children at those developmental levels) shall be large enough to prevent swallowing or choking. Floors and play areas where infants and toddlers are in care shall be checked daily for small objects such as:
    - wads of paper
    - push pins
    - buttons
    - crayon pieces
    - coins
    - small parts of toys
    - tiny stones
    - marbles
    - balloons

**Note:** National Health and Safety Performance Standards recommend minimal dimensions as 1 ¼ inch in diameter and 2 ¼ inch long. Any part smaller than this is a potential choking hazard. Children occasionally choke on toys or toy parts that meet Federal Standards. Staff should be always vigilant.

12. Unless medically necessary the use of mobile baby walkers is prohibited.
13. All art and play materials are nontoxic.
14. Styrofoam objects and vinyl or latex gloves shall not be accessible to children under 3 years of age.
15. Hazardous substances shall be in their original container, stored separately and inaccessible to children.
16. Animals at the facility shall not present a danger or health hazard to the children. Evidence shall be on file at the facility indicating appropriate rabies immunizations have been given to dogs, cats, ferrets at appropriate intervals.

**Note:** On June 28, 1999, the Vermont Department of Health and the Department of Social and Rehabilitation Services issued a Model Animal Policy for Early Childhood Programs. For copies call state public health veterinarian at 1-800-640-4374

17. There shall be safe physical barriers to protect infants and toddlers from stairways.
18. Stairways shall be well lighted and equipped with securely mounted handrails within reach of children.
19. To prevent entrapment, there shall be no openings on indoor and outdoor climbers and platforms between 3½ and 9 inches.
20. Sufficient cushioning material shall be in place around and under climbers, slides, swings, etc. that allow a child to achieve a height of over 30”.

**Note:** Elements of loft safety

- Enclosing the platform by solid, clear plastic sides or by vertical rails not more than 3½ inches apart.
- Children know rules for loft play.
- A single, identified staff person is responsible for supervision of children in loft area.
- There are no props in loft areas upon which children could stand to achieve a height whereby the top railing is below their chests.
- Lofts do not interfere with sprinkler systems.

21. Devices that diffuse airborne chemicals that are harmful to humans, such as anti-pest strips, ozone generators, plug-in air fresheners and aerosol sprays, are prohibited.

22. Children age five and under (or at those developmental levels) shall be protected from accessible electric outlets by use of safety plugs.

**Safety Note:** Falls from playground equipment are the leading cause of injuries to children in early childhood programs.

\*U.S. Congress, Office of Technology Assessment 1995

23. There shall be a safe outdoor play area that provides a minimum of 75 square feet per child. This play area shall be fenced or otherwise protected from traffic and other hazards and includes a provision for shade. The play area shall be inspected regularly for removal of dangerous and hazardous materials.
24. Climbing equipment and swings shall be securely anchored to the ground, and spaced in accordance with manufacturers recommended fall zones. The play area shall be arranged so children playing on one piece of equipment shall not interfere with children playing on another piece of equipment.
25. Chains on swings shall have protective coverings and swing seats shall be made of soft material with no sharp edges.
26. Tricycles acquired after the effective date of these regulations shall not have spokes. Tricycles and bicycles with chains shall have chain guards. Children on bicycles, roller blades, skateboards, or scooters shall wear helmets.

## **B. General Health Standards**

1. Children shall be immunized appropriately for their age, unless they have religious, philosophical or medical exceptions (see **III. C.13.i.**).
2. Drinking water shall be available upon request and offered often in warm weather.
3. A change of clothing shall be available for each child.
4. There shall be no smoking on the premises. Staff shall not smoke in view of the children.
5. Hospital grade germicides which are registered with the EPA as disinfectants or bleach solutions may be used to disinfect surfaces. Surfaces shall be allowed to dry as directed on product label. Care shall be taken that children and adults do not inhale the disinfectant during spraying. Disinfectant solutions such as diluted bleach shall be mixed fresh daily and dispensed from a spray bottle which is labeled with the name of the product and precautionary safety information.

6. Toys mouthed by children shall be disinfected daily.
7. Indoor toys and equipment shall be cleaned at least monthly.
8. Bathrooms, diapering areas, table tops and door knobs shall be disinfected daily.

**Note:** When considering a product for disinfecting, the solution must be safe for food service and children who mouth toys.

9. Hard floors shall be cleaned frequently. Carpets shall be vacuumed daily. Carpets shall be hot water extracted at least twice a year.

**Note:** Since children spend much of their time on the floor, and engage infrequent hand-to-mouth behavior, floors need to be maintained properly. Ideally vacuums with power heads and double lined paper inserts or HEPA filters should be used to get soils out.

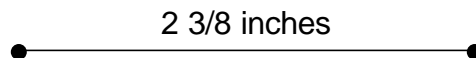
### **C. Conditions that May Prohibit Attendance**

1. Persons may be excluded if, in the opinion of the program director, they are too ill to participate.
2. *Inclusion and Exclusion of Ill Children in Early Childhood Programs-Guidelines for Common Signs and Symptoms, Illnesses and Conditions Related to Contagious Diseases (Appendix B)* shall be posted where parents and staff can read it.
3. Staff shall follow the exclusion policies as set forth in *Inclusion and Exclusion of Ill Children in Early Childhood Programs- Guidelines for Common Signs and Symptoms, Illnesses and Conditions Related to Contagious Diseases (Appendix B)*.

### **D. Naps and Resting**

1. Lighting to permit appropriate supervision shall be provided in sleeping areas where children are sleeping/napping/resting.
2. Children shall not nap in cribs if they are physically capable of climbing out unassisted.
3. Children napping in cribs must be monitored by in-person checks at least every 15 minutes.

4. Infants shall be allowed to nap when tired.
5. Children shall not be in cribs with bottles unless requested in writing by the child's parent and the bottles contain water only.
6. Cribs shall have firm, well-fitting mattresses and crib sheets. Sheepskins, beanbags, waterbeds, comforters and pillows shall not be used.
7. To reduce the risk of Sudden Infant Death Syndrome, infants shall be placed on their backs to sleep unless there are medical orders requiring alternative positioning.
8. Spaces between the upright slats in cribs shall not exceed  $2 \frac{3}{8}$  inches. Corner post extensions shall be less than one sixteenth of an inch. There shall be no cutouts in crib headboards.



9. For children in care for more than five hours there shall be an opportunity to rest for at least 30 minutes, but no child shall be forced to sleep. For children who don't require sleep, time and space shall be provided for quiet play.
10. Children napping/resting not in cribs shall be supervised by a staff person present.
11. Each child who naps shall have a clean comfortable space and their own washable blankets or sleeping bag. When cots, mats or mattresses are used they must be waterproof or have waterproof coverings. No child shall nap directly on the waterproof covering or the floor.

## **E. Emergencies and Emergency Procedures**

1. There shall be an accessible first aid kit which contains at least the following:
  - easy reference first aid manual
  - adhesive tape
  - bandages
  - scissors
  - safety pins
  - sealed packets of alcohol wipes or antiseptic
  - sterile gauze
  - rolls of gauze bandages
  - thermometer
  - tweezers



- cold pack
- disposable nonporous gloves
- syrup of ipecac

This kit shall be replenished as supplies are used or as expiration date(s) indicate and kept out of reach of children.

2. When children and staff travel away from the program site, staff shall carry basic first aid supplies, a first aid manual, emergency information for the children, and coins for a pay telephone.
3. When a child is injured or becomes ill, every effort shall be made to notify the child's parent immediately. The program shall have a plan in place which is known by all staff, for responding to sick or injured children.
4. A severely injured child shall be moved only under the direction of a medical professional unless such are not available and immediate movement is necessitated by an emergency situation.
5. Upon determination that a child may be missing or may have been abducted, staff shall immediately notify the parent(s) of the child, the police and the Division.
6. When a child enrolled in the program does not arrive after school as scheduled the parent or authorized person shall be notified immediately.
7. In each room there shall be a posted emergency evacuation plan that clearly shows evacuation routes.
  - a. A system shall be in place to assure that when an evacuation is complete all children are accounted for at a predetermined safe place.
  - b. The evacuation plan, including a system to account for all children at a predetermined safe place, shall be practiced and recorded at least once a month. Practice drills may be pre-announced.
8. The licensee shall assure that an Emergency Response Plan (ERP) is developed and maintained at the facility. All staff shall be aware of the location of the plan. The plan shall be reviewed and updated annually. Copies of the plan shall be sent to the Vermont Division of Emergency Management upon their request.

## **F. Diaper Changing**

1. Diapers and underwear shall be changed when soiled or wet.

2. There shall be a diaper changing area separate from areas where food is stored, prepared or served.
3. There shall be a sink for handwashing convenient to the diaper changing area with running hot and cold water. This shall not be the sink used for food preparation and clean up.
4. There shall be a sturdy, easily cleanable structure, of adequate height with a non-absorbent surface for diaper changing.
5. Staff shall follow a step-by-step diaper changing procedure such as Guidelines for Diapering (See **Appendix C**). The procedure is posted in the diaper changing area.
6. Disposable non-porous gloves shall be worn during diapering when:
  - staff member has an open cut, sore or cracked skin
  - the child has an open area on his/her skin
  - the child has a known infection that is spread through the feces

**Note:** Pregnant women or women considering pregnancy may want to wear gloves when changing diapers in order to minimize contact with cytomegalovirus or other germs.

## **G. Handwashing**

1. Sinks used for handwashing shall have hot and cold running water that comes from a single spigot. The hot water shall not exceed 120°F.
2. Properly dispensed soap and disposable paper towels shall be available and accessible to the children at each handwashing area.
3. There shall be step stools for children if the hand sinks are installed at other than child height.
4. Children shall wash their hands with soap under warm running water:
  - upon arrival
  - before eating
  - after using the toilet or having their diaper changed
  - after handling animals
  - after playing outside
5. Staff shall wash the hands of children who are unable to wash their own.
6. Staff shall wash their hands with soap for at least 10 seconds under warm running water:

- upon arrival at the facility
- before preparation of food or bottles
- before feeding a child
- after diapering a child
- after using the toilet or helping a child use the toilet
- after cleaning up after a sick child or injured child
- after handling items soiled with blood or body fluids
- after handling animals
- before and after giving medication

**Note:** Intact skin is the best protection against infection. Use of lotion after frequent handwashing helps protect skin from drying, chapping, and cracking. Pump-type dispensers are recommended.

## H. Universal Precautions

**Note:** Universal precautions means treating all blood and other body fluids (saliva, nose and eye discharges, vomit, urine, feces) as potentially infectious.

1. Staff shall use universal precautions when in contact with blood and any other body fluids.
2. Staff shall:
  - a. wear non-porous latex or vinyl gloves unless the fluid can be easily contained by the material used to clean it up (tissue for noses, etc).
  - b. be careful not to get any of the fluid being handled into eyes, nose, mouth or open sores/cuts.
  - c. clean and then disinfect any surfaces on to which body fluids have spilled.
  - d. dispose of contaminated materials and store launderable items in securely sealed containers or bags.
  - e. wash hands with soap and water.

## I. Laundry

1. Wet or soiled clothing shall be changed promptly and stored in securely fastened plastic bags or containers.
2. Individual bedding shall be washed at least once a week and only used by one child between washings. Wet or soiled bedding shall be changed promptly and stored in securely fastened plastic bags or containers.
3. Cribs, cots or mats shall be washed and disinfected when soiled, or before assignment to another child.

## **J. Medications**

1. All medications shall be inaccessible to children.

### **Prescription Medications**

2. Written parental permission shall be obtained before administering medication stating the name of the medication, dosage, the date and time to be given and how the medication is to be given (mouth, ear, etc.).
3. The program shall keep a record of all prescribed medications given. The date, name of medication, dosage, time given and identity of the staff person who gave the medication shall be included in this record. These records shall be kept for a period of one year.
4. All medications given shall be in their original containers, clearly labeled with children's name, dosage, medication name, and schedule.

### **Non Prescription Medications**

5. Written general permission shall be obtained from parents for giving nonprescription oral medication to a child. Parents shall be verbally notified before nonprescription oral medications are given.
6. Written general permission shall be obtained from parents prior to the application of non-prescription medications and products, ointments, creams, sunscreens, tick and insect repellants, and other topically applied ointments and lotions. Such general permission shall be updated annually.
7. Staff shall not allow children to apply repellants.

**Note:** Chemical repellents may provide protection against ticks and insects that can transmit diseases. When used improperly, however, repellents may pose a risk of adverse health effects.

## **K. Food Services**

1. All on-site meal preparation (except snacks) or use of multi-service utensils shall have prior approval by the Division.
2. The food preparation area shall not be used for other activities when food or drink is being prepared or served.
3. All food shall be stored, prepared and served in a sanitary manner.

4. All cooked foods shall be cooked to proper temperatures. All reheated foods shall be cooked to at least 165°F.
5. Staff shall practice good hygiene when handling food. Staff shall wash hands before work, before returning to work, before handling foods that are not going to be cooked or foods that are cooked and do not get reheated.
6. Staff who are ill shall not work in the food preparation area. Staff with open sores that cannot be covered shall not handle or prepare food.
7. When food is transported sanitary containers shall be used to keep hot food at or above at least 140° F and cold food at or below 40° F.
8. All readily perishable food shall not be kept at room temperature for more than one hour while being prepared or served.
9. Children may be permitted in meal preparation areas only when under the direct supervision of a staff person present and there is no danger of injury from equipment.
10. All hot foods and liquids shall be out of children's reach. A staff person who is cooking or drinking a hot beverage shall not hold children.
11. Formula, milk or food if heated shall be served to children only after contents have been mixed (shaken if liquid) and tested.
12. Live animals shall not be kept or allowed in areas where food or drink is being prepared or served.
13. Proper sinks with approved plumbing and hot and cold water under pressure shall be available in all rooms (not bathrooms) where food or drink is prepared or utensils are washed.
14. Surfaces coming into contact with food or drink shall be easily cleanable, in good repair and shall not be made of toxic material.
15. Kitchen facilities shall be maintained in a sanitary condition free of insects, rodents, dust and other contaminants.
16. Wastewater pipes shall not be located over food preparation, storage or serving areas.
17. Containers of food in the refrigerator shall be labeled and dated. Food stored in the refrigerator, including lunch boxes, shall be stored in such a manner so as to permit free circulation of cool air. All foods must be covered.

18. Refrigerators shall be used that maintain a temperature of 40° F or below and freezers that maintain 0° F or below.
19. Frozen foods shall be thawed in the refrigerator, under cold running water, or defrosted in the microwave oven.
20. To promote rapid cooling, readily perishable food not in its original container shall be stored in the refrigerator in covered shallow pans not more than 3" in. depth.
21. Fresh fruits and vegetables shall be thoroughly washed before use.
22. Any food served to a child shall not be served to another child.
23. All utensils, equipment and food shall be stored in a clean, dry place free from insects, rodents, dust and other contamination and shall be handled in such a manner as to prevent contamination.
  - a. All containers and utensils shall be stored 18" off the floor if stored openly. Dishes shall be stored in a closed space. Cupboards shall be clean.
  - b. Utensils shall be covered or inverted when not in use.
  - c. Containers and utensils shall not be handled on surfaces which come in contact with food or drink.
  - d. Paper cups, plates, straws, spoons, forks and other single service containers and utensils shall be purchased in sanitary cartons and stored in a clean and dry place until used. After removal from the cartons surfaces shall not be exposed to sources of contamination.
  - e. Single-service utensils shall be used only once.
  - f. All kitchen machinery and equipment shall be constructed and arranged to be easily cleanable and shall be in good repair.
  - g. Enamelware and cracked or chipped china or glassware shall not be used.
  - h. All foods shall be stored in plainly labeled dated containers.
  - i. All contaminated food shall be disposed of promptly. Swelled, rusty, dented or leaky canned food or drink shall not be consumed and shall be disposed of promptly.
24. When multi-service utensils are used a mechanical dishwasher shall be equipped with a rinse cycle of at least 170° F. Chemical machines must be at 50 ppm of chlorine. Dishwasher shall be installed and operated according to the manufacturer's recommendations.
25. When a dishwasher is not available and single-service items are not used, three compartments and a drainboard shall be used for the dishwashing, rinsing, sanitizing and air drying of dishes and utensils. Dishes shall be washed with soap in hot clean water rinsed in hot clean water and immersed

for at least 10 seconds in a sanitizing rinse. (One tablespoon of chlorine bleach must be used for each gallon of water in the sanitizing rinse).

## **L. Nutrition and Food Preparation**

1. Children present during daytime hours shall be served a meal or snack at least every three hours.
2. A menu of the week's meals and snacks provided by the program shall be posted. The menus of the preceding six-weeks shall be on file.
3. Meals and snacks provided by the program shall be nutritious. Sufficient food shall be available for second servings.
4. Snacks shall consist of foods that belong to at least two food groups. Meals shall consist of foods belonging to at least three food groups.

**Note:** The food groups are:

- milk and milk products
- fruits and vegetables
- meat and meat alternatives
- bread and bread alternatives

5. Cider and all milk, fluid milk products, ice cream and milk-based frozen desserts served at the facility shall be pasteurized.
6. Powdered milk shall be used for cooking only.
7. When meals/snacks are furnished by the parent, parents shall be encouraged to provide appropriate portions of food that are adequate and nutritious.
8. Staff and volunteers shall be made aware of a child's known food allergies.
9. Staff shall encourage children to serve and feed themselves. No child shall be forced to eat.
10. The program shall make an effort to accommodate special dietary requests only upon written authorization and direction by the parent.
11. Before providing a medically required special diet, formula or food supplements to a child, the program shall obtain written instructions from the parent and a registered dietician or a physician.
12. Children under 12 months of age shall be fed according to their individual feeding schedule and needs.

13. Foods shall be prepared to make them safe for eating.

**For Example:**

- cut whole grapes in half lengthwise
- cut carrots into thin strips
- spread peanut butter thinly on crackers

14. Staff shall hold children during bottle feeding until they are able to hold their own bottle. Propping of bottles is prohibited.

15. School age children attending school for a full day shall be offered a snack within one hour of their afternoon arrival.

## **M. Nutrition and Food Preparation for Infants**

1. Infants shall be fed according to their individual feeding needs.
2. Infants/ toddlers shall not be allowed to walk around with bottles or food.
3. Infants shall be held during bottle feedings unless they are able to hold their own bottle and wish to do so.
4. Sanitary methods shall be used in handling formula, breast milk, bottles, and nipples. Bottles and nipples that will be reused must be thoroughly washed between uses. Pre-filled bottles for single use by one child shall be cleaned and sent home. Contents left in a bottle at the end of a feeding shall be discarded.
5. Commercially prepared formulas shall be prepared and stored according to package labeling.
6. Formula and breast milk shall be used only for the intended child. There shall be a system to identify children's bottles. If a parent chooses to prepare individual bottles of breastmilk or formula, the bottles shall be marked with the child's name and date and refrigerated at the facility until used. Prepared bottles of formula shall be refrigerated and discarded after 24 hours if not used. Open containers of ready-to-feed or concentrated formula shall be covered, refrigerated, and discarded after 48 hours if not used. Unused expressed breastmilk shall be discarded after 48 hours if refrigerated, after 2 weeks if frozen.
7. Microwave ovens shall not be used to heat breast milk.
8. Microwaved food and drink shall be served only after contents have been shaken or stirred and tested.



9. Infants under four months of age shall receive solid foods and juices only when recommended in writing by the child's health professional. Solid food shall be introduced to children age four months and older according to parents' instructions provided such instructions do not conflict with safe health practices.
10. Commercial baby food containers that are opened and foods prepared in the facility which are stored, shall be covered, dated and labeled as to the contents and refrigerated. The contents shall be used or discarded within a 36-hour period. A child shall not be fed directly from baby food containers unless the container is discarded after one feeding. Food left over in any serving container shall be discarded.

## **N. Toothbrushing and Grooming**

1. Every child shall bring or be assigned his/her own toilet articles (toothbrush, comb, hairbrush, etc.) when the program employs the use of such items. Children shall use only those toilet articles that they bring or that are assigned to them.
2. Toothbrushes shall be stored in such a way that they can air dry and do not touch any other toothbrush, soap, towels or drinking cups.

## **O. Maintenance of Facility**

1. The facility's building, grounds and equipment shall be maintained in a clean and orderly fashion and kept in good repair.
2. The areas defined as licensed space shall be cleaned after each day children have been present.
3. Reasonable efforts shall be made to keep the facility free of insects and rodents.
4. Garbage shall be stored in insect / rodent-proof containers with secure fitting lids. Trash and garbage shall be removed from the building every day and removed from the premises at least every week.
5. Outdoor play areas shall be free of dumpsters, uncovered trash cans, highly flammable materials and other hazards.
6. Stairs, ramps, walks, and porches shall be kept clear when ice and snow or other hazards accumulate.

## **P. Temperature and Ventilation**

1. All indoor areas used by children shall be at least 68° F one foot above the floor. Indoor gross motor areas not counted in the indoor square footage measurement are exempt from this provision.
2. Areas used by infants shall be kept at least 68° F at floor level.
3. There shall be adequate ventilation indoors during hot weather.
4. All rooms occupied by children shall have at least one openable, screened window, unless artificial ventilation is used. Minimum ventilation shall be 5cfm per occupant.
5. An openable screened window or an operating electric exhaust fan shall ventilate each bathroom to the outside air.

## **Q. Toilets and Toileting**

1. Children shall have free access to toilet facilities.
2. Children shall be instructed on the safe and sanitary use of toilet facilities.
3. Toilet paper shall be available and dispensed properly.
4. Bathrooms shall be kept clean and in good repair with adequate lighting and ventilation (see **V. P. 5**). Toilets and sinks shall be cleaned and disinfected daily.
5. There shall be a conveniently located toilet and sink for every 15 children or portion thereof (excluding non-toilet trained children). Toilets shall be used only by children, parents, staff and volunteers of the program.
6. Toilets shall be flushed after every use.
7. When used, toilet-teaching chairs shall be emptied into the toilet and disinfected. The sink used for food preparation shall not be used for cleaning toilet chairs or disposing of toilet wastes.

## **R. Childhood Lead Poisoning Prevention**

The following subsection is pursuant to ACT 165 and pertains only to buildings constructed before 1978.

1. Essential maintenance practices shall be performed prior to initial licensure and annually thereafter in the space defined as licensed space. Essential maintenance practices shall be performed by a person who (a) has been certified by the Vermont Department of Health to perform essential maintenance practices, or (b) is supervised on-site by a person certified by the Vermont Department of Health to perform essential maintenance practices.
2. Essential maintenance practices shall include:
  - a. a visual on-site inspection of interior and exterior surfaces to identify deteriorated paint in areas frequented by children in warm weather.
  - b. the stabilization of paint if more than one square foot of deteriorated paint is found on any interior or exterior surface.
  - c. the stabilization of paint or restricting access by children if more than one square foot of deteriorated paint is found on any exterior surface accessible to children.
  - d. assurance that window well inserts are properly installed in all window wells in areas defined as licensed space.
  - e. cleaning of window wells and windowsills with a HEPA (High Efficiency Particulate Air) filter vacuum and general all-purpose cleaner.
  - f. assuring that notice is posted in a prominent location emphasizing to building occupants the importance of reporting deteriorated paint to the child care facility owner.
3. Responsible precautions shall be taken when disturbing painted surfaces including the good work practices and safety precautions to prevent the spread of lead dust. At the conclusion of work, the work area shall be cleaned using a HEPA filtered vacuum and general all-purpose cleaner.
4. Burning, water blasting, dry scraping, power sanding or sand blasting of painted surfaces is prohibited.
5. An Affidavit of Performance of Essential Maintenance Practices shall be filed annually with the Childhood Lead Poisoning Prevention Program of the Vermont Department of Health and the licensee's liability insurance carrier.

## **S. Facility Safety**

1. Areas defined as indoor licensed space, except sleeping areas, shall have natural or artificial lighting available that provides a minimum of 50 foot candles of light 24" above the floor.
2. The following shall be maintained in good condition:
  - roofs

- chimneys
  - interior and exterior walls
  - doors
  - skylights
  - windows
  - floors
  - ceilings
  - stairways
  - ramps
  - porches
3. Surfaces accessible to children shall be smooth and easily cleanable and free of toxic materials.
  4. Air conditioners, electric fans and heaters shall be mounted out of children's reach or have safeguards that prevent children from being injured.
  5. Bathroom and kitchen floors and molding surfaces shall be constructed and maintained to permit easy cleaning.
  6. Doorways to the outside that are open, excluding fire doors shall have screens.
  7. There shall be hand railings, easily reachable by children, on stairs, porches and platforms.

## **T. Plumbing and Water**

1. All plumbing shall comply with the applicable plumbing codes. Work notices shall be filed with the Vermont Department of Labor and Industry by a Master Plumber prior to beginning new construction or renovation of plumbing.
3. A drinking water system serving less than 25 persons daily shall maintain a drinking water system of potable water.
4. The drinking water shall be tested for the presence of lead prior to licensure. Drinking water systems which have not been tested for lead shall be tested prior to license renewal.
5. The water sample for lead testing shall be drawn after the water system has been closed for at least 6 hours.
6. The water sample for lead shall be drawn from the tap most frequently used for drinking.

7. When results from the drinking water lead tests are less than or equal to 0.015 milligrams per liter (0.015 mg/L) drinking water need not be tested for lead to maintain licensure.
8. When the results of the test for lead in the drinking water exceed acceptable limits (0.015 mg/L) the licensee shall see that a flush sample\* is analyzed by a certified drinking water laboratory annually. If the flush sample results meet acceptable limits (less than or equal to 0.015 mg/L) the licensee shall ensure that:
  - a. upon enrolling a child , the parents of the child shall be notified of the system's inability to meet applicable standards and the flushing practices that are in place to ensure meeting those limits (less than or equal to 0.015 mg/L);
  - b. parents of children enrolled shall be notified of the most recent lead test results and the practices staff are required to take pursuant to subsection c. below;
  - c. written instructions shall be followed each day by staff to ensure the system is flushed:
    - before children arrive
    - every four hours
    - before the mixing of juices or preparing any other food or drink, and
  - d. a copy of the most recent drinking water lead test results shall be sent to the Child Care Services Division upon relicensing.

\*Flush Sampling - running the cold water wide open for a period of two minutes.

9. Water supply employing water haulage (tank truck haulage, containers, etc.) to the distribution system shall be used only in emergency situations and after approval is granted by the Division.

## **U. Swimming**

1. Each child shall have written permission from her/his parent prior to participate in a wading/swimming activity.
5. Programs may provide swimming with no lifeguard present when the following staff: child ratios are maintained:
  - for non-school aged children at least 1 staff for every two children swimming.
  - for school aged children at least 1 staff for every 6 children swimming.

7. Lifeguards shall possess first aid, CPR and lifeguard certification from the ARC, YMCA, BSA, Ellis and Associates or another nationally recognized organization providing equivalent certification.
9. The staff of the licensed facility is responsible for supervising the children in their care when the children are engaged in swimming activities regardless of who employs the lifeguard(s) on duty. Ratios listed in **I.E.3.** also apply when a lifeguard is on duty.
13. Swimming is prohibited during the hours of darkness unless adequate lighting is provided and swimming is restricted to shallow water.
15. If diving is permitted, the minimum water depth shall be clearly marked. The minimum water depth for a one-meter board shall be at least 10 feet and free from stumps, rocks, or other debris.

17. Swimming and wading activities shall occur when the requirements listed in the Water Safety Chart below are met:

### Water Safety Chart

	Water filled wading pool	Above ground less than 4 ft.	Above ground 4 ft. or higher	In ground	Lakes, ponds streams, and rivers
<b><u>Fence</u></b>	Not applicable	Fence required with gates that are self-closing, self-latching, and opens outward. Self-latching device is installed at least 3" below top of gate on side facing the pool. Gates are locked when not in use. Fence is at least 4 ft. high and no more than 3 ½ inches off the ground.	Fence not required. Ladders are inaccessible except when in use.	Fence required with gates that are self-closing, self-latching device, and opens outward. Self latching device is installed at least 3" below top of gate on side facing the pool. Gates are locked when not in use. Fence is at least 4 ft. high and no more than 3 ½ inches off the ground.	Not applicable.
<b><u>Supervision</u></b>	Provider present with children <b>at all times</b> when pool is in use.	Provider present with children <b>at all times</b> when pool is in use.	Provider who is confident swimmer is present with children <b>at all times</b> when pool is in use.	Provider who is confident swimmer is present with children <b>at all times</b> when pool is in use.	Provider who is confident swimmer is present with children <b>at all times</b> .
<b><u>Maintenance to prevent injuries and the spread of infection</u></b>	Emptied, cleaned & disinfected daily; stored dry when not in use.	Emptied, cleaned & disinfected daily unless filtered.	Filtered and properly maintained in accordance with pool/filter manufacturer's recommendations.	Filtered and properly maintained in accordance with pool/filter manufacturer's recommendations.	Visual inspection prior to use to assure area is free of obvious hazards such as broken glass, animal feces, strong current or posted health warnings.

## V. Transportation

1. Signed written permission shall be obtained from the parent authorizing transporting a child by the program. Parents shall be notified in advance in order to authorize transportation for specific field trips and when their child may be transported by someone not employed by the program.
2. All children under five years old transported in a motor vehicle (except Type I school buses) shall be properly secured in a federally approved child restraint

system appropriate to their weight and size unless a child's medical condition requires the use of a special seat.

- Children under one year shall face the rear in safety seats rated to at least 20 lbs.
  - Children 20-40 lbs., and over one year, shall be secured in a 20-40 lbs. safety seat facing forward.
  - Children over 40 lbs. and under five years of age shall use a booster seat.
  - Children shall not be placed in front seat with a functioning air bag.
  - All other passengers, including the driver, shall be secured in a safety belt or lap and shoulder belts if available.
3. The operator of any motor vehicle who is transporting children shall hold a valid operator's license that is appropriate for that vehicle. If 16 or more persons, including the driver, are transported at one time, the driver shall hold a valid commercial driver's license with a passenger endorsement.
  4. The vehicle used for transporting children shall be registered, inspected and insured according to State law.

Private vehicles used to transport, to or from school, fewer than eleven persons (including the operator) for compensation are considered school buses under Vermont law and therefore must comply with operator licensing and equipment requirements of Title 23, VSA. (For more information about these requirements contact the Vermont Department of Motor Vehicles, Education and Safety Unit at 828-2053)

5. When the licensee provides transportation, the maximum amount of time a child can be transported to or from home shall not exceed 45 minutes one way.
6. Children in vehicles shall not be left unattended or unsupervised at any time.
7. When there are 3 or more non-ambulatory children in the vehicle, there must be at least 2 staff present unless the vehicle is equipped with a two-way communication system linked to emergency backup services. When there are more than 6 non-ambulatory children in the vehicle a 1:4 ratio staff/child ratio shall apply.
8. No more than six preschool children shall be transported in a vehicle without the presence of a second adult; no more than 15 preschool children shall be transported in a vehicle without the presence of a third adult.
9. When school aged children are transported the following ratios shall apply:
  - 1 – 6 children, 1 staff person
  - 6 - 12 children, 2 staff persons



10. The number of persons within the vehicle shall not exceed the number of seatbelts available. Seatbelts shall be in working order.

**Note:** Program administrators should be aware of the National Highway Transit Safety Administration requirements when leasing or purchasing a new vehicle which will be used primarily for transporting children to or from school. When vehicles are primarily used to transport children to or from school dealers are required by law to sell or lease only buses that meet Federal Safety Standards for school buses.

**W. Pesticides** – Restrictions applying to pesticide use do not include anti-microbial products intended for sanitation or disinfection.

**Note:** It is in everyone's best interest to reduce potential exposure of children to pesticides. Pesticides are designed to kill living organisms; therefore they pose special risks to children. Children play or sit on or near the ground and engage in hand to mouth behaviors. They also have developing organ systems that may not detoxify poisons as adults do. The best method to reduce pests and the possible need for pesticide application includes proper sanitation practices and habitat prevention steps

1. Pesticide applications shall be used only when other pest prevention and control measures fail. Pesticides shall not be used to control pests for aesthetic reasons alone. Whenever possible the Licensed Family Child Care Home shall use pesticides of least risk.

**Note:**

- Integrated Pest Management (IPM) is an environmentally sensitive approach to pest management. IPM uses knowledge of pest life cycles and their interactions with the environment in addition to the judicious use of pesticides.
- Risk depends upon hazard (toxicity) and exposure. A measure of hazard to humans and other mammals is provided by signal words on pesticide labels. The most toxic are labeled DANGER, followed by WARNING. The least toxic are labeled CAUTION.

2. All contracted pesticide applications shall be applied only by commercial applicators certified by the Vermont Department of Agriculture, Food and Markets.
3. Parents of children and staff shall be notified in writing prior to any planned application of pesticides. Notice shall include site of planned application, pest to be treated for, and proposed pesticide to be used.

4. Only pesticides registered with the Vermont Department of Agriculture, Food and Markets shall be used.
5. Application of pesticides shall only be made when children are not present. (For example: Friday afternoons in anticipation of children not being present over the weekend and to allow full ventilation after application)
6. Rodent baits shall not be used unless in childproof bait boxes. Bait boxes shall be inaccessible to children.
7. Prior to application a staff person of the Licensed Family Child Care Home may guide the certified applicator away from surfaces that can be touched or mouthed by children.
8. The Licensee or Licensee's Agent shall keep records of all pesticide applications. Records will include: the pesticide product name, EPA Registration Number, amount used, dates of application, location of application and pests treated for. These records shall be available for inspection by parents and prospective parents during operating hours. (Sample Pesticide Recording Form contained in **Appendix D**).



## I. Relationship Between Licensee and The Child Care Services Division

A clear relationship between each early childhood program and the Child Care Services Division is important in promoting safe, quality early care and education experiences for young children. It is the Division's responsibility to put forth a set of clear rules that define minimal, acceptable standards. These standards are created collaboratively with other agencies that serve children, parents, child care providers and advocates for child health and development. It is the licensee's responsibility to meet these standards. In order for a healthy and trusting relationship to exist between the licensee and the Division, the licensee must have an understanding of the consequences when the Division believes there is noncompliance to regulations. This section sets forth these sanctions.

1. All notices of violations shall be posted for 15 days where they are clearly visible to parents.
2. When violations are found to exist, the Division may offer a licensee the opportunity to develop a program improvement plan whereby the violations will be corrected within a time period specified by the Division. Such opportunity may not be provided when the violation poses risk of harm or is of a repeated nature.
3. When the Division requires parental notification due to a serious violation the licensee shall mail the Parental Notice of Violation to the parent of each enrolled child. When the child's parents are separated or divorced a copy shall be mailed to each parent if both are known to the licensee.
4. Upon request the licensee shall provide the Division with a list of names, addressees and telephone numbers of families served during the prior twelve months and dates and hours of attendance for each child served. The Division may contact the licensee by telephone or in writing to inform the licensee of the request.
5. The licensee shall permit visits, inspections and examinations of the licensed facility, its records, equipment and materials at reasonable hours by representatives of the Department, the Vermont Department of Health and Early Childhood Program Assessment Teams coordinated by the Division.
6. The Division may deny the issuance or re-issuance of a license if it is found that the applicant has not complied with these regulations or has demonstrated behavior, that indicates an unwillingness or inability to care adequately for children.
7. The Division may attach conditions to a license or issue a provisional license when warranted.
8. When a licensee has made application for renewal prior to the expiration date on the license certificate, the existing license remains in effect until a final decision on the application has been determined by the Division. When no application for renewal

has been received by the expiration date of the license, the license certificate expires.

9. An applicant, licensee, or staff member shall not interfere with, impede, deter, or cause another to do any of the aforementioned, or in any manner hinder the Department or its agents in an investigation or inspection.
10. A licensee or applicant providing false information or who causes the Division to receive false or incomplete information may have their license denied, conditioned, suspended and/or revoked.
11. A violation of any section of the law or these regulations may be cause for the revocation of a license.
12. When there is reason to believe that the health safety or well-being of children in care is immediately imperiled, the license may be suspended.
13. The Division may notify the parent(s) of enrolled children of its action or proposed action in the event that the license has been suspended or is the subject of intended revocation.
14. An intention of the Division to revoke a license or a decision to suspend it shall be communicated in writing and shall set forth the facts of conduct which the Division believes warrants the intended action. This notice shall contain the licensee's rights to a hearing and an appeal.
  - a. If the licensee is aggrieved by the intended action, he or she must indicate to the Human Services Board that he/ she wishes to challenge the action within thirty days from the date of mailing to the Division's letter of intended action.
  - b. Such a grievance shall also be considered a request for a Fair Hearing before the Human Services Board pursuant to 3 V.S.A. §3091. If the licensee has not already requested a fair hearing, the Division shall notify the Human Services Board of the licensee's request.
  - c. Within fifteen working days of the receipt of the grievance the Commissioner shall schedule a Commissioner's Review of the intended action and provide the licensee with an opportunity to be heard with regard to the intended action.
  - d. The licensee may submit a written response to the letter of intended action or may present her/his position to the Commissioner, or her/his designee, in person or through an attorney or other representative. At that time the licensee may present witnesses, documents or present any other evidence in their behalf.

- e. If a public school is the licensee then a representative of the Department of Education may serve on the Commissioner's Review board.
  - f. The burden of proving facts alleged, as the basis for the intended action shall be on the Department.
  - g. After the Commissioner's Review the Commissioner shall notify the licensee in writing of the decision of the Department regarding the intended action. If the Commissioner decides that the intended action should take place, an appeal will be conducted according to the Rules of the Human Services Board. Notice of the Department's action shall be posted in a place where parents can see and read it.
  - h. Unless the license has been suspended, it shall remain in effect until the Human Services Board enters its final decision on the appeal.
15. The Commissioner, or designee, upon request in an individual case and in his/her discretion may grant a variance to a regulation. A variance may be granted when in unique and exceptional circumstances literal application of a regulation will result in unnecessary hardship and the intent of the regulation can be achieved through other means.
16. The Department may determine whether additional training or technical assistance is needed in order to achieve compliance with these regulations. When such a determination is made, the training/ technical assistance must be completed prior to the re-issuance of future licenses.
17. The licensee shall distribute materials and information to staff and parents relevant to child care, child development and health and safety as requested by the Division.
18. A licensee who is licensed to provide early care and education services in their residence may not provide respite care for foster children or foster care, either licensed or professional, except that they may provide respite or short term foster care to a child who is already enrolled in their Licensed Family Child Care Home.

### **3 V.S.A. § 814. Licenses**

(a) When the grant, denial, or renewal of a license is required to be preceded by notice and opportunity for hearing, the provisions of this chapter concerning contested cases shall apply.

(b) When a licensee has made timely and sufficient application for the renewal of a license or a new license with reference to any activity of a continuing nature, the existing license does not expire until the application has been finally determined by the agency, and, in case the application is denied or the terms of the new license limited, until the last day for seeking review of the agency order or a later date fixed by order of the reviewing court.

(c) No revocation, suspension, annulment, or withdrawal of any license is lawful unless, prior to the institution of agency proceedings, the agency gave notice by mail to the licensee of facts or conduct which warrant the intended action, and the licensee was given an opportunity to show compliance with all lawful requirements for the retention of the license. If the agency finds that public health, safety, or welfare imperatively requires emergency action, and incorporates a finding to that effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action. These proceedings shall be promptly instituted and determined.

(d) An agency having jurisdiction to conduct proceedings and impose sanctions in connection with conduct occurring during the time a license is operative shall not lose jurisdiction if the license is not renewed or is surrendered or otherwise terminated prior to initiation of such proceedings. (1967, No. 360 (Adj. Sess.), § 14, eff. July 1, 1969; amended 1987, No. 229 (Adj. Sess.), § 1.)

### **15 V.S.A., Chapter 11, § 795. Licenses or governmental contracts Child Support**

(a) As used in this section:

(1) "Agency" means any unit of state government, including agencies, departments, boards, commissions, authorities or public corporations.

(2) "License" means any license, certification or registration issued by an agency to conduct a trade or business, including a license to practice a profession or occupation, or a license required to engage in recreational activities, including the license to hunt, fish, or trap.

(3) "Contract" means a contract for the provision of goods, services or real estate space.

(b) Every applicant for a license shall sign a statement that the applicant is not subject to a child support order, or if subject to a child support order is in good standing with respect thereto or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. A license may not be issued or renewed without such a statement.

(c) No agency shall enter into, extend or renew any contract unless the person submits a statement that the person is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the contract is made.

(d) For the purposes of this section, a person is in good standing with respect to any and all support payable if:

(1) less than one-twelfth of the annual support obligation is overdue; or

(2) liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or

(3) the person is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or

(4) in the case of a licensee, the licensing agency finds that requiring immediate payment of support due and payable would impose an unreasonable hardship.

#### **18 V.S.A § 1751. Definitions – Childhood Lead Poisoning Prevention**

(a) Words and phrases used in this chapter or in rules adopted pursuant to this chapter and not defined herein shall have the meanings given to them in the Federal Residential Lead-Based Paint Hazard Reduction Act of 1992. In the event of inconsistency between meanings given in such federal act and meanings given in this chapter, the federal act shall apply except where meanings given in this chapter serve to narrow, limit or restrict the applicability of a word or phrase, in which cases the narrower meaning shall apply.

(b) For the purposes of this chapter:

(1) "Abatement" means any set of measures designed to permanently eliminate lead-based paint hazards in accordance with standards established by appropriate state and federal agencies. The term includes:

(D) A person who holds indicia of ownership in a dwelling or dwelling unit or child care facility furnished by the owner or person in lawful possession for the primary purpose of assuring repayment of a financial obligation shall not be considered an owner unless such person has taken full legal title through foreclosure, deed in lieu of foreclosure or otherwise. Indicia of ownership includes interests in real or personal property that are held as security or collateral for repayment of a financial obligation such as a mortgage, lien, security interest, assignment, pledge, surety bond or guarantee and includes participation rights of a financial institution used for legitimate commercial purposes in making or servicing the loan.

(E) Owns a building in which a child care facility is located or owns the child care business, although the owner of the child care business may not own the building.

#### **18 V.S.A § 1759. Essential maintenance practices**

(a) For the purposes of this section, all paint is presumed to be lead-based unless a certified inspector has determined that it is not lead-based. All owners of rental target housing and child care facilities shall perform the following essential maintenance practices on their property:

(1) Take all reasonable precautions to avoid creating lead hazards during any renovation, remodeling, maintenance or repair project that disturbs a lead-based painted surface pursuant to guidelines issued by the department. The guidelines shall include the following requirements:

(A) A prohibition against lead-based paint removal by burning, water blasting, dry scraping, power sanding, or sandblasting, unless authorized by the department.

(B) Use of good work practices and safety precautions to prevent the spread of lead dust, including limiting access to work areas to workers, covering the work area with six mil polyethylene plastic or the equivalent, wearing of protective clothing by workers, protecting belongings of occupants by covering or removing them from the work area, misting painted surfaces before disturbing the paint and wetting sweeping debris.

(C) At the conclusion of the work, specialized cleaning of the work area shall be performed using methods designed to remove lead dust and recommended by the department.



(2) Perform visual on-site inspections of all interior and exterior surfaces and fixtures of the building to identify deteriorated paint and install window well inserts into all windows, or protect window wells by another method approved by the department, no later than July 1, 1998; thereafter, visual on-site inspections shall be performed annually and upon a change of tenant.

(3) At each change of tenant, and annually in units in which a child six years of age or younger resides clean all window wells and window sills within the unit and in all areas of the building to which access by tenants is not restricted by the rental agreement. The cleaning shall be accomplished by using cleaning methods, products and devices that are effective in the removal of lead-contaminated dust and recommended by the department.

(4) Promptly and safely remove or stabilize lead-based paint if more than one square foot of deteriorated lead-based paint is found on any interior surface located within any area of the building to which access by tenants is not restricted by the rental agreement or on any exterior porch or an exterior wall, surface or fixture within the exterior porch. An owner shall restore the surfaces to be free of deteriorated lead-based paint within 30 days after deteriorated lead-based paint has been visually identified or within 30 days after receipt of a written or oral report of deteriorated lead-based paint from a tenant or from an owner of a child care facility. If exterior repair work is identified after November 1 of any year, the repair may be delayed for completion until no later than May 31 of the following year.

(5) If more than one square foot of deteriorated paint is found on any exterior wall surface or fixture not covered by subdivision (4) of this subsection and is located in an area frequented by children six years of age or younger in warm weather, the owner shall:

(A) promptly and safely repair and stabilize the paint and restore the surface; or

(B) prohibit access to the area, surface or fixture to assure that children will not come into contact with the deteriorated lead-based paint.

(6) Provide written LBP hazard information prepared or approved by the department to current and prospective tenants and current and prospective owners of child care facilities.

(7) Post, in a prominent place in buildings containing rental target housing units or a child care facility, a notice to occupants emphasizing the importance of promptly reporting deteriorated paint to the owner or to the owner's agent. The notice shall include the name, address, and telephone number of the owner or the owner's agent.

(8) Attend a training program offered or approved by the department. The training, which shall be available to any person who repairs, remodels or renovates property, shall be attended by the owner, the owner's property manager, or a representative of the owner's regular maintenance staff.

(9) Ensure that any person who performs essential maintenance work has completed a department-approved training program or is being supervised on-site by a person who has completed the training program and complies with the essential maintenance practices.

(10) At each change of tenant, the owner shall clean all horizontal surfaces, except ceilings, within all areas of the building used by tenants and not otherwise restricted by the rental agreement. This cleaning shall be done by using cleaning methods, products and devices prescribed by the department that are effective in cleaning up lead-contaminated dust, such as vacuum cleaners with HEPA filters, and wet-cleaning with trisodium phosphate or other lead specific detergents.

(b) When the essential maintenance practices are completed, the owner shall sign an affidavit indicating that, to the best of the owner's knowledge and belief, the essential maintenance practices have been

performed, the dates they were completed, and by whom they were performed. The owner shall file the affidavit with the owner's liability insurance carrier and the department. Annually, the owner shall conduct a visual check, perform required essential maintenance practices, and sign and file an affidavit as required by this subsection.

**18 V.S.A § 1761. Duty of reasonable care; negligence; liability**

(a) Owners of target housing and owners of child care facilities shall take reasonable care to prevent exposure to, and the creation of, lead-based paint hazards. In an action brought under this section, evidence of actions taken or not taken to satisfy the requirements of this chapter, including performing essential maintenance practices, may be admissible evidence of reasonable care or negligence.

(b) Any person who suffers an injury proximately caused by an owner's breach of this duty of reasonable care shall have a cause of action for appropriate equitable relief.

(c) A person who is severely lead poisoned as a result of a violation of the duty of reasonable care before the age of six, or a parent, legal guardian or other person authorized to act on behalf of that person, shall have a cause of action to recover damages and other appropriate relief.

(d) The owner of target housing or a child care facility who has reduced lead-based paint hazards by completing risk assessment and controls and who has had a licensed inspector certify, pursuant to rules under section 1760 of this title, that identified lead-based paint hazards have been controlled in target housing or child care facility premises and the housing or facility contains no lead-contaminated dust shall not be liable for injury or other relief claimed to be caused by exposure to lead during the time period covered by the certification.

This immunity does not apply if:

(1) there was fraud in the certification process; or

(2) the owner violated conditions of the certification; or

(3) the owner created lead-based paint hazards during renovation, remodeling, maintenance, or repair after the certification; or

(4) the owner failed to respond in a timely fashion to notification that lead-based paint hazards may have recurred on the premises.

(e) A defendant in an action brought under this section has a right of contribution from any other person or persons who have violated subsection (a) of this section.

(f) The remedies provided under this section shall be the exclusive remedies against owners arising from lead-based paint hazards, except for the following:

(1) causes of action under 9 V.S.A. chapter 63;

(2) causes of action for relief under 9 V.S.A. § 4458; and

(3) common law actions for fraud or fraudulent misrepresentation.

(g) Nothing in this section shall be construed to limit the right of the commissioner or any agency or instrumentality of the state of Vermont to seek remedies available under any other provision of Vermont statutory law.

(h) In an action under 9 V.S.A. § 4458, compliance by the landlord with the duties required under section 1759 of this title shall create a conclusive presumption of habitability with respect to lead-based paint hazards. However, if a child under the age of six who occupies the dwelling is lead poisoned as defined in subdivision 1751(b)(16) of this title, this presumption shall be rebuttable, not conclusive. Presumptions under this subsection shall be limited to actions based on a breach of the warranty of habitability under 9 V.S.A. § 4458.

(i) This section shall apply only to actions arising from acts or omissions that occur on or after July 1, 1996.

#### **21 V.S.A. § 251a. Definitions - Public Building**

(a) As used in this subchapter "public building" means buildings owned or occupied by public utilities, hospitals, schools, houses of worship, convalescent centers and homes for the aged, infirm or disabled, nurseries, kindergartens and day cares; buildings in which two or more persons are employed, or occasionally enter as part of their employment or are entertained, including private clubs and societies; cooperatives and condominiums; buildings in which people rent accommodations, whether overnight or for a longer term; restaurants, retail outlets, offices or office buildings, hotels, tents or other structures for public assembly, including outdoor assembly, such as grandstands; buildings owned or occupied by the state of Vermont, a county, a municipality, a village or any public entity, including but not limited to a school or fire district. Use of any portion of a building in a manner described in this subsection shall make the entire building a "public building" for purposes of this subsection. For purposes of this subsection, a "person" does not include individuals who are directly related to the employer and who reside in the employment-related building.

(b) The term "public building" does not include:

(1) an owner-occupied single family residence, unless used for a purpose described in subsection (a) of this section;

(2) a family residence registered as a day care home under chapter 35 of Title 33, or specifically exempted from registration by section 3502(b)(1) of Title 33;

#### **24 V.S.A. § 4409. Limitations - Zoning**

(f) A state registered or licensed family child care home serving six or fewer children shall be considered by right to constitute a permitted single-family residential use of property. A state registered or licensed family child care home serving no more than six full-time children and four part-time children, as defined in subdivision 4902(3)(A) of Title 33, shall be considered to constitute a permitted use of property but may require site plan approval based on local zoning requirements. A state registered or licensed family child care facility serving more than six full-time and four part-time children may, at the discretion of the municipality, be subject to all applicable municipal zoning bylaws.

#### **32 V.S.A. § 3113. Requirements for obtaining license or governmental contract - Taxes**

(a) For purposes of this section, "agency" means any unit of state government, including agencies, departments, boards, commissions, authorities or public corporation.

(b) No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services or real estate space with, any person unless such person shall first sign a written declaration under the pains and penalties of perjury, that the person is in good standing with respect to or in full compliance with a plan to pay, any and all taxes due as of the date such declaration is made.

### **33 V.S.A. § 306. Administrative provisions Licenses Issued by SRS**

(a) The provisions of sections 111, 112, 113, 121, 122, 141, and 143 of this title, relating to records, furnishing of information by banks and governmental agencies, recovery of payments and fraud shall apply to the department of social and rehabilitation services, except that the authority of the department to locate parents provided in section 113 of this title shall apply only to parents of committed children.

(b) This subsection shall apply to all licenses, registrations and applications for licenses and registrations which the commissioner or the department may issue or grant, unless otherwise specifically provided.

(1) The commissioner shall issue regulations governing application for, and issuance, revocation, term and renewal of licenses and registration. In the regulations he may prescribe standards and conditions to be met, records to be kept and reports to be filed. Licenses and registration shall be for a term of one year from issuance unless otherwise prescribed by regulation.

(2) Premises covered by a license or registration may be visited and inspected by the department at reasonable hours. A person who accepts a license or registration shall permit visits and inspections and examinations of the records he is required to keep.

(3) A license or registration may be revoked for cause after hearing and may be suspended in situations which immediately imperil the health, safety or well-being of persons in the care of the licensee or registrant.

(4) Before a license is granted, the department shall visit and inspect the premises for which the license is requested, and make further inquiry and investigation as the commissioner may direct. Before a family day care home registration is granted, the department shall make inquiry and investigation. Inquiry and investigation may include a visit to and inspection of the premises for which the registration is requested. Further inquiry and investigation may be made as the commissioner may direct.

(5) Whenever the attorney general has reason to believe that a facility required by the commissioner to be licensed or registered is being operated without such license or registration, the attorney general may bring an action for equitable relief in the name of the state against the operator of such facility to restrain such operation. The action may be brought in the superior court of the county in which the facility is located. Said courts are authorized to grant equitable relief to restrain and prevent such operation.

(6) Any person who violates the terms of an injunction or restraining order issued under section 306(b)(5) shall forfeit and pay to the state a civil penalty of not more than \$100.00 for each violation. In such cases the attorney general acting in the name of the state may petition for recovery of such civil penalty.

### **Serious Violations**

(7) Whenever the department determines that a licensed day care facility or registered family care home has violated a health or safety rule, the facility or home shall post the department's notice of violation in a conspicuous place in the facility or home. In the case of a serious violation, as defined by the department by rule, the facility or home shall also notify a person responsible for the welfare of each child attending that facility or home, by mail. A serious violation shall include violation of group size and staffing

requirements and any violation involving a situation which immediately imperils the health, safety or well-being of persons in the care of the licensee or registrant.

(c) The commissioner may publicly disclose the findings or information about any case of child abuse or neglect that has resulted in the fatality of a child, including information obtained under chapter 49 of this title, unless the state's attorney or attorney general who is investigating or prosecuting any matter involving the fatality requests the commissioner to withhold disclosure, in which case the commissioner shall not disclose any information until completion of any criminal proceedings involving the fatality or the state's attorney or attorney general consents to disclosure, whichever occurs earlier.

### **33 V.S.A. § 309. Access to records – Records Checks**

(a) The commissioner may obtain from the Vermont crime information center the record of convictions of any person to the extent the commissioner has determined by rule that such information is necessary to regulate a facility or individual subject to regulation by the department. The commissioner shall first notify the person whose record is being requested.

(b) The owner or operator of a facility licensed or registered by the department may ask the commissioner for the record of convictions and the record of substantiated reports of child abuse of a current employee or a person to whom the owner or operator has given a conditional offer of employment. The request shall be in writing and shall be accompanied by a release signed by the current or prospective employee. The owner or operator shall inform the current or prospective employee that he or she has the right to appeal the accuracy and completeness of the record. Upon receiving a request under this subsection, the commissioner shall ask the Vermont crime information center for the record of convictions of the current or prospective employee.

(c) If the person has a record of convictions, the commissioner shall provide the owner or operator with a copy of the record. If the person has a record of substantiated reports of child abuse, the commissioner shall inform the requesting owner or operator that such record exists.

(d) Information released to an owner or operator under this section shall not be released or disclosed by the owner or operator to any other person. Release or disclosure of such information by an owner or operator may result in loss of license or registration.

(e) As used in this section,

(1) "Commissioner" means the commissioner or the commissioner's designee.

(2) "Substantiated reports of child abuse" mean report of child abuse substantiated under section 4915 of this title.

### **33 V.S.A. § 3502. Day care facilities - Exemptions**

(a) Unless exempted under subsection (b) of this section, a person shall not operate a day care facility without a license, or operate a family day care home without registration from the department.

(b) The following persons are exempted from the provisions of subsection (a) of this section:

(1) A person providing care for children of not more than two families other than that of the person providing the care.

(2) A hospital or establishment holding a license issued by the department of health, or a person operating a program primarily for recreational or therapeutic purposes, unless the hospital, establishment

or person provides services for the care, protection and supervision of children not incidental to its primary purpose in which case subsection (a) shall apply to those nonincidental additional services.

(3) Day care facilities operated by religious organizations for the care and supervision of children during or in connection with religious services or church sponsored activities.

(4) Nursery schools or other preschool establishments, attended by children of less than compulsory school age, which are subject to regulation by the department of education.

(c) A person who has a license to operate a day care facility shall not operate a family day care home. A person who operates a registered family day care home shall not operate a day care facility.

(d) Regulations pertaining to day care facilities and family day care homes shall be designed to insure that children in day care facilities and family day care homes are provided with wholesome growth and educational experiences, and are not subjected to neglect, mistreatment or immoral surroundings.

(e) At least each three years the department shall review the regulations for licensure and registration for revision or updating.

(f) The commissioner, upon request, and in his discretion, may grant waivers and variances to child-adult ratios if licensure is applied for by a registered day care facility.

### **33 V.S.A. § 3503. Corporal punishment prohibited for reporting child abuse/neglect**

(a) For the purpose of this chapter, corporal punishment means the intentional infliction of physical pain upon the body of a child as a disciplinary measure.

(b) No person employed by or agent of a licensed or registered day care facility shall inflict or cause to be inflicted corporal punishment upon a child attending the facility. However, this section does not prohibit a person from using reasonable and necessary force:

(1) to quell a disturbance;

(2) to obtain possession of dangerous objects upon the person of or within the control of a child;

(3) for the purpose of self defense; or

(4) for the protection of persons or property.

### **33 V.S.A. § 4902. Definitions**

Unless otherwise specifically provided, the following words and phrases in this chapter mean:

(1) Child: a person under the age of eighteen years committed by the juvenile court to the department of social welfare prior to April 14, 1974 and to the department of social and rehabilitation services thereafter, except that for the purpose of subchapter 1 of chapter 35 of this title a child is a person under the age of sixteen years.

(2) Day care facility: any place operated as a business or service on a regular or continuous basis, whether for compensation or not, whose primary function is protection, care and supervision of children under sixteen years of age outside their homes for periods of less than twenty-four hours a day by a person other than a child's own parent, guardian or relative, but not including a kindergarten approved by the state board of education.

(3) A family day care home: is a day care facility which provides for care on a regular basis in the caregiver's own residence for not more than ten children at any one time. Of this number up to six children may be provided care on a full-time basis and the remainder on a part-time basis. For the purpose of this subdivision, care of a child on a part-time basis shall mean care of a school-age child for not more than four hours a day. These limits shall not include children who reside in the residence of the caregiver; except:

(A) these part-time school-age children may be cared for on a full-day basis during school closing days, snow days and vacation days which occur during the school year; and

(B) during the school summer vacation, up to 12 children may be cared for provided that at least six of these children are school age and a second staff person is present and on duty when the number of children in attendance exceeds six. These limits shall not include children who are required by law to attend school (age 7 and older) and who reside in the residence of the caregiver.

### **33 V.S.A. § 4920. Retaliatory action by employer prohibited**

An employer or supervisor shall not discharge, demote, transfer, reduce pay, benefits or work privileges, prepare a negative work performance evaluation or take any other action detrimental to any employee because that employee filed a good faith report in accordance with the provisions of this subchapter. Any person making a report under this subchapter shall have a civil cause of action for appropriate

compensatory and punitive damages against any person who causes detrimental changes in the employment status of the reporting party by reason of his or her making a report. (Added 1991, No. 159 (Adj. Sess.), § 5.)



## **Inclusion And Exclusion Of Ill Children in Child Care Guidelines For Common Signs And Symptoms, Illnesses And Conditions related to Contagious Diseases**

These guidelines have been reviewed by the American Academy of Pediatrics, Vermont Chapter and the Vermont Department of Health, however, they are not a substitute for the advice of the child's doctor. For more details about specific infections, refer to the The Red Book, Report of the Committee on Infectious Diseases by the American Academy of Pediatrics (1997) or the ABCs of Safe and Healthy Child Care: A Handbook for Child Care Providers by the Centers for Disease Control and Prevention (1996.)

Parents and child care providers share the responsibility for maintaining health and preventing the spread of contagious diseases. By including illness-prevention practices in daily routines, caring adults can limit the spread of infections. These include:

- ❑ Parents have their children receive immunizations according to the Vermont Immunization schedule unless exempted for medical, religious or moral reasons.
- ❑ Child care providers have clearly stated policies & procedures for:
  - ✓ checking children's immunization status and helping parents know when their children need immunization;
  - ✓ preventing and handling illness that includes universal precautions, hand washing, diapering, and cleaning & disinfecting;
  - ✓ identifying an ill child or child care provider;
  - ✓ informing parents that their child is ill; and
  - ✓ routinely informing all families whenever a highly infectious condition or disease, such as head lice, measles, or chickenpox occurs in a child care program without compromising the confidentiality of the individual child(ren) with the condition or disease. This is especially important information for children or other members of families with weakened immune systems. As well some conditions or diseases are harmful to pregnant women.
- ❑ Parents have a plan for caring for their child when he or she is ill and cannot attend child care such as providing their child care provider with up-to-date emergency phone numbers, promptly picking up their ill child and consulting with their child's doctor about diagnosis and care when their child is ill.
- ❑ Child care providers keep all medical information confidential and do not disclose this information to others without written parental consent. To promote confidentiality all medical information should be kept in a locked file, never faxed, and medically related documents that are to be mailed are marked confidential.

## Get Medical Help Immediately For A Child With Any Of The Following Conditions

- ❑ Specific fevers:
  - A baby less than 2 months of age has a temperature of 100.4° (rectal)
  - A temperature of 104°F (oral) in any age child
- ❑ For infants under 2 months, forceful vomiting with every feeding
- ❑ Looking or acting very ill or getting worse quickly
- ❑ Neck pain when the child's head is moved or touched
- ❑ A stiff neck or severe headache and looking very sick
- ❑ A seizure for the first time
- ❑ Acting unusually confused
- ❑ Pupils (black centers of the eyes) unequal
- ❑ A blood-red or purple rash made up of pinhead sized spots or bruises that are not associated with injury
- ❑ A rash of hives or welts that appears and spreads quickly
- ❑ Breathing so fast or so hard that the child cannot play, talk, cry or drink
- ❑ A severe stomachache that causes the child to double up and scream
- ❑ A stomachache without vomiting or diarrhea after a recent injury, blow to the abdomen or hard fall
- ❑ Stools that are black or have blood mixed through them
- ❑ Not urinating at least once in 8 hours, a dry mouth, no tears or sunken eyes
- ❑ Continuous clear drainage from the nose after a hard blow to the head

**Inclusion and Exclusion of Ill Children in Child Care  
Guidelines for Common Signs and Symptoms, Illnesses and Conditions related to Contagious Diseases**

<b>Signs and symptoms child care providers observe</b>	<b>What a child care provider should do</b>	<b>What needs to happen in order for a child to return to child care</b>
I. The ill child is unable to take part comfortably in regular activities	Exclude	The child is able to participate in activities
II. The ill child needs care that significantly interferes with provider's ability to provide appropriate care for other children	Exclude	When the level of care needed does not interfere with the provision of appropriate care for the other children
III. The child has signs or symptoms of a possible serious condition  <b>Get Medical Help Immediately For A Child With Any Of The Conditions Listed on Page 2</b>	Exclude  Inform parents immediately so they can talk with their child's doctor & get an immediate medical evaluation. If the parent is not available, the child care provider should contact EMS for help.	Return after seen by the child's doctor who says child may return
IV. A child has signs or symptoms that indicates a contagious illness or condition or has a diagnosed contagious illness or condition <sup>1</sup>	Refer to Sections IV A through E	

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<sup>1</sup> A child with a weakened immune system, such as a child undergoing cancer treatment or a child with HIV, may need to be excluded temporarily from child care for their own protection during an outbreak of a contagious illness or condition. They may be particularly susceptible to serious illness if infected. In this situation, the child care provider should notify the parents of the child with a weakened immune system of the occurrence of a contagious disease. The parents can then discuss with their child's doctor if it is medically appropriate to exclude their child from child care and if it is, when their child should return to child care.

#### IV.A. FEVER<sup>2,3</sup> & BEHAVIOR CHANGE

Signs and symptoms child care providers observe	What a child care provider should do	What needs to happen in order for a child to return to child care
1. A child with an axillary (armpit) temperature of 100°F; oral (mouth) temperature of 101°F; rectal (anus) temperature of 102°F; or greater and behavior change	Exclude	The child has been seen by or the parent has communicated with the child's doctor who says child may return
2. Under 2 months old with temperature 100.4°F or higher rectal (anus)	Inform parents immediately so they can talk with their child's doctor & get an immediate medical evaluation. If the parent is not available, the child care provider should contact EMS for help.  Exclude	Return after seen by the child's doctor who says child may return
3. Over 2 months old with temperature 104°F or higher oral (mouth)	Inform parents immediately so they can talk with their child's doctor & get an immediate medical evaluation. If the parent is not available, the child care provider should contact EMS for help.  Exclude	Return after seen by the child's doctor who says child may return

<sup>2</sup> Illness is not the only cause of fever. Exercise, environmental conditions, individual variation and time of day can raise the body temperature.

<sup>3</sup> Doctors typically advise parents that their child can return to child care or school 24 hours after their temperature has returned to normal without the assistance of any anti-fever medication.

#### IV. B. RESPIRATORY SIGNS & SYMPTOMS

Signs and symptoms child care providers observe	What a child care provider should do	What needs to happen in order for a child to return to child care
1. Watery, red eyes	Observe for other symptoms and inform parents	No action needed
2. Thick, white or yellow/green discharge from eye(s) - once	Clean eyes (from outside corner toward the nose), observe for more discharge and inform parents	No action needed
3. Thick, white or yellow/green discharge from eye(s) - continuing <sup>4</sup>	Exclude	Return 24 hours after treatment is started or if no treatment is started then return when there is no longer discharge from eye(s) or return after seen by the child's doctor who says child may return
4. Earaches (e.g., pain, tugging at ear, grinding teeth, trouble hearing)	Observe for other symptoms and inform parent	No action needed
5. Earaches with fever and behavior change, or pain lasting more than 3 days	Exclude	Return after seen by the child's doctor who says child may return
6. Ear drainage (with or without tubes)	Exclude	Return after seen by the child's doctor who says child may return
7. Runny nose	Observe for other symptoms and inform parent	No action needed
8. Sores in mouth or nose	Exclude	Return after seen by the child's doctor who says child may return
9. Sore throat only: first complaint	Observe for other symptoms and inform	No action needed

<sup>4</sup> Conjunctivitis (or pink eye) is an infection that causes painful or itchy, red eyes. Pinkeye can be caused by bacterial or viral infections or by allergic reactions to an irritant such as dust, pollen, or other materials. Not all pink eye infections have white or yellow/green discharge. Not all pink eye infections are contagious. Antibiotics may or may not be prescribed.

Signs and symptoms child care providers observe	What a child care provider should do	What needs to happen in order for a child to return to child care
	parent	
10. Sore throat with fever and/or having difficulty swallowing	Exclude	Return after seen by the child's doctor who says child may return  If strep is documented, return after 24 hours of antibiotics
12. Coughing for more than 10 days or has severe coughing spells	Inform parent and recommend child see doctor	Return after seen by the child's doctor who says child may return
13. Wheezing (difficulty breathing, whistling sound during breathing)	Obtain immediate medical help if having difficulty breathing  Exclude if child has never wheezed before; looks or acts ill or has a fever and behavior change	Return after seen by the child's doctor who says child may return

#### IV.C. SKIN SIGNS & SYMPTOMS

Signs and symptoms child care providers observe	What a child care provider should do	What needs to happen in order for a child to return to child care
1. Rash – first noticed and not described below	Observe for other symptoms and inform parents	No action needed
2. Rash with fever or behavior change	Exclude	Return after seen by the child's doctor who says child may return
3. Rash accompanied by blood red or purple rash not associated with injury	<p>Inform parents immediately so they can talk with their child's doctor &amp; get an immediate medical evaluation. If the parent is not available, the child care provider should contact EMS for help.</p> <p>Exclude</p>	Return after seen by the child's doctor who says child may return
4. Rash that is oozing or is an open wound	Exclude	Return after seen by the child's doctor who says child may return
5. Diaper rash (simple)	Air dry and inform parents	No action needed
6. Diaper rash (with oozing sores)	Exclude	If infected, return 24 hours after treatment has started
7. Cold sores that are oozing sores	Exclude if the child is biting, drools uncontrollably or mouths toys which other children may put in their mouths	Return when sores are no longer oozing
8. Hives: red blotchy, itchy, raised skin rash with no blisters	Inform parents, if accompanied by difficulty breathing obtain immediate medical attention	Return when no longer having difficulty breathing
9. Insect bites	Obtain immediate medical help if having difficulty breathing; Exclude if bites are infected	If bites are infected, return 24 hours after treatment has started

#### IV.D. GASTROINTESTINAL SIGNS & SYMPTOMS

Signs and symptoms child care providers observe	What a child care provider should do	What needs to happen in order for a child to return to child care
1. Stomachache with no other symptoms- first complaint	Observe for other symptoms and inform parents	No action needed
2. Stomachache – continues or increases in severity	Exclude	Pain gone
3. Vomiting – one time and no other symptoms	Encourage child to rest; observe for other symptoms and inform parents	No action needed
4. Vomiting – two or more times in 24 hours  For infants under 4 months experiencing forceful vomiting with every feeding	Exclude  Inform parents immediately so they can talk with their child's doctor & get an immediate medical evaluation.	Return when vomiting resolves. A good rule of thumb is return 12 hours after last vomiting
5. Loose or watery bowel movement that cannot be contained in diaper or toilet (uncontrolled diarrhea)  or  Five or more loose or watery bowel movements in an 8 hour period	Exclude and recommend child see their doctor	If not yet toilet trained: <ul style="list-style-type: none"> <li>• when stool is contained within diaper,</li> <li>• stool frequency and consistency improves</li> </ul> If toilet trained: <ul style="list-style-type: none"> <li>• must be accident-free for one day and</li> </ul> The child has been seen by or the parent has communicated with the child's doctor who says child may return
6. Bloody bowel movements	Exclude and recommend child see their doctor	Return after seen by the child's doctor who says child may return



#### IV.E. ILLNESSES OR CONDITIONS THAT HAVE BEEN DIAGNOSED<sup>5</sup>

Illnesses or Conditions That Have Been Diagnosed	What a child care provider should do	What needs to happen in order for a child to return to child care
Diarrhea diagnosed as either E.coli:0157:H7*, campylobacter*, cryptosporidiosis*, shigella*, salmonella* or giardia*	Exclude; Notify all parents and child care providers that a case of diarrhea has occurred; Urge parents of a child who has a weakened immune system to consult with their doctor	When the Health Department says it is ok to return. In addition for E.coli:0157:H7, the child must have two negative stool tests & for shigella, one negative stool tests. If diarrhea is diagnosed but is not one of these diagnoses, call the Health Department at 1-800-463-4343 and ask for Epidemiology for more information
Chickenpox <sup>6</sup>	Exclude; Notify all parents and child care providers that a case of chickenpox has occurred; Urge pregnant women and parents of children who have a weakened immune system to consult with their doctor	After no new lesions are erupting and all old lesions are crusted and dry (this typically occurs 6 days after the first pox appears)
Fifth Disease	Notify all parents and child care providers that a case of fifth disease has occurred; Urge pregnant women and parents of children who have a weakened immune, sickle cell anemia, or other blood disorder	No action needed. By the time the rash is evident, the child is considered no longer infectious

<sup>5</sup> Those illnesses marked with an \* are diseases health officials are required to report to the Vermont Department of Health. Child care providers are not required to report these diseases, however, if you have any questions call Epidemiology, Vermont Department of Health at 1-800-463-4343.

<sup>6</sup> Chickenpox is usually mild, but it can be severe, especially among infants, adults and people with weak immune systems. Many people are not aware that in the U.S. every year there are approximately 100 deaths and 10,000 hospitalizations from chickenpox. The majority of deaths and complications occur in previously healthy individuals. (Dr. Bill Atkinson, CDC, 1999)

Illnesses or Conditions That Have Been Diagnosed	What a child care provider should do	What needs to happen in order for a child to return to child care
	system to consult with their doctor	
Haemophilus Influenzae type b (Hib)* infections	Exclude	Return when the child is well enough to return and has been on antibiotics for 24 hours. If the Vermont Department of Health recommends giving medicine to exposed children and child care provider(s), they may return after receiving medication
Hand, foot and mouth disease (Coxsackie Virus)	Exclude if child has fever and behavior change or unable to participate	Return after seen by the child's doctor who says child may return
Head lice <sup>7</sup>	Exclude; Check all children's heads daily until head lice is gone, send a general fact sheet and notification of head lice to all families which includes asking parents to check their children's head for lice daily and assure the environment is free from head lice through such measures as vacuuming carpets & upholstered furniture, etc.	Return after receives first treatment; it is recommended that the child is retreated 7 to 10 days after the first treatment since no product is 100% effective against head lice
Hepatitis A*	Exclude; Notify all parents and child care providers that a case of Hepatitis A has occurred	Return once the Department of Health approves; immune globulin (IG) may be given to contacts within the first 2 weeks after exposure to prevent infection from spreading
Hepatitis B* <sup>8</sup>	Exclude <b>only</b> if the child has weeping skin	Return after seen by the child's doctor

<sup>7</sup> The Department of Health recommends the use of a "No Nit" policy as a last resort when all other outbreak control measures have been tried.

Illnesses or Conditions That Have Been Diagnosed	What a child care provider should do	What needs to happen in order for a child to return to child care
	lesions that cannot be covered; the child has bleeding problems; or if the child is biting or scratching	who says child may return
HIV (AIDS virus) <sup>*3</sup>	Exclude <b>only</b> if the child has weeping skin lesions that cannot be covered; the child has bleeding problems; or if the child is biting or scratching	Return after seen by the child's doctor who says child may return
Impetigo	Exclude; Notify all parents and child care providers that a case of impetigo has occurred	Return 24 hours after treatment has started
Measles*	Exclude; Notify all parents and child care providers that a case of measles has occurred	Return 6 days after onset of rash
Mumps*	Exclude; Notify all parents and child care providers that a case of mumps has occurred	Return 9 days after onset of swelling
Ringworm	Exclude; Notify all parents and child care providers that a case of ringworm has occurred	Return 24 hours after treatment has started (oral medication to treat scalp; cream given to treat skin)
Rubella*	Exclude; Notify all parents and child care providers that a case of rubella has occurred	Return 6 days after onset of rash

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Informing child care and school personnel of a child's Hepatitis B or HIV status is not required. Because all children with Hepatitis B or HIV will not be identified, policies and procedures should be established to manage potential exposures to blood or blood-containing materials. Children with Hepatitis B or HIV should be admitted without restriction to child care facilities and schools. "Issues related to Human Immunodeficiency Virus Transmission in School, Child Care, Medical Settings, the Home, and the Community," Pediatrics, vol. 104, no.2, August 1999

Illnesses or Conditions That Have Been Diagnosed	What a child care provider should do	What needs to happen in order for a child to return to child care
	Urge pregnant women to consult with their doctor	
Scabies	Exclude ; Notify all parents and child care providers that a case of scabies has occurred	Return 24 hours after treatment has started
Shingles	Exclude only if sores cannot be covered	Return when sores can be covered; if that is not possible then return after sores crust over
Strep throat or other streptococcal infection	Exclude ; Notify all parents and child care providers that a case of strep throat has occurred	Return 24 hours after antibiotics treatment has started
Tuberculosis*	Exclude if active infection with cough, fever; Notify parents of children who have a weakened immune to consult with their doctor	Return when the Department of Health has given approval
Whooping cough (Pertussis*)	Exclude ; Notify all parents and child care providers that a case of pertussis has occurred	Return 5 days after antibiotics are started or 3 weeks after onset of cough

## References

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- Centers for Disease Control and Prevention. **ABCs of Safe and Healthy Child Care: A Handbook for Child Care Providers.** (1996.) Washington, D.C.: Public Health Foundation.
- Committee on Infectious Diseases. **1997 Red Book: Report of the Committee on Infectious Diseases.** (24<sup>th</sup> ed.) (1997.) Elk Grove, Illinois: American Academy of Pediatrics.
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- Pennsylvania Chapter, American Academy of Pediatrics. **Model Child Care Health Policies.** (3rd edition.) (June 1997.) Washington, D.C.: National Association for the Education of Young Children.
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## Guidelines for Diapering<sup>1</sup>

Diapering provides a wonderful opportunity to engage in special individual communication with a child and the entire process should be a positive one. Always maintain a pleasant attitude while changing a child's diaper, never show disgust or scold a child who has had a loose bowel movement.

Having the diapering area sink in the same room as the handwashing sink, close to the handwashing sink and away from where food is being prepared and eaten helps prevent the spread of infectious diseases.

<b>Preparation</b>	<p>Assemble supplies (within reach).....</p> <p>Diapering surface .....</p> <p>Gloves may be used ..... Reminder: gloves are not a substitute for handwashing and hands must be washed after removing gloves</p>	<ul style="list-style-type: none"> <li>✓ clean diaper</li> <li>✓ wipes or moistened paper towels</li> <li>✓ gloves, when used</li> <li>✓ clean clothes &amp; child's own supply of ointment if needed</li>   <li>✓ the diapering surface should be smooth, nonabsorbent, and easy to clean.</li>   <li>✓ gloves should be worn if:             <ul style="list-style-type: none"> <li>⇒ you have open cuts, sores or cracked skin</li> <li>⇒ if there is visible blood in the feces</li> <li>⇒ if you are changing the diaper of a child with diarrhea or a known infection that is spread through feces</li> <li>⇒ if the child has open areas on the skin</li> </ul> </li> <li>✓ pregnant women or women considering pregnancy may want to wear gloves when changing diapers</li> </ul>
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<sup>1</sup> Adapted from Diapering Procedure, Minnesota Child Care Health Consultants Group, 8/97

<b>Dirty Phase</b>	<p>Place child on diapering surface .....</p> <p>Remove soiled diaper .....</p> <p>Cleanse diaper area of child .....</p> <p>Remove gloves if used .....</p> <p>Wipe hands with a premoistened disposable wipe .....</p>	<ul style="list-style-type: none"> <li>✓ keep one hand on child entire time</li> <li>✓ keep others away from diapering area</li> <li>✓ remove child's clothing, put soiled clothing without rinsing in a plastic bag to give to parent</li> <li>✓ roll diaper inward; place diaper directly into a waste container (used only for soiled diapers) that has a tight cover, is lined with a disposable plastic trash bag, and is within arm's reach of the diapering changing area</li> <li>✓ see end of tipsheet for more information on the use of cloth diapers</li> <li>✓ use the child's own disposable wipes</li> <li>✓ cleanse from front to back and include skin creases using a fresh wipe each time</li> <li>✓ place wipes in waste container or out of child's kick space/reach</li> <li>✓ place gloves in waste container or out of child's kick space/reach</li> <li>✓ place wipe in waste container or out of child's kick space/reach</li> </ul>
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<b>Clean Phase</b>	<p>Put on ointment as directed by parent ....</p> <p>Diaper and dress child .....</p> <p>Wash child's and your hands .....</p>	<ul style="list-style-type: none"> <li>✓ use clean glove or swab to apply, then take off and place glove in waste container; each child should have their own supply of ointment</li> <li>✓ return child to activity</li> </ul>
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<b>Clean Up</b>	Dispose of soiled items .....	✓ if not already done, put diaper, wipes, or paper towels, changing paper, gloves (if used) and cotton swab (if used) into waste container (refer to end of tipsheet for more information on the use of cloth diapers)
	Clean and disinfect .....	✓ diapering surface and all equipment or supplies touched. Allow surfaces to air-dry
	Wash hands .....	✓ thoroughly with soap and warm running water for at least 15 seconds

<b>Communicate</b>	Record .....	✓ diaper change
	Report .....	✓ concerns to parent such as unusual color, odor, frequency or consistency of stool, rash, etc.



## When Using Cloth Diapers

### Diaper Pails

- ✓ Each family should have their own family-labeled diaper pail that is lined with a plastic bag, can be easily cleaned and has a tight fitting lid.
- ✓ The contents of the family-labeled diaper pails are sealed at the end of the day and taken home.
- ✓ At the end of each day, all diaper pails are cleaned with soap and water, disinfected and a new plastic liner placed in the pail.
- ✓ Diaper service pick-ups can occur at the child care. This pick-up service must occur at least twice weekly.
- ✓ Common diaper receptacles for children using the same diaper service can be used as long as pick-up by the diaper service occurs at least twice weekly, the contents are sealed at the end of each day and a new or cleaned and disinfected diaper pail is used each day.

### Soiled Diapers

- ✓ Change the outer diaper covering and inner lining together with each diaper change. Don't reuse outer covering till laundered.
- ✓ Place soiled diapers (with or without feces) directly into diaper pail, do not shake out or rinse feces. Urine-soiled and feces-soiled cloth diapers may be stored in the same diaper pail.
- ✓ The child care can be responsible for shaking out feces-soiled diapers if required by the diapering service. This will be done at the end of the day after all the children have left. Rubber gloves should be worn when shaking out diapers and the toilet area disinfected after finished.



## Record of Pesticide Application

Product Name	EPA Registration Number	Amount Used	Date(s) of Application	Location of Application	Pests Treated For

**NOTE: These records shall be available for inspection by parents and prospective parents during operating hours.**