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Contents Approved:

Heather D. Kelly

By: _____
Office of the City Attorney

Dennis Salter

By: _____
DEPT. Human Services

NORFOLK, VIRGINIA

Ordinance No. 49907

AN ORDINANCE TO AMEND AND REORDAIN CHAPTER 15.1 OF THE NORFOLK CITY CODE, 1979, SO AS TO AMEND THE REGULATIONS GOVERNING THE OPERATION OF FAMILY DAY HOMES.

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BE IT ORDAINED by the Council of the City of Norfolk:

Section 1:- That Chapter 15.1 of the Norfolk City Code, 1979, is hereby amended and reordained to read as follows:

CHAPTER 15.1

FAMILY DAY HOMES

Sec. 15.1-1. Violations.

It shall be a Class 1 misdemeanor for any person who is required to be licensed pursuant to § 15.1-4 to operate a family day home in which one (1) through four (4) children are received without a valid license issued pursuant to this chapter. Each day of violation shall constitute a separate offense.

Sec. 15.1-2. Definitions.

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

Accessible means capable of being entered, reached, or used.

Adult means any individual 18 years of age or older.

Age-appropriate means suitable to the chronological age and individual needs of a child.

Assistant means an individual who helps the provider or substitute provider in the care, protection, supervision, education, and guidance to children in the home.

Attendance means the actual presence of an enrolled child.

Body fluids means urine, feces, vomit, blood, saliva, nasal discharge, and tissue discharge.

Caregiver means an individual who provides care, protection, supervision, and guidance to children in the home and includes the provider, substitute provider, and assistant.

Child means any person under eighteen (18) years of age.

Child day program means a regularly operating service arrangement for children where, during the absence of a parent or guardian, a person or organization has agreed to assume responsibility for the supervision, protection, wellbeing, and education of a child under the age of 13 for less than a 24-hour period.

Child with special needs means a child with developmental disabilities, intellectual disabilities, emotional disturbance, sensory or motor impairment, or significant chronic illness who requires special health surveillance or specialized programs, interventions, technologies, or facilities.

City manager means the city manager of the City of Norfolk.

Cleaned means treated in such a way as to remove dirt and debris by scrubbing and washing with soap and water or detergent solution and rinsing with water.

Communicable disease means a disease caused by a microorganism (bacterium, virus, fungus, or

parasite) that can be transmitted from person to person via an infected body fluid or respiratory spray, with or without an intermediary agent (such as a louse, mosquito) or environmental object (such as a table surface). Some communicable diseases are reportable to the local health authority.

Corrective action plan means a written plan listing non-compliance that details corrective actions that the licensee will take within an established period of time to address violations or actions to prevent the recurrence of violations.

Department means the Norfolk Department of Human Services.

Department's representative means an employee or designee of the Norfolk Department of Human Services, acting as the authorized agent of the city manager.

Director means the Director of the Norfolk Department of Human Services.

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

Family day home means a child day program offered in the residence of the provider or the home of any of the children in care for one (1) through 12 children under the age of 13, exclusive of the provider's own children and any children who reside in the home, when at least one (1) child receives care for compensation.

Good character and reputation means knowledgeable and objective people agree that the individual (i) maintains business, professional, family, and community relationships that are characterized by honesty, fairness, and truthfulness; and (ii) demonstrates a concern for the well-being of others to the extent that the individual is considered suitable to be entrusted with the care, guidance, and protection of children. Relatives by blood or marriage, and people who are not knowledgeable of the individual, such as recent acquaintances, shall not be considered objective references.

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

- (a) Living in a car, park, public space, abandoned building, substandard housing, bus or train station, or similar setting;
- (b) Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason, sometimes referred to as doubled-up;
- (c) Living in motels, hotels, or camping grounds due to lack of alternative adequate accommodations;
- (d) Living in congregate, temporary, emergency, or transitional shelters;
- (e) Awaiting or in foster care placement;
- (f) Abandoned in a hospital;
- (g) A migratory child who qualifies as homeless because the child is living in circumstances described in the federal Elementary and Secondary Education Act of 1965, P.L. 89-10 (20 USC § 6399); and
- (h) Living in a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Inaccessible means not capable of being entered, reached, or used.

Infant means a child from birth through 23 months of age.

Lockdown means a situation where children are isolated from a security threat and access within and to the home is restricted.

Nighttime care means care provided between 7 p.m. and 6 a.m.

Parent means the biological, foster or adoptive parent, legal guardian, or any individual with responsibility for, or custody of, a child enrolled in or in the process of being enrolled in a family day home.

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

Preschool means children from three (3) years up to the age of eligibility to attend public school, age five (5) by September 30 of that same year.

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

Provider means an individual who is issued the family day home license by the Department of Human Services and who has primary responsibility in providing care, protection, supervision, education, and guidance of children in the family day home.

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

Residence means principal legal dwelling or abode that is occupied for living purposes by the provider and contains the facilities necessary for sleeping, eating, cooking, and family living.

Sanitized means treated in such a way as to remove bacteria and viruses from inanimate surfaces through first cleaning and secondly using a solution of one tablespoon of bleach mixed with one gallon of water and prepared fresh daily or using a sanitizing solution approved by the U.S. Environmental Protection Agency. The surface of the item is sprayed or dipped into the

sanitizing solution and then allowed to air dry for a minimum of two (2) minutes or according to the sanitizing solution instructions.

School age means eligible to attend public school, age five (5) or older by September 30 of that same year.

Serious injury means a wound or other specific damage to the body that requires medical attention beyond basic first aid, such as unconsciousness; broken bones; dislocation; deep cut requiring stitches; poisoning; concussion; and a foreign object lodged in eye, nose, ear, or other body orifice.

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

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

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

Substitute provider means an individual who meets the qualifications of a provider; is designated by the provider; and who provides care, protection, supervision, education, and guidance for children in the family day home when the provider is absent from the home for more than two hours.

Time out means a discipline technique in which a child is moved for a brief time away from the stimulation and reinforcement of ongoing activities and other children in the group to allow the child who is losing self-control to regain composure.

Toddler means a child who is two (2) years old.

Violation means a breach or infraction of a licensing law or rule. Violation is sometimes referred to as noncompliance.

Sec. 15.1-3. Authority to regulate.

(a) It is hereby declared to be the policy of the City of Norfolk to protect the public health, safety and general welfare by providing for the licensing and regulation of family day homes in order to adequately protect the children of the City of Norfolk. To do so, the city adopts the following regulations to safeguard the children and families in the City of Norfolk pursuant to its authority under Section 15.2-914 of the Code of Virginia.

(b) Nothing in this chapter shall be construed to contradict or negate any provisions of the Norfolk City Code, the Norfolk City Charter, or the Code of Virginia which may apply to family day homes.

Sec. 15.1-4. Regulated service.

(a) All family day homes serving one (1) to four (4) children in the City of Norfolk are subject to the regulations of this chapter, except for family day homes which are:

(1) Licensed by the Department of Education;

(2) Licensed by a family day home system;

(3) Only serving dependent children of military personnel and either (i) are located on a military base or federal property or (ii) are certified as a family child-care provider by any branch of the Armed Forces of the United States or its agent;

(4) Only serving children who are related to the provider by blood, adoption, or marriage, or who reside in the same home as the provider; or

(5) Operated by a religious institution which is

exempt from licensure pursuant to Virginia Code § 22.1-289.031.

(b) The City of Norfolk has the right to inspect, monitor, and enforce the regulations of this chapter.

Sec. 15.1-5. License required, posting of license.

It shall be unlawful to operate a family day home as defined herein which is required to be regulated pursuant to § 15.1-4 without a valid license issued pursuant to this chapter. Such license shall be posted in a visible location within the licensed premises where it can be easily seen by parents and other visitors of the home.

Sec. 15.1-6. Application for license.

(a) Any person who operates or maintains, or intends to operate or maintain, a family day home which is required to be licensed pursuant to § 15.1-4 must submit an application (on forms provided by the department) to the department for a license in the name of the person for the specified structure to which the application relates. The application must identify the owner with responsibility for and authority over the operation of the family day home. No license issued pursuant to this chapter shall be transferable.

(b) Any person who intends to provide a family day home which is required to be licensed pursuant to § 15.1-4 shall file an application for a license at least two (2) months in advance of the planned opening date.

Sec. 15.1-7. Procedures for license.

(a) Upon receipt of the application, the department will begin an inquiry into the activities, services and facilities of the applicant, and of the applicant's character and reputation.

(b) The applicant must afford the representative of the department a reasonable opportunity to make a pre-licensing inspection of the facilities and to

interview the applicant and the applicant's agents, household members, and employees for the purpose of determining whether the applicant can proceed through the licensing process.

Sec. 15.1-8. Issuance of the initial license.

The director or the director's designee shall grant a license in writing to any applicant thereof upon completion of all licensure requirements and production of evidence satisfactory to the department that the applicant and the applicant's facilities, services and activities are in compliance with the provisions of this chapter, the Norfolk City Code, the Code of Virginia and the standards and policies prescribed hereunder.

Sec. 15.1-9. Types of licenses.

- (a) Conditional license: A license issued to a new family day home to allow for the licensee to demonstrate compliance with sections of the regulations which could not be determined during the initial inspection.
 - (1) The conditional license will be issued for a period up to six (6) months to allow time for all requirements to be met, including staffing, training, and record-keeping.
 - (2) If at the end of the six (6) month conditional period, the licensee is in full compliance with the regulations of this chapter, a regular license will be issued.
 - (3) If at the end of the six (6) month conditional period, the licensee is not in full compliance with the regulations of this chapter, a regular license will not be issued and the licensee will be notified in writing.
- (b) Regular license: A license issued to a family day home whose program, facilities, and operations fully comply with regulations of this chapter.

(1) A regular license will be issued for a period of one (1) year initially. Upon renewal, a regular license will be issued for a period of two (2) years.

(c) Provisional license: A license issued to an operating family day home at the time of renewal, when the licensee is temporarily unable to comply with the regulations of this chapter. There cannot be any serious risk to the health, safety and well-being of children, and the licensee must agree to operate under conditions as stated in a correction action plan.

(1) The provisional license will be issued for a period of up to six (6) months. An extension beyond this time period requires department approval.

(2) If, at the end of the six (6) month provisional period, the licensee is in full compliance with the regulations of this chapter, a regular license will be issued.

(3) If, at the end of the six (6) month provisional period, the licensee is not in full compliance with the regulations of this chapter and an extension is not granted, a regular license will not be issued and the licensee will be notified in writing.

(d) Voluntary license: A license issued to a family day home which is exempt from licensure pursuant to § 15.1-4.

(1) The voluntary license will be issued to a family day home that is in full compliance with the regulations of this chapter, except that the initial licensing inspection required in § 15.1-16(a) may be waived in the discretion of the department.

(2) The voluntary license will be issued for a period of one (1) year initially. Upon renewal, a voluntary license will be issued for a period of two (2) years.

Sec. 15.1-10. License conditions.

Each license issued pursuant to this chapter shall set forth the conditions under which the license may operate. Said conditions shall include, but not be limited to, the name(s) of the operator(s) of the family day home, the maximum number and age range of children to be served, and the period of time for which the license is effective. Each provisional or conditional license issued pursuant to this chapter shall be accompanied by a letter from the director or the director's designee stating the reason(s) for its being provisional or conditional.

Sec. 15.1-11. Requirements for changes in operation.

(a) The licensee shall inform the department, in writing, of any of the following changes in operation no less than 10 days before implementation of the change(s):

- (1) A change in location or name of the family day home;
- (2) An extended absence of the provider from the family day home that exceeds two (2) weeks; or
- (3) Renovation or alteration of the premises that substantially changes the indoor or outdoor space of the family day home.

(b) The licensee shall submit a written request to the department to modify conditions of the license to include:

- (1) Change in hours of operation;
- (2) Change in license capacity;
- (3) Change in age range of children;
- (4) Any other condition to be modified.

Sec. 15.1-12. Renewal of license.

(a) Prior to the expiration, a regular license shall be renewed every two (2) years.

(b) Licensees desiring renewal must notify the department prior to the license expiration. The facilities and records of each applicant for a renewal of a license may be inspected or examined by the department to determine whether the applicant is in compliance with this chapter, the Norfolk City Code, and the Code of Virginia.

Sec. 15.1-13. Denial of application.

(a) The department may deny an application for a new or renewed license if:

(1) The activities, services and facilities of the applicant are in violation of any provision of this chapter, the Norfolk City Code, or the Code of Virginia;

(2) An evaluation of the application reveals that the applicant misrepresented or reported false information;

(3) An evaluation of background checks indicates that any staff member or adult household member has been charged or found guilty of a barrier crime as defined in the Code of Virginia or is the subject of a founded complaint of child abuse or neglect;

(4) The applicant has a history of regulatory violations which demonstrates an inability to provide for the health, safety and welfare of children; or

(5) The department concludes that the applicant cannot provide for the health, safety and welfare of the children in care based on other pertinent information received by the department which creates reasonable doubt as to the applicant's ability to provide care to children.

(b) Upon the denial of the application for a new or renewed license under this chapter, the department shall notify the applicant that the application is denied, stating:

(1) The reason(s) for the denial;

- (2) The regulatory standard(s) with which the applicant failed to comply that is the basis for the denial; and
- (3) The applicant has the right to appeal the denial in accordance with the appeals process as established in § 15.1-18.

Sec. 15.1-14. Suspension of license.

(a) The department may suspend a license upon determining that:

- (1) The licensee is in violation of any provision of this chapter, the Norfolk City Code, or the Code of Virginia; or
- (2) The life, health, safety, or welfare of children is in imminent danger.

(b) Upon the suspension of the license, the department shall notify the licensee in writing of the suspension, stating:

- (1) The effective date and period of the suspension;
- (2) Reason(s) for the suspension;
- (3) The regulatory violation(s) which is the basis for the suspension;
- (4) That the licensee must stop providing care on the effective date of the suspension; and
- (5) The licensee's right to appeal the suspension in accordance with the appeals process as established in § 15.1-18.

Sec. 15.1-15. Revocation of license.

(a) The department may revoke a license upon determining that:

- (1) The licensee is in violation of any provision of this chapter, the Norfolk City Code, or the Code of Virginia;

- (2) The life, health, safety, and welfare of children is in imminent danger;
- (3) The licensee misrepresented or offered false information on any form or report required by the department;
- (4) The terms or conditions of an intermediate sanction have been violated; or
- (5) Violations required to be corrected during a suspension have not been corrected at the end of the suspension period.

(b) Upon the revocation of the license, the department shall notify the licensee in writing of the revocation, stating:

- (1) The effective date and period of the revocation;
- (2) Reason(s) for the revocation;
- (3) The regulatory violation(s) which is the basis for the revocation;
- (4) That the licensee must stop providing care on the effective date of the revocation; and
- (5) The licensee's right to appeal the revocation in accordance with the appeals process as established in § 15.1-18.

(c) An applicant may reapply for a license after six (6) months from the date of revocation.

Sec. 15.1-16. Inspections.

(a) Family day homes will be inspected for initial licensing, renewal purposes, routine monitoring and when complaints/allegations are made against the home. It is the duty of every licensee to give the right of entrance to and inspection of the premises to representatives of the department, to keep and maintain such records as the department may prescribe, to permit inspection to these records, and to report to the department such facts as may be required.

(b) The department may conduct a follow-up inspection any time a family day home is cited for any violation.

(c) Family day home inspections will be conducted in both an announced and unannounced manner.

(d) A report of inspection findings will be provided to the family day home following the completion of any inspection.

Sec. 15.1-17. Enforcement.

(a) If an inspection or investigation reveals a violation of any provision of this chapter, the Norfolk City Code, or the Code of Virginia, the department may undertake enforcement actions.

(b) Enforcement actions may include, but are not limited to:

(1) Issuance of written inspection reports which include corrective action plans, requests to submit a corrective action plan to the department, and notices of intention to initiate enforcement through the denial, suspension, or revocation of a license;

(2) Meetings or telephone conferences between the department and the licensee to discuss corrective action plans;

(3) Intermediate sanctions such as:

(i) Reduction of capacity;

(ii) Prohibition on new admissions;

(iii) Mandated training;

(iv) Requiring the licensee to contact parents/guardians about health and safety violations;

(v) The department notifying parents/guardians that the family day home has had its license revoked or suspended and the basis for such action;

(4) Denial of application for a new or renewed license;

(5) Suspension of a license:

(i) A license may be temporarily suspended without a hearing upon written notification to the licensee by the department upon finding that the life, health, safety or welfare of a child is in imminent danger; or

(6) Revocation of a license.

(c) The enforcement action shall take into consideration:

(1) the number of children under the care of the family day home when the violation(s) occurred;

(2) whether there was a violation of a high-risk standard, including violations constituting abuse, neglect, or exploitation of a child, background check standards, safety hazard standards, safe sleep standards, standards establishing times for reporting information to a parent/guardian or to department, and supervision standards;

(3) the seriousness of the violation, including the nature, circumstances, extent and gravity of any prohibited acts, and the hazard or potential hazard created to the life, health, safety or welfare of a child;

(4) the history of previous violations;

(5) the amount necessary to deter future violations;

(6) efforts to correct the violation; and

(7) any other matter that justice may require.

Sec. 15.1-18. Hearing and appeal process.

(a) A hearing shall be held when the licensee requests a hearing to contest:

- (1) The denial of an application for a new or renewed license;
- (2) A suspension or revocation of a license; or
- (3) Any other action that adversely impacts the licensee.

(b) All hearing requests shall be submitted in writing to the director or the director's designee and shall state the name and address of the licensee and the effective date and nature of the action being appealed.

(c) The written hearing request shall be submitted to the director or the director's designee within five (5) business days of receipt of written notice of enforcement action.

(d) If the licensee has also received a denial, suspension, or revocation of a state license, or any other action that adversely impacts the licensee's state license, then the hearing and appeal process set out in this section shall be stayed until the completion of the state appeal process, and the licensee has exhausted all appeal remedies at the state level. The licensee shall notify the director or the director's designee within five (5) business days of the completion of the state appeal process whether the licensee requests to proceed with the hearing and appeal process.

(e) The director or the director's designee shall notify the appellant of the time, date, and place of the hearing within five (5) business days of receipt of the written hearing request. The director or the director's designee will meet with the appellant at a mutually agreeable time. Meeting attendees may include:

- (1) Representatives of the City of Norfolk;
- (2) Witnesses for both parties. Witnesses will be present only while providing testimony; or
- (3) Legal counsel.

- (i) If legal counsel represents the licensee, legal counsel may also represent the City of Norfolk.
- (ii) If legal counsel will be in attendance, the licensee shall notify the director or the director's designee at least seven (7) business days prior to the hearing. The date of the hearing may be rescheduled based upon availability of legal counsel for the City of Norfolk or the licensee.

(e) The director or the director's designee shall render a hearing decision to the licensee within five (5) business days from the date of the hearing.

- (1) The decision will uphold, amend, or overturn the adverse action.
- (2) The decision of the director or the director's designee is final and subject to no further appeal.

(f) Any step in the appeal process may be waived if mutually agreed upon by the appellant and the director or the director's designee.

Sec. 15.1-19. Deferred compliance.

The owner or operators of any facility required to be licensed by this chapter, operating in the city as of the effective date of this chapter, may apply for and be granted a time period not to exceed six (6) months in order to comply with the licensing requirement prescribed hereunder which were not in effect on the date of enactment or this chapter. All other provisions of this chapter become effective upon the effective date of this chapter.

Sec. 15.1-20. Conflict of chapter.

The provisions of this chapter are meant to complement and be read in harmony with all other provisions of the Norfolk City Code. In any case where a provision of this chapter is found to be in conflict with any other provision of the

Norfolk City Code existing on the effective date of this chapter, the provision which establishes the higher standard for the promotion and protection of the health and safety of the people shall prevail. It shall not be considered a conflict if the provider needs to comply with other requirements in order to obtain permits, licenses, or certificates other than a family day home license from the City of Norfolk, such as but not limited to: zoning, building permits, sign permits, certificates of occupancy, use permits, business, professional and occupational licenses, etc.

Sec. 15.1-21. Severability.

Should any clause, sentence, paragraph or part of this chapter or the application thereof to any person or circumstance be adjudged by a court of competent jurisdiction to be unconstitutional or invalid, said judgment shall not affect, impair or invalidate the remainder of the chapter or the application of such provisions to other persons or circumstances, but shall be confined in its application to the clause, sentence, paragraph or part thereof, directly involved in the controversy in which said judgment shall have been rendered, and the person or circumstance involved.

Sec. 15.1-22. Operational responsibilities.

(a) The provider shall ensure compliance with this chapter and the terms of the current license issued by the department and with relevant federal, state or local laws, and other relevant regulations.

(b) The provider shall ensure compliance with the home's policies that have been disclosed to the parents.

(c) The provider shall be of good character and reputation. Character and reputation investigation includes documentation of completion of required background checks prior to licensure, including:

(1) A satisfactory sworn statement or affirmation;

(2) A satisfactory national criminal background check; and

(3) A satisfactory central registry search.

(d) The provider shall submit documentation of satisfactory background checks for all caregivers and household members residing in the family day home, as required by § 15.1-25(a)(1) and § 15.1-25(d).

(e) The provider shall complete the initial training as required in § 15.1-26 prior to licensure and shall complete annual training thereafter. Required provider training shall include, but not be limited to, fulfilling the training requirements for caregivers as provided in § 15.1-27 and education provided by the department on child safety.

(f) The provider shall ensure that the home's activities, services, and facilities are conducive to the welfare of children in care.

(g) The provider shall be responsible for the family day home's day-to-day operation.

(h) The provider shall post, with parental approval, a current list of all children's allergies, sensitivities, and dietary restrictions.

(i) The provider shall ensure that any advertising is not misleading or deceptive as required by § 22.1-289.028 of the Code of Virginia.

(j) The provider shall ensure that the total number of children receiving care at any one time does not exceed the maximum licensed capacity of the family day home and is in compliance with the staff-to-child ratios as required in § 15.1-38.

(k) The provider shall establish and follow written procedures for prevention of shaken baby syndrome or abusive head trauma, including coping with crying babies, safe sleeping practices, and sudden infant death syndrome awareness.

(l) The provider shall establish and follow a written plan for behavior management that will include how caregivers will address challenging behaviors.

(m) The provider shall establish and follow a written emergency preparedness and response plan that:

(1) Includes emergency evacuation, emergency relocation, shelter-in-place, and lockdown procedures;

(2) Addresses the most likely to occur scenarios that may require evacuation, shelter-in-place, or lockdown, including fire, severe storms, flooding, tornadoes, loss of utilities, intruders, violence on or near the premises, and facility damage; and

(3) Includes provisions for a responsible person who is 18 years of age or older and is able to arrive at the family day home within a reasonable period of time to provide emergency backup care until the children can be picked up by their parents.

(n) The provider shall establish and follow written medication procedures that shall:

(1) Include any general restrictions for the administration of medication;

(2) For nonprescription medication, be consistent with the manufacturer's instructions for age, duration and dosage;

(3) Include duration of the parent's authorization for medication, provided that it shall expire or be renewed after 10 work days. Long-term prescription and over-the-counter medication may be allowed with written authorization from the child's physician and parent; and

(4) Include methods to prevent the use of outdated medication.

(o) The provider shall either have liability and fire insurance of at least \$100,000 per occurrence

and \$300,000 aggregate in force on the family day home operation to protect themselves and the children served or shall provide written notice to the parent if the family day home has limited or no liability insurance in force.

(1) If insured, a copy of the insurance policy shall be made available to the city manager or the city manager's designee upon request.

(2) In the event the family day home no longer has insurance coverage of at least \$100,000 per occurrence and \$300,000 aggregate, the provider shall (i) notify each parent within 10 business days after the effective date of the change; and (ii) obtain written acknowledgement of such notice. A copy of the acknowledgement required under this section shall be maintained on file at the family day home at all times while the child attends the family day home and for 12 months after the child's last date of attendance.

(3) Failure of the provider to furnish the notice required under this section shall be subject to a penalty up to \$500 for each such failure.

Sec. 15.1-23. Capacity.

(a) When at least one (1) child receives care for compensation, all children, exclusive of the provider's own children and children who reside in the home, who are in the care and supervision of a provider, count in the licensed capacity.

(b) The department will establish the family day home's maximum capacity based on the following factors:

(1) The availability of space that allows each child free movement and active play indoors and outdoors; or

(2) The provider's responsibility to care for another individual who may require special attention or care, including but not limited to an elderly resident or a child

with a serious physical, emotional, or behavioral condition.

Sec. 15.1-24. Records and reports.

(a) General recordkeeping.

(1) Each provider shall meet the following recordkeeping requirements:

(i) Records required by this regulation may be kept as hard copy or electronically and shall be maintained in the family day home and made accessible to the department's representative.

(ii) The provider shall maintain a written record of daily attendance that documents the arrival and departure of each child in care as it occurs.

(iii) Information contained in a child's record shall be privileged and confidential. The provider shall not disclose, directly or indirectly, any confidential information in a child's record to any unauthorized person without the written consent of the child's parent.

(iv) Children's records shall be made available to a child's parent upon request, unless otherwise ordered by the court.

(v) Records and reports on children, caregivers, and household members required by this chapter shall be maintained and made accessible to the department's representative for two (2) years from the date of termination of services for a child, date of separation from employment for caregivers, or date of termination of residence for a household member, unless specified otherwise.

(b) Reports to the department.

(1) The provider shall inform the department's representative as soon as possible but not to exceed 24 hours of the circumstances surrounding the following incidents:

(i) Lost or missing child when local authorities have been contacted for help;

(ii) Serious injury to a child while under the family day home's supervision;

(iii) Death of a child while under the family day home's supervision; and

(iv) The suspension or termination of all child-care services for more than 24 hours as a result of any emergency situation and any plans to resume child care.

(2) A written report shall be completed and submitted to the department within five (5) business days of the date the incident occurred.

(c) Reports of suspected child abuse or neglect.

A caregiver shall immediately call the department (757-664-6022) or call the toll-free number of the Child Abuse and Neglect hotline (1-800-552-7096/TDD) whenever there is reason to suspect that a child has been or is being subjected to any kind of child abuse or neglect by any person.

(d) Reports of suspected disease outbreaks.

The provider shall immediately make or cause to be made a report of an outbreak of disease as defined by the Virginia Board of Health. Such report shall be made by rapid means to the local health department (757-683-2800) or to the Commissioner of the Virginia Department of Health.

(e) Children's records.

(1) The provider shall maintain an up-to-date record at the family day home for each enrolled child.

(2) A child's record shall contain the following information:

(i) Child's full name, nickname (if any), sex, address, and birth date of the child;

(ii) Emergency care information including:

(aa) Name, home address, and telephone number of each parent who has custody;

(bb) Name, address, and telephone number of each custodial parent's place of employment;

(cc) Name and telephone number of the child's physician;

(dd) Name, address, and telephone number of two (2) designated people to contact in case of an emergency if the parent cannot be reached;

(ee) Information on allergies and intolerance to medication, or any other substances, and actions to take in an emergency situation;

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

(gg) Names of persons other than the custodial parents who are authorized to pick up the child;

(hh) Appropriate legal paperwork when a custodial parent does not

authorize the provider to release the child to the non-custodial parent; and

(ii) Chronic physical problems, pertinent development information, and any special accommodations needed;

(iii) First and last dates of attendance;

(iv) Parent's signed acknowledgment of the receipt of required written information for parents;

(v) Proof of the child's age and identity and the names and addresses of previously attended child day care and schools;

(vi) Written authorization for emergency medical care should an emergency occur and the parent cannot be located immediately unless the parent presents a written objection to provision of medical treatment on religious or other grounds;

(vii) Written authorization if a caregiver is to administer prescription or nonprescription medication to the child;

(viii) Written authorization if the child is to participate in swimming or wading activities;

(ix) Written authorization if the child is taken off the premises of the family day home;

(x) Special instructions to the provider including exception to an infant's sleeping position, recommendations for the care and activities of a child with special needs, and exception to an infant's being fed on demand;

(xi) Record of any accidents or injuries sustained by the child while at the family day home;

(xii) Documentation of the review of the child's emergency contact information;

(xiii) Immunization records for the child; and

(xiv) Results of the health examination for the child.

(f) Caregiver records.

(1) The provider shall maintain a record for each caregiver.

(2) Assistants' and substitute providers' records shall contain the following:

(i) Name;

(ii) Address;

(iii) Verification of age;

(iv) Job title;

(v) Date of employment or volunteering;

(vi) Name, address, and telephone number of a person to be notified in an emergency;

(vii) For assistants and substitute providers who are not the spouse, parent, sibling, or child of the provider and are hired after June 30, 2010, documentation that two (2) or more references as to character and reputation as well as competency were checked before employment. If a reference check is taken over the telephone, documentation shall include:

(aa) Dates of contact,

(bb) Names of persons contacted,

(cc) Firms contacted,

(dd) Results, and

(ee) Signature of person making call;

(viii) Documentation of satisfactory background checks pursuant to 8VAC20-770;

(ix) Documentation of tuberculosis screening; and

(x) Documentation of the education and training.

(3) Substitute providers' records shall also contain documentation of the time of arrivals and departures;

(4) Providers' records shall contain the following:

(i) Documentation of satisfactory background checks;

(ii) Documentation of tuberculosis screening; and

(iii) Documentation of the education and training.

(g) Written information for parents.

(1) The provider shall provide parents with the following written information prior to the child's first day of attendance. The provider shall obtain the parent's written acknowledgement of the receipt of the information in this section.

(i) Operating information including the hours and days of operation, holidays or other times closed, and the telephone number where a message can be left for a caregiver;

(ii) Schedule of fees and payment plans;

(iii) Check in and check out procedures;

(iv) Policies for the administration of medications;

(v) Requirement for the family day home to notify the parent when the child becomes ill and for the parent to arrange to have the child picked up as soon as possible if so requested by the family day home;

(vi) Requirement for the parent to inform the family day home within 24 hours or the next business day after the child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases, which must be reported immediately;

(vii) Requirement for the child to be adequately immunized;

(viii) Requirement for paid caregivers to report suspected child abuse or neglect according to § 63.2-1509 of the Code of the Virginia;

(ix) Custodial parent or guardian right to be admitted to the family day home any time the child is in care as required by § 22.1-289.054;

(x) General daily schedule that is appropriate for the age of the enrolling child;

(xi) Policies for the provision of food;

(xii) Presence of a pet or animal in the home;

(xiii) Discipline policies including acceptable and unacceptable discipline measures;

(ix) Amount of time per week that an adult assistant or substitute provider instead of the provider is scheduled to care for the child and the name of the adult assistant or substitute provider;

(xx) Provisions of the family day home's emergency preparedness and response plan;

(xxi) Parental notifications required in § 15.1-40;

(xxii) Whether or not there is liability insurance of at least \$100,000 per occurrence and \$300,000 aggregate in force on the family day home operation as required in § 15.1-22;

(xxiii) Policies for termination of care; and

(xxiv) Address of the website of the department, with a note that a copy of this chapter and additional information about the family day home may be obtained from the department's website.

(h) Verification of child's age and identity.

(1) The provider shall verify and document each child's age, identity, and previous child-care/school attendance within seven (7) business days of the child's first day of attendance at the family day home.

(i) The provider shall verify the identity and age of a child by viewing one of the following:

(aa) Certified birth certificate;

(bb) Birth registration card;

(cc) Notification of birth, i.e., hospital, physician, or midwife record;

(dd) Passport;

(ee) Copy of the placement agreement or other proof of the child's identity from a child placing agency;

(ff) Original or copy of a record or report card from a public school in Virginia;

(gg) Signed statement on letterhead stationery from a public-school principal or other designated official that assures the child is or was enrolled in the school; or

(hh) Child identification card issued by the Virginia Department of Motor Vehicles.

(ii) The provider shall document in the child's record:

(aa) The method of verification of the child's age and identity; and

(bb) The names and locations of the previous child-care programs and schools the child has attended.

(iii) The proof of identity, if reproduced or retained by the provider, shall be destroyed two (2) years after termination of services to the child. All reasonable steps to destroy such documents shall be made, such as by:

(aa) Shredding;

(bb) Erasing; or

(cc) Otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

Sec. 15.1-25. General qualifications for caregivers and household members.

(a) Caregiver qualifications.

Caregivers shall:

(1) Meet the requirements of a satisfactory background check, including a satisfactory sworn statement or affirmation prior to employment, a satisfactory central registry search, and a satisfactory national criminal background check prior to employment. All required background checks for caregivers must be updated every five (5) years. Caregivers shall report any new convictions or central registry findings to the department within five (5) business days of the conviction or notice of the finding.

(i) A satisfactory sworn statement or affirmation is:

(aa) A fully completed original that states that the individual does not have an offense; and

(bb) There is no other knowledge that the individual has an unsatisfactory background;

(ii) A satisfactory central registry search is one in which:

(aa) A copy of the child protective services check form is returned indicating that, as of the date on the reply, the individual whose name was searched is not identified in the central registry as an involved caregiver with a founded disposition of child abuse/neglect; and

(bb) There is no other knowledge that the individual has a founded disposition in Virginia or in any other state in which the individual has resided in the last five (5) years;

(iii) A satisfactory national criminal background check is one in which an original hard copy or internet inquiry

reply from the Department of State Police is returned to the agency, individual or authorized agent making the request with:

(aa) No convictions indicated; or convictions indicated, but no barrier crimes, offenses, or other felony convictions in the last five years; and

(bb) There is no other knowledge that the individual has an offense in Virginia or elsewhere;

(2) Be of good character and reputation;

(3) Be physically and mentally capable of carrying out assigned responsibilities;

(4) Have an understanding of the problems of childhood and sympathy for them;

(5) Be able to give the child the affection and security that the child needs. The provider's motivation in taking a child shall include a desire to contribute to the child's development and not be limited to meeting the provider's own needs;

(6) Be able to communicate in English or have ready access to translation assistance as necessary to:

(i) Carry out assigned job responsibilities, and

(ii) Communicate effectively with emergency responders;

(7) Have current certification in cardiopulmonary resuscitation (CPR) as appropriate to the age of the children in care from an organization such as the American Red Cross, American Heart Association, American Safety and Health Institute, or National Safety Council, or current first aid certification issued within the past two years by a community college, a hospital, a rescue squad, or a

fire department, unless a caregiver is a registered nurse or licensed practical nurse with a current license from the Board of Nursing. The training shall include an in-person competency demonstration.

(8) Have current certification in first aid from an organization such as the American Red Cross, American Heart Association, American Safety and Health Institute, or National Safety Council, unless a caregiver is a registered nurse or licensed practical nurse with a current license from the Board of Nursing; and

(9) Caregivers who drive a vehicle transporting children shall comply with the requirements of drivers in § 15.1-53(b).

(b) Provider and substitute provider qualifications.

(1) Providers and substitute providers shall be 18 years of age or older.

(2) Use of a substitute provider shall be limited to no more than a total of 240 hours per calendar year.

(3) A substitute provider shall record and sign the time of arrivals and departures on each day that the substitute provider works.

(c) Assistant qualifications.

(1) Assistants shall be 16 years of age or older.

(2) An assistant under the age of 18 years of age shall always work under the direct supervision of the provider or substitute provider. Direct supervision means being able to hear or see the assistant and children at all times.

(3) An assistant 18 years of age or older shall not be left alone with children in care for more than two (2) hours per day.

(4) An assistant 18 years of age or older who is left alone with children in care shall have:

- (i) Current certification in cardiopulmonary resuscitation (CPR), as appropriate to the age of the children in care, from the American Red Cross, American Heart Association, American Safety and Health Institute, or National Safety Council, or current CPR certification issued within the past two years by a community college, a hospital, a rescue squad, or a fire department; and
- (ii) Current certification in first aid from the American Red Cross, American Heart Association, American Safety and Health Institute, or National Safety Council, or current first aid certification issued within the past three years by a community college, a hospital, a rescue squad, or a fire department, unless the assistant is a registered nurse or licensed practical nurse with a current license from the Board of Nursing.

(5) An assistant 18 years of age or older who meets the requirements for a substitute provider may act as the substitute provider when the provider is absent from the home for more than two (2) hours.

(d) Household member qualifications.

(1) Individuals 14 years of age and older who reside in the family day home shall:

- (i) Meet the requirements of a satisfactory central registry search, as defined in § 15.1-25(a)(1)(ii);
- (ii) Be of good character and reputation; and
- (iii) Display behavior that demonstrates emotional stability.

(2) In addition to meeting the requirements in § 15.1-25(d)(1), individuals 18 years of age and older who reside in the family day home shall also:

(i) Meet the requirements of a satisfactory sworn statement or affirmation, as defined in § 15-25(a)(1)(i); and

(ii) Meet the requirements of a satisfactory national criminal background check, as defined in § 15-25(a)(1)(iii).

(3) Household members' background checks must be conducted every five (5) years. Providers shall report any known new conviction or central registry finding of household members to the department within five (5) business days of learning of the conviction or the finding.

(4) When a minor who resides in the family day home turns 18 years of age, the provider is responsible for making sure that the 18-year-old complies with all background check requirements for individuals 18 years of age and older within 30 days of turning 18.

(d) Criminal Conviction and Waiver.

(1) Where the Superintendent of the Virginia Department of Education has granted a waiver to a family day home for a criminal conviction pursuant to Virginia Code § 22.1-289.038, the department shall grant the same waiver for issuance of a voluntary license. For all other licenses, the department may grant a waiver after consideration of the factors outlined in Virginia Code § 22.1-289.038.

(2) Any waiver granted under this section shall be available for inspection by the public. The family day home shall notify in writing every parent/guardian of the children in its care of any waiver granted for its operators, employees, or volunteers.

(a) Providers shall complete initial training prior to licensure. In addition to the topics required in (c) below, initial training for providers shall include home inspection readiness and an overview of city code requirements.

(b) The provider shall be responsible for training any substitute provider or assistant on the topics required below in (c) prior to the substitute provider or assistant working alone with any child and within thirty (30) days of assuming job responsibilities.

(c) The initial training for all caregivers shall include the following topics:

- (1) Job responsibilities;
- (2) Requirements for parental notifications listed in § 15.1-40;
- (3) Standards in this chapter that relate to the substitute provider's or assistant's responsibilities;
- (4) Location of emergency numbers, first aid kit, and emergency supplies;
- (5) Confidential treatment of information about children in care and their families;
- (6) Recognizing child abuse and neglect and the legal requirements for reporting suspected child abuse as required by § 63.2-1509 of the Code of Virginia;
- (7) The provider's policies and procedures on the administration of medication;
- (8) Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a human-caused event such as violence at a family day home and the home's specific emergency preparedness plan, including emergency evacuation, relocation, and shelter-in-place procedures;
- (9) Prevention and control of infectious diseases;

(10) Prevention of sudden infant death syndrome and use of safe sleep practices;

(11) Prevention of shaken baby syndrome and abusive head trauma including procedures to cope with crying babies or distraught children;

(12) Child development including physical, cognitive, social, and emotional development; behavior management; and positive guidance techniques;

(13) Prevention of and response to emergencies due to food and other allergic reactions including:

(i) Recognizing the symptoms of an allergic reaction;

(ii) Responding to allergic reactions;

(iii) Preventing exposure to the specific food and other substances to which the child is allergic; and

(iv) Preventing cross-contamination.

(14) Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic;

(15) Handling and storage of hazardous materials and the appropriate disposal of diapers and other items contaminated by body fluids; and

(16) Precautions in transporting children, if applicable.

(d) To document satisfactory completion of the training requirements in this section, the department will provide a certificate of completion for the provider, and the provider shall provide a certificate of completion for the assistant and the substitute provider.

Sec. 15.1-27. Caregiver training.

(a) Caregivers shall complete a minimum of eight (8) hours of training annually.

(b) Annual training shall include any topics mandated by the department and topics relevant to the caregiver's job responsibilities and the care of children, such as:

(1) Child development including physical, intellectual, social, and emotional development;

(2) Behavior management and positive guidance techniques;

(3) Health and safety in the family day home environment, including recognition, prevention and control of infectious or communicable diseases;

(4) Prevention of sudden infant death syndrome and use of safe sleep practices;

(5) Prevention of and response to emergencies due to food and other allergic reactions including:

(i) Recognizing the symptoms of an allergic reaction;

(ii) Responding to allergic reactions;

(iii) Preventing exposure to the specific food and other substances to which the child is allergic; and

(iv) Preventing cross-contamination;

(6) The home's policies and procedures on the administration of medication;

(7) Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic;

(8) Prevention of shaken baby syndrome and abusive head trauma including procedures to cope with crying babies or distraught children;

(9) Signs and symptoms of child abuse and neglect and requirements for mandated reporters, including but not limited to, child abuse/sexual offense certification;

(10) Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a human-caused event such as violence at a family day home and the home's specific emergency preparedness plan. Training on the home's emergency preparedness plan shall be completed annually and each time the plan is updated;

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

(12) Precautions in transporting children, if applicable;

(13) The recommended care requirements related to the care and development of children with special needs, if applicable;

(14) Art and music activities for children; and

(15) Child nutrition.

(c) CPR and first aid training may count towards the annual training hours required in subsection (a) of this section.

(d) Medication administration training.

(1) To safely perform medication administration practices listed in § 15.1-48 whenever the family day home has agreed to administer prescription medications or non-prescription medications, the administration shall be performed by a caregiver who:

- (i) Has satisfactorily completed a training program for this purpose developed or approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or pharmacist; or
- (ii) Is licensed by the Commonwealth of Virginia to administer medications.

(2) Caregivers required to have the training shall be retrained at three (3) year intervals.

(e) Documentation of education and training.

- (1) The provider shall maintain written documentation of each caregiver's applicable education and programmatic experience, first aid and CPR certification, initial training, annual training, and applicable medication administration training.
- (2) Written documentation of training shall include:
 - (i) Name of the caregiver;
 - (ii) Training topic;
 - (iii) Date and total hours of the session; and
 - (iv) Name of the organization that sponsored the training and the trainer.

Sec. 15.1-28. Caregiver and household member health requirements.

Caregivers and household members shall be subject to the following physical and mental health requirements:

(a) Initial tuberculosis screening for caregivers and household members.

- (1) The provider shall obtain from each caregiver at the time of hire and each adult household member prior to coming into contact

with children a current Report of Tuberculosis Screening form published by the Virginia Department of Health or form consistent with it documenting either the absence of tuberculosis in a communicable form or no risk factors requiring a test for tuberculosis infection.

(2) The form shall have been completed within the last 30 days and be signed by a physician, physicians' designee, or an official of the local health department, unless the caregiver is able to provide a copy of a form completed within the last two (2) years for previous licensed child-care employment.

(b) Subsequent tuberculosis screening for caregivers and household members.

(1) Each caregiver and adult household member shall submit a current Report of Tuberculosis Screening form every two (2) years from the date of the first screening or more frequently as recommended by a physician or the local health department.

(2) Within 30 days of a caregiver's or adult household member's coming into contact with a known case of infectious tuberculosis, a new Report of Tuberculosis Screening form shall be submitted. Until a new screening form is issued that documents either the absence of tuberculosis in a communicable form or no risk factors requiring a test for tuberculosis infection, the caregiver or adult household member shall not have contact with children.

(3) A new Report of Tuberculosis Screening form shall be submitted for any caregiver or adult household member who develops chronic respiratory symptoms of three (3) weeks duration. Until a new screening form is issued that documents either the absence of tuberculosis in a communicable form or no risk factors requiring a test for tuberculosis infection, the caregiver or adult household member shall not have contact with children.

(c) Medical certification for caregivers and household members.

- (1) The department or the provider may require a report of examination by a licensed physician or mental health professional when there are indications that a caregiver's or household member's physical or mental health may endanger the health, safety, or well-being of children in care.
- (2) A caregiver or household member who is determined by a licensed physician or mental health professional to show an indication of a physical or mental condition that may endanger the health, safety, or well-being of children in care or that would prevent the performance of duties shall be removed immediately from contact with children and food served to children until the condition is cleared as evidenced by a signed statement from the physician or mental health professional.

**Sec 15.1-29. Children's health
 requirements.**

(a) Immunizations for children.

(1) Before a child may attend the family day home, the provider shall obtain documentation that the child has been immunized according to the requirements of § 32.1-46(A) of the Code of Virginia and applicable State Board of Health Regulations.

(i) The provider may allow a child to attend contingent upon a conditional enrollment. Documentation related to the child's conditional enrollment shall be maintained in the child's record.

(ii) Conditional enrollment means the enrollment of a child for a period of 90 days contingent upon the child having received at least one dose of each of the required vaccines and the child

possessing a plan, from a physician or local health department, for completing the child's immunization requirements within the ensuing 90 calendar days. If the child requires more than two (2) doses of hepatitis B vaccine, the conditional enrollment period, for hepatitis B vaccine only, shall be 180 calendar days.

(iii) If a child is homeless and does not have documentation of the required immunizations, the provider may allow the child to attend during a grace period of no more than 90 days to allow the parent or guardian time to obtain documentation of required immunizations. Enrollment of a homeless child without the required immunizations must be documented in the child's record.

(2) Pursuant to subsection D of § 32.1-46 of the Code of Virginia, the provisions of this section shall not apply if:

(i) The parent or guardian of the child objects on the grounds that the administration of immunizing agents conflicts with his religious tenets or practices, unless an emergency or epidemic of disease has been declared by the State Board of Health;

(ii) The parent or guardian presents a statement from a physician licensed to practice medicine in Virginia, a licensed advanced practice registered nurse, or a local health department states that the physical condition of the child is such that the administration of one or more of the required immunizing agents would be detrimental to the health of the child; or

(iii) A parent or guardian, at the parent's or guardian's sole discretion, may elect for the parent's or guardian's child not to receive the human papillomavirus vaccine.

(3) The provider shall obtain documentation of additional immunizations for a child who is not exempt from the immunization requirements according to subsection (a)(2) of this section:

(i) At least once annually for children under the age of two (2) years; and

(ii) Once between each child's fourth and sixth birthdays.

(b) Physical examinations for children.

(1) The provider shall obtain documentation of a physical examination by or under the direction of a physician prior to (i) a child's attendance or (ii) within 30 days after the first day of attendance. If a child is homeless and does not have documentation of a physical examination, the provider may allow the child to attend during a grace period of no more than 90 days to allow the parent or guardian time to obtain documentation of the required physical examination. Enrollment of a homeless child without documentation of a physical examination must be documented in the child's record.

(2) The physical examination prior to attendance shall have been conducted within:

(i) Two (2) months prior to attendance for children six months of age or younger;

(ii) Three (3) months prior to attendance for children age seven months through 18 months;

(iii) Six (6) months prior to attendance for children age 19 months through 24 months;

(iv) Twelve (12) months prior to attendance for children two (2) years of age through five (5) years of age; or

(v) Twenty-four (24) months prior to attendance for children six (6) years of age and above.

(3) When a child transfers from a family day home or facility licensed by the Norfolk Department of Human Services, the Virginia Department of Education, or a licensed family day system, a family day home voluntarily registered by the Virginia Department of Education, or a family child care provider certified by a branch of the Armed Forces of the United States as described in Virginia Code § 22.1-289.030(B)(10), a new physical examination is not required if a copy of the physical examination from the originating program is maintained in the child's record.

(4) For a school age child, a copy of the physical examination required for the child's entry into a Virginia public kindergarten or elementary school is acceptable documentation to meet the requirements of this section.

(c) Form and content of immunization and physical examination reports.

(1) The current form approved by the Virginia Department of Health or a physician's form shall be used to record immunizations received and the results of the required physical examination.

(2) Each report shall include the date of the physical examination and dates immunizations were received and shall be signed, electronically signed, and/or stamped by a licensed physician, the physician's designee, or an official of a local health department.

Sec. 15.1-30. Physical environment.

(a) Home maintenance.

Areas and furnishings of the family day home, inside and outside, shall be maintained in a clean, safe, and operable condition. Unsafe conditions shall include, but not be limited to, the presence of poisonous plants; tripping

hazards; unstable heavy equipment, furniture, or other items that a child could pull down on himself; splintered, cracked, or otherwise deteriorating wood; chipped or peeling paint; visible cracks, bending or warping, rusting, or breakage of any equipment; head entrapment hazards; and protruding nails, bolts, or other components that could entangle or could snag skin.

(b) Telephones.

(1) A telephone shall be available, operable, and accessible during the family day home's hours of operation.

(2) The provider shall ensure that parents and the department have been given the telephone number in writing.

(3) The provider shall inform the department within 48 hours and parents within 24 hours of a change of the telephone number.

(c) Bathrooms.

(1) The family day home shall have an indoor bathroom.

(2) The bathroom shall be easily accessible to children two (2) years of age and older.

(3) The bathroom shall be kept clean and contain a working toilet and sink, toilet tissue, liquid soap, and paper towels.

(d) Water supply

(1) The family day home shall have indoor running water.

(2) The family day home shall comply with §§ 39.1-5, 46.1-6 and 46.1-7.

(3) Family day homes that have open and obvious symptoms of water or sewage system problems shall have the problems corrected within a time frame established by the local public utility department.

(4) There shall be hot and cold water available to children and caregivers for hand washing.

(5) Hot water at taps available to children shall be maintained within a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit.

(e) Garbage.

(1) Garbage shall be removed on a daily basis from rooms occupied by children and removed from the premises at least once weekly or more often as needed.

(2) There shall be a sufficient number of garbage and diaper containers. Diaper containers must be covered.

(3) Children shall not be allowed access to garbage storage areas.

(4) Garbage storage areas shall be free of litter, odor, and uncontained trash.

(f) Rodents and insects.

(1) The home shall be kept free from rodents and insect infestation.

(2) No home shall maintain any receptacle or pool, whether natural or artificial, containing water in such condition that insects breeding therein may become a menace to public health.

(g) Heating and cooling.

(1) The temperature in all inside areas occupied by children shall be maintained no lower than 65 degrees Fahrenheit.

(2) Fans or other cooling systems shall be used when the temperature of inside areas occupied by children exceeds 80 degrees Fahrenheit.

(3) Whenever the city manager shall determine and declare that an energy shortage exists, the minimum thermal standards set

forth in this section shall be superseded by thermal standards established by the city manager. Such standards shall be consistent with the nature and extent of the energy shortage and the health and safety of the occupants. These standards shall remain in effect until the city manager shall declare the emergency is ended.

(4) Portable electric fans shall be securely mounted out of reach of children and shall be equipped with a mesh guard.

(h) Lighting.

(1) Rooms, halls, and stairways used by children in care shall be lighted with natural or electric lighting for the children's safety and comfort.

(2) Entrance and exit ways shall be unobstructed and be lighted with natural or electric lighting.

Sec. 15.1-31. Emergency provisions.

(a) A plan for emergency situations and for illness of staff shall be maintained and made available for city inspections.

(b) Emergency information.

(1) The emergency contact information and the parent's written authorization for emergency medical care, both as required by § 15.1-24(e), shall be made available to a physician, hospital, or emergency responders in the event of a child's illness or injury.

(2) Annually, the provider shall:

(i) Review with the parent the emergency contact information required in § 15.1-24(e) to ensure the information is correct; and

(ii) Obtain the parent's signed acknowledgement of the review.

(c) Posted telephone numbers.

(1) The following telephone numbers shall be posted in a visible area of the family day home:

(i) A 911 or local dial number for police, fire, and emergency medical responders;

(ii) The responsible person for emergency backup care as required in § 15.1-22(m)(3); and

(iii) The regional poison control center.

(d) Emergency preparedness and response plan.

(1) The family day home shall have a written emergency preparedness and response plan that:

(i) Includes emergency evacuation, emergency relocation, and shelter-in-place procedures;

(ii) Addresses the most likely to occur scenarios, including fire, severe storms, flooding, tornadoes, loss of utilities, intruders, violence on or near the premises, and facility damage; and

(iii) Includes provisions for a responsible person who is 18 years of age or older and is able to arrive at the family day home within a reasonable period of time for emergency backup care until the children can be picked up by their parents.

(2) The provider shall review the emergency plan at least annually and update the plan as needed. The provider shall document in writing each review and update to the emergency plan.

(3) The provider shall ensure that each caregiver receives training regarding the emergency evacuation, emergency relocation,

shelter-in-place, and lockdown procedures prior to the caregiver working alone with any child and within thirty (30) days of assuming job responsibilities, on an annual basis, and at the time of each plan update.

(e) Evacuation, relocation, shelter-in-place, and lockdown procedures.

(1) The provider shall establish and follow evacuation, relocation, shelter-in-place, and lockdown procedures.

(2) Evacuation and relocation procedures shall include:

(i) Methods to alert caregivers and emergency responders;

(ii) Designated primary and secondary routes out of the building;

(iii) Designated assembly point away from the building;

(iv) Designated relocation site;

(v) Methods to ensure all children are evacuated from the building, and if necessary, moved to a relocation site;

(vi) Methods to account for all children at the assembly point and relocation site;

(vii) Methods to ensure essential documents, including emergency contact information, medications, and supplies are taken to the assembly point and relocation site;

(viii) Method of communication with parents and emergency responders after the evacuation;

(ix) Method of communication with parents after the relocation;

(x) Accommodations or special requirements for infants, toddlers, and

children with special needs to ensure their safety during evacuation or relocation; and

(xi) Procedures to reunite children with a parent or authorized person designated by the parent to pick up the child.

(3) Shelter-in-place and lockdown procedures.

(i) Methods to alert caregivers and emergency responders;

(ii) Designated safe location within the home;

(iii) Designated primary and secondary routes to the safe location;

(iv) Methods to ensure all children are moved to the safe location;

(v) Methods to account for all children at the safe location;

(vi) Methods to ensure essential documents, including emergency contact information, and supplies are taken to the safe location;

(vii) Method of communication with parents and emergency responders; and

(viii) Accommodations or special requirements for infants, toddlers, and children with special needs to ensure their safety during shelter-in-place and lockdown; and

(ix) Procedures to reunite children with a parent or authorized person designated by the parent to pick up the child.

(f) Emergency response drills.

(1) The emergency evacuation procedures shall be practiced monthly with all

caregivers and children in care during all shifts that children are in care.

(2) Shelter-in-place procedures shall be practiced a minimum of twice per year.

(3) Lockdown procedures shall be practiced at least annually.

(4) Documentation shall be maintained of emergency evacuation, shelter-in-place, and lockdown drills that includes:

(i) Identity of the person conducting the drill;

(ii) The date and time of the drill;

(iii) The method used for notification of the drill;

(iv) The number of caregivers participating;

(v) The number of children participating;

(vi) Any special conditions simulated;

(vii) The time it took to complete the drill;

(viii) Problems encountered, if any; and

(ix) For emergency evacuation drills only, weather conditions.

(5) Records of emergency evacuation, shelter-in-place, and lockdown drills shall be maintained for one year.

(g) Injury records.

(1) The provider shall record in the child's record an injury or accident sustained by a child while at the family day home that requires first aid or emergency medical or dental treatment.

(2) The information recorded shall include the following:

- (i) Date and time of injury,
- (ii) Name of injured child,
- (iii) Type and circumstances of the injury,
- (iv) Caregiver(s) present and action taken,
- (v) Date and time when parents were notified,
- (vi) Any future action to prevent recurrence of the injury,
- (vii) Caregiver and parent signatures or two caregiver signatures, and
- (viii) Documentation on how the parent was notified.

Sec. 15.1-32. First aid and emergency medical supplies.

(a) The following emergency supplies shall be in the family day home, accessible to outdoor play areas, on field trips, in vehicles used for transportation and wherever children are in care:

- (1) A first aid kit that contains at a minimum:
 - (i) Scissors;
 - (ii) Tweezers;
 - (iii) Gauze pads;
 - (iv) Adhesive tape;
 - (v) Adhesive bandages, assorted sizes;
 - (vi) Antiseptic cleaning solution or pads;
 - (vii) Digital thermometer;

(viii) Triangular bandage;

(ix) Single use gloves such as surgical or examination gloves;

(x) First aid instructional manual.

(2) An ice pack or cooling agent.

(b) The first aid kit shall be readily accessible to caregivers and inaccessible to children.

(c) A working battery-operated flashlight, a working portable battery-operated weather band radio, and extra batteries shall be kept in a designated area and be available to caregivers at all times.

Sec. 15.1-33. Safety.

(a) No equipment, materials, or furnishings shall be used if recalled or identified by the U.S. Consumer Product Safety Commission as being hazardous.

(b) Potentially poisonous substances, materials and supplies such as, but not limited to, cleaning agents, disinfectants, deodorizers, plant care chemicals, pesticides, and petroleum distillates shall be stored away from food in areas inaccessible to children.

(c) Sharp kitchen utensils and other sharp objects shall be inaccessible to children unless being used by the caregiver or with children under close supervision.

(d) When any surface has been contaminated with body fluids, it shall be cleaned and sanitized.

(e) Machinery in operation such as lawnmowers and power tools shall be inaccessible to the children in care.

(f) Hanging, suffocation and strangulation hazards.

(1) Hanging items including, but not limited to, window blind or curtain cords, appliance

cords, and ropes shall be out of reach of children under five (5) years of age.

(2) Children shall be protected from materials that could be swallowed or present a choking hazard. Toys or objects less than 1-1/4 inches in diameter and less than two inches in length shall be kept out of reach of children under the age of three (3) years.

(3) Items tied across the top or corner of a crib or playpen or toys hung from the sides with strings or cords shall be removed when the child begins to push up on hands and knees or is five (5) months of age, whichever occurs first.

(4) Hood or neck drawstrings shall be removed from a child's clothing prior to a child's using climbing play equipment.

(5) Latex gloves, balloons, and empty plastic bags large enough for a child's head to fit inside shall be inaccessible to children under five (5) years of age.

(g) Fire safety and shock prevention.

(1) Small electrical appliances such as, but not limited to, curling irons, toasters, blenders, can openers, and irons, shall be unplugged unless being used by the caregiver or with children under close supervision.

(2) Child-resistant protective covers larger than 1-1/4 inches in diameter shall be installed on all unused electrical outlets and surge protectors accessible to children under five (5) years of age.

(3) No electrical device accessible to children shall be placed so that it could be plugged into an electrical outlet while in contact with a water source, such as a sink, tub, shower area, toilet, or swimming or wading pool.

(4) Electrical cords and electrical appliances and equipment with cords that are

frayed and have exposed wires shall not be used.

(5) Radiators, oil and wood burning stoves, floor furnaces, fireplaces, portable electric heaters, and similar heating devices located in areas accessible to children shall have barriers or screens and be located at least three (3) feet from combustible materials.

(6) Unvented fuel burning heaters shall not be used when children are in care. Unvented fuel burning heaters include, but are not limited to, portable oil-burning (kerosene) heaters; portable, unvented liquid or gas fueled heaters; and unvented fireplaces.

(7) All flammable and combustible materials such as, but not limited to, matches, lighters, lighter fluid, kerosene, turpentine, oil and grease products, aerosol cans, and alcohol shall be stored in an area inaccessible to children.

(8) There must be an operable smoke detector on each level of the home and a fire extinguisher in the home, as required by the Uniform Statewide Building Code and Statewide Fire Prevention Code.

(9) If there are open and obvious fire hazards, including the absence of fire extinguishers or smoke detectors as required by the Uniform Statewide Building Code and the Statewide Fire Prevention Code, the local fire prevention or building officials, or the city's Fire Marshal's office may be contacted by the department's representative. The provider shall comply with the requirements or recommendations made by the fire prevention or building officials to eliminate fire hazards.

(h) Firearms and ammunition.

(1) Firearms of every type and purpose shall be stored unloaded in a locked container, compartment, or cabinet, and apart from ammunition during the family day home's hours of operation.

(2) Ammunition shall be stored in a separate locked container, compartment, or cabinet during the family day home's hours of operation.

(3) If a key is used to lock the container, compartment, or cabinet, the key shall be inaccessible to children.

(i) Stairs.

(1) Children under two (2) years of age and children over two (2) years of age who are not developmentally ready to climb or descend stairs without supervision shall not have access to stairs.

(2) Accordion expansion gates and pressure mounted gates shall not be used as protective barriers at stair openings.

(3) If children have access to stairs, the stairs shall have adequate protective barriers or guardrails. Any protective barrier and guardrail shall be constructed to prevent a child from climbing over, sliding under, crawling or falling through, or becoming entrapped.

(j) Decks and porches.

If children have access to decks, porches, lofts, or balconies, adequate protective barriers or guardrails shall be constructed to prevent a child from falling off, climbing over, sliding under, crawling or falling through, or becoming entrapped.

(k) Doors and windows

(1) Doors with clear glass panels that reach within 18 inches of the floor shall be clearly marked with decorative objects such as pictures, art work, or decals at the eye level of children in care.

(2) Closet door with latches shall be such that children can open the door from inside the closet.

(3) Bathroom doors with locks shall be designed to permit opening of the locked door from the outside with a readily accessible opening device.

(4) Windows and doors used for ventilation shall be securely screened.

Sec. 15.1-34. Space, play equipment and materials.

(a) The family day home shall provide each child with space to allow free movement and active play indoors and out.

(b) Each child who is two (2) years of age and older shall have access to an individual location in which to keep clothing, toys, and belongings.

(c) Each child who is under the age of two (2) shall have an individual location in which to keep clothing, toys, and belongings that is accessible to the caregiver and parent.

(d) The family day home shall provide a sufficient quantity and variety of play materials and equipment that shall be readily accessible to children.

(e) Equipment and materials used by a child shall be appropriate to the age, size, ability, and interest of the child.

(f) Materials and equipment available shall include, but not be limited to, arts and crafts materials, texture materials, construction materials, music and sound materials, books, social living equipment, and manipulative equipment.

(g) Equipment used by children shall be assembled, maintained, and used in accordance with the manufacturer's instructions.

(h) Equipment and materials used by children shall be clean, nontoxic, and free from hazards such as lead paint, sharp edges or points, loose parts, and rust.

(i) Toys mouthed by children shall be cleaned and sanitized daily.

(j) The climbing portions of indoor slides and climbing equipment over 18 inches high shall not be over bare floor.

Sec. 15.1-35. Provider-owned outdoor play area and equipment.

(a) A non-climbable barrier at least four feet high such as, but not limited to, a fence or impenetrable hedge shall surround outdoor play areas located within 30 feet of hazards such as, but not limited to, street with speed limits in excess of 25 miles per hour or with heavy traffic, light rail or railroad tracks, or a body of water.

(b) Provider-owned outdoor play equipment shall be maintained in a clean, safe, and operable condition.

(c) The highest climbing rung or platform on provider-owned outdoor climbing equipment or top of a slide shall not exceed six (6) feet for school age children and four (4) feet for preschool children.

(d) Stationary provider-owned outdoor playground equipment shall:

(1) Not be installed over concrete, asphalt, or any other hard surface;

(2) Be placed at least six (6) feet from the perimeter of other play structures or obstacles; and

(3) Be firmly anchored with ground supports that are covered with materials to protect children from injury.

(e) Outdoor play equipment shall meet the following requirements:

(1) "S" hooks shall be tightly closed;

(2) Swings shall have flexible seats of rubber, canvas, or nylon;

(3) Nonflexible-molded seats shall be used only when a caregiver stays within arm's length of any hard-molded swing in use and is positioned to see and protect other children who might walk into the path of the swing;

(4) Openings above the ground that are closed on all sides shall be smaller than 3-1/2 inches or larger than nine inches to prevent head entrapment hazards;

(5) Ropes, loops, or any hanging apparatus that might entrap, close, or tighten upon a child shall not be used;

(6) Equipment with moving parts that might pinch or crush children's hands or fingers shall not be used unless they have guards or covers; and

(7) Equipment with platforms or ramps over 30 inches high shall have been designed with guardrails or barriers to prevent falls.

(f) Provider-owned sandboxes shall be covered when not in use.

(g) Trampolines shall not be used during the hours children are in care.

Sec. 15.1-36. Health procedures.

(a) Each provider shall have a State Health Department "Communicable Disease Chart," which can be obtained online, and a State Health and Education Department flip chart "Suggestions for Temporary Care of Emergencies in Schools," which can be obtained from the Department.

(b) Preventing the spread of disease.

(1) Exclusion of sick children.

(i) Unless otherwise approved by a child's health professional, a child shall be excluded from the family day home if the child has:

(aa) Both fever and behavior change. A fever means oral

temperature over 101 degrees Fahrenheit or armpit temperature over 100 degrees Fahrenheit;

(bb) Diarrhea (more watery, less formed, more frequent stools not associated with a diet change or medication). Children in diapers who develop diarrhea shall be excluded, and children who have learned to use the toilet, but cannot make it to the toilet in time, shall also be excluded;

(cc) Recurrent vomiting (vomiting two (2) or more times in 24 hours); or

(dd) Symptoms of a communicable disease listed in the Virginia Department of Health's current communicable disease chart, which can be obtained online.

(ii) If a child needs to be excluded according to subsection (a) of this section, the following shall apply:

(aa) The parents or designated emergency contact shall be contacted immediately so that arrangements can be made to remove the child from the family day home as soon as possible; and

(bb) The child shall remain in a quiet, designated area and the caregiver shall respond immediately to the child until the child leaves the family day home.

(c) Hand washing.

(1) Caregivers shall wash their hands with soap and warm running water:

(i) When their hands are dirty;

(ii) After toileting;

- (iii) Before preparing and serving food;
- (iv) Before feeding or helping children with feeding;
- (v) After contact with any body fluids;
- (vi) After handling or caring for animals;
- (vii) After handling raw eggs or meat; and
- (viii) After diapering a child or assisting a child with toileting.

(2) Caregivers shall ensure that children's hands are washed with liquid soap and warm running water:

- (i) When their hands are dirty;
- (ii) Before eating;
- (iii) After toileting or diapering;
- (iv) After handling or caring for animals; and
- (v) After contact with any body fluids.

(d) Diapering and toileting.

- (1) A child shall not be left unattended on a changing table during diapering.
- (2) When a child's clothing or diaper becomes wet or soiled, the child shall be cleaned and changed immediately.
- (3) During each diaper change or after toileting accidents, the child's genital area shall be thoroughly cleaned with a moist disposable wipe or a moist, clean individually assigned cloth, if the child is allergic to disposable wipes.

(4) The diapering surface shall be:

- (i) Separate from the kitchen, food preparation areas, or surfaces used for children's activities;
- (ii) Nonabsorbent and washable; and
- (iii) Cleaned and sanitized after each use.

(5) Soiled disposable diapers and wipes shall be disposed of in a covered, leak-proof or plastic-lined storage system that is either foot operated or used in such a way that neither the caregiver's hand nor the soiled diaper or wipe touches the exterior surface of the storage system during disposal.

(6) When cloth diapers are used, a separate leak-proof storage system as specified in subsection 5 of this section shall be used for each individual child.

(7) Children five (5) years of age and older shall be permitted privacy when toileting.

(8) Caregivers shall respond promptly to a child's request for toileting assistance.

(9) The provider shall consult with the parent before toilet training is initiated.

(10) Toilet training shall be relaxed and pressure free.

(11) There shall be a toilet chair or an adult-sized toilet with a platform or steps and adapter seat available to a child being toilet trained.

(12) Toilet chairs, when used, shall be emptied promptly, cleaned and sanitized after each use.

Sec. 15.1-37. **Supervision of children.**

(a) A caregiver shall be physically present on site and provide direct care and supervision of each child at all times. Direct care and supervision of each child includes:

(1) Awareness of and responsibility for each child in care, including being near enough to intervene if needed; and

(2) Monitoring of each sleeping infant in one of the following ways:

(i) By placing each infant for sleep in a location where the infant is within sight and hearing of a caregiver;

(ii) By in-person observation of each sleeping infant at least once every 15 minutes; or

(iii) By using a baby monitor.

(b) Caregivers shall actively supervise each child during outdoor play to minimize the risk of injury to a child.

(c) A caregiver may allow only school age children to play outdoors while the caregiver is indoors if the caregiver can hear the children playing outdoors.

(d) Infants shall be protected from older children.

(e) No child under five (5) years of age or who lacks the motor skills and strength to avoid accidental drowning, scalding, or falling while bathing shall be left unattended while in the bathtub.

Sec. 15.1-38. staff-to-child ratios.

(a) Determining need for additional caregiver.

(1) The provider shall ensure that a caregiver does not exceed 16 points by using the following point system to determine if an additional caregiver is needed:

(i) Children from birth up to 15 months of age count as four (4) points each;

(ii) Children from 16 months through 23 months of age count as three (3) points each;

(iii) Children from two (2) years through four (4) years of age shall count as one (2) points each;

(iv) Children from five (5) years of age through nine (9) years of age count as one point each; and

(v) Children who are ten (10) years of age and older shall count as zero (0) points each.

(2) A caregiver's own children and resident children under eight (8) years of age shall count in point maximums.

Sec. 15.1-39. General requirements for programs.

(a) In order to promote the child's physical, intellectual, emotional, and social well-being and growth, caregivers shall:

(1) Talk to the child;

(2) Provide needed help, comfort, and support;

(3) Respect personal privacy;

(4) Respect differences in cultural, ethnic, and family background;

(5) Encourage decision-making abilities;

(6) Promote ways of getting along;

(7) Encourage independence and self-direction; and

(8) Use consistency in applying expectations.

(b) Caregivers shall provide age-appropriate activities for children in care throughout the day that:

(1) Are based on the physical, social, emotional, and intellectual needs of the children;

(2) Reflect the diversity of enrolled children's families, culture, and ethnic backgrounds; and

(3) Enhance the total development of children.

(c) Daily age-appropriate activities shall include:

(1) Opportunities for alternating periods of indoor active and quiet play depending on the ages of the children;

(2) Opportunities for vigorous outdoor play daily, depending upon the weather, the ages, and the health of the children;

(3) Opportunities for one or more regularly scheduled rest or nap periods. Children unable to sleep shall be provided time and space for quiet play;

(4) Opportunities for children to learn about themselves, others, and the world around them;

(5) Opportunities for children to exercise initiative and develop independence in accordance with their ages; and

(6) Opportunities for structured and unstructured play time and provider-directed and child-initiated learning activities.

(d) Daily activities for infants and toddlers.

(1) Infants and toddlers shall be provided with opportunities to:

(i) Interact with caregivers and other children in the home in order to stimulate language development;

(ii) Play with a wide variety of safe, age-appropriate toys;

(iii) Receive individual attention from caregivers including, but not limited to, holding, cuddling, talking, and reading; and

(iv) Reach, grasp, pull up, creep, crawl, and walk to develop motor skills.

(2) Infants and toddlers shall spend no more than 30 minutes of consecutive time during waking hours, with the exception of mealtimes, confined in a crib, play pen, high chair or other confining piece of equipment. The intervening time period between confinements shall be at least one hour.

(e) Television, computers, videos, and video games.

(1) Use of media such as, but not limited to, television, videos, video games, and computers shall be:

(i) Limited to not more than a total of two (2) hours per day; and

(ii) Limited to programs, tapes, websites, and software that are age appropriate and educational.

(2) Other activities shall be available to children during television or video viewing.

(f) Care of a child with special needs.

(1) Caregivers shall provide a child with special needs with the care and activities recommended in writing by a physician, psychologist, or other professional who has evaluated or treated the child.

(2) The written recommendation shall:

(i) Include instructions for any special treatment, diet, or restrictions in activities that are necessary for the health of the child; and

(ii) Be maintained in the child's record.

(3) The provider shall ensure the environment is appropriate for the child based on the plan of care and shall instruct other caregivers in the proper techniques of care.

(4) A caregiver shall perform only those procedures and treatments for which the caregiver has the necessary training, experience, credentials, or license to perform.

(5) Staffing shall be appropriate and adequate to meet the specific physical and developmental needs of a child with special needs in care.

(6) The provider and the parent of the child with special needs shall mutually determine a recommendation for the level of staffing necessary to care for and supervise the child based on the child's chronological and functional age and degree of disability.

(7) Within 30 days of the child's enrollment, the provider shall provide the department's representative a written recommendation for the level of staffing necessary to care for and supervise the child.

(8) The department shall make the final decision regarding the level of staffing or any capacity limitations necessary to care for, supervise, and protect all children in care when a child with special needs is receiving care.

(9) The parent, provider, and department's representative shall review the staffing requirements annually.

(10) A separate area shall be provided for the purpose of privacy for diapering, dressing, and other personal care procedures for a child above age three (3) with special

needs who requires assistance in these activities.

Sec. 15.1-40. Parental notification.

(a) The provider shall provide written notification to the parent within 10 business days after the effective date of the change where there is less liability insurance or no longer liability insurance in force on the family day home operation.

(1) The provider shall obtain the parent's written acknowledgement of the receipt of this notification; and

(2) A copy of the parent's written acknowledgement of the receipt of this notification shall be maintained in the child's record.

(b) Caregivers shall provide written or oral information daily to parents about the child's health, development, behavior, adjustment, or needs.

(c) The provider shall give parents prior notice when a substitute provider will be caring for the children.

(d) Caregivers shall notify parents when persistent behavioral problems are identified and such notification shall include any disciplinary steps taken in response.

(e) The provider shall notify the parent immediately when the child:

(1) Has a head injury or any serious injury that requires emergency medical or dental treatment;

(2) Has an adverse reaction to medication administered;

(3) Has been administered medication incorrectly;

(4) Is lost or missing; or

(5) Has died.

(f) The provider shall notify a parent the same day whenever first aid is administered to the child.

(g) When a child has been exposed to a communicable disease listed in the Virginia Department of Health's current communicable disease chart, the provider shall notify the parent within 24 hours or the next business day of the family day home's having been informed, unless forbidden by law, except for life-threatening diseases, which must be reported to parents immediately. The provider shall consult the local health department if there is a question about the communicability of a disease.

(h) A parent shall be notified immediately of any confirmed or suspected allergic reaction and the ingestion of prohibited food even if a reaction did not occur.

(i) Parents shall be informed of any changes in the family day home's emergency preparedness and response plan.

(j) Except in emergency evacuation or relocation situations, the provider shall inform the parent and have written permission as required by § 15.1-53(a) whenever the child will be taken off the premises of the family day home, before such occasion.

(k) If an emergency evacuation or relocation is necessary, the parent shall be informed of the child's whereabouts as soon as possible.

Sec. 15.1-41. Behavioral guidance.

(a) Caregivers shall use positive methods of discipline. Discipline shall be constructive in nature and include techniques such as:

(1) Using limits that are fair, consistently applied, appropriate, and understandable for the child's level of development;

(2) Providing children with reasons for limits;

- (3) Giving positively worded direction;
- (4) Modeling and redirecting children to acceptable behavior;
- (5) Helping children to constructively express their feelings and frustration to resolve conflict; and
- (6) Arranging equipment, materials, activities, and schedules in a way that promotes desirable behavior.

(b) Caregivers shall promote the child's physical, intellectual, emotional, and social well-being and growth, and caregivers shall respect differences in cultural, ethnic and family backgrounds.

(c) When a child's behavior harms or is likely to result in harm to the child, others or property, or seriously disrupts the environment, the child may be separated briefly in order for the child to regain self-control. If a child is separated, the child must be placed in an area where he or she is in direct supervision of the provider or other caregivers.

(d) When time out is used as a discipline technique:

- (1) It shall be used sparingly and shall not exceed one (1) minute for each year of the child's age;
- (2) It shall be appropriate to the child's developmental level and circumstances;
- (3) It shall not be used with infants and toddlers;
- (4) The child shall be in a safe, lighted, well-ventilated place, and within sight and sound of a caregiver; and
- (5) The child shall not be left alone inside or outside of the home while separated from the group.

(e) Any abuse and maltreatment of a child is prohibited. The provider must prohibit any act of abuse or maltreatment by any caregiver.

(f) The following actions or threats to children are forbidden:

(1) Physical punishment, including but not limited to striking a child, roughly handling or shaking a child, biting, pinching, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, or exercise as punishment;

(2) Enclosure in a small, confined space or any space in which the child cannot freely exit himself, however, this does not apply to the use of equipment such as cribs, play yards, high chairs, and safety gates when used for their intended purpose with children preschool age or younger;

(3) Punishment by another child;

(4) Separating a child from the group in which the child is not in direct supervision of staff;

(5) Withholding or forcing of food, water, or rest;

(6) Verbal remarks that are demeaning to the child;

(7) Methods of discipline or interaction which frighten, humiliate or are demeaning to the child;

(8) Punishment for toileting accidents; and

(9) Punishment by applying unpleasant or harmful substances.

Sec. 15.1-42.

Nutrition and food services.

(a) General requirements for meals and snacks.

(1) Meals and snacks shall be served in accordance with the times children are in care, which include:

(i) For family day homes operating less than four consecutive hours at least one snack shall be served.

(ii) For family day homes operating four to seven consecutive hours at least one meal and one snack shall be served.

(iii) For family day homes operating seven to 12 consecutive hours at least one meal and two snacks or two meals and one snack shall be served.

(iv) For family day homes operating 12 to 16 consecutive hours at least two meals and two snacks or three meals and one snack shall be served.

(2) A family day home shall ensure that children arriving from a half-day, morning program who have not yet eaten lunch receive a lunch.

(3) Children shall be served small-sized portions.

(4) Food shall be prepared, stored, served, and transported in a clean and sanitary manner.

(5) Tables and highchair trays shall be cleaned after each use, but at least daily.

(6) Food shall be prepared, stored, served, and transported in a clean and sanitary manner.

(7) When food is prepared that a child in care is allergic to, the caregiver shall take steps to avoid cross-contamination in order to prevent an allergic reaction.

(8) Caregivers who prepare and serve food to children, or supervise meals, shall be aware of the food allergies, sensitivities, and dietary restrictions for each child.

(9) Caregivers shall not serve prohibited food to a child.

(b) Meals and snacks provided by the family day home.

When family day homes provide meals or snacks, the following shall apply:

(1) The provider shall follow the most recent, age-appropriate nutritional requirements of a recognized authority such as the Child and Adult Care Food Program of the United States Department of Agriculture (USDA).

(2) Children shall be allowed second helpings of food listed in the child-care food program meal patterns.

(c) Meals and snacks brought from child's home.

When food is brought from home, the following shall apply:

(1) The food container shall be clearly labeled in a way that identifies the owner;

(2) The provider shall have extra food or shall have provisions to obtain food to serve to a child so the child can have an appropriate snack or meal if the child forgets to bring food from home or brings an inadequate meal or snack; and

(3) Unused portions of food shall be discarded by the end of the day or returned to the parent.

(d) Prevention of choking.

(1) To assist in preventing choking, food that is hard, round, small, thick and sticky, or smooth and slippery such as whole hot dogs sliced into rounds, nuts, seeds, raisins, uncut grapes, uncut raw carrots, peanuts, chunks of peanut butter, hard candy, and popcorn shall not be served to children under four (4) years of age, unless the food is

prepared before being served in a manner that will reduce the risk of choking, i.e., hot dogs cut lengthwise, grapes cut into small pieces, and carrots cooked or cut lengthwise.

(2) Children shall be served small-sized portions to prevent choking.

(e) Drinking water and fluids.

(1) Water shall be available for drinking and shall be offered on a regular basis to all children in care.

(2) In environments of 80 degrees Fahrenheit or above, attention shall be given to the fluid needs of children at regular intervals. Children in such environments shall be encouraged to drink fluids.

(3) Clean individual drinking cups shall be provided daily. Children shall not be allowed to share common drinking cups.

(f) Menus.

When meals or snacks are provided by the family day home, the menu for the current one-week period shall:

(1) Be dated;

(2) Be given to parents or posted or placed in an area accessible to parents;

(3) List any substituted food; and

(4) Be kept on file one week at the family day home.

(g) Eating utensils and dishes.

(1) Eating utensils shall be appropriate in size for children to handle.

(2) Chipped or cracked dishes shall not be used.

(3) Eating utensils and dishes shall be properly cleaned by prerinsing, washing, and air drying, or using a dishwasher.

(4) If disposable eating utensils and dishes are used, they shall be sturdy enough to prevent spillage or other health and safety hazards.

(5) Disposable utensils and dishes shall be used once and discarded.

(h) Food storage.

(1) Temperatures shall be maintained at or below 40 degrees Fahrenheit in refrigerator compartments and at or below 0 degrees Fahrenheit in the freezer compartments.

(2) The provider shall have an operable thermometer available to monitor refrigerator and freezer compartment temperatures.

(3) All perishable foods and drinks used for children in care, except when being prepared and served, shall be kept in the refrigerator.

(i) Milk.

(1) All milk and milk products shall be pasteurized.

(2) Powdered milk shall be used only for cooking.

Sec. 15.1-43. Infant feeding.

(a) Infants shall be fed on demand unless the parent provides other written instructions.

(b) Infants who cannot hold their own bottles shall be picked up and held for bottle feeding. Bottles shall not be propped.

(c) Highchairs, infant carrier seats, or feeding tables with safety waist and crotch straps fastened according to the manufacturer's instructions shall be used for children under 12 months of age who are not held while being fed.

(d) Infant formula shall be prepared according to the manufacturer's or physician's instructions.

(e) Bottles shall be refrigerated and labeled with the child's full name and the date, if more than one (1) infant is in care.

(f) Refrigerated bottles of prepared formula and breast milk shall be discarded after 48 hours if not used.

(g) Bottles shall not be heated in a microwave oven.

(h) To avoid burns, heated formula and baby food shall be stirred or shaken and tested for temperature before being served to children.

(i) Solid foods shall:

(1) Not be fed to infants less than four (4) months of age without parental consent, and

(2) Be fed with a spoon, with the exception of finger foods.

(j) Opened containers stored in the refrigerator shall be discarded if not consumed within 24 hours of storage.

(k) The consistency of food provided for a child with special needs shall be appropriate to any special feeding needs of the child.

(l) Necessary and adaptive feeding equipment and feeding techniques shall be used for a child with special feeding needs.

Sec. 15.1-44. Infant and toddler equipment.

(a) Infant carrier seats, swings, strollers, feeding or activity tables, and highchairs shall be used according to the manufacturer's instructions and when occupied by a child, a safety strap shall be used and securely fastened.

(b) Infant walkers shall not be used.

(c) Play pens.

(1) A play pen, where used, shall:

- (i) Have either mesh netting with mesh holes smaller than $\frac{1}{4}$ inch or slats no more than 2-3/8 inches apart;
- (ii) Have a firm floor with a secured, waterproof pad that is not more than one-inch thick;
- (iii) Have the sides up and the fastenings secured when a child is in the play pen, except when the caregiver is giving the child immediate attention;
- (iv) Be cleaned and sanitized each day of use or more often as needed;
- (v) Not be occupied by more than one child;
- (vi) Not be used for the designated sleeping area;
- (vii) Not have torn mesh sides or vinyl-covered or fabric-covered rails, protruding rivets on the rails, or broken hinges;
- (viii) Not contain any pillows or filled comforters;
- (ix) Not contain large toys and other objects that can serve as a stepping stool for climbing out when a child can pull to a standing position;
- (x) Not be used by children who weigh 30 pounds or more; and
- (xi) Not be used by children who are 35 inches tall or taller.

Sec. 15.1-45. Cribs, cots, rest mats, and beds.

(a) A child shall be provided with an individual crib, cot, rest mat, or bed for resting or napping.

(b) Upper levels of double-deck beds shall not be used.

(c) Rest mats that are used must have at least one (1) inch of cushioning.

(d) Rest mats shall be cleaned and sanitized on all sides at least weekly and as needed.

(e) Cribs shall be provided for children from birth through 12 months of age and for children over 12 months of age who are not developmentally ready to sleep on a cot, rest mat, or bed.

(f) Cribs shall not be used as a play space for infants.

(g) Occupied cribs, cots, rest mats, and beds shall be:

(1) At least three (3) feet from any heat-producing appliance; and

(2) At least 12 inches from each other.

(h) Cribs shall:

(1) Meet the U.S. Consumer Product Safety Commission standards at the time they were manufactured;

(2) Not have been recalled;

(3) Have no more than six centimeters or 2-3/8 inches of space between slats;

(4) Have mattresses that fit snugly next to the crib so that no more than two (2) fingers can be inserted between the mattress and the crib;

(5) Not have end panel cutouts of a size to cause head entrapment; and

(6) Not have mesh sides.

(i) Double-deck cribs shall not be used.

(j) Crib bumper pads shall not be used.

(k) Crib sides shall always be up and the fastenings secured when a child is in the crib, except when the caregiver is giving the child immediate attention.

Sec. 15.1-46. Linens.

(a) Cribs, cots, rest mats, and beds when being used for sleeping or napping by children other than infants shall have linens consisting of a top cover and a bottom cover or a one-piece covering that is open on three (3) edges.

(b) Cribs when being used by infants shall have a tight-fitting bottom cover.

(c) Linens shall be assigned for individual use.

(d) Linens shall be clean and washed at least weekly or when soiled.

(e) Clean linens shall be used each time a child rests on the bed of a family member.

(f) No soft bedding of any kind shall be used under or around infants including, but not limited to, pillows, quilts, comforters, sheepskins, or stuffed toys.

(g) Children under two (2) years of age shall not use pillows or filled comforters.

(h) Pillows, when used for children over two (2) years of age, shall be assigned for individual use and covered with pillowcases.

(i) Mattresses, when used, shall be covered with a waterproof material that can be cleaned and sanitized.

Sec. 15.1-47. Sleeping and resting requirements.

(a) Infants shall be placed on their backs when sleeping or napping unless otherwise ordered by a written statement signed by the child's physician.

(b) An infant, toddler, or preschool child who falls asleep in a play space other than the

child's own crib, cot, mat, or bed shall be moved promptly to the child's designated sleeping space if the safety or comfort of the infant, toddler, or preschool child is in question.

(c) School age children shall be allowed to nap if needed, but not forced to do so.

Sec. 15.1-48. Medication.

(a) Administration of medication.

(1) Prescription and nonprescription medication shall be administered by a trained staff only in accordance with the following:

(a) The provider's written medication policies; and

(b) Written authorization from the parent(s).

(2) The parent's written authorization for medication shall expire or be renewed after 10 working days. Exception is that long-term prescription or nonprescription drug use may be allowed with written authorization from the child's physician and parent.

(3) When an authorization for medication expires, the parent shall be notified that the medication needs to be picked up within 14 days or the parent must renew the authorization. Medications that are not picked up by the parent within 14 days shall be taken to a pharmacy for proper disposal.

(4) The family day home may administer prescription medication that would normally be administered by a parent or guardian to a child provided:

(i) The medication is administered by a caregiver who meets the requirements in 15.1-27(d);

(ii) The caregiver administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container; and

(iii) The caregiver administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration.

(5) The family day home may administer nonprescription medication provided the medication is:

(i) Administered by a caregiver 18 years of age or older who meets the requirements in 15.1-27(d);

(ii) Labeled with the child's name;

(iii) In the original container with the manufacturer's direction label attached; and

(iv) Given only at the dose, duration, and method of administration specified on the manufacturer's label for the age or weight of the child needing the medication; and

(v) The medication is not beyond the expiration date of the product.

(b) Receipt of medication.

(1) All providers that choose to administer medication shall meet the following upon receipt of medication:

(i) Medication shall be labeled with the child's first and last name, the name of the medication, the dosage amount and the time(s) to be given.

(ii) Nonprescription medication shall be in the original container with the direction label attached, and be consistent with the manufacturer's instructions.

(iii) All medications that are provided to the family day home must match the

medication listed on the written authorization from the child's physician and parent.

(c) Storage of medication.

(1) Medications for children in care shall be stored separately from medications for household members and caregivers.

(2) Medication shall be refrigerated when needed.

(3) When medication is stored in a refrigerator used for food, the medications shall be stored together in a container or in a clearly defined area away from food.

(4) Medication, except for those prescriptions designated otherwise by written physician's order, including refrigerated medication and medication for caregivers and household members, shall be kept in a locked place using a safe locking method that prevents access by children.

(5) If a key is used for medication that is stored in a locked place, the key shall not be accessible to children.

(d) Medication records.

(1) The provider or caregiver shall keep a record of prescription and nonprescription medication given to children, which shall include the following:

(i) First and last name of the child to whom medication was administered;

(ii) Amount and type of medication administered to the child;

(iii) The day and time the medication was administered to the child;

(iv) First and last name of the staff member administering the medication;

(v) Any adverse reaction(s) to the medication; and

(vi) Any medication administration error(s).

(2) Parent notification of medication administration.

(i) The provider or caregiver shall inform parents in writing daily at pick-up of all medications administered that day.

(ii) The provider or caregiver shall inform parents immediately of any adverse reactions to medication administered and any medication error.

(e) The medication authorization shall be available to trained caregivers during the entire time it is effective.

Sec. 15.1-49. Topical skin products.

(a) When topical skin products such as sunscreen, diaper ointment and lotion, oral teething medicine, and insect repellent are used, the following requirements shall be met:

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

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

(3) Manufacturer's instructions for application shall be followed; and

(4) Parents shall be informed immediately of any adverse reaction.

(b) The product does not need to be kept locked, but shall be inaccessible to children.

(c) Caregivers without medication administration training may apply the product unless it is a prescription medication, in which case the storing

and administration must meet prescription medication requirements of this chapter.

(d) The product shall not be used beyond the expiration date of the product.

(e) Sunscreen shall have a minimum sunburn protection factor (SPF) of 15.

Sec. 15.1-50. Smoking and prohibited substances.

The provider shall ensure that:

(a) No person smokes:

(1) Indoors while children are in care,

(2) In a vehicle when children are transported, or

(3) Outdoors in an area occupied by children.

(b) No caregiver is under the effects of medication that impairs functioning, alcohol, or illegal drugs.

Sec. 15.1-51. Swimming and wading activities.

(a) The level of supervision by caregivers required in § 15.1-37 and the point system as outlined in § 15.1-38 shall be maintained while the children are participating in swimming or wading activities.

(b) The provider shall annually obtain:

(1) Written permission from the parent of each child who participates in swimming or wading activities, and

(2) A written statement from the parent advising of a child's swimming skills before the child is allowed in water above the child's shoulder height.

(c) Caregivers shall have a system for accounting for all children in the water.

(d) Outdoor swimming activities shall occur only during daylight hours.

(e) When one or more children are in water that is more than two (2) feet deep in a pool, lake, or other swimming area on or off the premises of the family day home:

(1) A minimum of at least two (2) caregivers shall be present and able to supervise the children; and

(2) An individual currently certified in basic water rescue, community water safety, water safety instruction, or lifeguarding shall be on duty supervising the children participating in swimming or wading activities at all times. The certification shall be obtained from an organization such as, but not limited to, the American Red Cross, the YMCA, or the Boy Scouts.

Sec. 15.1-52. Drowning hazards.

(a) Access to the water in aboveground swimming pools shall be prevented by locking and securing the ladder in place or storing the ladder in a place inaccessible to children.

(b) A non-climbable barrier at least four feet high such as, but not limited to, a fence or impenetrable hedge shall surround outdoor play areas located within 30 feet of drowning hazards such as, but not limited to, inground swimming or wading pools, ponds, or fountains not enclosed by safety fences.

(c) Portable wading pools without integral filter systems shall:

(1) Be emptied after use by each group of children, rinsed, and filled with clean water, or more frequently as necessary; and

(2) When not in use during the family day home's hours of operation, be emptied, sanitized, and stored in a position to keep them clean and dry.

(d) Portable wading pools shall not be used by children who are not potty trained.

(e) Bathtubs, buckets, and other containers of liquid accessible to children shall be emptied immediately after use.

(f) Hot tubs, spas, and whirlpools shall:

(1) Not be used by children in care, and

(2) Be covered with safety covers while children are in care.

Sec. 15.1-53. Transportation and field trips.

(a) Written permission for transportation and field trips.

(1) General written permission shall be obtained from the parent of each child for the provider to take the child off the premises of the family day home. The general written permission shall be on a form that lists regularly scheduled trips (e.g., library, store, playground) and the driver, if the child is to be transported.

(2) Special written permission shall be obtained from the parent of each child for the provider to take the child on special field trips (those not regularly scheduled). The special written permission shall specify destination, duration of trip, and driver, if the child is to be transported.

(3) Notwithstanding subsections (b) and (c) below, providers may use public vehicles as defined and regulated in Chapter 34.1 of the Norfolk City Code or Motor Carriers of Passengers such as Taxicabs and Transportation Network Companies as defined and regulated in Chapter 20 of the Virginia Code to transport a child if the provider:

(i) Obtains written permission from each parent to use such transportation; and

(ii) The provider ensures a caretaker

travels with the child in the same vehicle.

(b) Requirements for drivers.

(1) Drivers must:

(i) Be 18 years of age or older;

(ii) Have a valid driver's license;

(iii) Keep on file a current driving record that discloses any moving traffic violation that occurred five (5) years prior to or during employment or assignment as a driver; and

(iv) Report any moving traffic violation within 5 business days of the violation.

(2) The department shall inspect annually the driving record of the driver and document the date of review and any moving traffic violation.

(c) Requirements for vehicles.

The provider shall ensure that the vehicle used for transportation:

(1) Meets the safety standards set by the Virginia Department of Motor Vehicles;

(2) Is kept in satisfactory condition to assure the safety of children;

(3) Is registered and insured according to state law;

(4) Was manufactured for the purpose of transporting people seated in an enclosed area; and

(5) Has seats that are attached to the floor.

(d) Requirements for transportation.

The caretaker shall ensure that during transportation of children:

- (1) Each child is in an individual car seat or individual and appropriate restraint in accordance with Virginia law;
- (2) Each child's arms, legs, and head remain inside the vehicle;
- (3) Doors are closed properly and locked unless locks were not installed by the manufacturer of the vehicle;
- (4) No child is left unattended inside or outside a vehicle;
- (5) Each child boards and leaves the vehicle from the curbside of the street; and
- (6) The caretaker brings:
 - (i) The name, address, and telephone number of the family day home;
 - (ii) A copy of the parent's written permission to transport the child;
 - (iii) A copy of each child's emergency care information as required in § 15.1-24(e)(2)(ii), including the allergy care plan as required in § 15.1-24(e)(2)(ii)(ff);
 - (iv) Emergency supplies as required in § 15.1-32(a); and
 - (v) A mechanism for making telephone calls to emergency responders and parents such as a cellular phone.

Sec 15.1-54. Animals and pets.

- (a) A pet or animal present at the home, indoors or outdoors, shall be in good health and show no evidence of carrying any disease.
- (b) A maximum of three (3) adult dogs and three (3) adult cats shall be permitted. An adult dog or cat means any dog or cat over the age of four (4) months.

(c) Dogs or cats, where allowed, shall be vaccinated for rabies and shall be treated for fleas, ticks, or worms as needed. Dogs and cats aged four (4) months or older must be licensed.

(d) The provider shall maintain documentation of the current rabies vaccination.

(e) Caregivers shall closely supervise children when children are exposed to animals.

(f) Children shall be instructed on safe procedures to follow when in close proximity to animals, e.g., not to provoke or startle them or remove their food.

(g) Animal litter boxes, toys, food dishes, and water dishes shall be inaccessible to children.

(h) All animal excrement shall be removed promptly, disposed of properly, and, if indoors, the soiled area cleaned.

(i) Family pets shall not be allowed on any surfaces where food is prepared or served.

(j) Animals that have shown aggressive behavior shall not be kept in the home or on the grounds.

(k) Monkeys, ferrets, reptiles, psittacine birds (birds of the parrot family), or wild or dangerous animals shall not be in areas accessible to children during the hours children are in care.

Sec. 15.1-55. Nighttime care.

(a) For nighttime care during which a child sleeps more than two (2) hours, the following is required:

(1) A child shall have a rest area that meets the requirements of § 15.1-45;

(2) An infant shall have an individual crib that meets the requirements of § 15.1-45; and

(3) Linens shall be provided that meet the requirements in § 15.1-46.

(b) For children in nighttime care, quiet activities and experiences shall be available immediately before bedtime.

(c) Providers shall establish a bedtime schedule for a child in consultation with the child's parent.

(d) Separate sleeping and dressing areas shall be provided for children of the opposite sex over six (6) years of age.

(e) Each child shall have a toothbrush, and a comb or hairbrush assigned for individual use.

(f) Bath towels and washcloths, when used, shall be assigned for individual use and laundered as needed, but at least weekly.

(g) A child shall have a routine that encourages good personal hygiene practices including bathing (if needed) and teeth brushing.

(h) Caregivers shall remain awake until all children are asleep and shall sleep on the same floor level as the children in care.

(i) A baby monitor shall be used to monitor the safety of the sleeping child if the caregiver is not sleeping in the room with the child or in a room adjacent to the room where the child is sleeping.

Sec. 15.1-56. Misleading advertising.

(a) No family day home shall make, publish, disseminate, circulate, or place before the public or cause, directly or indirectly, to be made, published, disseminated, circulated or placed before the public in this Commonwealth, in a newspaper or other publication; in the form of a book, notice, handbill, poster, blueprint, map, bill, tag, label, circular, pamphlet, or letter; or via electronic mail, website, automatic mailing list services (listservs), newsgroups, facsimile, chat rooms; or in any other way an advertisement of any sort regarding services or anything so offered to the public, which advertisement contains any promise, assertion, representation or statement of fact that is untrue, deceptive, or misleading.

(b) If the department finds a violation of this provision, the department may:

- (1) Require a meeting or telephone conference between with the department and the family day home provider to discuss a corrective action plan of the misleading advertising;
- (2) Suspend the license;
- (3) Prohibit the issuance of a license for a period not to exceed one year;
- (4) Assess a fine of \$50 for initial violation; if not corrected within fourteen calendar days after receiving notice from the department of the violation, assess an additional \$10 for each day the violation continues; or
- (5) Pursue criminal prosecution and upon conviction, request punishment by imprisonment in jail, for a period not to exceed 30 days, if (a) the failure to correct the violation does not occur within 90 days of receiving notice from the department of the violation, or (b) the violation is the third or more violation of this section within a calendar year.

Section 2:- That this ordinance shall be in effect from and after its adoption.

EXHIBITS: None

Adopted by Council March 25, 2025
Effective March 25, 2025

TRUE COPY

TESTE:

RICHARD ALLAN BULL

BY:

CHIEF DEPUTY CITY CLERK