

Intent of § 660 E 1: Two caregivers are needed to ensure that adequate supervision is being given to the child or children in this deeper water and also to any children who are not in the water.

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.

Interpretation of § 660 E 2: The individual with the certification:

*a) Must be present if a child is swimming or wading in water more than two feet deep;
b) Does not have to be a caregiver, but may be one of the required caregivers; and
c) Must provide a copy of his certification to the provider if the swimming or wading activities occur on the family day home premises. The provider must maintain a copy of this certification.*

NOTE: Since these standards were written, the American Red Cross's "Community Water Safety" course has been renamed "Water Safety Today."

Part IX.

PREVENTING THE SPREAD OF DISEASE

22 VAC 40-111-670. Exclusion of sick children.

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

1. Both fever and behavior change. A fever means oral temperature over 101°F or armpit temperature over 100°F;

Interpretation of § 670 A 1: Only a digital thermometer is to be used to take a child's temperature (See § 760 A 1 g). Temperatures are not to be taken rectally or in the ear because it is unsafe.

2. 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;

3. Recurrent vomiting (vomiting two or more times in 24 hours); or

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

Interpretation of § 670 A 4: In addition to the symptoms listed above (fever, diarrhea, vomiting) symptoms of a communicable disease also include:

- a) Sudden onset of a stiff neck or headache;
- b) Severe coughing that causes the child to become red or blue in the face or to make a whooping sound;
- c) Sudden onset of abdominal pain;
- d) Rash or blisters;
- e) Pink or red eyeball with swelling of the eyelids and eye discharge;
- f) Bloody stools;
- g) Yellowish skin or eyes;
- h) Severe itching and scratching; or
- i) Swelling and tenderness of neck glands.

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

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

2. The child shall remain in a quiet, designated area and the caregiver shall respond immediately to the child until the child leaves the home.

Interpretation of § 670 B: A caregiver must continue to provide at all times direct care and supervision of the child in the quiet, designated area as required by § 560.

22 VAC 40-111-680. Hand washing.

Intent of § 680: Hand washing is the most important way to reduce the spread of infection.

A. Caregivers shall wash their hands with liquid soap and warm running water:

- 1. When their hands are dirty;**
- 2. After toileting;**
- 3. Before preparing and serving food;**
- 4. Before feeding or helping children with feeding;**
- 5. After contact with any body fluids;**

6. After handling or caring for animals;
7. After handling raw eggs or meat; and
8. After diapering a child or assisting a child with toileting.

Interpretation of § 680: If running water is not available, for example, on a field trip, disposable wipes must be used to clean hands.

B. Caregivers shall ensure that children's hands are washed with liquid soap and warm running water:

1. When their hands are dirty;
2. Before eating;
3. After toileting or diapering;
4. After handling or caring for animals; and
5. After contact with any body fluids.

Interpretation of § 680 A 5 and B 5: "Body fluids" means urine, feces, vomit, blood, saliva, nasal discharge, and tissue discharge.

Interpretation of § 680 B: If running water is not available, for example, on a field trip, disposable wipes must be used to clean hands. If an infant is unable to hold his head up or stand at the sink, or the infant is too heavy for you to hold at the sink, wash the infant's hands with disposable wipes or use the individual three towel method.

The three towel method is: 1. Dampen and soap a paper towel for washing the infant's hands, 2. Dampen another paper towel with water for rinsing the infant's hands, and 3. Dry the infant's hands with a dry paper towel.

22 VAC 40-111-690. Diapering and toileting.

- A. A child shall not be left unattended on a changing table during diapering.
- B. When a child's clothing or diaper becomes wet or soiled, the child shall be cleaned and changed immediately.

C. 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.

Interpretation of § 690 C: "Disposable wipes" means baby wipes and not cleaning wipes.

D. The diapering surface shall be:

- 1. Separate from the kitchen, food preparation areas, or surfaces used for children's activities;**
- 2. Nonabsorbent and washable; and**
- 3. Cleaned and sanitized after each use.**

Interpretation of § 690 D 3: "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. "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.

A roll of paper, changed after each use, may be used on the changing table to keep the pad from becoming overly soiled. The diapering surface pad still needs to be cleaned and sanitized after each use, whether paper is used or not.

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

Interpretation of § 690 E: To prevent contamination of surfaces, it is recommended, although not required by this standard, that the storage system be located within the caregiver's reach while she is at the diapering surface.

F. When cloth diapers are used, a separate leak-proof storage system as specified in subsection E of this section shall be used.

G. Children five years of age and older shall be permitted privacy when toileting.

H. Caregivers shall respond promptly to a child's request for toileting assistance.

I. The provider shall consult with the parent before toilet training is initiated.

Interpretation of § 690 I: The provider must ensure the parent and provider agree on when toilet training is to begin, the methods of toilet training, the introduction and use of appropriate training equipment, and the introduction and use of appropriate clothing.

J. Toilet training shall be relaxed and pressure free.

K. 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.

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

Interpretation of § 690 L: See definitions of "Cleaned" and "Sanitized" in § 690 D 3 above.

**Part X.
MEDICATION ADMINISTRATION**

22 VAC 40-111-700. General requirements for medication administration.

A. Prescription and nonprescription medications shall be given to a child:

1. According to the home's written medication policies, and

Interpretation of § 700 A 1: A family day home is not required to administer medications to children in care so the provider may choose to:

- a) administer no medications;*
- b) administer only non-prescription medications;*
- c) administer only prescription medications;*
- d) administer both prescription and non-prescription medications; or*
- e) administer only non-prescription topical skin products such as sunscreen, diaper ointment and lotion, oral teething medicine, and insect repellent.*

§ 70 A 4 requires the provider to advise parents (before the child's first day of attendance) of the home's policies on administering medications.

2. Only with written authorization from the parent.

Interpretation of § 700 A 2: The model form, "Medication Consent Form" may be used to satisfy the requirement of this standard. The form is available on the department's website at:
http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

B. The parent's written authorization for medication shall expire or be renewed after 10 working days.

EXCEPTION: Long-term prescription and nonprescription drug use may be allowed with written authorization from the child's physician and parent.

Interpretation of § 700 B: This exception does not place an end date or expiration date on the written authorization from the physician and parent to allow long-term prescription and non-prescription drug use. It is 'best practice' to renew the long term authorization after six months (which is indicated on the MAT form), but not a requirement of this standard.

C. 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.

22 VAC 40-111-710. Prescription medication.

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

- 1. The medication is administered by a caregiver who meets the requirements in 22 VAC 40-111-220 A;**

Interpretation of § 710 1: The Code of Virginia at § 54.1-3408 allows administration of prescription medication by a caregiver in a family day home only when the caregiver has current Medication Administration Training (MAT) certification or when the caregiver is licensed in Virginia to administer prescription medications.

- 2. The caregiver administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container; and**
- 3. The caregiver administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration.**

Interpretation of § 710: Epipens are prescribed and dispensed with a pharmacist's label only. Providers are cautioned to check Epipens regularly and alert parents when an Epipen has expired. Expired Epipens may be ineffective in an emergency but having an expired Epipen is not a violation of this standard.

22 VAC 40-111-720. Nonprescription medication.

A. The family day home may administer nonprescription medication provided the medication is:

1. Administered by a caregiver 18 years of age or older who meets the requirements in 22 VAC 40-111-220 A;

Interpretation of § 720 A 1: To administer non-prescription medication to a child, the caregiver must have current Medication Administration Training (MAT) certification or be licensed in Virginia to administer medications.

NOTE: § 750 allows certain topical non-prescription skin medications to be administered by a caregiver who does not have MAT certification.

2. Labeled with the child's name;

3. In the original container with the manufacturer's direction label attached; and

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

Interpretation of §720 A 4: A physician's authorization can 'contra-indicate' the manufacturer's instructions on a medication bottle. The health care provider must provide written instruction to NOT follow the manufacturer's instructions and provide new instructions. For example, the manufacturer states the medication may not be used for children under the age of four and the physician's written authorization states one teaspoon of the medication every four hours. If the facility is using MAT forms, section #35 on the Written Medication Consent Form needs to indicate a change in instructions. If the non-prescription medication indicates 'consult physician', then the physician's directions may be followed.

B. Nonprescription medication shall not be used beyond the expiration date of the product.

22 VAC 40-111-730. Storage of medication.

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

B. When needed, medication shall be refrigerated.

C. 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.

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

Interpretation of § 730 C & D: If medications are stored in a refrigerator used for food, a small lock box can be kept in the refrigerator to hold medications. All medication in the family day home (whether for children or adults) must be kept in a locked place.

E. If a key is used, the key shall be inaccessible to the children.

Interpretation of § 730 E: "Inaccessible" means not capable of being entered, reached, or used. See further interpretation of "inaccessible" on page 3 of this document.

22 VAC 40-111-740. Medication records.

*Interpretation of § 740: The model form, "Log of Medication Administration" may be used to satisfy the requirements of sections 1-5 of this standard. The form is available on the department's website at:
http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi*

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

- 1. Name of the child to whom medication was administered;**
- 2. Amount and type of medication administered to the child;**
- 3. The day and time the medication was administered to the child;**
- 4. Name of the caregiver administering the medication;**
- 5. Any adverse reactions; and**

Interpretation of § 740 5: An adverse reaction is an allergic reaction to medication such as a rash, hives, vomiting, or diarrhea. If a child develops one of these symptoms, the caregiver must contact the child's parent immediately and with the parent's permission, contact the child's doctor or pharmacist. Penicillin and other antibiotics are among the most common prescription drugs to cause an allergic reaction.

If the child develops wheezing, has trouble breathing, or difficulty swallowing after taking a medication, seek emergency help by calling 911 or going to the emergency department immediately. These could be symptoms of a serious allergic reaction that requires emergency care.

6. Any medication administration error.

Interpretation of § 740 5 & 6: § 650 E requires that parents be notified immediately of their child's adverse reaction to a medication or of a medication administration error involving their child.

It is recommended for the provider's protection, although not required by these standards, that the provider maintain a written notation of the name of the parent notified and the date and time of the notification. The model form, "Medication Error Report" may be used for the notation of an error. The form is available on the department's website at:

http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

Interpretation of § 740 6: A medication error is one of the following:

a) a child was given the wrong medication (for example, a family member's medication was mistakenly given to a child in care);

b) the medication was given to the wrong child (for example, a child's medication was mistakenly given to her sister who was also in care);

c) the wrong dose of medication was given;

d) the medication was given by the wrong route (for example, ear drops were put in a child's eye); or

e) the medication was given at the wrong time.

22 VAC 40-111-750. 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;

Interpretation of § 750 A 1: The model form, "Authorization to Apply a Non-Prescription Topical Skin Product" or "Medication Consent Form" may be used to satisfy the requirement of this standard. The forms are available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

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.

Interpretation of §750 A: No medication log is required for topical skin products.

B. The product does not need to be kept locked, but shall be inaccessible to children.

Interpretation of § 750 B: "Inaccessible" means not capable of being entered, reached, or used. See further interpretation of "inaccessible" on page 3 of this document.

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.

Interpretation of § 750 C: Caregivers without current MAT certification may apply non-prescription topical skin products such as sunscreen, diaper ointment and lotion, oral teething medicine, and insect repellent.

NOTE: Not every oral teething medicine is a topical medication. A topical oral teething medicine is one that is to be applied to a child's gums. A teething medication that a child takes by mouth (the medicine is meant to be swallowed) may not be administered by a caregiver without current MAT certification.

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.

Interpretation of § 750 E: Although the use of sunscreen is not required by these standards, if it is used, it must have an SPF of 15. The American Academy of Pediatrics recommends:

For babies under 6 months - avoid sun exposure, and dress infants in lightweight long pants, long-sleeved shirts, and brimmed hats that shade the neck to prevent sunburn. However when adequate clothing and shade are not available, apply a minimal amount of sunscreen to small areas, such as the infant's face and the back of the hands.

For Young Children - apply sunscreen at least 30 minutes before going outside, and use sunscreen even on cloudy days.

For Older Children - wear a hat with a three-inch brim or a bill facing forward, sunglasses (look for sunglasses that block 99-100% of ultraviolet rays), and cotton clothing with a tight weave; stay in the shade whenever possible, and limit sun exposure during the peak intensity hours (between 10 a.m. and 4 p.m.); apply enough sunscreen (about one ounce per sitting for a young adult); reapply sunscreen every two hours, or after swimming or sweating; use extra caution near water, snow, and sand as they reflect UV rays and may result in sunburn more quickly.

Part XI.
EMERGENCIES

22 VAC 40-111-760. 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:

- a. Scissors;**
- b. Tweezers;**
- c. Gauze pads;**
- d. Adhesive tape;**
- e. Adhesive bandages, assorted sizes;**
- f. Antiseptic cleaning solution or pads;**

Interpretation of § 760 A 1 f: The antiseptic cleaning solution or pads have expiration dates so must be checked to ensure the expiration date has not passed.

g. Digital thermometer;

Interpretation of § 760 A 1 g: The batteries on a digital thermometer must be changed regularly to ensure the thermometer is functioning properly.

h. Triangular bandages;

Interpretation of § 760 A 1 h: The first aid kit must contain more than one triangular bandage.

i. Single use gloves such as surgical or examination gloves;

j. In homes located more than one hour's travel time from a healthcare facility, activated charcoal preparation (to be used only on the direction of a physician or the home's local poison control center); and

Intent of § 760 A 1 j: This standard is based on a recommendation of the Virginia Poison Control Center.

Interpretation of § 760 A 1 j: Activated charcoal preparation has an expiration date so must be checked to ensure the expiration date has not passed.

k. 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.

22 VAC 40-111-770. Emergency flashlights and radios.

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.

Interpretation of § 770: The National Weather Service's All Weather Hazards transmitters broadcast on frequencies that cannot be heard on a simple AM/FM radio receiver. Providers must have battery-operated radios with the Weather Radio band. These radios will have the Public Alert logo. Providers may not use crank or shake style flashlights and radios instead of battery-operated flashlights and radios to meet the requirements of this standard. Unlike battery-operated flashlights and radios that are immediately operational when turned on, crank or shake style flashlights and radios are operational only after 30-90 seconds of cranking or shaking. A delay of 30-90 seconds could result in injuries to children in an emergency situation.

22 VAC 40-111-780. Emergency information.

A. The emergency contact information listed in 22 VAC 40-111-60 B 2 and the parent's written authorization for emergency medical care as required by 22 VAC 40-111-60 B 8 shall be made available to a physician, hospital, or emergency responders in the event of a child's illness or injury.

B. Annually, the provider shall:

- 1. Review with the parent the emergency contact information required in 22 VAC 40-111-60 B 2 to ensure the information is correct, and**
- 2. Obtain the parent's signed acknowledgment of the review.**

Intent of § 780 B: The purpose of this standard is to ensure that the family day home has up-to-date contact information for parents, designated contact persons, and the child's physician as well as current information on the child's allergies or physical problems, if any.

*Interpretation of § 780 A & B: The model form "Child's Record" has space to record the information required in this standard and the form can be given to a physician, hospital, or emergency responders in the event of a child's illness or injury. The form is available on the department's website at:
http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi*

22 VAC 40-111-790. Posted telephone numbers.

The following telephone numbers shall be posted in a visible area close to the telephone:

1. A 911 or local dial number for police, fire, and emergency medical responders;
2. The responsible person for emergency backup care as required in 22 VAC 40-111-800 A 3; and
3. The regional poison control center.

Interpretation of § 790 3: The Office of Emergency Medical Services which is responsible for the Virginia Poison Control Network recommends calling 1-800-222-1222. While the standard references posting the number for the regional center, regional poison control numbers are no longer being advertised so the 1-800-222-1222 number may be posted instead. The 1-800 number is a national number that will refer a caller to the nearest Poison Control Center. It is possible, however, that when a cell phone is used to call the Poison Control Center, the call will be directed to where the number is located (e.g., a Florida cell phone number that is used to make a call in Virginia may result in the caller being directed to a Poison Control Center in Florida.) Staff at the 1-800 number state, however, that they will determine the caller's location and make the appropriate referral.

22 VAC 40-111-800. Emergency preparedness and response plan.

A. The family day home shall have a written emergency preparedness and response plan that:

1. Includes emergency evacuation, emergency relocation, and shelter-in-place procedures;

*Interpretation of § 800 A 1: "Evacuation" means movement of occupants out of the building to a safe area near the building.
"Relocation" means movement of occupants of the building to a safe location away from the vicinity of the building.
"Shelter-in-place" means movement of occupants of the building to designated protected spaces within the building.*

2. Addresses the most likely to occur scenarios, including but not limited to fire, severe storms, flooding, tornadoes, and loss of utilities; and

Interpretation of § 800 A 2: Contact with the local emergency manager will help the provider determine what are the most likely hazards for their area (homes located near a nuclear power plant or an airport may face emergencies that other homes may not). The local emergency manager may also help the provider prepare her emergency preparedness and response plan by informing her of local emergency resources or reviewing the plan. Although every area of the state has a designated emergency manager, some of the managers are employed part-time or are volunteers. As a result, the assistance of emergency managers with the home's preparedness and response plan will vary from area to area. A list of local emergency managers is available at the following website:

<http://www.vaemergency.com/library/directories/index.cfm> Click on "Directories."

For any emergency situation, the response of the family day home will be either to evacuate, to relocate, or to shelter-in-place.

The model form, "Emergency Preparedness and Response Plan" may be used to meet the requirements of this section. The form is available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

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 10 minutes for emergency backup care until the children can be picked up by their parents.

Interpretation of § 800 A 3: This emergency back-up person is to be used only in the event of an emergency that would require an emergency response (evacuation or relocation) such as a fire, severe storm, flooding, etc. This person does not meet the definition of a "caregiver" so does not have to meet the qualifications and training requirements of a caregiver.

B. 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.

Interpretation of § 800 B: § 650 H requires that parents be notified in writing of changes to the emergency plan. See Interpretation at § 650 H. The annual review of the emergency plan is not considered training.

C. The provider shall ensure that each caregiver receives training regarding the emergency evacuation, emergency relocation, and shelter-in-place procedures by the end of his first week of assuming job responsibilities, on an annual basis, and at the time of each plan update.

Interpretation of § 800 C: § 200 A 4 requires providers to provide orientation including emergency response procedures to each assistant and substitute by the end of the

individual's first week on the job. No later than one year from that date, the provider must again train the assistant and substitute on the home's emergency response procedures. If the procedures are changed at any time during the year, the provider must immediately train each assistant and substitute on those changes. The provider shall ensure that each substitute and assistant receive this training; the provider is not required to have this training since she created the plan.

Training given annually or at the time of the plan update to assistants and substitute providers on emergency evacuation, relocation, and shelter-in-place procedures may be counted toward their annual training requirements.

Compliance Determination for § 800 C: § 230 A requires documentation of this annual training and § 120 B 10 requires this documentation to be maintained in the caregiver's record.

22 VAC 40-111-810. Evacuation and relocation procedures.

Evacuation procedures shall include:

- 1. Methods to alert caregivers and emergency responders;**
- 2. Designated primary and secondary routes out of the building;**
- 3. Designated assembly point away from the building;**

Interpretation of § 810 1-3: "Evacuation" means movement of occupants out of the building (family day home) to a safe area near the building (family day home). The procedures must specify the quickest way to get to the assembly point and another route to the assembly point in case the first route is blocked. Evacuation may be necessary because of an emergency such as a fire. Evacuation procedures must include how caregivers will be notified of an emergency (such as smoke alarm). The procedures must also include how emergency responders will be contacted and who will contact them.

In designating an assembly point, consider that children and caregivers may have to stay out of the home until parents can pick the children up. The plan must address how the children will be protected from rain, cold weather, etc..

- 4. Designated relocation site;**

Interpretation of § 810 4: A "relocation site" is a safe location away from the vicinity of the building. Relocation may be necessary in case of a widespread emergency such as flooding or a chemical spill that affects the family day home. Emergency shelters do not open immediately so providers need to make prior arrangements with a church, a community center, another family day home, etc. that is out of the vicinity of the family day home to temporarily house the children and caregivers until children can be safely reunited with their parents.

5. Methods to ensure all children are evacuated from the building and, if necessary, moved to a relocation site;

Interpretation of § 810 5: The procedures need to include how the provider will ensure all children are evacuated (for example designating who is assigned to carry which babies, doing head counts, etc.). The procedures also need to explain how children and caregivers will be transported to the designated relocation site.

6. Methods to account for all children at the assembly point and relocation site;

Interpretation of § 810 6: The procedures need to explain how the provider will ensure all children are at the assembly point or relocation site (for example, head counts, names tags, checking the daily attendance record that is required by § 50 A, having certain caregivers to be responsible for supervising certain groups of children).

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

Interpretation of § 810 7: The procedures need to explain how the provider will ensure she will have:

- a) *The attendance record for that day;*
- b) *For each child:*
 - *the parents' telephone numbers*
 - *the names and telephone numbers of other designated contact persons if the parents cannot be reached;*
 - *physician's telephone number;*
 - *authorization for emergency medical care; and*
 - *information on allergies, intolerance to food, medication, etc., and any special healthcare needs.*
- c) *For each caregiver, the name, address and telephone number of a person to be contacted in an emergency; and*
- d) *Supplies children will need (for example, blankets, medications, water, diapers, toileting supplies, and food) at the assembly point or relocation site for use until parents can pick up children.*

8. Method of communication with parents and emergency responders after the evacuation; and

Interpretation of § 810 8: The procedures need to explain how the provider will communicate with emergency personnel responding to the emergency (about such things as the location of utility shut-off valves and the location of combustible substances like cans of paint) and also provide the care and supervision of the children. The procedures also need to address how parents will be contacted so children can be picked up.

9. Method of communication with parents after the relocation.

Interpretation of § 810 9: The procedures need to explain how the provider will contact parents after the children have been safely relocated to a site away from the area of the family day home. Because the events requiring the relocation may also affect the parent's or other designated person's ability to immediately pick up the child, providers must have methods to communicate with parents about their children until families can be reunited.

22 VAC 40-111-820. Shelter-in-place procedures.

Shelter-in-place procedures shall include:

1. Methods to alert caregivers and emergency responders;

Interpretation of § 820 1: "Shelter-in-place" means movement of occupants of the building to designated protected spaces within the building. Shelter-in-place may be necessary because of a hurricane, tornado, or an intruder. Shelter-in-place procedures must include how caregivers will be notified of an emergency (such as by monitoring weather reports on the radio or television). The procedures must also include how emergency responders will be contacted and who will contact them.

2. Designated safe location within the home;

Interpretation of § 820 2: A safe location for sheltering-in-place would be in the interior of the building away from any glass that may shatter such as in interior hallways, bathrooms, or other areas away from glassed-in areas or open rooms.

3. Designated primary and secondary routes to the safe location;

Interpretation of § 820 3: The shelter-in-place procedures must specify the quickest way to get to the safe location and another route to the safe location in case the first route is blocked. The route to get to the safe location from outside the home must also be specified.

4. Methods to ensure all children are moved to the safe location;

Interpretation of § 820 4: The procedures need to include how the provider will ensure all children are moved to the safe location (for example designating who is assigned to carry which babies, determining who will bring children from outside the home to the safe location, etc.).

5. Methods to account for all children at the safe location;

Interpretation of § 820 5: The procedures need to explain how the provider will ensure all children are at the safe location (for example, head counts, checking the daily attendance record that is required by § 50 A, having certain caregivers to be responsible for supervising certain groups of children).

6. Methods to ensure essential documents, including emergency contact information, and supplies are taken to the safe location; and

Interpretation of § 820 6: The procedures need to explain how the provider will ensure she will have:

- a) *The attendance record for that day;*
- b) *For each child:*
 - *the parents' telephone numbers;*
 - *the names and telephone numbers of other designated contact persons if the parents cannot be reached;*
 - *physician's telephone number;*
 - *authorization for emergency medical care;*
 - *information on allergies, intolerance to food, medication, etc., and any special healthcare needs;*
- c) *For each caregiver, the name, address and telephone number of a person to be contacted in an emergency; and*
- d) *Supplies children will need (for example, blankets, medications, water, diapers, toileting supplies, and food) in the safe location for use until parents can pick up children.*

7. Method of communication with parents and emergency responders.

Interpretation of § 820 7: The procedures need to explain how the provider will communicate with emergency personnel responding to the emergency and how parents will be contacted so that children can be picked up.

22 VAC 40-111-830. Emergency response drills.

A. The emergency evacuation procedures shall be practiced monthly with all caregivers and children in care during all shifts that children are in care.

Interpretation of § 830 A: Family day homes may have 2 shifts – care provided between 6 a.m. and 7 p.m. is the day shift (daytime care) and care provided between 7 p.m. and 6 a.m. is the night shift (nighttime care). The emergency evacuation procedures must be practiced monthly on both shifts if children are in care during any part of those shifts.

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

Interpretation of § 830 B: The shelter-in-place procedures must be practiced on both shifts if children are in care during any part of those shifts (see explanation of “shifts” in the Interpretation of § 830 A).

C. Documentation shall be maintained of emergency evacuation and shelter-in-place drills that includes:

- 1. Identity of the person conducting the drill;**
- 2. The date and time of the drill;**
- 3. The method used for notification of the drill;**
- 4. The number of caregivers participating;**
- 5. The number of children participating;**
- 6. Any special conditions simulated;**
- 7. The time it took to complete the drill;**
- 8. Problems encountered, if any; and**
- 9. For emergency evacuation drills only, weather conditions.**

D. Records of emergency evacuation and shelter-in-place drills shall be maintained for one year.

Interpretation of § 830 C & D: The requirements of this section also meet the requirements of the Statewide Fire Prevention Code for family day homes. The model form, "Record of Emergency Response Drills" may be used to document evacuation and shelter-in-place drills. The form is available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

22 VAC 40-111-840. Injury records.

A. 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.

B. The information recorded shall include the following:

- 1. Date and time of injury,**
- 2. Name of injured child,**
- 3. Type and circumstance of the injury,**
- 4. Caregiver present and action taken,**
- 5. Date and time when parents were notified,**
- 6. Any future action to prevent recurrence of the injury,**
- 7. Caregiver and parent signatures or two caregiver signatures, and**
- 8. Documentation on how the parent was notified.**

Interpretation of § 840: § 650 E requires the parent to be notified IMMEDIATELY if a child has a head injury or any serious injury that requires emergency medical or dental treatment. The parent must be notified the same day whenever first aid is administered to the child. Providers must record the injury in the child's record on the day the injury occurs. The model form, "Injury Record" may be used to meet the documentation requirements of this standard. The form is available on the department's website at: http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi

22 VAC 40-111-850. Reports to department.

A. The provider shall report to the department within 24 hours of the circumstances surrounding the following incidents:

1. Lost or missing child when local authorities have been contacted for help,

Interpretation of § 850 A 1: For the purpose of this standard, contacting "local authorities" means a call to 911 or directly to the police, ambulance, or fire department.

2. Serious injury to a child while under the family day home's supervision, and

Interpretation of § 850 A 2: "Serious injury" means a wound or other specific damage to the body such as, but not limited to, unconsciousness; broken bones; dislocation; deep cut requiring stitches; poisoning; concussion; and a foreign object lodged in eye, nose, ear, or other body orifice.

3. Death of a child while under the family day home's supervision.

B. A written report shall be completed and submitted to the department within five working days of the date the incident occurred.

Intent of § 850 A & B: The purpose of these standards is to enable the department to work with the family day home to correct unsafe or unhealthy conditions and to prevent future or additional harm to children.

22 VAC 40-111-860. Reports of suspected child abuse or neglect and disease outbreaks.

A. A caregiver shall immediately call the local department of social services 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.

Intent of § 860 A: § 63.2-1509 of the Code of Virginia requires paid caregivers to immediately report suspected child abuse or neglect whether it occurred while the child was in care or not.

Interpretation of § 860 A: It is recommended for the provider's protection, although not required by this standard, that the provider maintain a written notation of the name of the individual notified and the date and time of the notification.

Compliance Determination for § 860 A: If there has been an instance of suspected child abuse or neglect, talk with caregivers about who made the report, when the report was made, and which local department of social services was called or was the Hotline called. If the inspector still has questions about compliance with this standard, the inspector may call the local department of social services or the hotline to verify the report.

B. 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 or to the Commissioner of the Virginia Department of Health.

Intent of § 860 B: § 32.1-37 of the Code of Virginia requires family day homes to report to their local health department an outbreak (the occurrence of more cases of disease than expected) of illnesses such as influenza, illnesses that cause vomiting and/or diarrhea, and rash illnesses such as chickenpox or scabies.

Interpretation of § 860 B: It is recommended for the provider's protection, although not required by this standard, that the provider maintain a written notation of the name of the individual notified and the date and time of the notification.

Part XII. NUTRITION

22 VAC 40-111-870. General requirements for meals and snacks.

A. Meals and snacks shall be served in accordance with the times children are in care, which include:

- 1. For family day homes operating less than four consecutive hours, at least one snack shall be served.**
- 2. For family day homes operating four to seven consecutive hours, at least one meal and one snack shall be served.**
- 3. 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.**
- 4. 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.**

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

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