

Vermont Afterschool Child Care PROGRAMS

GUIDANCE MANUAL

**Agency of Human Services
Department for Children & Families**



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INTRODUCTION

This Guidance Manual exists in conjunction with the *Afterschool Child Care Programs, Child Care Licensing Regulations*. It provides clarification to Licensees, and program Staff on specific After School Program (ASP) rules to support consistency of interpretation across programs and field specialists. Not all rules are included in the guidance document. The sections selected for inclusion are reflective of public comment and stakeholders' feedback.

Sections 1 and 2 of the *Afterschool Child Care Programs Child Care Licensing Regulations* provide an introduction and definitions used throughout the Regulations. The definitions provide clarity when reading and following individual rules. Section 18 addresses the Licensing Process and Procedures and is not included in this Guidance Manual. If questions arise in regards to Sections 1 or 18, please contact a Licensing Field Specialist or the Division.

This Manual covers Sections 3 through 17 and presents an overview of the rules, describes why they are important, and defines what they may look like in practice, including policy ideas, key areas of Licensee and Staff responsibilities, posting of important information and additional resources.

Some ASP rules are complex with bulleted sub-requirements within the rule. Programs should strive to meet all of the requirements; however, Licensing Field Specialists will confirm that at least 50% of the bulleted items are present to ensure meeting the intent of the rule.

Working together for the benefit of children and families in Vermont takes teamwork. A summary of roles and responsibilities regarding Licensed Afterschool Child Care Programs follows:

- The goal of the **Child Development Division (CDD) of the Agency of Human Services Department for Children and Families**, hereafter referred to as "*Division*" is to improve the well-being of Vermont's children through partnerships with families, communities, schools, providers and state and federal agencies that increase access to high quality, sustainable, child development services.
- **Licensing Field Specialists** are the representatives of the Division and are responsible to ensure that programs meet all ASP Regulations before licensure and on a continuing basis. Licensing Specialists will conduct unannounced visits during which they may check child, Staff and program records; observe and verify physical conditions of facility; interview Site Director or Staff as appropriate, take photos or observe program, or take other actions that help determine if programs are meeting the intent of ASP licensing rules. Licensees or designees are advised to contact their Licensing Field Specialist to clarify ASP Regulations and work through any proposed changes to the terms of the license.
- **Licensees** have the ultimate responsibility for compliance with Licensing Regulations, even if they designate responsibility to another person such as a Program Administrator or Site Director for day-to-day operations. Licensees must adhere to the terms of the License granted, communicate as required by ASP licensing rules with the Division and Licensing Field Specialists, and provide the necessary Staff and supports to meet the ASP Regulations.

ASP SECTION 3: RESPONSIBILITIES OF THE LICENSEE

Section 3 identifies responsibilities for the safety and well-being of all children in the program's care and for ensuring that its policies protect and serve children. A license provides families and consumers of afterschool care with additional reassurances that a program meets or exceeds all regulatory standards. The Licensee is responsible for accessing and abiding by all local, state, and federal laws pertaining to the operation of the program. As the liaison between the Division and the program, the Licensee establishes and maintains on-going communication with the Division and works with the Division and Licensing Field Specialists to address licensing compliance and any desired changes to the License as granted.

A CLOSER LOOK AT RULE: 3.1

Licensee Responsibilities



WHY IT IS IMPORTANT

The primary purpose of licensing an Afterschool Child Care Program is to safeguard the well-being of the children served, and provide reassurance to parents that their children are receiving enriching experiences by qualified Staff in a safe and healthy environment. A license provides a certain level of confidence to the public that the program is intentionally meeting minimum standards as required by the Vermont Child Development Division in the Department of Children and Families.

Granting a license means there is clear evidence that the building and grounds are safe; Staff are appropriately trained and responsible, and that the program reflects an understanding of the healthy growth and development of children. The Licensee and its designees, primarily Administrators and Site Directors, are responsible for ensuring compliance with ASP Licensing rules and providing all program Staff and volunteers with the orientation and training they need to meet all rules.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

-  The Licensee is responsible for developing and implementing policies and procedures to meet licensing regulations. This includes designating an Administrator or Site Director to ensure consistent application of these policies and procedures in the program.
-  Information regarding the program and its facilities is clearly articulated to parents and Staff in handbooks or other written documents and face-to-face during parent meetings, tours of the program, and in Staff training. This includes off-site activities and field trips if they are part of the program.

Licensee/Site Director/Staff Responsibilities

- 📌 The Licensee and/or designee understands how other state and federal laws intersect with Licensing Regulations, such as those specific to Vermont (Department of Health, Division of Fire Safety, Agency of Natural Resources) and regarding requirements such as background checks, lead poisoning prevention, transportation laws, and other measures to protect the safety and well-being of children.
- 📌 The Licensee or designee knows how to access and use the Bright Futures Information System (BFIS).

Posting

- 📌 The License Certificate posted for public view, confirms that the program is licensed and is meeting applicable state and federal laws.

Resources

- 📌 Key resources for Licensees can be found on the Division website, including health/safety resources, forms and professional development: <http://dcf.vermont.gov/childcare/providers>
 - 📌 More information about BFIS is available on the Division website, (fact sheet, PowerPoint and tutorial): <http://dcf.vermont.gov/childcare/providers/bfis>
-

A CLOSER LOOK AT RULES: 3.2 and 3.3

Licensed Capacity and Space

WHY IT IS IMPORTANT

Many factors determine licensed space and capacity; including, but not limited to, town permits, fire safety rules, Vermont Agency of Natural Resources water requirements, square footage of facility, and number and location of toilets/sinks. The terms of the license will include the location, number and ages of children, hours and days of operation, expiration date and any other conditions or limitation listed on the license certificate.

The number of children served by the program at any one time may never exceed the licensed capacity. This is extremely important to ensure the health, safety and supervision of children in the licensed space. This may require careful consideration in enrollment policies if children attend part time or during school vacation/summer attendance.

Ample indoor and outdoor space is important for the health and well-being of children. Being able to move around freely to engage in meaningful activities and not be crowded with too many children and furnishings allows areas of quiet and active play in the same space. Some children need more space for quiet activities like reading or homework. Other children need to be very active to exercise their bodies and brains. Having enough space for varied activities supports quality programming.

Many ASP programs are housed in shared facilities, such as schools and community centers. When this occurs, the Staff, parents and children must be clear on what is licensed space. When programs occasionally use non-licensed space (such as gyms, libraries, auditoriums, etc.) in the shared facility, they must ensure the health, safety and supervision of the children in that space. Contact your Licensing Field Specialist to clarify space in shared facilities if there are questions.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 📌 Enrollment/attendance policies and children's records confirm that the program is providing services only to the ages of children as specified on the license.
- 📌 Daily attendance records confirm the licensed capacity never exceeds the number of children listed on the license.
- 📌 During orientation, new Staff have the licensed space explained to them as well as the program policies and procedures for off-site activities and field trips.

Licensee/Site Director/Staff Responsibilities

- 📌 All Staff understand which rooms and spaces are determined as licensed space.
- 📌 All Staff know proper procedures for off-site activities if they are part of the program.
 - Obtain signed parent permission for children to attend off-site activities and/or for transportation. Permission forms should include the child's name, off-site destination, off-site activity date, parent permission date, and parent signature.
 - Ensure Staff have access to information related to off-site activities and field trips and are trained on the procedures and protocols.
 - Provide written information to parents regarding all off-site activities.

Posting

- 📌 The License Certificate stating maximum capacity is posted for public view.
- 📌 Posting of the floor plan of licensed space may be helpful for Staff and parents.

A CLOSER LOOK AT RULE: 3.5

Change or Vacancy in Site Director and/or Program Administrator

WHY IT IS IMPORTANT

Trained and qualified leadership is essential to ensure optimal program functioning and the health, safety, and well-being of children. A vacancy in these leadership positions for any period of time, whether it is planned or unplanned is likely to affect a program's day-to-day operation, therefore it is required that the Division be notified within 5 days of a vacancy. If the vacancy lasts for more than 5 days, the program must submit a written interim administrative plan to the Division for approval. Maintaining program consistency with minimal impact on children and families is an essential part of this plan. A critical component of this plan is to

identify a qualified individual who will assume the responsibilities for the program without compromising staff/child ratios or supervision of children. This individual may be the Administrator.

The qualifications and training of an existing, interim or replacement Program Administrator or Site Director may have an impact on whether the program can maintain *specialized service status*. Therefore, it is imperative that the Licensee communicate a vacancy or change within the required 5 days in order to minimize greater impacts.

WHAT IT MAY LOOK LIKE IN PRACTICE

Before a vacancy occurs

- 📌 The program has prepared an administrative plan outlining the procedures for responding to the temporary or permanent absence of the Site Director. The plan clearly outlines the roles and responsibilities of an interim director and the specific performance tasks for that individual.
- 📌 The program is in close contact with the Division while identifying or developing plan.

When a vacancy occurs

- 📌 Notify the Division in writing of any temporary or permanent changes to the Program Administrator or Site Director position within five business days and provide a plan for interim coverage. Submit this notification through the Bright Futures Information System (BFIS) under Account Options. Notification can also be by phone or email. The designee selected to fill the vacancy is present in the program more than 50% of the time that children are in attendance.
- 📌 The designee is given adequate time to conduct responsibilities if they are counted in adult-child ratios.

A CLOSER LOOK AT RULES 3.6 to 3.11

Telephone, Emergency/Contact Numbers, Authorized Release

WHY IT IS IMPORTANT

An open door policy to all families at all times, where parents are free to visit the program at any time unannounced is the most effective tool available to parents to monitor the care their child is receiving. Timely, responsive two-way communication with families is critical for ensuring the safety of children, both on an ongoing, routine basis, and in the event of an emergency. Parents often call their providers to notify of unexpected changes in their schedules, child absences, or changes in who will pick-up their child from the program, and so the program must be accessible and responsive via telephone as well as in person.

Parent handbooks should state explicitly the policies on child enrollment, attendance, pick-up, drop-off, transportation and exit of program. Children may only be released to adults, other

than their parent/s or guardian, when there is authorization on file, and Staff verify the identity of the authorized person before the child is released. This rule assures the safety and welfare of children and protects the program from becoming an unwitting accomplice in custody disputes or kidnapping. Staff are required to keep documentation regarding emergency requests from parent authorizing pick-up by someone who not listed in the child's file.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 📌 Parents are free to arrive or call the program, without notice to the program. (This does not prohibit a program from locking a door for security purposes.)
- 📌 Parents receive written policies regarding release of children to authorized persons.
- 📌 A written policy is in place for documenting parent(s)' phone calls requesting changes in a child's pickup and for verifying information about the person(s) authorized to pick-up.

Licensee/Site Director/Staff Responsibilities

- 📌 Phones are easily accessible to Staff and can be heard or checked every 15 minutes for messages. If cell phones are used, all Staff shall know how to operate them, and access emergency numbers on the device.
- 📌 Emergency contact information for all children is readily available for use by Staff on-site and when participating in off-site activities or field trips.
- 📌 Staff receive on-site training on policies and procedures regarding the release of children and documentation required.

Posting

- 📌 Emergency contact information including 911, poison control, Vermont's Child Protection Line and Child Development Division numbers is posted near the designated telephone with the address and directions to the afterschool facility clearly visible or programmed into the phone.

A CLOSER LOOK AT RULE 3.12

Safety of Children and Prohibited Persons

WHY IT IS IMPORTANT

There may be times when the behavior of an individual may threaten the health or safety of children or the Staff caring for them. This rule helps programs to address issues that may arise when other adults, including but not limited to parents and/or Staff members, become angry or agitated or exhibit behaviors that could be perceived as disruptive to program activities or threatening to the safety of others.

It is important for the Licensee, in conjunction with program Staff, to establish a plan for minimizing risk to children in these types of situations. If a situation arises where an individual

is unable to appropriately regulate his/her own behavior or if a Staff member is concerned about the adult's emotional or physical state, the program must take steps to shield children and other Staff from experiencing undue physical or emotional harm from this inappropriate situation. This may include seeking additional support from the local police department or other experts to establish a plan for how to remove an individual from the premises or prohibit him/her from returning.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 📌 The program has a plan and procedures to identify and address concerns related to a person on the premises whose behavior disrupts the program, distracts the Staff, or presents risk or harm to children.
- 📌 Emergency numbers include the local police department and other authorities who could provide assistance.

Licensee/Site Director/Staff Responsibilities

- 📌 Staff receive training on how to deal with upset parents or coworkers and minimize disruption to the program.
- 📌 The Site Director is involved in any parent communication that could become potentially disruptive. Sensitive parent conversations take place in locations where risk to children and Staff is minimized.
- 📌 Staff receive information regarding restraining orders that affect any individual who regularly participates in the program.

SECTION 4: POLICIES, PROCEDURES, RECORDS AND REPORTS

Section 4 defines the minimum level of information programs must collect to ensure and maintain the safety and well-being of children. The Division uses record review as a means for inspecting and validating a program's policies and practices and as evidence that the program is adhering to and consistently following specified policies and practices. All programs must maintain records for one year and grant access to Division representatives during regular program hours for document/record review.

A CLOSER LOOK AT RULES: 4.1 to 4.3 and 4.7

Children's Files, including Youth Volunteers and/or Leaders-in-Training Written Information for Parents and Prospective Parents

WHY IT IS IMPORTANT

Communicating detailed program information with parents and prospective parents not only helps them to choose the right program for their child, it also helps Program Staff to implement program policies and procedures in collaboration with parents. If parents know in advance what records are required to enroll their child, they are more likely to comply with providing necessary documentation. Parents also have a right to how the program is assuring the health, safety, well-being, and developmental growth of their child. By communicating all of the items as outlined in 4.7 to parents and prospective parents, through a parent handbook or website, it helps to create a common level of understanding between parents and the program, and leads to smoother implementation of policies and procedures.

Having up-to-date information on each child ensures the health and safety of children in care, especially during emergency situations; including health issues, allergies and special needs. Program records and reports provide evidence of day-to-day implementation of program policies. These records and reports can help resolve concerns and disputes, and support the program adherence to Licensing compliance. Clear recordkeeping practices enhance Staff and parent understanding of ASP licensing rules, and increases the likelihood of consistent implementation. All records for the program are kept for one year and available for review by Licensing Field Specialists. Having a system to ensure that records are up-to-date with assigned responsibility to a specific Staff person is highly advised.

The intent of rules 4.1, 4.2 and 4.3 is to ensure that all programs collect, review, and regularly update children's health and contact information to avoid placing a child in a harmful situation due to insufficient or outdated information. Programs must maintain a confidential file for each child, including youth Volunteers or leaders in training who are 13, 14 or 15 years old,

containing information as specified in rule 4.2 on-site in a central location. Having a system to keep the records up-to-date and ensuring that they are reviewed and updated annually is important.

With more families living apart from extended relatives, the situation will arise where there are not additional emergency contacts. When families are unable to provide the required information about emergency contacts, program Staff could suggest providing an employer or other alternate number.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 📌 A completed child registration form is on file for each child enrolled in the program. At minimum, the form includes the information listed in rule 4.2 and immunization requirements listed in rule 4.3.
- 📌 Procedures for updating, adding, or deleting information in a child record is in place and clearly communicated to Staff and to families.
- 📌 A Program Administrator (per job description) is responsible for providing details on what, when, and how often children's records are reviewed and updated.
- 📌 A parent handbook or website covers all of the areas as outlined in rule 4.7.

Licensee/Site Director/Staff Responsibilities

- 📌 Files of children, either paper or electronic, are easily accessed by the Site Director and other Staff as needed and yet kept confidential.
- 📌 Develop a system to document what information is on file for each enrolled child, including Volunteers and leaders-in-training, and what information is missing or in the process of collection.
- 📌 The parent handbook or web site is shared with parents and prospective parents to ensure that they have all the necessary information regarding the program, including required forms and permissions, as well policies and procedures that ensure the health, safety, well-being, and developmental growth of their child.

Resources

- 📌 Appendix I of the Guidance Manual has a sample form to track needed information in the child's file. This same form can be used for Youth Volunteer or leaders-in-training.
- 📌 A sample child registration form is available on the Division website. It contains all the information required by licensing regulations. Programs can use this form or customize it to meet the program's unique needs.

http://dcf.vermont.gov/sites/dcf/files/CDD/Forms/Enrollment_Forms.pdf

A CLOSER LOOK AT RULES: 4.4 and 4.5

Children's Daily Attendance and Tracking

WHY IT IS IMPORTANT



Arrival and departure policies and procedures are a key component for ensuring children's health and safety. Children enrolled in afterschool programs do not always arrive and depart at the same time, due to school schedules, involvement in clubs, and other scheduled activities. When children transition between classrooms in the program, or to and from public school and community-based classrooms, a well-established attendance system makes it easier for Staff to track children's whereabouts.

Programs must develop and communicate policies and procedures for documenting each child's arrival and departure times for each day in attendance. If these records are electronic, there must be a means to print them off on-site for immediate review. Attendance records serve several purposes such as having a count of how many children are present in case of emergency, maintaining licensed occupancy, meeting staff/child ratios and knowing who is present at any given time. Proper pick-up and drop-off procedures are necessary to prevent unauthorized people from taking children from the program. Attendance records may be subpoenaed as evidence in custody disputes, or allegations of abuse or neglect. Providing parents with written information on attendance procedures including check-in/check-out, authorized pick-up, and documenting whereabouts at all times, highlights these important safety features for their child.

Parents have an expectation that their children are supervised when in the care of the licensed program. Documenting the whereabouts of children is a form of active supervision. It requires Staff to focus on the children at all times and maintain awareness of where children are even in if they are not in the caregiver's immediate sight. Attendance and tracking records play a critical role during emergencies, especially for first responders to use to identify children that may be missing during evacuation. If a Staff member is incapacitated, attendance records ensure that others know the names and whereabouts of children assigned to them.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

-  Systems are in place to track the whereabouts of children at all times in the licensed facility, shared spaces, and off-site. Examples of tracking systems include magnet or Velcro boards in the main classroom, where children move their name to where they are going, or a clipboard for each teacher that notes where each child has gone with in/out times.
-  It is helpful to have these systems in writing and include them in parent and Staff handbooks.

Licensee/Site Director/Staff Responsibilities

- 📌 The program has ultimate responsibility to ensure the sign in and out of children. Staff, parents and children have the attendance system explained to them and understand how to follow it. Dates and exact times of arrival and departure must be included on the records. Attendance records are maintained for at least 12 months.
- 📌 Tracking systems should be easy to use and understandable for all Staff, children, and parents.

Posting

- 📌 Posting reminders for Staff, parents and children to sign in and out can be helpful to boost compliance.

Resource

- 📌 Sample form available to record when children arrive/ leave, on a daily basis:
http://dcf.vermont.gov/sites/dcf/files/CDD/Forms/Sample_Child_Care_Sign_in_and_out_sheet.pdf

A CLOSER LOOK AT RULES: 4.8, 4.9 and 4.10 to 4.16

Reports and Notifications:

Parents, Vermont Child Development Division, Child Abuse and Neglect

WHY IT IS IMPORTANT

The Division requires the Licensee to **immediately** report injury or illness of a child in care, which requires in-patient or outpatient medical or dental treatment, or results in death. This includes animal bites, missing or abducted children, or a fire requiring the use of an extinguisher or fire department assistance. These reports ensure transparency and provide up-to-date and accurate information to parents and the Division. Many of these required notifications provide statistics that the Division is required to report to the federal government on a yearly basis.

The Licensee is responsible for **immediately** reporting to parent/s when an animal has bitten a child, when a child is lost or abducted or there is an incident of serious injury or death. Parent/s must be notified immediately if an enrolled child is expected to attend, but does not arrive, and the parent has not informed the program of their absence.

The purpose of this rule is to ensure that parents receive information about every incident involving their child and can make decisions regarding the care of their child after a serious injury or incident. This is important to protect both the program and the child. Without an injury report, parents may not know to watch their child for possible harm that may turn out to be more serious than was immediately apparent. For example, a child may seem okay after a fall but may actually have a concussion.

Ensuring the health, safety and welfare of all children in care is paramount. Therefore, all Licensee, administrative and program Staff working in Afterschool Programs are mandated reporters. Suspected abuse must be reported to the Department for Children and Families, Family Services Division. All Administrators, Site Coordinators, and program Staff must complete training on reporting incidents to the Department of Children in Families as stated in rule 4.16.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 📌 Policies are in place to guide Staff in proper notification of parents, the Division and other authorities for all required situations where a child's health or safety is involved. All reports are in child's file.
- 📌 Utilize BFIS Incident notification as a means to notify the division of incidents of lost or missing children, death or medical care needed, animal bites and other applicable incidents.
- 📌 Death, Animal Bite, Missing Child:
 - Parent/s notified immediately in all situations.
 - *Death*: Division notified immediately with written report/BFIS entry within 24 hours.
 - *Animal bite*: report within 24 hours to Division and State Public Health Veterinarian at the Vermont Department of Health.
 - *Missing/abducted child*: Immediately notify the police and the Division.
- 📌 Injury or Illness:
 - Notify parent immediately of any incident that requires the services of a medical professional, including a dentist. Within 24 hours, provide written report to parent in either hard copy or electronically printable copy explaining the circumstances.
- 📌 Child leaving facility unattended or with unauthorized person:
 - Notify parent immediately. Within 24 hours, provide written report to parent in either hard copy or electronically printable copy explaining the circumstances.
- 📌 Fire Department Services or Use of Fire Extinguisher:
 - Notify Division in writing/BFIS entry within 48 hours of any fire in the ASP that required the use of a fire extinguisher and/or service of a fire department.
- 📌 Policies and procedures are in place to ensure that all individuals working at the facility receive an orientation on Act One (2009) as required in rule 4.16

Licensee/Site Director/Staff Responsibilities

- 📌 All relevant Staff should follow the program policies and Staff training plan in regards to the emergency response plan. It is highly advised to document a child's injury with date, time, and type of injury, Staff assisting, first aid administered if applicable, how parents were notified and further action if the injury is serious.
- 📌 While injury logs are not required, they can provide an avenue to track where and how injuries are occurring so that facilities, equipment or supervision are evaluated to recognize injury patterns, equipment that needs to be repaired or replaced, or additional supervision needs.

- 📌 Staff and parents know the expectations for communication when a child who is expected to attend, does not arrive due to varying reasons (illness, appointments, parent request, etc.). This is to ensure safety of the child.

Resources

- 📌 The Division website provides a link to resources on mandated reporting for Child Abuse and Neglect: <http://dcf.vermont.gov/protection/reporting/mandated>
- 📌 Contact the Licensor on Duty at 1-800-649-2642 (option 3), for assistance as needed.

ASP SECTION 5: PERSONNEL: QUALIFICATIONS, STAFFING AND STAFF DEVELOPMENT

The Licensee is responsible for guaranteeing that individuals providing care and education meet or exceed regulatory qualifications. Section 5 of the ASP Licensing Regulations outlines the minimum Staff qualifications, Staffing policies and Staff development. The role of the Administrator and Site Director is crucial to the smooth operation of an Afterschool Child Care Program. There must be a Program Administrator; however, that individual can also be the Site Director. Afterschool programs can be complex with many different types of Staff: administrators, site directors, teachers, aides, substitutes, volunteers, youth volunteers, leaders-in-training and activities specialists. Licensees must have job descriptions for each position with parameters for supervision and evaluation.

A CLOSER LOOK AT RULES: 5.1 to 5.23

Qualifications, Background Checks, and Appropriate Clearances

WHY IT IS IMPORTANT

Parents want to know that their children are safe and free from harm. To maintain the safety, supervision, and engagement of children, Licensees or their designees (Program Administrators/Site Directors) must clearly identify the expertise and job function of all Staff. All professions require employees to have specific knowledge and skills to perform their jobs effectively. Afterschool personnel qualifications in Vermont are based on multiple factors including an individual's age, degree, and experience and/or credentials. Minimum personnel standards guide employers in hiring Staff and determining the degree of autonomy, decision making, and responsibility assigned to them ultimately ensuring the safety, supervision, and engagement of children.

For example, afterschool aides, volunteers, youth volunteers, leaders-in-training, and afterschool activity specialists are not qualified to work alone with children at any time. Only qualified Staff, mentioned in ASP 5.10 can be left alone with children. In rule 5.6, if a Substitute works in the program more than thirty days per year, he/she must comply with all of the qualifications required for the position that is being filled.

Background Checks and Appropriate Clearances are part of ensuring that someone is qualified for a position. The Licensee has responsibility to ensure that any person in the program that has contact with children does not have a history of child abuse or criminal activity that would disqualify them. This responsibility includes a system to ensure that all persons who have contact with children, including Activity Specialists, Substitutes, and Volunteers have a completed record check prior to working with children. Keeping children safe is a key

responsibility of ASP Programs. The Licensee must be diligent in their efforts to ensure that those who come into contact with children have the required background checks and appropriate clearances.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 📌 Staff files are maintained by Program Administrators or assigned Staff and include required elements of rule 5.22, including, but not limited to the items below. The Staff files are available for review by Licensing Staff and are kept up to one year after employment ends.
 - First and last date of employment.
 - Current First Aid and CPR cards are on file.
 - Education, training, and experience meet or exceed qualifications for positions as outlined in job descriptions and ASP licensing rules.
 - Signed and dated statements verifying that employees have read and understand the Licensing Regulations for Afterschool Child Care Programs
 - Signed and dated statement verifying understanding of the legal requirements to report suspected abuse or neglect.
 - Current Individual Professional Development Plan.
- 📌 If Staff records are not kept on site, maintain a signed notarized affidavit with the names of all current Staff members and assurance that each Staff file contains required records. If there are multiple sites, develop a process for Licensing to access off-site records to verify documentation.
- 📌 A designated individual conducts regular compliance reviews of employee records. Reviews can result in a formal notification to Staff informing them of additional training required to maintain a certificate and/or credential.

Licensee/Site Director/Staff Responsibilities

- 📌 Each person is aware of their job description that outlines their duties and responsibilities, and sources of support and supervision. Job responsibilities are reviewed often.
- 📌 Site Directors carry out policies and procedures to ensure that only qualified Staff are supervising children and other positions as required by the ASP Licensing rules. These procedures also ensure that only qualified Staff are left alone with children.
- 📌 Administrators check in with Staff daily to ensure all Staff are physically, mentally, and emotionally capable of performing job duties.

Resources

- 📌 Appendix II in the Guidance Manual provides a sample checklist for Staff files.
- 📌 The Division provides a page on Professional Development where information can be obtained regarding the tracking of qualification and PD:
<http://dcf.vermont.gov/cdd/professional-development>
- 📌 The Vermont Northern Lights Career Development Center can assist in determining if degrees or course work meet various licensure, credential, or certificate requirements. Find out more about them at: <http://northernlightscdc.org/>

A CLOSER LOOK AT RULES: 5.24 to 5.30

Staffing

WHY IT IS IMPORTANT

The Program Administrator/Site Director plays a pivotal role in ensuring smooth day-to-day functioning of the program within the framework of developmentally appropriate principles. The well-being of the children in the licensed program depends largely on the knowledge, skills and presence of this person who is able to respond to immediate and long-term needs, and who is able to engage Staff in appropriate decision-making that affects their day-to-day interactions with children. While it is allowable for the Program Administrator or designated Site Director to only be present at the program more than 50% of the time children are present, the daily presence of this person increases his/her awareness of program needs and provides support and leadership in emergency situations.

A Program Administrator or Site Director shall designate a qualified Staff member to be responsible for program operation in the absence of the Site Director to ensure proper supervision of children and Staff and conduct emergency drills. This designee should be familiar with the applicable roles of the Site Director in order to maintain smooth operation of the program while in charge. When a Site Director is regularly present, it is conducive to making program decisions that assure regulatory compliance through classroom observations, Staff interaction, and overall program oversight.

Volunteers are a valuable addition to a program and can help children individually and assist with groups. It is important that they receive adequate orientation and supervision. When volunteers, youth leaders, and leaders in training are part of a program, there must be one Staff person assigned to each volunteer. A volunteer may never be counted in the staff/child ratio. ASP 5.10 clarifies who can and cannot be left alone to supervise children.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 👉 Site Directors are present more than 50% of the time children are in attendance. The Site Director's schedule includes time to manage the program while on site. If other Staff are designated to perform some program management duties, clear lines of responsibility are maintained.
- 👉 The program shall have a policy that addresses what to do when Staff members have a contagious illness or are incapacitated by illness or conditions that limit their ability to work with children.
- 👉 Licensee keeps accurate records of Staff schedules, and assignments for all Staff, including volunteers. These are available for review by Licensing Field Staff.

Licensee/Site Director/Staff Responsibilities

- 🔧 A designated individual acts in the absence of the Site Director. This individual is capable of supervising Staff in the event of an emergency and can make adjustments as needed to maintain the health and safety of all children. Staff can name the designee for the Site Director when asked by Licensing Field Specialists.
- 🔧 At least one Staff person who holds a valid CPR card in rescue breathing, and airway obstruction is present at all times. Designating this on the Staff schedule can be helpful for verification purposes.
- 🔧 There can be no more than one (1) volunteer for every adult Staff member. Develop a system to ensure that volunteers are directly supervised by Staff.

Resource

- 🔧 Appendix III contains a staff/child ratio and supervision chart.

A CLOSER LOOK AT RULES: 5.31 to 5.42

Staff Development

WHY IT IS IMPORTANT

Hiring Staff with proper qualifications and providing a thorough orientation, before they work alone with children, is a highly important component of any licensed program. The intent is to ensure that all program Staff have the training and ongoing supervision needed to protect children's health, safety and well-being and follow ASP Licensing Regulations, while supporting children's development. Professional development also enables Staff to reach higher levels of competency leading to additional degrees, certificates or credentials.

Research has demonstrated that the training and education of the provider has a direct impact on the quality of care children receive. Caregivers who have a higher level of education and training are better able to prevent, recognize, and correct health and safety problems. Staff with higher levels of education are also likely to promote healthy social emotional development of children, thus reducing challenging behaviors.

Individual Professional Development Plans (IPDPs) provide an added measure of accountability and ensures that the professional development received matches the needs and goals of the individual Staff member. An annual review of each Staff's IPDP should take place prior to their employment anniversary date. Site Directors/supervisors are actively involved in the development and review of IPDPs, evaluating the impact on each individual's practice and documenting the achievement of new competencies, credentials, certificates, licenses or degrees. Administrators should encourage Staff to visit the Vermont Northern Lights Career Development Center to learn about training and coursework offered that could support

achievement of IDPD goals. Newly hired Staff should be encouraged to complete the Afterschool Foundations or Essentials Certificate.

All children deserve individual attention to their needs. Children with special health needs or disabilities benefit when all adults in their life coordinate care to avoid medical emergencies and address their special learning needs. When children with special health needs or disabilities are enrolled in the program, it is the Site Director's responsibility to acquire appropriate training for all Staff directly caring for these children.

First aid and CPR skills and the confidence to use them are critically important to the outcome of an emergency situation. The presence of qualified Staff can mitigate the consequences of injury and reduce the potential for death from life threatening conditions. ASD Regulations require training in basic first aid for children, injury prevention and emergency readiness within six months of an employee's date of hire. Most first aid and CPR certification is good for two years. It is the responsibility of the Program Administrator to ensure that Staff complete the required training prior to the expiration date.

While minimum standards for Staff training plans are outlined in these rules, it is not intended to limit a program's inclusion of additional content in their plans. Training should not end after orientation, but be considered an ongoing and vital part of job performance.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 📌 The Staff handbook and ASP Licensing Regulations are provided to all new Staff and kept in an accessible area for easy reference.
- 📌 IPDP's are completed by all Staff within 4 months of hire and updated annually. All Staff have minimum required training hours and at least four hours relate to IPDP goals. At least another two hours of Staff training hours directly relate to the ages they serve.
- 📌 Orientation sign-in sheets, records of Staff completion of orientation training and IPDPs are contained on site in individual Staff files and/or an affidavit statement is available if documentation is not stored on-site.
- 📌 It is recommended, although not required, that the Staff handbook include the number of professional development hours needed to maintain position and how to document these hours and processes for establishing, supporting and reviewing IDPD with Staff members.

Licensee/Site Director/Staff Responsibilities

- 📌 Staff working with children with special needs have training specific to meet the child's needs and are able to articulate how they meet those needs to parents, Licensing Field Specialists, and other relevant personnel.
- 📌 In order to ensure that Staff follow policies and procedures, it is recommended that the Staff training plan, Staff handbook, and ASP Licensing Regulations be reviewed annually with all Staff, including any updates.

- 📌 Staff are familiar with training calendars and professional development offerings. Awareness of this information can be through posting on a Staff bulletin board, placement in a resource area, or by other means of communication.

Resources

- 📌 Vermont Northern Light Career Development Center IPDP Resource page: <http://northernlightscdc.org/career-pathways/ipdp-individual-professional-development-plan/>
- 📌 National Afterschool Association Core Knowledge and Competencies for Afterschool and Youth Development Professionals: <http://naaweb.org/images/Core-Knowledge-and-Competencies-web.pdf>

ASP SECTION 6: STAFF/CHILD RATIOS

Section 6 defines the staff/child ratios for children in groups, the maximum number of children in a group, and the criteria for determining when a second Staff member needs to be immediately available. Staff/child ratios ensure that an adequate number of adults are present to supervise children and support regular interactions between children and Staff. Group size requirements limit the total number of children in an individual classroom or space.

A CLOSER LOOK AT RULES: 6.1 to 6.5

WHY IT IS IMPORTANT


Group size and staff/child ratios are strong indicators of program quality and promote the health, safety, and positive development of children in care. Sufficient Staff should be available to provide children with supervision, frequent personal contact, meaningful learning activities, and immediate care as needed. Solid enrollment policies and procedures is one means to ensure meeting these rules. Attendance records document the actual number of children in attendance at any one time and provide a mechanism to verify group size and staff/child ratios.

The maximum number of children in an identified group is 26. Smaller groups ensure children receive care and attention from a primary Staff person and allow children to develop relationships. Smaller groups are also associated with higher levels of safety and more developmentally appropriate activities. Even though the staff/child ratio shall not exceed 1:13, when the number of children exceeds 10, another identified Staff person must be available within immediate proximity on site. This available Staff person is critical in case of emergencies and promotes an overall atmosphere of safety for the children and Staff member responsible for them.

Working directly with children can take many forms, such as facilitating activities, transitioning children between activities, engaging in conversation at snacks, and helping individual children with toileting or self-care. Cleaning the facility does not count as working directly with children. Lower staff/child ratios and group sizes help Staff to cultivate awareness of individual children and assist in planning and implementing activities that reflect the needs and interests of the children, and the level of supervision needed to support group participation.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

-  An attendance system is in place which tracks the number of children present at all times with the number of Staff responsible for those children. If there is more than one group of children, a Staff member is assigned to each group.

- 🔑 A clear policy exists so that all Staff members know how to access coverage when working alone or with an Aide in order to maintain staff/child ratios at all times.

Licensee/Site Director/Staff Responsibilities

- 🔑 Verification of group size and staff/child ratios takes place through paper or electronic tracking systems and includes physical head counts as applicable.
- 🔑 No more than 26 children are in an identified group. Staff member(s) are assigned to each group so that Staff/child ratio and group size are maintained. Only Staff working directly with children are counted in staff/child ratios.
- 🔑 Groups may be combined for short periods of time, such as in a lunch room or outdoors, however primary Staff shall be aware of children in his/her group.
- 🔑 Drop-off and pick-up patterns are reviewed regularly to plan for and make Staff adjustments and to ensure compliance with staff/child ratio and group size rules.

Resource

- 🔑 Appendix III contains a staff/child ratio and supervision chart.

ASP SECTION 7: SUPERVISION OF CHILDREN

Section 7 sets forth rules to ensure that children are supervised at all times, directly or indirectly, that supervision protects the health and safety of each child, and is appropriate to each child's development age. To supervise effectively, Staff must be aware of the environment, individual children and their interactions with one another and the environment. Staff will then be able to use this knowledge to further child development, guide interactions, plan for the environment and curriculum, as well as the amount and use of materials.

A CLOSER LOOK AT RULES: 7.1 to 7.8

WHY IT IS IMPORTANT

Adequate supervision is basic in the prevention of harm. Supervision means that the appropriate number of Staff are physically present in the area where children are present and these Staff are providing watchful oversight to the children. Staff supervising children both indoors and outdoors must be able to respond promptly to the needs of all children. Close supervision also provides added assurance that children are not harming each other, as Staff will be able to see or hear escalating behavior and quickly intervene to resolve conflict.

School age children are learning how to become more independent and yet need Staff to provide clear rules and boundaries to ensure their health and safety. Rule 7.2 recognizes the need for children to be independent, but still safe and secure by allowing Staff to adjust supervision for different ages and abilities, activities and environments. Each facility has different physical floor plans, which factor into the supervision needs of children with varying ages and abilities. Programs should have written plans to guide Staff in maintaining supervision during inside programming, outdoors, during transitions, while using the Buddy system, and during off-site activities. These could include how to supervise children if bathrooms are out of visual supervision or how to move groups of children through daily transitions.

Keeping children free from harm is an important responsibility and one to take seriously. Only program Staff shall be left alone with children, except when the child is with a parent, and no child shall leave the premises unaccompanied by a parent or authorized person, unless the child has written parental permission to do so. Making visual or verbal contact with the parent or authorized person when a child leaves the program further ensures the safety of the child.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 📌 Policies and procedures for all Staff should be explicit in reinforcing the importance of close supervision of children to protect their health and safety

- 📌 Policies provided to parents reinforce all aspects of providing supervision to their children, including highlighting the importance of the drop-off and pick-up policies. It is helpful to highlight rule 3.10, which provides assurance to parents that the safety of their child is of utmost concern.
- 📌 Programs would benefit from having policies outlining how to supervise groups of children, with special consideration of how to supervise the interaction of children and ways to address bullying or other aggressive behavior.

Licensee/Site Director/Staff Responsibilities

- 📌 Staff know the whereabouts of all children in their care at all times. All children are under direct supervision and in close proximity to qualified Staff.
- 📌 Staff engage and interact with the majority of children in outdoor play areas. All children remain in sight and sound range. Staff refrain from excessive conversations with each other.
- 📌 Depending upon the age of the children, they may be out of direct supervision within the confines of the licensed space for brief periods with Staff knowledge and permission. An example would be to use a bathroom facility. It is highly advised that systems be in place to track the child while out of direct supervision, such as the use of bathroom passes, etc.
- 📌 If children are transported home, the program's representative makes visual contact with parents or authorized individuals at drop-off.
- 📌 Adults responsible for supervision in shared space maintain staff/child ratios within the larger group. When utilizing shared spaces Staff are able to see and hear all children and aides under their supervision.
- 📌 If a buddy system is used, it must have a system to meet the time and age requirements and follow the guidelines in rule 7.2

Resources

- 📌 For detailed guidance on the Buddy System, refer to the Division FAQ:
<http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/Licensing/ASPFAQs.pdf>
- 📌 Appendix III contains a Staff/child ratio and supervision chart.

ASP SECTION 8: CURRICULUM AND PROGRAM IMPLEMENTATION

Section 8 rules address key areas of curriculum and program implementation. The rules define the parameters of a balanced and developmentally appropriate curriculum, including schedule, activities and materials, adaptations for children with special needs, support and interaction with children, and communication with families. Staff's knowledge of children and their developmental levels, learning styles, abilities, and interests should inform planning on a regular basis.

A CLOSER LOOK AT RULES: 8.1 to 8.16

WHY IT IS IMPORTANT

An afterschool program should provide an enriching contrast to the formal school program. Research shows that well-defined curriculum and program activities contribute significantly to a high-quality program. A planned but flexible curriculum; encourages independence and creative expression and fosters physical, social, and emotional development. A balanced schedule of active and quiet periods, coupled with activities that are engaging to children and reflect their interests and goals, is linked to successful outcomes for children. This includes ample time for free choice activities to encourage decision-making, problem solving and exploration.

Licensing regulations require that all curriculum activities and schedules are planned in advance, posted, and shared with families. This helps Staff and parents to have a common understanding of the services and activities provided by the program. The posted daily schedule also allows Licensing Field Specialists to verify that outdoor play is offered daily, weather permitting, and that meals and snacks are served at minimal required intervals.

Modifications to the curriculum, environment, routines and emergency procedures for children with special needs should include working in partnership with the parents to boost the successful participation of their child.

A key element of programming should be the Staff's ability to maintain and foster nurturing and supportive relationships and to contribute to a positive social and emotional atmosphere. Staff should engage directly and positively with children in their care, explaining and elaborating on curriculum activities, offering assistance when needed, and listening and responding to children in ways that encourage them to share experiences, ideas, and feelings. Staff should be respectful and not engage in confidential conversations in public or potentially public program areas.

Play is a natural and important way to learn. Technology and media should not replace activities such as creative play, real-life exploration, physical activity, outdoor experiences, conversation, and social interactions that are important to for children’s development. The amount of time children interact with technology (television, computers, DVD, or video games) outside of enrichment/educational activities is limited to 2 hours weekly.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 👉 Teachers intentionally plan curriculum. A process is in place for ensuring ongoing curriculum planning. Children have opportunities to provide input into program activities.
- 👉 A variety of enriching materials are available to implement the curriculum and meet the developmental needs of children. There are enough materials for the number of children to use individually and in groups.
- 👉 Lesson plans and daily schedules represent a balance of routines, child initiated and teacher directed activities, individual choice, creative expression and physical activities across the day.

Licensee/Site Director/Staff Responsibilities

- 👉 Staff are positive, warm, and supportive. Staff welcome and greet children and family members during arrival and departure. All Staff are responsive to children, use respectful language, smile, establish and maintain eye contact, and engage in positive interactions with children, other Staff, volunteers and parents.
- 👉 Staff and children are engaged in shared activities or in close proximity to one another. Staff interact with children during snacks and meals.
- 👉 Confidentiality is maintained at all times. When Staff speak with parents, they are cognizant of communicating sensitive information in private.
- 👉 Personal cell phones are only used when there is an emergency or when making program related calls or taking program related photos.

Posting

- 👉 The daily schedule is posted for easy reference by Staff and parents.

ASP SECTION 9: BEHAVIOR MANAGEMENT

Behavior management is an ongoing process that helps children develop self-control so that they can manage their own behavior in a socially acceptable manner. Behavior management is most effective when it establishes clear expectations and rules for children, consistently enforces them, and uses effective methods for preventing and redirecting misbehavior.

A CLOSER LOOK AT RULES: 9.1 to 9.5

WHY IT IS IMPORTANT

Positive behavior management methods create a constructive and supportive social group and reduce incidents of aggression. Positive methods help guide a child toward self-discipline and independence. Caregivers are more likely to avoid inappropriate practices when they have appropriate training about effective, positive methods for managing children's behavior.

Behavior management is not punishment of children; instead, it focuses on the guidance of children in learning appropriate behaviors, as they learn how to express their feelings and emotions in appropriate ways. The intent of rule 9.1 is to engage Staff in setting clear limits that guide a child toward self-discipline and independence and implementing positive methods for guiding behavior. Positive behavior management methods include: setting consistent, clear rules; encouraging, teaching and modeling appropriate behavior; redirecting or distracting a child from the unacceptable activity; planning ahead to prevent problems, talking to the child about the feelings he/she is having, and involving children in solving problems. Parents, Staff and children need to be informed of the program's behavioral expectations and behavior management plans. School age children have a need to understand why certain rules exist. They also have more personal buy-in to follow rules if they have helped to create them. Once the rules are in place, children will benefit from regular reminders that make them part of the daily routine.

Corporal punishment may not be used by any employee, volunteer, or Staff person towards children. This includes any act that is psychologically and emotionally abusive, as well as physical abuse. Staff orientation should have a strong emphasis on appropriate behavior guidance, prohibited corporal punishment, and the requirements for reporting suspected child abuse or neglect.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 📌 Staff receive orientation and training on child guidance according to rule 5.31, which includes the prohibition of corporal punishment or other forms of inappropriate discipline, outlined in rule 9.2.

Licensee/Site Director/Staff Responsibilities

- 👉 Staff are proactive and anticipate problem behaviors. Provide simple rules, signs and systems for children to move through the physical space. Use creative ways to remind children of these rules, so they become part of the classroom and program culture.
- 👉 Staff quickly redirect misbehavior and focus on the positive while clarifying behavior expectations and rules in a positive manner.
- 👉 Staff support children in resolving personal conflicts.
- 👉 Site Director and Staff work together with challenging behavior and involve the parent as appropriate to help the child be successful.

Posting

- 👉 Although it is not required, posting simple rules for children can be helpful. If children are involved in setting these rules, they will be more likely to follow them.

Resource

- 👉 The Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI) has helpful resources:
<http://challengingbehavior.fmhi.usf.edu/do/resources/tools.htm>

ASP SECTION 10: EMERGENCY PROCEDURES

Emergency Procedures outlined in ASP Section 10 protect the health, safety and security of all children by ensuring that programs have adequate supplies, training, and protocols to respond quickly and efficiently when children are injured or ill, require health care, or during other events/disasters that warrant lock down or evacuation of the premises. Regular opportunities for children and Staff to review and practice emergency response can prepare them for handling challenging situations efficiently and effectively. Section 10 rules requires written and posted emergency plans, access to working phones at all times, and readily accessible emergency family and medical contact information.

A CLOSER LOOK AT RULES: 10.1 and 10.2

First Aid Kits

WHY IT IS IMPORTANT

The emergency procedure rules ensure that programs and Staff have the necessary supplies and training needed to respond in the event of an emergency and that they are easily accessible to Staff at all times. Children are active and explore their world through exploration of the environment and materials. Keeping a safe facility and providing close supervision are primary ways to prevent injury, however when emergencies occur, the program and Staff must be prepared.

Injuries are more likely to occur when a child's routines or surroundings change. Activities outside the facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety measures. Traveling first aid kits must accompany a group(s) of children to the play yard, on student walks and field trips when activities are off site.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

📌 The Staff handbook and Staff training must outline the plan to respond to sick or injured children. A child who is injured shall receive immediate attention of the Staff. Every effort is made to notify child's parent/s immediately.

Licensee/Site Director/Staff Responsibilities

📌 Emergency evacuations plans must be in place, practiced with children monthly, with documentation kept on site for the previous and current year. A system must be in place to assure all children present in accordance with attendance records, at a predetermined safe place.

- 🔧 One readily accessible first aid kit is available whenever children are in care, including one for field trips and outings away from the facility and one to remain on site, if any children are still at the facility.
- 🔧 First aid kits need regular maintenance. Rule 10.1 contains an inventory list, and includes at minimum, sterile gauze pads (assorted sizes), a roll of gauze, adhesive bandages (assorted sizes), adhesive cloth tape, an elastic bandage, tweezers, and scissors. Additional items may include plastic bags, disposable gloves, or other supplies. If fewer than half of required materials are present, it may be considered a compliance violation.

Resource

- 🔧 Appendix IV in this Guidance Manual provides a sample first aid supply checklist.

A CLOSER LOOK AT RULES: 10.3 and 10.4

Emergency Medical Devices and/or Medications

WHY IT IS IMPORTANT

It is essential for parents and Staff to work together and document care plans for children with special health needs. Children's special health needs often require special equipment, medical devices or medications prescribed by a physician. This might include such items as Epi-pens for allergic reactions, inhalers for asthma, or other devices that assist a child with special needs to participate in the program.

Preparation and advanced knowledge is the key to keeping known medical situations with a prescribed treatment under control, avoiding unnecessary panic, and potential for more serious harm. A plan for training Staff to use medical equipment and administer medication ensures Staff have the knowledge and skills needed to care for and respond to a child's special health needs. Documentation of the plan, required consents, and specialized training provided to Staff is in the child's file in compliance with rule 4.2. All Staff who interact with a child with special care needs must demonstrate awareness of the procedures for obtaining and maintaining individual care plans, follow the program's medication policy stated in rule 5.31 whenever administering medication.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 🔧 A process is in place for obtaining and documenting information from parents/physicians regarding children with special health care needs.
- 🔧 A procedure is in place to train Staff that will be caring for children with a special health care issue.

Licensee/Site Director/Staff Responsibilities

- 📌 Site Director and relevant Staff are familiar with special health plans for children regularly in care.
- 📌 There is a written plan on site by the child's medical professional for the training and usage of any medical devices or medications like an EpiPen.
- 📌 Staff receive training in the use of emergency medical devices such as an EpiPen, when and if an enrolled child has one prescribed.

Resources

- 📌 Appendix V in this Guidance Manual provides an example of a specialized care form for children with special health needs, adopted from *Stepping Stones to Caring for Our Children*
- 📌 Healthy Child Care Vermont has a program providing a Wellness Consultant:
http://dcf.vermont.gov/sites/dcf/files/CDD/Brochures/CCW_FAQ_Consultation_In_VT_final_11.15.14.pdf

A CLOSER LOOK AT RULES: 10.5 to 10.7

Responding to Sick or Injured Children

WHY IT IS IMPORTANT

Effective, immediate response to child's injury or illness is critical for ensuring timely access to medical services as necessary. Staff must be aware of the procedures for responding to a child emergency before one occurs. Practice drills provide opportunities for the Staff and programs to review procedures and determine how long it takes to activate the emergency response system, get assistance, and retrieve parent contact information to obtain necessary medical or dental care. First aid procedures must align with the program's policies for accident, illness or injury reports (see rules 4.2, 4.8 and 4.9).

Prevention is always the best first line of defense and includes close Staff supervision as well as ensuring facilities are in good repair. However, children do become ill and sometimes have accidents. Staff's response to sick and injured children should align with policies described in rule 4.7 for admission, inclusion, and exclusion of ill children. All Staff must be aware of the procedures for obtaining and maintaining individual care plans and medication policies as described in rule 5.31. Staff shall follow the exclusion policies set forth in *Signs and Symptoms Illness Chart* (see rule 13.6).

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 📌 Programs have policies and procedures for admission, inclusion, and exclusion of sick children. These policies address how to handle injuries of children, as well as outline areas of prevention.
- 📌 Programs provide training to all Staff on carrying out these policies and procedures.

Licensee/Site Director/Staff Responsibilities

- 🔑 Staff provide immediate care, including first aid, to injured or ill children.
- 🔑 Parents are notified immediately of a child who is injured. Documentation of the injury in writing is highly advised with date, time, and location, nature of injury, Staff responding and parent notification method. Documentation is required for all injuries that meet requirements in 4.8 and 4.9.
- 🔑 When off-site, Staff carry a first aid kit, an operating cell phone, water, and emergency medications.

Resources

- 🔑 The Signs and Symptoms of Illness Chart found in the Afterschool Child Care Program Regulations can be accessed at:
http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/ECP_Appendix_B.pdf
- 🔑 The Northern New England Poison Center is a helpful resource for on poisonous plants and
<http://www.nnepc.org/poisons/p/poisonous-plants>

A CLOSER LOOK AT RULES: 10.8 to 10.11

Emergency Response Plans

WHY IT IS IMPORTANT

Licensed afterschool programs should know how to prepare for and respond to natural disasters or emergencies that may require evacuation, lock down or shelter in place. An Emergency Response plan must be developed and maintained at the facility for this purpose. Rules 10.8 -10.11 outline requirements related to evacuation routes, written preparedness plans, regularly scheduled practice drills, procedures for notifying parents, and checking attendance after exit and upon return to the program.

Emergencies are not conducive to calm and composed thinking. Having written plans and training all Staff to implement these plans, promotes preparation and minimizes chaotic responses during an emergency. The Emergency Response Plan details how staffing is maintained in the event of an emergency and clearly describes a system for assuring all children are accounted for at a predetermined safe location(s). Evacuation routes and procedures should also be diagramed and prominently posted within the facility. Providing emergency preparedness information to parents ahead of time alleviates fear in times of an actual emergency. They can receive this information in the family handbook or another format, such as the program's website.

Emergency plans and drills provide information and practice to ensure a collective knowledge exists in the event of an emergency. Drills occur monthly, and documentation is on file. Drills

ensure that Staff and children are aware of and follow emergency evacuation plans and are familiar and prepared with what to do in an actual emergency.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 📌 A written Emergency Response Plan details all emergency procedures such as evacuation routes and first responder contact information. If programs are in public schools, this plan must be coordinated with the School's plan. A copy of this plan is sent to the Vermont Division of Emergency Management upon their request.
- 📌 Families are aware of the Emergency Response Plan and the important role it plays in keeping their child safe.

Licensee/Site Director/Staff Responsibilities

- 📌 The Emergency Response Plan, developed with local emergency response teams, is easily accessible and available at all times to Staff.
- 📌 Staff members are trained and know what to do in response to emergency situations in accordance with this plan
- 📌 Emergency drills occur monthly, are documented and data is reviewed by Program Administrator or Site Director to inform any changes to the Plan.

Posting

- 📌 Evacuation routes are clearly marked on facility diagrams. Facility diagrams posted by the door in each room.

Resource

- 📌 Emergency Response Planning Guide for Child Care is available at:
<http://dcf.vermont.gov/sites/dcf/files/CDD/Brochures/EmergencyResponse.pdf>

ASP SECTION 11: FACILITIES

Section 11 defines the minimum amount of usable indoor and outdoor space required for providing afterschool services and programming to children. The space, both indoor and outdoor, receives regular inspections to verify that it meets ASD Licensing Regulations. Guidance covers four areas: General Standards, Swimming Facilities, Bathrooms, and Lead Safe Facilities. Other state and federal agencies or laws mandate many of the requirements in this Section. Licensees are responsible for complying with such laws.

A CLOSER LOOK AT RULES: 11.1 to 11.19

General Standards

WHY IT IS IMPORTANT

Facility maintenance is critical for ensuring the health and safety of children. The program space must be safe not only for the children and youth who participate in the program, but also for the Staff who serve them. The intent of this rule is to assure that the program provides enough space for each child in order to promote growth, development and freedom of movement. The facility's lighting, ventilation, temperature, noise and cleanliness can affect the physical, psychological and social/emotional health of individuals occupying the space. Facilities, when not properly maintained can cause potential harm to occupants and pose safety hazards.

Play areas must be sufficient to allow freedom of movement among active children. Outdoor play affords an opportunity for learning in a different environment and provides many health benefits. Open spaces in outdoor areas encourage children to develop gross motor and fine motor skills in ways that may be difficult to duplicate indoors.

- Adequate lighting reduces the risk of accident and injury making it possible for individuals to see obstacles and the faces of others. Lack of appropriate lighting has been linked to health conditions including eyestrain, headaches, and other symptoms of illness. Natural lighting is the most desirable if available. Use windows to provide natural light and increase ventilation.
- Fresh air and ventilation support a healthy environment. Adequate ventilation lessens the spread of airborne germs. To ensure proper ventilation use screened windows that open, exhaust fans, or other mechanical ventilation systems to increase air circulation and to control odors.
- Noise levels can affect children's concentration, and physical and psychological health. Maintaining an adequate noise level means that two individuals can speak to one another and hold a conversation without raising their voices. Use sound absorbing materials such as ceiling tiles, carpets, and other furnishings to absorb sound and to create a noise barrier between defined groups of children.

If pools and/or swimming facilities are part of the facility or programming, they must meet additional requirements outlined in Section 16.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 🔧 Programs are required to provide 35 square feet of safe useable space per child inside the facility. This space is maintained at this level.
- 🔧 The outdoor play area shall provide shade and be fenced or otherwise separated from traffic and other hazards.
- 🔧 Space is adequate for children to engage in individual, small group, and whole group activities. Storage of materials does not encroach upon useable space.
- 🔧 Policies and procedures are in place to address power and water outages.

Licensee/Site Director/Staff Responsibilities

- 🔧 The program has a system to review maintenance issues on a regular basis to promptly address hazards and to keep the premises safe and clean. Staff are aware of this system and understand how to communicate needed repair or maintenance to the Site Director or other designee.
- 🔧 Stairs, walkways, landings, driveways, and entrances have sufficient lighting and contain no safety hazards.
- 🔧 Staff have access to and know how to control facility heating or cooling systems. The temperature is maintained at least 68 degrees in all classrooms.
- 🔧 Monitor air quality to ensure noxious odors are not present in spaces occupied by children. Store trash, garbage and compost in containers with tight fitting lids to prevent odors, insects and rodents. Take care not to expose children to strong air fresheners, fragrances, cleaning chemicals, and other potential products with strong smells that could cause reactions.
- 🔧 Programs and Staff take steps to keep the noise level in the classrooms and surrounding areas at a tolerable level. Some children (and adults) can be overstimulated or otherwise affected by a high level of noise.

Resource

- 🔧 Appendix VI provides guidance on power and water outages.

A CLOSER LOOK AT RULES: 11.20 to 11.26

Bathrooms

WHY IT IS IMPORTANT

Providing and maintaining sufficient facilities to meet the personal needs of children, while meeting minimum standards is important in many ways. It allows children to meet their personal needs, avoid accidents and allows Staff to provide assistance as needed. This is necessary to provide for personal cleanliness, to protect children from contamination from body waste and thus prevent the spread of germs. Identifying and maintaining the bathrooms used by programs allows Staff to ensure a level of sanitation and prevents use by individuals who are not involved with the program. Ventilation, lighting, water temperature, liquid soap and single use towels are basic requirements for safe and sanitary bathroom facilities. Since daily routines include the use of bathroom facilities, sanitary maintenance is required to prevent the spread of disease causing organisms. Staff checking regularly on these requirements reinforce safety and sanitation.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 🔧 Provide both hot and cold running water, making sure water temperature does not exceed 120 degrees.
- 🔧 Ensure bathrooms have adequate lighting.
- 🔧 To ensure proper ventilation, equip each bathroom with a screened window or electric exhaust fan.

Licensee/Site Director/Staff Responsibilities

- 🔧 Maintain an adequate supply of disposable hand towels and liquid soap accessible to children at each sink. If soap, towel dispensers or air dryers are out of children's reach, provide steps stools.
- 🔧 Toilet paper must be available and within a child's arm reach.

A CLOSER LOOK AT RULES: 11.27 to 11.32

Lead Safe Facilities

WHY IT IS IMPORTANT

Lead-based paint is the most common source of lead poisoning in children. Ingestion of lead may occur through breathing or swallowing lead dust or by eating soil or paint chips containing

led. Ingestion of lead paint can result in high levels of lead in the blood, which affects the central nervous system. To mitigate harmful exposure, rules 11.27 to 11.32 present requirements for Lead Safe Facilities. While programs housed in public schools and facilities built after 1978 are exempt from 18 V.S.A. Chapter 38, Childhood Lead Poisoning Prevention Laws (ACT 165 of 1995), other regulations in Section 11 still apply. Buildings constructed before 1950 likely contain lead and may require attention.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 🔗 Building constructed after 1978 and regulated programs housed in public schools are exempt from this sub-section of the rules. However, these programs must follow all other rules in Section 11.
- 🔗 All other regulated programs must have an Essential Maintenance Practice (EMP) performed prior to licensing and annually thereafter in the space defined as licensed space. These same programs must annually file an Essential Maintenance Practices Compliance Statement with the Childhood Lead Poisoning Prevention Program of the Vermont Department of Health and the Licensee's insurance carrier.

Licensee/Site Director/Staff Responsibilities

- 🔗 Site Director has responsibility to make sure equipment used in the program does not contain lead paint.

Resources

- 🔗 Vermont Lead Law (VT Department of Health):
<http://healthvermont.gov/enviro/lead/lead.aspx>
- 🔗 The Vermont Lead Law requires Essential Maintenance Practices to be completed annually on child care facilities located in buildings built before 1978:
http://healthvermont.gov/enviro/lead/emp_compliance_statement_faq.aspx

ASP SECTION 12: SAFETY STANDARDS

ASP Section 12 contains rules for protecting children from conditions that may threaten their health and well-being indoors and outdoors. Indoor safety rules target furniture and equipment conditions, hazardous substances, access to facilities, and handling animals. Outdoor safety rules define requirements for outdoor play experiences, playground inspection and supervision, and guidelines on protective fencing and cushioning materials.

A CLOSER LOOK AT RULES: 12.1 to 12.7

General Safety

WHY IT IS IMPORTANT

Children learn through exploration of their environment with the intentional facilitation of Staff members. Keeping the indoor and outdoor environment safe and in good repair allows children more freedom of exploration, and allows Staff to engage in more meaningful interactions, rather than be concerned about preventing children from harm.

Daily inspections of indoor and outdoor play areas and equipment ensure basic health and safety. Items to inspect might include, but are not limited to,

- Missing or broken parts
- Protrusion of nuts and bolts
- Rust or chipping/peeling paint
- Sharp edges, splinters, or rough surfaces
- Loose handrails or handholds
- Visible cracks
- Instability of non-anchored play equipment
- Hazardous substances inaccessible to children

A system should be in place to keep children from accessing any hazards found and notify the appropriate person to ensure repair. Any indoor climbing structure that allows children to achieve a height of more than 30 inches must have shock-absorbing cushioning to reduce the impact of injury due to a fall. To determine if furniture is stable enough for use in children's space, try leaning on the furniture. If it is secure under the pressure of an adult's weight, it is generally secure for children.

Interacting with animals can provide numerous learning opportunities for children. However, animals may also expose children to allergens, germs, and infectious diseases. Minimize this risk by taking the following steps:

- Survey families to identify children with allergies
- Always wash hands after handling an animal, cleaning the cage, or caring for the animal in anyway.

Be familiar about the type and nature of the animal before children interact with it.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 🔧 Program policies address the frequency of safety checks, assign responsibility of these checks and specify follow up procedures.
- 🔧 Policies and procedures are in place to address power and water outages.

Licensee/Site Director/Staff Responsibilities

- 🔧 Site Director or designee has responsibility to check indoor and outdoor equipment, furnishings and materials to ensure they are in good condition.
- 🔧 Chairs and tables are appropriate for the number of children, their size and abilities.
- 🔧 Any bookcase or shelf over three (3) feet is secured.
- 🔧 Hazardous substances are in original containers out of reach of children or stored in locked areas or closets.
- 🔧 Bathroom and closet doors that lock from the inside must be able to be unlocked from the outside.
- 🔧 Animals present in the program do not present any health or safety risk; children wash hands before and after handling a class or visiting pet.

Resources

- 🔧 Caring for Our Children, 3rd Edition (CFOC3) is a collection of 686 national standards that represent the best evidence, expertise, and experience in the country on quality health and safety practices and policies that to be followed in today's early care and education settings. It can be accessed at: <http://cfoc.nrckids.org/>
- 🔧 Safe Kids Worldwide is a global organization dedicated to preventing injuries in children: <http://www.safekids.org/safetytips>
- 🔧 Appendix VI provides guidance on power and water outages.

A CLOSER LOOK AT RULES: 12.8 to 12.16

Outdoor Safety

WHY IT IS IMPORTANT

Outdoor play is an important component of a child's afterschool experience. Being outdoors in fresh air helps children stay healthy. Studies have indicated that children who spend time outdoors even during cold weather, have fewer respiratory illnesses. Infectious disease organisms are less concentrated in outdoor air than indoor air. In addition, exposure to sunlight promotes the production of vitamin D that growing children require.

Proper maintenance of playgrounds and playground equipment is a key factor in ensuring a safe play environment for children. Each year, approximately 200,000 children are treated in U.S. hospital emergency rooms for playground equipment-related injuries. On average, there are 15 child deaths each year as a result of playground equipment-related incidents. Daily inspection increases the likelihood that hazardous materials are removed, broken equipment is repaired or designated as off limits and the ground cover is raked or replenished.

When making a decision about whether to permit outdoor play, take into account:

- Outdoor temperature, including wind chill factors and the heat index.
- Ages of the children
- Duration of outdoor play
- Appropriate clothing for conditions (The program should have extra clothing available for children who do not come with appropriate clothing)
- Severe weather conditions such as heavy snow or rain warnings
- Public announcements of poor air quality or other hazardous conditions

Outdoor spaces should include areas of sun and shade and adequate space to accommodate various play experiences with equipment and/or physical movement and quiet spaces for resting or taking a break. Keep in mind, the Americans with Disabilities Act (ADA) requires that outdoor play areas are accessible to all.

Playground Recommended Practices: Review the U.S. Consumer Products Safety Commission” (CPSC) safety standards for playground equipment. These standards delineate numerous safeguards, for example, guardrails and ladder rungs on climbers must be a certain height to protect children against entrapment. The standards also contain recommendations for regular playground equipment maintenance and standards for protective surfacing on ramps and under/around climbers.

Consider the square footage requirements for outdoor space and use zones when determining the amount and placement of playground equipment. Make sure there are accessible pathways for children to enter/exit and freely move around without colliding with one another.

Most injuries are the result of falls to the ground below the equipment. Head impact injuries present a significant danger to children. A fall onto a shock-absorbing surface is less likely to cause a serious injury than a fall onto a hard surface. A CPSC study of playground related injuries treated in U.S. hospital emergency rooms indicated that the majority resulted from falls from equipment to the ground surface below. Wood chips, wood mulch, pea gravel, sand, and shredded tires are the most common form of loose filling used on playgrounds.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 👉 There is sufficient cushioning material under equipment that allow children to climb over 30 inches to protect them if a fall from the equipment should occur.

- 🔧 Play equipment and play surfaces are provided for children with disabilities in accordance with recommendations from ADA. Parents and special educators are a valuable resource in this regard.
- 🔧 The program has a policy for daily outdoor play experiences, except when weather poses health risk. Parents are encouraged to send their children in appropriate **outdoor clothing**. The program may want to keep some outdoor clothing on hand, in case some children are not dressed for the weather.

Licensee/Site Director/Staff Responsibilities

- 🔧 The outdoor play area is inspected daily prior to children's use for presence of trash, broken glass, poisonous plants, dead tree limbs, sharp garden tools and other hazardous items.
- 🔧 Playground equipment are inspected for exposed nails or other protrusions, splintered or deteriorated wood, broken or missing steps, handguards and ladders, chipped or peeling paint and unstable bars, rungs or handlebars. If there are safety hazards, children do not use equipment until repaired.
- 🔧 The program takes steps to ensure that children are not exposed to the hazards of pressure treated wood.

Resources

- 🔧 National Program for Playground Safety is a helpful resource:
<http://www.playgroundsafety.org/>
- 🔧 Find out more about the hazards of pressure treated wood at:
http://healthvermont.gov/enviro/water/pressure_treated.aspx
- 🔧 The National Weather Service has a heat index chart:
http://www.nws.noaa.gov/om/heat/heat_index.shtml and wind chill index chart:
<http://www.nws.noaa.gov/om/winter/windchill.shtml>

ASP SECTION 13: HEALTH STANDARDS

Health Standards cover seven specific health-related practices essential for reducing infections and the spread of germs. The Guidance that follows covers five of the seven health areas: *General Standards, Conditions for Exclusion, Hand Washing, Cleaning Practices, and Medication and Topical Applications.*

A CLOSER LOOK AT RULES: 13.1 to 13.35

WHY IT IS IMPORTANT

General Standards: Baseline health and safety requirements are important for protecting children's health and wellness. Universal precaution practices are the first line of defense for reducing the spread of contagious germs when attending to children or administering first aid.

Universal precautions are required practices for reducing the spread of germs and infections when individuals who care for others may be exposed to bodily fluids. In general, having immediate access to latex gloves, cleaning all surfaces, and frequent hand washing can lessen the spread of infection or germs.

Air-borne chemicals: Items with strong chemicals and odors, such as anti-pest strips, ozone and diffused air fresheners, mothballs, incense, nail polish and other products can irritate the lungs and trigger asthma, headaches and allergic skin reactions.

Clean Drinking Water: Programs are required to provide access to clean drinking water both indoors and outdoors and throughout the day. Providing water in advance of upcoming physical activity prevents dehydration and other related health conditions. Remind children frequently that they can access drinking water at any time and especially during warm weather. Water from bathroom sinks should not be a source of drinking water.

Conditions for Exclusion: These rules help minimize the spread of infection and assure the comfort of the ill child. According to University of California's Berkeley Center for Environmental Research and Children's Health (2013), one of the six most important ways you can reduce the spread of infectious disease is isolation. Programs should develop procedures for isolating a sick child from peers while maintaining the child's comfort until his/her parent arrives. The *Signs and Symptoms of Illness Chart* provided in Appendix A of the ASP Regulations and on the Division website, provides detailed information about conditions where a child should be temporarily excluded and when they may be allowed back in the program. Providing parents with the Signs and Symptoms of Illness Chart and the illness exclusion policies reinforces the intent of keeping all children healthy. It is not easy for children, parents and Staff when a child is excluded due to illness, so having clear policies can alleviate misunderstandings.

Handwashing is the most important way to reduce the spread of infection. Many diseases and conditions spread because hands are not washed with soap and clean, running water. Children and Staff must wash hands before preparing or eating food and after using the toilet, handling animals, or playing outside. Staff must wash hands after administering medication, eating, cleaning up after a sick or injured child, or after handling items soiled with body fluid or blood, even if wearing gloves to complete these tasks. Hand sanitizer use is restricted to times when running water is not accessible.

Consider the following handwashing procedures: Begin with running water over the hands to remove the soil and any infection-causing organisms. Wetting the hands before applying soap helps create soap lather to loosen soil and organisms. Rinsing the lather off into the sink removes the debris from the hands that the soap has loosened. Warm water (no less than 60 degree F and no more than 120 degrees) is more comfortable than cold water and increases the likelihood that children and adults will adequately rinse their hands. Using liquid soap is preferable over bar soap. Bar soap sitting in water, can be heavily contaminated with bacteria; in addition, many adults and children do not take the time to rinse the soil off the bar of soap after using it.

Cleaning Practices: Developing and maintaining schedules and systems for cleaning promotes a safe and healthy atmosphere for children and Staff. Cleaning routines, however, should not interfere with close supervision of children, so additional Staff may need to be available to ensure a clean and sanitary environment. Conditions that allow germs, pests, chemicals, dirt, dust and moisture to build up in the environment, can cause health problems for children as well as Staff. Relative to their size, children are exposed to more germs and toxic chemicals than adults are; they breathe in 4 to 6 times more air than adults do, and they breathe closer to the ground where pollutants tend to concentrate. Moreover, children's bodies are less able to get rid of toxic substances and germs than adult bodies.

The Center for Disease Control (CDC) outlines the differences between cleaning, sanitizing and disinfecting:

Cleaning:

- Reduces dirt, impurities and germs with soap/detergent and water by removing them from surfaces and objects.
- Removes dust, molds, irritants and allergens that can trigger asthma symptoms

Sanitizing:

- Use of a chemical product or device that reduces the number of germs on surfaces to a level considered safe by public health requirements.
- Requires a **clean** surface before sanitizing
- Areas that need sanitizing are food contact surfaces (where food is served, stored, or prepared).

Disinfecting:

- Products are designed to kill or inactivate germs and often have strong chemical ingredients, so should be used with care. Be sure to check labels to ensure that products comply with rule 13.16.
- Works on hard, nonporous surfaces or objects such as bathroom sinks/faucets, toilets, drinking fountains, shelves, and doorknobs.

Medications and Topical Applications: Improper administration of medications is a health and safety hazard. Administration of medication requires attention to detail. Medications must be in original containers, labeled with the child's name, medication name, dosage, administration schedule, and prescriber. This information is not only a regulated practice but is vital in the event that an allergic reaction or change in behavior occurs. Written general permission must be on file from parents prior to the supervised application of non-prescription medications and products, such as ointments, creams, sunscreens, tick and insect repellants, and other topically applied ointments and lotions. Update this general permission annually. Ensure children wash their hands before and after administration and follow all protocols in the program's written policy. At all times, keep medication out of children's reach. At no time or for any reason should a Staff member administer medicine to children without written parental consent.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 🔧 Staff employed for longer than six months have completed Division approved basic first aid training.
- 🔧 Staff are trained in Universal Precautions.
- 🔧 Policies specify use of EPA registered cleaning products and all cleaning procedures, including sanitizing and disinfecting, follow regulated practices and frequency. Cleaning products are labeled and inaccessible to children.
- 🔧 Policies limit items with strong chemicals and odors, such as anti-pest strips, ozone and diffused air fresheners, mothballs, incense, nail polish and other products that can irritate the lungs and trigger asthma, headaches and allergic skin reactions.
- 🔧 Children have access to clean drinking water throughout the day both indoors and outdoors and Staff help children to independently access water while still under adult supervision. Bathroom sinks may not be a source of drinking water.

Licensee/Site Director/Staff Responsibilities

- 🔧 Staff know and routinely apply universal precaution practices such as using disposable gloves for first aid, when assisting children with toileting, and when cleaning up bodily fluid.
- 🔧 Staff wash hands frequently, particularly after administering medication, eating, cleaning up after a sick or injured child, or handling items soiled with blood or other bodily fluids.
- 🔧 Children wash hands frequently, particularly before handling food, after using the toilet, handling animals or playing outside. Hand sanitizers are not used, except when running water is not available.

- 📌 Medications are stored in original containers with instructions on the label. They are accessible only to program Staff. Written authorization by parents to administer medication is on file. Staff document when administration of medication and maintain records in children's files for one year.

Posting

- 📌 A *Signs and Symptoms Illness Chart* is posted and used to create written exclusion policies. Policies are shared with parents and Staff.

Resources

- 📌 The Division provides guidance and forms for medication administration:
http://dcf.vermont.gov/sites/dcf/files/CDD/Forms/Medication_Permission_Form.pdf
- 📌 A sample topical medication form is available from the Division at:
http://dcf.vermont.gov/sites/dcf/files/CDD/Forms/Sample_topical_lotion_permission_form.pdf
- 📌 Cooperative Extension System, eXtension has a page dedicated to cleaning, disinfecting, and sanitizing in child care: <http://articles.extension.org/pages/25770/cleaning-sanitizing-and-disinfecting-in-child-care>

ASP SECTION 14: NUTRITION

Section 14 Licensing rules for meal and snacks provide the basic guidelines for good nutrition. Based in part on the USDA Child and Adult Care Food Program (CACFP) guidelines, these rules provide guidance on meal and snack schedules, nutritional content of food, and health and safety precautions; for example, the use of pasteurized milk products, portion control, accommodation of special dietary needs, and guidance for parents who furnish snacks and meals for their children.

A CLOSER LOOK AT RULES: 14.1 to 14.8

WHY IT IS IMPORTANT

Nourishing food is the cornerstone for children’s health, growth, and well-being. Children are constantly growing and expending energy and need to eat frequently. It is essential that programs provide food that is adequate in amount and type to meet children’s basic metabolic, energy needs. The United States Department of Agriculture Food and Nutrition Services has published meal pattern guidelines on nutrition for Child and Adult Care Food Programs (CACFP). These guidelines apply to all licensed Afterschool programs and must be followed regardless of whether the program participates in the Food program.

Raw or unpasteurized milk products have been implicated in outbreaks of foodborne illness such as salmonellosis, listeriosis, toxoplasmosis, and campylobacteriosis and therefore cannot be served to children.

Programs are required to make every effort to accommodate special written dietary requests from parents. Children with special needs may have individual requirements relating to diet and feeding that require the development of an individual plan prior to entry into the facility. Food, eating style, utensils, equipment, including furniture, may have to be adapted to meet the developmental or medical needs of individual children.

Some programs may require parents to provide snacks and meals for children, or parents may choose to do so. Programs are required to encourage parents to consider portion size and nutritional value when preparing snacks or meals.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 📌 Program schedules should include a meal or snack for children at least every three hours. If arriving after a full day of school, children shall be offered a snack within one hour.
- 📌 Snacks provide at least two of the four recommended meal pattern components. Meals consists of four food components, as reflected in the CACFP guidelines. Milk and juice meet requirements.

- 👉 Special dietary requirements for children are shared with Staff and followed by all Staff involved in food service. Procedures for food allergies are in place.

Licensee/Site Director/Staff Responsibilities

- 👉 Efforts are made to accommodate parent's written special dietary requests. Written records signed by parents describe the food request and reasons for the request.
- 👉 Children are not forced to eat, there is adequate food, and second helpings are available.
- 👉 Parents are encouraged to consider portion size and nutritional value of foods when preparing meals and snacks for their children to bring to the afterschool program.

Resource

- 👉 Vermont Agency of Education, Child and Adult Care Food Program information as may be applicable to individual programs: <http://education.vermont.gov/nutrition/child-and-adult-care-food-program>

ASP SECTION 15: FOOD PREPARATION AND SAFETY

Section 15 rules require licensed programs to put in place the necessary processes and protocols for safe food preparation, storage and sanitation. The goal is to ensure that food preparation and service are sanitary in order and reduce the possibility of food borne illness. The rules require all licensed programs to follow the Vermont Department of Health rules for on-site food preparation to prevent contamination of food and food borne illness. Other content includes safeguards for protecting children with food allergies, for transporting foods to the program site and for ensuring that children have regularly scheduled and nutritious snacks. The Guidance presented below expands on the food preparation and safety requirements set forth in ASP Section 15.

A CLOSER LOOK AT RULES: 15.1 to 15.5

General Food Preparation and Safety

WHY IT IS IMPORTANT

Children are highly susceptible to foodborne illnesses. Many outbreaks of food borne illness can be prevented through appropriate sanitation methods. Therefore, it is critical that afterschool programs take precautions and avoid potential health risks. Whether food is prepared on-site or off-site, the Licensee must ensure that food served to children meets or exceeds approval standards set forth by the Vermont Department of Health.

To maintain proper sanitation in food preparation and eating areas, several precautions are in order. All surfaces that are in contact with food must be sanitary, including tables and counter tops as well as floors and shelving in the food preparation areas. Surfaces shall be in good repair and made of nonporous material. Cracked, chipped, or porous surfaces may trap food or other organic materials that can promote bacterial growth and contaminate the next food that comes in contact with that surface. The presence of animals in food preparation or eating areas can increase the risk of contaminating food and is prohibited. A system for cleaning and sanitizing kitchen countertops, floors, cabinets and shelves is key to preventing food borne illness.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 📌 When food is prepared on-site and/or multi-service utensils are used, the Licensee shall work with the Division and the Vermont Department of Health to ensure sanitary practices.
- 📌 Monthly snack and meal menus are distributed to parents, and/or posted in an area easily noticed by parents. They are on file for three (3) months.

Licensee/Site Director/Staff Responsibilities

- 🔧 Kitchen or food preparation areas are constructed of non-porous materials, in good repair, and are cleaned and sanitized regularly.
- 🔧 No animals are in rooms where food or drink is being prepared.

Posting

- 🔧 Posting of menus for parent (and children) is helpful not only to provide information but can also be an educational experience for children.

A CLOSER LOOK AT RULES: 15.6 and 15.7

Medically Diagnosed Food Allergies and Food Sensitivities

WHY IT IS IMPORTANT

Food sensitivities and allergies are common, occurring in between two and eight percent of children. Food sensitivities can result in minor irritations (rashes, loose stools); food allergies can cause life-threatening reactions (swelling, severe asthma attacks, extreme hives). Vigilant efforts to avoid exposure to the triggering foods are required in licensed afterschool programs. Children with medically diagnosed food allergies must have a special care plan that is developed in conjunction with the child's physician.

Special care plans must specify each allergenic ingredient, suggestions for preventing exposure to problem foods, reaction symptoms, a step-by-step plan for treating the reaction and guidelines for administering medications, when necessary. Staff must be aware of food allergies, have access to special care plans, and know how to respond appropriately when a child with allergies is exposed to a problem food. Staff must notify parents immediately if their child has exposure to an offending food, even if visible signs of an allergic reaction are not present.

Notify all families enrolled in the program of the presence of specific allergies in the student population. Ask them to avoid bringing any treats, snacks or meals into the program that contain ingredients likely to trigger an allergic reaction. Sharing children's allergies does not violate HIPPA privacy rules as long as the parent has given permission for their child's allergy information to be shared with program Staff and other families. This communication should contain only the allergy information, not the child's identifying information.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 🔧 Programs have detailed policies and procedures to deal with children with food allergies and the special care plans that need to be in place. These policies are shared with parents and Staff are trained on these policies.

Licensee/Site Director/Staff Responsibilities

- 👉 Staff are aware of children with medically diagnosed food allergies, can access medically ordered special care plans for these children and know what to do in case of exposure to the allergy causing food including contacting parents and/or administering parent authorized medications.
- 👉 Staff are aware of how some children react severely even if in close proximity to the food causing the allergic reaction. One example is peanut allergies, where some programs have had to institute a “no peanut” policy due to severe allergies of enrolled children.
- 👉 Children with food allergies or sensitivities are offered an alternate snack. With the increase in gluten and dairy intolerance, programs should select their alternate snacks with care.

Posting

- 👉 Posting children’s allergies in a way that is confidential but accessible to Staff may prevent any mistakes where a food is offered to a child to which they are allergic.

Resource

- 👉 To learn more about common food allergies, visit:
<https://www.healthychildren.org/English/healthy-living/nutrition/Pages/Common-Food-Allergies.aspx>

A CLOSER LOOK AT RULES: 15.8 to 15.23

Food Storage, Preparation, Serving and Cleanup

WHY IT IS IMPORTANT

The consumption of healthy food in a pleasant, clean atmosphere is an integral part of an Afterschool Program. Children benefit from policies and procedures that keep the food they eat safe, sanitary and appealing.

Food Storage: Proper food storage helps maintain food quality by retaining flavor, color, texture and nutrients, while reducing the chance of contracting a food-borne illness. Food will need to be stored properly based on whether it is perishable, semi-perishable, or non-perishable. Below are definitions of these categories with guidance on storage:

1. **Perishable foods** include meat, poultry, fish, milk, eggs and many raw fruits and vegetables. All cooked foods are considered perishable as well. To store these foods for any length of time, perishable foods need to be stored at refrigerator or freezer temperatures. Refrigerated foods should be used within several days.

- For perishable foods, refrigerator temperatures should be maintained at or below 45 degrees Fahrenheit. To monitor this temperature, place a refrigerator thermometer in the warmest part of the refrigerator, preferably in the front on the top shelf. Refrigerated foods should be labeled and dated.
2. **Semi-perishable foods** such as flour, grain products, dried fruits and dry mixes, if properly stored and handled, may remain unspoiled for six months to about one year.
 3. **Non-perishable**, or staple, foods such as sugar, dried beans, spices and canned goods do not spoil unless they are handled carelessly. These foods will lose quality, however, if stored over a long time, even if stored under ideal conditions.
 - Semi-perishable and non-perishable or staple foods are often kept in the kitchen cupboard or pantry. These areas should be kept clean, dry, dark, and cool with an optimal temperature range of 50-70°F. Non-perishable foods should be stored in rodent proof containers. If placed on open shelving, store food containers and utensils 18 inches off the floor to avoid contamination from microscopic dirt and debris. This keeps insects and rodents out of the products and allows for ease in cleaning the floor.

When parents provide food for their child, it is important for programs to have a system to determine which foods are perishable and prone to rapid deterioration or spoilage. These foods will need refrigeration, even if ice packs are present with the food.

Food Preparation: Using clean food service preparation areas, dishes and utensils prevents the spread of microorganisms that can cause disease. Visual inspections of dishes should ensure there are not chips or cracks. Storing utensils in covered containers will prevent dust and debris from settling on them. Washing fresh fruits and vegetables before consumption is a required health practice. Defrosting food on a counter is unsafe and not allowed.

Food Handling and Serving: A hygiene study by the U.S. Center for Disease Control and Prevention concluded that 89% of all foodborne outbreaks could have been prevented if food handlers had followed proper handwashing procedures. Handwashing procedures are necessary by all persons involved in food preparation or serving. Consider posting handwashing procedures in the kitchen sink area to visually remind Staff and children of this important health and safety precaution. Use suitable utensils or wear gloves when preparing or serving food to children and avoid touching food with bare hands. Staff that are sick or have an open wound, that cannot be covered, should avoid preparing and serving food to children.

Food should not be put directly on the table surface. First, even washed and sanitized tables are more likely to be contaminated than washed and sanitized dishes or disposable plates. Second, eating from plates reduces contamination of the table surface when children put down their partially eaten food while they are eating. Single service items such as plastic silverware cannot be reused. Washing these items in hot water breaks down the plastic, making it impossible to clean them properly. Unserved food should be labeled/dated and put away as soon as possible after serving and always within one hour of serving.

Cleanup: If reusable tableware and utensils are used, they must be washed properly. Children can be part of this process – containers can be set out for recyclables, utensils sorted by type for easy washing, and job charts could encourage children to do the initial washing of tables. These activities create an atmosphere of cooperation and responsibility. Staff however, would do the final cleaning and sanitizing of tables. When a mechanical dishwasher is not available, a process must be in place to wash multi-service utensils, using a three compartment sink or dish pans, with hot water (120 degrees Fahrenheit), sanitizing for two minutes, and air drying. The three compartments serve the purposes of (1) washing, (2) rinsing and, (3) sanitizing.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 👉 Programs will benefit from having written policies regarding food preparation and safety to help food preparation Staff and all Staff to understand the importance of food handling, service, and cleanliness.
- 👉 Staff benefit from receiving training on food safety, including storage, handling, serving and cleanup.

Licensee/Site Director/Staff Responsibilities

- 👉 Staff responsible for handling food wash hands according to recommended guidelines. Tabletops are washed and sanitized prior to eating.
- 👉 Perishable food or drink are refrigerated at or below 45 degrees Fahrenheit within one (1) hour, including any brought by children or parents. This includes lunch boxes that children bring, even if they have ice packs, because they do not stay sufficiently cool to prevent the formation of bacteria, especially in warmer weather or if stored inside where temperatures are warm.
- 👉 Work in partnership with parents to ensure the food safety of their children by developing a system to determine when lunch boxes contain perishable items.
- 👉 Kitchen and food service counters and tables are clean, without evidence of crumbs or dirt. Utensils, equipment and foods are stored in a clean, dry place free from insects, rodents and other contamination.
- 👉 Dishes washed by hand are cleaned in a three-compartment sink, sanitized using $\frac{1}{4}$ teaspoon of bleach to one gallon of water for two minutes, and air-dried. If Dishwashers are used, the rinse cycle must reach 120 degrees Fahrenheit.

Posting

- 👉 Posting simple guidelines for food preparation, serving and cleanup can be helpful.

Resource

- 👉 Cooperative Extension Service (eXtension) resource on food safety guidelines for child care: <http://articles.extension.org/pages/25761/food-safety-guidelines-for-child-care-programs>

ASP SECTION 16: SWIMMING

Section 16 contains rules for ensuring the safety of children during swimming or other water activities. Guidance on access to pool and other swimming areas, developing and using an aquatic safety plan, maintaining appropriate staff/child ratios, conducting swimming assessments, ensuring Staff qualifications/certifications, ensuring pool equipment safety, and increased Staff supervision of children in and around water is provided in this Section.

A CLOSER LOOK AT RULES: 16.1 to 16.14

WHY IT IS IMPORTANT

Drowning is the third leading cause of injury or death of children in the U.S. Most children drown within a few feet of safety. The major causes of drowning are inability to swim, insufficient safeguards to prevent unsupervised swimming, and inadequate supervision of children (Center for Disease Control and Prevention, 2009). Formulating a plan for swimming activities that ensures appropriate staff/child ratios, lifeguard availability and certification, and effective safety rules can reduce the risk of injury or death. The outcomes for drowning victims are vastly improved when children are closely supervised and a certified individual is present to quickly perform CPR.

One certified lifeguard must be present to supervise each group of 26 children when swimming. Added supervision during swimming increases the likelihood for each swimmer to be visually accounted for thus reducing incidences of accidental drowning.

While swimming, the required staff/child ratio is reduced, meaning that additional Staff must be available. Careful planning is required to ensure that these ratios are met. The staff/child ratio while children are participating in a swimming activity is determined by their age(s). The age of the youngest child in a mixed age group determines the staff/ child ratio. On-duty lifeguards cannot be counted in staff/child ratios for pools and swimming.

Staff/child Ratio for Pools and Swimming

Age of children	Minimum staff/child ratio	Maximum staff/child ratio	Number of certified lifeguards * Note not included in ratio
5 years of age	1:6	5.26	1
6-7 years of age	1:8	4.26	1
8 years or older	1:10	3:26	1

Swimming lessons can reduce the risk of injury or drowning. Certified instructors must provide swimming lessons. The American Red Cross, YMCA, American Lifeguard Association,

and the United States Lifeguard Association offer aquatic certification. Programs should confirm with the facility providing swimming lessons that the instructor is certified. Even when a lifeguard and swimming instructor are present, the staff/child ratio for swimming must be maintained.

Water safety education for children, Staff and parents is often the first line of defense against water related accidents and injuries. A written aquatic safety plan addressing supervision and safety of all swimming activities conducted at the program or at another facility must be in place.

An aquatic safety plan considers the biggest picture of safety so that children can enjoy playing in and around water. At minimum, an aquatic safety plan should identify the Staff members (lifeguards and aquatic instructors) present at the swimming facility and the location of first aid and emergency supplies. The aquatic safety plan should also outline emergency steps to follow in the event that a child is missing or in distress, including supervising other children in the group during an emergency. The plan must be reviewed annually and updated as needed. Each licensed program Staff member responsible for supervising children should read and review the aquatic safety plan often, until familiar enough to describe its contents when asked. A copy of the plan is kept on file at the program facility and where swimming occurs. If possible, it is good practice to post a copy of the plan in a conspicuous location.

Supervision and swimming rules should be based on children's swimming abilities (American Red Cross). Each swimmer must be individually assessed by an adult holding an American Red Cross Water Safety Instructor certificate or equivalent water safety credential. The assessment should clearly identify non-swimmers, who are restricted to swimming in areas where the water level is less than waist deep. Supervisors may limit the number of children in the water at any one time based on the ages of children, number of non-swimmers and special needs of individual children

Assign a Staff person to monitor each designated swimmer in accordance with the staff/child ratios for swimming outlined in rule 16.4.

Swimming pools used by the program should be equipped with a ring buoy and rope, a rescue tube or a throwing line, and a shepherd's hook. The equipment should be long enough to reach the center of the pool from the edge, kept in good repair, and stored safely and conveniently for immediate access. Staff should be trained on the proper use of this equipment. Familiarize children with the use of the equipment based on their developmental levels (Caring for Our Children, 2015).

Making pool rules available serves as reminder that all pool rules must be strictly adhered to for the safety of the children (Caring for Our Children, 2015). Supervision and swimming rules should be based on children's swimming abilities (American Red Cross). While in the water, make sure that weak or inexperienced swimmers remain within an arm's reach of a Staff person at all times. Establish a system for Staff to account for all children, both in and out of the water, verifying their location every five to 10 minutes during a swimming activity. Institute a buddy

system for the children. Diving is prohibited unless the water depth is clearly marked, greater than 10 feet, and free of debris, stumps and rocks.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 📌 The Licensee or designee has a written aquatic swimming safety plan that covers all parts of rule 16.8 and 16.9, with careful attention to all other rules in this section.
- 📌 Programs have written permission from parents/guardians prior to any wading or swimming activities.
- 📌 If there is a pool on site, it must be fenced with a locked gate or be equipped with an alarm system, so that no child can gain access without Staff supervision and the implementation of the aquatic safety plan.

Licensee/Site Director/Staff Responsibilities

- 📌 Staff/child ratios are reduced according to rule 16.4 during swimming activities based on the ages of children, with swimmers being assigned to specific Staff members and those Staff accounting for their assigned swimmers every 10 minutes.
- 📌 If swimming activities take place in a shared swimming area, a visible system of identification must be in place to track children. This method used must remain intact when children get wet and are busily moving around, however personal flotation devices are not allowed.
- 📌 Regardless of location of swimming:
 - All Staff must follow aquatic safety plan.
 - Lifeguard with current national certification must be present
 - Lifeguards cannot be counted in ratio.
 - Certified instructor must provide swimming lessons.
 - Diving restrictions based on facility and water depth must be followed.

Resources

- 📌 Appendix VII provides guidance for creating an aquatic safety plan.
- 📌 The American Red Cross has swimming safety resources:
<http://www.redcross.org/prepare/disaster/water-safety/swim-safety>

ASP SECTION 17: TRANSPORTATION

Section 17 rules require licensed programs to have the necessary safeguards in place for student transportation. The Guidance presented below expands on the requirements for transporting children in care; the procedures for supervising and monitoring children prior to and during transit; appropriate staff/child ratios, and vehicle and passenger safety.

A CLOSER LOOK AT RULES: 17.1 to 17.10

WHY IT IS IMPORTANT

Automobile accidents are the leading cause of death of children in the United States. Driving children is a significant responsibility. Children who not in appropriate vehicle restraints are 11 times more likely to die in a crash than children who are properly restrained (CFOC). Properly restrain all children except those who have physical conditions, which prevent the use of a safety seat or seat belt. Adequate emergency supplies should be readily available in the vehicle or on the person of Staff member if public transportation is used

Registrations, inspections, insurance, training, lower staff/child ratios and supervision provides a level of assurance to parents that their child is being kept safe when transported. Children must have written permission from parents before transport to and from the program or any other program activity, including field trips. Staff are aware of the written agreements between parents and the program regarding transportation and drop-off. Permission for all transportation are kept on file at the program.

Prior Sections of the ASP rules (See rule 4.5), require licensed programs to document children's whereabouts at all times, including when they are in transit. A system must exist to meet this requirement and could include a full attendance count in writing and a head count from program to transportation method or place to place.

Parents have an expectation that their children will be supervised when in the care of the program. This includes supervising children during transit. Placing a child in a vehicle does not eliminate the need for supervision. Accidents, emergencies, injuries and/or behavioral issues can occur at any time. Having a sufficient number of Staff to monitor and supervise children while in transit promotes the health, safety, and positive behavior of the entire group. Rule 17.6 details the staff/child ratios required when children in transport. These ratios vary depending on the number of children in transit and children's mobility status.

- One (1) Staff person is required to supervise the first six ambulatory children transported. The driver may be counted as Staff in this instance.
- Two (2) Staff persons are required when the number of ambulatory children reaches 7 to 13. The driver can be counted in this ratio as well.

- Three (3) Staff persons (two in addition to the driver) must be present when 14 or more children are transported.

When non-ambulatory children are transported additional staffing support is required as the adult/child ratios change. Rule 17.8 requires two (2) Staff for every three to six children. When more than six non-ambulatory children are present, a 1:4 staff/child ratio is required, in addition to the driver of the vehicle.

WHAT IT MAY LOOK LIKE IN PRACTICE

Policies and Procedures

- 📌 Vehicles used for transportation must be registered, inspected and insured according to Vermont State Law
 - Driver has a valid operator's license appropriate for vehicle. If 16 or more persons, including the driver, are transported at one time, driver must have a commercial license with passenger endorsement.
- 📌 Programs have written permission from parent before transportation is provided for children.

Licensee/Site Director/Staff Responsibilities

- 📌 Supervision of children in vehicles is a priority. Tracking systems are in place when entering and exiting vehicles to ensure that Staff know where all children are at all times.
 - Up to 6 children can be transported by one driver.
 - Up to 13 children require one driver and one Staff member.
 - Over 14 children require one driver and two Staff members.
 - All passengers are restrained with child safety seat or seat belt. Children who have physical conditions, which prevent use of safety seat or seat belt, are kept safe in other ways.
 - Additional Staff are required if more than 3 children are non-ambulatory. See rule 17.8 for specific requirements.

Appendix I: Sample Checklist for Children's Files

Child's Full Name _____ DOB (xx/xx/xxxx) _____

First Day Attendance (xx/xx/xxxx) _____ Last Day Attendance (xx/xx/xxxx) _____

Please circle if applicable: -----Youth Volunteer ----- Leader-in-training (13, 14, or 15 years old)

Name of Staff Responsible for File: _____

Changes in Staff Managing File: (Include full name and date accepting responsibility)

Document Name (Information may be condensed into 1 or 2 documents)	Date placed in file (day/month/year)	Annual Update (day/month/year)	Staff Initials Notes
Child Registration form (signed and dated by parent/guardian) (includes full name, address and phone numbers of parent)			
2 Emergency contacts (name, address and daytime phone)			
Health Care provider/s (name, address, phone) Add dentist if provided.			
Child's health history, current medications, allergies, special diet, special needs. (General written permission for sunscreen, insect repellent, creams, ointments...)			
Immunization record (or signed statement as to why child is not immunized)			
Dated copies of any accident, illness, or injury reports			
Signed permission by parent to authorize: a. Emergency medical care b. Field trips & transportation (if applicable) c. Persons who can remove child from program, including phone numbers			
If applicable: Legal documents necessary to define custodial rights or legal guardianship of the child			
Other documents (list)			

When a child is no longer enrolled, the parent may request their file and receive it within 5 business days. Otherwise, child's enrollment file shall be maintained by the Licensee for a period of least 12 months from the child's last date of attendance. After 12 months, the file may be destroyed or returned to the parent.

A Sample form for Family Child Care is available on the CDD website and could also be adapted:
http://dcf.vermont.gov/sites/DCF/files/CDD/Forms/Enrollment_Forms.pdf

Appendix II: Sample Checklist for Staff Files

Staff (Full Name) _____ Date of Orientation* (xx/xx/xxxx) _____

Job Title _____ Start Date (xx/xx/xxxx) _____

Supervisor _____

Document Name	Date placed in file (xx/xx/xxxx) and Initials of Staff assigned to files	Updates, Follow Up, Notes
Record of education, training, and experience that demonstrates how Staff meets required qualifications for position		
Completed Records Check Authorization Form and Fingerprinting (with supporting documentation if required)		
Signed and dated statement verifying understanding of legal requirements to report suspected child abuse or neglect		
Signed and dated statement that employee has read and understands the ASP Licensing Regulations		
Documentation of Orientation (Required) <i>Optional and highly recommended</i> a. Signed and dated copy of job description b. Signed statement regarding review of Staff training plan and Staff handbook		(Required before working with children)
Current and dated Individual Professional Development Plan (IPDP) (within 4 months of hire and updated annually)		(Update required annually)
Copy of current First Aid and CPR training cards from American Red Cross, American Heart Association or other recognized organization (within 3 months of hire for all paid Staff counted in staff/child ratios)		(Update before expiration)
Training if caring for children with special needs (as applicable)		
Other documents included in file (list)		

**Orientation must occur before start date*

Name of Staff Responsible for Reviewing File: _____

Changes in Staff Managing File: (Include full name and date accepting responsibility) _____

Location of Staff Files Affidavit if files are not maintained on-site for multi-site programs and school-operated programs _____

Appendix III: Staff/Child Ratio and Supervision

Vermont Afterschool Child Care Programs Staff/Child Ratio and Supervision Chart

This chart encompasses many rules in Sections 5, 6 and 7

Key Understanding of Compliance:

- No person other than program Staff shall be left alone with children except when the child is with his or her parent or guardian (Other persons include Activity Specialists, Volunteers (16 years of age and older), Youth Volunteers or Leaders-in-Training (13-17 years old), Lifeguards, and others who are not counted as Staff.
- Youth volunteers, ages 13, 14 and 15, count as a *child*, and therefore the same requirements apply to them as they would to an enrolled child.
- Each child is assigned to a consistent Staff member or team of Staff members.
- Staff shall be counted in the staff/child ratios only when working directly with children.
- Staff must have received Orientation before they are counted in staff/child ratios or are left alone with children.

Staff Position or Role	Allowed in staff/child Ratio	May be Left Alone with Children
Program Administrator Site Director	Yes, if not engaged in administrative responsibility (By definition – rules 2.2; 2.5; 2.4; 2.6; 2.46; and 2.47)	Yes (Per rule 5.10)
Program Staff Substitute Aide (18 years or older)	Yes (By definition – rules 2.2; 2.5; 2.4; 2.6; 2.46; and 2.47)	Yes (Per rule 5.10)
Aide (16 & 17 years of age)	Yes (however shall not be out of eyesight or ear shot of Staff person)	No (Per rule 5.10 and 5.5)

For additional guidance on Staffing requirements, staff/child ratios, group size, buddy system and other frequently asked questions, refer to the Frequently Asked Questions for New Vermont Afterschool Program (ASP) Rules – Revised 4/12/2016

<http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/Licensing/ASPFAQs.pdf>

Appendix IV: First Aid Supply Checklist

First Aid Supply Checklist (check all expirations dates)

Supplies	Date	Initial	Order	Complete
5-6 pairs of nonporous, latex free, non-powdered latex gloves				
1 pair of scissors				
1 pair of tweezers				
1 non mercury thermometer				
1 full roll of gauze bandage				
1 roll adhesive tape				
1 box of bandages				
5-6 sterile gauze pads				
3-5 sealed packets of alcohol wipes or antiseptic				
1 cold pack				
Liquid soap				
3-4 Plastic bags for clothes, gauze, and other materials used for handling blood				
List of emergency information and phone numbers for each child in the group (ASP 10.1)				
Easy reference First Aid Manual				
Additional supplies for traveling first aid kit				
Water (2 liters of sterile water for cleanings wounds or eyes)				
Tissue				
Wipes				
Whistle				
Flashlight				
Emergency contact information (ASP 10.1)				
Cell phone or prepaid calling card (ASP 10.7)				
Specialized care plans for children who need them and emergency medication or supplies as specified in plan				
Written transportation policy and contingency plan				

Appendix V: Specialized Care Plan for Children with Special Health Needs

To be completed by health care provider in collaboration with families (2 pages)

Contact information			
Child Full Name	Child's Birth Date	Primary Health Care Provider	Phone
Parent/Guardian Name/s	Cell Phone	Work Phone	Home Phone
Health Specialist (if applicable)	Phone	Specialist (if applicable)	Phone
Specialized health needs			
Relevant Diagnosis			
Allergies			
Medication/s: list names of prescribed medications, dose, schedule, reason prescribed and possible side effects			
1.			
2.			
3.			
Possible interactions or side effects:			
Special Equipment and/or Medical Supplies			
Equipment/Supplies	Purpose, frequency, or information on usage		
1.			
2.			
3.			
Emergency Care (Call parents or guardian if the following symptoms are present):			
1.			
2.			
Call 911 EMERGENCY MEDICAL SERVICES if the following symptoms are present, then call parents/guardians			
1.			
2.			
Take these measures while waiting for parent or medical help to arrive			
1.			
2.			

Specialized training for Staff: describe training needed to provide Staff with necessary knowledge and skills	
Health Care Provider Signature	Date
Parent/Guardian Signature	Date
Program Administrator Signature	Date
Staff Signature	Date
Parent/Guardian Notes (if desired)	
Program Use Only: Date and type of training provided to relevant Staff	

(SAMPLE FORM: Adapted from *Stepping Stones to Caring for Our Children*, Third Edition)

Consent to Communicate with Health Care Provider (Optional)	
I hereby give consent to my child's health care provider or specialists listed below to communicate with Staff responsible for the care of my child (name of program) _____ to discuss any of the information contained in this care plan.	
Name, address, and phone number of provider or specialist	
Name, address, and phone number of provider or specialist	
Name, address, and phone number of provider or specialist	
Parent or Guardian Signature	Date

(SAMPLE FORM: Adapted from *Stepping Stones to Caring for Our Children*, Third Edition)

Appendix VI: Power and Water Outage

When the power is out in a program, providers may provide care for children if meeting **ALL** of the following conditions.

- HEAT shall sufficiently warm the facility in a safe manner (ASP Regulations require at least 68 degrees Fahrenheit).
- SUITABLE LIGHT must be available (No candles may be used).
- TOILET must be operational (may be flushed mechanically).
- SAFE DRINKING WATER must be readily available
- HAND WASHING with WARM water and soap must be readily utilized
- FOOD must be SAFELY STORED and readily available
- PHONE SERVICE must be available on site (Cell service is acceptable)

THE PROGRAM SHOULD **NOT** OPERATE IF ALL THESE CONDITIONS ARE NOT MET, as operation would violate essential, minimal health and safety regulations that have been enacted to protect the welfare of children.

IN ALL CASES of power outage, parents, the local community child care support agencies and the CDD should be directly notified of your program's status.

If you must close your program due to emergency conditions, families should be referred to the local community child care support agency for assistance in locating alternative care, if they need it. If the agency is not available, contact the Child Development Division. It is your choice to provide care when power is out.

In extreme emergency situations, the Child Development Division (CDD) may consider emergency variances.

Appendix VII: Sample Written Aquatic Safety Plan

(Page 1 of 2)

Program Name _____

Name and Position of Person Completing Plan _____

Date Shared with Staff _____ Review Dates _____

Location of Safety Plan during Aquatic Activities _____

Written permission from parents PRIOR to swimming/wading activities is on file

- Suggested Emergency Preparation:** Provided to all Staff at orientation in writing and reviewed annually or as needed.
1. Staff are assigned swimmers and must account for them every 10 minutes
 2. Supervision of children during times of emergency
 3. Safety rules are posted and communicated to all Staff and personnel
 4. Severe weather plan and procedures for asking children to leave the water (first sign of lighting or sound of thunder)
 5. Post emergency number for EMS near telephone or in pool area where it can be access by cell phone users
 6. Location of first aid kit and emergency supplies
 7. Plan for missing child or a child in distress in water
 8. Plan for contacting parent/guardian in emergency situation
 9. Emergency Action Steps are communicated to all Staff and personnel:
 - a. Check the scene and victim
 - b. Call 911
 - c. Care for the victim until EMS arrives
 10. The location of the emergency cut off switch (if accessible to Staff)
 11. Facility evacuation plan

Assessment of Child's Swimming Ability

- Name of individual completing assessments (must hold valid American Red Cross Water Safety Instructor certificate or equivalent)
- Date of assessments and method to assess new children entering program
- Assessment placed in child's file
- Process for communicating children's swimming level to program Staff
 - When all bathers are in water less than waist deep on them, swimming ability assessment is not required

Supervision and Safety

- Ratios are adjusted according to rule 16.4
- Procedures used for assigning swimmers to specific Staff
- Process to account for all swimmers every ten minutes
- Lifeguard with current certification is supervising swimming area

- Lifeguards or swimming instructors are not counted in staff/child ratio
- Weekly schedule for all Staff supervising or provide swimming lessons.
- Weekly schedule that identifies groups of children and Staff participating in swimming activities at any given time.

Lifeguards and Aquatic Swim Instructor Qualifications

Name	Certification type, number and expiration date	National Organization	Valid CPR or AED card (expiration date)	Valid First Aid (expiration date)

On-site Pools or Swimming Facilities

For on-site pools, identify who is responsible for the operation of the filtration system, testing and maintenance of disinfection system. Describe the process used below.

Maintenance of Pool (ASP 11.18 & 11.19)

Describe how and by whom waterfront (deck, float lines, rescue equipment etc.) will be set up and maintained. Included checking water depths, repairing depth markings, and removing debris from swimming areas.

Daily check

- Water tested daily and is clean
- Area around the swimming facility is secure and well maintained
- No electrical equipment is near pool area
- Safety equipment is checked
- Deck and facility equipment are in good condition/working order

Other rules in ASP Licensing Regulations, Section 16 addressed in this plan

Appendix VIII: Acknowledgements

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