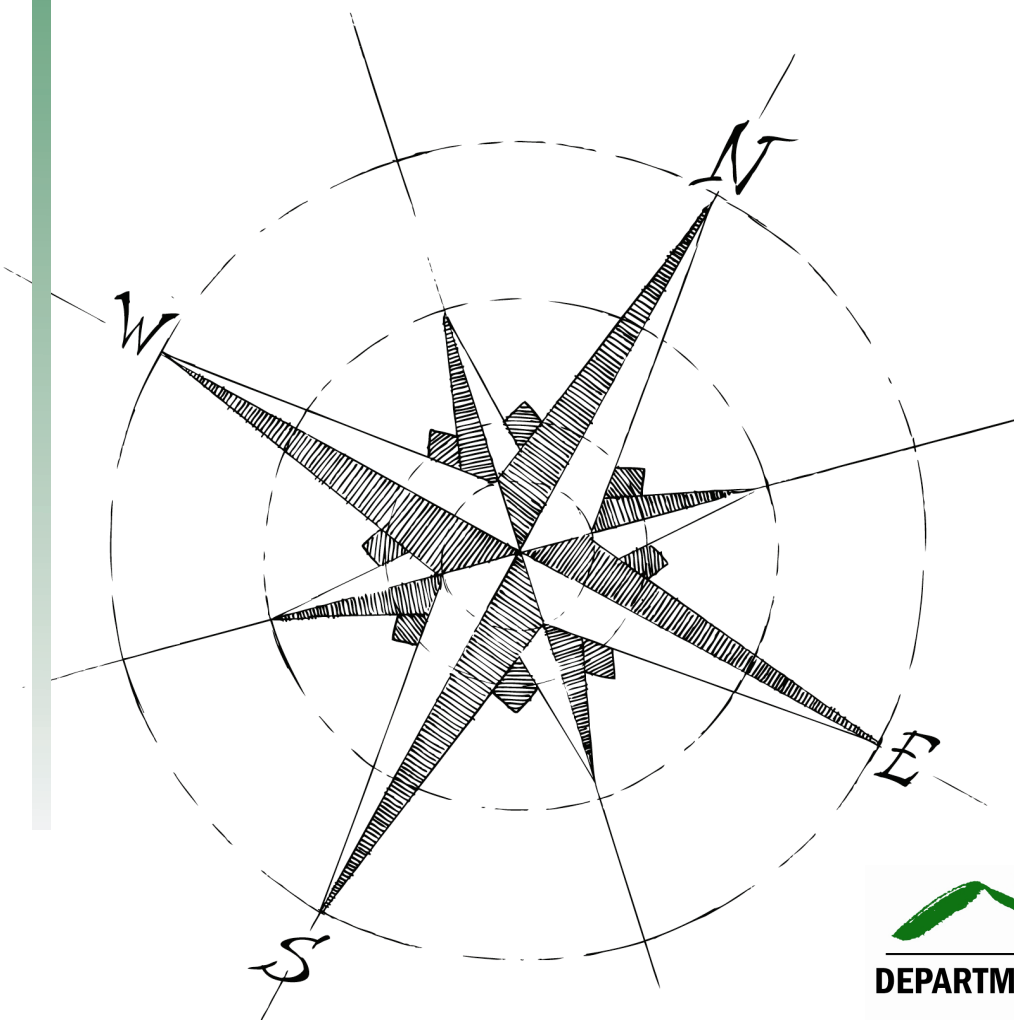


Vermont Family Child Care Homes (FCCH)

GUIDANCE MANUAL



 **VERMONT**
DEPARTMENT FOR CHILDREN AND FAMILIES
CHILD DEVELOPMENT DIVISION

TABLE OF CONTENTS

Essential Information – Companion Tool for FCCH Licensing Regulations	4
How Do I Use the FCCH Guidance Manual?	4
How Do I Read the FCCH Regulations?.....	5
What to Expect During a Licensing Visit?	8
CDD Contact Information.....	10
Bright Futures Information System (BFIS)	11
Vermont Resources	12
FCCH Section 1 - Introduction	14
A Closer Look at Heading 1.3: Effective Dates	14
FCCH Section 2 - General Provisions	15
A Closer Look at Heading 2.1: Definitions of Regulated Service and Limitations.....	15
A Closer Look at Heading 2.3: Licensing Process and Procedures.....	16
Use of FCCH During Hours of Operation (rule 2.3.2.5)	16
Lead Poisoning Prevention (rules 2.3.7.5, 2.3.8.5, 2.3.9.5.1, and 5.10.1.8).....	17
Drinking Water and Wastewater Requirements	19
(rules 2.3.7.9 to 2.3.7.12, 2.3.8.7, 2.3.9.5.3, and 2.3.9.5.4)	19
Annual Licensing Requirements (subheading 2.3.8)	21
Terms and Conditions on License (rule 2.3.10.2).....	22
Changes That Impact a License (rule 2.3.11)	23
A Closer Look at Heading 2.6: Right to Appeal Regulatory Actions	24
A Closer Look at Heading 2.7: Rule Variance.....	25
A Closer Look at Heading 2.8: Public Record of Violation	26
FCCH Section 3 – Administration and Operation	28
A Closer Look at Heading 3.1: Notifications to Child Care Licensing	28
Self-Reported Violations (rule 3.1.5).....	29
A Closer Look at Heading 3.2: Legal Mandates Regarding Child Abuse and Neglect	30

A Closer Look at Heading 3.3: Program Management and Recordkeeping	31
Children’s Files (subheading 3.3.4).....	31
Personnel Files (subheading 3.3.5) – Licensed FCCH Only	35
Other Administrative Records (subheading 3.3.6).....	35
A Closer Look at Rule 3.4: Non-Discriminatory Enrollment.....	38
A Closer Look at Heading 3.5: Safe Release of Children.....	39
A Closer Look at Heading 3.6: Emergency Preparedness.....	40
A Closer Look at Rule 3.8: Annual Program Assessment – Licensed FCCH Only	42
FCCH Section 4 - Parent/Family Engagement in Their Children’s Care.....	43
A Closer Look at Rule 4.2 and Heading 4.3: Visits and Access to Children and Parent Conferences.....	43
A Closer Look at Rule 4.6: Supporting Breastfeeding	44
A Closer Look at Rule 4.7: Communicating FCCH Policies and Procedures.....	45
FCCH Section 5 - Health, Safety and Nutrition	46
A Closer Look at Heading 5.1: Child Health Promotion and Protection.....	46
General Health Examinations (rule 5.1.2).....	46
Immunizations (rule 5.1.3).....	47
Vermont Child Care Immunization Report (rule 5.1.4).....	50
A Closer Look at Heading 5.2: Routine Health Practices	51
Hand washing (subheading 5.2.1)	51
Diapering (subheading 5.2.3)	52
Standard Practices for Exposure to Bodily Fluids (rule 5.2.5)	53
Cleaning, Sanitizing, and Disinfecting (subheading 5.2.6)	54
A Closer Look at Heading 5.3: Managing Infectious Diseases.....	56
A Closer Look at Heading 5.4: Sleep and Rest Accommodations.....	57
A Closer Look at Heading 5.6: Administration of Medication.....	59
A Closer Look at Heading 5.7: First Aid Kits.....	60
A Closer Look at Heading 5.10: Physical Environment and Safety	61
Food Storage (subheading 5.10.2.3).....	65
Food Safety (subheading 5.10.2.4)	66
Outdoor Play Area (subheading 5.10.3).....	68

Indoor Area (subheading 5.10.4).....	69
Swimming and Access to Water and Pools (subheading 5.10.5).....	70
Transportation (subheading 5.10.6).....	71
Field Trips (subheading 5.10.7).....	72
A Closer Look at Heading 5.11: Food and Nutrition.....	73
Nutritional Content of Meals and Snacks (subheading 5.11.2)	73
Infant Nutrition (subheading 5.11.6).....	76
FCCH Section 6 - Teaching and Learning	79
A Closer Look at Heading 6.1: Program of Developmental Activities (Curriculum)	79
A Closer Look at Heading 6.2: Building Healthy Relationships	83
A Closer Look at Heading 6.3: Supporting Children with Special Needs.....	87
FCCH Section 7 - Program Personnel/Staffing.....	89
A Closer Look at Heading 7.1: General Requirements for the FCCP and Staff	89
Staff Health Requirements, First Aid, and CPR (Rules 7.1.1 and 7.1.2)	89
A Closer Look at Rule 7.1.3: Orientation of Staff.....	90
A Closer Look at Heading 7.2: Background Checks and Appropriate Clearances	91
A Closer Look at Headings 7.3 through 7.7	96
Qualifications and Experience, Annual Professional Development, Personnel Policies and Procedures, Use of Substitutes and Volunteers	96

Appendix I	
Required Notifications	102
Appendix II	
Water System Testing and Safety Guidelines	106
Appendix III	
Required Postings	108
Appendix IV	
Summary of Required FCCH Policies and Procedures	109
Appendix V	
Sample Cleaning, Disinfecting and Sanitizing Tips	114
Appendix VI	
Field Trip Chart	116
Appendix VII	
FCCH Ratio/Left Alone Chart	118
Appendix VIII	
Index to FCCH Licensing Regulations.....	119

ESSENTIAL INFORMATION – COMPANION TOOL FOR FCCH LICENSING REGULATIONS

HOW DO I USE THE FCCH GUIDANCE MANUAL?

This Guidance Manual is a companion tool for the FCCH Licensing Regulations, it helps you understand and meet the rules. It is organized by the regulation's sections (1-7), and is set up in a similar way to the actual FCCH Licensing Regulations, including appendices at the end.

The Guidance Manual format includes:




A Closer Look highlights and clarifies sections, headings, subheadings, and rules that can be more difficult for FCCPs (and staff) to thoroughly understand.

What is the purpose of this rule/these rules?

Contains a brief description of why one rule or a group of rules is important. The actual rules are not provided in the Guidance Manual. This book is designed to be read with the regulations. You will need to have the regulations with you when reading this guidance manual.

What it may look like in your program?

Contains categories of guidance:

-  Policies and Practices
-  Responsibilities
-  Resources

Appendices

Includes checklists and charts

This Guidance Manual does not take the place of reading and understanding the FCCH Licensing Regulations.

- Refer to the FCCH Licensing Regulations for the specific language of a licensing rule.
- Refer to Section 2 in the FCCH Licensing Regulations for common definitions and acronyms.

HOW DO I READ THE FCCH REGULATIONS?

❖ Know how to Find Rules in the FCCH Regulations

- The FCCH Regulations' Table of Contents will help locate the appropriate pages when looking for a topic.
- When viewing the FCCH Regulations online, a quick way to find a rule is to use the search function. There are two ways to do this.
 - Select the "Edit", then "Find" tool. Or
 - Press the "Control" and the "F" keys on your keyboard at the same time to bring up a search box.
- Appendix VIII in this Guidance Manual provides a more detailed Index to the FCCH Licensing Regulations.

❖ Read the Entire Rule and Read It Carefully

- Start by looking at the heading (**bolded, underlined**), and any sub-headings.
 - The headings and sub-headings provide context for the rule.
 - The bullet points under a rule provide more specifics.
- When a rule has bullet points following it, the introduction to the rule must be in compliance. In the example below, if the introduction of the rule is not met, the program is not in compliance. The other time non-compliance is cited is when more than 50% of the bulleted requirements are missing.

Example: Rule 5.6.5

The FCCP shall ensure that written permission from parents to administer medication must include all the following information for each prescription and non-prescription medication administered to children:

- *Name of the child;*
 - *Child's date of birth;*
 - *Any medication allergies;*
 - *Name of medication;*
 - *Dosage to be given;*
 - *Time when medication is to be given;*
 - *Route of administration (mouth, ear, nose, topical, inhalation);*
 - *Reason for the medication;*
 - *Start and end dates for administration of the medication; and*
 - *Any special instructions.*
- If the rule does not specify how compliance is met, then you may develop your own system with the required elements. In the example below, the rule does not require a

specific system for taking attendance. So, you may have an electronic system or paper system.

- If the rule does not say something is required, then it is not required. In the example below, the rule does not say parents must document children's attendance. While this may be a practice in some FCCHs, this is not a licensing requirement.

Example: Rule 3.3.3

The FCCP shall establish a system for taking attendance, including documentation of the time when each child arrives and departs each day he/she attends the FCCH. The FCCP shall save all daily attendance records identifying the hours of children's attendance for at least twelve (12) months from the date that care is provided.

❖ Understand the Difference between “SHALL” and “MAY” when Reading the Rules

- **SHALL** means it is required.
- **MAY** means you have a choice and it is NOT required.

Example: Rule 5.2.6.3

Household bleach may be used for both sanitizing and disinfecting. When bleach is used for these purposes, fresh bleach solutions shall be mixed daily.

- In the example above the words may and shall are used. It states that bleach may be used, this means that bleach is an option, however you are *not required* to use bleach. In the second sentence of the rule it uses the word *shall*. When bleach is used that fresh bleach shall be mixed daily. This means *if you chose to use bleach than you are required* to mix the bleach solution daily.

❖ Read the Rule for “AND” versus “OR”

- **AND** requires that all conditions mentioned in the rule apply.
- **OR** indicates that there are several options to meet the rule.

Example: Rule 5.10.3.1.3

The play area shall be fenced or otherwise protected from traffic and other hazards. Fencing or natural barriers, such as hedges or other clear land boundaries, shall prevent children from exiting and allow for safe supervision of outdoor play.

- In the example above the word *or* is used. “*The play area shall be fenced or otherwise protected...*”. This means that you have options on how to ensure the play area outside is protected, and a fence may not be required.

Example: Rule 7.3.6 Substitute

A substitute is at least eighteen (18) years of age, is able to comprehend basic written format, and is a high school graduate or has completed a GED.

- In the example above the word *and* is used. A substitute in a FCCP must meet all the conditions listed in this rule. They must be 18 years or older, be able to read, *and* have a high school diploma or GED.

❖ **Use the Definitions in Section 2 (2.2.1 – 2.2.57) of the FCCH Regulations**

- Definitions are provided in the FCCH Regulations; however, they will not be cited as non-compliances by themselves.
- When the definition of a word is unique to the FCCH rules it is included in the Definitions Section in the FCCH Regulations. An example of such a word is “sensory”. The early childhood definition of the word “sensory” has unique meaning to early childhood settings. By reading the definition of “sensory” (rule 2.2.43), you (and staff) have more information about a rule that uses the word “sensory.”
- Some words that appear frequently in the FCCH Regulations are not defined in Section 2. Examples of these words are “timely”, “complete”, or “substantial compliance”. In these cases, the standard dictionary definition applies.

❖ **Understand what Rules Apply to Registered or Licensed FCCHs (See FCCH Licensing Regulations for a complete list of rules)**

- **Registered** FCCHs: All Rules Apply (*except* the ones in boxes)
- **Licensed** FCCHs: All Rules Apply (*including* the ones in boxes)

Example:

Rule 5.2.3.12 - *The FCCP shall have a **written** diaper changing procedure that is accessible to staff.*

- Applies to **both** licensed and registered FCCHs.

Rule 5.2.3.13 - *A licensed FCCP shall **post** the diaper changing procedure at each diaper changing area.*

- Applies **Only** to **Licensed** FCCHs (because it is in a box).

WHAT TO EXPECT DURING A LICENSING VISIT

- **Children Come First**
 - Continue interacting with children and follow the daily routine during a licensing visit.
 - CDD staff try to speak to you (and/or staff) at times that ensure children are always supervised.

- **Upon Arrival, CDD Staff Will Identify Themselves as Soon as Possible**
 - CDD Staff will show their State of Vermont Identification Badge.

- **Three Most Common Types of Licensing Visits**
 - a. **Regulatory Compliance Visit** - These unannounced visits may take two or more hours, depending on the time of day. Each visit may be slightly different depending on the day and the activities taking place at the time of the compliance visit. Health and safety; supervision practices, guidance, and interactions with children; curriculum; and documentation are routinely assessed for compliance. Visits may include, but are not limited to:
 - Observing indoor and outdoor space (hazards, clean environments, age appropriate activities, required postings, and equipment and materials);
 - Verifying ratio and group size;
 - Observing curriculum, interactions, supervision, guidance practices, and health and safety issues;
 - Reviewing staffing schedules (for licensed FCCHs), qualifications, and professional development;
 - Reviewing records such as attendance, staff files (for licensed FCCHs), child files, emergency evacuation records;
 - Recording observations through notes or photos; and
 - Asking questions of you (and/or staff).

 - b. **Technical Assistance Visit** - These are typically scheduled, announced visits. There is a specific purpose for this type of visit (e.g. meeting to review regulatory compliance for renovated/additional space to be used with enrolled children).

 - c. **Complaint Visit** - These visits may be either unannounced or scheduled visits depending on the nature of the concern. Visits may include reviewing

documentation, observing, and/or talking with you (and/or staff). The purpose of this visit is to investigate the complaint from both points of view. This may mean that little information is shared with you at the start of the visit to gather the most unbiased information to assess compliance. Licensing staff will meet with you. Most of the time, licensing staff will be able to discuss the full nature of the concern and the findings before leaving the FCCH.

□ **Licensing Visit Summary**

- CDD staff will share the results of the licensing visit with you. The time it takes to do this will vary depending on whether the visit was due to a complaint or part of routine licensing visit. The debriefing may include:
 - Areas of compliance with licensing rules;
 - Educational conversations that share resources or guidance on applying or understanding a rule; and/or
 - Violations cited with required corrective action.
- You may ask questions during the visit.

□ **Violations**

- If violations are cited due to regulatory non-compliance, the report will identify what is required to be fixed in order to comply, also called corrective action, and the due date for completing the corrective action.
- You are responsible to follow up with CDD to verify corrective action has been completed.

CDD CONTACT INFORMATION

CDD can be contacted by mail, phone, or fax.

Child Development Division
Department for Children and Families
NOB 1 North, 280 State Drive
Waterbury, VT 05671-1040

Phone: 1 (800) 649-2642 or (802) 241-3110

General Fax: (802) 241-0846

CDD Licensing Fax: (802) 241-0848

Licensors on Duty (LOD) Line: 1 (800) 649-2642 option 3 or (802) 241-0837

Licensing Staff

- A Licensing Field Specialist typically conducts licensing visits and assists with regulatory questions. Two Licensing Supervisors oversee work performed by Licensing Field Specialists.
- A Licensing Technician works in the office processing background clearances and applications. One Licensing Supervisor oversees work performed by Licensing Technicians.
- A chart of Vermont towns and licensing staff assigned to those towns is available at: http://dcf.vermont.gov/cdd/whos_who#Licensing

Who to Contact and When

- Questions regarding general licensing processes or licensing rules, contact the Licensors on Duty (LOD):
 - The Licensors on Duty will answer questions and/or forward your call to the appropriate contact when needed.
- Questions about a new license:
 - Contact the Licensing Field Specialist assigned to you with specific questions.
 - Contact the Licensors on Duty line with general questions.
- Questions about a license renewal application or background record check clearance - contact the Licensing Technician assigned to your town.
- Questions based on a letter from CDD - please follow the directions in the letter and/or contact the author of the letter if necessary.

BRIGHT FUTURES INFORMATION SYSTEM (BFIS)

(Refer to the rules in subheading 3.3.7 for BFIS requirements)

What can be done through a BFIS Child Care Program Account?

- Complete applications and renewals;
- Submit notifications to CDD such as incident reports, closure notification, and other updates;
- Update Associated Parties list;
- Enter attendance for financial assistance (subsidy);
- Request a variance;
- Update referral agreement; and
- View and print documents such as:
 - Site visit reports;
 - Certificates;
 - Approved/denied record check letters;
 - Subsidy certificates;
 - Renewal notices; and
 - Missing item letters.

How is the Child Care Program Account used in BFIS?

- Only one email address can be entered as the program contact in the Child Care Program Account. The person with this email address is the primary contact person with CDD and is responsible for keeping the email address active and checking it frequently.
- Only the individual assigned a username and password is allowed to use the username and password to access the Child Care Program Account. Sharing username and password access with others will result in this access being de-activated.

What is a BFIS Quality and Credential Account?

- A BFIS Quality and Credential Account is a place for you and other individual FCCH staff to save professional development information. Each person connected with a regulated program in Vermont will have a BFIS Quality and Credential account.
- Examples of information and documentation in your BFIS Quality and Credential account includes but is not limited to Individual Professional Development Plans (IPDPs), college transcripts, professional development trainings and/or college courses, certificates and credentials, and background clearance documentation. Northern Lights Career Development Center (NLCDC) verifies and enters college transcripts,




professional development, certificates and credentials, and other educational information. CDD staff review individual qualifications and enter the highest position title for each license type (e.g. Afterschool, FCCH, and Center Based Child Care and Preschool Program).

- You (and staff) may enter your own IPDP and update it as necessary. CDD enters background clearance documentation.
- You (and staff) are required to keep BFIS information up to date. It is helpful to have a system for providing staff with the information they need to use and maintain their BFIS Quality and Credential account.

How do I find out more about BFIS?

- Refer to the CDD website for a variety of helpful resources:
<http://dcf.vermont.gov/childcare/providers/bfis>
- Contact the BFIS Help Desk at 1 (800) 649-2642 option 4. The BFIS Help Desk can assist with:
 - User support;
 - Login access to the BFIS Child Care Program Account; and
 - Login access to an individual's BFIS Quality and Credential account.

VERMONT RESOURCES

-  **2-1-1** is a resource for families and FCCHs that can help you identify community-based programs and services. When you call 2-1-1, you can speak with trained information and referral specialist, including *Help Me Grow* Vermont Child Development Specialists, who will answer questions about available resources and services. 2-1-1 is referenced throughout this Guidance Manual.
-  **Children's Integrated Services (CIS)** offers early intervention, family support, and prevention services that help ensure the healthy development and well-being of children, pre-birth to age five. Services are available at low or no cost to families. CIS has local Coordinators that help you and families find early childhood services and support (e.g. Specialized Child Care; Transportation to/from child care or preschool; Child Care Financial Assistance Program services; Nursing and Family support home visitors, and/or Early Intervention Services). The local Coordinators can be found at:
<http://dcf.vermont.gov/partners/scc>
-  **Shared Services Vermont** provides a variety of resources - from discounts on products and services; to sample forms, handbooks, policies, and family surveys - to resources on curriculum and assessment. Educational resources on topics such as the Americans with

Disability Act, safe sleep, budgeting, emergency preparedness, and literacy are available at this site: <http://www.SharedServicesVT.org>



Other resources are highlighted in each section throughout this Guidance Manual.

FCCH Section 1 - Introduction

Section 1 outlines the Vermont laws that regulate child care homes. The regulations provide foundational standards to protect the health, safety, and well-being of children in FCCHs, while promoting their growth and development.

A Closer Look at Heading 1.3: Effective Dates

What is the Purpose of These Rules?

It is important that you have a clear understanding of the FCCH Regulations.

FCCPs licensed after 9/1/2016 must comply with the current FCCH Licensing Regulations and maintain full compliance. While trainings may be taken about FCCH Regulations, this is not required for these FCCPs.

FCCPs with a pre-existing license before 9/1/2016 have until 9/1/2017 to demonstrate full understanding of the current FCCH Regulations. These FCCPs are required to complete the training titled "Here We Go: New Family Child Care Homes Regulations". The description of the training will include that it meets rule 1.3.3. This training is offered online and in-person. The online training has an ending quiz. You must receive a score of 80 percent or higher to pass. If you do not achieve at least an 80 percent, you must complete the in-person training to receive credit.

What It May Look Like in Your Program

Responsibilities

FCCP

- 👤 If licensed **before** 9/1/2016, you are **required** to attend the training specifically referenced above on these new rules.
- 👤 If licensed **after** 9/1/2016, you are **not** required to complete a training on the licensing regulations. The understanding of the rules was assessed during the licensing process.

Staff

- 👥 May attend the introductory training but it is not a licensing rule requirement.

Resources

- 📖 Trainings related to licensing rules may be counted towards annual professional development requirements. Credit is only given for the first time the training is successfully completed.
- 📖 Contact the Licensor on Duty at 1 (800) 649-2642 option 3 or (802) 241-0837 for assistance as needed.

FCCH Section 2 - General Provisions

Section 2 outlines the licensing process and procedures; violations and corrective action; suspension, revocation or denial of a license; the right to appeal regulatory actions; rule variances; and public record of violations. It contains definitions of frequently used terms in the FCCH Regulations. The definitions clarify what some words mean in the context of these regulations and helps you understand individual rules.

A Closer Look at Heading 2.1: Definitions of Regulated Service and Limitations

What Is the Purpose of These Rules?

A Family Child Care Home (FCCH) is operated in the residence occupied by you. There are two types of FCCHs:

- Registered FCCHs are licensed to serve children as specified in the rules in section 6.2.1.
- Licensed FCCHs are licensed to serve children as specified in the rules in section 6.2.2.

Any person or entity registered or licensed to operate a FCCH is prohibited from operating a Center Based Child Care and Preschool Program or an Afterschool Child Care Program at the same time (rule 2.1.3). You are required to be present in the FCCH for a majority of the time, which prevents you from being a business owner or director in another licensed program.

What It May Look Like in Your Program

FCCP Responsibilities

- 👤 Understand the licensing regulations when operating a Registered or Licensed FCCH.
- 👤 At times, you may be approached to provide a foster home. Rule 2.1.4 states that you may not be approved as a FCCH and as a licensed foster care home at the same time, without a variance from CDD. Operating a FCCH and having a foster home license are two regulatory businesses that have separate application processes and regulatory rules.
 - In a rare situation when you wish to provide an emergency, temporary, or permanent foster home placement for a child, you should immediately call the Licensor on Duty. The Licensor on Duty will help you understand the steps to take.
 - In general, you will need to do these three things: 1) submit a rule variance request to CDD; 2) submit the Record Check Authorization & Census Form - Registered Programs to add the foster child to your Associated Parties list as a household member (note: Licensed FCCHs use this same form for adding household members to your Associated

Parties list.); and 3) complete any foster home application processes required by the Family Services Division.

- CDD and Family Services Division will decide whether to approve a CDD variance and/or issue a foster home license. You are required to consistently communicate with both CDD and Family Services Division and complete all required processes.

Resources

- 📖 Contact the Licenser on Duty at 1 (800) 649-2642 option 3 or (802) 241-0837 for assistance in understanding the differences between licensed and registered FCCHs.
- 📖 Refer to CDD Fact Sheets titled Child Care Licensing Variances Request:
<http://dcf.vermont.gov/childcare/providers/bfis>
- 📖 Refer to header 2.7 within this guidance manual for additional information on variance requests.

A Closer Look at Heading 2.3: Licensing Process and Procedures

Use of FCCH During Hours of Operation (rule 2.3.2.5)

What Is the Purpose of This Rule?

The FCCH must only be used to provide FCCH services or training during the hours of operation (rule 2.3.2.5). This protects the health and safety of children by limiting who can be at the home. It also allows you (and staff) to focus on children and meeting FCCH rules. To protect the health and safety of children, CDD will assess the risk of operating a second business in the home.

What It May Look Like in Practice

Policies and Procedures

- ☐ Each home may only have one FCCH license.
- ☐ An adolescent living in the FCCH may not provide babysitting services at the FCCH when you are providing care during licensed hours.
- ☐ Once the FCCH is licensed or registered, contact CDD to explore if an idea for another business operating in/from the FCCH is a possibility. CDD may consider approving a farm, direct sales consult, or a spouse who needs a home office. Examples of businesses that can pose a risk to children may include a business storing/using dangerous machinery, a dog grooming service, or a business involving adults who are not part of the FCCH such as adult care services or a shop with customers coming and going.

Resources

- 📖 Contact the Licensor on Duty at 1 (800) 649-2642 option 3 or (802) 241-0837 for assistance as needed.

Lead Poisoning Prevention (rules 2.3.7.5, 2.3.8.5, 2.3.9.5.1, and 5.10.1.8)

What Is the Purpose of These Rules?

Young children are at high risk of lead poisoning because their developing bodies absorb lead more easily than adult bodies. There is no safe level of lead in the body. Even low levels of lead in the blood affect the central nervous system. Lead exposure can lead to life-long health effects such as behavioral problems, slowed growth and development, organ damage, hearing and speech impairment, and lower IQ. The residue of deteriorating lead-based paints and stains is the most common source of lead poisoning in children. Ingestion of lead may occur by breathing or swallowing lead dust or by eating soil or paint chips containing lead.

What It May Look Like in Your Program

Policies and Practices

- ☐ If the FCCH was built before 1978 and is not exempt* from the Lead Law, you must:
 - Ensure that an Essential Maintenance Practices (EMP) assessment is done by an EMP-certified individual.
 - The EMP is required for the entire building inside and out, even areas that may have been added to the original FCCH such as decks, porches, or additions.
 - An EMP assessment is required annually.
 - You must follow EMP requirements between annual EMP assessments.

**A pre-1978 child care home is exempt from the Lead Law if a Vermont-licensed lead-based paint inspector or inspector/risk assessor has conducted a surface-by-surface inspection of the home and reports that no accessible lead-based paint was found in the building(s). The FCCP is responsible for submitting the inspection report to the Vermont Department of Health Asbestos and Lead Regulatory Program for the Department's records. The Department will review the inspection report and issue a letter of exemption from the Vermont Lead Law. This exemption becomes invalid if the property owner conducts renovation or other work that exposes previously inaccessible lead-based painted surfaces, for example, after removing vinyl siding that is covering lead-based painted wood siding.*

FCCP Responsibilities

- † Ensure EMP assessments are performed by an EMP-certified individual.

- † File EMP Compliance Statement with the Asbestos and Lead Regulatory Program of the Vermont Department of Health. Provide required information in CDD applications.
- † Insurance carriers require a copy of the annual EMP Compliance Statement be filed with them.
- † Ensure EMP procedures are followed, including but not limited to, specialized cleaning techniques when chipping or flaking paint or stain is being repaired or replaced and/or window troughs are being installed.
- † Ensure an EMP-certified individual installs inserts in FCCH window troughs, and uses specialized cleaning techniques to remove dust from FCCH play areas, windowsills, window troughs, and other horizontal surfaces.
- † Check internal windowsills, door jams, other friction surfaces, walls, ceilings, siding, trim, and other areas where possible lead exposure could occur. External surfaces around the entire building must be checked, even when children may not have direct access to these areas.
- † Check furniture, equipment, and toys on a regular basis to make sure there is no chipping or flaking paint or stain. Remove or secure the item from use by children until repaired or replaced.
- † Friction surfaces are when two surfaces rub together which may result in chipping or flaking paint or stain dust. A common example of a friction surface is a door that rubs against the door casing when it is opened or closed.

Resources

📖 Information on the Vermont Lead Law and EMP:

<http://healthvermont.gov/health-environment/asbestos-lead-buildings/lead-property-owners>

You may complete an EMP training course to become certified to perform EMP assessments and practices. This one-time course is free of charge and counts towards annual professional development requirements.

Training dates and information:

<http://leadsafevermont.org/html/landlords.html>

📖 Due Dates Checklist on CDD website:

<http://dcf.vermont.gov/cdd/forms-child-care-providers>

Drinking Water and Wastewater Requirements **(rules 2.3.7.9 to 2.3.7.12, 2.3.8.7, 2.3.9.5.3, and 2.3.9.5.4)**

What Is the Purpose of These Rules?

These rules ensure children have safe drinking water while attending the FCCH. These requirements make sure the FCCH has sufficient water supply and wastewater systems to meet the demand based on the licensed capacity. All FCCHs are required to conduct tests to make sure that water pipes and fixtures are safe from lead. You will need to know what type of water system you have, to determine if permits are required, and what other types of testing may be needed.

What It May Look Like in Your Program

- Registered FCCPs need to know whether their drinking water comes from a private system (e.g. a well or spring) serving fewer than 25 people or from a system serving 25 people or more (e.g. a town, municipality or neighborhood).
- All water supply systems serving 25 or more people are required to have a permit from the Vermont Agency of Natural Resources.

- Licensed FCCHs Only:** Required to contact the Vermont Agency of Natural Resources to find out what water supply (drinking water) and/or wastewater (septic system) permits may be needed as part of the initial licensure application process.
 - If permits are already in place, little (if anything) may be required.
 - If permits are required and not in place, obtain the required permits.
 - Often there are fees to obtain or revise water supply and/or wastewater permits either for the permits themselves and/or from the public source (e.g. town).
 - Licensed FCCHs are businesses. Drinking water and septic systems must accommodate the increased use of the home by children and staff, in addition to meeting the needs of existing household members.

Lead Water Testing – Both registered and licensed Initial Licensure (rule 2.3.7.10)

- Required to test water for the presence of lead even if permits are in place and/or bottled water is being used.
 - Conduct first draw lead sample test by collecting water sample when water has been sitting in the plumbing inside the building either overnight or for at least six hours without being used. (The lab will provide sample collection instructions)

- The sample must be sent to and analyzed by a Vermont Certified Drinking Water Lab. The test result must be less than 0.015 mg/L.
- Include lead sample results with initial licensure application. Keep paper documentation of test results on site and available for CDD review.
- If the lead test result is above 0.015 mg/L, water may be remedied and retested for compliance. Bottled water must be used for any water system not in compliance. Water may be provided by you or families.

Annual Licensing Requirement (rule 2.3.8.7) and License Renewal (rule 2.3.9.5.1)

- Only FCCHs that tested above 0.015 mg/L for lead on the first draw lead test must send a flush sample test annually to a Vermont Certified Drinking Water Lab.
 - Keep paper documentation of water testing results at the FCCH and available for CDD review.
 - At license renewal, update the license renewal application with results.

Bacterial and Chemical Water Testing – Both registered and licensed

Initial Licensure – Systems with Permits (e.g. municipality, towns, and neighborhoods)

- Bacterial and chemical water testing is regularly conducted and monitored in water supply systems that have a permit from the Vermont Agency of Natural Resources to serve more than 24 individuals. Therefore, CDD does not request additional bacterial or chemical testing for FCCHs who obtain their water from this type of permitted system.

Initial Licensure – Systems (e.g. local springs and wells) without Permits (for licensed FCCH rule 2.3.7.11 and for registered FCCH rule 2.3.7.12)

- FCCHs without a permitted water supply system must complete the bacterial and chemical water testing for CDD.
- Conduct chemical (arsenic, uranium, nitrite, manganese, nitrate, and fluoride) and bacterial (total coliform) tests using a Vermont Certified Drinking Water Lab and include results with initial licensure application.
- Keep paper documentation at the FCCH and available for CDD review.
- Results must meet Vermont Drinking water standards. Accepted levels are listed in Appendix II.
- Bottled water must be used for any water system not in compliance with standards. Water may be provided by you or families.
- Water may be remedied and retested for compliance.

Licensing Renewal – Systems (e.g. local springs and wells) without Permits (for licensed FCCH rule 2.3.9.5.3) and (for registered FCCH rule 2.3.9.5.4)

- ☐ For FCCHs not required to have a drinking water permit and/or not connected to a permitted system (e.g. municipal system), chemical testing is required every six years. Send a water sample to a Vermont Certified Drinking Water Lab.
 - Update the license renewal application with results. This is only required every six years.
 - Keep paper documentation at the FCCH and available for CDD review.

Resources

- ☐ Vermont Department of Health Laboratory has a child care water test kit to meet the licensing requirements. Test kits may be obtained by calling the lab: (802) 338-4736 or 1 (800) 660-9997.
- ☐ List of other Vermont Certified Drinking Water Labs that may be used:
<http://healthvermont.gov/public-health-laboratory/laboratory-certification-or-approval/drinking-water-laboratory>
- ☐ Vermont Department of Health child care drinking water fact sheets:
<http://healthvermont.gov/health-environment/chemicals-childrens-products/child-care-providers>
- ☐ Vermont Department of Health Testing Recommendations:
<http://healthvermont.gov/public-health-laboratory/drinking-water-testing/what-should-you-test>
- ☐ Appendix II contains a chart on Water System Testing and Safety Guidelines.
- ☐ Due Dates Checklist on CDD website:
<http://dcf.vermont.gov/cdd/forms-child-care-providers>

Annual Licensing Requirements (subheading 2.3.8)

What Is the Purpose of These Rules?

A full license is issued for three years. Annual licensing requirements must be met each year by the anniversary date of the license. Annual licensing requirements include all rules under subheading 2.3.8. Annual requirements that are not completed will be addressed during a licensing visit.

What It May Look Like in Your Program

FCCP Responsibilities

- † Complete the following annual licensing requirements:

- Mail or fax documentation of required record check authorization forms to CDD. (Background clearances are valid for 5 years. Only those individuals within 6 months from their due date are required to submit a new Record Check Authorization form).
- File an EMP Compliance Statement with the Vermont Department of Health, Asbestos and Lead Regulatory Program. Insurance carriers may require a copy of the annual EMP Compliance Statement also to be filed with them.
- Ensure you (and staff) complete professional development as verified in your (and their) BFIS Quality and Credential account. If documentation was submitted to NLCDC and it is missing from the BFIS Quality and Credential account, contact NLCDC.
- Keep records of continuous insurance (rule 2.3.8.6) at the FCCH. Have available for CDD review.
- Conduct a flush sample water lead test - if initial licensure lead amounts were equal to or above the acceptable limits. Have results available at the FCCH for CDD review.

Resources

- 📖 Contact the Licensor on Duty at 1 (800) 649-2642 option 3 or (802) 241-0837 for assistance as needed.
- 📖 If responding to a CDD letter, contact the person who sent the letter.
- 📖 Due Dates Checklist on CDD website:
<http://dcf.vermont.gov/cdd/forms-child-care-providers>

Terms and Conditions on License (rule 2.3.10.2)

What Is the Purpose of These Rules?

CDD may attach terms and conditions to a license when there are unique circumstances (rule 2.3.10.2). An example of a term for a registered FCCH might be whether it is approved to prepare meals. An example for a licensed FCCH might be the licensed capacity or hours of operation. An example of a condition might be installing a fence to protect children. The condition might be to allow more time to install a fence when the ground is frozen, and a fence cannot be installed until warmer weather.

What It May Look Like in Your Program

FCCP Responsibilities

- † Ensure that conditions are met by the time specified.
- † Post the license (rule 2.3.10.1).

Resources

- 📖 Contact the Licenser on Duty at 1 (800) 649-2642 option 3 or (802) 241-0837 for assistance as needed.

Changes That Impact a License (rule 2.3.11)

What Is the Purpose of This Rule?

Changes in a FCCH may affect compliance with various rules. Sometimes these are planned and sometimes unexpected. When you wish to make changes to the FCCH, you must contact CDD for approval *before* the changes take place. Examples of these changes include altering the amount of indoor or outdoor space or the ages of children served (for licensed FCCHs). CDD determines next steps. Unexpected changes could include fire, flooding, and power outages. Another type of change could be a change of ownership. For example, you decide to work outside the home and your spouse decides to stay home and run the FCCH. Your spouse is required to obtain her/his own license to operate a registered or licensed FCCH while you are required to submit a closure notification.

What It May Look Like in Your Program

FCCP Responsibilities

- 👤 Contact CDD *before* considering to move, sell, lease, discontinue, or voluntarily close.
- 👤 Contact CDD to obtain approval *prior* to making any changes that affect the license.
- 👤 Notify CDD of unexpected situations such as flooding, construction, or other activities that may affect space or services.
- 👤 For guidance on unforeseen circumstances, refer to the rules in heading 3.6, Emergency Preparedness, in this Guidance Manual.

Resources

- 📖 Appendix I contains a chart of required notifications to CDD, parents, and other agencies.
- 📖 Contact the Licenser on Duty at 1-800-649-2642 option 3 or 802-241-0837 for assistance as needed.
- 📖 If a notice is required, submit it through BFIS.
- 📖 If already working with a Licensing Field Specialist on planned changes to the FCCH, continue to work directly with her/him.

A Closer Look at Heading 2.6: Right to Appeal Regulatory Actions

What Is the Purpose of These Rules?

When licensing takes a negative action, you have the right to appeal. Negative actions include, but are not limited to, denials of variances or licensure, determination of a prohibited person through the background clearance process, filing of an intent to revoke a license, or issuing a license suspension.

What It May Look Like in Your Program

Appeal Process

All appeals must be in writing and received within 30 days by CDD or the Human Services Board. The 30 days starts from the date of CDD's written notice.

The letter that you receive will also include appeal instructions.

License Denial or Suspension and Violation Citation

- The initial appeal is referred to as a Commissioner's Review. A CDD staff member, who is neutral and has not been involved in the situation, manages the appeal.
- To file an appeal for denial of a license, suspension of a license, or a cited violation; send appeal letter to CDD within 30 days. The appeal letter must include the following:
 - Date the appeal letter.
 - Include date regulatory action letter was received.
 - Specify what is being appealed.
 - Specifics about disagreement with regulatory action.
- If you disagree with the Commissioner's Review finding, then you may appeal to the Human Services Board. This appeal is filed directly with the Human Services Board and must be received within 30 days from the date on the Commissioner's Review finding letter. The decision of the Human Services Board is final and ends the appeal process.

License Revocation and Variance Denials

- Appeals for license revocation and variance denials are filed directly with the Human Services Board. They do not include the above step (Commissioner's Review) of appealing to CDD first.
- To file an appeal for license revocation and variance denials, send an appeal letter to the Human Services Board within 30 days. The appeal letter to the Human Services Board must include:
 - Date the appeal letter.

- Include date regulatory action letter was received.
- State specifically what is being appealed; and
- Include disagreement with regulatory action and give specifics.
- The Human Services Board decision is final and ends the appeal process.

Resources

📖 For appeals being filed with **CDD**, mail or fax:

Child Development Division
 Department for Children and Families
 Attention: Commissioner’s Review
 NOB 1 North 280 State Drive
 Waterbury, VT 05671-1040
 FAX: (802) 241-0848

📖 For appeals being filed with the **Human Services Board**, mail or fax:

Human Services Board
 14-16 Baldwin Street
 State Office Building
 Montpelier, VT 05633-4302
 Phone: (802) 828-2536
 FAX: (802) 828-3068

A Closer Look at Heading 2.7: Rule Variance

What Is the Purpose of These Rules?

There are two types of variance requests in BFIS:

- Record check variance requests
 - You may submit a record check variance request when an individual is identified as a prohibited person. This request process is separate from all other variance requests.
- Rule variance requests
 - A rule variance may be requested when you want to implement activities, policies, or practices that do not fully follow with a rule.

The Commissioner, or a designee, may grant a variance to a rule upon request at her/his discretion.

What It May Look Like in Your Program

FCCP Responsibilities

- † For questions about a rule variance request, contact your Licensing Field Specialist before applying for a variance. For questions on a record check variance, contact the person who wrote the prohibited person letter.
- † Apply for a variance through BFIS. You cannot implement the variance request until approved by CDD. Include the following information in the request:
 - Rule number for which a variance is being requested (only one rule number is allowed per variance request);
 - Details of the request. Carefully read each question and provide information about the variance request; and
 - The plan to achieve regulatory compliance. (Variances are usually temporary, providing time for you to come into compliance with a licensing rule. Record Check variances are an exception to the time limited rule).
- † Create this request in a Word document before entering it into BFIS, and print a copy for your records. BFIS limits the amount of time to enter this information. BFIS does not allow access to the variance request information once it has been submitted.

Resources

- 📖 Refer to CDD Fact Sheets titled Child Care Licensing Variances and/or Record Check Variance Request:
<http://dcf.vermont.gov/childcare/providers/bfis>

A Closer Look at Heading 2.8: Public Record of Violation

What Is the Purpose of These Rules?

The care of young children is a serious responsibility. Federal legislation requires public posting of regulatory non-compliance. Parents and the public may access your regulatory history through the public BFIS website. To view your regulatory history, select the date of a licensing visit. The facts behind the violations and required corrective action can be seen. The list of rules in compliance at your FCCH during the licensing visit can also be seen.

What It May Look Like in Your Program

FCCP Responsibilities

- † When a site visit report contains violations, post it in your FCCH for at least 15 days from when it is received. Post other site visit reports and notices of regulatory action as directed

by CDD. While not required by FCCH Regulations, some FCCPs also post site visit reports from compliance visits in which no violations are cited.

- † Serious violations require the site visit report be sent (mail or email) to parents (rule 2.8.2). Send out the Parent Notification Letter (PNL) to the parent of each enrolled child, or both parents if separated and/or divorced. If a primary parent does not have contact information for the other parent, you only send the site visit report to the primary parent.
- † Understand that all regulatory history remains regardless of whether violations are posted to the public BFIS website. If a violation is removed from the public BFIS website and a repeat violation is later cited, the removed violation will be reposted to the public BFIS website along with the new violation.
- † If there are no repeat violations of a rule over a five-year period, you may request that CDD remove the violation from the public BFIS website.

Resources

- 📖 Appendix III contains required postings (what, where, how long, and rule number).
- 📖 See CDD website for information sheet on how to request violations be removed from the public BFIS website:

<http://dcf.vermont.gov/childcare/providers/bfis>

FCCH Section 3 – Administration and Operation

Section 3 addresses overall administration and operation of the FCCH. It includes required notifications to CDD; legal mandates regarding child abuse and neglect; FCCH management and recordkeeping; non-discrimination enrollment; safe release of children; emergency preparedness; and confidentiality. Annual program assessments are required for licensed FCCHs only.

A Closer Look at Heading 3.1: Notifications to Child Care Licensing

What Is the Purpose of These Rules?

Children's health and safety is a major responsibility. Consult the rules in heading 3.1 to determine what is required for reporting along with required time frames. Verbal reports are made by calling the Licensor on Duty line. Written reports are submitted through an Incident Report in your BFIS Child Care Program Account. When the written report is submitted through your BFIS Child Care Program Account, your Licensing Field Specialist receives notification. Your specialist will follow up if necessary.

What It May Look Like in Your Program

Responsibilities

FCCP

- † Ensure a written notification (incident report) is submitted to CDD through your BFIS Child Care Program Account.
- † Provide orientation, training, and oversight to staff on required notifications. Delegate responsibility to a specific staff member(s) when you are not on site.

Staff

- †† Follow all required notifications.

Resources

- 📖 Appendix I contains a chart of required notifications to CDD, parents, and other agencies.
- 📖 Make verbal notifications by calling the Licensor on Duty at 1 (800) 649-2642 option 3 or (802) 241-0837.
- 📖 Submit written notifications by logging into your BFIS Child Care Program Account and click "File an Incident Report".

Self-Reported Violations (rule 3.1.5)

What Is the Purpose of This Rule?

When an incident meets the definition of a serious violation (rule 2.2.44) - you must notify CDD within 24 hours of the incident. CDD developed the self-report process to encourage open channels of communication. CDD can decide to issue a warning instead of a violation on a case-by-case basis. Rule 3.1.5 outlines what information must be provided to CDD and what factors CDD will consider.

When a situation does not meet the definition of a serious violation, a self-report is not required. CDD expects you to handle the situation appropriately. CDD may cite non-compliance if you have not sufficiently handled the situation. Examples of not sufficiently handling the situation include you not being aware that an incident occurred, no action taken to correct the non-compliance, or a history of repeated action.

What It May Look Like in Your Program

Policies and Practices

- ☐ The self-report process includes notifying CDD about corrective action to ensure this type of situation will not occur again. Examples of effective use of the self-report process include:
 - Corporal punishment was used with a child; a plan was developed to replace corporal punishment with positive guidance method.
 - Children were left unsupervised resulting in one child inappropriately touching another child during play. The parents of the children involved were notified. A report to DCF's Family Services Division was made. Modifications to the routines and supervision were identified.
 - A child was left unsupervised due to inadequate procedures for transitioning children from outside to inside. You reviewed procedures used. Now children are counted at key points when transitioning.

FCCP Responsibilities

- † Self-report serious violations within 24 hours of the incident to CDD. Self-reports are made through the incident report function in your BFIS Child Care Program Account. After a notification is submitted through BFIS, the Licensing Field Specialist receives the notice and contacts you.
- † The self-report is usually made by you.
 - It is better to make a self-report to CDD, rather than have it reported to CDD by parents, neighbors, or others who might have witnessed or be aware of it.

- If you do not report a serious violation and CDD becomes aware of the situation; then CDD is required to cite a serious violation even if you appropriately corrected the behavior or made appropriate changes to ensure future compliance.

† Take prompt and appropriate action to correct the violation (Involve staff as appropriate).

Resources

📖 Appendix I contains a chart of required notifications to CDD, parents, and other agencies. It also includes information on self-reported violations.

A Closer Look at Heading 3.2: Legal Mandates Regarding Child Abuse and Neglect

What Is the Purpose of These Rules?

Children in abusive or neglectful situations need our assistance. When trained in the signs and symptoms of child abuse or neglect, you (and staff) are better at recognizing these signs. It is important to provide training on how to report to the Vermont Department for Children and Families, Family Services Division.

What It May Look Like in Your Program

Policies and Practices

- Legislation for reporting child abuse and neglect **requires each person**, aware of a suspicion of child abuse or neglect, to make a report.
- A group report may be made, in place of each person reporting individually. This would allow a staff member and you to make a report together if necessary.
- Policies for reporting suspected child abuse and neglect outline responsibilities, timelines, and documentation. These policies specify how to report a co-worker or supervisor of suspected child abuse or neglect if necessary.
- If a parent tells you they took their child to a doctor because they suspect sexual abuse of the child by the other parent, you are required to make a report to the Family Services Division, even if the parent indicated the doctor would be reporting also.
- Both registered and licensed FCCPs make sure staff and partner staff know that abuse and/or neglect of children is against the law (rule 3.2.3).

FCCP Responsibilities

- † May not take action against any person who files a good faith report of suspected child abuse or neglect to the Vermont Child Abuse Hotline.
- † Post the Vermont Child Abuse Hotline number in an accessible place.

- † Report suspected child abuse and neglect. Call the Vermont Child Abuse Hotline number within 24 hours from when the suspected abuse or neglect was first received or observed.
- † Submit reports by phone or in writing. You may be asked to file a written report.

Licensed FCCH Only

- ☐ You and staff receive training in mandatory reporting of child abuse and neglect. This training covers child abuse prevention and identification.
- ☐ Develop and implement a written policy. Policies for reporting suspected child abuse and neglect contain procedures that outline responsibility, timelines, and documentation. These policies also specify how to report a co-worker or supervisor of suspected child abuse or neglect if necessary. Additional boxed rules 3.2.4 through 3.2.7 also apply to licensed FCCHs.

Resources

- 📖 Vermont provides a Child Abuse Hotline 1 (800) 649-5285 open 24 hours per day, 7 days per week.
- 📖 Vermont Department for Children and Families provides a webpage with helpful guidance on reporting child abuse and neglect. Online training for reporting child abuse and neglect is available. This training may be applied towards annual professional development requirements when it is successfully completed for the first time:
<http://dcf.vermont.gov/protection/reporting/mandated>

A Closer Look at Heading 3.3: Program Management and Recordkeeping

Children's Files (subheading 3.3.4)

What Is the Purpose of These Rules?

The rules in subheading 3.3.4 identify some of the information required in each child's file. This information includes parent contact information, immunization records, and emergency contact information. These rules explain how to maintain the information, and how to share information with parents (and staff). Collecting this information provides you (and staff) with the background knowledge and contact information to care for and respond to the child in case of an emergency.

What It May Look Like in Your Program

Policies and Practices

Enrollment Information and Emergency Contacts

- ☐ A child registration form is complete, on file and maintained for each child enrolled. At minimum, the file includes information listed in rule 3.3.4.1, the child health examination documentation (rule 5.1.2), and immunization requirements (rule 5.1.3).
- ☐ Enrollment information requires contact phone numbers and a home address for the parents. If one parent has a contact number, this is sufficient. If neither parent has a contact phone number, a plan to get messages to one or both parents meets the intent of the rule. Under home address, you may note that the family is homeless. The family may not have a permanent address but will have a mailing address - where their mail is sent for them to pick up. It is important to have this address in the file.
- ☐ When families struggle to identify two emergency contacts, explain an emergency contact may be a family member out of state who knows the child's health history; or a friend, neighbor, or co-worker who could help contact the family, while you (and/or staff) focus on the emergency. The emergency contact might also speak in the family's language, which may provide the child and/or family comfort during an emergency.
- ☐ Sometimes parents think the emergency contact person is being authorized to make medical decisions. Explain that this is not the case because parents have already provided authorization to you to make medical decisions when the parents are not able to be reached.
- ☐ Document any obvious injuries along with parent comments (rule 5.3.2) in an injury log or in the child's file. Ensure parents can access this information.

Well-Care Exam and Immunizations

- ☐ Rule 5.1.2 provides 45 days for the parent to provide you with documentation from the child's most recent well-care exam. This does not require a new exam if the child has had a well-care exam within the last year. If the child has not had a well-care exam within the past year and does not have a pediatrician in the area, refer parents to *Help Me Grow* for assistance.
- ☐ The easiest way to meet the immunization requirements for all families and to ensure compliance is to participate in the Immunization Registry. With written parental permission, you may access children's immunization records directly.
- ☐ If you are not a participant in the registry or a child's pediatrician doesn't participate in the registry, work with the family to obtain the records.

Considerations for Families Experiencing Homelessness

- ☐ If a parent discloses that they are homeless, or you have information that a family is homeless, document this in the child's enrollment file. Licensing staff will use this documentation to give you more time to complete enrollment requirements.
- ☐ If a family experiencing homelessness does not have immunization records in the registry, work with the family to obtain the records. If the child is not up-to-date with immunizations, refer the family to *Help Me Grow* for assistance. Documentation of the steps taken to obtain this information is sufficient in the child's file until required immunizations have been obtained.

FCCP Responsibilities

- ‡ Provide easy to use forms for parents to submit the required information. Consider using electronic formats for the submission of forms.
- ‡ Ensure files of children, either paper or electronic, are easily accessible by licensing staff (and your staff) as needed.
- ‡ Create a confidentiality statement to follow when viewing children's records.
- ‡ Use a variety of strategies to obtain necessary enrollment paperwork, such as:
 - Encourage parents to complete paperwork during drop off or pick up time. This way parents cannot forget to return it.
 - Allow parents to use your phone to call and request immunization records or well-care exams be sent directly to you.
 - Participate in the Vermont Department of Health Immunization Registry. This provides you with direct access to most children's immunization records and reduces the burden on parents.

Resources

- 📖 CDD provides sample forms. Forms include a Child File Checklist, Child Admission/Registration form, a Child Care General Health Examination form, a Field Trip Permission form, General Permission Statements, a Medication Permission form, and Due Date Checklist:
<http://dcf.vermont.gov/cdd/forms-child-care-providers>
<http://dcf.vermont.gov/childcare/providers/health-safety>
- 📖 When families are experiencing homelessness, the local Children's Integrated Services Coordinators can support and connect families to resources (e.g. Specialized Child Care, transportation to/from child care or preschool, Child Care Financial Assistance Program services, nursing and family support home visitors, and/or early intervention services):
<http://dcf.vermont.gov/partners/scc>
- 📖 *Help Me Grow* helps families connect with community-based services and supports, which can be reached by dialing 211. For more information:
<http://vermont211.org/>
- 📖 Child Care Financial Assistance Program has some resources for families experiencing homelessness:
<http://dcf.vermont.gov/benefits/ccfap>
- 📖 Vermont Department of Health Immunization Registry User Support:
<http://www.healthvermont.gov/health-statistics-vital-records/registries/immunization> or call (888) 688-4667 or email: IMR@vermont.gov

Personnel Files (subheading 3.3.5) – Licensed FCCH Only

Licensed FCCH Only: Personnel Files (subheading 3.3.5)

What Is the Purpose of These Rules?

To maintain safety, supervision, and engagement of children, licensed FCCPs must document the educational/work backgrounds, and job function of all staff. Personnel files (rule 3.3.5.1) must include items such as documentation of the legal requirement to report suspected child abuse and neglect, CPR certification, a current Records Check Authorization form, and orientation training.

What It May Look Like in Your Program


Policies and Practices

- Provide your policies and the FCCH Regulations to all staff.
- Store documentation of completed staff orientation training and orientation sign-in sheets on-site.
- Keep IPDPs in the staff's file or have staff enter it in their BFIS Quality and Credential account. When IPDPs are in individuals' BFIS Quality and Credential accounts, they are accessible to you, to the individual staff person, and to CDD staff.

Licensed FCCP Responsibilities

- † Maintain an up-to-date personnel file for all staff with the items listed in rule 3.3.5.1 at minimum.
- † Provide orientation and ongoing support to staff so they can carry out policies and practices.

Resources

-  CDD provides sample forms. These forms include a Staffing Plan, Staff File Checklist, a Partner or Volunteer Information form, Due Dates Checklist, and a Volunteer Sign In and Sign Out Sheet: <http://dcf.vermont.gov/cdd/forms-child-care-providers>

Other Administrative Records (subheading 3.3.6)

What Is the Purpose of These Rules?

The safety of children is a key responsibility and documentation is important. This documentation includes details of each evacuation drill (rule 3.3.6.1); specifics on accidents and injuries (rule 3.3.6.2); details of medication administered (rule 3.3.6.3); and specifics on pesticide

applications (rule 3.3.6.4). Documentation on accidents and injuries as well as how and when the parent was informed may be needed for liability purposes.

For licensed FCCHs, documentation is also required for the staffing schedule (rule 3.3.6.5).

What It May Look Like in Your Program

Policies and Practices

Evacuation Drill

- Maintain the following information for at least two years:
 - Date of monthly drill;
 - A note if children were sleeping or resting (at least one drill per year must be while children are sleeping or resting);
 - The time it took to evacuate (must be done in under three minutes); and
 - Number of children (and staff) evacuated.

Accidents and Injuries

- Documentation kept for a minimum of two years from the date it occurred and includes:
 - An incident report for each accident, injury, or medical emergency, which leaves a visible mark or requires any kind of first aid. The Incident report includes the first aid provided, even when medical treatment is not required (rule 5.8.3). Incident report must include:
 - Name of child;
 - Date of incident;
 - Description of injury or medical emergency;
 - How it occurred;
 - Adult witnesses;
 - First aid provided; and
 - Medical care required (if applicable).
 - **Required:** Provide the child's parents with a copy of the report at pick up the same day.
 - **Required:** File incident report in the child's file or in an injury log book.
 - **Serious Injuries:** A serious injury means an injury that results in death and/or in-patient or out-patient medical care. Refer to rule 3.1.1 for notification requirements in addition to the above instructions.

Medication Administration

- ☐ Documentation kept for a minimum of one year from the date medication was given and include:
 - Record of medications administered in a child's file or in a separate medication log book must include the following (rule 5.6.8).
 - Child's name;
 - Name of medication given;
 - Medication dosage;
 - Time that medication given;
 - Name of staff giving medication; and
 - Any adverse effects observed.

Pesticide Applications

- ☐ Read subheading 5.10.1.9 carefully for specific requirements.
- ☐ Documentation kept for two years after the pesticide treatment. Must include:
 - Pesticide product name;
 - EPA Registration Number;
 - Amount used;
 - Dates of application;
 - Location of application; and
 - Pests treated.

Licensed FCCH only: Staffing Schedules:

- ☐ Documentation of daily staff schedules must be kept for at least one year and must include:
 - Exact days and hours worked for each staff member; and
 - The group of children to whom each staff member was assigned.
- ☐ You may use your own system if it accurately documents when and where each staff member worked each day.

Resources

- ☐ CDD provides sample forms. These forms include a Sample Incident Report, Pesticide Record, Staffing Plan, Due Dates Checklist, and other helpful sample forms:
<http://dcf.vermont.gov/cdd/forms-child-care-providers>
- ☐ Appendix IV provides a summary of required policies and procedures.

A Closer Look at Rule 3.4: Non-Discriminatory Enrollment

What Is the Purpose of This Rule?

Families reflect various ethnicities, cultures, belief systems, and family structures. Non-discrimination policies are in place because children benefit when FCCHs respect and value all families, no matter their race, creed, color, national origin, religion, disability, gender, parents' marital status, sexual orientation, gender identification, or place of residence.

What It May Look Like in Your Program

Policies and Practices

- ☐ There are clear non-discrimination policies and practices in parent (and staff) handbook(s), on websites (if used by you), and in other written and verbal communication.
- ☐ Enrollment forms avoid asking for discriminatory information. For example, it is illegal to ask someone about their religion on an enrollment form.
- ☐ Be clear about your philosophy so families can determine if it is a good fit for them.

FCCP Responsibilities

- ‡ Review enrollment forms to ensure they are non-discriminatory.
- ‡ Provide non-discriminatory orientation and training to staff, if applicable.
- ‡ Work with CDD to address the needs of enrolled families who are experiencing homelessness and licensing compliance.

Resources

- 📖 The Vermont Family Network has early childhood special education resources:
<http://www.vermontfamilynetwork.org/>
- 📖 Resources on how to address compliance with the Americans with Disabilities Act (ADA) are at:
<https://www.ada.gov/childqanda.htm>
Instructions on how to access this website are as follows:
 - Type "child care" into the search.
 - The FAQ document will be identified, which is specific to child care programs.
- 📖 Caring for Our Children, National Health, and Safety Performance Standards Guidelines for Early Care and Education Programs, 3rd Edition has information on writing non-discrimination policies:
<http://cfoc.nrckids.org/StandardView/9.2.1.5>
- 📖 National Association for the Education of Homeless Children and Youth:
<http://www.naehcy.org>

A Closer Look at Heading 3.5: Safe Release of Children

What Is the Purpose of These Rules?

Keeping children safe is a priority for everyone. It is important to always know where children are. Drop off and pick up can be busy times. Having clear policies on the safe release of children is critical. Safe release policies should include when children are being transported, in emergency situations, and in child custody cases.

What It May Look Like in Your Program

Policies and Practices

FCCP (and Staff)

- A system is in place to release children only to persons authorized by the parents.
- A procedure that ask for identification if someone, other than the parent(s), are authorized to pick up a child.
- Procedures for handling emergency calls from parent(s) when they need someone else to pick up their child(ren) that are clear (rule 3.5.3).

Partner Staff

- Examples of partner staff might be speech, physical, or occupational therapists who provide services to children with special needs.
- If partner staff determine a quieter space is a better environment for their services, you may use the signing out process to meet this need.
- By having written parental permission on the release form, in the child's file; a partner staff may sign the child out of your program and take the child to a separate space to provide services (on or offsite). When the partner staff returns the child to your program, the child is signed back into your program. This practice makes it clear who is responsible for supervision of the child. It also protects you from potential liability.

FCCP (and Staff) Responsibilities

- † Release children only to individuals authorized by parents (rules 3.3.4.1 and 5.10.6.6.1.2).
- † Keep documentation in the children's files and with emergency contact information.
- † Verify the identity of a person authorized to pick up a child who is unknown to you (and staff) prior to releasing the child.
- † When transporting children, release them to the address provided or authorized by parents (rule 5.10.6.6.1.1).
- † Provide other staff (as applicable) with information about who is authorized to pick up a child.

A Closer Look at Heading 3.6: Emergency Preparedness

What Is the Purpose of These Rules?

Emergencies can happen any time. They may range from severe weather, fire, flooding, power outages, and gas leaks to lost children, threatening individuals, and other possibilities. It is essential that you have a process for identifying different types of emergencies and a plan for how to respond to them. Having a plan is essential to the safety of children (and staff).

What It May Look Like in Your Program

Policies and Practices

- Develop a written Emergency Response Plan to address all items in rule 3.6.1.1.
- Update the Emergency Response Plan in writing at least once a year.
- Inform parents of the Emergency Response Plan.
- Train all staff on the Emergency Response Plan and provide them access to the written plan.
- CDD does not require any particular training to meet this requirement. The only requirement is that the training includes sheltering in place education. Anyone skilled in emergency response planning may offer a training. This training will assist you in revising the Emergency Response Plan. See heading 7.4 in this Guidance Manual for information on trainings that meet NLCDC criteria. To ensure the training meetings NLCDC criteria, it is recommended that the training is offered by a NLCDC Sponsor.

Responsibilities

FCCP

- † Attend a required emergency preparedness training (described above in Policies and Practices) within one year of opening your FCCH. Use the knowledge gained from this training to revise and update your existing Emergency Response Plan.
- † Document monthly evacuation drills according to rules 3.3.6.1 and 3.6.2.2. Evacuation drills are the same as fire drills.

Staff

- †† Know your responsibilities in following the Emergency Response Plan.

Emergency Situations (such as power outages, flooding, loss of utility services, etc.)

- This guidance applies to all types of emergency situations. The most common emergency is a power outage. In these emergency situations, you may provide care for children if you can meet **ALL** the following conditions.

- The home temperature must be maintained in a safe manner (rule 5.10.1.5.1). Some heating methods are not safe inside (such as unvented kerosene heaters (rule 5.10.1.5.4)).
- Suitable light must be available. Candles may not be used (rule 5.4.1.6 and rules in subheading 5.10.1.6);
- Toilet must be operational (may be flushed manually);
- Safe drinking water must be readily available (rule 5.11.4);
- Hand washing with warm water and soap must be available;
- Food must be safely stored and readily available; and
- Phone service must be available on site (cell service is acceptable).
- You may **not** operate unless all of these conditions are met, as operation would violate essential, minimal health and safety regulations that protect the welfare of children.
- In all cases, notify parents and CDD of emergency situations.
- If you must be closed due to prolonged emergency conditions, refer families to a Child Care Referral Specialist for assistance in locating alternative care (if they need it).
- You can choose whether to provide care in an emergency such as a power outage.
- In extreme emergency situations, CDD may consider emergency variances.

Resources

- 📖 Local community Child Care Support Agencies (child care eligibility and referral):
<http://dcf.vermont.gov/partners/cccsa>
- 📖 CDD and Healthy Child Care Vermont has an Emergency Response Planning Guide and Emergency Response Plan Template available:
<http://dcf.vermont.gov/childcare/providers/health-safety>
- 📖 Due Dates Checklist on CDD website:
<http://dcf.vermont.gov/cdd/forms-child-care-providers>
- 📖 The Emergency Preparedness training may be applied to annual professional development requirements when it is successfully completed for the first time.

A Closer Look at Rule 3.8: Annual Program Assessment – Licensed FCCH Only

What Is the Purpose of This Rule?

A thorough program assessment examines available space; equipment and supplies; staff qualifications and training; curriculum and staff/child interactions; family engagement; and business practices. You can use annual assessments to celebrate what is working well in your program and to set goals. Annual assessments improve business practices and daily operations by looking at the FCCH through the eyes of parents (and staff).

What It May Look Like in Your Program

Policies and Practices

- Think about the questions frequently asked by parents. Use these questions to shape annual assessment items that could lead to improved communication and daily operations.
- Find ways to improve the FCCH based on the assessment results. Think about what you do well, identify areas for improvement and develop an action plan.

FCCP Responsibilities

- † Decide how to collect desired information from parents (and staff) and how to communicate results to them. Use results to improve the FCCH.

Resources

- 📖 The Family Child Care Environment Rating Scale-Revised (FCCERS-R) is an acceptable assessment tool used in Vermont. The FCCERS-R is designed to assess a home-based program: <http://ers.fpg.unc.edu/>
- 📖 The Strengthening Families self-assessments are another useful set of tools acceptable in Vermont. These assessments gauge the level of parent involvement in programs: <http://www.cssp.org/young-children-their-families/strengtheningfamilies>

FCCH Section 4 - Parent/Family Engagement in Their Children's Care

Section 4 covers parent and family engagement in their children's care. It includes the requirements for pre-enrollment visits and orientation, visits and access to children, parent conferences, parent communication, encouraging parent involvement, supporting breastfeeding, and communicating FCCH policies and practices.

A Closer Look at Rule 4.2 and Heading 4.3: Visits and Access to Children and Parent Conferences

What Is the Purpose of These Rules?

Parents and you both want the best for children. Maintain an open and welcoming atmosphere to create a feeling of partnership between you and parents. Formal and informal parent conferences are a good way to work with parents on behalf of their children. Parents need to have access to their children attending the FCCH *without delay*. This means that at any time of day, and without needing prior approval, a parent can stop in to see their child or pick up their child. Providing parents with access should not interfere with your ability to keep children safe. You may choose to lock your home. If this is done, the parents need to know how to enter the home to see or pick up their child.

What It May Look Like in Your Program

Policies and Practices

- Parents have an opportunity to participate in formal or informal parent conferences at least twice a year.
- A system or process is in place for parents to enter the home to access their child.
- When the home is locked, there is a process for informing parents on how to enter the home.
- Parents know how to request a formal or informal meeting with you. Hold the meeting within ten working days from a parent's request.
- Consider ways for parents to be involved with their child and your program. For example, invite them to volunteer their time or talents. Encourage parent involvement by providing opportunities to participate in learning themes.

Examples

- You may be focusing on the signs of autumn with children. Parents could be encouraged to help their child look for signs of the changing season. This is one type of parent involvement.

- You hold a spring picnic every year and invite families. This helps children feel part of a larger community.

FCCP Responsibilities

- † Ensure your home is secure for the safety of children and yet allows access to parents.
- † Create a welcoming atmosphere for parents when they visit or pick up their children.
- † Be prepared to share children’s learning and development with parents, and listen to their ideas and concerns.

Resources

📖 Due Dates Checklist on CDD website:

<http://dcf.vermont.gov/cdd/forms-child-care-providers>

A Closer Look at Rule 4.6: Supporting Breastfeeding

What Is the Purpose of This Rule?

Breastfeeding is key to good health of mothers and babies. Breastfeeding benefits families, employers, and society. The American Academy of Pediatrics recommends that babies be breastfed for at least the first full year of life and beyond. Breast milk has all the nutrients a baby needs. It is fresh, clean, and it costs much less than formula. Babies digest breast milk more easily than formula. It protects against diarrhea and infections. Breastfed babies are generally sick less often than formula-fed babies are. Breastfeeding can enhance bonding between a mother and her child.

What It May Look Like in Your Program

Policies and Practices

- ☐ Provide a comfortable, private place for mothers to breastfeed their children. Depending on the home, this could be a separate room or a rocking chair with a screen to provide privacy. Simple things like having a table next to the chair or soft music can help mothers feel more comfortable breastfeeding in a space other than their home.

FCCP Responsibilities

- † Embrace an open attitude about breastfeeding.
- † Ensure that the FCCH allows for privacy and comfort for breastfeeding mothers.
- † Allow breastfeeding mothers and employees to store their expressed breast milk in the refrigerator.

- † Ask mothers to provide breast milk containers clearly labeled with their name and current date. If the container is not labeled with a name and date, create a label before putting it in the refrigerator.

Resources

- 📖 The Vermont Department of Health has a website with many resources on breastfeeding, including information on how to best store breastmilk:
<http://healthvermont.gov/children-youth-families/infants-young-children/breastfeeding>
- 📖 Caring for Our Children has further guidance on nutrition for infants:
<http://cfoc.nrckids.org/StandardView/4.3.1.8>
<http://cfoc.nrckids.org/StandardView/4.3.1.2>
- American Academy of Pediatrics Frequently Asked Questions on breastfeeding:
<https://www2.aap.org/breastfeeding/faqsBreastfeeding.html>

A Closer Look at Rule 4.7: Communicating FCCH Policies and Procedures

What Is the Purpose of This Rule?

When a parent chooses a FCCH for their child, they want the health and safety of their child to be protected. Providing parents with your written policies is one way to communicate to parents how you will protect their child.

What It May Look Like in Your Program

FCCP Responsibilities

- † Create and implement written policies, including all items required in rule 4.7.
- † Provide orientation and training to staff to ensure they understand the written policies.
- † Provide parents with the written policies and clarify understanding when needed.
- † Carry out written policies in your FCCH.

Resources

- 📖 Appendix IV contains the minimum FCCH policies and information required to be communicated with parents. This parent information is combined with other FCCH and personnel policies to create a “big picture” of policies in one appendix.

FCCH Section 5 - Health, Safety and Nutrition

Section 5 focuses on health, safety, and nutrition. Areas covered in this Section include routine health practices to keep children safe and healthy. These practices include managing infectious diseases; medication administration; and responding to accidents, injuries, and medical emergencies. The physical environment and safety practices of a FCCH include requirements for first aid kits; procedures for children with special health care needs and disabilities; and proper food and nutrition practices.

A Closer Look at Heading 5.1: Child Health Promotion and Protection

General Health Examinations (rule 5.1.2)

What Is the Purpose of This Rule?

Children learn better when they are healthy. A well-care exam is one way to make sure that a child is connected to medical resources. The well-care exam helps you (and staff) provide for a child if he/she has health conditions such as allergies or required medications.

What It May Look Like in Your Program

Policies and Practices

Timelines:

- For children, enrolled prior to 9/1/2016, FCCPs have until 9/1/2017 to obtain documentation of the well-care exam.
- For all children enrolled after 9/1/2016, documentation of the well-care exam must be obtained within 45 days of enrollment.

Acceptable Documentation:

- Documentation of an exam within the past year is sufficient to meet this rule.
- No specific form is required. Information may be as simple as a one or two sentence statement by the child's doctor. The statement could include the date of the last well-care exam and the doctor's signature written on a current immunization record, along with a notation there are no health conditions of concern or medications needed.
- Families experiencing homelessness may have additional time to obtain the documentation especially if their child has not had a well-care exam in the past year. A note on the enrollment paperwork that the family is experiencing homelessness, along with the efforts

to assist the family with obtaining required documentation, is sufficient to meet compliance with this rule.

Partnering with Parents on Documentation:

- ☐ Parents can contact their physician to obtain a well-care exam for their child and provide this documentation to you. You could provide the sample form from the CDD website or use a form you designed.
- ☐ You can help families experiencing homelessness get the exam or the documentation. Refer parents to *Help Me Grow* (see resources below). Let them use your phone to request documentation or make an appointment.

FCCP Responsibilities

- † Work with parents to obtain the well-care exam.
- † You (and staff) are aware of medicine or health information for children in their care.

Resources

- 📖 A sample child care general health examination form is on CDD website:
<http://dcf.vermont.gov/cdd/forms-child-care-providers>
- 📖 The family may contact Vermont 2-1-1's *Help Me Grow* for assistance with locating a physician. To call for this service, dial 211 on the phone.
- 📖 Due Dates Checklist on CDD website:
<http://dcf.vermont.gov/cdd/forms-child-care-providers>

Immunizations (rule 5.1.3)

What Is the Purpose of This Rule?

History provides us with valuable lessons about how vaccines can save children's lives. Before the widespread use of vaccines, children regularly died of whooping cough, polio, and measles. You can partner with families to ensure that children are protected through immunizations. Parents do have the right to opt out of vaccinating their child for specific reasons.

Vermont law requires children be up-to-date on immunizations prior to entering a child care or school program. When a parent uses an exemption, the child(ren) may be required to be excluded from child care (or school) when a disease outbreak occurs. The child(ren) would need to be excluded if it has been determined that the child is at risk for getting the disease and transmitting it to other children. The length of exclusion will vary depending on the disease, and can range from several days to more than a month. This protects all other children attending your FCCH.

What It May Look Like in Your Program

Policies and Practices

- Immunization requirements are included in the parent handbook.
- See information in this Guidance Manual under Children's Files (subheading 3.3.4) for families who may be experiencing homelessness.

What immunization records should a child have to participate in child care?

The following immunization records will be accepted as evidence of a child's immunization history:

- Immunization records from an Electronic Health Record;
- Record from a public health department that lists individual immunizations by date (mm/dd/yyyy);
- Record from a state immunization registry that lists individual immunizations by date (mm/dd/yyyy); or
- A certificate signed by a health care practitioner that lists individual immunizations by date (mm/dd/yyyy).
- For varicella (chickenpox) only, a statement from a parent or health care practitioner that the child has had the disease.

Provisional Admittance: A child that is not up-to-date may be admitted to a child care home while the child's parent is in the process of complying with all immunization requirements.

- Provisional admittance shall be for a reasonable length of time that is consistent with the immunization schedule and is not to exceed six months after the child is admitted to your FCCH.
- You should use the Vermont Department of Health Notice of Exclusion form to indicate to parents the immunizations a provisionally admitted child needs and to document the starting point of the six-month period.
- Follow up for provisionally admitted children will continue until requirements are met.
- By law, children who have not met immunization requirements within six months should be excluded from your FCCH.

The following exemptions are valid and must be documented using the Vermont Department of Health form as described for each:

- Medical Exemption**
 - The parent provides the Vermont Department of Health form signed by a health care practitioner (authorized to prescribe vaccines) that indicates a specific immunization is or may be detrimental or contraindicated based on the child's health history.
 - The same form also includes space for the health care practitioner to indicate the reason for the contraindication and a date the contraindication is expected to last through.

📖 Religious Exemption

- A parent annually provides a signed statement on the Vermont Department of Health form to you that indicates the parent has read the Vermont Department of Health evidence-based educational materials regarding immunizations and holds religious convictions opposed to immunizations. This form must be maintained by you as part of the child's immunization record.

FCCP Responsibilities

- † Offer parents referrals to access resources to meet immunization requirements.
- † See rule 5.1.4 in this Guidance Manual for information on immunization reporting requirements.

Resources

📖 Vermont Department of Health Immunization forms:

<http://healthvermont.gov/immunizations-infectious-disease/immunization/child-care-providers>

(For help completing the form or for information about required immunizations, please email or call your local district Vermont Department of Health Office).

A list of contacts is available:

<http://healthvermont.gov/disease-control/immunization#designees>

📖 Vermont Immunization Registry User Support: call 1 (888) 688-4667 or email

IMR@vermont.gov

📖 Vermont Department of Health has webpages with immunization resources. These include an immunization checklist, exemption forms, and a parent brochure. If you have questions about what is required by Vermont law and options for families, you can access:

<http://healthvermont.gov/disease-control/immunization>

📖 Training and information about immunization documentation and reporting requirements are available here:

<http://northernlightscdc.org/training/state-wide-curricula/immunizations-documenting-and-reporting/>

📖 Due Dates Checklist on CDD website:

<http://dcf.vermont.gov/cdd/forms-child-care-providers>

Vermont Child Care Immunization Report (rule 5.1.4)

What Is the Purpose of This Rule?

Vermont law requires FCCHs to participate in the annual immunization reporting process. This is done by submitting the Immunization survey (see link in the Resources section below). CDD will cite non-compliance for FCCHs that do not complete the annual reporting requirement (rule 5.1.4).

What It May Look Like in Your Program

Policies and Practices

- ☐ Regulated child care and preschool programs in Vermont, including FCCHs, are required to submit an immunization survey for the children enrolled. This survey is required to be submitted once per year by December 31st (rule 5.1.4).

FCCP Responsibilities

- † Collect immunization documentation (rule 3.3.4.1). Have the parent provide a copy of the child's immunization record; or access the immunization record directly as a participant in the Vermont Department of Health Immunization Registry.
- † When using the Vermont Department of Health Immunization Registry, make sure enrollment forms or permission statements contain written parental consent to access the child's immunization record in the Registry.
- † Submit the immunization survey yearly (rule 5.1.4) by December 31st.

Resources

- 📖 How to submit the annual immunization survey report required by law and by CDD licensing rules:
<http://dcf.vermont.gov/childcare/providers/health-safety>
- 📖 View a print version of this survey here:
<http://dcf.vermont.gov/childcare/providers/health-safety>.
The survey must be submitted online. The print version is available to help prepare the information to be submitted online.
- 📖 Due Dates Checklist on CDD website:
<http://dcf.vermont.gov/cdd/forms-child-care-providers>

A Closer Look at Heading 5.2: Routine Health Practices

Hand washing (subheading 5.2.1)

What Is the Purpose of These Rules?

Hand washing is the most effective way to reduce the spread of infection. Many diseases and conditions spread because hands are not washed with soap and warm, running water. There are times when children (and staff) must wash their hands and additional times when you (and staff) must wash your hands, even if gloves have been worn.

What It May Look Like in Your Program

Policies and Practices

- ☐ Hand washing policies and practices apply to anyone spending time within your FCCH. Parents who are only picking up or dropping off their children are not required to wash their hands.
- ☐ The FCCH rule requires hand washing with soap and warm, running water. There may be times when this is not feasible, such as after wiping children's noses during outside play time. In this instance, the use of gloves is a better substitute than using hand sanitizer. Hand sanitizer may kill germs but without warm running water to aid in washing germs away, it is less effective. If hand sanitizer is used, then rule 5.2.1.4 requires that non-alcoholic hand sanitizer be used for children under 24 months of age.
- ☐ Hand washing associated with diapering is covered in subheading 5.2.3. Hand washing practices in diapering vary depending on what is developmentally appropriate for newborns, infants, toddlers, and preschoolers. For a newborn who cannot hold its head up, use a wet cloth (paper towel or washcloth) with a drop of soap and then a second wet cloth (paper towel or washcloth) afterwards. Diaper wipes cannot be used.
- ☐ A single use towel must be used for drying children's hands. Children cannot share a cloth towel. Acceptable examples include:
 - A paper towel;
 - Cloth towels cut into smaller pieces so that a new one can be used for each child after each handwashing. After a cloth towel has been used, put it in a container so it can be washed; or
 - Assign a cloth towel to each child. Make sure towels are not touching one another when hanging to dry. At the end of the day, wash all used cloth towels.

- ☐ While Licensing Field Specialists will try to wash their hands upon arrival, their primary responsibility is the licensing visit. Because Licensing Field Specialists are not engaging with children and working within your FCCH, the need for hand washing is reduced.

FCCP Responsibilities

- † Make sure adults and children wash their hands at all required times listed in rules 5.2.1.1 and 5.2.1.2.
- † Oversee inclusion of pets in your FCCH. Animals may expose children to allergens, germs, and infectious diseases. Survey families to identify children with allergies. You (and staff) and children wash hands after handling an animal, cleaning the cage, or caring for the animal in any way.
- † Set up systems to make handwashing a routine such as:
 - Model for children by following hand washing requirements.
 - Post handwashing pictures for children or have a special song to sing while hand washing.
 - Assist children with hand washing. They might need help using a stool, pumping the soap dispenser, reaching the faucet knobs or paper towels, and/or washing all surfaces of their hands.
 - Ensure children have the supplies needed to wash their hands.

Resources

- 📖 Vermont Department of Health has a hand washing poster available:
<http://healthvermont.gov/news-information-resources/infographics-print-resources/posters-flyers-postcards>
- 📖 Center for Disease Control guidance and educational resource for hand washing:
<https://www.cdc.gov/handwashing/when-how-handwashing.html>

Diapering (subheading 5.2.3)

What Is the Purpose of These Rules?

Diapering is an opportunity to interact with children in a positive way, while minimizing germs being spread through bodily fluids. Health and safety take many forms during diaper changes - preventing children from rolling off the changing table, preventing contamination of surfaces, and preventing or eliminating diaper rashes.

What It May Look Like in Your Program

Policies and Practices

- ☐ There is a required, established routine to check diapers regularly, at least every two hours – or more often if there are signs that a diaper needs changing.
- ☐ A pull up is considered a type of diaper. Children are changed when they are wet or had a bowel movement/diarrhea. Should a child in a pull up need to be changed laying down, diaper changing procedures apply.
- ☐ When a diaper or a pull up can be changed while the child is standing (especially if the child is bigger or is learning to use the toilet), properly throw away the wet/dirty pull up/diaper and wash hands.
- ☐ The container for wet/dirty diapers must be washable, within arm's reach and have a cover to prevent children from getting into the diapers.
- ☐ For diaper changing procedures (rule 5.2.3.11), cleaning and disinfecting are two different processes. Be sure to clean and then disinfect as a two-step process.
 - Disinfectants are required to be EPA registered as a disinfectant.
 - Products such as Lysol wipes may be used for cleaning and for disinfecting if the manufacturer's directions are followed.
 - Some disinfecting products require longer application time than others, so it is helpful to review the manufacturer's directions before deciding which product to use.
- ☐ The diaper changing area shall not be in the kitchen or any area where food is stored, prepared, or served (rule 5.2.3.4).
- ☐ If the hand washing sink used for toileting and diapering is used for food preparation, sanitize the faucet and sink prior to food preparation (rule 5.2.3.5).

Resources

📖 Diaper changing procedures:

<http://dcf.vermont.gov/childcare/providers/health-safety>

Standard Practices for Exposure to Bodily Fluids (rule 5.2.5)

What Is the Purpose of This Rule?

"Standard precautions" is the term used for an expansion of universal precautions, recognizing that a variety of body fluids may hold contagious germs. These precautions are designed to prevent the spread of diseases carried in blood or other body fluids. Germs that spread through blood and body fluids can come at any time from any person. If someone is infected with a virus such as Hepatitis B or HIV, the infected person may not know this. So, you (and staff) must behave as if every individual might be infected (with any germ) in all situations when contact with blood or body fluids is possible.

What It May Look Like in Your Program

Policies and Practices

- ☐ All existing FCCH rules regarding hand washing, cleaning, sanitizing, and disinfecting include components of standard precautions.
- ☐ In addition, the following precautions are recommended:
 - Wear gloves when handling blood;
 - Double bag materials that are soaked in or caked with blood in plastic bags that are securely tied. Send these items home with the child, or if you wash them, wash them separately from other items; and
 - Use special containers to store items used for procedures on children with special needs (such as lancets for finger sticks, or syringes for injections) for safe disposal. Ask parents to provide a “sharps container” which safely stores lancets or needles until the parent can take them home for disposal.

Resources

📖 CDD provides a sample first aid checklist:

<http://dcf.vermont.gov/cdd/forms-child-care-providers>

Cleaning, Sanitizing, and Disinfecting (subheading 5.2.6)

What Is the Purpose of This Rule?

Conditions that allow a buildup of germs, pests, chemicals, dirt, dust, and moisture can cause health problems for children and staff. Relative to their size, children are exposed to more germs and toxic chemicals than adults are. Children breathe in four to six times more air than adults do. They breathe closer to the ground where pollutants tend to collect. Children’s bodies are less able to get rid of toxins and germs than adult bodies. Developing and maintaining schedules and systems for cleaning promotes a safe and healthy environment for children.

What It May Look Like in Your Program

Policies and Practices

- ☐ Cleaning, sanitizing, and disinfecting have different definitions and achieve different results. The products used for these purposes should not be used interchangeably. For example, a product may be EPA registered as a sanitizer but not as a disinfectant, so it cannot be used as such (See Appendix V Cleaning Checklist).

- ☐ Label all cleaning products. You (and staff) are trained with how to read the label and use the product as instructed by the manufacturer.
- ☐ Find safe and efficient ways to store cleaners, sanitizers, and disinfectants so that they are easily accessible to adults, while not being accessible to children.
- ☐ Some FCCPs choose less toxic products such as hydrogen peroxide or botanicals to disinfect. Household bleach use is not required. If bleach is used, a fresh bleach solution must be mixed daily. Always follow manufacturer's instructions for mixing any solutions (rule 5.2.6.3).
- ☐ Avoid using products with strong chemicals and odors that can irritate the lungs and trigger asthma, headaches, and allergic skin reactions (rules 5.10.1.1 and 5.10.1.10.4).
- ☐ A soap and water mix is a reliable way to clean, especially when disinfectants and sanitizers are not required.

FCCP Responsibilities

- † Understand the difference between cleaning, sanitizing, and disinfecting. Read product labels and follow recommended procedures on those labels.
- † Be aware of products or practices that may be hazardous to the health and safety of children. Train staff on these hazards as appropriate.
- † Supervise children closely, even when engaged in daily cleaning routines when children are present (such as after meals and changing diapers).

Resources

- 📖 Appendix V contains a Cleaning Checklist, with the what, when and how of cleaning, sanitizing and disinfecting.
- 📖 Resources for identifying green products and determining that a green product is of the same standard from the Vermont Department of Health:
 - General information on green cleaning and indoor air quality and basics on green cleaning:
<http://healthvermont.gov/health-environment/healthy-schools/best-practices>
 - Informed Green Solutions (Vermont based organization)
<http://www.informedgreensolutions.org/>
 - Children's Environmental Health Network (a national organization that supports Vermont programs)
<http://cehn.org/>
 - EPA has a pilot program called EPA Safer Choice, which promotes safer cleaners to be used:
<https://www.epa.gov/saferchoice>

A Closer Look at Heading 5.3: Managing Infectious Diseases

What Is the Purpose of These Rules?

Keeping children and yourself (and staff) healthy is important. This responsibility includes knowing what infectious diseases are, how they spread, and when children (or staff) need to stay home or when you should not be working with children because of an infectious disease.

What It May Look Like in Your Program

Policies and Practices

- There must be a plan for the management of infectious diseases (rule 5.3.1). Consider talking with a health care practitioner when developing this plan, such as a pediatrician.
- Part of this plan is a daily health check of children by you or staff (rule 5.3.2). This can be as simple as greeting each child warmly, asking them how they are, and doing a quick visual scan to see if there are any unusual bumps, spots, runny eyes or nose, persistent cough, signs of fever, or other signs of general or contagious illness.
- Rule 5.3.2 only requires obvious injuries be documented. Use a simple notebook to document obvious injuries. Or use a simple documentation form and place it in the child's file. Whatever system is used, make it available for review by Licensing Field Specialists.

Responsibilities

FCCP (and Staff)

- † Make sure that children who may have a contagious illness stay home until they no longer pose a risk. Examples of symptoms that require children to stay home includes, but is not limited to, diarrhea (3 or more loose stools in a 24-hour period), vomiting (2 or more bouts of vomiting in a 24-hour period), and fevers over 100°F taken axillary (armpit) or 101°F taken orally.
- † Make sure that children showing signs of a contagious illness are separated in a comfortable area away from other children until the parent picks him/her up. The ill child needs to be within easy range for supervision, and yet not in an area where other children are playing or eating. This might include a special mat/cot that is placed in a corner of the room, or in an adjoining room where supervision can be maintained.
- † Notify parents of contagious illnesses as required by the Signs and Symptoms of Illness Chart.
- † Maintain confidentiality of individual children. If the child's name is not used, then confidentiality has been maintained.
- † Observe each child for symptoms of infectious illnesses daily upon arrival.
- † Maintain daily health check documentation in the child's file for at least a year (rule 5.3.2).

Resources

- 📖 Refer to Appendix A in the FCCH Regulations for the Signs and Symptoms of Illness Chart. In this chart, there is a column titled "notify a health consultant". This means that you should consult with a health consultant such as a Vermont Department of Health Child Care Wellness Consultant to review the illness and whether you can take any additional steps to protect children (and staff).
- 📖 Contact Vermont 2-1-1's *Help Me Grow* for a referral to Child Care Wellness Consultant. To call for this service, dial 211 on the phone.

A Closer Look at Heading 5.4: Sleep and Rest Accommodations

What Is the Purpose of These Rules?

Children require more sleep than adults and benefit from sleep and rest during the day. Sleeping on a clean and comfortable surface (compared to a cold, hard floor) helps children rest, relax, or sleep. Depending upon the age of the child, children can sleep or rest in cribs, or on cots or mats. There are three components to consider - safety, sanitation, and supervision. *Safety* involves ensuring that cribs, cots, or mats are in good condition and meet safety requirements. *Sanitation* involves keeping cribs, mats, cots, and bedding material clean and free from cross-contamination. *Supervision* involves knowing where children are and what they are doing, and being able to respond quickly when needed.

What It May Look Like in Your Program

Policies and Practices

Cribs, Cots, and Mats

- ☐ Cribs must meet safety standards according to the Consumer Product Safety Commission. You must maintain documentation on this compliance.
- ☐ Proper assembly of cribs is critical. Follow the assembly instructions and make sure that every part is installed correctly. If instructions are unclear, call the manufacturer for help.
- ☐ Set up port-a-cribs according to manufacturers' directions. Only use the mattress pad provided with the port-a-crib; do not add extra padding.
- ☐ Cribs that have been recalled or that are broken or modified are not allowed.
- ☐ Make sure there are no gaps larger than two fingers between the sides of the crib and the mattress. Infants' heads can become entrapped.
- ☐ A crib is not near a window with blind cords, curtain cords or baby monitor cords. Infants can strangle on cords.

Supervision and Safety

- ☐ Children shall be supervised by you (and/or staff) while napping or resting (rule 5.4.1.5).
- ☐ Check on sleeping children every 15 minutes by walking to the child, listening to their breathing, checking the color of their skin, and observing for signs of distress.
- ☐ There is enough lighting for appropriate supervision in the areas where children are napping or resting. When an infant is in a darkened room sleeping in a crib or port-a-crib, a flashlight may be used to do a check of the infant's color and breathing.
- ☐ Never force children to sleep. Provide comfortable, quiet space and materials for children who do not sleep to engage in quiet activities. This could include quietly looking at books, doing puzzles, and other quiet activities.

Blankets and Bedding

- ☐ Subheading 5.4.2: Safe Sleep Practices for Infants under 12 Months of Age, states that swaddling is not allowed (rule 5.4.2.5). When infants are sleeping, they may not be swaddled. Swaddling a sleeping infant can increase the chance an infant will overheat. Some sleep sacks have been specifically designed to meet safe sleep practices and use a swaddling feature. These are permitted. It is also acceptable to swaddle an infant who is awake, when this technique calms and soothes the infant. If the parent provides you with a physician's note of medical necessity to swaddle the infant during sleep, you can follow the doctor's medical guidance on swaddling (rule 5.4.2.7).
- ☐ Use of blankets is also linked to Sudden Unexpected Infant Death (SUID) for infants under 12 months of age. You should follow safe sleep practices as outlined by the Vermont Department of Health and must follow licensing rules in subheading 5.4.2.
- ☐ Do not allow children to nap directly on a nonporous covering - they need to lie on a blanket, sheet, or sleeping bag - on top of a mat, cot, or bed.

Resources

- ☐ Consumer Product Safety Commission:
<https://www.cpsc.gov/Safety-Education/Safety-Education-Centers/cribs>
- ☐ For more information on safe sleep and 10 Tips for Making a Safe Sleep Environment for a baby, ask a health care provider or contact the Vermont Department of Health at 1-800-649-4357. Access Vermont Department of Health's website:
<http://www.healthvermont.gov/children-youth-families/infants-young-children/safe-sleep>
or visit the American Academy of Pediatrics website at:
www.aap.org
- ☐ Contact Vermont 2-1-1 for a referral to a Child Care Wellness Consultant. To call for this service, dial 211 on the phone.

A Closer Look at Heading 5.6: Administration of Medication

What Is the Purpose of These Rules?

Keeping children safe around medications and making sure the right child gets the correct dosage of medication at the prescribed time is a serious responsibility. Medications and over-the-counter products can be dangerous if given or taken incorrectly. Proper procedures ensure the safety of children.

What It May Look Like in Your Program

Policies and Practices

- A prescription label must be on medicine or on the box containing the medicine. Medication includes epinephrine auto-injectors (e.g. Epi-Pens) and asthma inhalers. Medicines such as epinephrine auto-injectors and asthma inhalers are common examples of medicines often cited for non-compliance. Parents need to provide the box that contains the prescription label, along with the inhaler or epinephrine auto-injector.
- Only those who complete the approved medication training shall be the only ones to administer medication (rule 5.6.2). This may be yourself, an adult household member, a substitute, or etcetera.
- Some children have emergency medications (e.g. epinephrine auto-injectors). If you are the only person trained to give medication, you will need to plan for this when you are not in your home. For example, maybe you have a spouse that is home and a substitute covering for you. Your spouse may complete the medication administration training and give medication in your absence.
- Non-compliance is cited when expired medications are given to children.
- Return expired medications or unused medications when no longer needed by the child to the parent. If the parent does not want the medication, you must properly dispose of it.
- Store medications, including refrigerated medications, in an area inaccessible to children, such as in a locked cabinet or a locked box in the refrigerator.
- Keep medication authorization forms near medications to ensure that permissions are current and instructions are clear. For example, store the forms with the medication, a medication administration log, or the child's file.
- Keep records for a year from the first day the medication is administered (rule 5.6.8).
- Make any medication that says, "Keep out of the reach of children" inaccessible to children. These medications include diaper ointments and other skin products. Manufacturers put these instructions on their product labels because there is a safety risk if ingested by children. Ongoing access by children to these types of products will result in non-compliance being cited.

Resources

📖 The CDD website has the sample forms below:

<http://dcf.vermont.gov/cdd/forms-child-care-providers>

- Medication Permission Form (Sample)
- Medication Administration Log (Sample)
- Non-Prescription Medication Permission Form (Sample)
- General Permission Statements (Sample)

📖 Contact Vermont 2-1-1 for a referral to Child Care Wellness Consultant. To call for this service, dial 211 on the phone.

📖 The medication administration training may only be applied to annual professional development requirements the first time it is successfully completed.

A Closer Look at Heading 5.7: First Aid Kits

What Is the Purpose of These Rules?

Children explore their environment actively, sometimes resulting in scrapes, bruises, cuts, bites, and falls. Less frequently, medical emergencies such as asthma attacks or allergic reactions may require immediate treatment. It is important to have a fully stocked first aid kit ready to be used.

What It May Look Like in Your Program

Policies and Practices

- ☐ The first aid kit contains all required items (rule 5.7.1). It is readily available and out of reach of children.
- ☐ Clarifications on some items in the first aid kit:
 - Bandages are the generic word for band aids.
 - Eye dressing is an eye patch. A gauze pad that is oval shape that fits over the eye.
 - Thermometers must be non-glass and non-mercury.
 - Sterile gauze pads are used when a sore or cut is too large for a bandage. Having 5-6 in the first aid kit is recommended.
 - A roll of gauze is helpful when an injury is on a knee or elbow. The gauze can be wrapped around the area and secured with tape. A roll of gauze can be used to add additional wrap around a wound that is continuing to bleed.
- ☐ It is recommended to keep the first aid kit near emergency phone numbers and emergency medications needed for a child with allergies or special health needs.
- ☐ Always follow instructions on any first aid product and adjust the use based on the age of the child.

- ☐ Replenish supplies when used or expired (rule 5.7.2). One system for ensuring compliance is to use a first aid checklist. Check first aid kits monthly for missing, outdated, or expired supplies.

Resources

- 📖 First Aid Supply Checklist on CDD website:
<http://dcf.vermont.gov/childcare/providers/health-safety>

A Closer Look at Heading 5.10: Physical Environment and Safety

What Is the Purpose of These Rules?

Parents rely on FCCHs to provide a safe and healthy environment for their children. Having a safe environment allows you (and staff) to focus on educational experiences for children to learn and grow. Not every hazard is listed specifically in rules. However, rule 5.10.1.1 requires that the FCCH grounds, equipment, and toys be reviewed for safety. When a hazard exists, it needs to be addressed. Fire safety prevention requires knowledge on steps to take in case of fire as well as other fire safety precautions. Keeping children safe from toxic chemicals, plants, tobacco smoke, and other substances requires careful thought and planning. Deciding how to handle trash, recycling, and other waste takes attention to detail. Pets can enrich learning when health and safety concerns have been taken into consideration.

What It May Look Like in Your Program

Policies and Practices

General Safety (subheading 5.10.1)

- ☐ While FCCH Regulations do not require a process for reviewing for hazards, it is helpful to have a system for routinely reviewing outside and inside the FCCH, equipment, and toys for hazards.
- ☐ Look for potential hazards (rule 5.10.1.1) such as holes in the mesh of port-a-cribs, which compromise the safety of the port-a-crib or broken toys that have rough edges that could cut children or cracks in the toys that could pinch children. Watch for unstable shelving, rusted metal, and radiators with sharp points. Fencing that is tipping or leaning or that has nails/screws protruding are hazards.
- ☐ Inspect outdoor wood furniture and play equipment. Prior to January 2004 outdoor, wood furniture and play equipment was treated with CCA (chromated copper arsenate), which is dangerous because of the arsenic used in the product. CCA treated furniture/equipment, or items with unknown manufacture dates need to be sealed yearly with an outdoor grade

penetrating sealant. Seal without sanding to prevent the arsenic from being released into the ground (rule 5.10.1.7).

- ☐ Some FCCPs choose to test for radon. See resource below for more information regarding radon risks and resources.
- ☐ Make sure outside play equipment is used as intended for the age group using it. When in doubt consult the manufacturer's instructions.
- ☐ When assessing for safety hazards, include poisonous plants in this assessment. Establish a process for assessing existing plants or those being added to inside or outside spaces (rule 5.10.1.10.5).

Resources

☐ Health and safety resources:

<http://dcf.vermont.gov/childcare/providers/health-safety>

☐ National Center for Playground Safety:

<http://www.playgroundsafety.org/standards/cpsc>

☐ Health concerns of pressure treated wood:

<http://healthvermont.gov/health-environment/environmental-chemicals-pollutants/arsenic>

☐ Radon resources:

<http://healthvermont.gov/radon>

Fire Safety (subheading 5.10.1.2)

- ☐ Your first responsibility in a fire is to evacuate and supervise the children. You (and staff) must be physically able to help all the children present exit the home at one time (rule 5.10.1.2.8).
- ☐ There must be two separate ways to exit the home including an evacuation plan for children on the second floor (rule 5.10.1.2.2). Having two ways of exiting the home replaces the need for a rigid, attached ladder to the outside of the home. A rigid, attached ladder is no longer required.
- ☐ You (and staff) should only use a fire extinguisher if it is necessary to safely evacuate the home with children. For this reason, you (and staff) need to know how to use a fire extinguisher.
- ☐ Common examples of non-compliance with Vermont Department of Fire Safety requirements include:
 - Fire extinguishers with no inspection tag or an overdue inspection tag.
 - Smoke or carbon monoxide detectors that do not work when tested.Create a system to ensure compliance such as putting inspection reminders on a calendar.

☐ **Licensed FCCH only:** CDD will notify the Vermont Division of Fire Safety as necessary regarding non-compliance for licensed FCCHs.

Resources

📖 Vermont Department of Fire Safety resources:

<http://firesafety.vermont.gov/pubed/media>

📖 Due Dates Checklist on CDD website:

<http://dcf.vermont.gov/cdd/forms-child-care-providers>

Trash, Recycling, and Composting (subheading 5.10.1.4)

- ☐ Recycling and composting is law in Vermont.
- ☐ Store trash, recycling, and compost out of reach of children and in a way that does not attract insects, pests, or vermin. Containers must have secure covers.
- ☐ Storage and use of clean, safe recycled items:
 - Store recyclables out of reach of children until they are cleaned and deemed safe for use with children within your home.
 - Make sure recyclables do not have sharp edges, cracks, or splinters.

Resources

📖 Trash, recycling and composting:

<http://dec.vermont.gov/waste-management/solid/universal-recycling>

Management of Toxic Substances (subheading 5.10.1.10)

- ☐ Toxic substances can be cleaning products, household chemicals, air fresheners, nail polish removers, and even some plants.
- ☐ Household chemicals have labels - plants usually do not. Unless you know plants well, it may be hard to tell if the red berry on the plant is deadly if ingested. Poisonous plants may pose a safety or health risk on a variety of levels from less serious such as a skin reaction to very serious such as life threatening. Some common toxic plants are foxglove, Japanese Yew, and many types of mushrooms. Put in place a system for reviewing whether a plant poses a safety or health risk to children.
- ☐ Many products have unintended effects, such as causing or contributing to allergies or asthma. Some of these products can mask important signs of a gas leak or electrical fire. Rule 5.10.1.10.4 doesn't allow devices that release various chemicals into the air (such as anti-pest strips, ozone generators, plug-in air fresheners, and essential oil diffusers). Other products that are not allowed include nail polish, nail polish remover, and aerosol sprays. These products release chemicals into the air that may be harmful.
- ☐ Asbestos is a fiber used in building materials for insulation and as a fire retardant. If these materials are disturbed or damaged in any way, such as when renovating or demolishing a building, asbestos fibers can be released into the air and breathed in. Exposure to asbestos fibers increases the risk of developing health effects - such as lung cancer, mesothelioma,

and asbestosis. You must hire a Vermont-licensed Asbestos Inspector to conduct a site inspection for asbestos-containing materials prior to renovations. In addition, all asbestos-containing materials must be removed and disposed of prior to renovations or remodeling in your home (rule 5.10.1.10.6).

Resources

- 📖 Poison Control Center number: 1 (800) 222-1222
- 📖 Environmental Protection Agency information on pesticides:
<https://www.epa.gov/pesticide-labels>
- 📖 The Northern New England Poison Center is a helpful resource for guidance and resources regarding poison safety on all topics:
<https://www.nnepc.org>
and on plant safety specifically:
<http://www.nnepc.org/poisons/p/poisonous-plants>
- 📖 Pictures of common poisonous plants along with their scientific names:
<http://www.poison.org/articles/plant#>
- 📖 Information on asbestos:
<http://healthvermont.gov/health-environment/chemicals-childrens-products/child-care-providers>

Use of Tobacco, Alcohol, and Illegal Drugs (rules 5.10.1.11.1 and 5.10.1.11.2)

- ☐ Rule 5.10.1.11.1 and Vermont law do not allow tobacco to be used inside or outside the FCCCH when child care children are present. For example, you, staff, visitors, and other household members are not allowed to smoke in the FCCCH and not on the property outside the FCCCH when children are present. For years, medical studies have shown that exposure to secondhand smoke damages the human body and directly leads to chronic disease, such as cancer, heart disease, and stroke. Infants and children, whose bodies are still developing, are especially likely to suffer adverse health effects when exposed to secondhand smoke.
- ☐ Whether marijuana is illegal or prescribed, it is a drug that impairs individual's ability to care for children, and its use is not allowed.
- ☐ Rule 5.10.1.11.2 requires you notify parents if smoking occurs inside your home when children are **not** present. The reason for this is because thirdhand smoke is harmful too. Thirdhand smoke is the exhaled tobacco smoke which attaches to walls, carpets, furniture, and etcetera. When these items are cleaned or rubbed, the smoke particles re-enter the air and linger again. When children touch these items and then place their fingers near their nose and/or in their mouth, they are ingesting these harmful substances.
- ☐ If you or household members smoke, the safest thing for children in care is if smoking is only allowed outside the home when children are **not** present. Ventilation of your home

will remove smoke residual from the air but will **not** remove it from the walls, carpets, furniture, and etcetera.

Resources

📖 Resources on tobacco use:

<http://www.healthvermont.gov/wellness/tobacco>

Pets (subheading 5.10.1.14)

☐ Pets can be a positive experience for children, bring joy or comfort, and help develop a sense of care and empathy. Animals or pets in your home should not pose a health risk to children. Pets that present a danger or health risk to children (and staff) include wild animals, stray animals, non-human primates, as well as venomous or toxin-producing arthropods, reptiles, and amphibians.

- Prevent animals that tend to bite from having contact with children enrolled in your FCCH.
- Vaccinate animals as required.
- Clean to reduce odors.
- Make sure animal feces are not contaminating children's play areas and toys and that children are not playing in animal feces.
- Keep animals separated from where food is prepared, served, or eaten.
- Do not clean animal habitat or equipment where food is prepared, served, or eaten.
- Wash hands after feeding, playing with, caring for the animal, or touching its habitat/enclosure and thoroughly clean and disinfect all areas where animals spend time.

Resources

📖 Animal safety at FCCHs:

<https://www.cdc.gov/features/animalsinschools/>

Food Storage (subheading 5.10.2.3)

What Is the Purpose of These Rules?

Food must be safely handled to reduce children's risk for illness. The rules in this subheading require that all food be stored in containers that are dated. In addition, food intended for specific children is labeled with those children's names. Give children their own food and bottles to protect those who have allergies, special dietary needs, or other health conditions.

What It May Look Like in Your Program

Policies and Practices

- Food purchased in containers has an expiration date already on the container. Additional dating is not required when the food is being stored in its original container.
- When food is placed in storage containers and is no longer in the original container, place a date on the container. Depending on the type of food, the date should be the original expiration date or the date it was placed in the storage container (e.g. left overs).
- Fresh fruits and vegetables do not need to be stored in containers and do not need to be dated.
- Spices may be stored in a variety of ways and are not required to be dated.
- If children's lunch boxes are being stored in the refrigerator, a name on the outside of the child's lunch box is sufficient. The items inside the lunch box do not need to be labeled.
- If the perishable food items are taken out of a child's lunch box and are stored separately in the refrigerator, then each item, including bottles, needs to be labeled with the child's name.
- When the same refrigerator is being used for the food of your family (or personal use) and for food being served to children, only the children's food needs to be labeled and dated.

Resources

- See additional information in this Guidance Manual under the subheading 5.10.2.4 Food Safety, subheading 5.11.2 Nutritional Content of Meals and Snacks, and subheading 5.11.6 Infant Nutrition.

Food Safety (subheading 5.10.2.4)

What Is the Purpose of These Rules?

Children benefit from policies and practices that keep food safe, sanitary, and appealing. Proper food storage maintains food quality by retaining flavor, color, texture, and nutrients, while reducing the chance of illnesses.

What It May Look Like in Your Program

Policies and Practices

- Food is stored properly based on whether it is a perishable, semi-perishable, or non-perishable:
 1. **Perishable foods** include meat, poultry, fish, milk, eggs and many fruits and vegetables. All cooked foods are perishable. For perishable foods, keep refrigerator temperatures at or below 40 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. Refer to the section on food storage (subheading 5.10.2.3) in this Guidance Manual for information on when and how to label and date foods.

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 one year.
 3. **Non-perishable foods**, or staple foods, such as sugar, dried beans, spices, and canned goods do not spoil unless improperly stored. These foods will lose quality if stored over a long time. If storing semi-perishable and non-perishable (or staple) foods in the kitchen cupboard or pantry, keep these areas clean, dry, dark, and cool, with an ideal temperature range of 50-70°F. Store non-perishable foods 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.
- ☐ Perishable food must not be left at room temperature for more than one hour. This includes drinks or food children bring from home or that are provided by you. Bacteria can form in lunch boxes, even those with ice packs, because these lunch boxes do not stay sufficiently cool especially in warmer weather or if stored inside where temperatures are warm.
 - ☐ If a parent requests uneaten food to be sent home, staff may package the uneaten portion (e.g. yogurt or a banana) and send it home. Once meal/snack time has ended, you (or staff) may not serve the uneaten portion of food, from a child's plate, at the next meal/snack time. If a child typically only eats half a banana and/or half the serving of yogurt, put half on the child's plate and save the other half in the refrigerator for the next meal/snack time.

Resources

FCCH Regulations are specific to what is required. Two resources to educate, support policy development, provide additional tips, or explain why some of the rules are in place include:

- ☐ Vermont Department of Health food safety:
<http://www.healthvermont.gov/environment/food-lodging/food-safety-consumers>
- ☐ Cooperative Extension Service resource on food safety guidelines:
<http://articles.extension.org/pages/25761/food-safety-guidelines-for-child-care-programs>
- ☐ See additional information in this Guidance Manual under the subheading 5.10.2.3 Food Storage, heading 5.11 Food and Nutrition, and subheading 5.11.6 Infant Nutrition.

Outdoor Play Area (subheading 5.10.3)

What Is the Purpose of These Rules?

Playing outside is healthy for children. Having safe and enriching outdoor environments support child growth and development. Playing outdoors is a form of exercise that promotes well-being and physical development. Children are naturally drawn to active play outdoors. It allows them to explore their environment, develop muscle strength and coordination, and gain self-confidence. It also provides them with vitamin D, reduces stress, increases attention span, and reduces or prevents childhood obesity.

What It May Look Like in Your Program

Policies and Practices

- Some FCCHs with no space or limited outdoor space may have an exception to use a park within a safe walking distance to play outdoors. When licenses are issued with local parks designated as the outdoor play area, you need to submit an outside safety plan. This plan addresses how children will safely access the outside play area; how toileting needs will be met; and how children will have access to materials, equipment, and opportunities to explore and play during outside time. The plan must include how staff will be trained and supervised to review the outside play area for hazards and other safety considerations. These FCCHs should be guided by field trip rules on supplies and information.
- The same rules apply to natural playscapes, a concept for play that is a growing area of interest.
- A fence is required when hazards are near the outside play area, such as water, animals, trains or traffic. CDD determines if a fence is needed during the initial licensure process. Sometimes hazards that did not exist at initial licensure are introduced later; and therefore, require a fence to be installed. For example, farm animals are added to the FCCH or pools are installed. If questions exist about whether a fence is needed, start by calling the Licensor on Duty.
- If a fence is required, there must be two exits from the fenced area for safety purposes. One exit can lead directly into your home. The second exit can be a gate that allows children and staff to evacuate from the fenced area away from your home.
- Gate and fencing features outlined in rule 5.10.3.1.5 are required when replacing or installing fences. Existing fences (prior to 9/1/2016) comply with this rule until deteriorating conditions require replacement.
- A self-latching or self-closing mechanism is a type of latch. It is easily found online or in hardware stores that carry fencing and gate materials.

- ☐ Cover sandboxes to keep out animals and other hazards. Covering may be especially necessary when there are neighborhood cats (the most common example) or other wild animals that may use the sandbox as a place to defecate. A cover may not necessarily be required if these types of issues do not exist. You have responsibility to assess conditions that pose a health risk to children. When hazards are found, they must be addressed.
- ☐ When you provide bicycles or tricycles, helmets must be provided. Helmets can be provided by parents. If you provide a helmet, it must be kept clean (inside and outside) and free from cracks and dents. Clean bike helmets as recommended by the manufacturer, or use mild soap and water.

Resources

- ☐ The Public Playground Safety Handbook:
<http://www.playgroundsafety.org/standards/cpsc>
- ☐ Resources on Natural Playscapes:
<https://www.nwf.org/What-We-Do/Kids-and-Nature/Programs/Nature-Play-Spaces-Guide.aspx>

Indoor Area (subheading 5.10.4)

What Is the Purpose of These Rules?

Rules for indoor areas for children, such as managing temperature and air quality, support a healthy environment. Other rules in this subheading specify that your FCCH, furnishings, and toys must be kept clean. Carpeted areas must be vacuumed to protect children from exposure to germs or contaminants.

What It May Look Like in Your Program

Policies and Practices

- ☐ Routinely inspect the entire home, checking furnishings, equipment, and toys. Look for sharp edges, splinters, entrapments, loose pieces, and other hazards. Be sure to look at things from a child’s eye level, which includes getting down on the floor to look for hazards.
- ☐ Model for staff how to check for safety and/or provide safety checklists for their use.
- ☐ Teach children to care for toys, materials, and equipment. This helps to reduce wear and tear and can reduce damage that may cause safety issues. It also creates a feeling of community when everyone works together.
- ☐ Check exits frequently. Make sure exits are not blocked inside or outside. When applicable, check that snow or ice is not blocking an exit or making it unsafe to use.
- ☐ Re-arranging rooms can be a great way to re-energize children's learning. When re-arranging think safety! For example, be aware of how blind spots are created (which limits

supervision of children) and how to eliminate them. Make sure shelving, furniture, and play structures that are moved are not left as tipping hazards. One way to make furniture moveable and to minimize tipping hazards is to add a wider base to the items. Furniture can then be moved freely and/or frequently, and does not require securing to the wall.

- ☐ If trampolines are used, they must be 36 inches or smaller in size. Larger trampolines may not be used. Check with your liability insurance carrier on the use and coverage of trampolines.
- ☐ Read labels to ensure that art materials are non-toxic to children. For example, shaving cream is toxic if ingested. Consider ideas in rule 6.1.4.2.3 of this Guidance Manual for non-toxic sensory ideas.

Resources

- 📖 Information on safe sensory play:
<http://cfoc.nrckids.org/StandardView/6.2.4.3>

Swimming and Access to Water and Pools (subheading 5.10.5)

What Is the Purpose of These Rules?

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, unsupervised swimming, lack of safety guidelines, and inadequate supervision of children (Center for Disease Control and Prevention, 2009). A plan for swimming activities, with appropriate staff/child ratios, lifeguard availability/certification, and effective safety rules reduce the risks. The number of drownings and near-drownings are reduced when children are closely supervised and an individual certified to perform CPR is present.

What It May Look Like in Your Program

Policies and Practices

- ☐ Fill wade pools with fresh water daily. Empty wade pools and store dry when not in use to help to prevent mold, mildew, and the breeding of insects such as mosquitos.
- ☐ When using a pool or public swimming location:
 - Do not count on-duty lifeguards in staff/child ratios. Follow the staff/child ratios as specified in rule 5.10.5.4.5. Ensure lifeguards have a current national certification as specified in rule 5.10.5.4.4.
 - If a lifeguard is not present or not on-duty, follow the staff/child ratios as specified in rule 5.10.5.4.3.

Resources

📖 The American Red Cross has swimming safety resources:

<http://www.redcross.org/prepare/disaster/water-safety/swim-safety>

Transportation (subheading 5.10.6)

What Is the Purpose of These Rules?

Automobile accidents are the leading cause of death of children in the U.S. You are liable for children's safety when transportation is provided either to or from your FCCH and/or during field trips and other special events. You must ensure that all transportation requirements are met, regardless whether the driver is a volunteer or employed by an outside entity, or who owns the vehicle. You must follow driving laws, have liability insurance in case of an accident, and maintain supervision of children. Supervision is critical for making sure that children are not left behind, left in vehicles, or wander off. Emergency response planning is necessary for protecting children in accidents or emergencies.

What It May Look Like in Your Program

Policies and Practices

- Read all rules in subheading 5.10.6 when writing policies and procedures for transportation. Include an emergency plan to protect children.
- Any vehicle used for transportation must be registered, inspected, and insured according to Vermont State Law. Documentation must be kept on file for vehicles used for transportation that are not owned by you (rules 5.10.6.1.1 and 5.10.6.1.3).
- Vehicles used for transportation are required to be safe and in good repair (rule 5.10.6.4).
- The driver of any vehicle used for transportation is required to have a driver's license for the type of vehicle driven (rule 5.10.6.5.1). While it is not required to have documentation of the driver's license, it is recommended to keep a copy of the driver's license. It may be needed later.
- When transportation is provided by staff, submit a Record Check Authorization form. Federal law requires a fingerprint background check for all staff employed by you.
- Drivers not employed by you are not required to submit a Record Check Authorization form, unless they will be regularly present (rule 7.2.2). CDD defines "regularly" to be more than five times. In this situation, the driver would note "partner staff" or "volunteer" (depending on which is more applicable) when completing the Record Check Authorization form. This will let CDD know that the fingerprint supported process is not needed. Do not

leave children alone with partner staff and volunteers. Do not count partner staff or volunteers in the staff/child ratio (rules 6.2.2.7 and 7.7.2).

- ☐ When transportation is provided as part of the FCCH services, children's attendance at the FCCH begins when the child is picked up and ends when the child is dropped off.
- ☐ Rule 5.10.6.7 limits travel time to 45 minutes or less, when children are being transported to or from your FCCH and the child's home, or other pick up/drop off locations. This 45-minute travel limit does not apply to field trips. With written parental permission, the travel time for a field trip may be longer (rule 5.10.7.1). In this situation, you (and staff) must account for children's needs such as toileting/diapering and eating.
- ☐ Seat belt laws are different for school buses and public buses. While it is expected that accommodations are made to ensure infants and toddlers are transported safely, child restraint laws do not apply on school buses and public buses. Specifically, rule 5.10.6.2.1 states that "child restraint system requirements do not apply to bussing options that do not have seat belts". If child restraint systems are being used, children must be properly secured in the vehicle.

Resources

☐ Sample Transportation Log is on CDD website:

<http://dcf.vermont.gov/cdd/forms-child-care-providers>

☐ Information on child car seat law:

<http://www.beseatsmart.org/child-passenger-safety-laws.php>

Field Trips (subheading 5.10.7)

What Is the Purpose of These Rules?

Field trips are times when staff take children out of the FCCH's indoor and outdoor licensed areas. Field trips can be educational and fun for children. Some field trips may involve transportation while others may involve a walk to look for leaves or to tour the fire station. No matter where a field trip takes children, it is critical that you (and staff) provide close supervision and obtain written parental consent.

What It May Look Like in Your Program

Policies and Practices

- ☐ Obtain written parental permission prior to the field trip once the day, time, and place are determined. When field trips are arranged in advance, including those planned during the summer prior to the school year, you may provide information on all the field trips in one notice.

- ☐ Walking field trips are still field trips, and require written parental permission. You may obtain general written parental permission upon enrollment. An example of general written parental permission is, “I give (your name) permission to take (child's name) on walking field trips to the library once a week and to walk on the trails around the FCCH daily”.
- ☐ If using public playgrounds, consider the availability of public bathrooms, as well as the supervision needed to use these bathrooms to maintain safety.
- ☐ If a public playground does not have sufficient cushioning, do not use equipment that allows children to obtain a height over 30 inches.

Resources

- 📖 CDD website has a sample field trip chart:
<http://dcf.vermont.gov/cdd/forms-child-care-providers>

A Closer Look at Heading 5.11: Food and Nutrition

Nutritional Content of Meals and Snacks (subheading 5.11.2)

What Is the Purpose of These Rules?

Nourishing food is important to children’s health, growth, and well-being. Children are constantly growing and expending energy and need to eat frequently. The United States Department of Agriculture Food and Nutrition Services published meal pattern guidelines on nutrition for Child and Adult Care Food Programs (CACFP). These guidelines apply to all FCCH programs. They must be followed regardless of whether you participate in CACFP. Staying hydrated is important for children’s health. Teach children, who are old enough, about the importance of drinking water. You have ultimate responsibility, however, to provide drinking water to children, especially during warm weather and during active play.

What It May Look Like in Your Program

Policies and Practices

- ☐ Set up a plan for documenting and sharing allergies and children’s special dietary requirements. Any staff involved in food service should follow these requirements.
- ☐ There are different ways to note that a child has an allergy, and still maintain the child’s confidentiality. In FCCHs, families may know each other well and share information with one another openly. However, you (and staff) are not allowed to share information on any child with another parent because doing so would break the child’s right to confidentiality. Having a prepared response, such as, "I'm sorry, I can't share other children’s information",

helps to keep you (and staff) from sharing the child's personal information. Here are a few ideas for noting allergies and special dietary requirements while keeping confidentiality:

- Place notes about children's dietary needs inside a designated cupboard;
 - Use an FCCH notebook to document children's dietary needs; or
 - Use the attendance clipboard notes (if attendance is only completed and seen by you and staff).
- ☐ Do not serve raw or unpasteurized milk products to children. They can cause illness such as salmonellosis, listeriosis, toxoplasmosis, and campylobacteriosis.
- ☐ When serving fruit juice, read the label. Only 100% fruit juice is allowed.
- ☐ Provide parents information on portion size and nutritional value of foods if they bring meals and snacks for their children to your home. There are a variety of ways you can support parents in sending healthy foods and sufficient portion sizes for their children (rule 5.11.7). For example, provide parents with a copy of the CACFP meal guidelines upon enrollment. Hang educational posters on a parent bulletin board. Include information, ideas, and recommendations in newsletters or parent memos. Incorporate nutrition education into the curriculum.
- ☐ Rule 5.11.4 requires that drinking water is always available to children. Here are some ideas:
- Have a water bottle for each child. Children show they have access to water by getting their own water bottle whenever they want water or by asking for it. When the water bottle is low, you (or staff) refill it.
 - During outside time, a water bottle for each child is brought outside. Or, bring a pitcher of water outside along with either assigned cups with children's names on them or throwaway cups.

- ☐ **For licensed FCCHs Only:** Meals and snacks are treated differently. Meals are the primary way that items such as water supply levels and other meal preparation standards are approved. Licensing Field Specialists review the Vermont Agency of Natural Resource permits during the initial licensure process to determine whether a licensed FCCH may prepare meals in the FCCH and if so how many meals.
- ☐ Approval is specific to meals.
 - Meals must consist of three to five food groups, depending on whether the meal is breakfast, lunch or dinner.
 - Snacks consist of two food groups. Snacks may be prepared on site without approval by the Vermont Agency of Natural Resources and/or CDD.
- ☐ If the FCCH is not approved to prepare meals on site, the FCCH may bring in meals prepared at another location and delivered to the FCCH.

FCCP (and Staff) Responsibilities

- † Follow allergy and special dietary requirements.
- † Remind and encourage children to drink water throughout the day.
- † Provide enough food, with second helpings available.
- † Serving meals family style is a great way to make sure children develop healthy eating habits and minimize waste. Family style is when the food is placed on plates or bowls in the middle of the table and children are encouraged, taught, and assisted to serve themselves. The amount of assistance children need to serve themselves depends on their developmental level. Children decide what food and how much they put on their plate.
- † Whether you are placing the meal on the table family style or preparing each child's plate, it is acceptable to start with small portions to reduce waste. Compliance is assessed by observing if enough food is provided and if second helpings are available. This is based on whether children can have seconds upon request or by serving themselves.
- † Do not force children to eat. Research shows that letting children make their own choices about what they eat reduces the chance of developing eating disorders later in life. Making food choices builds healthy eating habits. Adults determine what food items are choices for the meal or snack. These items are put on the table. Children can determine what order they eat their food and how much they eat.
 - Examples of *subtly* forcing children to eat their food includes telling them how many more bites to eat; that they must eat their yogurt before they can have their apple, or saying multiple times, "Don't you want to eat more"? or "You have hardly eaten anything, aren't you still hungry"?

- Examples of *overtly* forcing children to eat include physically forcing food in the child's mouth; telling them they cannot leave the table until they eat more, or making them have the uneaten food at the next meal when other children are allowed different choices.

Resources

- 📖 Vermont Agency of Education, CACFP information:
<http://education.vermont.gov/student-support/nutrition/child-and-adult-care-food>
- 📖 See additional information in this Guidance Manual under the subheading 5.10.2.3 Food Storage, subheading 5.10.2.4 Food Safety and subheading 5.11.6 Infant Nutrition.

Infant Nutrition (subheading 5.11.6)

What Is the Purpose of These Rules?

Cue feeding (feeding on demand) is the best way to meet an infant's nutritional and emotional needs. It provides an immediate response to the infant, which helps ensure trust and security. Cue feeding helps children to listen to their bodies and to recognize when they are hungry or full. This helps the infant develop self-regulation and can promote life-long healthy eating habits. Some families choose to feed their infants on a prescribed schedule.

What It May Look Like in Your Program

Policies and Practices

- ☐ Use or discard open baby food within 36 hours from initial opening. If uneaten food is sent home, it can help parents understand what and how much their children are eating as well as their food preferences. If the child is fed straight from the jar, the uneaten portion may not be re-used at your home because of health precautions and bacterial growth.
- ☐ Allow breastfeeding mothers and employees to store their expressed breast milk in the refrigerator.
- ☐ Mothers should provide their own containers and bottles, clearly labeled with their name and the date (rule 5.11.6.5). If not labeled with name and date, you (or staff) label the container before putting it into the refrigerator. There are health risks, such as possible risk of infection, from accidentally providing a mother's expressed breastmilk to another child or from using a bottle with another formula type for the wrong child.
- ☐ Due to the health benefits of breastfeeding, you (and staff) are expected to encourage and support breastfeeding mothers (rule 4.6). Ensuring all breast milk is used with an infant supports breastfeeding and meets licensing rules.
 - Record the date breast milk is received by you (or staff).

- If a bottle is offered to an infant and she/he does not drink the whole bottle, set the bottle aside and offer it again over the next hour (rule 5.11.6.8). Once an hour has passed and the infant has not finished the bottle, discard the breast milk or formula. Discard the milk by returning it to the refrigerator to send home with the child. When unused milk is sent home, clearly label it as used. You may discard by throwing it away if the parent has specifically requested this. Used milk can pose health risks, such as bacterial growth.
- If an infant has reduced her/his intake, pour some of the breast milk into a clean bottle. Return the remaining portion to the refrigerator, use it when the infant is ready for more.
 - Discard unused bottles of breast milk or formula after 48 hours of refrigeration. Discard by sending it home with the child. For example, any breast milk received and not used in the same day could be sent home at the end of that day for the parent to freeze. Use the oldest dated breast milk or formula first. If an infant's intake of breast milk has decreased and an extra supply is building up, consider freezing the unused portion. You may discard by throwing it away if the parent has specifically requested this.
- Discard unused, frozen breast milk after two weeks, by sending it home with the child. Monitor the dates of frozen breast milk and send it home or use it prior to the two-week deadline.

FCCP (and Staff) Responsibilities

- ☞ Be gentle, patient, sensitive, and reassuring. Respond appropriately to infant feeding cues. Do not wait for an infant to cry to indicate hunger. Crying may indicate that feeding cues have been missed.
- ☞ Some parents request their infant be fed when they show signs of hunger and others request their infant be fed on a schedule. Cues such as opening the mouth, making suckling sounds, and moving hands randomly all send information from an infant to you (and/or staff) that the infant is ready to feed. Cues such as turning away from the nipple or bottle, increased attention to surroundings, keeping mouth closed, and saying “no” are cues that children are full.
- ☞ If infants are fed on a schedule and staff observe cues that the infant's schedule needs to be adjusted, share this information with parents and work with parents to adjust the infant's schedule to meet her/his growing needs.
- ☞ Always hold infants for bottle-feeding when they are not able to hold their own bottle to nurture the adult-child bond. Engage with the infant by smiling, talking, and singing to them. Never prop bottles as this can cause choking and aspiration and may contribute to long-term health issues, including ear infections (otitis media), dental problems, speech disorders, and psychological problems. While it is not required to hold infants for bottle-feeding when they

are able to hold their own bottle, it is recommended to hold them and smile, talk to, and sing to them. This continues the opportunity to nurture the adult-child bond.

- ☞ Do not permit infants to have bottles in the crib or to carry a bottle while standing, walking, or running around.
- ☞ Do not offer a pacifier to a hungry infant. Infants need food first. However, there may be times when an infant may be comforted by a pacifier rather than feeding. If the infant is hungry, he/she will not be content to suck on a pacifier for long. Pacifiers should not be over-used as they can lead to long term dental issues.

Resources

- 📖 The Vermont Department of Health has a website with many resources on breastfeeding:
<http://www.healthvermont.gov/breastfeeding>
- 📖 Caring for Our Children has further guidance on nutrition for infants:
<http://cfoc.nrckids.org/StandardView/4.3.1.8>
<http://cfoc.nrckids.org/StandardView/4.3.1.2>
- 📖 American Academy of Pediatrics Frequently Asked Questions on breastfeeding:
<https://www2.aap.org/breastfeeding/faqsBreastfeeding.html>
- 📖 See additional information in this Guidance Manual under the subheading 5.10.2.3 Food Storage, subheading 5.10.2.4 Food Safety, and subheading 5.11.2 Nutritional Content of Meals and Snacks.

FCCH Section 6 - Teaching and Learning

Section 6 focuses on building healthy relationships with children, while providing a developmentally appropriate curriculum. Healthy relationships are more likely when you follow capacity and group size requirements; when there is close supervision; and when you (and staff) understand the importance of positive guidance strategies. Consistent schedules and routines with regular outdoor play opportunities are emphasized. Developmentally appropriate practices include quality interactions, intentional learning experiences, and systems for observing, assessing, and documenting the growth of all children.

A Closer Look at Heading 6.1: Program of Developmental Activities (Curriculum)

What Is the Purpose of These Rules?

Planning and implementing the care and education of young children involves understanding child development principles and developmentally appropriate experiences. It involves planning schedules and routines that provide a balance of indoor and outdoor activities; observing and documenting developmental growth; meeting individual needs; and engaging in supportive interactions.

What It May Look Like in Your Program

Policies and Practices

Outdoor Play Opportunities (subheading 6.1.2)

- Playing outside is a healthy way for children to exercise their bodies and brains. Guidelines are helpful for extreme weather such as high heat and humidity, dangerous wind chills or air quality alerts. Guidelines might include use of the weather chart in the resources below, having extra warm clothes available for children in the winter, or providing shade in hot weather.
- As a first step, ensure children are properly dressed, have access to shade, and have water breaks as needed. The next step is to observe how children are handling the weather conditions. Are children showing signs of frostbite, becoming sluggish in hot weather, or having challenges breathing? These are signs that require additional action - take a water break, add more layers, remove layers, seek shade, or return inside earlier than planned. Observing a child is the best measure (especially when children have medical conditions such as asthma) to keep children safe. Some FCCPs use a weather channel or radio to monitor weather conditions, including alerts that might impact the care of children.

Schedules and Routines (subheading 6.1.3)

- ☐ Both registered and licensed FCCPs need to develop, document and implement a consistent schedule and routine.
- ☐ Registered FCCP must also have this schedule and communicate it to parents. However, it does not need to be posted.

Licensed FCCP Only: Need to have the daily schedule in writing and posted (rule 6.1.3.2).
--

Toys, Equipment, and Learning Materials (Indoors and Outdoors) (subheading 6.1.4.1)

- ☐ Children often enjoy using the same toys or materials. Have several of the same toys for very young children to avoid conflict.
- ☐ When children are a bit older, help them learn to share by limiting some toys or materials. The intent is to develop social skills related to asking for a turn, passing items, or waiting for a turn. Model these skills, provide coaching, and support development by suggesting an alternative activity while a child is waiting.

Developmentally Appropriate Experiences (subheading 6.1.4.2)

- ☐ The rules in subheading 6.1.4.2 are modeled after the Vermont Early Learning Standards language and concepts. You (and staff) who attend training on the Vermont Early Learning Standards have more information to comply with these FCCH Regulations.
- ☐ Adapt self-care routines to meet the child's age and ability. Younger children need more help to dress and wash hands.
- ☐ Children of varying ages and abilities need learning experiences that fit their developmental levels. If a prequalified pre-kindergarten program is cited for non-compliance with these rules, they should be aware that licensing staff are obligated to report this non-compliance to the prequalified pre-kindergarten monitors. This report may impact the prequalified pre-kindergarten status.
- ☐ Vermont licensing rules allow for the use of food in sensory play. Some accrediting organizations, such as the National Association for the Education of Young Children (NAEYC) do not support the use of food items in sensory play. Sensory play can also involve non-food items. Either practice complies with licensing rules.
- ☐ Sensory play is a fun way to learn. Here are some ideas:
 - Include sand, water, soil, homemade playdough, rice, pasta, packing peanuts, sugar or salt, sawdust, feathers, rocks (various sizes, weights, and textures), hay, sod, leaves, pine cones, snow, and ice cubes;
 - Introduce a variety of tools: trucks, shovels, animals, tubes, and wood of different sizes;

- Offer themed sensory play: different types of wood blocks and different types of sanding materials, cutting bin with different types of scissors and a variety of textured paper/magazines, fabrics, and sewing supplies;
- Make Oobleck: 1 cup water and 1.5-2 cups corn starch (food coloring optional);
- Spray paint with squirt bottles;
- Introduce smelling jars;
- Incorporate homemade drums of different sizes and use different textures;
- Add soap and water and a variety of bubble making items; and
- Use homemade paintbrushes made of different materials such as feathers, rubber bands, and cloth strips.

Screen Time Limitations (subheading 6.1.4.4)

- ☐ Screen time means watching movies or television, using tablets or iPads, or any other type of electronic device.
 - Rule 6.1.4.4.1 prevents children under two years of age from screen time. The American Academy of Pediatrics (2016) provides screen time recommendations that support these rules.
 - Hands-on play and experiential learning is the most developmentally appropriate and engaging way for children to learn. Many children engage in screen time before and after attending your FCCH, therefore the rules are in place to limit their screen time while attending.
- ☐ Rule 6.1.4.4.5 says that screen time cannot exceed 30 minutes daily for a group of children. Rule 6.1.4.4.2 and rule 6.1.4.4.5 provide two options.
 - Option One: once a month, watch a 2-hour movie for entertainment. This option is often used on rainy days, during holidays, or as a reward when the children have met an established goal.
 - Option Two: watch educational programming that limits screen time to 30 minutes per day. If the screen time is individualized, then the 30-minute limit applies to each child when they take their turn. If the screen time is for the group, then the 30-minute limit applies to the group.
- ☐ If a group of children has used screens for 30 minutes on a given day, children may not have additional individual screen time on the same day.
- ☐ The exceptions to this rule are 1) when school age children are required to use screens to complete homework and school projects, and 2) use of technology for children with special needs to assist with meeting individual needs as documented in one of the three types of educational plans developed for the child.

Licensed FCCH only: Teaching and Learning Opportunities (subheading 6.1.5)

- ☐ Children under the age of 24 months are developing rapidly and learning many new skills. An individual plan for a child under 24 months can take many forms (rule 6.1.5.1.1). The plan could be part of the daily written record of feeding, sleeping, and diapering. It could be a running record of the highlights of a child's day or week. The purpose of the plan is to review the child's current developmental level and plan for upcoming milestones. Implementing the plan could include simple activities like putting a toy just a little out of reach to encourage a child to crawl without creating frustration. Update these plans in partnership with parents to create understanding of their child's growth and development.
- ☐ Consistency of care for all child is important:
 - When children are with the same regular caregivers, it builds a trusting relationship; instills a sense of belonging for the child; and allows for better communication with parents.
 - Consistency builds bonds of attachment with children. Bonds of attachment not only improve children's development it also provides conditions that children need to feel safe. Bonding supports social-emotional growth and decreases problematic behaviors. Building bonds and relationships with children who have experienced some form of trauma in their life is especially necessary and important.
- ☐ When assessing compliance, licensing looks for staffing patterns that represents consistency. Such as one Family Child Care Assistant starting the day at opening to 3pm and a second one working from 3pm to closing. Another example would be Family Child Care Assistant "A" working Monday, Wednesday, and Friday and Family Child Care Assistant "B" working Tuesday and Thursday. The most common example of non-compliance is when a different Family Child Care Assistant or Substitute is working each day or every few weeks. This is usually a symptom of high turnover. If you are hiring for a position, one way to ensure consistency is by using the same Substitute as much as possible until the position is filled.

Resources

☐ Weather watch chart is on CDD website:

<http://dcf.vermont.gov/childcare/providers/health-safety>

☐ Information on developmentally appropriate experiences, see Vermont Early Learning Standards:

<http://education.vermont.gov/student-support/early-education/vermont-early-learning-standards>

📖 The National Association for the Education of Young Children has resources on young children and technology:

<http://www.naeyc.org/content/technology-and-young-children>

A Closer Look at Heading 6.2: Building Healthy Relationships

What Is the Purpose of These Rules?

Group size and staff/child ratios matter. You (and staff) need time to engage in thoughtful and intentional interactions. These interactions build healthy relationships with children. Children can be closely supervised and get individual attention if group size and ratios are appropriate to the ages of children. Larger groups and ratios are associated with less positive interactions and developmental outcomes. Large groups and ratios lead to weaker bonds of attachment to promote children's growth, development, and learning; increased exposure to illnesses; increased risk of error in providing care; and increased risk of harm to children due to the heightened challenge of maintaining supervision. CDD has balanced maintaining pre-existing ratio and group size requirements to support financial success of FCCHs, while maintaining a consistent standard across environments.

What It May Look Like in Your Program

Maximum Capacity, Group Size, and Staffing - Registered FCCH (rule 6.2.1)

- ☐ All children present at the FCCH and unaccompanied by a parent (or someone having responsibility for the child) are included in the capacity of the FCCH (rule 6.2.1.1). See rules 6.2.1.3 and 6.2.1.8 to understand when and how your own children are to be counted in the maximum capacity.
- ☐ If a fellow FCCP comes to your home for a joint activity, (e.g. bookmobile visit), the visiting FCCP has her/his children in their care, and these children are not counted in your FCCH count of children.
- ☐ Children of staff members count in capacity and staff/child ratios. FCCPs sometime hold special events where parents bring other siblings. When this occurs, the other siblings are not counted in capacity or staff/child ratios if the parent can maintain care of the other sibling, and it is not a distraction to you (or staff) per the “no distraction regulation” (rule 5.10.1.15).
- ☐ The rule that limits school age children being in care for less than four hours a day has been eliminated.

Registered FCCH Charts and Rules

- ☐ Read charts from left to right. When reading the charts in the FCCH Regulations, remember that if a combination is not in a chart it is not an option.
- ☐ Two charts apply to a registered FCCH.
 1. Registered FCCH: Option One (1): Year-Round Care
 2. Registered FCCH: Option Two (2): Summer Vacation
- ☐ May not switch from Chart 1 to Chart 2 in the same day. If you start the day using Chart 1, you must be able to comply with Chart 1 all day. If you must use or will be using Chart 2 in the summer on any given day, then you must use Chart 2 for the entire day.
- ☐ May use Chart 1 on one day and Chart 2 another day. For example, Suzie is in second grade and started care on June 15 when school ended. Suzie is only in care on Tuesdays and Thursdays as your 11th child. On Tuesday and Thursday, you would employ an assistant and use Chart 2 all day. On Monday, Wednesday, and Friday, when you have no more than ten children and Suzie is not in care, you may continue to operate under Chart 1.
- ☐ Rule 6.2.1.6 allows Chart 1 to be used in the summer as well, if all school age children have been enrolled prior to May 1, or if the school age child has a younger sibling that has been attending your FCCH. This rule allows you to continue to care for the same group of children year-round without needing to hire an assistant. If a school age child is enrolled after May 1, then you are required to follow Chart 2 and may not use Chart 1 during the summer.
- ☐ Rule 6.2.1.3 says that when using **Chart 1**:
 - You must count your own child if under 24 months of age in the infant count only. For example, in Chart 1, one option says you may have 2 children under 24 months and 4 children 2-5 years of age. If you have a 1 year old, using this same option from Chart 1, you may have 2 children under 24 months of age (1 being your own child) and 5 children 2-5 years of age. This exception only applies when you are using Chart 1.
 - In the past, a school age child could not use the same slot as another school age child in the same day. For example, Jill could not come before school using slot 1 and Bob come after school using slot 1. This rule no longer exists. If school age children will be sharing slots, have a clear plan on who will be using the slot if school is cancelled (especially if school is cancelled unexpectedly) to ensure compliance with ratios.
- ☐ Rule 6.2.1.7 requires **Chart 2** to be used *only in the summer* (it is NOT a year-round chart):
 - Chart 2 is only to be used in summer, when any of the school age children began care after May 1st (and do not have any younger siblings already enrolled at your FCCH), and when you want to use an assistant and care for up to 12 children (as allowed in Chart 2).

- When you are using Chart 2 in the summer, you *must count all your own children younger than school age* as children in the ratio per rule 6.2.1.8.

Resources

- ☐ Call your Licensing Field Specialist with questions about group size and ratios.

Licensed FCCH only: Charts and Rules

Maximum Capacity and Staffing in a Licensed FCCH (rule 6.2.2)

- ☐ Three charts apply to a licensed FCCH.
 1. The first chart contains the child ratios that may be used with **three** staff members.
 2. The second chart contains the child ratios that may be used with **two** staff members.
 3. The third chart contains the child ratios that may be used with **one** staff member.
 - The age groupings are listed at the top of each column:
 - Under 24 months
 - 2 years of age
 - 3-12 years of age
 - Read the charts from left to right. If you do not find a combination on one chart, it may be a combination allowed but requires more or less staff. If you do not find a particular combination on any of the three licensed FCCH charts, then it is not allowed. The ratios were reviewed carefully and options not listed have purposefully not been allowed.
 - The ratio charts allow one staff member with eight children 3-12 years of age.
- ☐ All children present and unaccompanied by a parent at the licensed FCCH, *including your own children* residing in the home and children of an assistant younger than school age, shall be included in determining the capacity of the program at any one time (rule 6.2.2.1).

Trainees, Classroom Aids, and Partner Staff (rules 6.2.2.5 - 6.2.2.9)

- ☐ You, family child care assistants, or a substitute shall be present in your FCCH and actively working with children when a trainee is present. Do not count trainees in staff/child ratios (rule 6.2.2.8).
- ☐ You shall ensure trainees 17 years of age are never left alone with children in your home. Trainees 18 years of age may be left alone with children in your home if you, a family child care assistant, or substitute is present in the FCCH (rule 6.2.2.9).
- ☐ Classroom aides shall not be counted in staff/child ratios when they are performing the job responsibilities of a classroom aide. A classroom aide may only be left alone with the child or children to whom he/she is assigned (rule 6.2.2.6).
- ☐ Partner staff are individuals working within your home with a child or group of

children and are not employed by you. Partner staff may include, but is not limited to, speech therapists, physical therapists, special educators, Children's Integrated Services staff, and others. Do not leave partner staff alone with children and do not count them in staff/child ratios (rule 6.2.2.7). Partner staff may have a role in the safe release of children as outlined in heading 3.6 in this Guidance Manual.

Resources

- 📖 Appendix VII contains information on who can be counted in staff/child ratios and who can be left alone with children.

Supervision of Children (rule 6.2.4)

- ☐ *Supervision of children is extremely important for their safety.*
- ☐ Since you (or staff) may be working alone with children, develop ways to supervise children when taking care of your own needs, such as using the bathroom, or changing a child's diaper in a room away from other children. You (or staff) need to be able to hear all children preschool age and younger, and respond immediately.
- ☐ For school age children, the level of supervision can involve you (or staff) being aware of the children's activities and whereabouts, and being able to physically respond immediately.
- ☐ If children are not within sight of you while napping, they must be visually checked at least every 15 minutes.
- ☐ Rule 6.2.4.4 clarifies the requirement for you (or staff) to be outside when children are outside. If the outside play area is fenced and you (or staff) can maintain visual supervision of the school age children, then the school age children may be left outside, while you (or staff) handle the basic care needs of the younger children. Basic care needs are the immediate needs of a child or group of children. These include obtaining water for the children to prevent dehydration during outdoor play; changing a soiled diaper; letting children use the toilet; administering first aid for a child that has been hurt, and doing a 15-minute check on a sleeping child.
- ☐ Rule 6.1.2.4 requires that you (or staff) interact with children outside, while also meeting basic needs of all children. You (or staff) may not use outside play time to do other tasks such as preparing meals and cleaning.

Compliance Examples

- Fenced outside area, the bathroom window overlooks the outside play area and you bring the younger children (younger than school age) inside for changing a diaper. You maintain visual supervision of the school age children through the bathroom window. The younger children are inside, and diapering/toileting is addressed for the children.

- Fenced outside area, the kitchen window overlooks the outside play area and you bring the younger children (younger than school age) inside to refill water bottles. You maintain visual supervision of the school age children through the kitchen window. The younger children are inside, and children are given drinking water.

Non-compliance Examples

- Outside play area is not fenced and school age children are left outside for any time period.
- Fenced outside area, but there is no window that allows you (or staff) the ability to maintain visual supervision of the children outside.
- Fenced outside area, but children younger than school age are outside unsupervised while you (or staff) are inside.
- Fenced outside area, only school age children are left outside, you bring the younger children (younger than school age) to set up nap mats and clean up from play time earlier. This is not allowed for any reason because it does not meet a basic care need.

Resources

- 📖 CDD provides a sample staffing schedule:
<http://dcf.vermont.gov/cdd/forms-child-care-providers>
- 📖 See Appendix VII for Left Alone/Count in Ratio Chart.

A Closer Look at Heading 6.3: Supporting Children with Special Needs

What Is the Purpose of These Rules?

All children deserve the chance to learn and grow in an environment with their peers. Children with disabilities have differing needs. The American with Disabilities Act provides guidance for child care programs to meet requirements. Often simple accommodations and adjustments can help children with disabilities participate successfully in a FCCH.

What It May Look Like in Your Program

Policies and Practices

- ☐ Enrollment policies have non-discrimination statements.

FCCP Responsibilities

- † Treat all children with respect and dignity.
- † As needed, seek professional guidance and obtain appropriate training to accommodate children with disabilities or special health care needs. Training might be needed for

technology-dependent children, and children with serious and severe chronic medical problems.

- † Work in partnership with parents to modify the curriculum, environment, routines, and emergency procedures for children with special needs to support a child's participation. Sometimes this can be as simple as having a visual schedule for children, providing support while sitting, or using bowls rather than plates for eating. Special health needs sometimes require special equipment, medical devices, or medications prescribed by a physician. Equipment may include such items as epinephrine auto-injectors (e.g. Epi-Pens) for allergic reactions, inhalers for asthma, or other devices that help a child with special needs to participate in your FCCH.
- † Implement accommodations and communicate the special care needs of a child and how they are being met (with other staff and) when talking with the parents, with licensing staff, and/or with specialists (with parental consent).

Resources

- 📖 A sample Care Plan for Children with Special Needs form is on the CDD website:
<http://dcf.vermont.gov/cdd/forms-child-care-providers>
- 📖 Contact Vermont 2-1-1 for a referral to a Child Care Wellness Consultant. To call for this service, dial 211 on the phone.
- 📖 Contact the local Children's Integrated Services Coordinator for early childhood resources and support:
<http://dcf.vermont.gov/partners/scc>
- 📖 Resources on how to address compliance with the Americans with Disabilities Act are at:
<https://www.ada.gov/childqanda.htm>

Instructions on how to access this website are as follows:

- Type "child care" into the search.
- The frequently asked questions document will be identified, which is specific to child care programs.

FCCH Section 7 - Program Personnel/Staffing

Section 7 contains requirements for program personnel and staffing. It outlines qualifications and experience for various positions, background checks, and appropriate clearances. It describes qualifications, health requirements, orientation, and other personnel policies and practices for all adults, including partner staff, trainees, and volunteers.

A Closer Look at Heading 7.1: General Requirements for the FCCP and Staff

Staff Health Requirements, First Aid, and CPR (Rules 7.1.1 and 7.1.2)

What Is the Purpose of These Rules?

Parents want to know that their children are safe. To maintain the safety, supervision, and engagement of children, it is important that you (and staff) are healthy and do not spread infectious illnesses. You (and staff) need information and skills to respond to medical emergencies. First aid can be critical to a child's survival and recovery in a medical emergency.

What It May Look Like in Your Program

Policies and Practices

- If you, staff, or partner staff are too sick, as decided by either the person or you, that person should remain home (rules 7.1.1.1 and 7.1.1.2). Examples of being too sick includes, but is not limited to, running a fever, vomiting or diarrhea, not able to stay awake, or not able to lift children. While medication may be needed for a medical condition, you (or staff) may not work with children if the medication affects your (or their) ability to perform the job duties.
- You may have your own policies regarding whether staff need a doctor's note to return to work. CDD does not monitor this policy.
- Rule 2.2.47 defines staff to include substitutes. These rules also apply to them.
- Infant/Child CPR is required. The certification card will specify this type of CPR training. An infant, child, and adult CPR certificate also meets the requirement (but is more than required).

Resources

- 📖 See the Signs and Symptoms Illness Chart related to contagious illness (Appendix A in the FCCH Regulations).
- 📖 Contact Vermont 2-1-1 for a referral to a Child Care Wellness Consultant. To call for this service, dial 211 on the phone.

A Closer Look at Rule 7.1.3: Orientation of Staff

What Is the Purpose of This Rule?

Receiving a thorough orientation before working alone with children is important for you (or staff). The orientation provides you (and staff) the information needed to protect children's health, safety, and well-being. This rule supports you (and staff) in following FCCH Regulations while supporting children's development.

What It May Look Like in Your Program

Policies and Practices

- ☐ The orientation must be approved by CDD. An approved orientation training developed by CDD can be accessed on the CDD website.
- ☐ See rule 2.2.47 for the definition of staff to know who is required to complete an orientation. (Note that rule 7.6.8 says substitutes do not need to attend the formal orientation training)
- ☐ You (and staff) need to complete orientation before being left alone with children.
- ☐ Trainees 17 years of age must complete the orientation within one month of starting at your FCCH. While required to meet FCCH Regulations, you can individualize your policies and procedures. You provide onsite orientation training to all staff, substitutes, volunteers, and other personnel. This orientation must cover the specific policies and procedures of your FCCH. Below are some ideas to consider:
 - Require they read your FCCH handbook.
 - Use this Guidance Manual to help clarify roles and responsibilities.
 - Require substitutes be trained in medication administration.
 - Give examples of how counting heads at the beginning, middle, and end of transitioning from one place to another to ensure children are not left behind and/or do not hide outside when returning inside or slip into the bathroom when leaving the inside of the home.
 - Sleep and rest are everyday routines. Emphasize safe sleep and rest practices (heading 5.4).

FCCP (and staff) Responsibilities

- † Orientation training completion will be automatically sent to NLCDC to be entered and verified in the individual's BFIS Quality and Credential account. This will be under the Professional Development tab.
- † Document onsite orientation training provided to staff on your FCCH policies and procedures; maintain documentation at your FCCH.
- † If an individual becomes employed by another CDD licensed program, they do not need to re-take the CDD approved orientation training. When you have a new/potential employee complete a Record Check Authorization form (and after CDD has processed it), you can access the individual's BFIS Quality and Credential account. By going to the Professional Development tab, you can find out if the individual completed the CDD approved orientation training. If not, the individual will need to complete it in the required timeframe.

Resources

- 📖 See Appendix IV for a Summary of Required FCCH Policies and Procedures.
- 📖 Instructions to access the CDD approved Orientation on CDD website:
<http://dcf.vermont.gov/cdd/professional-development>
- 📖 This training may be applied to annual professional development requirements when it is being taken for the first time and has been successfully completed.
- 📖 Due Dates Checklist on CDD website:
<http://dcf.vermont.gov/cdd/forms-child-care-providers>

A Closer Look at Heading 7.2: Background Checks and Appropriate Clearances

What Is the Purpose of These Rules?

Background checks are highly confidential. You must only submit Record Check Authorization forms on individuals required by FCCH Regulations. All partner staff are required to complete a Record Check Authorization form, regardless of who employs them. Household members need record checks even if not present during child care hours. Even someone you know well needs a background check. Proof that a conviction or substantiation is not in their record is required. A background check for someone not present during child care hours (and not living in your home), such as nearby friends or relatives, is not necessary.

CDD is required to follow important Federal Regulations and/or Vermont Statutes

The background checks CDD is required to complete are comprehensive. The Vermont background checks completed by CDD when a Record Check Authorization form is received, searches the following:

- Vermont Child Abuse and Adult Abuse Registries;
- Court findings of abuse or neglect;
- Vermont criminal convictions; and
- National Sex Offender Registry.

The FBI fingerprint supported background checks processed by the Vermont Crime Information Center searches for criminal convictions in Vermont and other U.S. states.

What It May Look Like in Your Program

Policies and Procedures

Process for background checks and appropriate clearances

- Use the FCCH Census List to notify CDD when children under the age of 16 years reside (or will reside) in your home. Rule 3.3.7.5 requires notifying CDD of changes in household members within 5 working days of the change.
- Submit Record Check Authorization forms for all individuals 16 years of age or older.
- Based on the position title on the Record Check Authorization form, CDD will determine if a fingerprint supported clearance is required.
 - If required, CDD will send the individual the Fingerprinting Authorization Certificate. CDD will also send instructions on how and where to complete the fingerprinting process.
- Fingerprint results will only be accepted if sent directly to CDD by the Vermont Crime Information Center. The individual **must** take the Fingerprint Authorization Certificate with them when they go to be fingerprinted.

When CDD receives a Record Check Authorization form

- CDD checks for existing background clearance information in BFIS (less than 5 years old) on an individual.
 - If there is no previous background clearance information for the individual, or the individual is due for a new background check, CDD will complete any required process. This is based on the position title that the individual listed on their Record Check Authorization form.

CDD notifies the individual receiving the background check and you regarding clearance results

- The individual will receive a BFIS system generated email informing them of a new document in their BFIS Quality and Credential account.
 - Federal regulation allows more detailed information to be provided to the individual receiving the background check.
- You receive a BFIS system generated email informing you of a new document in your BFIS Child Care Program Account.
 - If fingerprint supported clearance is required, CDD provides determination letters two times during the clearance process.
 - If determined that the individual meets prohibited person criteria, CDD will notify you and include if applying for a variance is an option.
 - Federal regulations limit what information CDD provides to you about the individual.

Tips for correctly completing the Record Check Authorization form

- Complete all lines on the form as required. Sign and date the form. Incomplete forms will be returned and delay the approval process.
- Circle the position title most relevant. FCCH rules and definitions will help. For example, AS Program Administrator is for licensed Afterschool Programs and is not a title used by FCCHs, nor is it listed in the FCCH Regulations.
- If someone is employed at your FCCH as a classroom aide some of the time, and as a family child care assistant the remainder of the time, that person should circle the assistant position title.
- If someone is partner staff, do not circle anything other than partner staff. This may be confusing because the individual may feel like “aide” fits too. Partner staff is the correct item to circle.
- When someone is associated with, working at, or regularly present at more than one CDD licensed program; they are encouraged to complete the Record Check Authorization for Multi-Site Licensed Programs form.
 - This form allows four CDD licensed programs to be listed. If more space is needed, the individual is required to complete another Multi-Site Licensed Programs form. If the individual writes additional licensed program information on the back of the Multi-Site Licensed Programs form (or adds information anywhere else on the front of the form other than the 4 lines provided), the form will be returned. This delays the approval process.
 - Only one position title can be listed for each CDD licensed program. The title may be the same for all four programs or it may change by program. For example, the person may be partner staff for all CDD licensed programs listed (same position title).

Alternatively, the person may be a substitute at one CDD licensed program; an aide at another CDD licensed program; and partner staff at the third and fourth CDD licensed programs listed (position title changes). Help the individual understand what position title to list on the form.

Fingerprinted supported background clearance (rule 7.2.1)

- New staff and anyone having unsupervised contact with children (e.g. spouse or adult child of you who lives in the FCCH) must complete a fingerprinted supported background clearance if required by CDD.
- This process begins with the individual completing the Record Check Authorization form no later than the individual's first day in your FCCH.
- Based on information in the Record Check Authorization form, CDD determines if a fingerprint supported background clearance is required. CDD will request this of the individual and include this step in the process.
- The rule uses the word "new". CDD defines new to mean the individual's first day in your FCCH. Some FCCPs choose to submit the Record Check Authorization form during the hiring process. That way they have information from the initial background clearance before hiring the individual. The fingerprint supported background clearance may still be needed.
- No one may be left alone with children until CDD approves it. CDD approval is contingent upon the processing of the fingerprint supported background clearance (rule 7.2.4).
- Document changes in staff or individuals having unsupervised contact with children in your BFIS Child Care Program Account within 5 working days (rule 3.3.7.5). This is in addition to any required CDD Record Check Authorization forms.

You submit Record Check Authorization forms for any new individuals, 16 years of age or older, residing in your FCCH or present more than 5 times in a year during the FCCH's hours of operation (rule 7.2.2)

- Applies to non-parent volunteers, household members not having unsupervised contact with children, and partner staff.
- All specialists present (or expected) more than five times a year are noted as partner staff. They must complete the Record Check Authorization form. This includes, but is not limited to, special educators, speech, physical, and occupational therapists, Children's Integrated Services staff, and Vermont Birth to Five Mentors.
- CDD recommends the Record Check Authorization form be submitted as soon as it is known that a non-parent volunteer (rule 7.7.5) and/or partner staff is going to be present more than 5 times a year. The non-parent volunteer and/or partner staff completes and

submits the Record Check Authorization form to CDD no later than the 5th day of attendance at your FCCH.

- ☐ Rule 3.3.7.5 requires changes in household members or individuals who will be present more than 5 days in a year to be documented in your BFIS Child Care Program Account within 5 working days. This is in addition to any CDD required Record Check Authorization forms.

If present five times or less (this does not include staff), the individual is not required to complete the Record Check Authorization form.

- ☐ CDD will not be processing these types of requests.
- ☐ Rule 7.7.5 clarifies that parent volunteers are not required to complete the background clearance process. For FCCHs that encourage parents to volunteer, this is good news. CDD does not require and will not be processing background checks for parent volunteers at all. There is no limit on the number of times a parent may volunteer. The more than 5-day requirement (regularly attending) is specific to non-parent volunteers, guests and partner staff.

When the individual/subject of the background check disagrees with the findings

- ☐ The individual contacts the authority associated with the finding.
 - Example: Individual disagrees with a Vermont substantiation of child abuse. The individual will be told to contact DCF's Family Services Division.
 - Example: Individual disagrees with a criminal conviction. The individual will need to contact the court identified who reported the criminal conviction.
- ☐ CDD and Vermont Crime Information Center do not have the authority to change any findings. CDD and Vermont Crime Information Center only provide the contact information for the entity who provided the finding as part of the background clearance process.
- ☐ If a finding is disagreed with and corrected, the individual will need to submit a new Record Check Authorization form to CDD and complete the background clearance process again.

If a background check identifies the individual as prohibited

- ☐ If you have employed an individual or have allowed a non-parent volunteer or partner staff to begin working with children at your FCCH, you must immediately end the individual's presence at your FCCH upon receipt of a background clearance stating that they are prohibited.
- ☐ Once the individual/subject of the background check has resolved the reason of their prohibited person criteria and/or you have a variance approved by CDD, the

individual/subject of the background check may return to employment at your FCCH or be present at your FCCH.

Resources

📖 Background check forms:

<http://dcf.vermont.gov/cdd/forms-child-care-providers>

📖 Appendix VII contains a Ratio/Left Alone Chart.

📖 Due Dates Checklist on CDD website:

<http://dcf.vermont.gov/cdd/forms-child-care-providers>

📖 There is an option in your BFIS Child Care Program Account to submit a record check variance. The process is the same as other variance requests. However, the questions are different and specific to this type of variance. Submit record check variances using the Record Check Variance option:

<http://dcf.vermont.gov/childcare/providers/bfis>

A Closer Look at Headings 7.3 through 7.7

Qualifications and Experience, Annual Professional Development, Personnel Policies and Procedures, Use of Substitutes and Volunteers

What Is the Purpose of These Rules?

Many changes have taken place since the Vermont home-based regulations were last updated 20 years ago. The field of early care and education, like many professions, has requirements for qualifications and ongoing professional development. The care and education of young children has become increasingly specialized and professionalized. Numerous studies show that proper education and experience are required to provide safe, healthy, and developmentally appropriate learning experiences. CDD has elevated qualifications where appropriate, while increasing supports for meeting them.

What It May Look Like in Your Program

Qualifications and Experience (heading 7.3)

- ☐ Registered FCCP, family child care assistant, and classroom aide qualifications all require the following:
 - The person be at least 18 years of age;
 - A high school diploma or GED (The GED is one way to obtain a high school diploma by completing general education testing in Science, Social Studies, Math, and Language Arts.); and

- Completion of specifically identified additional professional development within 12 months of employment (e.g. Fundamentals for Early Childhood Professionals' Course, obtain Level 1 Vermont Early Childhood Career Ladder Certificate; or a CDA (Child Development Achievement Credential). If you (and/or staff) already meet this requirement, documentation in your (and/or their) BFIS Quality and Credential account is sufficient to demonstrate compliance with the licensing qualification requirement. See licensing rules for other options.
- Trainee qualifications require the person to be 17 years of age AND either be enrolled in or have graduated from a State Board of Education Human Service Certificate Program that emphasizes child development or early childhood education. Another option is an 18-year-old who is enrolled in a State Board of Education Human Service Certificate Program that emphasizes child development or early childhood education. When the person is 18 years of age and has graduated from the Human Service Program but has not finished high school, she/he meets family child care assistant qualifications (see last bullet in rule 7.3.3).
 - Some trainees or classroom aides may have already completed qualification requirements. You may find out if the trainee or classroom aide has met this condition during the hiring process. Once a Record Check Authorization form is completed, the individual is added to your Associated Parties list. You may view the individual's BFIS Quality and Credential account, under the Professional Development tab, to see if the required professional development has been completed.
- Applying for an Early Childhood Career Ladder Certificate is the easiest way to demonstrate how you (or staff) meets qualifications.

Role of NLCDC versus CDD

- NLCDC will determine if college course work meets course criteria established by FCCH Regulations. CDD licensing staff will determine whether an individual's experience and education meets qualifications.
- NLCDC will verify and enter transcripts, resumes, college course work, and professional development hours into an individual's BFIS Quality and Credential account. CDD licensing staff will use the information in the individual's BFIS Quality and Credential account to determine compliance with qualifications, IPDPs, and annual professional development requirements.
- NLCDC is available to provide coaching, resources, and guidance for professional development planning. CDD is available to explain licensing qualification requirements.

How to submit documents to NLCDC

- First, log into your BFIS Quality and Credential account. Get to know what is already there. For example, you may already have some courses or trainings documented under the

Professional Development tab because the training sponsor was affiliated with NLCDC and used NLCDC attendance sheets to have this entered for you.

- ☐ Next, print, read, and complete the Verification Cover Sheet.
 - The Verification Cover Sheet tells you what NLCDC needs to verify your professional development, and where it will appear in your BFIS Quality and Credential account once NLCDC has entered it in BFIS.
 - Send one completed Verification Cover Sheet with the relevant documents (e.g. resume, college transcripts, CPR or first aid card, Vermont Agency of Education teacher license, or application for an Early Childhood Career Ladder Certificate) to NLCDC. (Note: NLCDC does not enter IPDPs into BFIS Quality and Credential accounts, but the individual may)
 - You will receive a BFIS system generated email when information and/or documents have been added to your BFIS Quality and Credential account.
- ☐ If you check your BFIS Quality and Credential account and do not see the document(s), you sent to NLCDC – first review the Verification Cover Sheet to see where it should appear in your BFIS Quality and Credential account. If you wonder whether NLCDC has received your submission, contact NLCDC. Please do not resend documents unless instructed by NLCDC because duplication slows down the processing of what you have sent.
- ☐ If you have questions about the submission process, contact NLCDC.

Qualifications Timeline and Variances

- ☐ Rule 1.3.2 provides the FCCPs licensed prior to 9/1/2016 (and staff employed by the FCCP prior to 9/1/2016) with one year to achieve new qualification requirements.
- ☐ FCCPs may submit variance requests when more time is needed beyond the one year provided by rule 1.3.2. This type of variance should not be submitted until closer to 9/1/2017. Viable variance requests document what you have already completed, and what you have left to complete. The variance includes how the remaining qualifications will be met within time frames. Professional development progress will be shown in your IPDP in BFIS.

Resources

- ☐ Due Dates Checklist on CDD website:
<http://dcf.vermont.gov/cdd/forms-child-care-providers>
- ☐ Course work that meets qualification requirements may be applied to annual professional development requirements.
- ☐ NLCDC will assist with professional development planning, education options and financial and other resources:
<http://northernlightscdc.org/>
- ☐ Applying for an Early Childhood Career Ladder Certificate:
<http://northernlightscdc.org/career-pathways/credentials-and-certificates/>

- 📖 Professional Development Resources through CDD and access to the Verification Cover Sheet that is needed when sending documents to NLCDC to be entered in individual's BFIS Quality and Credential account:
<http://dcf.vermont.gov/cdd/professional-development>
- 📖 Grants available through CDD to support professional development:
<http://dcf.vermont.gov/cdd/providers/grants/pd>
- 📖 Guidance on accessing BFIS Quality and Credential accounts:
<http://dcf.vermont.gov/childcare/providers/bfis>
- 📖 Vermont Student Assistance Corp provides funding for college to Vermont residents:
<http://vsac.org/>
- 📖 Federal Student Aid for college students:
<https://fafsa.ed.gov/>

Annual Professional Development (heading 7.4)

- ☐ The annual professional development requirement is calculated from the employment start date. This may or may not be the same date as the FCCH's license renewal date. Submit annual professional development information to NLCDC for the individual staff member's BFIS Quality and Credential account (rule 3.3.7.3).
- ☐ Individuals who hold Vermont Agency of Education teaching license with an endorsement in Early Childhood Education, Early Childhood Special Education, or Elementary Education that is current (not expired), may use this teaching license to demonstrate compliance with rules 7.4.4 (annual professional development requirement) and 7.4.1 (IPDP requirement).
 - The individual is required to submit their teaching license to NLCDC using the Verification Cover Sheet. NLCDC will upload the documentation in the individual's BFIS Quality and Credential account when the individual also submits a diploma or college transcript showing graduation. The individual will meet these requirements until their license expires.
 - Upon expiration of the license, they either need to have completed annual professional development and IPDPs (rules 7.4.4 and 7.4.1), or will need to have a renewed teaching license. If they have their renewed teaching license, submit it to NLCDC using the Verification Cover Sheet to be uploaded in their BFIS Quality and Credential account. This accommodation was made considering the Vermont Agency of Education already has a system in place for monitoring. CDD is deferring monitoring to Vermont Agency of Education, in these cases, to streamline efforts.
- ☐ College course work completed to meet qualifications may also meet annual professional development requirements. Other trainings may meet annual professional development requirements such as:

- "Here We Go: New Center Based Child Care and Preschool Licensing Rules" (rule 1.3.3);
 - Emergency Preparedness Training (rule 3.6.3);
 - Medication Administration Training (rule 5.6.2); and
 - Orientation Training (rule 7.1.3).
- CPR and first aid are two training requirements that may *not* be counted towards annual professional development requirements (rule 7.4.7).
 - Rule 7.4.4 exempts substitutes from having to complete annual professional development hours.

Licensed FCCH only: Personnel Policies and Procedures – References (heading 7.5)

- CDD purposefully removed the requirement for references to be obtained during the hiring process and from being kept in personnel files. This change was made during the review of public feedback. There are places throughout the FCCH Regulations where CDD inadvertently missed the deletion of this requirement. CDD will not be assessing whether FCCHs have obtained references or if these references are in personnel files. Any place in the FCCH Regulations that still have a component of a rule regarding employment references will not be assessed for compliance by CDD. The rest of the rules' required in heading 7.5 will still be assessed.

*Registered FCCH do not need to have personnel files.

Use of Substitutes (heading 7.6)

- Rule 7.3.6 identifies minimal qualifications for substitutes.
- Read each rule under heading 7.6 to ensure the use of substitutes is meeting all requirements.
- Rule 7.1.2.2 requires at least one responsible adult be present at your FCCH who has successfully completed and is currently certified in first aid and infant/child CPR.
 - For a registered FCCH, this may be you, your spouse or another responsible adult who lives in the home and is present when a substitute is working.
 - The other option in a registered FCCH is for the substitute (who may be the only adult in the FCCH) to meet this requirement.

Licensed FCCH Only: Substitutes

- ☐ Rule 3.3.5.1 requires licensed FCCH to have staff files for substitutes.
- ☐ For a licensed FCCH, rule 7.1.2.3 requires all staff that count in ratio to successfully complete and be currently certified in first aid and infant/child CPR. This includes substitutes (rule 7.6.7).
- ☐ Rule 7.6.12 requires additional qualifications when a substitute fills a staff position for 30 or more days within a year. In that case, the substitute must be fully qualified for the position he/she fills in a licensed FCCH. This would then require the substitute to complete annual professional development required in rule 7.4.4 and to have an IPDP on file or in the substitute's BFIS Quality and Credential account.

Use of Volunteers (heading 7.7)

- ☐ The rules in heading 7.7 apply to many types of volunteers, ranging from parents and guest speakers to volunteers from the community.
 - Encourage all parents to learn and grow in their important role. Being involved in your FCCH can help parents to meet others, learn about child development, and feel part of a community. Do not leave parents alone with children (other than their own) and do not count parents in the staff/child ratio.
 - Individuals who are present at your FCCH for five days or less a year (e.g. plumber, contractor, guest speaker, or performer) are not required to complete background clearances.
 - All other volunteers must adhere to all rules in heading 7.7.

Resources

- ☐ Contact the Licensor on Duty at 1(800) 649-2642 option 3 or (802) 241-0837 for assistance as needed.
- ☐ NLCDC Verification Cover Sheet, professional development calendar, grants to support meeting qualifications, and guidance on IPDPs:
<http://dcf.vermont.gov/cdd/professional-development>
- ☐ Due Dates Checklist on CDD website:
<http://dcf.vermont.gov/cdd/forms-child-care-providers>
- ☐ Guidance on using and understanding various parts of BFIS:
<http://dcf.vermont.gov/childcare/providers/bfis>
- ☐ Contact NLCDC for information on BFIS, career pathways and other professional development questions:
<http://northernlightscdc.org/career-pathways/bfis-tracking-professional-development/>

Appendix I - Required Notifications

BFIS is Vermont’s tool for early care and education and afterschool care – A data system that supports the work of many different people who care for children in Vermont. Currently all types of child care and preschool programs use BFIS to submit license renewal applications and bills for child care financial assistance, to report incidents and update marketing information.

BFIS Child Care Program Account

This is for all FCCPs to enter and access their FCCH's information such as:

- Complete initial licensure applications and license renewal applications;
- Enter child care financial assistance (subsidy) attendance;
- View and print documents, which include but is not limited to, site visit reports, license certificates, approved/denied record check letters, subsidy certificates, license renewal notices, and missing item letters;
- Request a variance;
- Update referral agreement;
- Submit incident reports; and/or
- Add or remove staff and/or household members to the Associated Parties list.

Licensors on Duty: 1 (800) 649-2642 option 3 or (802) 241-0837

REQUIRED NOTIFICATIONS			
What	How and Whom	When	Rule(s)
<ul style="list-style-type: none"> ❖ When you choose to voluntarily close or non-renew your FCCH license, the license becomes “null and void”. * <i>Otherwise, FCCH is considered legally licensed and you are responsible for compliance with FCCH Regulations.</i> 	<ul style="list-style-type: none"> <input type="checkbox"/> Use closure notification submission in your BFIS Child Care Program account on the account summary screen. 	<ul style="list-style-type: none"> ○ Notify CDD as soon as a decision has been made to close and a date is set. 	2.3.4.2
<ul style="list-style-type: none"> ❖ Reduction, addition, or substantial change in indoor or outdoor spaces used for care of children. ❖ Change in name of FCCH. ❖ Change in FCCH Taxpayer ID #. ❖ Change in authorized license type. ❖ Change in # of children served at any one time. ❖ Change in ages of children served. ❖ If you are unable to provide direct care and require a long-term substitute. ❖ Changes in household membership. 	<ul style="list-style-type: none"> <input type="checkbox"/> Exploring the idea? Call Licensors on Duty for guidance. <input type="checkbox"/> Preparing or finalizing change? Email or call your assigned Licensing Field Specialist. <input type="checkbox"/> Record Check Authorization form or Background Census form submission. http://dcf.vermont.gov/cd 	<ul style="list-style-type: none"> ○ PRIOR to making any changes. ○ Or immediately when household membership changes requiring notification are unplanned. 	2.3.11

REQUIRED NOTIFICATIONS			
What	How and Whom	When	Rule(s)
	d/forms-child-care-providers		
<ul style="list-style-type: none"> ❖ Individual has a change that may affect her/his background check clearance. ❖ Information on any new individual residing in your FCCH or any new individual present more than five times a year during your hours of operation. 	<input type="checkbox"/> New Record Check Authorization form and/or FCCH Census form to CDD.	<ul style="list-style-type: none"> ○ Within 1 working day after you receive notice from individual 	3.1.6 3.1.7
<ul style="list-style-type: none"> ❖ You shall maintain a current list of the staff, partner staff, individuals who reside in your home, and non-parent volunteers, as applicable. 	<input type="checkbox"/> Update Associated Parties list in your BFIS Child Care Program Account.	<ul style="list-style-type: none"> ○ Within 5 working days of the change. 	3.3.7.5
<ul style="list-style-type: none"> ❖ Serious injury of child resulting in in-patient or outpatient medical treatment. ❖ Serious injury of child resulting in dental treatment. 	<input type="checkbox"/> CDD verbal notification: call Licensor on Duty (800) 649-2642 option 3. <input type="checkbox"/> CDD written notification: Log into your BFIS Child Care Program account, go to summary screen and click on "File an Incident Report."	<ul style="list-style-type: none"> ○ Within 48 hours to CDD (verbal) ○ Within 5 working days (written) 	3.1.1
<ul style="list-style-type: none"> ❖ Death of child. 	<input type="checkbox"/> CDD verbal notification: call Licensor on Duty (800) 649-2642 option 3. <input type="checkbox"/> CDD written notification: Log into your BFIS Child Care Program account, go to summary screen, click on "File an Incident Report," and complete incident report.	<ul style="list-style-type: none"> ○ Immediately (verbal) ○ Within 24 hours (written) 	3.1.1
<ul style="list-style-type: none"> ❖ Any incident where a child is bitten by an animal. 	<input type="checkbox"/> CDD written notification: Log into your BFIS Child Care Program Account, go to summary screen, click on "File an Incident Report," and complete incident report. <input type="checkbox"/> Written report to Vermont Department of Health through the local Town Health Officer. Send report directly to the local Town Health Officer. To locate your local Town Health	<ul style="list-style-type: none"> ○ Within 24 hours (written to CDD) ○ Within 24 hours (written to local Town Health Officer) 	3.1.2

REQUIRED NOTIFICATIONS			
What	How and Whom	When	Rule(s)
	Officer: call (800) 439-8550 or (802) 865-7741.		
<ul style="list-style-type: none"> ❖ Fire in your home that required the use of a fire extinguisher and/or the services of a fire department. <ul style="list-style-type: none"> ○ Licensing Field Specialist will assess your home to determine if damage from the fire and/or measures to put out the fire compromised children's safety. 	<ul style="list-style-type: none"> <input type="checkbox"/> Written notification: Log into your BFIS Child Care Program account, go to summary screen, click on "File an Incident Report," and complete incident report. <i>*No need to report if it was a false alarm and fire department did not extinguish any fire.</i> 	<ul style="list-style-type: none"> ○ Within 48 hours (written) 	3.1.3
<ul style="list-style-type: none"> ❖ Child missing from the FCCH. 	<ul style="list-style-type: none"> <input type="checkbox"/> Notify Police <input type="checkbox"/> Notify child's parents <input type="checkbox"/> CDD verbal notification: call Licensor on Duty (800) 649-2642 option 3. <input type="checkbox"/> CDD written notification: Log into your BFIS Child Care Program account, go to summary screen and complete incident report. 	<ul style="list-style-type: none"> ○ Immediately ○ Immediately ○ Immediately ○ Within 24 hours (written) 	3.1.4
<ul style="list-style-type: none"> ❖ Enrolled child who does not arrive as scheduled (without notice from parent(s)). 	<ul style="list-style-type: none"> <input type="checkbox"/> Notify parent or authorized person 	<ul style="list-style-type: none"> ○ Immediately 	3.1.4.1
<ul style="list-style-type: none"> ❖ Self-reported violations. 	<ul style="list-style-type: none"> <input type="checkbox"/> CDD written notification: Log into your BFIS Child Care Program account, go to summary screen, click on "File an Incident Report," and complete incident report. 	<ul style="list-style-type: none"> ○ Within 24 hours (written) 	3.1.5
<ul style="list-style-type: none"> ❖ Report of suspected child abuse and neglect. 	<ul style="list-style-type: none"> <input type="checkbox"/> Call Vermont Child Abuse Hotline (1-800-649-5285) ✓ You, staff, partner staff, and volunteers are mandated reporters. 	<ul style="list-style-type: none"> ○ Within 24 hours of time information regarding the suspected abuse or neglect was first received or observed 	3.2.2 7.7.5.2
<ul style="list-style-type: none"> ❖ Signs and Symptoms of Illness Chart. 	<ul style="list-style-type: none"> <input type="checkbox"/> Notify Parent 	<ul style="list-style-type: none"> ○ See Appendix A of FCCH Regulations 	

REQUIRED NOTIFICATIONS			
What	How and Whom	When	Rule(s)
	<input type="checkbox"/> Encourage parent to follow up with child's physician		

Licenser on Duty: 1(800) 649-2642 option 3 or (802) 241-0837

Appendix II: Water System Testing and Safety Guidelines

Who	What	How	If Results do not meet drinking water standard	Additional testing
All FCCPs	Complete first draw lead test. (rule 2.3.7.10)	<ul style="list-style-type: none"> • A first draw sample is to be taken first thing in the morning before the tap has been turned or after the tap has not been used for 6 hours. This allows the water that has been sitting in the pipes inside your home to be tested for lead. • Sample must then be sent to a Vermont Certified Drinking Water Lab. • Document the lead test results in the initial licensing application (rule 2.3.7.10). The acceptable lead level is less than 0.015 mg/L. 	<ul style="list-style-type: none"> • You must use bottled water provided by you or families until permanent remedy has been found. • Remedies to bring lead levels into compliance include: <ul style="list-style-type: none"> ○ Plug-in distillation units; ○ Reverse osmosis treatment installed under the kitchen sink; or ○ NSF approved activated carbon filters. • Flushing the system may <u>not</u> be used as an alternative to bottled water or a proven remedy. CDD does not allow flushing the system as a remedy because of the undue strain it places on you (and staff). • Sediment filters do not remove lead. • Annually complete a flush sample lead test (rule 2.3.8.7) and maintain results documentation at your home. • On license renewal application, include annual flush sample lead test results (rule 2.3.9.5.1). 	
FCCP's who are not required to have a Drinking Water Permit and/or are not already on permitted system	<ul style="list-style-type: none"> • Complete bacterial and chemical screening water test (rules 2.3.7.11 and 2.3.7.12). • Bacterial test is assessing for the presence or absence of 	<ul style="list-style-type: none"> • Conduct each water test per the instructions provided with the test kit. • Document test results in the initial license application (rules 2.3.7.11 and 2.3.7.12). Accepted levels: <ul style="list-style-type: none"> ○ Total Coliform absent, ○ Arsenic less than 0.010 mg/L, 	<ul style="list-style-type: none"> • You must use bottled water provided by you or families until a permanent remedy has been found. • Once a remedy has been completed, submit new water test sample to a Vermont Certified Drinking Water Lab. After receiving passing results, you may return to using the water and stop using bottled water. • Maintain documentation of all water test results at your home. 	<ul style="list-style-type: none"> • Once every 6 years submit new chemical test sample (includes arsenic, uranium, nitrite, manganese, and fluoride) to a Vermont Certified Drinking Water Lab (rules 2.3.9.5.3 and 2.3.9.5.4).

	<p>total coliform.</p> <ul style="list-style-type: none"> • Chemical screening test is for arsenic, uranium, nitrite, manganese, nitrate, and fluoride. 	<ul style="list-style-type: none"> ○ Uranium less than 0.02 mg/L, ○ Nitrite less than 1.0 mg/L, ○ Manganese is less than 0.300 mg/L, ○ Nitrate less than 10.0 mg/L, and • Fluoride is less than 4.0mg/L. 		<ul style="list-style-type: none"> • Document in related license renewal application and in your file. ○ Vermont Dept. of Health recommends coliform testing every year. See website for more information.
--	--	---	--	--

Appendix III - Required Postings

REQUIRED POSTINGS			
What	Where	How Long	Rule(s)
<ul style="list-style-type: none"> ✦ License and copy of FCCH Regulations 	Area clearly visible to parents, staff and visitors	At all times	2.3.3
<ul style="list-style-type: none"> ✦ Licensing site visit reports as directed, violations, and notices of regulatory action. 	Area clearly visible to parents	No fewer than 15 days upon receipt by you	2.8.1
<ul style="list-style-type: none"> ✦ Written evacuation diagram with evacuation routes 	On each level of the home used by children	At all times	3.6.2.1
<p><i>Licensed FCCH ONLY</i></p> <ul style="list-style-type: none"> ✦ Diaper changing procedure 	In each diaper changing area	At all times	5.2.3.13 <i>Licensed FCCH only</i>
<ul style="list-style-type: none"> ✦ List of the following phone numbers <ul style="list-style-type: none"> ○ 911, ○ Police, ○ Fire, ○ Ambulance/Rescue Squad, ○ Poison Control Center (1-800-222-1222), ○ CDD, ○ Vermont Child Abuse Hotline (1-800-649-5285), ○ Directions to your home. ✦ Child specific information: <ul style="list-style-type: none"> ○ Parent contacts, ○ Emergency contacts, and ○ Doctor contact information. 	<ul style="list-style-type: none"> • Near telephone(s), OR • In a known location by all staff. 	At all times	5.10.1.13.2
<ul style="list-style-type: none"> ✦ Menus (must be dated) <ul style="list-style-type: none"> ○ Also, any changes to menu 	Area clearly visible to parents	At all times	5.11.1.3
<p><i>Licensed FCCH ONLY</i></p> <ul style="list-style-type: none"> ✦ Written daily schedule for each group of children documenting the following in daily and weekly routine. <ul style="list-style-type: none"> ○ Individual, small group and full group play and learning; ○ Child-directed and provider-directed activities; ○ Active and quiet play; ○ Rest or quiet time; and ○ Indoor and outdoor play. 	Area clearly visible to parents, staff, and children as appropriate	At all times	6.1.3.2 <i>Licensed FCCH only</i>

Appendix IV - Summary of Required FCCH Policies and Procedures

Personnel Policies and Procedures

- Licensed FCCHs Only:** Have additional requirements that are boxed under heading 7.5. Licensed FCCPs must meet the following rules.
- The licensed FCCP shall obtain written documentation that staff have received and fully understand the licensed FCCH's program philosophy and all written licensed FCCH policies and procedures as required in rule 4.7 of these regulations. (rule 7.5.1)
 - The licensed FCCP shall ensure written job descriptions of all staff are in their personnel file. This must include the job title, job duties, and supervisor. The licensed FCCP shall ensure that job descriptions for staff also include the identity of the staff member responsible for evaluating the position (rule 7.5.2).
 - Licensed FCCH staff shall receive a written annual performance review from her/his supervisor (rule 7.5.3).
 - The licensed FCCP shall establish and implement a system of communication among staff to ensure that any staff member working with a child is informed of significant information related to the care and education of the child (rule 7.5.4).

Orientation of FCCP and New Staff (rule 7.1.3)

- You shall complete an orientation training session approved by CDD prior to beginning care for children.
- You must establish your written policies and procedures and provide these to staff during an orientation and ensure staff complete an orientation training session approved by CDD prior to being left alone with children.
- Trainees shall complete the orientation training within 1 month of their first day of working with children (7.1.3).
- Substitutes must complete your orientation of your written policies and procedures and do not need to complete a CDD approved orientation (rule 7.6.8).

You must ensure that volunteers spending time in your home are oriented to your FCCH and its practices (rule 7.7.5.3).

Other Policies and Procedures

What	Who Develops and Implements	Who Receives	Rule(s)
All written policies and procedures must be reviewed once a year and revised when necessary.	You	Staff and parents (as applicable)	3.3.2
<i>License FCCH only</i> Written policy requiring reporting of suspected child abuse or neglect to DCF.	<i>Licensed FCCP only</i>	Staff and Volunteers (as applicable)	3.2.4 7.7.5.2 (volunteers)
Written policy and plan regarding the administration of medication to children.	You	Staff (as applicable)	5.6.1
Written policy concerning meals and snacks: <ul style="list-style-type: none"> • A description of all food services provided; • Usual time of snacks and meals; • Policies and procedures related to food allergies, religious dietary requirements and other special needs; and • Policies and procedures for safe eating habits. 	You	Parents upon enrollment	5.11.1.1
Ensure that individuals responsible for food preparation have knowledge of nutritional requirements, sanitary food preparation, storage, and clean-up and adhere to your policies related to food safety and food and nutrition.	You	Food preparation individuals	5.11.1.2
Policy in plain language regarding positive guidance and behavior management of children.	You	Routinely to parents (and staff)	6.2.5.1
You shall encourage and facilitate two-way communication between your FCCH and parents. You shall communicate regularly to parents about FCCH activities, program policies, and community resources. You allow opportunities for parents to provide information, identify preferences, ask questions, and share concerns.	You (and staff)	Parents	4.4.2

Follow the exclusion policies as set forth in Signs and Symptoms of Illness Chart, (Appendix A of FCCH Regulations).	CDD	You, staff, partner staff, and volunteer (as applicable).	5.3.3.1 7.1.1.2 7.6.6 7.7.3
--	-----	---	--------------------------------------

Communicating FCCH Policies and Procedures to Parents (rule 4.7)

- Assurance that parents have access to the FCCH and their child(ren) without prior notice and access to their children's records as required in the rule 3.3.4.6 of these regulations;
- A description of information needed from parents for child's enrollment file as required in rules in section 3.3.4.1 of these regulations;
- A typical daily schedule of activities;
- Information about fees and payment policies;
- Information about hours of operation and closings;
- Procedures for signing children in and out;
- Procedures for emergencies as required in the rules in section 3.6 of these regulations;
- Information about the nutrition, meals and meal preparation at the FCCH;
- Safe sleep policies, as applicable;
- No smoking policy;
- Information about results from the test for lead in the drinking water and any plan for remediation;
- FCCH policies on field trips, other off-site activity and transportation;
- FCCH health policies including illness exclusions, administration of medication, and immunizations;
- FCCH policies and practice regarding positive guidance and behavior management;
- Assurance that confidentiality of child and family information is maintained;
- Information about the requirement to report suspected child abuse and/or neglect as required in the rules in section 3.2 of these regulations;
- Assurance that non-discrimination and respect for each child's family and culture is maintained;
- FCCH approach to ensure wholesome growth and positive developmental experiences for children;
- FCCH policies related to the inclusion of children with special needs and disabilities;
- A description of religious activities, if any;
- Information on how to access these FCCH regulations and other information about child development online;
- Information concerning complaint procedures;
- Information about the Child Care Consumer Line, including the telephone number (1-800-649-2642);
- FCCH policies and procedures related to the expulsion of children. Policies and practices include contacting the Children's Integrated Services Child Care Coordinator for children in specialized care, notifying parents of concerns that place the child's enrollment at risk, and

documenting your attempt to retain the child. These policies and procedures must comply with the rules in subheading 6.2.6.1, which say that you must support continuity of care and education if a child's continued enrollment is at risk;

- Policies and procedures for food allergies, religious dietary requirements and special needs; and
- Policies and procedures for safe eating habits (rule 5.11.1.1).

Appendix V - Sample Cleaning, Disinfecting and Sanitizing Tips

Cleaning, Disinfecting and Sanitizing Definitions, Use and Storage			
Definitions	<p>“Cleaning” means the removal of all dirt and debris by washing with a detergent solution in accordance with the manufacturer’s directions (rule 2.2.7).</p>	<p>“Disinfecting” means to destroy or inactivate most germs on objects or surfaces. Disinfecting is appropriate for non-porous surfaces that will not be in contact with food or be mouthed by children (rule 2.2.15).</p>	<p>“Sanitizing” means to reduce germs on objects and surfaces to levels considered safe by public health codes. Sanitizing is appropriate for surfaces that are in contact with food or anything that children may place in their mouths (rule 2.2.40).</p>
Use	<p>Cleaning shall occur prior to sanitizing and disinfecting unless otherwise instructed by the manufacturer’s recommendations (rule 5.2.6.1)</p>	<ul style="list-style-type: none"> • All sanitizing and disinfecting solutions shall be EPA registered and used according to the manufacturers’ instructions (rule 5.2.6.2). • Household bleach may be used for both sanitizing and disinfecting. When bleach is used for these purposes, fresh bleach solutions shall be mixed daily (rule 5.2.6.3). 	
Wash hands after cleaning (rule 5.2.1.1)			
Storage	<p>All poisonous or toxic materials shall be inaccessible to children. (rule 5.10.1.10.3)</p>	<p>All containers of poisonous, toxic, or hazardous materials present in the FCCH shall be labeled for easy identification and used only in such a manner and under conditions that will not contaminate food or create a hazard to the children or staff. (rule 5.10.1.10.1)</p>	
Food items shall be stored separately from cleaning materials (rule 5.10.2.3.4)			

**Appendix V - Sample Cleaning, Disinfecting, and Sanitizing Tips
(continued)**

Frequency and Method of Cleaning, Disinfecting and Sanitizing			
What	When	How:	Rule(s)
<input type="checkbox"/> Plastic mouthed toys, <input type="checkbox"/> Cribs, cots, mats, and bedding, if used by different children.	After each use	✧ Clean	5.2.6.4
<input type="checkbox"/> Pacifiers	When it touches another surface	✧ Clean	
<input type="checkbox"/> Cribs, cots, mats, and bedding if used by the same child.	Every week	✧ Clean	
<input type="checkbox"/> Machine washable toys, <input type="checkbox"/> Dress-up clothes including hats, <input type="checkbox"/> Play activity centers, and <input type="checkbox"/> Refrigerator.	Every month	✧ Clean	
<input type="checkbox"/> Food preparation surfaces, and <input type="checkbox"/> Dining tables and highchair trays.	Before and after each use	✧ Clean, then ✓ Sanitize	5.2.6.5
<input type="checkbox"/> Eating utensils and dishes.	After each use	✧ Clean, then ✓ Sanitize	
<input type="checkbox"/> Food preparation appliances, <input type="checkbox"/> Plastic mouthed toys, and <input type="checkbox"/> Pacifiers.	At the end of each day	✧ Clean, then ✓ Sanitize	
<input type="checkbox"/> Diaper changing areas	After each use	✧ Clean, then * Disinfect	5.2.3.11
<input type="checkbox"/> Door handles, <input type="checkbox"/> Hand washing sinks and faucets, <input type="checkbox"/> Countertops, <input type="checkbox"/> Toilets and toilet learning equipment, <input type="checkbox"/> Diaper pails, and <input type="checkbox"/> Drinking fountains.	At the end of each day	✧ Clean, then * Disinfect	5.2.6.6 5.2.3.11

Appendix VI - Field Trip Chart

Field Trip Chart			
What	When	How	Rule(s)
<input type="checkbox"/> Written parental permission for <i>walking</i> field trips in child files.	Prior to all walking trips	Ensure permissions are current	5.10.7.2
<input type="checkbox"/> Written parental permission for field trips in child files. <ul style="list-style-type: none"> ○ Specify type of transportation if provided, and ○ Specify if trip is over 45 minutes one-way. 	Prior to all field trips	Follow all transportation requirements in subheading 5.10.6	5.10.7.1
<input type="checkbox"/> You (and staff) protect health and safety of children during trips.	During field trips and walking trips (over 2 hours)	Take along: <ul style="list-style-type: none"> ✓ First aid kit, ✓ Emergency contact numbers (rule 5.10.1.13.2), ✓ Water and liquid soap or antiseptic wipes, ✓ Copy of parental authorizations for emergency care (rule 3.3.4.1), ✓ Emergency medications for children. 	5.10.7.3 5.7.3
<input type="checkbox"/> Playgrounds used during field trips or walking field trips meet or exceed safety requirements. <ul style="list-style-type: none"> * CDD will assess compliance to rules 5.10.3.1.2 (shade), 5.10.3.1.6 (hazards), 5.10.3.2.1 (safe equipment), 5.10.3.2.2 (use zones of equipment), 5.10.3.2.3 (equipment anchored), 5.10.3.2.4 (sandboxes), 5.10.3.2.5 (ride on toys), and 5.10.3.3 (cushioning) 	During field trips and walking trips	<ul style="list-style-type: none"> • Playgrounds should be inspected upon arrival. • You (and staff) adjust plans according to safety conditions. 	5.10.7.4
<input type="checkbox"/> Staff/child ratios maintained during field trips and walking field trips.	During field trips and walking trips	<ul style="list-style-type: none"> • You schedule adequate staffing 	5.10.7.5
<input type="checkbox"/> You (and staff) physically and visually supervise children during trips.	At all times	<ul style="list-style-type: none"> • Use system to quickly identify and count children 	5.10.7.6

<p>When a field trip includes access to pools or natural or man-made bodies of water, staff:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Visually inspect the area prior to use to ensure it is free of health and safety hazards such as broken glass, animal feces, strong currents, or posted health warnings; <input type="checkbox"/> Strictly adhere to Water Supervision and Prohibitions (rules in Section 5.10.5.4); and <input type="checkbox"/> Ensure that children are restricted to areas where water is less than waist deep unless the child's swimming ability has been assessed. 	<p>At all times</p>		<p>5.10.7.7</p>
---	---------------------	--	-----------------

Appendix VII - FCCH Ratio/Left Alone Chart

FCCH Ratio/Left Alone Chart

<i>Role/Person/Position</i>	<i>May Count in Ratio as Staff</i>	<i>Ratio Rules</i>	<i>May be Left Alone</i>	<i>Rules</i>
FCCP	Yes	Rules 2.2.47, 6.2.1.5, 6.2.2.4	Yes	No rules prevent it
Family Child Care Assistant	Yes		Yes	
Substitute	Yes		Yes	
Trainee (18 years)	No	Rules 6.2.2.6, 6.2.2.7, 6.2.2.8, 7.7.2	Yes	Rule 6.2.2.6, 6.2.2.9
Classroom Aide *	No		Yes	
Trainee (17 years)	No		No	Rules 6.2.2.7, 6.2.2.9, 7.7.2
Partner Staff	No		No	
Volunteer	No		No	
Parent **	No		No	

* When a classroom aide is performing the duties and responsibilities of a family child care assistant, trainee, or substitute and meets the qualifications and other licensing rules for the position, they may count in ratio and/or be left alone with children depending on the role they are fulfilling at the time.

** A parent may be left alone with their own child unless there is a court order in the child's enrollment file that states the parent may not be left alone with her/his child.

Appendix VIII - Index to FCCH Licensing Regulations

- The following key words are provided in this index to help you find licensing rules in the FCCH Licensing Regulations. (This is not an Index to the Guidance Manual).
- When you find the rule or rules associated with a key word, please remember that rules with boxes around them only apply to licensed FCCHs.

Access to Children p. 12 - 13, 34 - 35, 85 - 87

Accidents - See Injury of Child, Medical Emergencies and Notifications

Accommodations p. 3, 35, 42 - 43, 47, 84 - 85 (also see Americans with Disability Act, Child with Disabilities, Child with Special Needs, and Special Health Care Needs)

Alcohol p. 53

Allergies - See Child with Disabilities, Child with Special Need, Special Health Care Needs and Special Nutrition

Americans with Disability Act p. 15, 35, 85

Annual Licensing Requirements p. 2, 17 - 18

Annual Performance Review p. 30, 91

Annual Program Assessment p. 34

Appeal p. 6 - 7, 17, 20, 22 - 24 (also see Commissioner's Review and Human Services Board)

Applications - See Licensure

Asbestos p. 52 - 53

Assessments - See Annual Program Assessment and Child Assessments

Associated Parties List p. 31

Attendance p. 8, 28 - 30, 32, 47 (also see Recordkeeping)

Authority p. 1, 8, 10, 24, 33, 64

Authorized to Pick Up - See Release of Child(ren)

Background Check p. 11 - 14, 17 - 18, 27, 30, 81, 85 - 88, 91, 93 (also see Fingerprint Requirements and Prohibited)

Bacterial - See Water Test

Bedding p. 40, 43 (also see Cribs and Mats)

Behavior Management - See Positive Guidance Practices

BFIS Quality and Credential Account p. 2, 14, 31, 90 (also see Bright Futures Information System (BFIS))

Bleach p. 40, 55

Breast Milk p. 66 - 68

Breastfeeding p. 35 (also see Breast Milk)

Bright Futures Information System (BFIS) p. 2 - 3, 9, 18, 26, 31 (also see BFIS Quality and Credential Account)

Capacity p. 3, 62, 74, 76 - 79 (also see Group and Ratio)

Car Seats - See Child Safety Belt

Chemical - See Toxic Hazards and Water Test

Child Abuse and Neglect p. 2, 27 - 28, 30, 35, 54, 85, 91 - 93

Child Assessments p. 34, 73 (also see Documentation)

Child Care Consumer Line p. 36

Child Interactions - See Interactions

Child Safety Belt p. 63 (also see Transportation and Vehicle Safety)

Child Support p. 16, 19

Child with Disabilities p. 32, 35 - 36, 47, 85 (also see Accommodations, Americans with Disability Act, Child with Special Needs, Special Health Care Needs and Special Nutrition)

Child with Special Needs p. 3, 29, 32, 35, 71, 83 (also see Accommodations, Americans with Disability Act, Child with Disabilities, Special Health Care Needs and Special Nutrition)

Child's File p. 28 - 29, 35 - 36, 41, 44, 45, 61, 63 - 64, 83

Children's Clothing p. 38, 43

Classroom Aide p. 3, 7, 80, 89

Cleaning p. 3, 37 - 41, 55 - 56, 60 - 61, 65, 68 (also see Disinfecting, Sanitizing, and Toxic Substances)

Cleaning Materials p. 40

Closing a License p. 6 - 7, 9 - 11 (also see Revocation and Suspension)

Cloth Diapers - See Diapering

Clothing - See Children's Clothing

Commissioner's Review p. 23 - 24 (also see Appeal and Human Services Board)

Communication p. 34 – 35, 63, 91 – 92 (also see Orientation and Parent Communication)

Complaint p. 9 - 10, 36

Compliance p. 1 - 2, 4, 6 - 11, 16 - 17, 20 - 22, 26 - 27, 42, 48 - 49, 52 - 53, Appendix B (also see Self-Reported Violations, Variance and Violations)

Composting p. 49 - 50, 57 (also see Recycling and Trash)

Confidentiality p. 3, 33, 35, 91 - 92 (also see Documentation)

Cooling p. 50 – 51 (also see Heating and Ventilation)

Corporal Punishment p. 3, 7, 26, 82 (also see Positive Guidance Practices)

Corrective Action p. 10, 22, 27

Cots - See Mats

Court Order p. 29, 32

CPR p. 1, 30, 61 - 62, 84, 90, 92 (also see Professional Development)

Cribs p. 40, 42 - 44, Appendix B (also see Bedding and Mats)

Curriculum p. 3, 4, 7 - 8, 35 - 36, 68 - 73, 84 - 85 (also see Child Assessments, Child with Special Needs, Developmentally Appropriate, Outside Play, and Schedules and Routines)

Cushioning p. 58 - 59 (also see Outside Safety)

Daily Health Check p. 29, 41

Dangerous Behavior - See Disruptive Behavior

Death - See Notifications

Developmentally Appropriate p. 2, 4, 38, 40, 68 - 73, 80 - 81, 84 - 85 (also see Child with Special Needs, Curriculum, Outside Play, and Schedules and Routines)

Diapering p. 34, 37 - 39, 41, 71, 80, 83, 85

Diffuse - See Toxic Substances

Dishwashing p. 55

Disinfecting p. 4, 39 - 42, 60 - 61 (also see Cleaning and Sanitizing)

Disruptive Behavior p. 54

Diversity p. 35, 70

Division of Fire Safety (also see Fire Safety) p. 8, 15, 48 - 50, 52

Documentation p. 14, 18 - 20, 28 - 31, 33, 36, 41 - 42, 54, 62, 67 - 68, 73, 83, 91, 93 (also see Child Assessments, Confidentiality, Notifications, Qualifications and Recordkeeping)

Drug(s) p. 53 (also see Background Check)

Emergency Contact p. 29, 32, 53 - 54 (also see Child's File)

Emergency Preparedness Training p. 32 - 33

Emergency Response Plan p. 32 - 33, 35, 46, 84 - 85

EPA Registered - See Disinfecting, Pesticides and Sanitizing

Essential Maintenance Practice (EMP) - See Lead

Evacuation p. 30, 32 - 33, 48, 84 - 85

Exclusion of Children p. 35- 36, 42, 84 - 85, Appendix A (also see Ill Child, Managing Infections Diseases, Signs and Symptoms Illness Chart and Transitions)

Exclusion of Staff p. 84, 91 - 92, Appendix A (also see Background Check, Managing Infectious Disease, Signs and Symptoms Illness Chart and Staff Health)

Exempt from Licensure p. 1

Exits p. 48, 57, 59 - 60, 64

Expulsion p. 36, 84 (also see Transitions)

Family Child Care Assistant p. 4, 7, 74, 77, 80, 89

Family Child Care Home (FCCH) p. 1 - 2, 4

Family Child Care Provider (FCCP) p. 1 - 2, 4, 7, 88 - 89

Family Engagement - See Handbook, Injury of Child, Parent Communication, Parent Conferences, Parent Involvement, Parental Notification Letter (PNL)

Fans - See Cooling

Fencing - See Outside Safety and Water Safety

Field Trips p. 35, 46, 64 - 65 (also see First Aid Kit, General Safety, Transportation and Water Safety)

Fingerprint Requirements p. 11 - 12, 17 - 18, 81, 85 - 86 (also see Background Check)

Fire - See Division of Fire Safety and Fire Safety

Fire Safety p. 26, 48 - 49, 52

Firearms - See Weapons

First Aid p. 1, 30, 47, 62, 84, 90, 92 (also see First Aid Kit and Professional Development)

First Aid Kit p. 46

Food Preparation p. 38, 41, 55, 65

Food Allergies - See Special Nutrition

Food Safety p. 56 - 57, 65, 85

Food Storage p. 55 – 56, 65

Foster Care p. 2, 5

General Health Exam (Rule 5.1.2) p. 29, 36

General Safety p. 36, 47 - 48, 51, 59 - 60, 84 - 85, Appendix B (also see Field Trips, Food Safety, Kitchen Equipment, Lead, Maintenance, Outside Safety, Pesticides, Toxic Substances, Transportation and Water Safety)

Group p. 25 - 26, 69, 71 - 74, 77, 81 (also see Capacity, Qualifications and Ratio)

Hand Sanitizer - See Hand Washing

Hand Washing p. 7, 37 - 39

Handbook p. 28, 35 - 36, 65, 84 - 85, 91

Hazards - See General Safety and Toxic Substances

Heating p. 15, 19, 50 -51, 63 (also see Cooling and Ventilation)

Hours of Operation p. 9, 27, 35, 85

Human Services Board p. 5 - 7, 23 - 24 (also see Appeal and Commissioner's Review)

Ill Child p. 35, 42, 85, Appendix A (also see Exclusion of Children and Managing Infectious Diseases)

Ill Staff - See Managing Infectious Diseases and Staff Health

Immunization p. 29, 35- 36

Individual Professional Development Plan (IPDP) p. 5, 30, 90 (also see Professional Development)

Infectious Diseases/Illnesses p. 29, 35, 41 - 42, 84 - 85, 91 - 92, Appendix A

Infant Nutrition p. 67 - 68 (also see Nutrition and Special Nutrition)

Initial Licensure p. 11 - 17 (also see Annual Licensing Requirements, License, License Renewal and Provisional License)

Injury of Child p. 26, 30 - 31, 46 - 47, 84 (also see Medical Emergencies and Notifications)

Interactions p. 4, 7, 34, 47, 72 - 73, 80 - 81

Inspection p. 8 - 9, 18 - 19, 25, 31, 48 (also see Permit Visits)

Insurance p. 15, 18, 62

Kitchen Equipment p. 55 (also see Dishwashing and Sinks)

Kitchen Preparation Area p. 38, 42, 54 - 55

Lead p. 14 -15, 18, 51 (also see Water Testing)

License p. 1 - 2, 5 - 6, 9 - 11, 20 - 21 (also see Annual Licensing Requirements, Appeal, Closing a License, Commissioner's Review, Human Services Board, Initial Licensure, License Renewal, Provisional License, Revocation and Suspension)

License Renewal p. 9, 18 - 20 (also see Annual Licensing Requirements, Initial Licensure, License and Provisional License)

Licensed Space p. 5, 9, 21, 57, 59

Licensing Regulations - See Compliance

Licensure - See Annual Licensing Requirements, Appeal, Closing a License, Commissioner's Review, Human Services Board, Initial Licensure, License Renewal Provisional License, Revocation and Suspension

Lifeguard p. 62 (also see Ratio and Water Safety)

Lighting p. 43, 51, 59, 62

Maintenance p. 42, 51, 55, 60, 63 (also see General Safety, Vehicle Safety)

Managing Infectious Diseases p. 35, 41 - 42, 84 - 85, 91 - 92, Appendix A (also see Exclusion of Children, Exclusion of Staff, Ill Child, Staff Health and Standard Practices)

Mandated Reporting - See Child Abuse and Neglect

Mats p. 40, 42 - 43 (also see Bedding and Cribs)

Meals p. 20, 35, 55, 65 - 66, 68, 80

Medical Emergencies p. 29, 46 - 47 (also see Notifications)

Medication p. 29 - 31, 35 - 36, 37, 53 (also see Medication Administration)

Medication Administration p. 1, 29 - 31, 35 - 36, 44 - 46, 85 (also see Medication)

Missing Child p. 26

Nap p. 42 - 44 (also see Lighting, Rest, Safe Sleep Practices and Sleep)

Non-Discriminatory Enrollment p. 32, 35

Northern Lights Career Development Center (NLCDC) p. 5, 31, 90 (also see Professional Development)

Notifications p. 26 - 27, 31, 46 - 47 (from and to CDD) (also see Documentation and Recordkeeping)

Nutrition p. 35, 65 - 68, 84 - 85 (also see Infant Nutrition and Special Nutrition)

Nutrition Restrictions - See Special Nutrition

Observations - See Child Assessments and Documentation

Oral Health p. 44

Orientation p. 30, 84 - 85, 92 - 93 (also see Professional Development)

Outside Play p. 37, 69 - 70 (also see Curriculum, Cushioning, Developmentally Appropriate, Outside Safety and Schedules and Routines)

Outside Safety p. 52 - 53, 57 - 59, 61 - 62, 64 - 65 (also see Cushioning and General Safety)

Parent Communication p. 34 - 36, 85 (also see Injury of Child, Parent Conferences, Parent Involvement, and Parental Notification Letter (PNL))

Parent Conferences p. 34, 73 (also see Parent Communication)

Parent Handbook - See Handbook

Parent Involvement p. 35, 84 - 85

Parental Notification Letter (PNL) p. 5, 25 - 26 (also see Violation(s))

Partner Staff p. 5, 7, 27, 30, 33, 54, 80, 84 - 85

Permit Visits p. 8, 23 (also see Inspection)

Personnel File p. 30, 91

Permits p. 15, 17 (also see Annual Licensing Requirements, Initial Licensure, License Renewal and Water Testing)

Pesticides p. 51 - 52 (also see General Safety and Toxic Substances)

Pets p. 54

Plants - See Toxic Substances

Plumbing p. 49 (also see Water and/or Wastewater Permits and Water Testing)

Pools - See Water Safety

Port-a-Crib - See Cribs

Positive Guidance Practices p. 35, 38 - 39, 82, 84 (also see Corporal Punishment)

Posting p. 9, 26

Pre-Enrollment Visit p. 34

Professional Development p. 1, 6, 17 - 18, 31, 33, 44, 84 - 85, 90 (also see BFIS Quality and Credential Account, Bright Futures Information System (BFIS), CPR, First Aid, Individual Professional Development Plan (IPDP), Northern Lights Career Development Center (NLCDC) and Qualifications)

Program Assessment - See Annual Program Assessment

Program Improvement Plan p. 6, 22 (also see Violation(s))

Prohibited p. 2, 12 - 14, 50, 53, 62, 85, 86 - 88 (also see Background Check)

Provisional License p. 2, 6, 10 - 11, 20, 23 (also see Annual Licensing Requirements, Initial Licensure, License and License Renewal)

Public Record - See Violation(s)

Pull-Up - See Diapering

Qualifications p. 1, 3 - 4, 14, 18, 31, 63, 88 - 90, 92 (also see Bright Futures Information System (BFIS), BFIS Qualifications and Credential Account, Documentation, Professional Development, and Recordkeeping)

Quality and Credential Account - See BFIS Quality and Credential Account

Ratio p. 3, 62, 64 - 65, 74 - 80, 84, 92 (also see Capacity and Group)

Record Check Authorization - See Background Check

Recordkeeping p. 28 - 31, 84 - 85 (also see Attendance, Bright Futures Information System (BFIS), BFIS Quality and Credential Account and Documentation)

Recycling p. 49 - 50 (also see Composting and Trash)

Refrigerator p. 41, 56 (see Kitchen Equipment)

Regulation Training p. 1

Regulatory Action p. 22 - 25, 53

Release of Child(ren) p. 29, 32, 64, 84 - 85

Rest - See Sleep

Revocation p. 6, 9 - 10, 22 - 24 (also see Closing a License and Suspension)

Safe Release of Child(ren) - See Release of Child(ren)

Safe Sleep Practices p. 6, 35, 43 - 44, 84 - 85 (also see Nap and Sleep)

Sale of License p. 9

Sanitizer - See Hand Washing

Sanitizing p. 6, 37 - 38, 40 - 41, 52, 55, 60 (also see Cleaning and Disinfecting)

Schedules and Routines p. 35, 44, 67, 69 (also see Curriculum, Developmentally Appropriate and Outdoor Play)

Screen Time p. 6, 71

Seat Belt - See Child Safety Belt and Transportation

Self-Reported Violation(s) p. 27 (also see Violation(s))

Sensory p. 6, 70

Serious Violation - See Violation(s)

Signs and Symptoms Illness Chart p. Appendix A (also see Exclusion of Children, Exclusions of Staff, Ill Child, Managing Infectious Diseases and Staff Health)

Single Use Towel p. 7, 37

Sinks p. 37 - 38, 41, 55, 59, 60 (also see Toilets and Temperatures)

Sleep p. 30, 33 - 35, 42 - 44, 49, 71, 81 - 82, 84 (also see Lighting, Nap and Safe Sleep Practices)

Smoking - See Tobacco

Snacks - See Meals

Special Health Care Needs p. 29, 35, 47, 84 - 85 (also see Accommodations, Americans with Disability Act, Child with Disabilities, Child with Special Needs and Special Nutrition)

Special Nutrition p. 68 (also see Infant Nutrition and Nutrition)

Staff File - See Personnel File

Staff Handbook - See Handbook

Staff Health p. 84, 91 - 92, Appendix A (also see Exclusion of Staff, Managing Infectious Diseases, Signs and Symptoms Illness Chart and Standard Practices)

Staff/Child Interactions - See Interactions

Staffing Schedule p. 31, 84 - 85 (also see Qualifications, Ratio and Serious Violation)

Standard Practices p. 40, 84 - 85 (also see Managing Infections Diseases)

Substitute p. 7, 21, 44, 80, 90 - 92

Supervision of Children p. 4, 7, 26, 38, 43, 45, 50 - 51, 57, 60 - 65, 81, 84 - 85 (also see Background Check, Fingerprint Requirements, Prohibited, Ratio and Staffing Schedule)

Supervision of Partner Staff, Staff and Volunteers p. 4, 7, 30, 54, 79 - 80, 91 (also see Ratio and Volunteer)

Surfaces p. 43, 51, 54 - 55, 58 - 59, 60 (also see Cleaning, Disinfecting, Pesticides and Sanitizing)

Suspension p. 7, 10 - 11, 22 - 24 (also see Closing a License and Revocation)

Swaddle p. 43

Swimming - See Water Safety

Taxes p. 16, 19

Technology - See Screen Time

Telephone p. 53 - 54, 63

Television - See Screen Time

Temperatures p. 37, 50, 56, 63, 69, Appendix A

Tobacco p. 35, 53

Toilets p. 40, 59 (also see Cleaning, Disinfecting, Sanitizing, Sinks, Toilet Learning and Training, and Toileting)

Toilet Learning and Training - See Toileting

Toileting p. 39 - 40, 59 - 60, 80 - 83 (also see Hand Washing, Sinks and Toilets)

Toothbrush - See Oral Health

Toxic Substances p.52 - 53, 60, 84 (also see Asbestos, General Safety and Pesticides)

Trainee p. 7 - 8, 79 - 80, 84 - 85, 89

Transitions p. 83 (also see Pre-Enrollment Visit)

Transportation p. 15, 29, 33, 35, 46, 62 - 64, 85 (also see Child Safety Belt, Insurance, Ratio, Supervision, Transportation Driver and Vehicle Safety)

Transportation Driver p. 63 (also see Transportation)

Trash p. 49 - 50, 57 (also see Composting and Recycling)

Universal Precautions (see Standard Practices)

Utensils p. 41, 55 (see Kitchen Equipment)

Variance p. 2, 8, 21, 23 - 25 (also see Appeal, Background Check and Prohibited)

Vehicle - See Transportation

Vehicle Safety p. 62 - 63 (also see Child Safety Belt, Supervision and Transportation)

Ventilation p. 50 - 51 (also see Cooling and Heating)

Violation(s) p. 5 - 8, 10, 22 - 26 (see also Compliance and Self-Reported Violation(s))

Volunteer p. 7 - 8, 31, 35, 53 - 54, 85, 92 - 93

Water and/or Wastewater Permits p. 15 - 16, 18 - 19, 35 (also see Plumbing)

Water Safety p. 29, 61 - 62, 64 - 65 (also see General Safety, Lifeguard, Outside Safety, Ratio and Water Sanitation)

Water Sanitation p. 61 - 62

Water Temperature - See Temperature

Water Testing p. 15 - 16, 18 - 19, 35, 49

Weapons p. 53

Well-Care Exam - See General Health Exam

Written Parental Permission p. 28 - 29, 35, 44 - 45, 61, 63 - 64, 97

Zoning p. 17

ACKNOWLEDGEMENTS

The Vermont Department for Children and Families, Child Development Division, contracted with Early Childhood Associates, Inc. (ECA) to facilitate the development of this Guidance Manual. ECA development team members were Ann Ramminger, Linda Warren, and Benita Danzing.

We would like to thank the following Agencies, Organizations, Programs, and Individuals for their generous contributions of time and unique perspectives in the development and review of the Child Care Licensing Regulations: Registered and Licensed Family Child Care Home's (FCCH) Guidance Manual:

- Appletree Learning Center Licensee/Director Sonja Raymond
- Building Bright Futures Regional Coordinators Dawn Powers and Amy Johnson
- Jack's Place's licensed FCCP Vicki Langevin
- Northern Lights Career Development Center Director Nancy Sugarman
- Regional Military Child Care Liaison Dianne Carter
- Registered FCCP Laura Butler
- Starting Points Leaders and Stay & Play Daycare Center Director Anneka Bickford and Assistant Director Amber Bollman
- Vermont Agency of Education Programs Coordinator Tierney O'meara
- Vermont Birth to Five Regional Manager Lorraine Vernet
- Vermont Birth to Five Mentor and Statewide Projects Brenda Schramm
- Vermont Child Development Division: Reeva Murphy, Christel Michaud, Judy Spittle, Kelly Lyford, Shanna Smith, Heather Mattison, Rachel Smith, Donna Lopiccio, Ellen Livingston, Heather Purinton, Vicki Burgess, Amy Bolger, Lynne Robbins, Nya Pike, and Jill Pearl
- Vermont Council of Special Education Administrator Executive Director JoAnn Unrue
- Vermont Department of Health Division Director and State Epidemiologist Lori Cragin
- Vermont Department of Health Maternal and Child Health Coordinator Becky Millard

**Child Development Division
Department for Children and Families
NOB 1 North
280 State Drive
Waterbury, VT 05671-1040**