

**WEST VIRGINIA
SECRETARY OF STATE
BETTY IRELAND
ADMINISTRATIVE LAW DIVISION**

Form #3

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2006 JUL 28 P 1:59

OFFICE WEST VIRGINIA
SECRETARY OF STATE

**NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE
AND
FILING WITH THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE**

AGENCY: West Virginia Department of Health and Human Resources *Human Services* TITLE NUMBER: 78

CITE AUTHORITY: 49-2B-4

AMENDMENT TO AN EXISTING RULE: YES NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 18

TITLE OF RULE BEING AMENDED: Family Child Care Facility Licensing Requirements

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: _____

TITLE OF RULE BEING PROPOSED: _____

THE ABOVE PROPOSED LEGISLATIVE RULE HAVING GONE TO A PUBLIC HEARING OR A PUBLIC COMMENT PERIOD IS HEREBY APPROVED BY THE PROMULGATING AGENCY FOR FILING WITH THE SECRETARY OF STATE AND THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE FOR THEIR REVIEW.


Authorized Signature

Brief Summary

Title 78
Legislative Rules
Department of Health and Human Resources

Series 18

Family Child Care Facility Licensing Requirements

The current rule for family child care facilities has been in effect since 1997 and delineates basic health and safety requirements for family child care facilities operating in West Virginia. This legislative rule repeals and replaces 78 CSR 18 Family Day Care Facility Certification Requirements. The replacement rule incorporates changes to simplify the language of the rule, increases training requirements to protect the welfare of children in care, and updates infant care requirements. The rule also adopts new language pertaining to family child care facilities in House Bill 4790 which becomes effective June 11, 2006.

This rule was reviewed and revised in collaboration with family child care facility providers, Department of Health and Human Resources state level and local child care regulatory staff, and child care resource and referral agency staff. Four regional meetings were held across the state to enable staff from these programs to assist in developing the revised rule.

Statement of Circumstances
Title 78
Legislative Rules
Department of Health and Human Resources

Series 18

Family Child Care Facility Licensing Requirements

According to §49-2B-4, promulgated rules must be reviewed every five years. The facility rules were promulgated in 1997 and have not been revised since that time. A review of the current rule resulted in concerns about the lack of regulation to reduce the risk of Sudden Infant Death Syndrome. As there have been a number of infant fatalities in family child care homes that were due to unknown causes, improving rules to prevent infant fatalities was critical. The family day care facility rule has been revised to strengthen infant-toddler requirements and add Sudden Infant Death Syndrome prevention measures. In addition, the current rule lacks clarity and measurability, so a decision was made to restructure the rule and revise the wording to promote clarity and measurability. Increased training requirements were added that will help providers understand the rationale for the rules and know, not only how to prevent harm, but how to promote learning. Providers will know how to reduce the risk of SIDS and fewer fatalities will occur.

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Family Child Care Facility Licensing Requirements

Type of Rule: Legislative Interpretive Procedural

Agency: West Virginia Department of Health and Human Resources

Address: 350 Capitol Street, Room B-18 Charleston, WV 25301

Phone Number: (304) 558-0938 Email: jcurry@wvdhhr.org

Fiscal Note Summary

Summarize in a clear and concise manner what impact this measure will have on costs and revenues of state government.

This rule revision will not have any financial impact on state government. Costs to family child care facility owners will be minimal. Training requirements have increased, but providers can access training for free through their local child care resource and referral agencies. Minimal costs to complete the training requirements include travel expenses to attend local training and costs incurred when substitutes are used.

Fiscal Note Detail

Show over-all effect in Item 1 and 2 and, in Item 3, give an explanation of Breakdown by fiscal year, including long-range effect.

FISCAL YEAR			
Effect of Proposal	Current Increase/Decrease (use "-")	Next Increase/Decrease (use "-")	Fiscal Year (Upon Full Implementation)
1. Estimated Total Cost			
Personal Services			
Current Expenses			
Repairs & Alterations			
Assets			
Other			
2. Estimated Total Revenues	0.00	0.00	0.00

Rule Title: _____

Rule Title: Family Child Care Facility Licensing Requirements

3. **Explanation of above estimates (including long-range effect):**
Please include any increase or decrease in fees in your estimated total revenues.

There are no fees associated with this rule.

MEMORANDUM

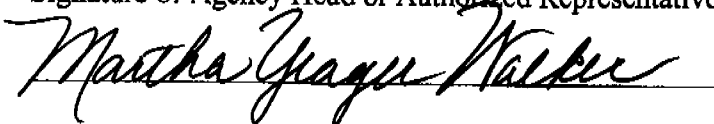
Please identify any areas of vagueness, technical defects, reasons the proposed rule **would not** have a fiscal impact, and/or any special issues **not** captured elsewhere on this form.

This legislative rule repeals and replaces 78 CSR 18 Family Day Care Facility Certification Requirements. The replacement rule incorporates changes to simplify the language of the rule, increases training requirements to protect the welfare of children in care, and updates infant sleep position requirements to prevent Sudden Infant Death Syndrome (SIDS). The rule also adopts new language pertaining to Family Child Care Facilities in House Bill 4790 which becomes effective June 11, 2006.

Because this is a replacement rule, there are no additional associated costs.

Date: _____

Signature of Agency Head or Authorized Representative



- f. **Name, title, address and phone/fax/e-mail numbers** of agency person(s) to receive all *written correspondence* regarding this rule: (Please type)

Deidre Craythorne, Child Care Policy Specialist, Phone (304) 558-8313

Fax (304) 558-8800

350 Capitol Street, Room B-18, Charleston, West Virginia 25301

- g. **IF DIFFERENT FROM ITEM 'f'**, please give **Name, title, address and phone number(s)** of agency person(s) who wrote and/or has responsibility for the contents of this rule: (Please type)

Judy Curry, Child Care Program Director, Phone (304) 558-0938

Fax (304) 558-8800

350 Capitol Street, Room B-18, Charleston, West Virginia 25301

3. If the statute under which you promulgated the submitted rules requires certain findings and determinations to be made as a condition precedent to their promulgation:

- a. Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.

Not Applicable

- b. Date of hearing or comment period:

June 15, 2006 through July 28, 2006

- c. On what date did you file in the State Register the findings and determinations required together with the reasons therefore?

Not Applicable

- d. Attach findings and determinations and reasons:

Attached Not Applicable

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

LEGISLATIVE RULES

TITLE 78, SERIES 18

FAMILY CHILD CARE FACILITY LICENSING REQUIREMENTS

2007

WEST VIRGINIA DEPARTMENT OF
HEALTH AND HUMAN SERVICES LEGISLATIVE RULES

FILED

TITLE 78, SERIES 18

2006 JUL 28 P 1:59

FAMILY CHILD CARE FACILITY LICENSING REQUIREMENTS
WEST VIRGINIA
SECRETARY OF STATE

2007

§78-18-1. General.

1.1. Scope -- The purpose of this legislative rule is to establish minimum standards of acceptable care, protection and supervision for children in family child care facilities and to provide a uniform standard of enforcement statewide for the licensure of family child care facilities. The rule is intended to promote the health, safety and well-being of children placed in family child care facilities and to enhance their growth and development.

1.2. Authority -- W. Va. Code §49-2B-4, et seq.

1.3. Filing Date -- _____

1.4. Effective Date -- _____

1.5. Repeal of Former Rule -- This legislative rule repeals and replaces WV 78CSR18 "Family Day Care Facility Certification Requirements" filed in the Secretary of State's office June 16, 1997 and effective June 23, 1997.

§78-18-2. Application and Enforcement.

2.1. Application -- This rule applies to any family child care facility that operates in West Virginia.

2.2. Enforcement -- This rule is enforced by the Secretary of the Department of Health and Human Resources.

§78-18-3. Definitions.

3.1. Approved Training -- Instruction or training approved by the Secretary or provided by a trainer approved or sponsored through the West Virginia State Training and Registry System (STARS).

3.2. Certificate of License -- A statement issued by the Secretary authorizing an individual, corporation, partnership, voluntary association, municipality or county or any agency thereof, to

provide specified services for a limited period of time in accordance with the terms of the certificate.

3.3. Child -- Any person less than thirteen (13) years of age or up to age eighteen (18), if the person is under court supervision or is diagnosed with a significant developmental delay.

3.4. Child Abuse and Neglect -- Personal injury, mental or emotional injury, sexual abuse, sexual exploitation, the sale or attempted sale or negligent treatment or maltreatment of a child by a parent, guardian, or custodian who is responsible for the child's welfare.

3.5. Child Care -- The responsibilities assumed and services performed by a caregiver for a part of a day outside the child's home in relation to a child's physical, emotional, psychological, social and personal needs and the consideration of a child's rights and entitlements.

3.6. Core Knowledge/Core Competencies of Early Childhood Educators -- Skills and knowledge that represent common standards of practice in the early childhood field in areas including child development; health, safety and nutrition; positive interactions and relationships; curriculum; child observation and assessment; family and community; program management; and professionalism.

3.7. Criminal History Background Check -- A process, including but not limited to fingerprinting, used to identify a person who has been arrested or convicted of criminal behavior.

3.8. Department -- The West Virginia Department of Health and Human Resources.

3.9. Disinfect -- Eliminate most germs from a contact surface through the use of heat or chemical disinfectants, such as the bleach solution listed in Appendix 78-18-A.

3.10. Facility -- A place or residence, including personnel, structures, grounds and equipment used for the care of a child or children on a residential or other basis for any number of hours a day in any shelter or structure maintained for that purpose.

3.11. Family Child Care Facility -- A facility that is used to provide nonresidential child care for compensation for seven (7) to twelve (12) children, including children who are living in the household who are less than six (6) years of age. No more than four (4) of the total number of children may be less than twenty-four months (24) of age.

3.12. Family Child Care Facility Operator -- A person designated as responsible for the ongoing daily operations of the family child care facility. This person may be the owner of the facility or an employee of the owner.

3.13. Infant -- A child less than twelve (12) months of age.

3.14. Parent -- A parent by blood, marriage, or adoption, or a legal guardian or other person standing in loco parentis.

3.15. Plan of Correction -- A written agreement completed by the Department and the family day care facility operator and/or owner in response to deficiencies identified by the Department as the result of an inspection and/or the investigation of a complaint. The plan of correction shall describe the steps the operator shall take to correct the deficiencies. The Secretary shall review and accept the plan prior to its implementation.

3.16. Pre-Schooler -- A child between the ages of two (2) and four (4) years of age.

3.17. Revocation -- The termination of a licensure when a family child care facility fails to maintain the minimum requirements established by the Department under this rule.

3.18. School-Age Child -- A child age five (5) years to thirteen (13) years of age.

3.19. Secretary -- The Secretary of the Department of Health and Human Resources or his or her designee.

3.20. Serious Communicable Diseases or Conditions -- Include, but are not limited to measles, mumps, rubella, chicken pox, strep or streptococcal infections, hepatitis, impetigo, infestations of lice or scabies, diarrhea and/or vomiting, pertussis, tuberculosis, conjunctivitis and pneumonia.

3.21. Significant Developmental Delay -- A delay of at least twenty-five (25) percent in one (1) or more areas of development, or a six (6) month delay in two (2) or more areas as determined by an early intervention program, special education program or other multi-disciplinary team.

3.22. Statement of Criminal Record -- A signed declaration of criminal convictions, arrests, indictments, and authorization to allow a criminal history background check.

3.23. Substitute -- An individual who cares for children when the caregiver is absent and is responsible to the facility owner.

3.24. Toddler -- A child between the ages of twelve (12) and twenty-four (24) months.

3.25. Universal Precautions -- Procedures for infection control, as listed in Appendix 78-18-B of this rule, to use in all situations to prevent the transmission of blood-borne germs that may be spread through blood and body fluids that might contain blood.

3.26. Variance -- A written declaration by the Secretary that a certain requirement may be satisfied in a manner different from the manner set forth in this rule.

3.27. Waiver -- A written declaration by the Secretary that a certain requirement is inapplicable in a particular circumstance.

§78-18-4. Certificate of License Procedures.

4.1. Application for License.

4.1.a. Any family child care facility that operates in West Virginia shall apply for and obtain a certificate of license from the Secretary before beginning operations and accepting children for care.

4.1.b. A family child care facility shall submit an application for renewal of a current license at least sixty (60) days before expiration of the current certificate of license.

4.1.c. Applications for licensure as a family child care facility shall be made separately for each facility to be licensed.

4.2. General Requirements.

4.2.a. A certificate of license is not transferable to a third party and applies only to a facility and its location as stated in the application for licensure.

4.2.b. If the ownership of a facility changes, the new owner shall submit an application for a certificate of license. The facility shall not operate until a certificate of license has been issued by the Secretary.

4.2.c. The certificate of license shall be publicly displayed.

4.2.d. A family child care facility may be located in the provider's residence or a separate building.

4.3. Departmental Action on Applications for Certificate of License.

4.3.a. Within sixty (60) days of receipt of an application, the Secretary shall provide a written decision to the family child care facility that does one of the following:

4.3.a.1. Issues a regular certificate of license to a facility that complies with the provisions of the West Virginia Code §49-2B-1, et seq. and the requirements of this rule. A regular license is valid for a period of up to two (2) years from the date of issuance unless revoked or modified to a provisional status;

4.3.a.2. Issues an initial six (6)-month license to an applicant establishing a new child care service found to be in compliance on initial review with regard to policy, procedure, risk management, human resources, service environment and record-keeping regulations;

4.3.a.3. Issues a provisional certificate of license to a facility that is not in compliance with the provisions of this rule, if operation does not pose a significant risk to the rights, well-being, and health and safety of children. A provisional license shall expire no more

than six (6) months from the date of issuance and may not be reissued unless the recommendation is that of the State Fire Marshal; or

4.3.a.4. Denies the application for license if the facility does not substantially comply with the requirements of this rule.

4.4. Terms and Conditions of Licensure.

4.4.a. The Department shall inspect every certified family child care facility prior to issuing a certificate of license to determine compliance with this rule.

4.4.b. The Secretary shall have immediate and open access to the premises of a facility and to all aspects of a facility's operation, including personnel, children in care, household members, and records of each facility, including, but not limited to, case records on children and personnel, corporate, and financial records. Inspections may be made with or without prior notice as a condition of licensure.

4.4.c. Applicants shall maintain compliance with applicable rules of the Bureau for Public Health and the State Fire Marshall at all times.

4.4.d. Prior to implementing any significant change in its program that was not included in its initial application for a certificate of license, a facility shall submit an application for an amendment to its certificate of license.

4.5. Limitations on a Certificate of License.

4.5.a. The Secretary may place limitations on a certificate of license based on findings of:

4.5.a.1. Insufficient space in the facility;

4.5.a.2. Inadequate sleeping areas;

4.5.a.3. The provision of other home-based services such as foster care and adult family care; or

4.5.a.4. Non-compliance issues that require a plan of correction approved by the Secretary.

4.5.b. Limitations may apply to:

4.5.b.1. The age, sex, and type of problems of the children in care;

4.5.b.2. The intake of additional children; or

4.5.b.3. The total number of children in the home.

4.6. Waivers and Variances.

4.6.a. A family child care facility may request a waiver or variance of any requirement in this rule if:

4.6.a.1. The health, safety or well-being of children in the home is not adversely affected; and

4.6.a.2. The rule does not prohibit a waiver or variance for requirement.

4.6.b. The request for waiver or variance shall be in writing, addressed to the Secretary, and shall include the following information:

4.6.b.1. The specific requirement to be waived or varied;

4.6.b.2. The reasons for seeking a waiver and why a specific requirement should not be applied in a particular circumstance; and

4.6.b.3. The reasons for seeking a variance and how compliance with a specific requirement of this rule can be accomplished in a manner different from that set forth in WV Code §49-2B-1 et seq. or in this rule.

4.7. Closure of a Family Child Care Facility.

4.7.a. The Secretary may deny, refuse to renew, or revoke a license if the facility materially violates any provisions of W. Va. Code §49-2B-1 et seq., violates any terms or conditions of the license or certificate of approval, or fails to maintain established requirements of child care.

4.7.b. If the Secretary finds that the operation of a family child care facility constitutes an immediate danger of serious harm to children served by the facility, the Secretary shall issue an order of closure terminating the operation of the facility.

4.7.c. A facility ordered closed by the Secretary may not operate pending administrative or judicial review without court order.

4.7.d. The pendency of administrative or judicial review shall not prevent the Secretary from obtaining injunctive relief pursuant to §49-2B-5 of West Virginia Code.

§78-18-5. Inspection and Investigation.

5.1. Before issuing a certificate of license, the Secretary shall investigate the facility, its proposed program, and any persons responsible for the custody and care of children placed in that facility. This investigation shall include, but not be limited to, the following:

5.1.a. Evaluation of a facility's proposed services and the facility's ability to maintain compliance with this rule; and

5.1.b. Review of information including background checks, medical records, character and financial resources of the applicant, owners, employees, other household members and character and financial resources of the applicant.

5.2. A facility shall cooperate in the investigation of complaints against the facility including submission of items such as health or psychological examinations, and other third party verifications.

§78-18-6. Administration of the Family Child Care Facility.

6.1. The operator and/or owner of a family child care facility shall administer the facility in a manner that complies with all of the requirements established for this category of care and all applicable Federal and State laws, ordinances, rules and regulations.

6.2. In addition to the certificate of license, the operator shall display the following items in a prominent place for review by parents and staff:

6.2.a. Current menus for all meals and snacks served by the facility;

6.2.b. An emergency exit plan and a record of the required monthly fire drills for the past twelve (12) months;

6.2.c. A copy of the "Family Child Care Facility Licensing Requirements" for use by staff and parents;

6.2.d. A daily activity schedule, including field trips; and

6.2.e. The most recent inspection reports from the State Fire Marshal and the Bureau for Public Health as required by this rule.

6.3. A facility shall obtain information about the child's developmental history, personal characteristics and special needs.

6.4. A facility shall maintain confidential records on children that include the following information:

6.4.a. The child's full name, address, telephone number, birth date and date of enrollment;

6.4.b. Emergency contact information which shall be updated annually and shall include:

6.4.b.1. Home and work addresses and telephone numbers of parents;

6.4.b.2. The names, addresses, and telephone numbers of any persons authorized to pick up the child;

6.4.b.3. The name of the child's physician or other health care provider;

6.4.b.4. The names of emergency contact persons;

6.4.c. Health insurance coverage and policy number for the child;

6.4.d. Written authorization signed by the parents for emergency medical treatment, transportation, field trips, and water activities;

6.4.e. A report of the child's most recent medical checkup, ~~for all children less than six (6) years of age~~, which shall be supplied by the parent(s) within thirty (30) days of the child's enrollment. ~~and updated every two (2) years until the child reaches six (6) years of age.~~ The facility shall provide parents with a WV HealthCheck periodicity chart for child health exams and shall ensure that a child's health assessment is updated with new or current information at least every two (2) years for the child under the age of six (6) years;

6.4.f. A report of the child's most recent immunization records which shall be supplied by the parent(s) ~~for all children up to each child's sixth birthday~~ based on the following guidelines:

6.4.f.1. Immunization records shall be updated every two (2) years and shall be completed based on the schedule recommended by the Department.

6.4.f.2. If immunizations are not current, the facility shall obtain a schedule for completion from the parent for the caregiver's files.

6.4.f.3. If a facility's policy permits, exemptions from immunization requirements shall be available for parents who provide written documentation of religious objections to immunizations.

6.4.f.4. Exemption from immunization requirements shall be available for parents who provide a signed statement from a child's health care provider indicating that immunization is contraindicated based on the child's medical condition.

6.4.g. Daily attendance records which include the name of the provider, the parents', guardians' or custodians' complete names, sign in/sign out information, and dates and times with the designation a.m. or p.m.;

6.4.h. Written reports of accidents, injuries or illnesses involving a child while at the facility;

6.4.i. Written consent and instructions signed by parents regarding medications or special dietary needs;

6.4.j. A statement of any special needs of the child including allergies, existing illness or injuries, previous illnesses or injuries and any medication prescribed for long-term continuous use; and

6.4.k. The names and telephone numbers of schools for all school-aged children.

6.5. Records on all staff including the operator, substitutes, and volunteers, as appropriate, shall include:

6.5.a. The staff person's name, date of birth, home address, telephone number of an emergency contact, and the date of employment and/or termination;

6.5.b. Documentation of qualifications and education or training attended in relation to early childhood development, past employment and experience with children;

6.5.c. Application forms or materials, if any, including at least two (2) letters of reference;

6.5.d. Criminal record background information including:

6.5.d.1. A Statement of Criminal Record signed by the employee indicating any past criminal conviction or any pending charges;

6.5.d.2. A clearance or waiver if the individual has convictions or charges; and

6.5.d.3. Criminal Identification Bureau clearances on all adult household members, if any.

6.5.e. A consent to check Department records for child and adult abuse and neglect.

6.5.f. Documentation of required medical examinations that:

6.5.f.1. Include the results from a tuberculosis risk assessment screening, TB skin test, or chest x-ray;

6.5.f.2. Were completed no more than six (6) months prior to nor more than thirty (30) days after employment; and

6.5.f.3. Are repeated every two (2) years thereafter.

6.5.g. Lists of regular volunteers and household members with documentation of tuberculosis risk assessment screening, TB skin test or chest x-ray and Criminal Identification Bureau checks.

6.6. A facility shall maintain all records in a confidential manner and shall not provide, release or make available information from any child's or employee's record except to:

6.6.a. Persons authorized by law;

6.6.b. The child or a parent of the child as defined in 3.14;

6.6.c. Persons authorized, in writing, by the parent(s) of the child; and

6.6.d. Employees or representatives of the Department.

6.7. The facility shall maintain staffing schedules for up to twelve (12) months to demonstrate that the facility meets staff/child ratios.

6.8. The facility shall carry fire and liability insurance as a protection for the children in care. A copy of the current policy shall be maintained on file at the facility.

§78-18-7. Family Child Care Facility Personnel.

7.1. Staffing/Facility Capacity.

7.1.a. In addition to the capacity indicated in 3.11, a family child care facility shall have two (2) staff members on duty who provide care for and supervision of the children if the facility provides care to more than two (2) children under twenty-four months of age or more than six (6) children at the same time.

7.1.b. No operator or staff member shall be used to meet staff/child ratios for more than two (2) consecutive eight (8)-hour shifts of care.

7.2. Substitutes.

7.2.a. The facility may use a substitute to allow for staff persons to take vacation or short term medical leave or to take care of routine appointments. However, use of substitutes shall be limited to no more than ~~two (2) weeks~~ twenty (20) days, at eight (8) hour per day, per year, and the facility shall notify parents in advance when use of a substitute is necessary for non-emergency situations. Substitutes shall have approved training in cardio-pulmonary resuscitation, Sudden Infant Death Syndrome, Shaken Baby Syndrome and receive an orientation from the operator.

7.2.b A regular substitute caregiver used more frequently than twenty (20) days at hours per day, per year shall meet the same qualifications that apply to new staff, including requirements with regard to background checks.

7.3. Programming of Children's Activities.

7.3.a. The operator shall provide a planned program of activities geared to children's individual needs and developmental levels, which are designed to promote the development of language and thinking skills, large and small muscles, social skills, self esteem, and positive self-image.

7.3.b. Daily activities shall provide the following:

7.3.b.1. Regularity of such routines as meals and nap periods with flexibility to respond to a child's individual needs;

7.3.b.2. A balance of active and quiet activities;

7.3.b.3. Individual and group activities;

7.3.b.4. Daily indoor and outdoor activities that make use of large and small muscles;

7.3.b.5. Participation in vigorous outdoor play whenever temperatures are above forty (40) degrees Fahrenheit and weather conditions permit;

7.3.b.6. Opportunities for children to select individual projects such as creative activities, crafts, games, or homework, and play independently, as well as to do activities that require adult involvement and supervision;

7.3.b.7. Sufficient time to complete activities without long waiting periods between activities or prolonged periods where the children must stand or sit;

7.3.b.8. Varieties of creative activities including arts and crafts, dramatic play, stories and books and science and building toys; and

7.3.b.9. Opportunities to practice self-help skills such as feeding, dressing, toileting, hand washing and grooming skills which foster independence in the child.

7.3.b.10. Age-appropriate books shall be read to children on a daily basis to children between the ages of six (6) months and five (5) years of age.

7.3.c. School age children shall be provided with opportunities to:

7.3.c.1. Have periods for rest and relaxation;

7.3.c.2. Select individual projects such as homework;

7.3.c.3. Become involved with friends their own age; and

7.3.c.4. Join in group play and community activities.

7.3.d. Television, video games and video tapes are allowed if the content is designed for, and of benefit to a child and viewing time is limited. Adult programming rated "PG 13", "R", and "X" or song lyrics which contain either violent or sexually explicit scenes or language are prohibited.

§78-18-8. Guidance and Discipline.

8.1. Guidance

8.1.a. The facility shall have a written policy on guidance of children which staff shall follow. The policy shall be consistent with the following guidelines:

8.1.a.1. The staff and parents shall discuss and agree upon positive methods of guidance that encourage a child's acceptable behavior.

8.1.a.2. The staff shall use guidance that helps a child understand appropriate behavior and is appropriate to the child's age.

8.1.a.3. A facility shall have rules that are fair, consistent, and relevant to the children's ages.

8.1.a.4. Facility staff may use a time-out that is based on the following guidelines. Time-outs shall be used only:

8.1.a.4.A. As a supplement to positive approaches to discipline;

8.1.a.4.B. For the purpose of helping children regain control;

8.1.a.4.C. For brief periods of approximately one (1) minute for each year of a child's age;

8.1.a.4.D. After the caregiver has discussed the reason for the time-out with the child in a way that the child can understand; and

8.1.d.4.E. If children removed from groups remain under visual supervision and are never unattended or placed behind closed doors.

8.2. Discipline

8.2.a. A caregiver, household member, visitor, or substitute shall not use any of the following harmful forms of discipline:

8.2.a.1. Punishing a child physically including spanking, hitting, kicking, biting, shaking, swatting, thumping, pinching, popping, shoving, spitting, or other cruel treatment;

8.2.a.2. Punishing or threatening a child in association with food, sleep, rest, or toilet training;

8.2.a.3. Putting anything in or on a child's mouth as punishment;

8.2.a.4. Confining a child in a closet or locked room or using physical restraints for confinement;

8.2.a.5. Using loud, profane, or abusive language or threats of physical punishment;

8.2.a.6. Punishing a child psychologically including public or private humiliation, shaming, and negative remarks about the child or child's family;

8.2.a.7. Punishing a child emotionally including rejecting, terrorizing, ignoring, or isolating; and

8.2.a.8. Allowing a child to discipline other children.

8.2.b. A caregiver shall not seek or accept parental permission to use any punishments or acts prohibited in this rule.

8.2.c. The facility operator shall share the guidance and discipline policy with all parents, caregivers, aides, volunteers, and all individuals residing in or visiting the facility. All of these persons shall agree to abide by its content.

8.2.d. Only adult staff with direct supervisory responsibilities for children may discipline children. No child or other household member shall be delegated or permitted to discipline children in care.

§78-18-9. Transportation.

9.1. When transportation is provided by the facility, staff shall observe the following precautions:

9.1.a. Transport vehicles shall be in safe running condition and have current insurance, inspection sticker and license, according to state law;

9.1.b. Drivers shall be at least eighteen (18) years of age and appropriately licensed;

9.1.c. The driver and vehicle shall comply with all applicable motor vehicle laws;

9.1.d. Staff shall not leave any child unattended in a vehicle;

9.1.e. Each child shall be secured in an approved child safety seat or secured with seat belts at a ratio of one (1) child per seat belt as required by state law WV §17C-15-56; and

9.1.f. Staff shall carry children's' emergency consent forms in the vehicle in case of accident or illness.

9.2. Field Trip Transportation

9.2.a. During field trips, staff shall provide direct supervision to all children, regardless of age;

9.2.b. When field trips are scheduled, staff shall notify parents prior to each excursion.

9.2.c. The facility shall have written permission on file or obtain written permission prior to each field trip.

§78-18-10. Night Time Care.

10.1. A facility shall not provide twenty-four (24) consecutive hours of care for an individual child except for emergency situations such as brief hospitalizations or occasional business trips. Twenty-four (24) hour care shall not last more than seventy-two (72) consecutive hours unless approved by the Secretary due to extenuating circumstances.

10.2. A facility that provides overnight care shall continue to meet staff/child ratios. If seven (7) or more children are in care, an adult staff member shall remain awake and shall check on sleeping children at least hourly.

10.3. A facility shall serve an evening meal to children in overnight care and shall serve breakfast prior to a child's leaving for school or other activities unless the parent indicates otherwise.

10.4. The facility shall establish bedtime schedules for children in consultation with the child's parent.

10.5. The facility shall ask parents to provide children with clean, comfortable, non-flammable or flame retardant sleeping garments, a toothbrush, and comb or brush. The facility shall label and store personal items separately for each child.

10.6. Staff shall not place mats or sleeping bags directly on the floor for overnight sleeping.

10.7. When bathing a child, staff shall:

10.7.a. Discuss bathing arrangements with the child's parents;

10.7.b. Provide age appropriate bathing facilities for children in overnight care;

10.7.c. Supervise a child less than six (6) years of age while bathing;

10.7.d. Equip bathtubs and showers with safety devices to prevent slipping or falling;
and

10.7.e. Provide soap, clean water, clean individual wash cloths and towels for each child; and

10.7.f. Thoroughly clean the tub between each use.

§78-18-11. Care of Infants and Toddlers.

11.1. A facility providing care for children twenty-four (24) months or age or younger shall have sufficient space for the following:

11.1.a. Separate indoor and outdoor play areas for infants and toddlers away from those used by older children; and

11.1.b. A quiet sleeping area with sufficient space to allow at least two (2) feet between infant cribs, beds, or cots.

11.2. Staff shall place an infant who is unable to turn over independently on his or her back to sleep unless medical documentation prohibits sleep in that position.

11.3. Staff shall use only a firm crib mattress covered by a sheet for sleep and keep soft objects and loose bedding out of an infant's sleeping environment.

11.4. Staff shall clothe infants lightly for sleep and keep the sleeping area at a temperature that is comfortable for lightly clothed adults.

11.5. The facility shall provide indoor and outdoor play materials and equipment suitable for staff to use with infants and toddlers. Materials and equipment shall be physically, mentally, emotionally, and socially stimulating for the children. Equipment shall be:

11.5.a. Durable, safe, in good repair, and free of potentially hazardous characteristics such as sharp edges, small objects, and toxic paint; and

11.5.b. Maintained in a sound, sanitary condition.

11.6. The use of jumpers and infant walkers is prohibited.

11.7. Separate cribs shall be provided for infants who are not yet able to climb. Bars on cribs shall be no farther than two and three-eighths (2 3/8) inches apart and crib sides shall be secure and high enough to prevent accidents. Stackable cribs shall not be used.

11.8. Diapering practices shall comply with the provisions of the Bureau for Public Health's Child Care Centers Rule, 64CSR21.

11.9. Toilet Training.

11.9.a. The operator shall discuss and agree upon toilet training methods with the parent of each child being toilet trained.

11.9.b. Toilet training shall not be initiated until the child is developmentally ready to control toileting functions.

11.9.c. Potty or training chairs shall be provided and shall be disinfected after each use.

11.9.d. No child shall be forced to sit in a training chair for extended periods of time.

11.10. Infant Nutrition and Feeding. Facilities shall:

11.10.a. Hold infants six (6) months of age and younger while bottle feeding. Bottle propping is prohibited;

11.10.b. Hold infants and toddlers with special needs over six (6) months of age while bottle feeding until the children are able to hold their own bottles securely;

11.10.c. Refrigerate infant food and formula and feed infants in a sanitary manner;

11.10.d. Offer drinking water to infants and toddlers several times daily;

11.10.e. Feed children according to plans of the child's physician or other health care provider, clinic, parent or guardian;

11.10.f. Clearly mark formula bottles with the child's name; and

11.10.g. Encourage older infants and toddlers to feed themselves with supportive help from staff as needed.

11.11. High chairs shall be provided with safety straps and shall have a wide base to reduce the possibility of tipping.

11.12. The facility and staff shall provide activities for infants and toddlers to stimulate their physical, intellectual, and emotional growth. Activities shall include:

11.12.a. Opportunities to interact with caregivers, siblings, and other children;

11.12.b. Frequent verbal communication and eye-to-eye contact between staff and children;

11.12.c. Opportunities for the child to be held, rocked, played with, and dressed in an unhurried manner;

11.12.d. Opportunities for children to explore and learn on their own in a protected area with the freedom to creep, crawl, toddle, and walk as they are physically able;

11.12.e. Frequent moves of infants who are awake and alert to different locations. Infants shall not routinely be left in a crib or playpen except for rest or sleep. They may be left for short periods of time, however, if they are alert and responsive and provision is made for stimulating activity in the form of mobiles or other safe crib toys;

11.12.f. Use of infant seats, swings, and high chairs when used for periods of less than one (1) hour and only if direct supervision is provided and the infant is content;

11.12.g. Opportunities to play with safe, nontoxic, and age-appropriate toys which are stored in low, open shelves for easy access;

11.12.h. Practice in self-care habits such as washing, dressing, brushing or combing hair, or toileting as the child shows evidence of the ability to do so;

11.12.i. Play with a wide variety of toys;

11.12.j. Opportunities for children to express themselves through conversation and imaginative play; and

11.12.k. Opportunities for the child to participate in art and craft activities and to run, climb, and engage in other physical activities.

11.13. Staff shall give immediate attention to the emotional and physical needs of a child. Crying shall be attended to immediately.

11.14. Continuity of care shall be provided. The facility shall assign each infant or toddler to a primary caregiver who shall feed, diaper and play with the child on a daily basis to provide the reassurance and bonding necessary for the child's healthy development

§78-18-12. Children with Special Needs.

12.1. For children who need special care because of a disabling or limiting condition, the operator shall provide the care and activities recommended by qualified psychologists, physicians, or other experts.

12.2. A parent, physician or other health care provider shall provide a written plan that includes instructions for any special treatment, diet or restrictions in activities necessary for the health of the child.

12.3. The operator shall permit an early intervention specialist, when appropriate, to enter the facility to provide services to the child, to assure the environment is appropriate for the child, and to instruct staff in proper techniques of care.

12.4. The facility shall perform only those procedures and treatments for which staff has the necessary training, experience, credential, or license to perform.

§78-18.13. Parental Involvement.

13.1. The facility shall have written operating policies which shall be discussed with parents at the time of enrollment. The policies shall cover the following areas:

13.1.a. Admission requirements, enrollment procedures and supplies that parents are expected to provide, if any;

13.1.b. A statement that the facility is operated on a nondiscriminatory basis in regard to race, color, sex, religion, marital status of the parents and disability, except when the child's needs cannot be met by the facility;

13.1.c. Guidance and discipline;

13.1.d. Rates, any additional fees charged, and the plan for payment;

13.1.e. Liability insurance coverage;

13.1.f. Unlimited access to visit the family child care facility at any time;

13.1.g. Transportation arrangements, when provided by the facility;

13.1.h. Written permission for field trips outside the facility, emergency medical treatment, water activity, and provision of medications;

13.1.i. Hours of operation;

13.1.j. Management of sick children;

13.1.k. Services provided by the facility;

13.1.l. Rules concerning personal belongings brought to the facility;

13.1.m. General procedures of the facility regarding cold weather outdoor play;

13.1.n. Animals on the premises;

13.1.o. Mandatory reporting of child abuse or neglect; and

13.1.p. Religious activities, if any.

13.2. Staff shall share information with parents regarding the accomplishments, successes, and improvements of their child as well as any problems that arise.

13.3. Staff shall encourage parents to become involved with the facility and shall include them in planning for the child's care.

13.4. Staff shall provide parents with a national periodicity schedule for child health exams and recommended immunization schedule.

§78-18-14. Family Child Care Facility Operator.

14.1. Requirements for Family Child Care Facility Operators.

14.1.a. The operator shall meet all of the requirements that apply to staff. In addition, the operator shall:

14.1.a.1. Be at least twenty-one (21) years of age;

14.1.a.2. Have a general education development (GED) certificate or high school diploma;

14.1.a.3. Have six (6) months of experience in caring for children in a licensed child care center or family child care facility, registered family care home, Head Start, or other early childhood or school-age child care program;

14.1.a.4. Be certified in Cardiopulmonary Resuscitation (CPR) or first aid training that includes rescue breathing and first aid for choking; and

14.1.a.5. Complete at least fifteen (15) clock hours of approved training annually. Except for the first year of operation, training in CPR is in addition to the requirement for annual professional development.

14.1.b. Training shall be selected based on the Core Knowledge/Core Competency areas listed in Section 3.6 and shall increase the operator's skills and knowledge in the early childhood field.

14.1.c. Over a four (4) year period, an operator shall select training that addresses all of the Core Knowledge areas.

14.1.d. Operators completing approved training modules lasting more than fifteen (15) hours may elect to apply training-module hours over and above fifteen (15) to the following year's training requirement. Training hours that may be carried over include hours earned through the West Virginia Infant and Toddler Professional Development Program, Components of Quality Care and Education Modules ~~Developmentally Appropriate Care~~, the Apprentice for Child Development Specialist, or other coursework approved by the Department.

14.1.e. The operator shall document that he or she has met one (1) of the following requirements prior to opening or operating a family child care facility:

14.1.e.1. Completion of at least fifteen (15) clock hours of child development training or arrangements to complete the training during the first six (6) months of operation of the facility; or

14.1.e.2. A child development associate (CDA) credential or completion of the Child Care Apprenticeship Program; or

14.1.e.3. Completion of at least three (3) credit hours in child development or a related field at an accredited higher education institution.

14.2. Responsibilities -- Family child care facility operators:

14.2.a. Shall work on-site to administer the facility's daily operation;

14.2.b. Are responsible for providing a child care program and facility that meets the requirements of this rule;

14.2.c. Shall instruct staff in this rule and provide a copy for their use;

14.2.d. Are responsible for the supervision of staff including maintaining staff/child ratios and assuring that additional staff is available as needed to maintain supervision of children in care;

14.2.e. Shall be present at the facility or, if absent, designate one (1) adult who meets the requirements of subdivision 14.1. of this section. This designee shall be capable of carrying out the duties of the operator;

14.2.f. Are responsible for the recruitment and hiring of staff, enrollment and admissions, informing parents of the policies of the family child care facility program, and training of staff in areas such as emergency and evacuation procedures, programming for children, working with parents, discipline policies, health care, sanitation procedures, release of children, child abuse and neglect reporting, symptoms of illness and medication administration.

14.2.g. Shall maintain adequate records on enrollment, finances, staff and children;

14.2.h. Shall submit reports to the Department when requested;

14.2.i. Are responsible for screening, scheduling and supervising the conduct of all staff, volunteers, and others in the facility;

14.2.j. Shall inform staff of the requirement to report child abuse and neglect per W.Va. Code §49-6A-1 et seq.; and

14.2.k. Are responsible for all legal and financial obligations.

14.3. If the family child care facility operator and owner are separate individuals, the owner shall assume the responsibility for the operation of the facility in compliance with this rule.

§78-18-15. Family Child Care Facility Staff.

15.1. All staff working directly with children shall:

15.1.a. Be eighteen (18) years of age;

15.1.b. Be able to read and write;

15.1.c. Understand children and their developmental needs and relate to children with courtesy, respect, patience and affection, and with understanding and respect for the child's family and culture;

15.1.d. Provide continuous supervision of young children including during outdoor play, napping, field trips, and water activities as follows:

15.1.d.1. Supervision of older children may consist of their playing within sight or hearing of nearby staff who shall conduct periodic checks every fifteen (15) to twenty (20) minutes.

15.1.d.2. Staff shall visually check on napping infants every fifteen (15) to twenty (20) minutes.

15.1.d.3. Staff shall directly supervise all children during field trips and water play.

15.1.e. Carry out methods of guidance and discipline without recourse to physical or emotional punishment;

15.1.f. Recognize and act against hazards to children and react in a calm manner in an emergency;

15.1.g. Have positive written responses from two (2) references;

15.1.h. Have on file a health appraisal that:

15.1.h.1. Includes a physical examination and a tuberculosis skin test or risk assessment screening with negative results;

15.1.h.2. Indicates that the individual is physically and mentally able to care for children; and

15.1.h.3. Is completed prior to employment and updated every two (2) years;

15.1.i. Have successfully completed Cardiopulmonary Resuscitation (CPR) training or other certified first aid including rescue breathing and first aid for choking, or have a plan to do so within the first six (6) months of employment;

15.1.j. Have received, prior to caring for children, an orientation from the operator with regard to evacuation procedures, discipline, child abuse and neglect reporting, recognition of symptoms of childhood illness, medication administration and the requirements of this rule;

15.1.k. Complete at least twelve (12) clock hours of training annually, selecting training that addresses a variety of the Core Knowledge areas listed in section 3.6.

15.1.l. Shall have completed a self study packet on Sudden Infant Death Syndrome (SIDS) and Shaken Baby Syndrome or attended approved SIDS and Shaken Baby Syndrome training prior to caring for children less than thirteen (13) months of age; and

15.1.n. Meet and abide by all other requirements listed in this rule including those with regard to background checks.

15.2. If staff complete approved training modules lasting more than twelve (12) hours, staff may elect to apply those training module hours over and above twelve (12) to the following year's training requirement. Training hours that may be carried over include hours earned through the West Virginia Infant and Toddler Professional Development Program, Components of Quality Care and Education Modules ~~Developmentally Appropriate Care~~, the Apprentice for Child Development Specialist, or other coursework approved by the Department.

15.2. Volunteers.

15.2.a. Volunteers shall:

15.2.a.1. Be at least sixteen (16) years of age;

15.2.a.2. Be supervised by the owner or an adult staff person at all times;

15.2.a.3. Submit evidence of a negative tuberculosis risk assessment screening completed during the past twenty-four (24) months;

15.2.a.4. Receive orientation to the facility and its programs and policies; and

15.2.a.5. Be familiar with and meet the requirements of this rule.

15.2.b. A volunteer shall not be used to meet staff/child ratios.

15.3. Substitutes

15.3.a. Substitutes used twenty (20), eight (8) hour days, or fewer per year shall:

- 15.3.a.1. Be eighteen (18) years of age;
- 15.3.a.2. Be able to read and write;
- 15.3.a.3. Understand children and their developmental needs and relate to children with courtesy, respect, patience and affection, and with understanding and respect for the child's family and culture;
- 15.3.a.4. Provide continuous supervision of young children including during outdoor play, napping, field trips, and water activities as follows:
- 15.3.a.5. Supervision of older children may consist of their playing within sight or hearing of nearby staff who shall conduct periodic checks every fifteen (15) to twenty (20) minutes.
- 15.3.a.6. Staff shall visually check on napping infants every fifteen (15) to twenty (20) minutes.
- 15.3.a.7. Staff shall directly supervise all children during field trips and water play.
- 15.3.a.8. Carry out methods of guidance and discipline without recourse to physical or emotional punishment;
- 15.3.a.9. Recognize and act against hazards to children and react in a calm manner in an emergency;
- 15.3.a.10. Have successfully completed Cardiopulmonary Resuscitation (CPR) training or other certified first aid including rescue breathing and first aid for choking, or have a plan to do so within the first six (6) months of employment;
- 15.3.a.11. Have received, prior to caring for children, an orientation from the operator with regard to evacuation procedures, discipline, child abuse and neglect reporting, recognition of symptoms of childhood illness, medication administration and the requirements of this rule;
- 15.3.a.12. Shall have completed a self study packet on Sudden Infant Death Syndrome (SIDS) and Shaken Baby Syndrome or attended approved SIDS and Shaken Baby Syndrome training prior to caring for children less than thirteen (13) months of age; and
- 15.3.a.13. Meet and abide by all other requirements listed in this rule including those with regard to background checks.
- 15.3.b. Substitutes used more frequently than twenty (20), eight (8) hour days, per year shall meet all requirements listed in section 15.1.

§78-18-16. Background Checks.

16.1. At the time of application and renewal for a certificate of registration, a facility owner/operator, staff, volunteers eighteen (18) years of age and over, and each adult household member shall sign:

16.1.a. A Statement of Criminal Record;

16.1.b. A consent to check Department records for child and adult abuse and neglect;
and

16.1.c. Submit fingerprints for purposes of obtaining a criminal record background check. Fingerprinting must be done initially and repeated at least every five (5) years.

16.2. The Secretary shall not grant a certificate of license to a family child care facility if the owner/operator, staff, volunteers eighteen (18) years of age and over or a household member:

16.2.a. Is currently under indictment or charged with any crime;

16.2.b. Is on parole or probation for a felony; or

16.2.c. Has been convicted of any of the following crimes:

16.2.c.1. Abduction;

16.2.c.2. Violent felonies including, but not limited to, rape, sexual assault, felonious physical assault or felonious battery;

16.2.c.3. Child or adult abuse or neglect;

16.2.c.4. Exploitation of or harm to a child or incapacitated adult;

16.2.c.5. Domestic violence or spousal abuse;

16.2.c.6. Felony arson;

16.2.c.7. Felony drug-related offenses within the last ten years;

16.2.c.8. Felony Driving Under the Influence (DUI) or Driving While Intoxicated (DWI) convictions within the laws ten years;

16.2.c.9. Hate crimes as described in WV Code §61-6-21;

16.2.c.10. Murder;

16.2.c.11. Pornography involving children or incapacitated adults;

16.2.c.12. Purchase or sale of a child;

16.2.c.13. Sexual offenses including but not limited to incest, sexual abuse, or indecent exposure; or

16.2.c.14. Other crimes that the Secretary determines may pose a risk to children.

16.3. A family child care facility shall not be approved if the caregiver or a household or staff member has been convicted of a felony not listed in section 6.4.c. unless a waiver is requested and approved.

16.4. A family child care facility shall not be approved if the caregiver or a staff or household member has been convicted of two (2) or more misdemeanors unless a waiver is requested and approved.

16.5. A family child care facility shall not be approved if the caregiver or a staff or household member failed to report convictions to the Department or agency unless a waiver is requested and approved.

16.6. A family child care facility shall report arrests, charges, indictments, and convictions of caregivers, staff and household members to the Department within twenty-four (24) hours of their occurrence. Failure to report may result in revocation of license.

16.7. The Department shall not approve a facility for continuing licensure if a background check or complaint shows that the operator or a household member:

16.7.a. Has committed child or adult abuse and/or neglect according to Department protective services record or any other Department records;

16.7.b. Is an active recipient of child or adult protective services; or

16.7.c. Has a criminal background as defined in the rule that may not be waived or for which a waiver was not approved.

16.8. For facilities operated outside the operator's home, a certificate of license may be issued when a household member has a conviction if the household member with the conviction does not reside with, visit, or have contact with children in care.

§78-18-17. Other Personnel and Household Member Requirements.

17.1. The operator, an employee, volunteer, or other household member or resident shall not have been diagnosed or be under treatment for a serious mental illness which might create a risk to children. The Department and/or facility shall determine the risk to children on the basis of a written recommendation from a licensed psychologist or doctor of psychiatry.

17.2. No operator, employee, volunteer, or household member or visitor to the facility shall be under the influence of alcohol or illegal drugs while children are in care.

17.3. No person working directly with children in the facility shall take any substance or medication that would impair his or her ability to care for children.

§78-18-18. Physical Plant Safety.

18.1. Facility Requirements.

18.1.a. The building and grounds used for a family child care facility shall be suitable for the purpose of child care, kept clean and in good repair and shall present no hazard to the health and safety of children.

18.1.b. A family child care facility shall have heat, electricity, and indoor plumbing.

18.1.c. Family child care facilities shall be equipped with a working telephone with a listed number.

18.1.d. Facilities shall post the following emergency telephone numbers adjacent to the phone: ambulance, fire, police, poison control or universal poison control center and parents and health care providers for all children in care.

18.1.e. Usable floor space of thirty-five (35) square feet per child shall be available for children's activities, exclusive of halls, bathrooms, the kitchen, office space, or storage areas.

18.1.f. Family Child Care facilities shall use an on-site kitchen which complies with the requirements of Bureau for Public Health's Child Care Centers Rule, 64CSR21 and shall be equipped as follows:

18.1.f.1. Kitchen and eating areas shall be equipped to safely prepare, store and serve meals to children.

18.1.f.2. Equipment shall include an oven or microwave, a range or cook-top, a refrigerator, and equipment for washing, rinsing, and sanitizing cooking and eating utensils.

18.1.g. A quiet space shall be available for children to nap or rest away from the noise of household activity.

18.1.h. An operator shall provide an individual bed, sturdy cot, crib, couch, baby bed, playpen, or mat for each child who naps. Siblings may share double beds.

18.1.i. All interior bathroom and closet doors which can be locked from the inside shall be capable of being unlocked from the outside.

18.1.j. Clear glass doors shall be clearly marked at a child's eye level.

18.1.k. There shall be usable outdoor play space of seventy-five (75) square feet per child available for children's outdoor activities either on the premises or within walking distance of the facility. The facility may stagger play times and space based on the number of children using the area at one time.

18.2. Safety Barriers.

18.2.a. All indoor or outdoor stairways, hallways, and exits shall be unobstructed except for safety barriers.

18.2.b. Stairs of four (4) or more steps shall have hand railings when children less than five (5) years of age are in care.

18.2.c. Safety gates shall be provided at the top and bottom of stairs accessible to children under thirty-six (36) months of age.

18.2.d. Accordion expansion gates are prohibited.

18.2.e. Pressure mounted gates shall not be used at the top of a set of stairs.

18.2.f. Balconies, decks, porches, ramps, and play or living areas that are elevated more than thirty-six (36) inches shall be equipped with secure, child-proof railings and barriers.

18.3. Hazards.

18.3.a. Family child care facilities shall:

18.3.a.1. Keep children away from areas undergoing remodeling or construction;

18.3.a.2. Store cleaning supplies, detergents, aerosol cans, pesticides, poisons, flammable materials, poisonous or unknown plants, medicines, and alcoholic beverages or toxic materials out of the reach of children less than six years of age;

18.3.a.3. Store hazardous materials separately from food items;

18.3.a.4. Store guns, ammunition, hunting knives, bows and arrows, and other weapons in a locked cabinet or closet, and store keys out of children's reach;

18.3.a.5. Keep strings and cords long enough to encircle a child's neck (six inches or more) out of the children's reach;

18.3.a.6. Not permit children less ~~that~~ than age six in food preparation areas when ranges or cook-tops are in use; and

18.3.a.7. Keep hanging items including Venetian blind cords, appliance cords, and table cloths out of the reach of small children.

18.4. Electrical Safety.

18.4.a. Electrical cords shall be maintained in good condition.

18.4.b. Extension cords shall be heavy duty, UL approved, and not run under carpets or rugs or through common walkways unless stabilized to prevent tripping.

18.4.c. Protective covers shall be installed on all unused electrical outlets accessible to children who are under five (5) years of age.

18.4.d. Small appliances shall be unplugged when not in use.

§78-18-19. Environmental Safety.

19.1. Tobacco Use.

19.1.a. Facilities shall notify parents in advance if staff, volunteers, or household members in the facility smoke or use smokeless tobacco.

19.1.b. A caregiver shall provide a smoke-free environment while children are present.

19.1.c. Smoking is prohibited when the children are in vehicles with caregivers.

19.1.d. All tobacco products, smoke abatement products, ashtrays, butts, ashes, spittoons, lighters, and matches shall be kept out of children's reach.

19.2. Animals.

19.2.a. Any pet or animal present at the facility, indoors or outdoors, shall be in good health, show no evidence of carrying disease, and be a friendly companion for children.

19.2.b. When pets are kept on the premises, the facility shall comply with the rules of the Bureau for Public Health's Child Care Centers Rule, 64CSR21.

19.3. Play Areas and Equipment.

19.3.a. All areas accessible to the outdoor play area determined to be unsafe, including, but not limited to, steep grades, cliffs, open pits, swimming pools, high voltage boosters, propane gas tanks, streets, roads, driveways, railroad tracks or parking lots, shall be fenced off or have natural barriers at least three (3) feet high to protect the children.

19.3.b. Play equipment shall be of a safe design and shall be maintained in good repair. It shall be free of sharp edges, protruding parts, weaknesses or flaws and shall be installed to prevent tipping or collapse.

19.3.c. Swings, slides, and climbing equipment shall not be placed on concrete or asphalt surfaces;

19.3.d. Trampolines shall not be accessible to the children in care.

19.3.e. The facility shall have indoor and outdoor play equipment, toys, materials, and furniture that are:

19.3.e.1. Appropriate to the developmental needs and ages of children in care;

19.3.e.2. Safe, clean, durable, in good repair, and made of nontoxic materials;

19.3.e.3. Easily accessible to and appropriately sized for young children;

19.3.e.4. Of sufficient quantity to provide choices for children and avoid competition for toys; and

19.3.e.5. Capable of providing for a variety of activities such as quiet and active play and individual and group play.

19.3.f. The facility shall have storage spaces for each child's clothing and for toys and art supplies that are easily accessible to children. These spaces shall be designed to encourage children to pick up and put away toys and personal possessions.

§78-18-20. Sanitation and Health Issues.

20.1. The operator shall obtain a permit to operate from the health officer as required by Bureau of Public Health's Child Care Center Rules, 64CSR21. The facility must maintain the permit.

20.2. All persons in the facility shall practice good personal hygiene.

20.3. Hand washing practices shall be in compliance with the requirements of Bureau of Public Health's Child Care Centers Rules, 64CSR21.

20.4. The caregiver shall employ universal precautions for protection from disease and infection, as detailed in Appendix 78-19 B of this rule.

20.5. The facility shall be free from infestations of insects or rodents.

20.6. Staff shall observe children daily upon arrival and throughout the day for signs of illness or injury.

20.7. The operator shall isolate or exclude staff and children with a serious communicable disease per the facility's policy on management of sick children.

20.8. The operator shall notify parents of any communicable disease outbreak in the facility.

20.9. The operator shall ensure that the following first aid supplies are available in the facility: soap; alcohol wipes or antiseptic; ~~band-aid~~ non-medicated adhesive strips; a digital thermometer; sterile gauze; bandage tape; blunt-tipped scissors; tweezers; disposable, nonporous gloves; and a first aid guide.

20.10. The operator shall ensure that first aid supplies are not accessible to the children in care.

20.11. Staff shall take a first aid kit on all trips away from the facility.

20.12. The operator or staff shall administer:

20.12.a. Non-prescription medications only with prior written permission from the parents, which includes a written schedule with information about dosage amount, method and times, or upon directions from the child's health care provider; and

20.12.b. Prescription medication only from the original container clearly labeled with the child's name and dosage, date, and name of medication, following the health care provider's directions.

20.13. The facility shall notify parents or guardians immediately of illness or injury to the child.

20.14. If it is necessary to secure emergency treatment for a child, a staff person shall accompany and remain with the child during care or treatment until the parent arrives.

§78-18-21. Nutrition.

21.1. The operator shall plan menus and provide meals and snacks with the goal of meeting or working toward meeting the current United States Department of Agriculture Dietary Guidelines for Americans.

21.2. The operator shall prepare, date, and post menus in advance in a conspicuous place and shall keep them on file for thirty (30) days.

21.3. The operator shall consider information provided by parents about children's eating habits, food preferences, and special dietary needs when planning menus.

21.4. When parents provide food for meals, the facility shall supplement any meal that does not provide nutritious and sufficient amounts of food for children, as needed, to meet the requirements of this rule.

21.5. No child shall be permitted to be without a meal or snack for excessively long periods of time. A facility shall provide meals according to the following requirements:

21.5.a. In a facility open morning through afternoon, lunch and morning and afternoon snacks shall be served.

21.5.b. The facility shall serve a snack to school age children arriving after school.

21.5.c. The facility shall offer breakfast, mid-morning or mid-afternoon snack, lunch, and dinner to a child when attendance is prior to seven in the morning (7:00 a.m.) or after seven-thirty in the evening (7:30 p.m.).

21.6. The operator shall encourage children to eat the food served but shall not subject them to coercion or forced feeding.

21.7. An operator shall limit the use of snack foods with high sugar and salt content.

21.8. An operator shall serve only pasteurized, inspected and Grade A approved milk products to children. A facility shall not use powdered milk except for cooking.

§78-18-22. Fire Safety.

22.1. Family Child Care facilities shall meet the applicable rules of the State Fire Marshal's Office.

22.2. A family child care facility shall request an inspection by the State Fire Marshal prior to beginning operation and annually thereafter.

22.3. The facility shall establish and post a disaster plan for fire, storm, and other emergencies which includes a written plan for emergency evacuation of the children from the facility.

22.4. The facility shall prevent children from entering areas which contain furnaces and water heaters or shall install shields to prevent burns.

22.5. Water heaters shall be equipped with thermostatic controls and pressure relief valves.

§78-18-23. Reporting and Investigation of Complaints.

23.1. Reporting.

23.1.a. The operator shall immediately report any serious incident affecting the operation of the facility to the Department and follow up with a written report within seventy-two (72) hours on a form designated by the Department.

23.1.b. The operator shall report the following situations.

23.1.b.1. Any accident, injury, or illness occurring while a child is in care that results in emergency treatment, hospitalization, or death;

23.1.b.2. Serious communicable disease of a child, operator, employee, or family member that results in temporary closure of the facility;

23.1.b.3. Any incident which results in legal action by or against the facility; and

23.1.b.4. Serious violations of requirements by the facility operator or its employees such as use of physical punishment or failure to supervise which could have resulted in harm to a child.

23.1.c. In accordance with W.Va. Code §49-6A-1 et seq., the operator shall immediately report suspected child abuse or neglect to the statewide child abuse and neglect hotline or to Department child protective services staff in the county office where the facility is located.

23.1.d. The operator shall also notify the Department, in writing, of any occurrence affecting the operation of the facility. This includes, but is not limited to, the following:

23.1.d.1. A change in ownership that requires the new owner to file for a new application;

23.1.d.2. A change of operator;

23.1.d.3. Closure of the facility;

23.1.d.4. A change in hours of operation or change in ages of children served;

23.1.d.5. Additions to or reductions in space affecting the facility's capacity;

23.1.d.6. Additions such as a swimming pool;

23.1.d.7. Reductions such as removal of fences;

23.1.d.8. Location of facility which requires the owner to file for a new application;

23.1.d.9. A disaster such as a fire or flood that damages the facility; and

23.1.d.10. A change in the composition of the household.

23.2. Investigation of Complaints.

23.2.a. A facility shall fully cooperate with the Secretary in the investigation of any complaints, including alleged violation of the requirements of this rule, allegations of creating or otherwise causing risk of serious harm to a child, a violation of the juvenile or criminal laws of this state, or reports of suspected child abuse or neglect.

23.2.b. If a complaint alleges that the behavior or conduct of any operator, employee, household member or volunteer may pose risk of serious harm to a child in care, the facility shall immediately remove that person from further contact with the children until an investigation is completed and a determination is made.

23.2.c. If violations of this rule are determined, a facility shall be required to submit a plan of correction within thirty (30) days or receipt of the written summary report.

23.2.d. The operator shall fully implement the approved plan of correction within the time frame specified by the Secretary.

§78-18-24. Enforcement Action.

24.1. This rule may be enforced by revocation of a certificate of registration or by immediate closure, or both, in accordance with WV Code §49-2B-11 and 12.

§78-18-25. Administrative and Judicial Review.

25.1. A family child care facility aggrieved by an adverse decision may contest the decision of the Secretary by making a written request for a hearing within thirty (30) days of receipt of the decision.

25.2. Administrative and judicial review shall be made in accordance with the provisions of §29A-5-1 et seq. of the West Virginia Code.

25.3. A decision issued by the Secretary may be made effective from the date of issuance. Immediate relief may be obtained upon a showing of good cause made by a verified petition to the circuit court of Kanawha County or the circuit court of any county where the affected center is located.

Appendix 78-19-B A
DISINFECTANT AND SANITIZING SOLUTION

!!!Remember to mix fresh solution daily!!!				
To disinfect diaper changing tables and other hard surfaces:				
1/4 cup bleach	to	1 gallon of water	=	800 ppm
2 tablespoons (1 oz.) bleach	to	1/2 gallon of water	=	800 ppm
1 tablespoon (1/2 oz.) bleach	to	1 quart of water	=	800 ppm
2 teaspoons (1/4 oz.) bleach	to	1 pint of water	=	800 ppm
To disinfect cots, tables, counters and toys:				
1 tablespoon (1/2 oz.) bleach	to	1 gallon of water	=	200 ppm
2 teaspoons (1/4 oz.) bleach	to	1/2 gallon of water	=	200 ppm
1 teaspoon (1/8 oz.) bleach	to	1 quart of water	=	200 ppm
1/2 teaspoon bleach	to	1 pint of water	=	200 ppm
To disinfect dishes & utensils:				
2 teaspoons (1/4 oz.) bleach	to	1 gallon of water	=	100 ppm
<p>!!!Dishes and utensils must be submerged in sanitizing solution for at least one minute!!! Example: If sink will hold 3 gallons then mix 6 teaspoons bleach to 3 gallons of water. Mix fresh with each dishwashing — the solution should be replaced when the bleach concentration falls below 50 ppm.</p>				
Measurement Equivalent:				
1 teaspoon	=	1/8 fluid ounces		
2 tablespoons	=	1 fluid ounce		
1 cup	=	8 fluid ounces		
1 pint	=	16 fluid ounces		
1 quart = 2 pints	=	32 fluid ounces		
1 gallon = 4 quarts	=	128 ounces		
Pollutants and trace minerals are often reported in units called ppm. What is a ppm?				
Part per million; 1 gram in 1 million grams of material				

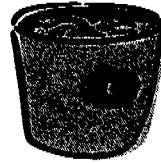
DISINFECTANT SOLUTION

Add $\frac{1}{4}$ cup bleach to 1 gallon of water:



$\frac{1}{4}$ cup bleach

+



1 gallon of cool water

OR

Add 1 tablespoon of bleach to 1 quart of water:



1 tablespoon bleach

+



1 quart of cool water

Mix a fresh solution each day.

Use it to disinfect surfaces that have been cleaned.

Dispense it from a spray bottle that you keep out of the reach of children.

Wet the entire surface until glistening and *leave* solution on the surface at least 2 minutes. *Dry* with a paper towel or allow to air dry.

**Appendix 78-18 B
Universal Precautions**

Spills of body fluids (i.e., urine, feces, blood, saliva, nasal discharge, and injury or tissue discharge) shall be cleaned up immediately as follows:

For spills of vomit, urine, and feces: walls, bathroom, table tops, toys, kitchen counter-tops, and diaper-changing tables shall be cleaned and disinfected.

For spills of blood or blood-containing body fluids and injury tissue discharges: the area shall be cleaned and disinfected. Gloves shall be used in these situations unless the amount of blood or body fluid is so small that it can easily be contained by the material used for cleaning. If disposable gloves are used, they shall be discarded immediately and hands washed.

Persons involved in cleaning contaminated surfaces shall avoid exposure of open sores or mucous membranes to blood or blood-containing body fluids and injury or tissue discharges by using gloves to protect hands when cleaning contaminated surfaces.

Mops shall be cleaned, rinsed in sanitizing solution, wrung as dry as possible and hung to dry. Persons cleaning mops shall wear gloves.

Blood-contaminated material and diapers shall be disposed of in a plastic bag with a secure tie.

Appendix 78-18-C
Resource Tables for Sections 7 and 11 of this rule

The following tables suggest examples of play equipment, types of toys, and materials that can be used with children of different age groups. All activities and equipment need to be suited to a child's age and stage of development.

Table A: Equipment and Materials for Infants

Type of Materials	Types of Supplies and Equipment
Music, Art and Dramatic Play	Wrist or ankle bells; rattles; adult operated tape or cd player with assorted music; musical toys designed for infants; musical mobiles; banging materials that are simple and light weight; secured <u>unbreakable</u> infant mirrors; play telephones; soft washable dolls, animals and puppets; simple toys with wheels or rollers.
Blocks and Manipulative Play	Soft and textured blocks, disks or keys on a ring; squeeze toys; teething toys; interlocking rings; large connecting blocks, large hollow blocks; jumbo pop beads; nesting cups, stacking toys; simple peg boards; boxes.
Language and Science	Picture books; toy telephones; adult operated recordings, tapes, discs and players; photographs; textured surfaces; floating toys; sponges; spoons and scoops.
Large Muscle Equipment	Low, soft or padded climbing platform for crawlers; infant activity gym; foam or soft plastic balls; simple push toys; secure swings designed for infants.

Table B: Equipment and Materials for Toddlers

Type of Materials	Types of Supplies and Equipment
Music, Art and Dramatic Play	Well secured unbreakable mirrors; adult operated tape or cd player with assorted music accompanied by simple body and finger movement; hand bells, xylophones, drums, toddler pianos/keyboards; non toxic art supplies such as play-dough and large crayons; finger paints; large paint brushes used with washable paint on paper; washable markers; kitchen play sets, tool play sets; hats, capes, purses, shoes, boots; play telephones; soft dolls, animal figures, puppets; simple wheel toys such as cars and trains with large wheels or rollers.
Blocks and Manipulative Play	Large connecting blocks, large hollow blocks, large wooden blocks; jumbo pop beads; nesting cups; simple peg boards, simple puzzles; simple threading toys; mobile pull toys; simple dial, key and button toys; pop-up boxes; boxes.
Language and Science	Picture books, touch-me books, simple rhyming books, books for lap reading; toy telephones; adult operated recordings/tapes/discs and players; photographs; water play toys, scoops and containers.

Large Muscle Equipment	Low, soft or padded climbing platforms and slides; riding/rocking toys that are feet propelled; foam or soft plastic balls; gym mats; play tunnels; push toys; secure swings designed for toddlers.
------------------------	---

Table C: Equipment and Materials for Children age 2-5 years

Type of Materials	Types of Supplies and Equipment
Music, Art and Dramatic Play	Bells, cymbals, drums, tambourines, sand blocks, triangles, rhythm sticks, keyboards, blowing instruments; rattles; adult operated tape or cd player with assorted music; non toxic art supplies such as play-dough, large crayons and finger paints; large paint brushes used with washable paint on paper; washable markers; glue sticks; chalk; sponges; adjustable easel; colored construction paper; blunt end scissors; unbreakable mirrors; dress-up and role playing materials; masks; housekeeping equipment; play house; doctor kit; doll equipment; play scene sets with people figures and animal figures; puppets; train and car sets.
Blocks and Manipulative Play	Connecting blocks, large hollow blocks, hardwood unit blocks and accessories; nesting cups, stacking toys; pop beads; peg boards, puzzles; threading toys; boxes; shape sorters; matching games; mosaic blocks.
Language and Science	Picture books, easy to read along books or beginning reader books, pop-up books; hidden pictures; child oriented magazines; child dictionary; tape/cd players and recorders; photographs; beginning computer software; aquariums; terrarium; sandbox and play equipment; water play equipment such as cups, droppers, floating toys, containers; magnets; magnifying glasses; collections such as rocks and shells; simple gear and lever devices; simple math games.
Large Muscle Equipment	Low climbing platforms and slides; riding and rocking toys; foam or soft plastic balls; sports balls of all sizes matching the age of child; jump rope; flying disks; gym mats; play tunnels; push and pull toys that look like adult equipment; low child swings; stable ride on equipment.

Table D: Equipment and Materials for School Age Children

Type of Materials	Types of Supplies and Equipment
Music, Art and Dramatic Play	Tape, cd or karaoke player/recorder; variety of music; assorted musical instruments such as hand bells, xylophones, drums, pianos/keyboards; art supplies such as clay, paints, paint brushes, markers, yarn, scissors, glue, colored pencils, variety of art paper, chalk, scraps of material, beads, common household items for art construction; weaving materials; models; mirrors; dress-up and role playing materials; masks; housekeeping and gardening equipment; play house, tent, grocery store, work shop; doctor kit; culturally diverse dolls; doll equipment; play scene sets with people figures and animal figures; puppets;
Blocks and Manipulative Play	Small interlocking blocks; log builder sets; wood blocks and accessories; geometric interlocking blocks; materials for detailed construction of models; jig-saw puzzles and 3-D puzzles.
Language and Science	Story books; chapter books; tape recorders; cameras; computer programs; games and books that require problem solving; games based on words; matching games; beginning strategy games; globes; maps; aquariums; terrarium; gardening; magnets; magnifying glasses; collections such as rocks and shells; ant farms; child microscope.
Large Muscle Equipment	Music for movement; sports balls and equipment for beginning team play; target activities; complex climbing structures such as ladders and ropes; hula hoops; jump rope; outdoor running and tagging games.

Comments Received on the Family Child Care
Facility Licensing Requirements

From: BCF Web Administrator <michaelpack@wvdhhr.org>
To: Deidre Craythorne <deidrecraythorne@wvdhhr.org>
Date: Thu, Jul 6, 2006 12:57 PM
Subject: Regulatory Comment - 7/6/2006 12:27:03 PM

Rule Selections:

Family Child Care Facility Licensing Requirements

Topic: Water Testing Requirements

Concern/Issue: I have a comment/concern on water testing requirements due to the fact that I needed to have my water tested upon calling the Barbour County Department and telling Susan Plum what I needed and what for, i was told that it was not something that they did not really feel needs to be done on any well or spring water due to the fact that all well and spring water will have some bacteria in it because of being ground source. I still had the water tested to be told that it had bacteria to no surprise, I have even treated the water. We do not use our water for drinking purposes, we buy bottled water

Suggestion: I feel as long as we Daycare Providers provide bottled water when well or spring water is the source there should not be all the hassle of having the water tested. It is time wasted.

Name:

Address: , ,

Phone:

CC: CCtest <michaelpack@wvdhhr.org>

**CHILD CARE REGULATORY REQUIREMENTS
PUBLIC COMMENT FORM**

Rule Name: Family Child Care Facility 78-18 (care for 7-12 children)

Topic: Inspection and Investigation

Concern/Issue 5.1.b. Review of information ... financial resources ... house hold members.

Suggested Rule Revision: It is unclear on why financial resources of the employees and house hold members would have an effect on the licenses a facility?

typo page 27 18.3.a.6 that /than

Teresa Nelson
Print or Type Name

Teresa Nelson
Signature

HC 82 Box 222 Marlinton
Address 24954

799-7430
Phone Number

Please mail to:

Attn: Division of Early Care & Education
WV Department of Health and Human Resources
350 Capitol Street, Room B-18
Charleston, WV 25301

Rule does not cover employees + household members
typo 18.3.a.6

**CHILD CARE REGULATORY REQUIREMENTS
PUBLIC COMMENT FORM**

Rule Name: Family Child Care Facility 78-18 (care for 7-12 children)

Topic: Child Care Personnel

Concern/Issue I feel that the Substitutes

don't need all the training required. I
feel a background ck & CPR should be enough.

Suggested Rule Revision: I feel that the rule
should be [Substitutes are only
required to have a background
ck & CPR.]

comment

* I'm rarely gone away from my
Child Care business & my Substitute
has another job too. She doesn't have
a lot of time for 8 hrs of ~~extra~~ training
Melissa Shank Melissa Shank required.

Print or Type Name

Signature

571 warden Cir Rd wardenville WV 304-874-3737

Address

Phone Number

Please mail to:

Attn: Division of Early Care & Education
WV Department of Health and Human Resources
350 Capitol Street, Room B-18
Charleston, WV 25301

Also: if the
Family child care
Facility rules I've
received are going to
be used, I'm not
very agreeable on a lot
of rules pertained in Sec
78-18-14 on training hr
requirements.

**CHILD CARE REGULATORY REQUIREMENTS
PUBLIC COMMENT FORM**

Rule Name: Family Child Care Facility 78-18 (care for 7-12 children)

Topic: Total training hours for staff and operator

Concern/Issue Too many hours and not enough money to pay substitute to take our places in order to attend trainings

Suggested Rule Revision: _____

Revise total hours to 15 for operators and 12 for staff members. Some sort of pay or reimbursement for trainings attended out of home county.

Amy B. Hillen
Print or Type Name

Amy B. Hillen
Signature

45 N. Bolton St. Romney
Address 26757

304-822-7162
Phone Number

Please mail to:

Attn: Division of Early Care & Education
WV Department of Health and Human Resources
350 Capitol Street, Room B-18
Charleston, WV 25301

*Funding for this
not addressed
w/ the rule*

RECEIVED

JUL 14 2003

Early Care & Education

**CHILD CARE REGULATORY REQUIREMENTS
PUBLIC COMMENT FORM**

Rule Name: Family Child Care Facility 78-18 (care for 7-12 children)

Topic: Infants needing childcare

Concern/Issue The number of children under Two years needing quality daycare. I opened April/2006. I have a waiting list of 18 names for infants.

I already have my 4 so my hands are tied. Centers can have 8 provided the ratio of caregivers is 1/4. I would be willing to hire a third caregiver for the added 4 infants.

Suggested Rule Revision:

Family Child Care Facility's can have no more than 12 children with 2 caregivers. Of these 12 only four can be under the age of 2.

If there are more than 4 infants, Facility must hire another caregiver so the infant ratio is 4 infants to one caregiver.

Facility must have the room to accommodate the infants.

Patricia McKnight
Print or Type Name

Patricia McKnight
Signature

3036 R Mt Vernon Rd, Hurricane, WV
Address 25526

(304) 757-7701
Phone Number

Please mail to:

Attn: Division of Early Care & Education
WV Department of Health and Human Resources
350 Capitol Street, Room B-18
Charleston, WV 25301

*In the
Law - WV Code*

From: Joel Harris
To: Deidre Craythorne
Date: Fri, Jun 23, 2006 3:22 PM
Subject: Fwd: Inconsistencies in New CC Laws

James found some inconsistencies in the three regulations booklets.
Please read through for possible changes.
Thanks.

>>> James Richards 06/23/2006 2:55:42 PM >>>

I noticed that the first aid lists in each of the three C C laws are not consistent. For example, two of the three lists call for a digital thermometer while the third does not. Another example is that two of the three lists call for bandage tape while the other just specifies "tape." Hopefully, the provider would include the appropriate tape, but in case they do not, then we cannot easily enforce this.

The difference in disposable gloves is a safety issue in my opinion. There is research that demonstrates that vinyl gloves are not safe, once they are stretched. In other words, they are nonporous, until you actually use them. I think we should require nonporous gloves for all levels of care. Most cheap vinyl gloves will not meet this standard. There are medical-quality nitrile gloves available for latex-intolerant individuals. The gloves sold at Big Lots do not meet this standard.

I also think compliance and enforcement would be easier if these three lists matched. For example, the Choices R & R gives out first aid kits to eligible providers. By these standards, one or two of the three provider types would not receive the correct first aid kit.

The attachment is a listing of the three sets of regulations pertaining to first aid contents. A table also is included with the three types of required items that has the different textual requirements highlighted. I really think Division could clean this range of requirements up by just specifying the same list for all three laws and make everyone's job a little easier.

**CHILD CARE REGULATORY REQUIREMENTS
PUBLIC COMMENT FORM**

Rule Name: Family Child Care Facility 78-18 (care for 7-12 children)

Topic: Changes in State Code

Concern/Issue _____

Suggested Rule Revision: _____

I have no problem with any of
the changes and I will comply
with them fully.

Beckys Family Daycare
Rebecca M. Edwards
Print or Type Name

Rebecca Edwards
Signature

1133-46th St, Parkersburg, WV 26105 304-295-4135
Address Phone Number

Please mail to:

Attn: Division of Early Care & Education
WV Department of Health and Human Resources
350 Capitol Street, Room B-18
Charleston, WV 25301

*Put in
Comments*

From: Joan Skaggs
To: Ann Nutt; Joyce Tucker; Melanie Clark
Date: 07/05/2006 11:52:46 AM
Subject: Re: Comments on Regulations---2nd attempt--corrected mediation to medication!!

Ok, so my computer doesn't know the difference between mediation and medication!!!
I've corrected those errors-- here we go again! It's definitely like a Monday!!!
Below are my comments--hopefully without the errors in spelling!

Here are my comments on the **Informal and Relative Family Child Care Home Regulations:**

6.3 a. A care giver shall complete an initial two (2) hours of approved health or safety training within thirty (30) days of application.
Question---is this 1st aid and CPR?

7.3.a Store cleaning supplies,..... or toxic materials out of the reach of children under six (6) years of age
Seems that this should be older perhaps 8 or 10 years of age.

Question for area under Health, Sanitation and Nutrition
What are the guide lines for medication administration and how is documentation of administration being handled,?

9.2.b the care given and the children shall thoroughly wash their hands with soap and water for a least ten (10) seconds
Please correct to at least twenty (20) seconds for consistency with all other regulations!

11.1.a.4 (page 13) A poison control center--
Please consider adding the UNIVERSAL POISON CONTROL CENTER NUMBER--1-800-222-1222.

11.3.a. A thermometer-
Please consider adding the word 'digital' --again for consistency with other regulations!

Comments for Family Child Care Facility Licensing Requirements:

6. 4. j. A statement of any special needs of the child including allergies
Please add allergies--including medication/s, foods or environmental

10.7. e. Provide soap, clean water, clean individual wash cloths and towels for each child.
Question is - is there a plan for cleaning the tub between each child's bath?

20.12. a . Non-prescription medications.....or upon direction from the child's health care provider; and
document on individual child's medication log that medication was given.

20.12. b. Prescription medication only from.... labeled with the child's name, date, *dosage to be given, time and method*, following the health care provider's directions. *Document on individual child's medication log that medication was given.*

Replace page 34 --Appendix 78-18-A Disinfectant Solutions with page 6 from **Healthy Young Children**.

Page 36 Equipment and Materials for Infants-- --type of supplies and equipment-- add the word unbreakable secured infant mirrors...

Comments for Family Child Care Home Requirements

7.3.a.2. Store cleaning supplies.....out of the reach of children under six (6) years of age;
Seems that this should be older perhaps 8 or 10 years of age.

10.1 Health

Question--where is notation listed regarding--listing of allergies--medication/s, food and or environmental?

10.1.b. Question--who is providing the basic medication administration training for these folks?

10.1.b.1 Non-prescription medication shall be administered according to a written schedule, with information about dosage, how to administer the medication, including the method (or route) and times provided by the parents. Document on individual child's medication log that medication was given.

10.1.b.2. Prescription medication shall be stored in original containers clearly labeled with the child's name, date, dosage to be given, as well as the time and method (or route to be used). Document on individual child's medication log that medication was given.

17.2.a.5. Provide soap, clean water, clean individual wash cloths and towels for each child.

Question --is there a plan for cleaning tub between each child's bath?

Appendix 78-19-A Disinfectant Solution REPLACE with page 6 from Healthy Young Children.

Please share comments that hours and hours of work have gone into these revisions . I am most pleased to see consistency with wordage 'health care provider, back to sleep, hand washing , safety issues being proactively addressed--plugs for outlets,, etc, non smoking environments, pet and animal details, etc. etc.

Thanks,
Joan

Joan D. Skaggs, RN, MSN
Health Consultant
Division of Early Care and Education, Quality Initiatives
WVDHHR, Bureau for Children and Families
350 Capitol Street Room B-18
Charleston, WV 25301-3704
Phone: 304-558-8080
Fax: 304-558-8800
joanskaggs@wvdhhr.org

>>> Melanie Clark 07/05 10:03 AM >>>

Here are my comments on the Family Child Care Home Regulations:

6.3.d. remove "Components of Quality - Developmentally Appropriate Care", and replace with Components of Quality Care & Education Modules

Appendix 78-19-A remove table and replace with Healthy Young Children page 6.

Here are my comments on the Family Child Care Facility Requirements:

14.1.d remove "Components of Quality - Developmentally Appropriate Care", and replace with *Components of Quality Care & Education Modules*

15.2 remove "Components of Quality - Developmentally Appropriate Care", and replace with *Components of Quality Care & Education Modules*

Appendix 78-18-A remove table and replace with *Healthy Young Children page 6.*

Appendix 78-18-C Table A infant mirror should be unbreakable.

Melanie

**CHILD CARE REGULATORY REQUIREMENTS
PUBLIC COMMENT FORM**

Rule Name: Family Child Care Home 78-19 (Care for 4-6 children)

Topic: _____

Concern/Issue ___ 16.1.a.2 should not be changed to 13 months and younger

_10.1 checking on a child's health every 2 years is useless for this age group. This needs to be annually or take it out completely and we well deal with immunizations only

Suggested Rule Revision: _6.1 or 6.7 should include a statement that if known to the provider, the substitute should have no felony convictions or record of substantiated abuse or neglect.

6.4 needs to include a statement that fingerprinting is required so we will have something to print out on the corrective action plans

Fay L Magner

Print or Type Name

Signature

1027 N Randolph Ave
Elkins WV 26241
Address

304 637 5560
Phone Number

Please mail to:

Attn: Division of Early Care & Education
WV Department of Health and Human Resources
350 Capitol Street, Room B-18
Charleston, WV 25301

From: BCF Web Administrator <michaelpack@wvdhhr.org>
To: Beth Hall <bethhall@wvdhhr.org>
Date: Mon, Jul 10, 2006 2:33 PM
Subject: Regulatory Comment - 7/10/2006 2:25:44 PM

Rule Selections:

Child Care Center Licensing Requirements

Topic: Not requiring a child health assessment on childre

Concern/Issue: I would like some claification on this.

What is the reasoning on not requiring children over six to have a health assessment , if they are attending a childcare center, even if it is only for the summer?

Suggestion:

Name: Michelle McFall

Address: P.O. Box 122, Union, 24983

Phone: 3047725240

CC: CCtest <michaelpack@wvdhhr.org>

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

LEGISLATIVE RULES

TITLE 78, SERIES 18

**Public Comment Received and Department of Health and Human Resources'
Response**

FAMILY CHILD CARE FACILITY LICENSING REQUIREMENTS

July 28, 2006

**TITLE 78
LEGISLATIVE RULES
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
SERIES 18**

Public Comment on Family Child Care Facility Licensing Requirements and Response

A thirty day public comment regarding the proposed rule, Family Child Care Facility Licensing Requirements, 78 CSR 18, was held beginning June 17, 2006 and ended July 17, 2006. Fifteen comments were received. The Department of Health and Human Resources has elected to make a few changes based on these comments to clarify the intent of this rule. The DHHR has listed responses to each comment and has specifically listed the details of any changes to the rule.

Comment 1: "Water Testing Requirements. I have a comment/concern on water testing requirements due to the fact that I needed to have my water tested upon calling the Barbour County Department and telling Susan Plum what I needed and what for, I was told that it was not something that they did not really feel needs to be done on any well or spring water due to the fact that all well and spring water will have some bacteria in it because of being ground source. I still had the water tested to be told that it had bacteria to no surprise; I have even treated the water. We do not use our water for drinking purposes, we buy bottled water. I feel as long as we Daycare Providers provide bottled water when well or spring water is the source there should not be all the hassle of having the water tested. It is time wasted.

Response 1: Water testing is the province of the Division of Health, which has its own regulations, Title 64 Series 21, pertaining to family child care facilities. Any changes would need to be made to those rules, which are not currently under revision.

Comment 2: "5.1.b. Review of information...financial resources...household members. I'm unclear why the financial resources of the employees and household members would have an affect on the licenses a facility."

"Typo page 27 - 18.3.a.6 that/than."

Response 2: It was not the intent of the Department to investigate the financial resources of employees and other household members. The sentence will be revised to clarify the intent. The typographical error on page 27 will be corrected.

Comment 3: "Child Care Personnel. I feel that the substitutes don't need all the training required. I feel a background ck and CPR should be enough. I feel that the rule should be [substitutes are only required to have a background ck and CPR.] I'm rarely gone away from my child care business and my substitute has another job too. She doesn't have a lot of time for 8 hours of training required. Also: if the Family Child Care Facility rules I've received are going to be used, I'm not very agreeable on a lot of rules pertained in sec 78-18-14 on training hour requirements."

Response 3: The Department will modify substitute training requirements to the following:

1. Substitutes who are used less than twenty (20) eight hour days per year must have a background check and complete the following training: CPR, Sudden Infant Death Syndrome self study guide, Shaken Baby Syndrome self study guide, and receive an orientation from the operator.
2. Substitutes used more than twenty (20) eight hour days per year must meet the same training requirements as regular staff.

As for the training requirements for other personnel, WV Code, Chapter 49, Article 2-B states that one of the purposes of the article is to ensure that all child care programs be safe, reliable and geared to the ages and needs of the children they serve, meet basic health and safety standards, and employ people who have the training and experience needed to work with children. Research shows that increased professional development for staff improves health and safety practice and promotes children's learning and development. As the brain is more active in the early years than any other time in life, it is important to promote learning in the early years. For these reasons, we have decided against reducing the amount of training required.

Comment 4: "Total training hours for staff and operator. Too many hours and not enough money to substitutes to take our places in order to attend trainings. Revise total hours to 15 for operators and 12 for staff members. Some sort of pay or reimbursement for trainings attended out-of-home county.

Response 4: The rule does require 15 clock hours of training for the operator and 12 clock hours of training for staff. Funding for training attendance is not addressed by this rule. Training would be considered a cost of doing business for any child care setting. However, free training is provided by the child care resource and referral agencies and should be available on certain weekends and evenings.

Comment 5: "Infants needing child care. The number of children under two years needing quality daycare. I opened April/2006. I have a waiting list of 18 names for infants. I already have my 4 so my hands are tied. Centers can have 8 provided the ratio of caregivers is 1:4. I would be willing to hire a third caregiver for the added 4 infants. Family Child Care Facilities can have no more than 12 children with 2 caregivers. Of these twelve only four can be under the age of two. If there are more than 4 infants, Facility must hire another caregiver so the infant ratio is 4 infants to one caregiver. Facility must have the room to accommodate the infants.

Response 5: The number and ages of children permitted in a family child care facility is set in WV Code, Chapter 49, and cannot be changed by amending this rule. As for national best practice, Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs recommends that family

child care homes with two or more caregivers caring for no more than 12 children have no more than three children younger than 2 years of age in care. Our rules allow four children younger than 2 years of age, so we feel they are comparable to national best practice.

Comment 6: "I noticed that the first aid lists in each of the three CC laws are not consistent. For example, two of the three lists call for a digital thermometer while the third does not. Another example is that two of the three lists call for bandage tape while the other just specifies "tape." Hopefully, the provider would include the appropriate tape, but in case they do not, then we cannot easily enforce this. The difference in disposable gloves is a safety issue in my opinion. There is research that demonstrates that vinyl gloves are not safe, once they are stretched. In other words, they are nonporous, until you actually use them. I think we should require nonporous gloves for all levels of care. Most cheap vinyl gloves will not meet this standard. There are medical-quality nitrile gloves available for latex-intolerant individuals. The gloves sold at Big Lots do not meet this standard. I also think compliance and enforcement would be easier if these three lists matched. For example, the Choices R & R gives out first aid kits to eligible providers. By these standards, one or two of the three provider types would not receive the correct first aid kit."

Response 6: The following changes will be made to 20.9:

1. The words "Alcohol wipes or" will be added before antiseptic.
2. The qualifier "sterile" will be added to clarify the type of gauze required.
3. The qualifier "bandage" will be added to clarify the type of tape required.
4. The qualifier "blunt-tipped" will be added to clarify the type of scissors required.
5. The word "band aid" will be replaced with "non-medicated adhesive strips" to avoid promotion of a particular brand of adhesive strips.

Comment 7: Changes in State Code. I have no problem with any of the changes and I will comply with them fully.

Response 7: None

Comment 8: "6.4.j. A statement of any special needs of the child, including allergies. Please clarify allergies to include medication(s), foods or environmental."

Response 8: Rather than clarify in the rule, this breakdown will be added to the child medical form developed by the Department.

Comment 9: "10.7.e. Provide soap, clean water, clean individual wash cloths and towels for each child. Is there a plan for cleaning tub between each child's bath?"

Response 9: A requirement will be added for cleaning the tub.

Comments 10: 20.12.a. and 20.12.b. Non-prescription medicines..... document on child's medical log that medication was given
Prescription medication.... Labeled with child's name, date, dosage to be given, time and method, following the health care provider's directions.

Response 10: Prior to adding a requirement to the rules that a medication log be maintained, the requirement should be fully discussed with family child care facility providers to achieve some consensus on the benefits prior to requiring additional paperwork. In addition, trainer resources are not readily available at this point. This should be addressed in future revisions of the rules with focus groups asked to give input on the issue. The language "following the health care provider's directions" is sufficient for a prescription medication.

Comment 11: Replace page 34, Disinfectant Solutions with page 6 from Health Young Child.

Response 11: A simpler version of the disinfectant solution has been added to the rule.

Comment 12: Equipment and Materials for Infants. Types of supplies and equipment-add the words "unbreakable secured infant mirrors.

Response 12: Words added.

Comments 13: Sections 14.1.d. and 15.2 Change from Components of Quality Care-Developmentally Appropriate Care to Components of Quality Care and Education Modules.

Response 13: Changes made.

Comments 14: Checking on a child's health every 2 years is useless for this age group. This needs to be annually or take it out completely and deal with immunizations only."

Child Care Center Licensing Requirements -Comment: Not requiring a child health assessment on children. I would like some clarification on this. What is the reasoning on not requiring children over six to have a health assessment, if they are attending a childcare center, even if it is only for the summer?

Responses 14: While the above two comments were received on family child care homes and child care centers, this is a good opportunity to provide consistency in the requirements for child health assessments across the four types of child care program. In one set of rules, they were required annually; and in another, every two years. Some required medicals on all children; others, only on children under the age of six. Parents were complaining about the discrepancies. Some parents have been concerned about the cost and indicated they only took older children to the doctor when they were ill. For these reason, we opted to have an initial physical examination form completed on all children and provide the parent with a periodicity schedule from the West Virginia Health Check Program and a list of recommended immunizations for children. After the

initial health assessment, parents are asked to submit a form to the provider every two years until the child turns six years of age.

Comment 15: “6.4 needs to include a statement that fingerprinting is required so we will have something to print out on the corrective action plans.”

Response 15: The above comment was made on the family child care rules. As the family child care facility rules are lacking the same language, the same statement was added to clarify that fingerprinting is required.

Family Child Care Facility Licensing Requirements Rules Changed as a Result of Public Comment

- 5.1.b. Language changed to clarify that an investigation of a facility only includes the financial resources of the applicant.
- 6.4.e. Rule changed to require health assessments to be supplied on all children within 30 days and to require the facility to provide parents with a periodicity schedule from WV Health Check. The health assessment is still required every two years for children under the age of 6.
- 6.4.f. Language changed to require immunization records on all children.
- 7.2. Substitutes. Language changed to allow a substitute who to work up to twenty eight-hour days and only requiring them to have orientation from the operator, CPR and first aid and Sudden Infant Death Syndrome and Shaken Baby Syndrome;
- 7.2.b. Rule changed to require only substitute caregivers used more frequently than twenty (20) days at hours per day, per year to meet the same qualifications that apply to new staff, including requirements with regard to background checks.
- 10.7.f. Rule added to require tub to be cleaned between uses.
- 14.1.d. and 15.2 Language changed to reflect "Components of Quality Care and Education Modules
- 15.3. Section added to clarify requirements for substitutes.
- 16.1.c. Language added to require personnel to submit fingerprints for purposes of obtaining a criminal record background check. Fingerprinting must be done initially and repeated at least every five (5) years.
- 20.9. First aid supplies revised to require alcohol wipes or antiseptic; ~~band-aid non-medicated adhesive strips~~; sterile gauze; bandage tape; and blunt-tipped scissors.
- Appendix A. Disinfectant Solutions requirements page changed for clarity and ease of use.
- Appendix C. The word "unbreakable" was added, so that infant mirrors are secure and unbreakable.