

## Ertl, Lisa M

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**From:** Stephanie Geneseo <allnestledinn@gmail.com>  
**Sent:** Monday, July 17, 2017 1:15 PM  
**To:** Ertl, Lisa M; Clark, Melanie A; mrskathys@comcast.net; eubankt@comcast.net; lorna2day@hotmail.com  
**Subject:** WV FCC Review of Rules Revision  
**Attachments:** Family Childcare Reunion training flyer.pdf

My name is Stephanie Geneseo. I am a 28 year Family Child Care provider. I have worked until the recent changes in border care as a WV provider serving children and families in my Tri state area. My current position is as a Family Child Care provider in Ohio and a CDA PD Specialist, and Tri State Advocate for Family Child Care. I am offering my review as a support to enhance and build West Virginia Family Child care to be a community trusted asset and hope my review of the rule provisions serves as a help in facilitating increased safety and professionalism in the early care field. Please find my comments under each area. i also wish to extend a training offer to all FCC in WV See flyer attached.

Page 3 Substitute- Please define the qualifications required to be a substitute provider. Are there minimum hours this service can be used/ For example in Ohio, a sub can only be used for brief care such as a doctors appointment errands, to attend a training and an employee can be used for extended hours and days of care. has WV considered the addition of the employee ?

Page 3 4.1b Why must there be a renewal ? the ohio fccp license is in effect until....the provider 1) quits doing care 2) Is found in serious risk non compliance Otherwise there is no need to continually issue a annual license. The license is in effect until..... This saves the state money from reissuing forms and the time to do so. Pg 4 4.4d Again Why limit this to 2 years?

pg 3 4.2.a.1 The family child care can be registered under the provider name but also can be listed under the sole proprietorship business name registered with the state of WV. ( I would amend this ) Dont forget this is a legal small business and is recognized as such by IRS and each state collecting taxes.

pg 3 4.2.a.2 Be located in the sole residence of the caregiver.

My understanding is that A facility must be in the sole providers home according to tax rules for in home child care reporting and tax guidelines. You cannot claim expenses such as utilities for your home if you are using multiple sites for childcare . If I am reading the facility rule correctly you are stating it does not have to be the sole home but isnt that what in home child care is? If you want to separate and label something a facility I would think it would have to be listed as a child care center and be in compliance as a center not a home. Can you clarify how a sole provider can claim a family child care license in multiple locations or those separate from their home?

pg 4 4.6.b.1 The age, sex, and type of problems in childcare This statement is unclear and seems legally complicit? Can we legally word this in this manner? Check discrimination laws

Pg 5 4.7 b Waiver of variance? Define and list what a waiver of variance is including explanations and examples. This is unclear and not written in a simple understandable format.

pg 5 5.3 A caregiver shall allow a reasonable on site monitoring inspection Must define reasonable citing all examples to be considered. The definition must be clear and precise and not under interpretation of law.

pg 5 5.3 This is a serious issue. Only areas of home specified for child care should be made available. A family has reasonable request to have certain areas of their home marked private such as personal restroom and bedrooms. And members of our family should not be required to have their privacy interrupted without their consent during a home inspection. For example if a spouse works night shift they should not be required to

be awoken in their bedroom for an inspection. With that said, reasonable areas of the home such as living room, kitchen, restroom, and child care rooms should always be accessible. Our bedrooms should be off limits and should be stated in this rule. This would more clearly define reasonable.

pg 6 6.1.c If you want all household members to maintain confidentiality this may not be legally possible as they are not in contract with or employed by the childcare home and or the department. This is something we all hope will be a reasonable expectation but it is not legally possible to be enforced.

Pg 6 6.2.d How can the Department determine a provider's healthcare and ability to work? A form specifying health conditions and process for continuing, denying, or placing limitations and what those limitations may be must be listed. I personally feel like this is a violation of healthcare and would rethink this addition to the rule review and contact a legal team for full disclosure of what this could imply.

Pg 6 6.a.1 Include AED training

6.3.b. and .c Minimize this to state clearly in one statement the total hours needed each year to be in compliance. This is too wordy

6.3.d Needs clarification. What does training hours that may be carried over include hours earned through the WVIT program and the ACDS program? Will you accept local, state, and national conference hours? Online hours, college course hours? FCC membership training's? State here specifically what you accept.

6.4.a.1 Define WVCARES what it is and attach the application and consent form with clear instructions as an attachment listed under this section for ease of access in relating to forms FCCP will need.

6.4.a.2 I personally feel BCI and FBI should be done more frequently. Five years is too much of a safety gap. BCI for local needs done annually, FBI every 3.

6.5.a please add substitute when provider is away from home. Be specific of who is in charge daily.

6.7.c provider must create a form of notification and provide directly to parents and keep in file for record review. A written form of closure must be posted on home for inspectors to document when a visit is made and a provider is not at home. I would go so far as to include a direct email to the inspector stating date and time of notification for recordkeeping. I do this in Ohio and it protects both the provider and the inspector by providing proof of closure and reason for closure.

6.7.f this is a non issue because subs must have bci and FBI checks prior to caring for any child in fcc home care.

7.1. a Do you require a land line or is a cellphone permitted? In OH we are required to have landlines because we use swipe machines for exact in/ out times

7.1.b.1 Do you regulate the temperature of water? Do you also measure areas of home used for childcare? I would state the square footage required per child per room

8.1.a Evacuation Plan on every wall of every room used for childcare. A reunification Plan posted and additional one packed in first aid kit

8.1.a.5.a If the plan changes then you would update. But the only thing needing updated annually is a list of children and emergency contact list.

8.1.a.5.b This needs redefined because a plan of evacuation provides specific information and privacy of the home layout to families. for the safety and privacy of the home provider and their family this should be restated. I have a plan of evacuation that shares through a private code with the childcare family where we will meet in the event of evacuation and a reunification contact number and code. Please keep in mind the safety of providers and their own families. Be specific in your plan but recognize sometimes we deal with families who

can leave care angry, may be addicted, or may have other issues that can cause incidents and injury to the provider home and family. Its a new world we live in.

8.1.b Leave this posted for the home but don't hand out copies to everyone just the inspector should have a copy on file.

9.2.a.1 Keep documentations for ALL animals that require vaccinations not just cats n dogs List all animals available to children in care

10.1.a.3 It is impossible to separate a sick child from other children in a family child care home. It is such a close knit environment and children must be in our line of vision at all times that separating them is too little too late. Everyone will be compromised and the virus will already be shared before you know it. specify children awaiting pick up for vomiting or diarrhea are set apart in the room for care from their classmates but isolation cannot contain viral introductions and is simply not possible for a one to 6 ratio of children. The provider and other kids in care will be exposed. it is the plan of contamination and care that needs to be developed into a policy and posted and sent home to parents.

10.1.d.5 Create a form for providers to use when a doctors letter of medical condition is required to be on file.

10.2.b. Will water require testing? how can a provider document safe drinking water ? Specify.

10.2.f.5 Is a pest service required? How will this be documented? A form should be created for guidance to providers.

11.1 Providers need a policy in place and a written record of water exposure such as pool wading pools, bathing, water table play.

12.1.a Create a form for providers to complete and add here is an attachment

12.1.d Emergency consent forms shall be notarized.... Create a form for providers and add whose signatures are required?

14.2.c Create a form and policy of daily exposure to stories

14.1.a Create form and policy of Daily Routines and Expectations for this form

15.1.a Create a form for provider attach here with DAP methods to be approved by dept.

15.1.d Time out is not an effective tool Children must be redirected into activities and areas that can effectively address behavior. This needs changed to updated and effective methods. Clarify in a format form for providers to create their own forms and policy with clear expectations.

16.2.b Revise this and document that infants don't need separate bottles of water as this can cause Infant drowning and lead to poor nutrition. Rewrite this to address the importance and safety requirements of sharing water with an infant.

16.2.e Create an Infant Toddler curriculum to be daily used and documented. Provider can create her daily lesson plan through self created DAP activities or may use a program developed curriculum

16.1.c no bedding should be permitted in crib no blankets bumper pads only the sheet for the mattress

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***RSVP: Stephanie Geneseo (304) 416-3387***

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