

ARLINGTON COUNTY CODE

Chapter 52

CHILD CARE CENTERS

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§ 52-1. Definitions.

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise:

"Adult" means any individual 18 years of age or older.

"Age and stage appropriate" means the curriculum, environment, equipment, and adult- child interactions are suitable for the ages of the children within a group and the individual needs of any child.

"Age groups":

1. "Infant" means children from birth to 23 months.
2. "Toddler" means children who are two (2) years old.
3. "Preschooler" means children from three (3) years up to the age of eligibility to attend public school, five (5) years by September 30.
4. "School age" means children eligible to attend public school, age five (5) or older by September 30 of that same year. Four (4) - or five (5) -year-old children included in a group of school age children may be considered school age during the summer months if the children will be entering kindergarten that year.

"Accessible" means capable of being entered, reached, or used.

"Attendance" means the actual presence of an enrolled child.

"Body fluids" means urine, feces, saliva, blood, nasal discharge, eye discharge, and injury or tissue discharge.

"Child" means any person less than 18 years old.

"Child care center" ("center") means any entity providing the care, education, protection, supervision, or guidance for two (2) or more children under the age of 13 that is not the residence of the provider or any of the children in care, or a facility with 13 or more children. This definition includes but is not limited to full- and part-time care, preschool, parents-day-out, and cooperative preschool programs.

"Children with special needs" means children with developmental disabilities, intellectual disabilities, emotional disturbance, sensory or motor impairment, or significant chronic illness who require special health surveillance or specialized programs, interventions, technologies, or facilities.

"Cleaned" means treated in such a way to reduce the amount of filth through the use of water with soap or detergent or the use of an abrasive cleaner on inanimate surfaces.

"Communicable disease" means a disease caused by a microorganism (bacterium, virus, fungus, or parasite) that can be transmitted from person to person via an infected body fluid or respiratory spray, with or without an intermediary agent (such as a louse, mosquito) or environmental object (such as a table surface). Some communicable diseases are reportable to the local health authority.

“Cooperative Parent” means a parent who has a child enrolled in a cooperative preschool in which the parent provides supervision of children on a cooperative basis while supervised by staff. The cooperative parent may be counted in the staff-to-children ratio so long as the requirements outlined in this chapter are met.

“Cooperative preschool” means any facility for the purpose of providing care, maintenance and education activities for children who are younger than school age for less than three (3) hours per day, where supervision of children is provided by a parent on a cooperative basis.

“Corrective action plan” means a written plan listing non-compliance that details corrective actions that the licensee will take within an established period to time to address violations or actions to prevent the recurrence of violations.

“County Manager” means the County Manager of Arlington County in his/her role as the local board of public welfare or any of his/her designees acting in their role as the local board of public welfare.

“Department” means the Arlington County Department of Human Services.

“Department’s representative” means an employee or designee of the Arlington County Department of Human Services, acting as the authorized agent of the County Manager.

“Evacuation” means movement of occupants out of the building to a safe area near the building.

"Evening care" means care provided after 7 p.m. through 12 a.m.

"Good character and reputation" means knowledgeable and objective people agree that the individual (i) maintains business, professional, family, and community relationships which are characterized by honesty, fairness, and truthfulness, and (ii) demonstrates a concern for the well-being of others to the extent that the individual is considered suitable to be entrusted with the care, guidance, and protection of children. Relatives by blood or marriage and people who are not knowledgeable of the individual, such as recent acquaintances, shall not be considered objective references.

"Group of children" means the children assigned to a staff member or team of staff members.

"Group size" means the number of children assigned to a staff member or team of staff members occupying an individual room or area.

“High school program completion or the equivalent” means an individual has earned a high school diploma, or passed a high school equivalency examination approved by the Board of Education in accordance with §§ 22.1-254.2 of the Code of Virginia, as amended.

"Homeless child" means a child who lacks a fixed, regular, and adequate nighttime residence and includes a child who is:

1. Living in a car, park, public space, abandoned building, substandard housing, bus or train station, or similar settings;
2. Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason, sometimes referred to as doubled-up;
3. Living in a motel, hotel, or camping ground due to lack of alternative adequate accommodations;
4. Living in a congregate, temporary, emergency or transitional shelter;
5. Awaiting or in foster care placement;
6. Abandoned in a hospital;

7. Living in a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings; or

8. A migratory child as defined in 20 USC § 6399 who qualifies as homeless because the child is living in circumstances described in subdivisions 1 through 6 of this definition.

“Inaccessible” means not capable of being entered, reached, or used.

"Independent contractor" means an entity that enters into an agreement to provide specialized services or staff for a specified period of time.

"Individual service, education or treatment plan" means a plan identifying the child's strengths, needs, general functioning and plan for providing services to the child. The service plan includes specific goals and objectives for services, accommodations and intervention strategies. The service, education or treatment plan clearly shows documentation and reassessment or evaluation strategies.

"Intervention strategies" means a plan for staff action that outlines methods, techniques, cues, programs, or tasks that enable the child to successfully complete a specific goal.

"Licensee" means any individual, corporation, partnership, association, limited liability company, local government, state agency, including any department, institution, authority, instrumentality, board, other administrative agency of the Commonwealth or other legal or commercial entity that operates or maintains a child care center to whom the license is issued.

"Lockdown" means a situation where children are isolated from a security threat and access within and to the facility is restricted.

“Management experience” is defined as at least six (6) months of on-the-job training in an administrative position that requires supervising, orienting, training, and scheduling staff.

"Minor injury" means a wound or other specific damage to the body such as, but not limited to, abrasions, splinters, bites that do not break the skin, and bruises.

“Mixed age groups” mean children of varying ages assembled together in one group.

"Overnight care" means care provided after 7 p.m. and continues past 12 a.m.

"Parent" means the biological or adoptive parent or parents or legal guardian or guardians of a child enrolled in or in the process of being admitted to a center.

“Parent's-day-out program” means any facility operating for the purpose of providing care, maintenance or education for children who are younger than school age during any part of the day where children from infancy to five (5) years old are in attendance not more than six and one-half (6 1/2) hours per day.

"Physician" means an individual licensed to practice medicine in any of the 50 states or the District of Columbia.

"Physician's designee" means a physician, licensed nurse practitioner, licensed physician assistant, licensed nurse (R.N. or L.P.N.), or health assistant acting under the supervision of a physician.

“Preschool” means any agency operating for the purpose of providing care, maintenance or education for children who are younger than school age on a regular basis during any part of the day where two (2), three (3), and four (4) year old children are in attendance for less than four (4) hours a day and five (5) year old children for less than six and one-half (6 1/2) hours a day.

"Programmatic experience" means time spent working directly with children in a group that is located away from the child's home. Work time shall be computed on the basis of full-time work experience during the period prescribed or equivalent work time over a longer period. Experience settings may include a child day program, family day home, child day center, boys and girls club, field placement, elementary school, or a faith-based organization.

"Relocation" means movement of occupants of the building to a safe location away from the vicinity of the building.

"Resilient surfacing" means:

1. For indoor and outdoor use underneath and surrounding equipment, impact absorbing surfacing materials that comply with minimum safety standards when tested in accordance with the procedures described in the American Society for Testing and Materials' standard F1292-99 as shown in Figures 2 (Compressed Loose Fill Synthetic Materials Depth Chart) and 3 (Use Zones for Equipment) on pages 6-7 of the National Program for Playground Safety's "Selecting Playground Surface Materials: Selecting the Best Surface Material for Your Playground," February 2004.

2. Hard surfaces such as asphalt, concrete, dirt, grass or flooring covered by carpet or gym mats do not qualify as resilient surfacing.

"Sanitized" means treated in such a way to remove bacteria and viruses from inanimate surfaces through using a disinfectant solution (i.e., bleach solution or commercial chemical disinfectant) or physical agent (e.g., heat). The surface of item is sprayed or dipped into the disinfectant solution and allowed to air dry on the surface for a minimum of two (2) minutes or according to the disinfectant solution instructions.

"Serious injury" means a wound or other specific damage to the body that requires medical attention beyond basic first aid, such as unconsciousness; broken bones; dislocation; deep cut requiring stitches; poisoning, concussion; or a foreign object lodged in eye, nose, ear, or other body orifice.

"Shaken baby syndrome" or "abusive head trauma" means a traumatic injury that is inflicted upon the brain of an infant or young child. The injury can occur during violent shaking, causing the child's head to whip back and forth, the brain to move about, and blood vessels in the skull to stretch and tear.

"Shelter-in-place" means the movement of occupants of the building to designated protected spaces within the building.

"Staff" means administrative, activity, and service personnel including the licensee when the licensee is an individual who works in the center, and any persons counted in the staff-to-child ratios or any persons working with a child without sight and sound supervision of a staff member.

"Staff positions" are defined as follows:

1. "Assistant teacher" means the individual designated to be responsible for helping the lead teacher in supervising children and in implementing the activities and services for children. Assistant teachers may also be referred to as child care assistants or aides.
2. "Lead teacher" means the individual designated to be responsible for the direct supervision of children and for implementation of the activities and services for a group of children. Lead teachers may also be referred to as child care teachers.
3. "Assistant program director" means the individual designated to assist the program director in developing and implementing the activities and services offered to children, which could include the supervision, orientation, training, and scheduling of staff who work directly with children.
4. "Program director" means the primary, on-site director or coordinator designated to be responsible for developing and implementing the activities and services offered to children, including the supervision,

orientation, training, and scheduling of staff who work directly with children, whether or not personally performing these functions.

5. "Administrator" means a manager or coordinator designated to be in charge of the total operation and management of one or more centers. The administrator may be responsible for supervising the program director or, if appropriately qualified, may concurrently serve as the program director. The administrator may perform staff orientation or training or program development functions if the administrator meets the qualifications of § 52-24.B and a written delegation of responsibility specifies the duties of the program director.

"Standard precautions" means an approach to infection control. According to the concept of standard precautions, all human blood and certain human body fluids are treated as if known to be infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens.

"Violation" means a breach or infraction of a licensing law or rule. Violation is sometimes referred to as noncompliance.

"Volunteer" means a person who works at the center and:

1. Is not paid;
2. Is not counted in the staff-to-children ratios; and
3. Is in sight and sound supervision of a staff member when working with a child.

Any unpaid person not meeting this definition shall be considered "staff" and shall meet staff requirements. (4-25-81; Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-2. Authority to Regulate.

- A. It is hereby declared to be the policy of the County of Arlington to protect the public health, safety, and general welfare by providing for the licensing and regulation of child care centers in order to adequately protect the children of Arlington County. To do so, the County adopts the following regulations to safeguard the children and families in the County of Arlington pursuant to its authority under Section 15.2-741 of the Code of Virginia.
- B. Nothing in this chapter shall be construed to contradict or to negate any provisions of the Arlington County Code or the Code of Virginia, which may apply to child care centers.
(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-3. Regulated Service.

- A. All child care centers in Arlington County, except for those exempt under subsection C of this section are subject to regulations of this chapter.
- B. The County of Arlington has the right to inspect, monitor and enforce the regulations of this chapter.
- C. The following child care centers are exempt from licensure by the County of Arlington:
 1. A facility licensed by the Virginia Department of Social Services as a summer camp.
 2. A public school or private school comprised of pre-kindergarten through twelfth grade or any portion thereof unless the County Manager determines that such private school is operating a child care center

outside the scope of regular classes.

3. A facility which provides child care on an hourly basis which is contracted for only occasionally by a parent.
4. A Sunday School conducted by a religious institution or a facility operated by a religious organization where children are cared for during short periods of time while persons responsible for such children are attending religious services.
5. A facility operated by a religious institution exempt from licensure under Section 63.2-1716 of the Code of Virginia.
6. Any private school regulated under Chapter 16 of the Arlington County Code operated for the purpose of providing specialized training courses for more than four (4) children, such as beauty schools, dance schools and karate and self-defense schools.
7. A private family home regulated under Chapter 59 of the Arlington County Code in which children are received for care, education, protection, supervision and guidance.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-4. License Required; Posting of License.

It shall be unlawful to operate a child care center as defined herein without a valid license issued pursuant to this chapter and a valid certificate of occupancy issued by the building official pursuant to the Virginia Uniform Statewide Building Code. Such license shall be posted in a visible location within the licensed premises where it can be easily seen by parents and other visitors of the center.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-5. Application for License.

- A. Any person or entity who intends to operate or maintain a child care center must submit an application to the Department for a license in the name of the person or entity operating the center.
- B. The application must identify the owner, program director and/or functioning governing body with responsibility for and authority over the operation of the center. The owner or governing body must designate a person to function as the program director.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-6. Procedures for License.

- A. Upon receipt of the application, the Department will begin an inquiry into the activities, services and facilities of the applicant; of the applicant's financial responsibility and of his/her character and reputation or, if the applicant is an association, partnership or corporation, the character and reputation of its officers and agent as they relate to the applicant's ability to maintain the facility and work with children.
- B. The applicant must afford the representative of the Department to make a pre-licensing inspection of the facilities for the purpose of determining whether the applicant can proceed through the licensing process.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-7. Issuance of the Initial License.

Upon completion of the pre-licensing inspection, the Department may grant a license required by this chapter to any applicant thereof upon production of evidence satisfactory that the applicant, the facilities, services and activities are in compliance with the Arlington County Code, the Virginia Uniform Statewide Building Code,

the Code of Virginia, and the provisions of this chapter.
(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-8. Types of Licenses.

- A. Conditional license: A license issued to a new child care center to allow for the licensee to demonstrate compliance with sections of the regulations which could not be determined during the initial inspection.
1. The conditional license will be issued for a period of six (6) months to allow time for all requirements to be met, including staffing, training, and record-keeping.
 2. If at the end of the six (6) month conditional period, the licensee is in full compliance with the regulations of this chapter, a regular license will be issued.
 3. If at the end of the six (6) month conditional period, the licensee is not in full compliance with the regulations of this chapter, a regular license will not be issued and the licensee will be notified in writing.
- B. Regular license: A license issued to a child care center whose program, facilities and operations meet compliance with regulations of this chapter.
1. A regular license will be issued up to a maximum of two (2) years.
- C. Provisional license: A license issued to an operating child care center at the time of renewal, when the licensee is temporarily unable to comply with the regulations of this chapter. There cannot be any serious risk to the health, safety and well-being of children and the licensee has agreed to operate under conditions as stated in a corrective action plan.
1. The provisional license will be issued up to a maximum of six (6) months. An extension beyond this time period requires Department approval.
 2. If at the end of the six (6) month provisional period, the licensee is in full compliance with the regulations of this chapter, a regular license will be issued.
 3. If at the end of the six (6) month provisional period, the licensee is not in full compliance with the regulations of this chapter and if an extension is not granted, a regular license will not be issued and the licensee will be notified in writing.
- D. No license issued pursuant to this chapter is transferable.
(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-9. License Conditions.

Each license issued pursuant to this chapter shall set forth the conditions under which the licensee may operate. Said conditions shall include, but not be limited to, the name(s) of the operator(s) of the child care center, the maximum number and age range of children to be served, and the period of time for which the license is effective. Each provisional or conditional license issued pursuant to this chapter shall be accompanied by a letter from the County Manager or his/her designee stating the reason(s) for its being provisional or conditional.
(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-10. Requirements for Changes in Operation.

- A. The licensee shall inform the Department, in writing, of any of the following changes in operation no less than ten days before implementation of the change(s):

1. Change of ownership, including a change in ownership of the parent company;
2. Change in location, name and telephone number of the center;
3. Change in Center Director or an extended absence that exceeds two weeks in duration;
4. Renovations or alterations of the premises that substantially changes the indoor or outdoor space of the center.

B. The licensee shall submit a written request to the Department to modify conditions of the license to include:

1. Change in hours of operation;
2. Change in licensed capacity;
3. Change in age range of children; or
4. Any other condition to be modified.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-11. Renewal of License.

A. Licenses must be renewed every two (2) years and prior to the date of expiration.

B. Licensees desiring renewal must notify the Department prior to the license expiration. The facilities and records of each applicant for a renewal of a license may be inspected by the Department to determine whether the applicant is in compliance with the standards of this chapter.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-12. Denial of Application.

A. The Department may deny an application for a new or renewed license if:

1. The activities, services and facilities of the applicant are in violation of any provision of this chapter, the Arlington County Code, or the Code of Virginia;
2. An evaluation of the application reveals that the applicant misrepresented or reported false information;
3. An evaluation of background checks indicates that any staff member has been charged or found guilty of a barrier crime as defined in the Code of Virginia or is the subject of a founded complaint of child abuse or neglect;
4. The applicant has a history of regulatory violations which demonstrates an inability to provide for the health, safety and welfare of children; or
5. The Department concludes that the applicant cannot provide for the health, safety and welfare of the children in care based on pertinent information received by the Department, which creates reasonable doubt as to the applicant's ability to provide care to children.

B. Upon the denial of the application for a new or renewed license under this chapter, the Department shall notify the applicant in writing that the application is denied, stating:

1. The reason(s) for the denial;

2. The regulatory standard(s) with which the applicant failed to comply that is the basis for the denial; and
3. The applicant's right to appeal the denial in accordance with the appeals process as established in § 52-17.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-13. Suspension of License.

- A. The Department may suspend a license upon determining that:
 1. The licensee is in violation of any provision of this chapter, the Arlington County Code, or the Code of Virginia; or
 2. The life, health, safety, or welfare of children is in imminent danger.
- B. Upon the suspension of the license, the Department shall notify the licensee in writing of the suspension, stating:
 1. The effective date and period of the suspension;
 2. Reason(s) for the suspension;
 3. The regulatory violation(s) which is the basis for the suspension;
 4. That the licensee must stop providing care on the effective date of the suspension; and
 5. The applicant's right to appeal the suspension in accordance with the appeals process as established in § 52-17.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-14. Revocation of License.

- A. The Department may revoke a license upon determining that:
 1. The licensee is in violation of any provision of this chapter, the Arlington County Code or the Code of Virginia;
 2. The life, health, safety, and welfare of children is in imminent danger;
 3. The licensee misrepresented or offered false information on any form or report required by the Department;
 4. The terms or conditions of an intermediate sanction have been violated; or
 5. Violations required to be corrected during a suspension have not been corrected at the end of the suspension period.
- B. Upon the revocation of the license, the Department shall notify the licensee in writing of the revocation, stating:

1. The effective date and period of the revocation;
2. Reason(s) for the revocation;
3. The regulatory violation(s) which is the basis for the revocation;
4. That the licensee must stop providing care on the effective date of the revocation; and
5. The applicant's right to appeal the revocation in accordance with the appeals process as established in § 52-17.

C. An applicant may reapply for a license after six (6) months from the date of revocation.
(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-15. Inspections.

- A. Facilities will be inspected for initial licensing, renewal purposes, routine monitoring and when complaints/allegations are made against the facility. It is the duty of every licensee to give the right of entrance to and inspection of the premises to representatives of the Department, to keep and maintain such records as the Department may prescribe, to permit inspection of these records, and to report to the Department such facts as may be required.
- B. The Department may conduct a follow-up inspection any time a center is cited for any violation.
- C. Facility inspections will be conducted in an unannounced manner.
- D. A report of inspection findings will be provided to the center following the completion of any inspection.
(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-16. Enforcement.

- A. If an inspection or investigation reveals a violation of any provision of this chapter, the Arlington County Code, or the Code of Virginia, the Department may undertake enforcement actions.
- B. Enforcement actions may include, but are not limited to:
 1. Issuance of written inspection reports which include corrective action plans, requests to submit a corrective action plan to the Department, and notices of intention to initiate enforcement through the denial, suspension, or revocation of a license;
 2. Meetings or telephone conferences between the Department and the licensee to discuss corrective action plans;
 3. Intermediate sanctions such as:
 - a. Reduction of capacity;
 - b. Prohibition on new admissions;
 - c. Mandated training;
 - d. Requiring the licensee to contact parents/guardians about health and safety violations;

4. Denial of application for a new or renewed license;
5. Suspension of a license

- a. A license may be temporarily suspended without a hearing upon written notification to the licensee by the Department upon finding that the public life, health, safety or welfare of a child is in imminent danger; or

6. Revocation of a license.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-17. Hearing and Appeal Process.

- A. A hearing shall be held when the licensee requests a hearing to contest:
 1. The denial of an application for a new or renewed license;
 2. A suspension or revocation of a license; or
 3. Any other action that adversely impacts the licensee.
- B. All hearing requests shall be submitted in writing to the County Manager or his/her designee and shall state the name and address of the licensee and the effective date and nature of the action being appealed.
- C. The written hearing request shall be submitted to the County Manager or his/her designee within five (5) business days of receipt of written notice of enforcement action.
- D. The County Manager or his/her designee shall notify the appellant of the time, date, and place of the hearing within five (5) business days of receipt of the written hearing request. The County Manager or his/her designee will meet with the appellant at a mutually agreeable time. Meeting attendees may include:
 1. Representatives of Arlington County Government;
 2. Witnesses for both parties. Witnesses will be present only while providing testimony; or
 3. Legal counsel.
 - a. If legal counsel represents the licensee, legal counsel must also represent Arlington County Government.
 - b. If legal counsel will be in attendance, the licensee shall notify the County Manager or his/her designee at least three (3) business days prior to the hearing.
- E. The County Manager or his/her designee shall render a hearing decision to the licensee within five (5) business days from the date of the hearing. The decision will either uphold or overturn the adverse action.
 1. The decision of the County Manager or his/her designee is final and subject to no further appeal.

F. Any step in the appeal process may be waived if mutually agreed upon by the appellant and the County Manager or his/her designee.
(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-18. Deferred Compliance.

The owner or operators of any facility required to be licensed by this chapter, operating in the County as of the effective date of this chapter, may apply for and be granted a time period not to exceed six (6) months in order to comply with the standards and policies prescribed hereunder which were not in effect on the date of enactment of this chapter. All other provisions of this chapter become effective upon the effective date of the chapter.
(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-19. Conflict of Chapter.

The provisions of this Chapter are meant to complement and be read in harmony with all other provisions of the Arlington County Code. In any case where a provision of this chapter is found to be in conflict with any other provision of the Arlington County Code existing on the effective date of this chapter, the provision which establishes the higher standard for the promotion and protection of the health and safety of the people shall prevail. It shall not be considered a conflict if the provider needs to comply with other requirements in order to obtain permits, licenses, or certificates other than a childcare license from Arlington County Government, such as but not limited to: building permits, sign permits, certificates of occupancy, use permits, business, professional and occupational licenses, etc.
(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-20. Penalties.

The person, firm or corporation who operates a child care center without a valid license issued pursuant to this chapter shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not to exceed three hundred dollars (\$300.00), or by imprisonment in jail not exceeding 30 days, or both. Each day of violation shall constitute a separate offense.
(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-21. Severability.

Should any clause, sentence, paragraph or part of this chapter or the application thereof to any person or circumstances be adjudged by a court of competent jurisdiction to be unconstitutional or invalid, said judgment shall not affect, impair or invalidate the remainder of this chapter, or the application of such provisions to other persons or circumstances, but shall be confined in its application to the clause, sentence, paragraph or part thereof, directly involved in the controversy in which said judgment shall have been rendered, and the person or circumstances involved.
(4-2-77; Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-22. Operational Responsibilities.

- A. The operational responsibilities of the licensee shall include ensuring that the center's activities, services, and facilities are maintained in compliance with these standards, the center's own policies and procedures that are required by these standards, and the terms of the current license issued by the department.
- B. The Center shall maintain public liability insurance for bodily injury for each center site with a minimum limit of at least \$500,000 each occurrence and with a minimum limit of \$500,000 aggregate.
- C. Evidence of insurance coverage shall be made available to the County Manager's representative upon request.

- D. The center shall establish and follow a written emergency preparedness plan that addresses staff responsibility and facility readiness with respect to emergency evacuation and relocation, shelter-in-place, and lockdown. The plan shall include the most likely to occur emergency scenario or scenarios, including fire, severe storms, loss of utilities, natural disaster, chemical spills, intruder, violence at or near the center, and terrorism specific to the locality, and other situations, including facility damage that requires evacuation, lockdown, or shelter-in-place.
- E. The center shall establish and follow written procedures for injury prevention.
- F. The center shall establish and follow written procedures for prevention of shaken baby syndrome or abusive head trauma, coping with crying babies, safe sleeping practices, and sudden infant death syndrome awareness.
- G. The center shall establish and follow a written plan for behavior management that includes how staff will address challenging behaviors.
- H. If the center administers medication, the center shall establish and follow written medication procedures that shall:
 - 1. Include any general restrictions for the administration of medication;
 - 2. Be consistent with the manufacturer's instructions for age, duration and dosage for nonprescription medication;
 - 3. Include duration of the parent's authorization for medication, provided that it shall expire or be renewed after 10 work days. Long-term prescription and over-the-counter medication may be allowed with written authorization from the child's physician and parent; and
 - 4. Include methods to prevent the use of outdated medication.
- I. The center shall establish and follow written playground safety procedures that shall include:
 - 1. Provision for active supervision by staff to include positioning of staff in strategic locations, scanning play activities, and circulating among children; and
 - 2. Method of maintaining resilient surface.

(9-27-76; Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-23. Records and Reports.

The following records shall be maintained and be made available for County inspection and shall be kept accurate and kept current:

- A. Any records required to be kept by State or local law.
- B. General recordkeeping; reports.
 - 1. Staff and children's records shall be treated confidentially. Exception: children's records shall be made available to parents on request, unless otherwise ordered by the court.

2. Records and reports on children and staff required by this chapter shall be maintained and made accessible for two (2) years after termination of services or separation from employment unless specified otherwise.

C. Children's records.

1. Each center shall maintain and keep at the center a separate record for each child enrolled which shall contain the following information:
 - a. Name, sex, address, and birth date of the child;
 - b. Name, home address, and telephone number of each custodial parent;
 - c. When applicable, name, address, and telephone number of each custodial parent's place of employment;
 - d. Name and telephone number of child's physician;
 - e. Name, address, and telephone number of two (2) designated people to contact in case of an emergency if a parent cannot be reached;
 - f. Names of persons other than the custodial parents who are authorized to pick up the child. Appropriate legal paperwork shall be on file when the custodial parent requests the center not to release the child to the non-custodial parent;
 - g. Information on allergies and intolerance to food, medication, or any other substances, and actions to take in an emergency situation;
 - h. A written care plan for each child with a diagnosed food allergy, to include instructions from a physician regarding the food to which the child is allergic and the steps to be taken in the event of a suspected or confirmed allergic reaction;
 - i. Chronic physical problems and pertinent developmental information and any special accommodations needed;
 - j. A written agreement between the parent and the center shall be in each child's record by the first day of the child's attendance. The agreement shall be signed by the parent and include:
 - i. An authorization for emergency medical care should an emergency occur when the parent cannot be located immediately unless the parent states in writing an objection to the provision of such care on religious or other grounds;
 - ii. A statement that the center will notify the parent when the child becomes ill and that the parent will arrange to have the child picked up as soon as possible if so requested by the center; and
 - iii. A statement that the parent will inform the center within 24 hours or the next business day after their child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

- k. Documentation of child updates and confirmation of up-to-date information in the child's record at least annually.
- l. Documentation of viewing proof of the child's identity and age.
- m. First and last dates of attendance.
- n. Documentation of health information as required by § 52-28.

D. Staff records.

- 1. Each center shall maintain and keep at the center a separate record for each employee, which shall contain the following information:
 - a. Name, address, verification of age requirement, job title, and date of employment or volunteering; and name, address and telephone number of a person to be notified in an emergency which shall be kept at the center.
 - i. The requirements of this subsection apply to cooperative parents.
 - b. For staff hired after July 1, 2019, documentation that two (2) or more references as to character and reputation as well as competency were checked before employment or volunteering. If a reference check is taken over the phone, documentation shall include:
 - i. Dates of contact;
 - ii. Names of persons contacted;
 - iii. The firms contacted;
 - iv. Results; and
 - v. Signature of person making call.
 - c. Background checks as required by Background Checks for Child Welfare Agencies (22VAC40-191).
 - d. Documentation to demonstrate that the individual possesses the education, certification, and experience required by the job position, and orientation and training as required in § 52-25 and § 52-26.
 - e. First aid, cardiopulmonary resuscitation and other certifications as required by the responsibilities held by the staff member.
 - f. Health information as required by § 52-27.
 - g. Information, to be kept at the center, about any health problems that may interfere with fulfilling the job responsibilities.
 - h. Date of separation from employment.

2. Background check records for cooperative parents and independent contractors must be kept in accordance with Background Checks for Child Welfare Agencies (22VAC40-191).

E. Attendance records; reports.

1. For each group of children, the center shall maintain a written record of daily attendance that documents the arrival and departure of each child in care as it occurs.
2. Reports shall be filed and maintained as follows:
 - a. The center shall inform the Department's representative as soon as practicable but not to exceed one (1) business day of the circumstances surrounding the following incidents:
 - i. Death of a child while under the center's supervision;
 - ii. Missing child when local authorities have been contacted for help; or
 - iii. The suspension or termination of all child care services for more than 24 hours as a result of an emergency situation and any plans to resume child care.
 - b. The center shall inform the Department's representative as soon as practicable, but not to exceed two (2) business days, of any injury to a child that occurs while the child is under the supervision of the center and requires outside medical attention.
 - c. Any suspected incident of child abuse shall be reported in accordance with §63.2-1509 of the Code of Virginia.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-24. Staff Qualifications.

A. General qualifications.

1. The Center must obtain the following background checks for staff, including cooperative parents and independent contractors, who will be involved in the day-to-day operations of the facility or who will be alone with, in control of, or supervising one or more children:
 - a. A satisfactory national criminal background check prior to employment;
 - b. A sworn statement or affirmation prior to the first day of employment; and
 - c. A completed central registry search within 30 days of employment.
2. All required background checks for staff must be updated every five (5) years, prior to expiration.
3. Staff shall be:
 - a. Of good character and reputation;
 - b. Capable of carrying out assigned responsibilities;
 - c. Capable of accepting training and supervision; and

- d. Capable of communicating effectively both orally and in writing as applicable to the job responsibility.
 4. Staff who work directly with children shall be capable of communicating with emergency personnel.
 5. Staff who drive a vehicle transporting children shall submit a current driving record that discloses any moving traffic violation that occurred five (5) years prior to or during employment or assignment as a driver.
- B. Program director qualifications.
 1. Program directors shall be at least 21 years of age and shall have one of the following:
 - a. A graduate degree from an accredited college in child development or early childhood education with at least six (6) months of experience working with children as a director or teacher in a child care center, family day care home, or other early childhood and/or educational program;
 - b. A graduate degree from an accredited college in a child-related field such as elementary education, special education, nursing, social work, psychology and sociology, which includes at least 12 semester hours in child development or early childhood education with at least six (6) months of experience such as a director or teacher in a child care center, family day care home, or other early childhood and/or educational program;
 - c. A graduate degree and Montessori Infant and Toddler Full Credential, Montessori Early Childhood Full Credential from the American Montessori Society, National Center for Montessori Education or the Association Montessori International with at least six (6) months of experience working with children as a director or teacher in a child care center, family day care home, or other early childhood and/or educational program;
 - d. A bachelor's degree from an accredited college in child development or early childhood education with at least one (1) year of full-time experience as a director or teacher in a child care center, family day care home, or other early childhood and/or educational program;
 - e. A bachelor's degree from an accredited college in a child-related field such as elementary education, special education, nursing, social work, psychology and sociology, which includes at least 12 semester hours in child development or early childhood education with at least one (1) year of full-time experience as a director or teacher in a child care center, family day care home, or other early childhood and/or educational program;
 - f. A bachelor's degree and Montessori Infant and Toddler Full Credential, Montessori Early Childhood Full Credential from the American Montessori

Society, National Center for Montessori Education or the Association Montessori International with at least one (1) year of full-time experience as a director or teacher in a child care center, family day care home, or other early childhood and/or educational program;

- g. An associate's degree in child development or early childhood education with at least five (5) years of full-time experience as a director or teacher in a child care center, family day care home, or other early childhood and/or educational program;
- h. An associate's degree in a child-related field such as elementary education, special education, nursing, social work psychology and sociology, or two (2) years of college, in which both shall include at least 12 semester hours in child development or early childhood education with at least five (5) years of full-time experience as a director or teacher in a child care center, family day care home, or other early childhood and/or educational program;
- i. An associate's degree and Montessori Infant and Toddler Full Credential, Montessori Early Childhood Full Credential from the American Montessori Society, National Center for Montessori Education or the Association Montessori International with at least five (5) years of full-time experience as a director or teacher in a child care center, family day care home, or other early childhood and/or educational program;

2. The Program Director is responsible for the overall operation of the center.

C. Program directors and back-up for program directors.

- 1. The center shall have a qualified program director or a qualified back-up program director who meets one of the director qualifications who shall regularly be on site at least 50% of the center's hours of operation.
- 2. For centers offering multiple shifts, a qualified program director or qualified back-up director shall regularly be on site at least 50% of the day shift and at least two hours during the evening shift and two hours during the night shift.

D. Assistant director and lead teacher qualifications.

- 1. Assistant directors and lead teachers shall be at least 18 years of age, have fulfilled a high school program completion or the equivalent, and have one of the following:
 - a. At least one of the program director qualifications;
 - b. A bachelor's degree from an accredited college in child development or early childhood education with at least three (3) months of experience as a teacher or assistant teacher in a child care center, family day care home, or other early childhood and/or educational program;

- c. A bachelor's degree from an accredited college in a child-related field such as elementary education, special education, nursing, social work, psychology and sociology, which includes at least nine (9) semester hours in child development or early childhood with at least three (3) months of experience as a teacher or assistant teacher in a child care center, family day care home, or other early childhood and/or educational program;
 - d. A bachelor's degree and Montessori Infant and Toddler Full Credential, Montessori Early Childhood Full Credential from the American Montessori Society, National Center for Montessori Education or the Association Montessori International with at least three (3) months of experience as a teacher or assistant teacher in a child care center, family day care home, or other early childhood and/or educational program;
 - e. An associate's degree in child development or early childhood education with at least six (6) months of experience as a teacher or assistant teacher in a child care center, family day care home, or other early childhood and/or educational program;
 - f. An associate's degree in a child-related field such as elementary education, special education, nursing, social work, psychology and sociology, or two (2) years of college, in which both shall include nine (9) semester hours in child development or early childhood education with at least six (6) months of experience as a teacher or assistant teacher in a child care center, family day care home, or other early childhood and/or educational program;
 - g. An associate's degree and Montessori Infant and Toddler Full Credential, Montessori Early Childhood Full Credential from the American Montessori Society, National Center for Montessori Education or the Association Montessori International with at least six (6) months of experience as a teacher or assistant teacher in a child care center, family day care home, or other early childhood and/or educational program;
 - h. A Child Development Associate credential with at least one (1) year of experience as a teacher or assistant teacher in a child care center, family day care home, or other early childhood and/or educational program;
- E. Assistant teacher qualifications.
- Assistant teachers shall be at least 18 years of age and have fulfilled a high school program completion or the equivalent.
- F. Independent contractors and volunteers.
- 1. Individuals from independent contractors shall not be counted in the staff-to-children ratios unless they meet the qualifications for the applicable position.
 - 2. Individuals from independent contractors who do not meet staff qualifications shall, when in the presence of children, be within sight and sound supervision of a staff

member.

3. Volunteers who work with children shall be at least 14 years of age.
4. Volunteers shall show willingness and ability to work with children, and shall be within sight and sound t supervision of the director, assistant director or teacher.

G. Child care centers shall provide sufficient personnel to maintain required Arlington County standards of cleanliness, safety, comfort and nutrition without depriving the children of proper supervision.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-25. Staff Orientation.

- A. Staff, to include cooperative parents at cooperative preschools receiving federal Child Care Development Fund grant subsidies, shall complete orientation training appropriate to the age of children in care.
- B. Orientation training for staff shall be completed on the following facility specific topics prior to the staff member working alone with children and within seven (7) days of the date of employment:
 1. Job responsibilities and to whom they report;
 2. The policies and procedures listed in subsection C of this section and the standards in this chapter that relate to the staff member's responsibilities;
 3. The center's playground safety procedures unless the staff member will have no responsibility for playground activities or equipment;
 4. Recognizing child abuse and neglect and the legal requirements for reporting suspected child abuse as required by § 63.2-1509 of the Code of Virginia;
 5. Confidential treatment of personal information about children in care and their families;
 6. The center's policies and procedures on the administration of medication;
 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event such as violence at a child care facility and the emergency preparedness plan;
 8. Prevention of sudden infant death syndrome and use of safe sleep practices;
 9. Prevention of shaken baby syndrome and abusive head trauma, including procedures to cope with crying babies or distraught children; and
 10. Prevention of and response to emergencies due to food and other allergic reactions including:
 - a. Recognizing the symptoms of an allergic reaction;
 - b. Responding to allergic reactions;
 - c. Preventing exposure to the specific food and other substances to which the child is allergic; and

- d. Preventing cross contamination;
11. Prevention and control of disease.
- C. Prior to working alone with children and within seven (7) days of the first day of employment, staff shall be provided in writing with the center's information listed in §52-40 and the following:
1. Procedures for supervising a child who may arrive after scheduled classes or activities including field trips have begun;
 2. Procedures to confirm absence of a child when the child is scheduled to arrive from another program or from an agency responsible for transporting the child to the center;
 3. Procedures for identifying where attending children are at all times, including procedures to ensure that all children are accounted for before leaving a field trip site and upon return to the center;
 4. Procedures for action in case of lost or missing children, ill or injured children, medical emergencies and general emergencies;
 5. Policy for any administration of medication;
 6. Emergency evacuation, relocation, shelter-in-place, and lockdown procedures; and
 7. Precautions in transporting children, if applicable.
- D. Within 30 days of the first day of employment, staff must complete orientation training in first aid and cardiopulmonary resuscitation (CPR), as appropriate to the age of children in care.
- E. Volunteers who work more than six (6) hours per week shall receive training on the center's emergency procedures within the first week of volunteering.
- F. Documentation of orientation training shall be kept by the center in a manner that allows for identification by individual staff member, is considered part of the staff member's record, and shall include:
1. Name of staff;
 2. Training topics;
 3. Training delivery method;
 4. The entity or individual providing training;
 5. The total number of training hours or credit hours of orientation training received; and
 6. The date of training.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-26. Staff Training.

- A. Staff shall complete annually a minimum of eight (8) hours of training appropriate to the age of children in care.
 - 1. Effective July 1, 2020, staff shall complete a minimum of 12 hours of training annually.
 - 2. Effective July 1, 2021, staff shall complete a minimum of 16 hours of training annually.
- B. Training completed to meet the requirements of this section shall be in addition to completing orientation requirements in § 52-25.
- C. Staff who do not work with a group of children at the center shall only be required to complete annual training on emergency preparedness and response, child abuse and neglect, and mandated reporter requirements.
- D. Staff who work with children eight (8) hours or less per month, and cooperative parents at cooperative preschools receiving federal Child Care Development Fund grant subsidies who work with children eight (8) hours or less per month, shall only be required to annually complete eight (8) hours of training appropriate to the age of children in care. This training must be from the following topics:
 - 1. Child development;
 - 2. Behavior management;
 - 3. Prevention of and response to allergic reactions;
 - 4. Emergency preparedness;
 - 5. Child abuse and neglect and requirements for mandated reporters;
 - 6. Playground safety procedures, unless the individual will have no responsibility for supervision of children during playground activities;
 - 7. Supervision of children; or
 - 8. Medication administration.
- E. Cooperative parents at cooperative preschools that do not receive Child Care Development Fund grant subsidies shall only be required to annually complete four (4) hours of training appropriate to the age of children in care. This training must be from the following topics:
 - 1. Child development;
 - 2. Behavior management;
 - 3. Prevention of and response to allergic reactions;
 - 4. Emergency preparedness;
 - 5. Child abuse and neglect and requirements for mandated reporters;

6. Playground safety procedures, unless the individual will have no responsibility for supervision of children during playground activities;
 7. Supervision of children; or
 8. Medication administration.
- F. Volunteers who work more than six (6) hours per week shall be required to complete annual training on the center's emergency procedures.
- G. Annual training shall be relevant to staff's job responsibilities and the care of children, and include topics such as:
1. Child development including physical, cognitive, social, and emotional development;
 2. Behavior management and positive guidance techniques;
 3. Prevention and control of infectious diseases;
 4. Prevention of sudden infant death syndrome and use of safe sleep practices;
 5. Prevention of and response to emergencies due to food and other allergic reactions including:
 - a. Recognizing the symptoms of an allergic reaction;
 - b. Responding to allergic reactions;
 - c. Preventing exposure to the specific food and other substances to which the child is allergic; and
 - d. Preventing cross contamination;
 6. The center's policies and procedures on the administration of medication;
 7. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic;
 8. Prevention of shaken baby syndrome and abusive head trauma including procedures to cope with crying babies or distraught children;
 9. Signs and symptoms of child abuse and neglect and requirements for mandated reporters;
 10. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event such as violence at a child care facility and the center's specific emergency preparedness plan as required § 52-30;
 11. Handling and storage of hazardous materials and the appropriate disposal of diapers and other items contaminated by body fluids;
 12. CPR and first aid;
 13. Precautions in transporting children if applicable; and
 14. The recommended care requirements related to the care and development of children with special

needs, if applicable.

- H. Training on the center's emergency preparedness plan shall be completed annually and each time the plan is updated.
- I. Medication administration.
1. To safely perform medication administration practices listed in § 52-47 whenever the center has agreed to administer prescribed medications, the administration shall be performed by a staff member who has satisfactorily completed a training program for this purpose approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant, doctor of medicine or osteopathic medicine, or pharmacist pursuant to § 54.1-3408 of the Code of Virginia; or administration shall be performed by a staff member who is licensed by the Commonwealth of Virginia to administer medications.
 - a. Staff required to have the training shall be retrained at three-year intervals.
 2. To safely perform medication administration practices listed in § 52-47, whenever the center has agreed to administer over-the-counter medications other than topical skin gel, cream, or ointment, the administration must be performed by a staff member who has satisfactorily completed a training course developed or approved by the Department of Social Services in consultation with the Department of Health and the Board of Nursing and taught by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant, doctor of medicine or osteopathic medicine, or pharmacist; or performed by a staff member who is licensed by the Commonwealth of Virginia to administer medications.
 - a. The course, which shall include competency guidelines, shall reflect currently accepted safe medication administration practices, including instruction and practice in topics such as reading and following manufacturer's instructions; observing relevant laws, policies, and regulations; and demonstrating knowledge of safe practices for medication storage and disposal, recording and reporting responsibilities, and side effects and emergency recognition and response.
 - b. Staff required to have the training shall be retrained at three-year intervals.
 3. Any child for whom emergency medications (such as albuterol, glucagon, and epinephrine auto injector) have been prescribed, there shall always be a staff member onsite while the child is in care, who meets the requirements in subdivision 1 of this subsection.
- J. Daily health observation training shall include the following:
1. Components of daily health check for children;
 2. Inclusion and exclusion of the child from the class when the child is exhibiting physical symptoms that indicate possible illness;
 3. Descriptions of how diseases are spread and the procedures or methods for reducing the spread of disease;
 4. Information concerning the Virginia Department of Health Notification of Reportable Diseases pursuant to 12VAC5-90-80 and 12VAC5-90-90, also available from the local health department and the website of the Virginia Department of Health; and
 5. Staff occupational health and safety practices in accordance with Occupational Safety and Health

Administration's bloodborne pathogens regulation (29 CFR 1910.1030).

- K. There shall always be at least one (1) staff member on duty who has obtained within the last three (3) years instruction in performing the daily health observation of children.
- L. Documentation of training shall be kept by the center in a manner that allows for identification by individual staff member, is considered part of the staff member's record, and shall include:
 - 1. Name of staff;
 - 2. Training topic;
 - 3. Evidence that training on each topic required in this section has been completed;
 - 4. Training delivery method;
 - 5. The entity or individual providing training;
 - 6. The number of training hours or credit hours received; and
 - 7. The date of training.

M. Medication administration training and daily health observation training may count toward the annual training hours required in this section.
(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-27. Staff Medical Requirements.

- A. Tuberculosis (TB) screening for staff.
 - 1. Each staff member, cooperative parent and individual from an independent contractor shall submit documentation of a negative tuberculosis screening or test.
 - a. Documentation of screening shall be submitted at the time of employment and prior to coming into contact with children.
 - b. The documentation shall have been completed within the last 30 calendar days of the date of employment and be signed by a physician, the physician's designee or an official of the local health department.
 - 2. Acceptable forms of documentation of tuberculosis screening are:
 - a. A clearance statement signed by a physician, the physician's designee or an official of the local health department. This statement shall include language that the individual does not have any current symptoms of active tuberculosis, does not have either a risk factor for acquiring tuberculosis infection or a risk factor for progression to active tuberculosis disease as defined by the local health department, or has been treated for these conditions in the past, and is currently free of tuberculosis in a communicable form. Individuals who have a risk factor for progression to active tuberculosis disease as defined by the Virginia Department of Health shall submit documentation as stated in subdivision 2 or 3 of this subsection;
 - b. The results of a negative tuberculin skin test (TST). The documentation shall include the date the test was given and results of the test and be signed by a

physician, physician's designee or an official of the local health department.

- c. The results of a chest x-ray negative for active tuberculosis disease. The documentation shall include the date of the test and location where the examination was performed.
3. At least every two (2) years from the date of the initial screening or testing, or more frequently if recommended by a licensed physician or the local health department, staff members, cooperative parents and individuals from independent contractors shall obtain and submit the results of a follow-up tuberculosis screening as stated in subsection 2 of this section.
4. Any staff member, cooperative parent, or individual from an independent contractor who develops symptoms compatible with active tuberculosis disease, regardless of the date of the last tuberculosis screening or assessment, shall obtain and submit within 14 days a determination of noncontagiousness by a physician or local health department.
 - a. Until such determination is made, that staff member, cooperative parent, or individual from an independent contractor may not be permitted to work at the center.
 - b. Any staff member, cooperative parent, or individual from an independent contractor who comes in contact with a known active case of tuberculosis or who tests positive on a tuberculin skin test, regardless of the date of the last tuberculosis screening or assessment, shall submit within 30 days a statement indicating that all needed follow-up for the incident has been completed and that the individual is free of tuberculosis in a communicable form. This statement shall be signed by a physician, physician's designee or an official of the local health department.

B. Medical certification for staff.

1. Each staff member shall submit a medical certification that they are physically and mentally fit to care for children.
 - a. The requirements of this subsection do not apply to cooperative parents.
2. The certification shall have been completed within the last 30 days and be signed by a physician or physician's designee.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-28. Children's Medical Requirements.

A. Immunizations for children.

1. The center shall obtain documentation that each child has received the immunizations required by the State Board of Health before the child can attend the center.
2. The center may allow a child to attend contingent upon a conditional enrollment for a period of 90 days if the child received at least one (1) dose of each of the required vaccines and the child possesses a plan from a physician or local health department for completing his immunization requirements within the ensuing 90 calendar days. If the child requires more than two (2) doses of hepatitis B vaccine, the conditional enrollment period, for hepatitis B vaccine only, shall be 180 calendar days.
3. If a child is homeless and does not have documentation of the required immunizations, the center may allow the child to attend during a grace period of no more than 90 days to allow the parent or guardian time to obtain documentation of required immunizations.

4. Documentation related to the child's conditional enrollment shall be maintained in the child's record.
5. The center shall obtain documentation of additional immunizations at least once annually for children under the age of two (2) years.
6. The center shall obtain documentation of additional immunizations at least once between each child's fourth and sixth birthdays.
7. Pursuant to subsection C of § 22.1-271.2 of the Code of Virginia, documentation of immunizations is not required for any child whose:
 - a. Parent submits an affidavit to the center on the current form approved by the Virginia Department of Health stating that the administration of immunizing agents conflicts with the parent's or child's religious tenets or practices; or
 - b. Physician or a local health department states on a Department of Health-approved form that one or more of the required immunizations may be detrimental to the child's health, indicating the specific nature and probable duration of the medical condition or circumstance that contraindicates immunization.

B. Physical examinations for children.

1. Each child shall have a physical examination by or under the direction of a physician:
 - a. Before the child's attendance; or
 - b. Within 30 days after the first day of attendance. If a child is homeless and does not have documentation of a physical examination, the center may allow the child to attend during a grace period of no more than 90 days to allow the parent or guardian time to obtain documentation of the required physical examination.
2. If the child has had a physical examination prior to attendance, it shall be within the time period prescribed in this subsection:
 - a. Six (6) months prior to attendance for children under the age of two (2) years;
 - b. Twelve (12) months prior to attendance for children two (2) years of age through five (5) years of age.
3. When a child transfers from a facility licensed by the Arlington County Department of Human Services or the Virginia Department of Social Services, a new physical examination is not required if a copy of the physical examination from the originating program is maintained in the child's record at the current facility.
4. Pursuant to subsection D of § 22.1-270 of the Code of Virginia, physical examinations are not required for any child whose parent objects on religious grounds. The parent must submit a signed statement noting that the parent objects on religious grounds and certifying that to the best of the parent's knowledge the child is in good health and free from communicable or contagious disease.
5. A new physical examination is not required for a school age child if a copy of the physical examination required for his entry into a Virginia public kindergarten or elementary school is kept in the child's record.

C. Form and content of immunizations and physical examination reports for children.

1. The current form required by the Virginia Department of Health or a physician's form shall be used to report immunizations received and the results of the required physical examination.
2. Each report shall include the date of the physical examination and dates immunizations were received and shall be signed, electronically signed, and/or stamped by a physician or designee, or an official of a local health department.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-29. Building Structure and Facilities.

A. No child care center shall begin operation until the premises to be occupied have passed all inspections and obtained all permits required by the Code of Virginia and the Arlington County Code, including but not limited to any and all applicable building permits, plumbing and electrical permits, and certificates of occupancy.

B. Building maintenance.

1. Areas and equipment of the center, inside and outside, shall be maintained in a clean, safe and operable condition. Unsafe conditions shall include, but not be limited to, splintered, cracked or otherwise deteriorating wood; chipped or peeling paint; visible cracks, bending or warping, rusting or breakage of any equipment; head entrapment hazards; and protruding nails, bolts or other components that could entangle clothing or snag skin.
2. Heat shall be supplied from a heating system approved in accordance with the Uniform Statewide Building Code (USBC, 13VAC5-62). The heating system shall:
 - a. Be installed to prevent accessibility of children to the system; and
 - b. Have appropriate barriers to prevent children from being burned, shocked, or injured from heating equipment. In addition, proper supervision shall be available to prevent injury.
 - c. Exception: In case of emergency, portable heaters may be used in accordance with the manufacturer's instructions.
3. In inside areas occupied by children, the temperature shall be maintained no lower than 65°F.
4. Fans or other cooling systems shall be used when the temperature of inside areas occupied by children exceeds 80°F.
5. Drinking fountains or individual disposable cups with safe drinking water shall be accessible at all times.
6. Equipment shall include, but not be limited to, the following:
 - a. Outside lighting provided at entrances and exits used by children before sunrise or after sundown; and
 - b. An in-service, non-pay telephone.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-30. Emergency Provisions.

- A. Each facility shall be inspected by local fire officials at least once a year.
- B. A plan for emergency situations and for illness of staff shall be maintained and made available for County inspections.
- C. The emergency preparedness plan shall contain procedural components for:
 1. Sounding of alarms such as intruder, evacuation, lockdown, and shelter-in-place for tornado or chemical hazards;
 2. Emergency communication to include:
 - a. Establishment of center emergency officer and back-up officer to include 24-hour contact telephone number for each;
 - b. Notification of local authorities such as fire and rescue, law enforcement, emergency medical services, poison control, health department, parents, and local media; and
 - c. Availability and primary use of communication tools;
 3. Evacuation to include:
 - a. Assembly points, methods to account for all children at the assembly point and relocation site, primary and secondary means of egress, and complete evacuation of the buildings;
 - b. Securing of essential documents, including attendance records, parent contact information, emergency contact information and information on allergies or food intolerances;
 - c. Methods to ensure any health care needs to include medications and care plans, emergency contact information for staff, and supplies are taken to the assembly point or relocation site;
 - d. Method of communication with parents and emergency responders;
 - e. Accommodations or special requirements for infants, toddlers, and children with special needs to ensure their safety during evacuation or relocation; and
 - f. Procedures to reunite children with a parent or authorized person designated by the parent to pick up the child;
 4. Shelter-in-place to include:
 - a. Scenario applicability, such as tornado or chemical spill, inside assembly points, methods to account for all children at the safe locations, and primary and secondary means of access and egress;
 - b. Securing of essential documents, including attendance records, parent contact information, emergency contact information and information on allergies or food intolerance;
 - c. Methods to ensure any health care needs to include medications and care plans, emergency contact information for staff, and supplies are taken to assembly point or

- relocation site;
 - d. Method of communication with parents and emergency responders;
 - e. Accommodations or special requirements for infants, toddlers, and children with special needs to ensure their safety during shelter-in-place; and
 - f. Procedures to reunite children with a parent or authorized person designated by the parent to pick up the child;
5. Lockdown, to include:
- a. Facility containment procedures, such as closing of fire doors or other barriers, scenario applicability, assembly points, and methods to account for all children at the safe locations;
 - b. Method of communication with parents and emergency responders;
 - c. Accommodations or special requirements for infants, toddlers, and children with special needs to ensure their safety during lockdown; and
 - d. Procedures to reunite children with a parent or authorized person designated by the parent to pick up the child;
6. Continuity of operations to ensure that essential functions are maintained during an emergency;
7. Staff training requirement, drill frequency, and plan review and update; and
8. Other special procedures developed with local authorities.
- D. Emergency evacuation and shelter-in-place procedures and maps shall be posted in a visible location on each floor of each building that can be easily seen by staff and children.
- E. The center shall implement practice fire drills monthly.
- F. Shelter in place procedures shall be practiced a minimum of twice per year.
- G. Lockdown procedures shall be practiced at least annually.
- H. Documentation shall be maintained of emergency evacuation, shelter-in-place, and lockdown drills that includes:
- 1. Identity of the person conducting the drill;
 - 2. The date and time of the drill;
 - 3. The method used for notification of the drill;
 - 4. The number of staff participating;
 - 5. The number of children participating;
 - 6. Any special conditions simulated;

7. The time it took to complete the drill;
 8. Problems encountered, if any; and
 9. For emergency evacuation drills only, weather conditions.
- I. The center shall maintain a record of the dates of the practice drills for one year.
 - J. For centers offering multiple shifts, the simulated drills shall be divided evenly among the various shifts.
 - K. A 911 or local dial number for police, fire and emergency medical services and the number of the regional poison control center shall be posted in a visible place at each telephone.
 - L. The center shall prepare a document containing local emergency contact information, potential shelters, hospitals, evacuation routes, etc., that pertain to each site frequently visited or of routes frequently driven by center staff for center business (such as field trips, pick-up or drop off of children to or from schools, etc.). This document must be kept in vehicles that centers use to transport children to and from the center.
 - M. Parents shall be informed of the center's emergency preparedness plan.
 - N. The center or other appropriate official shall notify the parent immediately if a child is lost, requires emergency medical treatment or sustains a serious injury.
 - O. The center shall notify the parent by the end of the day of any known minor injury.
 - P. The center shall maintain a written record of children's serious and minor injuries in which entries are made the day of occurrence. The record shall include the following:
 1. Date and time of injury;
 2. Name of injured child;
 3. Type and circumstance of the injury
 4. Staff present and treatment;
 5. Date and time when parents were notified;
 6. Staff and parent signatures or two staff signatures; and
 7. Documentation on how parent was notified.
 - Q. A parent shall be notified immediately of any confirmed or suspected allergic reaction and the ingestion or contact with food in the written care plan as required in § 52-23.C.1.h even if a reaction did not occur.

§ 52-31. First Aid Training and Cardiopulmonary Resuscitation (CPR).

- A. At least one (1) staff in each classroom or area where children are present shall have within 90 days of July 1, 2019:
 1. Current certification in cardiopulmonary resuscitation (CPR) as appropriate to the age of the children in care from an organization such as the American Red Cross, American Heart

Association, American Safety and Health Institute, or National Safety Council. The training shall include an in-person competency demonstration; and

2. Current certification in first aid from an organization such as the American Red Cross, American Heart Association, American Safety and Health Institute, or National Safety Council.
- B. CPR and first aid certification training may count toward the required annual training hours.
- C. There shall be at least two (2) staff members who meet the requirements of subsection A of this section present on the premises during the center's hours of operation, on fieldtrips, and wherever children are in care.
- D. Staff who is a registered nurse or licensed practical nurse with a current license from the Board of Nursing shall not be required to obtain first aid certification.
(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-32. First Aid and Emergency Supplies.

- A. A first aid kit shall be:
1. On each floor of each building used by children;
 2. Accessible to outdoor play areas;
 3. On field trips; and
 4. Wherever children are in care.
- B. Each first aid kit shall be easily accessible to staff but not to children.
- C. The required first aid kits shall include at a minimum:
1. Scissors;
 2. Tweezers;
 3. Gauze pads;
 4. Adhesive tape;
 5. Band-aids, assorted types;
 6. An antiseptic cleansing solution /pads;
 7. Thermometer;
 8. Triangular bandage;
 9. Single use gloves such as surgical or examination gloves; and
 10. The first aid instructional manual.

- D. The following emergency supplies shall be required at the center and be available on field trips:
1. Activated charcoal preparation (to be used only on the direction of a physician or the center's local poison control center); and
 2. An ice pack or cooling agent.

- E. The following nonmedical emergency supplies shall be required:

1. One working, battery-operated flashlight on each floor of each building that is used by children; and
2. One working, battery-operated radio in each building used by children.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-33. Safety.

- A. No center shall be located where conditions exist that would be hazardous to the health and safety of children.
- B. Hazardous substances such as cleaning materials, insecticides, pesticides and products labeled "keep out of reach of children" shall be kept in a locked place using a safe locking mechanism that prevents access by children.
1. If a key is used, the key shall not be accessible to the children.
 2. Exception: Cleaning supplies to clean and sanitize the diapering area or toilet chairs do not need to be kept locked during diapering or toilet training time as long as they are inaccessible to children.
- C. Pesticides or insecticides shall not be stored in areas used by children or in areas used for food preparation or storage.
- D. Cleaning and sanitizing materials shall not be located above food, food equipment, utensils or single-service articles and shall be stored in areas physically separate from food.
- E. Cleaning materials (e.g., detergents, sanitizers and polishes) and insecticides/pesticides shall be stored in areas physically separate from each other.
- F. Hazardous substances shall be stored in the original container unless this container is of such a large size that its use would be impractical.
- G. If hazardous substances are not kept in original containers, the substitute containers shall clearly indicate their contents and shall not resemble food or beverage containers.
- H. Cosmetics, medications, or other harmful agents shall not be stored in areas, purses or pockets that are accessible to children.
- I. Hazardous arts and craft materials shall not be used with children.
- J. Smoking shall be prohibited in the interior of a center and in the presence of children.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-34. Areas.**A. Indoor areas.**

1. Indoor space shall be measured inside wall-to-wall excluding spaces not routinely used by children as referenced in subdivisions a and b of this subsection:
 - a. Areas not routinely used for children's activities shall not be calculated as available space.
 - b. Space not calculated shall include, but not be limited to, offices, hallways, restrooms, kitchens, storage rooms or closets.
2. There shall be 35 square feet of indoor wall-to-wall space available per child.
3. Provision shall be made for an individual place for each child's personal belongings.
4. A separate space shall be designated and used for children who are ill or injured.

B. Outdoor areas.

1. For programs with onsite outdoor play areas, the following shall be met:
 - a. When children are on the outdoor play area, at least 75 square feet of space per child shall be provided at any one time.
 - b. Playgrounds shall be located and designed to protect children from hazards.
 - c. Centers licensed for the care of infants and toddlers shall provide a separate playground area for these children that has at least 25 square feet of unpaved surface per infant/toddler on the outdoor area at any one time. This space may be counted as part of the 75 square feet required in subdivision a of this section.
 - d. Where playground equipment is provided, resilient surfacing shall comply with minimum safety standards when tested in accordance with the procedures described in the American Society for Testing and Materials standard F1292-99 as shown in Figures 2 (Compressed Loose Fill Synthetic Materials Depth Chart) and 3 (Use Zones for Equipment) on pages 6-7 of the National Program for Playground Safety's "Selecting Playground Surface Materials: Selecting the Best Surface Material for Your Playground," February 2004, and shall be under equipment with moving parts or climbing apparatus to create a fall zone free of hazardous obstacles. Fall zones are defined as the area underneath and surrounding equipment that requires a resilient surface. A fall zone shall encompass sufficient area to include the child's trajectory in the event of a fall while the equipment is in use. Falls zones shall not include barriers for resilient surfacing. Where steps are used for accessibility, resilient surfacing is not required.
 - e. Ground supports shall be covered with materials that protect children from injury.
 - f. Swing seats shall be constructed with flexible material.
 - i. Exceptions: Nonflexible molded swing seats may be used only in a separate infant or toddler play area.

ii. Swings made specifically for a child with a special need shall be permitted in any area as long as a staff member is positioned to see and protect other children who might walk into the path of the swing.

g. Sandboxes with bottoms which prevent drainage shall be covered when not in use.

h. A shady area shall be provided on playgrounds during the months of June, July, and August.
(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-35. Restrooms and Furnishings.

A. Centers shall have at least two (2) toilets and two (2) sinks.

B. Each restroom area provided for children shall:

1. Be within a contained area, readily available and within the building used by the children;

2. Have toilets that are flushable;

3. Have sinks located near the toilets and that are supplied with running warm water that does not exceed 120°F; and

4. Be equipped with soap, toilet paper, and disposable towels or an air dryer within reach of children.

C. For restrooms available to males, urinals shall not be substituted for more than one-half the required number of toilets.

D. An adult size toilet with privacy shall be provided for staff use. Staff toilets may be counted in the number of required toilets for children only if children are allowed unrestricted access to them.

E. Centers shall have at least one (1) toilet and one (1) sink per 20 preschool children. When sharing restroom areas with other programs, the children in those programs shall be included in the toilet and sink ratio calculations.

F. When child size toilets, urinals, and low sinks are not available in restrooms used by children of preschool age and younger, one (1) or more platforms or sets of steps shall be provided.

G. A restroom used for school age children that contains more than one (1) toilet shall have at least one (1) toilet enclosed.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-36. Health Procedures.

The program, through its health policies and practices, shall provide for the health development of the children under care.

A. *Morning inspection.* There shall be a morning inspection of each child as he/she arrives and before he/she has mingled with the other children. The inspections shall be made by a person familiar with the children. If there are indications of illness, the director or person in charge is responsible for taking the necessary action in accordance with subsection B of this section.

B. In case of illness of a child, the parents or adult specified by the parents shall be notified, and

arrangements shall be made to take the child home or to a place specified by the parent.

C. Preventing the spread of disease.

1. A child shall not be allowed to attend the center for the day if he/she has:
 - a. A temperature over 101°F;
 - b. Recurrent vomiting or diarrhea; or
 - c. A communicable disease.
2. If a child needs to be excluded according to subsection 1 of this section, the following shall apply:
 - a. Arrangements shall be made for the child to leave the center as soon as possible after the signs or symptoms are noticed; and
 - b. The child shall remain in the designated quiet area until leaving the center.
3. When children at the center have been exposed to a communicable disease listed in the Department of Health's current communicable disease chart, the parents shall be notified within 24 hours or the next business day of the center's having been informed unless forbidden by law, except for life threatening diseases, which must be reported to parents immediately.
4. The center shall consult the local department of health if there is a question about the communicability of a disease.
5. When any surface has been contaminated with body fluids, it shall be cleaned and sanitized.

D. Hand washing and toileting procedures.

1. Hand washing.
 - a. Children's hands shall be washed with soap and running water or disposable wipes before and after eating meals or snacks.
 - b. Children's hands shall be washed with soap and running water after toileting and any contact with blood, feces or urine.
 - c. Staff shall wash their hands with soap and running water:
 - i. Before and after helping a child use the toilet;
 - ii. Before and after a diaper change;
 - iii. After the staff member uses the toilet;
 - iv. After any contact with body fluids;
 - v. Before feeding or helping children with feeding; and

- vi. Before preparing or serving food or beverages.
 - d. If running water is not available, a germicidal cleansing agent administered per manufacturer's instruction may be used.
2. Diapering, soiled clothing.
- a. The diapering area shall be accessible and within the building used by children.
 - b. There shall be sight and sound supervision for all children when a child is being diapered.
 - c. The diapering area shall have the following:
 - i. A sink with running warm water not to exceed 120°F;
 - ii. Soap, disposable towels and single use gloves such as surgical or examination gloves;
 - iii. A nonabsorbent surface for diapering or changing. For children younger than three (3) years, this surface shall be a changing table or countertop designated for changing;
 - iv. The appropriate disposal container as required by subdivisions e and f of this subsection; and
 - v. A leakproof, covered receptacle for soiled linens.
 - d. When a child's clothing or diaper becomes wet or soiled, the child shall be cleaned and changed immediately.
 - e. Disposable diapers shall be disposed in a leakproof or plastic-lined storage system that is either foot-operated or used in such a way that neither the staff member's hand nor the soiled diaper touches an exterior surface of the storage system during disposal.
 - f. When cloth diapers are used, a separate leakproof storage system shall be used for each individual child.
 - g. The diapering surface shall be used only for diapering or cleaning children, and it shall be cleaned with soap and at least room temperature water and sanitized after each use. Tables used for children's activities or meals shall not be used for changing diapers.
 - h. Individual disposable barriers may be used between each diaper change. If the changing surface becomes soiled, the surface shall be cleaned and sanitized before another child is diapered.
 - i. Staff shall ensure the immediate safety of a child during diapering.
3. Toilet training. For every 10 children in the process of being toilet trained, there shall be at least one (1) toilet chair or one (1) child-sized toilet, or at least one (1) adult sized toilet with a platform or steps and adapter seat.

a. The location of these items shall allow for sight and sound supervision of children in the classroom if necessary for the required staff-to-children ratios to be maintained.

b. Toilet chairs shall be emptied promptly and cleaned and sanitized after each use.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-37. Supervision of Children.

- A. When staff are supervising children, they shall always ensure the children's care, protection, and guidance.
- B. During the center's hours of operation, one (1) adult on the premises shall be in charge of the administration of the center. This person shall be either the administrator or an adult appointed by the licensee or designated by the administrator.
- C. During the stated hours of operation, there always shall be on the premises and on field trips when one (1) or more children are present one (1) staff member who meets the qualifications of a lead teacher or program director and an immediately available staff member, volunteer or other employee who is at least 18 years of age, with direct means for communication between the two (2) of them. The volunteer or other employee shall have received instruction in how to contact appropriate authorities if there is an emergency.
- D. In each grouping of children at least one (1) staff member who meets the qualifications of a lead teacher or program director shall be regularly present. Such a lead teacher shall supervise no more than two (2) assistants.

Exception: A lead teacher is not required in each grouping of children during the first and last hour of operation when a center operates more than six (6) hours per day and during the designated rest period if the following are met: (i) there is a staff member in the group who is over 18 years of age and has at least three (3) months of programmatic experience at the center; (ii) there is an additional staff person on site who meets lead teacher qualifications, is not counted in the staff-to-children ratios and is immediately available to help if needed; and (iii) there is a direct means for communicating between these two (2) staff members.

- E. Children under 10 years of age always shall be within actual sight and sound supervision of staff, except that staff need only be able to hear a child who is using the restroom provided that:
 - 1. There is a system to assure that individuals who are not staff members or persons allowed to pick up a child in care do not enter the restroom area while in use by children; and
 - 2. Staff check on a child who has not returned from the restroom after five (5) minutes. Depending on the location and layout of the restroom, staff may need to provide intermittent sight supervision of the children in the restroom area during this five-minute period to assure the safety of children and to provide assistance to children as needed.
- F. Children 10 years of age and older shall be within actual sight and sound supervision of staff except when the following requirements are met:
 - 1. Staff can hear or see the children (video equipment, intercom systems, or other technological devices shall not substitute for staff being able to directly see or hear children);
 - 2. Staff are nearby so they can provide immediate intervention if needed;

- 3. There is a system to ensure that staff know where the children are and what they are doing;
 - 4. There is a system to ensure that individuals who are not staff members or persons allowed to pick up children in care do not enter the areas where children are not under sight supervision; and
 - 5. Staff provide sight and sound supervision of the children at variable and unpredictable intervals not to exceed 15 minutes.
- G. When the outdoor activity area is not adjacent to the center, there shall be at least two (2) staff members on the outdoor activity area whenever one (1) or more children are present.
- H. Staff shall greet each child upon arrival at the center and oversee each child's departure from the center.
- I. Staff shall not allow a child to leave the center unsupervised.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-38. Staff-to-Children Ratio and Group Size.

| Age of Children | Teacher/Child Maximum Ratio | Maximum Group Size |
|---------------------|-----------------------------|--------------------|
| Birth up to 2 years | 1:4 | 12 |
| 2 years | 1:6 | 12 |
| 3 years – 4 years | 1:10 | 20 |
| 5 years | 1:12 | 24 |
| 6 years – 8 years | 1:18 | 30 |
| 9 years – 12 years | 1:20 | 30 |

- A. The maximum staff-to-children ratio and group size limitations as specified above shall be followed whenever children are in care.
- 1. For children birth up to two (2) years:
 - a. There must be one (1) teacher for every four (4) children;
 - b. The maximum group size is 12 children.
 - 2. For two (2) year old children:
 - a. There must be one (1) teacher for every six (6) children;
 - b. The maximum group size is 12 children.
 - 3. For three (3) year old children and four (4) year old children:

- a. There must be one (1) teacher for every 10 children;
 - b. The maximum group size is 20 children.
4. For five (5) year old children:
 - a. There must be one (1) teacher for every 12 children;
 - b. The maximum group size is 24 children.
5. For six (6) year old children through eight (8) year old children:
 - a. There must be one (1) teacher for every 18 children;
 - b. The maximum group size is 30 children.
6. For nine (9) year old children through 12-year-old children:
 - a. There must be one (1) teacher for every 20 children;
 - b. The maximum group size is 30 children.
- B. When children are in ongoing mixed age groups, the staff-to-children ratio and group size applicable to the youngest child in the group shall apply to the entire group.
- C. In a child care center with a Montessori component, Montessori approved group sizes, as established by the American Montessori Society or the Association Montessori International, may be applied for the Montessori instruction period, provided State-required child-adult ratios are maintained.
- D. Group size limitations shall not apply during:
 1. Designated rest periods as described in this section;
 2. Outdoor activity as described in § 52-39;
 3. Transportation and field trips as described in § 52-51;
 4. Meals and snacks served as described in § 52-42; or
 5. Special group activities, or during the first and last hour of operation when the center operates more than six (6) hours per day.
- E. The center shall develop and implement a written policy and procedure that describes how the center will ensure that each group of children receives care by consistent staff or team of staff members.
- F. Staff shall be counted in the required staff-to-children ratios only when they are directly supervising children.
- G. Cooperative parents who are under the direct supervision of staff shall be counted in the required staff-to-children ratios when they are directly supervising children so long as the cooperative preschool does not receive federal Child Care Development Fund grant subsidies and the requirements in § 52-23.D.1.a; § 52-24.A; § 52-26.E; and § 52-27.A are met. If the cooperative preschool does receive federal Child Care Development Fund grant subsidies, then the cooperative parents who are under the direct supervision of staff shall be counted in the required staff-to-children ratios when they are directly supervising children so long as the requirements in § 52-23.D.1.a; § 52-24.A; § 52-25.A; § 52-26.D; and § 52-27.A are met.

- H. A child volunteer 14 years of age or older not enrolled in the program shall not be counted as a child in the staff-to-children ratio requirements.
- I. For children ages two (2) years through preschool age, during the designated rest period, when children are resting or in an inactive state, the following rest period ratios are permitted if the requirements of subsections J through N of this section are met:
1. Children two (2) years of age: one (1) staff per 12 children.
 2. Children three (3) years of age and older: one (1) staff per 20 children.
- J. Staff required by rest period ratios shall be within sight and sound at all times in the same space as the resting or sleeping children.
- K. In addition to the staff required by rest period ratios, an additional staff member shall always be available on-site to offer immediate assistance. The staff required by rest period ratios shall be able to summon the additional staff member without leaving the room or area of the sleeping or resting children.
- L. Once at least half of the children in the resting room or area are awake and off their mats or cots, the staff-to-children ratio shall meet the ratios as required in subsection A of this section.
- M. One (1) staff member shall not supervise more than one (1) room or area during rest time.
- N. Centers providing evening and overnight care shall meet the requirements of subsections J through N of this section during sleep periods.
- O. The ratio for balanced-mixed-age groupings of children shall be one (1) staff member for every 14 children provided:
1. The center has additional staff who are readily accessible in the event of an emergency to maintain a ratio of one (1) staff member for every 10 children when three-year-olds are included in the balanced-mixed-age group; and
 2. The lead teacher has received at least eight (8) hours of training in classroom management of balanced-mixed-age groupings.
- P. A maximum group size of 28 shall be followed whenever children in care are in balanced-mixed-age groupings.
- Q. With a parent's written permission and a written assessment by the program director and lead teacher, a center may choose to assign a child to a different age group if such age group is more appropriate for the child's developmental level and the staff-to-children ratio and group size shall be for the established age group.
1. If such developmental placement is made for a child with a special need, a written assessment by a recognized agency or professional shall be required at least annually. These assignments are intended to be a permanent new group and staff members for the child.
 2. A center may temporarily reassign a child from his regular group and staff members for reasons of administrative necessity but not casually or repeatedly disrupt a child's schedule and attachment to his staff members and group.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-39. Program.

A. A child development program, as a program responsive to the progressive stages of physical, emotional, social and intellectual growth of the young child, shall be the focus of child care centers.

1. The program shall be under the supervision and direction of a qualified staff member as described in § 52-24.

B. Daily activities.

1. The licensee must have a written plan of developmentally appropriate activities to meet the needs of all the children attending the center. The plan is to be current and easily accessible to staff and parents.
2. The plan of activities shall offer a predictable schedule of activities that provides a balance of active and quiet play, opportunities for individual and group play, teacher directed and children initiated activities, and be responsive to individual interests and needs of the children.
3. Activities must be varied, developmentally appropriate, culturally meaningful, educationally valuable, and promote the development of language, literacy, reasoning and problem-solving skills, understanding of math and scientific concepts, large and small muscle skills, social skills, understanding and self-regulation of emotions, positive concept of self, and self-help skills appropriate to the age and developmental levels of the children.
4. Activities must be adapted to meet the needs of children with disabilities and special health care needs and to include these children fully.

C. Daily activities for infants.

1. There shall be a flexible daily schedule for infants based on their individual needs. During the day, infants shall be provided with:
 - a. Sleep as needed.
 - i. When an infant is placed in his/her crib, he/she shall be placed on his/her back (supine).
 - ii. When an infant is able to easily turn over from the back (supine) to the belly (prone) position and he/she is placed in his/her crib, he/she shall still be put on his/her back (supine) but allowed to adopt whatever position he/she prefers. This applies unless otherwise directed by the infant's physician in writing.
 - iii. If the side position is used, caregivers shall bring the dependent arm forward to lessen the likelihood of the infant rolling into a belly (prone) position.
 - iv. Resting or sleeping infants shall be individually checked every 20 minutes.
 - v. An infant who falls asleep in a play space specified in subdivision e.i of this section shall be moved promptly to his/her designated sleeping space if the safety or comfort of the infant is in question.
 - b. Food as specified in § 52-42.

- c. Outdoor time if weather and air quality allow based upon the Air Quality Color Code Chart as provided by the Department of Environmental Quality.
- d. Comfort as needed.
- e. Play spaces.
 - i. Play spaces may include, but are not limited to, cribs, infant seats, play yards, exercise chairs or saucers (but not walkers), infant swings, high chairs, and floor space.
 - ii. The variety of play spaces shall cumulatively offer:
 - a. Room for extensive movement (rolling, crawling, or walking) and exploration;
 - b. A diversity of sensory and perceptual experiences; and
 - c. Equipment and toys that support large and small motor development.
 - iii. Staff shall provide frequent opportunities for infants to creep, crawl, toddle and walk.
 - iv. Infants shall be protected from older children.
 - v. Staff shall provide awake infants not playing on the floor or ground a change in play space at least every 30 minutes or more often as determined by the individual infant's needs.
 - vi. Staff shall change the position of an awake infant playing on the floor or ground and the selection of toys available to the infant every 30 minutes or more often as determined by the individual infant's needs.
 - vii. Infants, who cannot turn themselves over and are awake, shall be placed on their stomachs a total of 30 minutes each day to facilitate upper body strength and to address misshapen head concerns.
- f. Stimulation and language development activities, including but not limited to staff reading, talking to, showing pictures to, naming objects for, playing with and engaging in positive interactions (such as smiling, cuddling, and making eye contact) with infants.

D. Daily activities for toddlers and preschoolers.

- 1. There shall be a posted daily schedule that allows for flexibility as children's needs require. The daily schedule need not apply on days occupied a majority of the time by a field trip or other special event. The daily schedule shall include opportunities for:
 - a. Outdoor activity, weather and air quality allowing, for at least:
 - i. 15 minutes per day or session if the center operates up to three (3) hours per day or session;

- ii. 30 minutes per day or session if the center operates between three (3) and five (5) hours per day or session; or
 - iii. One (1) hour per day or session if the center operates more than five (5) hours per day or session.
- b. Sleep or rest.
- i. Centers operating five (5) or more hours per day shall have a designated rest period for at least one (1) hour but no more than two (2) hours.
 - a. Cribs, cots, beds, or mats shall be used.
 - b. After the first 30 minutes, children not sleeping may engage in quiet activities.
 - ii. A child who falls asleep in a place other than his/her own designated sleeping location shall be moved promptly to the designated sleeping space if the safety or comfort of the child is in question.
 - iii. Sleeping toddlers shall be individually checked every 30 minutes.
- c. Meals and snacks as specified in § 52-42.
- d. Small and large motor activities, language and communication experiences, sensory experiences, art or music activities, and play acting or social living.
2. Staff shall encourage language development by having conversations with children that give them time to initiate and respond, by labeling and describing objects and events, having storytelling time and by expanding the children's vocabulary.

E. Daily activities for school age children.

- 1. Before or after school, the center shall provide an opportunity for children to do homework or projects or hobbies in a suitable area. In the afternoon, there shall be an opportunity for large motor activities at least 25% of the time.
- 2. On nonschool days, the daily activity shall include opportunities for large motor activities at least 25% of the time; small motor activities; projects, hobbies, or homework in a suitable place; art or music activities; outdoor activity and food as specified in § 52-42.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-40. Parental Involvement.

- A. Before the child's first day of attending, parents shall be provided in writing the following:
- 1. The center's philosophy and any religious affiliation;
 - 2. Operating information, including the hours and days of operation and holidays or other times closed, and the phone number where a message can be given to staff;
 - 3. The center's transportation policy;

4. The center's policies for the arrival and departure of children, including procedures for verifying that only persons authorized by the parent are allowed to pick up the child, picking up children after closing, and when a child is not picked up for emergency situations including but not limited to inclement weather or natural or man-made disasters;
 5. The center's policy regarding any medication or medical procedures that will be given;
 6. The center's policy regarding application of:
 - a. Sunscreen;
 - b. Diaper ointment or cream; and
 - c. Insect repellent.
 7. Description of established lines of authority for staff;
 8. Policy for reporting suspected child abuse as required by § 63.2-1509 of the Code of Virginia;
 9. The custodial parent's right to be admitted to the center as required by § 63.2-1813 of the Code of Virginia;
 10. Policy for communicating an emergency situation with parents;
 11. The appropriate general daily schedule for the age of the enrolling child;
 12. Food policies;
 13. Discipline policies including acceptable and unacceptable discipline measures; and
 14. Termination policies.
- B. Staff shall promptly inform parents when persistent behavioral problems are identified; such notification shall include any disciplinary steps taken in response.
- C. A custodial parent shall be admitted to any child day program. Such right of admission shall apply only while the child is in the child day program (§ 63.2-1813 of the Code of Virginia).
- D. The center shall provide opportunities for parental involvement in center activities.
- E. Communication.
1. For each infant, the center shall post a daily record which can be easily accessed by both the parent and the staff working with the child. The record shall contain the following information:
 - a. The amount of time the infant slept;
 - b. The amount of food consumed and the time;
 - c. A description and time of bowel movements;

- d. Developmental milestones; and
 - e. For infants, who are awake and cannot turn over by themselves, the amount of time spent on their stomachs.
2. If asked by parents, staff shall provide feedback about daily activities, physical well-being, and developmental milestones.
 3. Parents shall be provided at least semiannually in writing information on their child's development, behavior, adjustment, and needs.
 - a. Staff shall provide at least semiannual scheduled opportunities for parents to provide feedback on their children and the center's program.
 - b. Staff shall request at least annually parent confirmation that the required information in the child's record is up to date.
 - c. Such sharing of information shall be documented.
 4. Parents shall be informed of reasons for termination of services.
- (Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-41. Behavior Management.

- A. In order to promote the child's physical, intellectual, emotional, and social well-being and growth, staff shall:
 1. Respect differences in cultural, ethnic and family backgrounds;
 2. Use acceptable techniques and approaches to help children solve problems;
 3. Guide children in a way as to help children develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of children in care.
- B. When a child's behavior harms or is likely to result in harm to the child, others or property, or seriously disrupts the group environment, the child may be separated briefly from the group in order for the child to regain self-control.
- C. When time out is used as a behavior management technique:
 1. It shall be used sparingly and shall not exceed one (1) minute for each year of the child's age;
 2. It shall be appropriate to the child's developmental level and individual needs;
 3. It shall not be used with infants and toddlers;
 4. The child must be placed in a safe area where he or she is in direct sight and sound supervision of a staff member; and
 5. The child shall not be left alone inside or outside of the center.

- D. Any abuse and maltreatment of a child is prohibited. The center must prohibit any act of abuse or maltreatment by a staff, volunteer or any other person.
- E. The following actions or threats to children are prohibited:
1. Physical punishment, such as but not limited to striking, biting, shaking, twisting, squeezing, or roughly handling a child;
 2. Physical restraint or any restriction of a child's movement through binding or tying;
 3. Forcing a child to assume an uncomfortable position, or exercise as punishment;
 4. Isolating a child in a small confined space or any space in which the child cannot freely exit; however, this does not apply to the use of equipment such as cribs, play yards, high chairs, and safety gates when used with children preschool age or younger for their intended purpose;
 5. Punishment by another child;
 6. Separating a child from the group in which the child is not in direct supervision of staff.
 7. Withholding or forcing of food or rest;
 8. Methods of discipline or interaction which frighten, humiliate or are demeaning to the child; and
 9. Punishment for toileting accidents.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-42. Nutrition and Food Services.

- A. Centers shall schedule appropriate times for snacks or meals, or both, based on the hours of operation and time of day (e.g., a center open only for after school care shall schedule an afternoon snack; a center open from 7 a.m. to 1 p.m. shall schedule a morning snack and midday meal).
- B. The center shall ensure that children arriving from a half-day, morning program who have not yet eaten lunch receive a lunch.
- C. The center shall schedule snacks or meals so that there is a period of at least 1-1/2 hours but no more than three (3) hours between each meal or snack unless there is a scheduled rest or sleep period for children between the meals and snacks.
- D. Drinking water or other beverage not containing caffeine shall be offered at regular intervals to nonverbal children.
- E. In environments of 80°F or above, attention shall be given to the fluid needs of children at regular intervals. Children in such environments shall be encouraged to drink fluids as outlined in subsection D of this section.
- F. When centers choose to provide meals or snacks, the following shall apply:
1. Centers shall follow the most recent, age-appropriate nutritional requirements of a recognized authority such as the Child and Adult Care Food Program of the United States Department of

Agriculture (USDA).

2. Children shall be allowed second helpings of food listed in the USDA's child and adult care meal patterns.
 3. Centers offering both meals and snacks shall serve a variety of nutritious foods and shall serve at least three (3) sources of vitamin A and at least three (3) sources of vitamin C on various days each week.
 4. Children three (3) years of age or younger may not be offered foods that are considered to be potential choking hazards.
 5. A menu listing food to be served for meals and snacks during the current one- week period shall:
 - a. Be dated;
 - b. Be posted in a visible location to parents or given to parents;
 - c. List any substituted food; and
 - d. Be kept on file for one (1) week at the center.
- G. When food is brought from home, the following shall apply:
1. The food container shall be sealed and clearly dated and labeled in a way that identifies the owner;
 2. The center shall have extra food or shall have provisions to obtain food to serve to children so they can have an appropriate snack or meal if they forget to bring food from home, bring an inadequate meal or snack, or bring perishable food; and
 3. Unused portions of opened food shall be discarded by the end of the day or returned to the parent.
- H. If a catering service is used, it shall be approved by the local health department.
- I. Contaminated or spoiled food shall not be served to children.
- J. Tables and high chair trays shall be:
1. Sanitized before and after each use for feeding; and
 2. Cleaned at least daily.
- K. Children shall be encouraged to feed themselves.
- L. Staff shall sit with children during meal times.

- M. No child shall be allowed to drink or eat while walking around.
- N. Food shall be prepared, stored, and transported in a clean and sanitary manner.
- O. When food is prepared to which a child in care is allergic, staff shall take steps to avoid cross contamination to prevent an allergic reaction.
- P. A child with a diagnosed food allergy shall not be served any food identified in the written care plan required in § 52-23.C.
(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-43. Special Feeding Needs.

- A. High chairs, infant carrier seats, or feeding tables shall be used for children under 12 months who are not held while being fed.
 - 1. Children using infant seats or high chairs shall be supervised during snacks and meals.
 - 2. When a child is placed in an infant seat or high chair, the protective belt shall be fastened securely.
- B. Bottle fed infants who cannot hold their own bottles shall be held when fed. Bottles shall not be propped or used while the child is in his designated sleeping location.
- C. The record of each child on formula shall contain:
 - 1. The brand of formula; and
 - 2. The child's feeding schedule.
- D. Infants shall be fed on demand or in accordance with parental instructions.
- E. Prepared infant formula shall be refrigerated, dated and labeled with the child's name.
- F. Heated formula and baby food shall be stirred or shaken and tested for temperature before serving to children.
- G. Milk, formula or breast milk shall not be heated or warmed directly in a microwave. Note: Water for warming milk, formula, or breast milk may be heated in a microwave.
- H. Prepared baby food not consumed during that feeding by an infant may be used by that same infant later in the same day, provided that the food is not served out of the baby jar and is dated and stored in the refrigerator; otherwise, it shall be discarded or returned to the parent at the end of the day. Formula or breast milk shall not remain unrefrigerated for more than two (2) hours and may not be reheated.
- I. A one-day's emergency supply of disposable bottles, nipples, and commercial formulas appropriate for the children in care shall be maintained at the center.
- J. Breastfeeding shall be permitted.
- K. Staff shall feed semisolid food with a spoon unless written instructions from a physician or physician's designee state differently.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-44. Equipment and Materials.

- A. Furnishings, equipment, and materials shall be of an appropriate size for the child using it.
- B. Materials and equipment available shall be age and stage appropriate for the children and shall include an adequate supply as appropriate for each age group of arts and crafts materials, texture materials, construction materials, music and sound materials, books, social living equipment, and manipulative equipment.
- C. Play equipment used by children shall meet the following requirements:
 - 1. Openings above the ground or floor which allow a 3-1/2 inch by 6-1/4 inch rectangle to fit through shall also allow a nine-inch circle to fit through;
 - 2. S-hooks where provided may not be open more than the thickness of a penny; and
 - 3. Have no protrusions, sharp points, shearing points, or pinch points.
- D. The unenclosed climbing portion of slides and climbing equipment used by toddlers and preschool children shall not be more than seven (7) feet high and must be located over resilient surfacing where outdoors, and shall not be more than five (5) feet high where indoors.
- E. Centers may not install any slide or climbing equipment to be used by preschoolers or toddlers when the climbing portion of the equipment is more than six (6) feet in height.
- F. The climbing portions of indoor slides and climbing equipment over 18 inches shall not be over bare flooring.
- G. The climbing portions of indoor slides and climbing equipment 36 inches or more shall be located over a resilient surface.
- H. Trampolines may not be used.
- I. If combs, toothbrushes, or other personal articles are used, they shall be individually assigned.
- J. Disposable products shall be used once and discarded.
- K. Infant walkers shall not be used.
- L. Play yards where used shall:
 - 1. Meet the Juvenile Products Manufacturers Association (JPMA) and the American Society for Testing and Materials (ASTM) requirements and shall retain the manufacturer's label documenting product compliance with current safety standards at the time they were manufactured;
 - 2. Not be used after recalled;
 - 3. Not use any pillows or filled comforters;
 - 4. Not be used for the designated sleeping areas;
 - 5. Not be occupied by more than one child; and

6. Be sanitized each day of use or more often as needed.
- M. Upon being informed that a product has been recalled, center staff shall remove the item from the center.
- N. Where portable water coolers are used, they shall be of cleanable construction, maintained in a cleaned condition, kept securely closed and so designed that water may be withdrawn from the container only by water tap or faucet.
(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-45. Cribs, Cots, Rest Mats, and Beds.

- A. Cribs, cots, rest mats or beds shall be provided for children during the designated rest period and not be occupied by more than one (1) child at a time.
- B. Cribs, cots, rest mats, and beds shall be identified for use by a specific child.
- C. Double decker cribs, cots, or beds, or other sleeping equipment when stacked shall not be permitted.
- D. Occupied cribs, cots, rest mats, and beds shall be at least 2-1/2 feet from any heat producing appliance.
- E. There shall be at least 12 inches of space between occupied cots, beds and rest mats. Exception: 12 inches of space are not required where cots, beds, or rest mats are located adjacent to a wall or a divider as long as one side is open at all times to allow for passage.
- F. If rest mats are used, they shall have cushioning and be sanitized on all sides weekly or before use by another child.
- G. Cribs shall be used for children under 12 months of age and for children over 12 months of age who are not developmentally ready to sleep on a cot or mat.
- H. Cribs shall meet the following requirements:
 1. They shall meet the Consumer Product Safety Commission Standards at the time they were manufactured;
 2. They shall not have been recalled;
 3. There shall be no more than one (1) inch between the mattress and the crib; and
 4. End panel cut-outs in cribs shall be of a size not to cause head entrapment.
- I. Cribs shall be placed where objects outside the crib such as cords from blinds or curtains are not within reach of infants or toddlers.
- J. There shall be at least:
 1. 12 inches of space between the sides and ends of occupied cribs except where they touch the wall; and
 2. 30 inches of space between service sides of occupied cribs and other furniture where that space is the walkway for staff to gain access to any occupied crib.

- K. Crib sides shall be up and the fastenings secured when a child is in the crib, except when a staff member is giving the child immediate attention.
- L. Pillows and filled comforters shall not be used by children under two (2) years of age.
- M. Use of crib bumper pads shall be prohibited.
- N. Toys or objects hung over an infant in a crib and crib gyms that are strung across the crib may not be used for infants over five (5) months of age or infants who are able to push up on their hands and knees.
(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-46. Linens.

- A. Cribs, cots, mats and beds used by children other than infants during the designated rest period or during evening and overnight care shall have linens consisting of a top cover and a bottom cover or a one-piece covering which is open on the edges. Cribs when being used by infants shall have a bottom cover.
- B. Linens shall be assigned for individual use.
- C. Linens shall be clean and washed at least weekly.
 - 1. Crib sheets shall be clean and washed daily.
- D. Pillows when used shall be assigned for individual use and covered with pillow cases.
- E. Mattresses when used shall be covered with a waterproof material, which can be cleaned and sanitized.
(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-47. Medication.

- A. Administration of medication.
 - 1. The decision to administer medication at a facility may be limited by center policy to administer:
 - a. Prescribed medications;
 - b. Over-the-counter or nonprescription medications; or
 - c. No medications except those required for emergencies or by law.
 - 2. Prescription and nonprescription medication shall be administered by a trained staff only in accordance with the following:
 - a. The center's written medication policies; and
 - b. Written authorization from the parent(s).
 - 3. Medication shall be administered by a trained staff member who is 18 years of age or older.
 - 4. Nonprescription medication shall be administered by a staff member who meets the requirements in § 52-26.I.1 or I.2.

5. The center may only administer medications that are dispensed from a pharmacy and maintained in the original, labeled container.
6. Medication shall only be administered to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration.
7. Outdated or expired medication shall not be administered to the child unless otherwise authorized by emergency personnel or the child's physician for emergency purposes only.

B. Receipt of medication.

1. All child care centers that choose to administer medication shall meet the following upon receipt of medication:
 - a. Medication shall be labeled with the child's first and last name, the name of the medication, the dosage amount and the time(s) to be given.
 - b. Nonprescription medication shall be in the original container with the direction label attached, and be consistent with the manufacturer's instructions.
 - c. A written authorization from the child's parent shall be required for nonprescription and prescription medication and renewed after 10 business days.
 - d. A written authorization from the child's physician and parent shall be required for long-term nonprescription and prescription medication taken longer than 10 business days.
 - e. All medications that are provided to the center must match the medication listed on the written authorization from the child's physician and parent.

C. Storage of medication.

1. Medication shall be refrigerated when needed.
2. When medication is stored in a refrigerator used for food, the medications shall be stored together in a container or in a clearly defined area away from food.
3. Medication, except for those prescriptions designated otherwise by written physician's order, including refrigerated medication and staff's personal medication, shall be kept in a locked place.
4. If a key is used for medication that is stored in a locked place, the key shall not be accessible to children.

D. Documentation of medication administration.

1. Centers shall keep a record of medication given to children, which shall include the following:
 - a. First and last name of the child to whom medication was administered;
 - b. Amount and type of medication administered to the child;
 - c. The day and time the medication was administered to the child;

- d. First and last name of the staff member administering the medication;
 - e. Any adverse reaction(s) to the medication; and
 - f. Any medication error(s).
- E. Parent notification of medication administration.
- 1. Staff shall inform parents immediately of any adverse reactions to medication administered and any medication error.
- F. The medication authorization shall be available to trained staff during the entire time it is effective.
- G. The center must return medication to parents within 14 days of the expiration of medication and /or the written authorization. Medications that are not picked up by the parent(s) within 14 days must be disposed of by the center according their medication policies.
- (Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-48. Topical Skin Products.

- A. Upon receipt of any topical skin products such as sunscreen, diaper ointment and insect repellent, they shall:
- 1. Be used in accordance with the manufacturer's recommendations;
 - 2. Be in the original container and labeled with the child's first and last name;
 - 3. Be inaccessible to children; and
 - 4. Not be kept or used beyond the expiration date of the product.
- B. A written parent authorization noting any known adverse reactions shall be obtained for all topical skin products.
- C. Sunscreen requirements.
- 1. Any center-kept sunscreen shall be hypo-allergenic and have a minimum SPF of 15;
 - 2. Staff members without medication administration training may apply sunscreen, unless it is prescription sunscreen, in which case the storing and application of sunscreen must meet medication-related requirements; and
 - 3. Children nine (9) years of age and older may administer their own sunscreen if supervised.
- D. Diaper ointment or cream requirements.
- 1. A record shall be kept that includes the child's first and last name, date of use, frequency of application and any adverse reactions; and
 - 2. Staff members without medication administration training may apply diaper ointment, unless it is prescription diaper ointment, in which case the storing and application of diaper ointment must

meet medication-related requirements.

E. Insect repellent requirements.

1. A record shall be kept that includes the child's name, date of use, frequency of application and any adverse reactions;
2. Manufacturer's instructions for age, duration and dosage shall be followed; and
3. Staff members without medication administration training may apply insect repellent, unless it is prescription insect repellent, in which case the storing and application of insect repellent must meet medication-related requirements.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-49. Swimming and Wading.

A. General requirements.

1. The center shall have emergency procedures and written safety rules for swimming or wading or follow the posted rules of public pools that are:
 - a. Posted in the swimming area when the pool is located on the premises of the center; and
 - b. Explained to children participating in swimming or wading activities.
2. The center shall maintain (i) written permission from the parent of each child who participates in swimming or wading and (ii) a statement from the parent advising of a child's swimming skills before the child is allowed in water above the child's shoulder height.
3. Staff shall have a system for accounting for all children in the water.
4. Outdoor swimming activities shall occur only during daylight hours.

B. Staff and supervision.

1. The staff-to-children ratios shall be maintained while children are participating in swimming or wading activities.
 - a. Notwithstanding the staff-to-children ratios already indicated, at no time shall there be fewer than two (2) staff members supervising the activity.
 - b. The designated certified lifeguard shall not be counted in the staff-to-children ratios.
2. If a pool, lake, or other swimming area has a water depth of more than two (2) feet, a certified lifeguard holding a current certificate shall be on duty supervising the children participating in swimming or wading activities at all times when one (1) or more children are in the water.
3. The lifeguard certification shall be obtained from organizations such as, but not limited to, the American Red Cross, the YMCA, or the Boy/Girl Scouts.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-50. Pools and Equipment.

- A. When permanent swimming or wading pools are located on the premises of the center, the following shall apply:
1. The manufacturer's specifications for operating the pool shall be followed as well as any local ordinances and any Department of Health requirements for swimming pools;
 2. Pools constructed, renovated, or remodeled after April 1, 1986, shall have a statement in writing of their inspection and approval from the local building official when such approval is required;
 3. Outdoor swimming pools shall be enclosed by safety fences and gates which are in compliance with the applicable edition of the Virginia USBC (13VAC5-62) and shall be kept locked when the pool is not in use;
 4. Entrances to indoor swimming pools shall be locked when the pool is not in use; and
 5. A whistle or other audible signaling device, a buoy or a lemon line, a reach pole, and a backboard shall be available at the swimming or wading site.
- B. If children are allowed to swim in a lake or other place other than a pool, safe swimming areas shall be clearly marked and there shall be appropriate water safety.
- C. Piers, floats, and platforms shall be in good repair and where used for diving, the minimum water depth shall be stated on the deck or planking.
- D. If portable wading pools without integral filter systems are used, they shall be emptied after the use of each group of children, rinsed, and filled with clean water, or more frequently as necessary.
- E. Children who are not toilet trained may not use portable wading pools.
- F. After each day's use, portable wading pools shall be emptied, sanitized, and stored in a position to keep them clean and dry.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-51. Transportation and Field Trips.

- A. If the center provides transportation, the center shall be responsible from the time the child boards the vehicle until returned to the parents or person designated by the parent.
- B. Any vehicle used by the center for the transportation of children shall meet the following requirements:
1. The vehicle shall be manufactured for the purpose of transporting people seated in an enclosed area;
 2. The vehicle's seats shall be attached to the floor;
 3. The vehicle shall be insured with at least the minimum limits established by Virginia state statutes;
 4. The vehicle shall meet the safety standards set by the Department of Motor Vehicles and shall be kept in satisfactory condition to assure the safety of children; and

5. If volunteers supply personal vehicles, the center is responsible for ensuring that the requirements of this subsection are met.
- C. The center shall ensure that during transportation of children:
1. Virginia state statutes about safety belts and child restraints are followed as required by §§ 46.2-1095 through 46.2-1100, and stated maximum number of passengers in a given vehicle is not exceeded;
 2. The children remain seated and each child's arms, legs, and head remain inside the vehicle;
 3. Doors are closed properly and locked unless locks were not installed by the manufacturer of the vehicle;
 4. At least one (1) staff member or the driver always remains in the vehicle when children are present;
 5. The following information is in transportation vehicles:
 - a. Emergency numbers as specified in § 52-30.k;
 - b. The center's name, address, and phone number;
 - c. A list of the names of the children being transported; and
 - d. Allergy care plan and information as specified in § 52-23.C; and
 6. Staff who transport children shall be 18 years of age or older.
- D. When entering and leaving vehicles, children shall enter and leave the vehicle from the curb side of the vehicle or in a protected parking area or driveway.
- E. Children shall cross streets at corners or crosswalks or other designated safe crossing point if no corner or crosswalk is available.
- F. The staff-to-children ratios as described in § 52-38 shall be followed on all field trips. The staff-to-children ratios need not be followed during transportation of school age children to and from the center. One (1) staff member or adult is necessary in addition to the driver when 16 or more preschool age or younger children are being transported in the vehicle.
- G. The center shall make provisions for providing children on field trips with adequate food and water.
- H. If perishable food is taken on field trips, the food shall be stored in insulated containers with ice packs to keep the food cold.
- I. Before leaving on a field trip, a schedule of the trip's events and locations shall be posted and visible at the center site.
- J. There shall be a communication plan between center staff and staff who are transporting children or on a field trip.

K. Staff shall verify that all children have been removed from the vehicle at the conclusion of any trip.

L. Parental permission for transportation and field trips shall be secured before the scheduled activity.

M. If a blanket permission is used instead of a separate written permission, the following shall apply:

1. Parents shall be notified of the field trip; and

2. Parents shall be given the opportunity to withdraw their children from the field trip.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-52. Animals and Pets.

A. Animals that are kept on the premises of the center shall be vaccinated, if applicable, against diseases which present a hazard to the health or safety of children.

B. Animals which are, or are suspected of being, ill or infested with external lice, fleas and ticks or internal worms shall be removed from contact with children.

C. If a child is bitten by an animal, an attempt shall be made to confine the animal for observation or laboratory analysis for evidence of rabies.

D. The site of the bite shall be washed with soap and water immediately, and the child's physician or local health department shall be contacted as soon as possible for medical advice.

E. The center shall report the animal bite incident to the local health department.

F. Manure shall be removed from barns, stables and corrals at least once a day and stored and disposed of in a manner to prevent the breeding of flies.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)

§ 52-53. Evening and Overnight Care.

A. For evening care, beds with mattresses or cots with at least one (1) inch of dense padding shall be used by children who sleep longer than two (2) hours and are not required to sleep in cribs.

B. For overnight care, beds with mattresses or cots with at least two (2) inches of dense padding shall be used by children who are not required to sleep in cribs.

C. For overnight care which occurs for a child on a weekly or more frequent basis, beds with mattresses shall be used.

D. In addition to meeting the requirements of § 52-46 regarding linens, bedding appropriate to the temperature and other conditions of the rest area shall be provided.

E. For evening and overnight care, separate sleeping areas shall be provided for children of the opposite sex eight (8) years of age or older.

F. If sleeping bags are used, the requirements of § 52-45 regarding rest furnishings shall also apply to the use of sleeping bags.

- G. In centers providing overnight care, an operational tub or shower with heated and cold water shall be provided.
- H. When bath towels are used, they shall be assigned for individual use.
- I. Activities for children in evening or overnight care shall include, as time allows, age- appropriate activities as described in § 52-39.
- J. Quiet activities shall be available immediately before bedtime.
- K. For children receiving evening or overnight care, the provider shall offer an evening snack.

(Ord. No. 19-01, 3-16-19, effective 7-1-19)