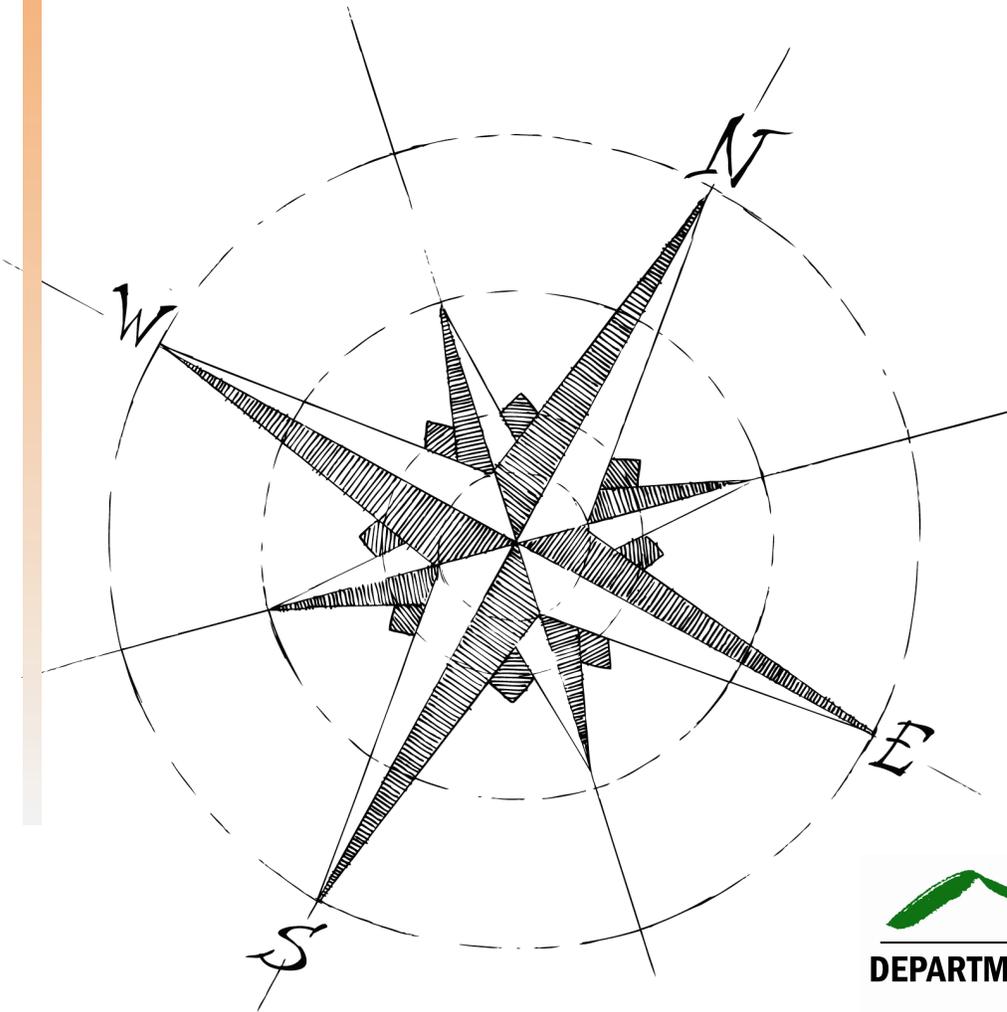


# Vermont Center Based Child Care & Preschool Programs (CBCCPP)

## GUIDANCE MANUAL



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# ESSENTIAL INFORMATION – COMPANION TOOL FOR CENTER BASED CHILD CARE AND PRESCHOOL PROGRAMS (CBCCPP) LICENSING REGULATIONS

## HOW DO I USE THE CBCCPP GUIDANCE MANUAL?

This Guidance Manual is a companion tool for the CBCCPP Licensing Regulations, it helps CBCCPPs understand and meet the rules.

The CBCCPP Guidance Manual is organized by the regulation’s sections (1-8).

The Guidance Manual format includes:

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

### **What is the Purpose of This Rule/These Rules?**

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

### **What It May Look Like in Your Program?**

Contains categories of guidance:

-  Policies and Practices
-  Responsibilities
-  Resources

### **Appendices**

Include checklists and charts

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

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

## HOW DO I READ THE CBCCPP LICENSING REGULATIONS?

### ❖ Know how to find rules in the CBCCPP Regulations

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

### ❖ Read the Entire Rule and Read It Carefully

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

**Example: Rule 5.6.4**

**Written permission from parents to administer medication must include all the following information for each prescription and non-prescription medication administered to children:**

- Name of the child;
- Child's date of birth;
- Any medication allergies;
- Name of medication;
- Dosage to be given;
- Time when medication is to be given;
- Route of administration (mouth, ear, nose, topical, inhalation);
- Reason for the medication;
- Start and end dates for administration of the medication; and
- Any special instructions.

- If the rule does not specify how compliance is met, then the CBCCPP may develop their own system with the required elements. In the example below, the rule does not require

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

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

**Example: Rule 3.4.3**

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

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

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

**Example: 5.2.6.3**

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

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

❖ **Read the Rule for “AND” versus “OR”**

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

**Example: Rule 7.3.1.5**

**The program director of a CBCCPP licensed for thirteen (13) or more children shall complete within one (1) year of employment start date a three (3) college credit course in managing an early care and education program that includes budgeting and financial management, approved by the Division; or the licensee shall employ a business manager as in the rule 7.6.1 of these regulations.**

- In the example above the word *or* is used. The CBCCPP has two options in this rule, either the program director can take a college course, or the licensee can employ a business manager.

**Example: Rule 7.3.2.6 Substitute**

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

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

**❖ Use the Definitions in Section 2 of the CBCCPP Regulations**

- Definitions are provided in the CBCCPP Regulations; however, they will not be cited as non-compliances by themselves.
- When the definition of a word is unique to the CBCCPP rules it is included in the Definitions Section. An example of such a word is "sensory". The early childhood definition of the word "sensory" has unique meaning to early childhood settings. By reading the definition of "sensory" (rule 2.2.48), staff have more information about a rule that uses the word "sensory".
- Some words appear frequently in the CBCCPP Regulations and are not defined in Section 2. Examples of these words are "timely", "complete", or "substantial compliance". In these cases, the standard dictionary definition applies.

## WHAT TO EXPECT DURING A LICENSING VISIT

- **Children Come First**
  - Continue interacting with children and follow the daily schedule during a licensing visit.
  - CDD staff try to speak to CBCCPP staff at times that ensure children are always supervised.
  
- **Upon Arrival, CDD Staff Will Identify Themselves as Soon as Possible**
  - CDD Staff will show their State of Vermont Identification Badge.
  
- **Three Most Common Types of Licensing Visits**
  - a. **Regulatory Compliance Visit** - These unannounced visits may take two or more hours, depending on the size of the CBCCPP. Each visit may be slightly different depending on the day and the activities taking place at the time of the compliance visit. Health and safety; supervision practices, guidance, and interactions with children; curriculum; and documentation are routinely assessed for compliance. Visits include, but are not limited to:
    - Observing indoor and outdoor space (hazards, clean environments, age appropriate activities, required postings, equipment, and materials);
    - Verifying ratio and group size;
    - Observing curriculum, interactions, supervision, guidance practices, and health and safety issues;
    - Reviewing staffing schedules, qualifications, and professional development;
    - Reviewing records such as attendance, staff files, child files, emergency evacuation records;
    - Recording observations through notes or photos; and
    - Speaking with the program director, licensee, or staff to learn more about the program.
  
  - b. **Technical Assistance Visit** - These visits are typically scheduled, announced visits. There is a specific purpose for this type of visit (e.g. meeting to review regulatory compliance for renovated/additional space to be used within the CBCCPP, change to the license, increase in capacity, change to the ages of children being served, or change in outdoor space).

- c. **Complaint Visit** - These visits may be either unannounced or scheduled visits depending on the nature of the concern. Visits may include reviewing documentation, observing, and/or talking with staff. The purpose is to investigate the complaint from both points of view. This may mean that little information is shared with the CBCCPP at the start of the visit to gather the most unbiased information to assess compliance. Licensing staff will meet with the program director and/or licensee. Most of the time, licensing staff will be able to discuss the full nature of the concern and the findings before leaving the CBCCPP.

- **Licensing Visit Summary**

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

- **Violations**

- If violations are cited due to regulatory non-compliance, the report will identify what is required to be fixed in order to comply, also called corrective action, and the due date for completing the corrective action(s).
- The licensee or program director is responsible to follow up with CDD to verify that the CBCCPP has completed the corrective action(s).

## CDD CONTACT INFORMATION

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

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

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

**General Fax:** (802) 241-0846

**CDD Licensing Fax:** (802) 241-0848

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

### Licensing Staff

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

### Who to Contact and When

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

## **BRIGHT FUTURES INFORMATION SYSTEM (BFIS)**

(Refer to rules in subheading 3.4.7 for BFIS requirements)

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

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

### **How is the Child Care Program Account used in BFIS?**

- Only one email address can be entered as the program contact in the Child Care Program Account. The person with this email address is the primary contact person with CDD and is responsible for keeping the email address active, checking it frequently, and passing on important and/or time sensitive information to other CBCCPP staff. For example, if the business manager is the program contact, then email notifications regarding site visit reports must be forwarded to the program director.
- Only individuals approved by CDD may access the Child Care Program Account. Before an individual is approved to access the BFIS Child Care Program Account, he/she is required to complete the background clearance process. Once this has been completed, the individual may take the next steps for approval.
- Only the individual assigned a username and password is allowed to use the username and password to access the Child Care Program Account. Sharing username and password access with others will result in this access being de-activated.

### **What is a BFIS Quality and Credential Account?**

- A BFIS Quality and Credential Account is a place for CBCCPP staff to save their professional development information. Each staff person connected with a regulated program in Vermont will have a BFIS Quality and Credential account.

- Examples of information and documentation in your BFIS Quality and Credential account include but are not limited to Individual Professional Development Plans (IPDPs), resumes, college transcripts, professional development trainings and/or college courses, certificates and credentials, and background clearance documentation. Northern Lights Career Development Center (NLCDC) verifies and enters college transcripts, professional development, certificates and credentials, and other educational information. CDD staff review individual qualifications and enter the highest position title for each license type (e.g. Afterschool, FCCH, and CBCCPP).
- You may enter your IPDP and update it as necessary. CDD enters background clearance documentation.
- Staff are required to keep their BFIS information up to date. It is helpful if the program director develops a system for providing staff with the information they need to use and maintain their BFIS Quality and Credential account.

#### **How do I find out more about BFIS?**

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

#### **VERMONT RESOURCES**

 **2-1-1** is a resource for families and CBCCPPs that can help identify community-based programs and services. When you call 2-1-1, you can speak with trained information and referral specialist, including *Help Me Grow* Vermont Child Development Specialists, who will answer questions about available resources and services. 2-1-1 is referenced throughout this Guidance Manual.

 **Children's Integrated Services (CIS)** offers early intervention, family support, and prevention services that help ensure the healthy development and well-being of children, pre-birth to age 5. Services are available at low or no cost to families. CIS has local Coordinators that help programs and families find early childhood services and support (e.g. Specialized Child Care; Transportation to/from child care or preschool; Child Care Financial Assistance Program services; Nursing and Family support home visitors; and/or Early Intervention Services). The local Coordinators can be found at:  
<http://dcf.vermont.gov/partners/scc>.

 **Shared Services Vermont** provides a variety of resources - from discounts on products and services; to sample forms, handbooks, policies, and family surveys - to resources on curriculum and assessment. Educational resources on topics such as the Americans with Disability Act, safe sleep, budgeting, emergency preparedness, and literacy are available at this site:  
[www.SharedServicesVT.org](http://www.SharedServicesVT.org)

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

## **CBCCPP Section 1 - Introduction**

**S**ection 1 outlines the laws in Vermont that regulate child care and preschool facilities. The regulations provide foundational standards to protect the health, safety, and well-being of children in CBCCPPs, while promoting their growth and development.

### **A Closer Look at Heading 1.3: Effective Dates**

#### **What Is the Purpose of These Rules?**

It is important that all licensees have a clear understanding of the CBCCPP Regulations.

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

CBCCPPs with a pre-existing license before 9/1/2016 have until 9/1/2017 to demonstrate full understanding of the CBCCPP Regulations. These CBCCPPs are required to complete the training titled "Here We Go: New Center Based Child Care and Preschool Licensing Rules". The description of the training will include that it meets rule 1.3.4. This training is offered online and in-person. The online training has an ending quiz. You must receive a score of 80 percent or higher to pass. If you do not achieve at least an 80 percent, you must complete the in-person training to receive credit.

#### **What It May Look Like in Your Program**

##### **Responsibilities**

###### **† Licensee**

- If licensed **before** 9/1/2016, licensees are **required** to attend the training specifically referenced above on these new rules.
- When the licensee is a corporation or partnership, the person identified as the representative for the licensee is required to complete this training.
- If licensed **after** 9/1/2016, licensees are **not** required to complete a training on the licensing regulations. Their understanding of the rules was assessed during the licensing process.

###### **† Program Director**

- Directors may attend this training. They are not required to attend by licensing rule unless they are identified as the representative for the licensee.

###### **††† Staff**

- CBCCPP staff may attend this training but it is not a licensing rule requirement.

## **Resources**

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

## **CBCCPP Section 2 - General Provisions**

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

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

#### **Non-Recurring Care Services (NRCS)**

#### **And Public-School Pre-Kindergarten Programs (PSPP) (rule 2.1.3)**

#### **What Is the Purpose of This Rule?**

There are times when short term or temporary child care services are offered for parents. This might include child care services at a ski resort, shopping center, or parenting programs. Some of these CBCCPPs may be classified as NRCS. This type of service is noted on the license.

NRCS and PSPP have exceptions for specific rules in the CBCCPP Regulations. To understand the purpose of these rules, the definitions of NRCS and PSPP are repeated below.

**Non-Recurring Care Services (NRCS)** is “a program that provides child care designed to meet the short term, temporary child care needs of parents arising from, but not limited to tourism, recreation, or shopping” (rule 2.2.30). *More information on NRCS is provided in Section 8.* These CBCCPPs often employ “seasonal staff”.

#### **NRCS in a Nutshell**

- A. If a CBCCPP is **open for less than six months during the year**, then the exceptions in heading 8.1 of these regulations apply to **all** enrolled children and staff.
- B. If a CBCCPP is **open for more than six months during the year**, then the exceptions in heading 8.1 of these regulations apply only to those children enrolled for NRCS and those staff identified as seasonal staff.

A term will be placed on the license that clarifies whether it is A or B. Without this term, a CBCCPP is required to adhere to all licensing regulations and no exceptions in heading 8.1 will apply.

**Public School Pre-Kindergarten Program (PSPP)** is “a licensed CBCCPP for which the licensee is a public-school system also overseen by the Vermont Agency of Education” (rule 2.2.41).  
*More information on PSPP is provided in Section 8.*

## **What It May Look Like in Your Program**

### **Policies and Practices**

- ☐ Children’s enrollment files or forms note if the child is enrolled in NRCS.
- ☐ Staff files clearly note whether an employee is seasonal staff.
- ☐ PSPP follow all CBCCPP licensing regulations and understand the applicable exceptions in heading 8.2.

### **Responsibilities**

#### **† Licensee**

- Ensure CBCCPP operates in compliance with terms placed on the license certificate related to NRCS, and correctly applies rules in heading 8.1.
- Ensure PSPP operates in compliance with licensing regulations, including rules in heading 8.2.

#### **† Program Director**

- Carry out the policies and procedures of the CBCCPP in accordance with licensing rules, understanding where exceptions do and do not apply.

#### **††† Staff**

- Follow the policies and procedures of the CBCCPP in accordance with licensing rules, understanding where exemptions do and do not apply.

### **Resources**

- 📖 Contact the Licensor on Duty at 1 (800) 649-2642 option 3 or (802) 241-0837 for assistance as needed.
- 📖 See subheading 5.10.6, rule 6.2.1.7, heading 7.2, heading 7.3, and heading 7.6 in this guidance manual for further clarification of how licensing rules apply to school/supervisory union licensees.
- 📖 See guidance documents developed for PSPPs at:  
<http://dcf.vermont.gov/cdd-blog/guidance-public-school-operated-prek-programs-related-fingerprint-supported-background>

## A Closer Look at Heading 2.3: Licensing Process and Procedures

### **Licensed Facility Use (rule 2.3.2.5)**

#### **What Is the Purpose of This Rule?**

The CBCCPP facility must only be used to provide CBCCPP services or staff training during the hours of operation (rule 2.3.2.5). This protects the health and safety of children by limiting who can be at the facility. It also keeps the focus on providing early care and education services to children and families. Examples of facility use conflicts might be - shared common areas in a community building, holding a community event during hours of operation, or supervised visitation for a child.

#### **What It May Look Like in Your Program**

##### **Responsibilities**

##### **† Licensee and Program Director**

##### **Supervised Visitation**

- The licensee has sole discretion about whether supervised visitation occurs at the CBCCPP.
- If the licensee allows supervised visitation, they must ensure that on-duty CBCCPP staff do not supervise the visitation. The person providing the supervision for visitation must be provided through Family Services Division or by another entity authorized to make this arrangement (e.g. Family Court). The licensee and program director must provide clear procedures to staff, including how staff should respond if supervised visitation becomes a distraction to their ability to care for children (rule 5.10.1.15).
- CDD does not regulate staff's activities when they are not working for the CBCCPP. The licensee may have policies regarding whether off-duty staff may be the person providing supervision for visitation.

##### **Common Areas in Community Buildings**

- For example: A bathroom is assigned to the CBCCPP but is in the common area of a community building. Staff must make sure no one else is using the bathroom, when it is being used by CBCCPP children.

##### **Community Events**

- Some CBCCPPs participating in the Child and Adult Care Food Program (CACFP) have been asked to extend food services to community members during the CBCCPP's hours of operation. Rule 2.3.2.5 prevents the CBCCPP from allowing community members to

eat meals in the licensed space. The licensee/program director should call the Licenser on Duty to discuss possibilities if the CBCCPP believes this is a community need.

## Resources

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

## Two Buildings on Same Property (rule 2.3.3.2)

### What Is the Purpose of This Rule?

This rule provides the possibility to operate in two buildings under one license located at the same address. The process below was developed to support CBCCPPs in this situation.

- Consider the new licensed capacity for one license and if the program director meets the qualifications and requirements for this new licensed capacity.
- Contact your Licensing Field Specialist to request the reduction to one license.
- CDD determines which license remains open and which is closed.
- CDD transfers all relevant information from the license being closed to the license renewal application for the license remaining open.
- CDD collaborates with the licensee/program director to finalize the license renewal application.
- Licensee submits a closure notification request through BFIS for the license to be closed.
- CDD completes the application process, issues the new license certificate, and closes the license that is no longer needed.

*The complete license history under both licenses remains. Parents who call the Licenser on Duty line for regulatory history information will be able to obtain history information from both licenses.*

### What It May Look Like in Your Program

#### Responsibilities

##### † Licensee and Program Director

- Carefully consider all bullet points under the “Purpose of This Rule” above.
- Consider whether this changes the qualifications needed for the program director.
  - If the program director does not meet qualifications for the new licensed capacity, a variance for qualifications needs to be submitted. Talk to your Licensing Field Specialist first if this is the situation.

- If the program director meets or exceeds qualifications, the Licensing Field Specialist will review the resume, education, and credentials in the BFIS Quality and Credential account to verify the information.
- If the qualifications of the program director are not up-to-date in BFIS, the program director must submit this information to NLCDC using the NLCDC Cover Sheet. This documentation needs to be verified in the program director's BFIS Quality and Credential account by CDD.

### Resources

- 📖 Contact the Licensing Field Specialist assigned to your CBCCPP to discuss the unique circumstances that apply to your program.
- 📖 NLCDC Cover Sheet: <http://dcf.vermont.gov/cdd/professional-development>

## Expiring of a License (rule 2.3.5.1)

### What Is the Purpose of This Rule?

The licensee must understand that their license location or business ownership cannot be changed without approval from CDD. When a business is sold or changes ownership, the new owner must obtain a new license. This is easiest when both parties work collaboratively with CDD to coordinate the opening of one license and the expiring of the other license. Continuity of care for children and families is more likely when this collaboration takes place.

### What It May Look Like in Your Program

#### Responsibilities

##### † Licensee

- Contact CDD before action is taken, so that CDD can support the process more effectively.
- Contact CDD before a CBCCPP is discontinued, or voluntarily closed. CDD can notify the local resource and referral agency to assist families in finding child care services.
- Submit closure notification through BFIS. Once notification is received, CDD will process the request to expire the license.

### Resources

- 📖 Contact the Licensor on Duty at 1 (800) 649-2642 option 3 or (802) 241-0837 for assistance as needed.
- 📖 Appendix I contains a chart of required notifications to CDD, parents, and other agencies.

## **Lead Poisoning Prevention (rules 2.3.8.4, 2.3.9.6, 2.3.10.4.1 and 5.10.1.8)**

### **What Is the Purpose of This Rule?**

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

### **What It May Look Like in Your Program**

#### **Policies and Practices**

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

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

## Responsibilities

### † Licensee

- Ensure EMP assessments are performed by an EMP-certified individual.
- File an EMP Compliance Statement with the Asbestos and Lead Regulatory Program of the Vermont Department of Health and provide required information in CDD applications.
- Insurance carriers require a copy of the annual EMP Compliance Statement be filed with them.
- Ensure EMP procedures are followed, including but not limited to, specialized cleaning techniques when chipping or flaking paint or stain is being repaired or replaced and/or window troughs are being installed.
- Ensure an EMP-certified individual install inserts in CBCCPP window troughs, and uses specialized cleaning techniques to remove dust from CBCCPP play areas, windowsills, window troughs, and other horizontal surfaces.

### ††† Program Director and Staff

- Check CBCCPP furniture, equipment, and toys on a regular basis to make sure there is no chipping or flaking paint or stain. Remove or secure the item from use by children until it can be repaired or replaced.
- Check internal windowsills, door jams, other friction surfaces, walls, ceilings, siding, trim, and other areas where possible lead exposure could occur. External surfaces around the entire building must be checked, even when children may not have direct access to these areas.
- Friction surfaces are when two surfaces rub together which may result in chipping or flaking paint or stain dust. A common example of a friction surface is a door that rubs against the door casing when it is opened or closed.

## Resources

📖 Information on the Vermont Lead Law and EMP:

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

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

Training dates and information:

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

📖 Due Dates Checklist on CDD website:

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

## **Drinking Water and Wastewater Requirements** (rules 2.3.8.7 to 2.3.8.9, 2.3.9.8 and 2.3.10.4.1 to 2.3.10.4.2)

### **What Is the Purpose of These Rules?**

All water and wastewater systems must comply with permitting and water testing requirements to ensure that children have safe drinking water while attending the CBCCCPP. These requirements also ensure that the CBCCCPP has sufficient water supply and wastewater systems to meet the demand based on the licensed capacity. All CBCCCPPs are required to conduct tests to make sure that water pipes and fixtures are safe from lead.

### **What It May Look Like in Your Program**

#### **Wastewater and/or Water Supply Permits**

- ☐ All prospective CBCCCPPs must contact the Vermont Agency of Natural Resources to see if permits are required and/or permits are already in place (rule 2.3.8.7).
  - If permits are already in place, little (if anything) may be required.
  - If permits are required and not in place, obtain the required permits.
  - Often there are fees to obtain or revise water supply and/or wastewater permits either for the permits themselves and/or from the public source (e.g. town).

#### **Lead Water Testing**

##### **Initial Licensure (rule 2.3.8.8)**

- ☐ Required to test water for the presence of lead even if permits are in place and/or bottled water is being used.
  - Conduct first draw lead sample test by collecting water sample when water has been sitting in the plumbing inside the building either overnight or for at least six hours without being used. (The lab will provide sample collection instructions).
  - The sample must be sent to and analyzed by a Vermont Certified Drinking Water Lab. The test result must be less than 0.015 mg/L.
  - Include lead sample results with initial licensure application. Keep paper documentation of test results on site and available for CDD review.
  - If the lead test result is above 0.015 mg/L, water may be remedied and retested for compliance. Bottled water must be used for any water system not in compliance. Water may be provided by the CBCCCPP or families.

### **Annual Licensing Requirement (rule 2.3.9.8) and License Renewal (rule 2.3.10.4.1)**

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

### **Bacterial and Chemical Water Testing**

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

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

#### **Initial Licensure – Systems (e.g. local springs and wells) without Permits (rule 2.3.8.9)**

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

#### **Licensing Renewal – Systems (e.g. local springs and wells) without Permits (rules 2.3.10.4.2)**

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

## Resources

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

## Annual Licensing Requirements (subheading 2.3.9)

### What Is the Purpose of These Rules?

A full license is issued for three years. Therefore, annual licensing requirements must be met each year by the anniversary date of the license. Annual licensing requirements include all rules under subheading 2.3.9. Annual requirements that are not completed will be addressed during a licensing visit.

### What It May Look Like in Your Program

#### Responsibilities

##### † Licensee

- Complete the following annual licensing requirements:
  - Mail or fax documentation of required record check authorization forms to CDD. (Background clearances are valid for 5 years. Only those individuals within 6 months from their due date are required to submit a new Record Check Authorization form).
  - File an EMP Compliance Statement with the Vermont Department of Health, Asbestos and Lead Regulatory Program. Insurance carriers may require a copy of the annual EMP Compliance Statement also to be filed with them.
  - Ensure staff complete professional development as verified in their BFIS Quality and Credential account. If verifiable documentation was submitted to NLCDC and

is missing from an individual's BFIS Quality and Credential account - contact NLCDC.

- Keep records of continuous insurance (rule 2.3.9.7) at the CBCCPP. Have available for CDD review.
- Conduct a flush sample water lead test - if initial licensure lead amounts were equal or above the acceptable limits. Have results available at the CBCCPP for CDD review.

### **Resources**

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

## **Terms and Conditions on License (rule 2.3.11.2)**

### **What Is the Purpose of This Rule?**

CDD may attach terms and conditions to a license when there are unique circumstances (rule 2.3.11.2). Examples include: licensed capacity of the CBCCPP, the hours of operation, or the ages of children served. An example of a condition that requires further action by the CBCCPP might be installing a fence to protect children. The condition might be to allow more time to install a fence when the ground is frozen, and a fence cannot be installed until warmer weather.

### **What It May Look Like in Your Program**

#### **Responsibilities**

##### **† Licensee**

- Ensure conditions are met by the time specified. Notify CDD.

##### **† Program Director**

- Communicate with staff about any terms and conditions on the license.

#### **Resources**

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

## Changes That Impact a License (rule 2.3.12)

### What Is the Purpose of This Rule?

Changes in a CBCCPP may affect compliance with various rules. Sometimes these are planned and sometimes unexpected. When a licensee wants to make changes to the CBCCPP, the licensee must contact CDD for approval *before* the changes take place. Examples of planned changes include altering the amount of indoor or outdoor space, moving classrooms, a change in ages of children served, or a change to the designated program director or licensee representative. CDD determines next steps. Unexpected changes could include fire, flooding, and power outages. Refer to heading 3.7 Emergency Preparedness, in this Guidance Manual, for clarification on dealing with unexpected situations.

### What It May Look Like in Your Program

#### Responsibilities

##### † Licensee and Program Director

- Contact CDD to work through the details and obtain approval *before* making any planned changes that affect the operation of the license.
- Notify CDD of unexpected situations that affect regulatory compliance due to flooding, fire, construction, or other activities that may affect space or programming.

#### Resources

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

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

### What Is the Purpose of These Rules?

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

## **What It May Look Like in Your Program**

### **Appeal Process**

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

*The letter that you receive will also include appeal instructions.*

### **License Denial or Suspension and a Violation Citation**

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

### **License Revocation and Variance Denials**

- Appeals for license revocation and variance denials are filed directly with the Human Services Board. They do not include the above step (Commissioner's Review) of appealing to CDD first.
- To file an appeal for license revocation and variance denials, send an appeal letter to the Human Services Board within 30 days. The appeal letter to the Human Services Board must include the following:
  - Date the appeal letter.
  - Include date regulatory action letter was received.
  - State specifically what is being appealed.
  - Include disagreement with regulatory action and give specifics.
- The Human Services Board decision is final and ends the appeal process.

## **Public School Pre-Kindergarten Programs (PSPP)**

- Rule 8.2.2 allows an exception, for PSPPs filing an appeal, with the Commissioner's Review step in the process. This exception allows for the PSPP, which is a licensed CBCCPP, to request a representative from the Vermont Agency of Education to partner (assist) with the Commissioner's Designee performing the Commissioner's Review.

## **Resources**

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

Child Development Division  
Department for Children and Families  
Attention: Commissioner's Review  
NOB 1 North 280 State Drive  
Waterbury, VT 05671-1040  
Phone: 1 (800) 649-2642 or (802) 241-0811  
FAX: (802) 241-0848

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

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

## **A Closer Look at Heading 2.7: Rule Variance**

### **What Is the Purpose of These Rules?**

There are two types of variance requests in BFIS:

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

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

## What It May Look Like in Your Program

### Responsibilities

#### † Licensee

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

#### † Program Director

- Work closely with the licensee to apply for a variance. Once the variance is approved, the program director ensures that the variance conditions are maintained.

### Resources

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

## A Closer Look at Heading 2.8: Public Record of Violations

### What Is the Purpose of These Rules?

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

## What It May Look Like in Your Program

### Responsibilities

#### † Licensee and Program Director

- When a site visit report contains violations, post it in the CBCCPP for at least 15 days from when received. Post other site visit reports and notices of regulatory action as directed by CDD. While not required by CBCCPP Regulations, some programs also post site visit reports from compliance visits in which no violations are cited.
- Serious violations require the site visit report be sent (mail or email) to parents (rule 2.8.2). Send out the Parent Notification Letter (PNL) to the parent of each enrolled child, or both parents if separated and/or divorced. If a primary parent does not have the contact information for the other parent, the CBCCPP is only required to send the site visit report to the primary parent.
- Understand that all regulatory history remains regardless of whether violations are posted to the public BFIS website. If a violation is removed from the public BFIS website and a repeat violation is later cited, the removed violation will be reposted to the public BFIS website along with the new violation.
- If there are no repeat violations of a particular regulation over a five-year period, you may request that CDD remove the violation from the public BFIS website.

### Resources

- 📖 Appendix III contains required postings (what, where, how long, and rule number).
- 📖 See CDD website for information sheet on how to request violations be removed from the public BFIS website: <http://dcf.vermont.gov/childcare/providers/bfis>

## **CBCCPP Section 3 - Administration and Operation**

**S**ection 3 addresses overall administration and operation of the CBCCPP. It requires clear identification of the owner or governing body of the CBCCPP and required notifications to CDD. Legal mandates regarding child abuse and neglect are outlined. Program management and recordkeeping include confidentiality, non-discrimination enrollment, and safe release of children. Emergency preparedness and annual program assessment is also part of this section.

### **A Closer Look at Heading 3.1: Governing Body**

#### **What Is the Purpose of These Rules?**

A license to operate a CBCCPP is issued to the *individual or governing body* legally responsible for the ownership and functioning of the CBCCPP. This individual/governing body is referred to as the licensee. The licensee is ultimately responsible for compliance with federal and state laws, and for compliance with all CBCCPP Regulations. The licensee may be a sole proprietor, a partnership, or a corporation (which may be governed by a board or individual). Establishing ownership of the CBCCPP begins with the initial licensing application, which requires the licensee (business owner) to be identified.

When the governing body is a corporation, governed by a board, or a partnership; a representative must be identified to communicate with CDD on any licensing matters or issues. This individual is referred to as the licensee representative. The licensee representative ensures that CDD has information for all board members or partners. CDD uses this information to contact the correct individual when licensing action is taken or when other contact is needed.

#### **What It May Look Like in Your Program**

##### **Responsibilities**

###### **† Licensee**

- If you are a corporation or partnership, designate a person to be the licensee representative. This individual is required to be listed in the Associated Parties list of the Child Care Program's Account and required to complete the background clearance process.
- Designate a person to be the program director.
- If the CBCCPP is approved to serve 13 or more children, ensure that the program director completes or has completed a course as outlined in rule 7.3.1.5. However, a

business manager, (see rules in heading 7.6), may be identified to work in collaboration with the program director. If this option is used, then the program director is not required to complete the course in rule 7.3.1.5.

- Make sure all parents are informed about who is the governing body (rule 3.1.4).
- Maintain policies and procedures to ensure adequate staff, space, and equipment for smooth operation of the CBCCCPP (rule 3.1.5).

#### † **Program Director**

- Work closely with the licensee to comply with CBCCCPP rules.

### **A Closer Look at Heading 3.2: Notifications to Child Care Licensing**

#### **What Is the Purpose of These Rules?**

Children's health and safety is a major responsibility. Consult the rules in heading 3.2 to determine what is required for reporting along with required time frames. Verbal reports are made by calling the Licensor on Duty line. Written reports are submitted through an Incident Report in the CBCCCPP's BFIS Child Care Program Account. When the written report is submitted through the Child Care Program Account, your Licensing Field Specialist receives notification. They will follow up if necessary.

#### **What It May Look Like in Your Program**

##### **Responsibilities**

#### † **Licensee**

- Ensure a written notification (incident report) is submitted to CDD through the CBCCCPP's BFIS Child Care Program Account. This responsibility can be delegated to the program director.

#### † **Program Director**

- Provide orientation, training, and oversight to staff on required notifications. Delegate responsibility to a specific staff member(s) when the program director is not on site.

#### †† **Staff**

- Follow all required notifications.

## Resources

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

## Self-Reported Violations (rule 3.2.5)

### What Is the Purpose of This Rule?

When an incident meets the definition of a serious violation (rule 2.2.49), the CBCCPP must notify CDD within 24 hours of the incident. CDD developed the self-report process to encourage open channels of communication. CDD can decide to issue a warning instead of a violation on a case-by-case basis. Rule 3.2.5 outlines what information must be provided to CDD and what factors CDD will consider.

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

### What It May Look Like in Your Program

#### Policies and Practices

- ☐ The self-report process includes notifying CDD about corrective action to ensure this type of situation will not occur again. Examples of effective use of the self-report process include:
  - A staff member used corporal punishment with a child, which resulted in the termination of the staff member.
  - A child was left unsupervised and the staff member(s) responsible for supervision was placed on a probationary status. The program director provided additional staff training and increased supervision.
  - A child was left unsupervised due to inadequate procedures for transitioning children from one area to another. The program provided training and revised procedures to ensure classroom teachers have accurate attendance. The program counts children at key points during the transitioning process now.
  - A teacher was late for work by 15 minutes, and therefore staff/child ratios were out of compliance while parents dropped off children. The CBCCPP reviewed expectations

with staff that parents are required to stay with their child until the additional staff member arrives.

- ☐ It benefits the licensee, program director, and staff when policies for self-reporting serious violations contain procedures that outline responsibility, timelines, and documentation needed to self-report.

## Responsibilities

### † Licensee and Program Director

- Self-report serious violations within 24 hours of the incident to CDD. Self-reports are made through the incident report function in the Child Care Program's Account. After a notification is submitted through BFIS, the Licensing Field Specialist receives the notice and contacts the CBCCPP.
- The self-report is intended to be made by the licensee or program director, depending on the situation. If the program director has committed the serious violation, then the self-report falls upon the licensee.
  - It is better to make a self-report to CDD, rather than have it reported to CDD by parents, neighbors, or others who might have witnessed it.
  - If a serious violation is not self-reported and CDD becomes aware of the situation, then CDD is required to cite a serious violation. This will happen even if the licensee and/or program director appropriately corrected the behavior or made appropriate changes to practices to ensure future compliance.
- Take prompt and appropriate action to correct the violation. Involve staff as appropriate.

### ††† Staff

- Ask questions when not sure how to follow a rule.

## Resources

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

## A Closer Look at Heading 3.3: Legal Mandates Regarding Child Abuse and Neglect

### **What Is the Purpose of These Rules?**

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

### **What It May Look Like in Your Program**

#### **Policies and Practices**

- Legislation for reporting child abuse and neglect **requires each person**, aware of a suspicion of child abuse or neglect, make a report.
- A group report may be made, in place of each person reporting individually, with information contained from individual reports. This would allow a staff member and program director to make a report together if necessary.
- Policies for reporting suspected child abuse and neglect outline responsibility, timelines, and documentation. These policies also specify how to report a co-worker or supervisor of suspected child abuse or neglect if necessary.
- The licensee, staff, and auxiliary staff all receive training in mandatory reporting of child abuse and neglect. This training covers child abuse prevention and identification.

#### **Responsibilities**

##### **† Licensee**

- May not take action against any person who files a good faith report of suspected child abuse or neglect to the Child Abuse Hotline.

##### **† Program Director**

- Develop and implement a written policy requiring the licensee, staff, and auxiliary staff to report suspected child abuse or neglect.
- Post the Vermont Child Abuse Hotline number in an accessible place for staff.

##### **†† Staff**

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

## Resources

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

## A Closer Look at Heading 3.4: Program Management and Recordkeeping

### Children's Files (subheading 3.4.4)

#### What Is the Purpose of These Rules?

The rules in subheading 3.4.4 identify some of what is required to be in children's files. This information includes parent contact information, immunization records, and emergency contact information. These rules also explain how to maintain the information, and how to share the information with staff and parents. Collecting this information provides staff with the background knowledge and contact information to care for and respond to the child in case of an emergency.

#### What It May Look Like in Your Program

##### Policies and Practices

##### Enrollment Information and Emergency Contacts

- ☐ A child registration form is complete, on file and maintained for each child enrolled in the CBCCPP. At minimum, the file includes information listed in rule 3.4.4.1; the child health examination documentation (rule 5.1.2); and immunization requirements (rule 5.1.3).
- ☐ Enrollment information requires contact phone numbers and a home address for the parents. If one parent has a contact number, this is sufficient. If neither parent has a contact phone number, a plan to get messages to one or both parents meets the intent of the rule. Under home address, you may note that the family is homeless. The family may not have a permanent address but will have a mailing address - where their mail is sent for them to pick up. It is important to have this address in the file.
- ☐ When families struggle to identify two emergency contacts, explain an emergency contact may be a family member out of state who knows the child's health history; a friend,

neighbor, or a co-worker who could help contact the family. The emergency contact might also speak in the family's language, which may provide the family or child comfort during an emergency.

- ☐ Sometimes parents think the emergency contact person is being authorized to make medical decisions. Explain that is not the case because parents have already provided authorization to the CBCCPP to make medical decisions when the parents are not able to be reached.
- ☐ Document any obvious injuries along with parent comments (rule 5.3.2) in an injury log or in the child's file. Ensure parents can access this information.

### **Well Care Exam and Immunizations**

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

### **Considerations for Families Experiencing Homelessness**

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

### **Responsibilities**

#### **† Licensee**

- Provide easy to use forms for parents to submit the required information. Consider using electronic formats for submission of forms.

#### **† Program Director**

- Ensure files of children, either paper or electronic, are easily accessible by the licensing field staff and CBCCPP staff as needed.
- Create a confidentiality statement for staff when viewing children's records.

- Use a variety of strategies to obtain necessary enrollment paperwork, such as:
  - Encourage parents to complete paperwork during drop off or pick up time. This way parents cannot forget to return it.
  - Allow parents to use the CBCCPP's phone to call and request immunization records or well-care exam documentation to be sent directly to the CBCCPP.
  - Participate in the Child Care Provider Immunization Registry. This provides the CBCCPP with direct access to most children's immunization records and reduces the burden on parents.

## Resources

- 📖 CDD provides sample forms. These forms include a Child File Checklist, Child Admission/Registration form, a Child Care General Health Examination form, a Field Trip Permission form, General Permission Statements, a Medication Permission form, Due Date Checklist, and more:  
<http://dcf.vermont.gov/cdd/forms-child-care-providers>  
<http://dcf.vermont.gov/childcare/providers/health-safety>
- 📖 When families are experiencing homelessness and may have a number of service needs, the local Children's Integrated Services Coordinators are available to assist with supports and connecting families to resources (e.g. Specialized Child Care, transportation to/from child care or preschool, Child Care Financial Assistance Program services, nursing and family support home visitors, and/or early intervention services):  
<http://dcf.vermont.gov/partners/scc>
- 📖 *Help Me Grow* (call 2-1-1) helps families connect with community based services and supports. More information is available at, <http://vermont211.org/>
- 📖 Child Care Financial Assistance Program has some resources for families experiencing homelessness:  
<http://dcf.vermont.gov/benefits/ccfap>
- 📖 Vermont Department of Health Immunization Registry User Support:  
<http://www.healthvermont.gov/health-statistics-vital-records/registries/immunization>
- 📖 or call (888) 688-4667 or email [IMR@vermont.gov](mailto:IMR@vermont.gov)

## Personnel Files (subheading 3.4.5)

### What Is the Purpose of These Rules?

To maintain safety, supervision, and engagement of children, licensees or program directors must clearly identify the expertise and job functions of all staff and maintain this information on file. Personnel files required by rule 3.4.5.1 must include documents that verify understanding

of the legal requirement to report suspected child abuse and neglect, CPR certification, a current Records Check Authorization form, documentation of orientation training and other areas connected with children's well-being.

### **What It May Look Like in Your Program**

#### **Policies and Practices**

- ☐ All staff can access the CBCCPP Staff Handbook and the CBCCPP Regulations.
- ☐ Store documentation of completed staff orientation training and orientation sign-in sheets on-site.
- ☐ IPDPs may be kept in the staff's file or may be entered into a staff member's BFIS Quality and Credential account, where they are accessible to the program director, to the individual staff person, and to CDD staff.

#### **Responsibilities**

##### **† Licensee and Program Directors**

- Maintain an up-to-date personnel file for all staff with the items in rule 3.4.5.1 at minimum.
- Provide orientation and ongoing support to staff so they can carry out policies and practices.

#### **Resources**

📖 CDD provides sample forms. These forms include a Staffing Plan, Staff File Checklist, a Partner or Volunteer Information form, Due Dates Checklist, and a Volunteer Sign In and Sign Out Sheet:

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

### **Other Administrative Records (subheading 3.4.6)**

#### **What Is the Purpose of These Rules?**

The safety of children is a key responsibility and documentation is important. This documentation includes details of each evacuation drill (rule 3.4.6.1); accidents and injuries (rule 3.4.6.2); medication administered (rule 3.4.6.3); pesticide applications (rule 3.4.6.4); and daily staff schedules (rule 3.4.6.5). Documentation may be needed if a child has an allergic reaction to a pesticide or to a medication. Documentation on accidents and injuries as well as how and when the parent was informed may be needed for liability purposes.

#### **What It May Look Like in Your Program**

## **Policies and Practices**

### **Evacuation Drill**

- ☐ Documentation must be kept for at least two years and must include:
  - Date of monthly drill;
  - Notation if children were sleeping or resting (at least one drill per year must be while children are sleeping or resting);
  - The time it took to evacuate (must be done in under three minutes); and
  - Number of children and staff evacuated.

### **Accidents and Injuries**

- ☐ Documentation must be kept for a minimum of two years from the date it occurred and must include:
  - An incident report for each accident, injury, or medical emergency that leaves a visible mark or required any kind of first aid. It must include the first aid provided, even when medical treatment is not required (rule 5.8.3). Incident report must include:
    - Name of child;
    - Date of incident;
    - Description of injury or medical emergency;
    - How it occurred;
    - Adult witnesses;
    - First aid provided; and
    - Medical care required (if applicable).
  - **Required:** Child's parent is provided a copy of the report at pick up the same day.
  - **Required:** File incident report in child's file or in an injury log book.
  - **Serious Injuries:** Refer to rule 3.2.1.

### **Medication Administration**

- ☐ Documentation kept for a minimum of one year from date medication was given and must include:
  - Record of medications administered in a child's file or in a separate medication log book must include the following (rule 5.6.7).
    - Name of medication given;
    - Medication dosage;
    - Time that medication given;
    - Name of staff giving medication; and
    - Any adverse effects observed.

## **Pesticide Applications**

- ☐ Read subheading 5.10.1.9 carefully for specific requirements.
- ☐ Documentation must be kept for 24 months after the application and must include:
  - Pesticide product name;
  - EPA Registration Number;
  - Amount used;
  - Dates of application;
  - Location of application; and
  - Pests treated.

## **Staffing Schedule**

- ☐ Documentation of daily staff schedules must be kept for at least one year and must include:
  - Exact days and hours worked for each staff member; and
  - The group of children to whom each staff member was assigned.
- ☐ A CBCCPP can use their own system if it accurately documents when and where each staff member worked each day. Having employee sign-in logs in each classroom may help in this documentation.

## **Resources**

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

## **A Closer Look at Rule 3.5: Non-Discriminatory Enrollment**

### **What Is the Purpose of This Rule?**

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

### **What It May Look Like in Your Program**

#### **Policies and Practices**

- ☐ There are clear non-discrimination policies and practices in staff and parent handbooks, on websites (if used by the CBCCPP), and in other written and verbal communication.

- ☐ Enrollment forms avoid asking for discriminatory information. For example, it is illegal to ask someone about their religion on an enrollment form.
- ☐ Be clear about the philosophy of the CBCCPP, so families can determine if it is a good fit for them.

## Responsibilities

### † Licensee and Program Director

- Provide oversight to prevent non-discriminatory enrollment.
- Work with CDD to address the needs of enrolled families who are experiencing homelessness and licensing compliance.

### † Program Director

- Review enrollment forms to ensure they are non-discriminatory.
- Provide non-discriminatory orientation and training to staff.

## Resources

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

## A Closer Look at Heading 3.6: Safe Release of Children

### What Is the Purpose of These Rules?

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

## What It May Look Like in Your Program

### Policies and Practices

#### ☐ Staff

- A system is in place to release children only to persons authorized by the parent(s).
- Procedures ask for identification if someone other than the parent(s) are authorized to pick up a child.
- Procedures for handling emergency calls from a parent(s) when they need someone else to pick up their child are clear (rule 3.6.3).

#### ☐ Partner Staff, Auxiliary Staff and Volunteers

- Are not left alone with children and are not counted in staff/child ratios at the CBCCPP (rules 6.2.1.7, 6.2.1.8, and 7.7.2).

#### ☐ Partner Staff

- Examples of partner staff might be speech, physical, or occupational therapists who provide services to children with special needs.
- If partner staff determine that a quieter space outside the classroom is a better environment for their services, and the CBCCPP has such space available; CBCCPPs may use the signing out process to accommodate this need.
- By having written parental permission on the release form, in the child's file; a partner staff may sign the child out of the CBCCPP, take the child to a separate space to provide services, and then return the child to the CBCCPP and sign them back in to the CBCCPP. This practice makes it clear who is responsible for supervision of the child while CBCCPP staff are not present and protects the CBCCPP from potential liability.

### Responsibilities

#### † Program Director

- Provide staff with information about who is authorized to pick up a child. Keep documentation in children's files, in classrooms as needed, and with emergency contact information.

#### †† Staff

- Release children only to a person authorized by a parent(s) (rule 3.6.1).
- Verify the identity of a person authorized to pick up a child who is unknown to the staff before releasing the child (rule 3.6.1).
- When transporting children, release children to the address provided or authorized by the parent(s) (rule 3.6.2).

## A Closer Look at Heading 3.7: Emergency Preparedness

### **What Is the Purpose of These Rules?**

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

### **What It May Look Like in Your Program**

#### **Policies and Practices**

- Develop a written Emergency Response Plan to address all items in rule 3.7.1.1.
- Update the Emergency Response Plan in writing at least once a year.
- Inform parents of the Emergency Response Plan.
- Train all staff on the Emergency Response Plan and provide them access to the written plan.
- While the licensee is required to attend an emergency preparedness training (rule 3.7.3), CDD does not require any particular training to meet this requirement. The only requirement is that the training include sheltering in place education. Anyone skilled in emergency response planning may offer a training. This training will assist the licensee in revising the Emergency Response Plan. See heading 7.4 in this Guidance Manual for information on trainings that meet NLCDC criteria. To ensure the training meetings NLCDC criteria, it is recommended that the training is offered by a NLCDC Sponsor.

#### **Responsibilities**

##### **† Licensee**

- Create an Emergency Response Plan in preparation for becoming licensed.
- Attend a required emergency preparedness training (described above in Policies and Practices) within one year of opening a CBCCCPP. Use the knowledge gained from this training to revise and update existing Emergency Response Plan.

##### **† Program Director**

- Document monthly evacuation drills according to rules 3.7.2.2 and 3.4.6.1.

##### **††† Staff**

- Know responsibilities in following the Emergency Response Plan.

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

 This guidance applies to all types of emergency situations. The most common emergency is a power outage. In these emergency situations, the CBCCCPP may provide child care and/or preschool services if the CBCCCPP meets **ALL** the following conditions.

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

## Resources

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

## **A Closer Look at Rule 3.9: Annual Program Assessment**

### **What Is the Purpose of These Rules?**

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

### **What It May Look Like in Your Program**

#### **Policies and Practices**

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

#### **Responsibilities**

##### **† Licensee and Program Director**

- Decide how to collect desired information from staff and parents, and how to communicate results to them. Use results to improve the CBCCPP.

#### **Resources**

- 📖 The Environment Rating Scales are acceptable assessment tools used in Vermont. Infant Toddler Environment Rating Scale (ITERS) is designed to assess programs for children from birth to 2 ½ years, and the Early Childhood Environment Rating Scale (ECERS-R) is designed to assess programs for children from 2 through 5 years of age:  
<http://ers.fpg.unc.edu/>
- 📖 The Strengthening Families self-assessments are acceptable tools to use in Vermont. These assessment tools gauge the level of parent involvement in programs:  
<http://www.cssp.org/young-children-their-families/strengtheningfamilies>

## **CBCCPP Section 4 - Parent/Family Engagement in Their Children's Care**

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

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

#### **What Is the Purpose of These Rules?**

Parents and CBCCPPs both want the best for children. Maintain an open and welcoming atmosphere for parents to create a feeling of partnership between the CBCCPP and parents. Formal and informal parent conferences are a good way to work with parents on behalf of their children. Parents need to have access to their children attending the CBCCPP *without delay*. This means that at any time during the day, and without needing prior approval, parents can stop in to see their child or pick up their child if necessary. Providing parents with access to their child should not interfere with the CBCCPP's ability to keep children safe. If programs choose to keep the facility locked for security, make sure parents have the information necessary to access the CBCCPP. Requiring identification of visitors to the CBCCPP is another way to keep children safe.

#### **What It May Look Like in Your Program**

##### **Policies and Practices**

- Parents have an opportunity to participate in formal or informal parent conferences at least twice a year.
- There is a known process for parents to request a formal or informal meeting with the program director or staff who has primary responsibility for their child(ren). Hold the meeting within ten working days from a parent's request.
- When the CBCCPP has a locked entry or security system, there is a process for informing parents on how to enter the building to access their child(ren).

##### **Responsibilities**

###### **† Licensee**

- May lock the CBCCPP. Provide parents with clear guidance and information to gain access promptly.

### † **Program Director**

- Create a welcoming atmosphere for parents. Support classroom staff in parent partnerships.

### †† **Staff**

- Share children's learning and development with parents. Listen to parent ideas and concerns.
- Provide a welcoming atmosphere for parents when they visit or pick up their child(ren).

### **Resources**

📖 Due Dates Checklist on CDD website:

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

## **A Closer Look at Rule 4.6: Supporting Breastfeeding**

### **What Is the Purpose of This Rule?**

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

### **What It May Look Like in Your Program**

#### **Policies and Practices**

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

## Responsibilities

### † Program Director

- Encourage staff to embrace an open attitude about breastfeeding.
- Provide privacy and comfort for breastfeeding mothers.

### ††† Staff

- Allow breastfeeding mothers and employees to store their expressed breast milk in the CBCCPP or classroom refrigerator.
- Ask mothers to provide breast milk containers clearly labeled with their name and current date. If the container is not labeled with a name and date, create a label before putting it in the refrigerator.

## Resources

📖 The Vermont Department of Health has a website with many resources on breastfeeding, including information on how to best store breastmilk:

<http://healthvermont.gov/children-youth-families/infants-young-children/breastfeeding>

📖 Caring for Our Children has further guidance on nutrition for infants:

<http://cfoc.nrckids.org/StandardView/4.3.1.8>

<http://cfoc.nrckids.org/StandardView/4.3.1.2>

📖 American Academy of Pediatrics Frequently Asked Questions on breastfeeding:

<https://www2.aap.org/breastfeeding/faqsBreastfeeding.html>

## A Closer Look at Rule 4.7: Communicating CBCCPP Policies and Procedures

### What Is the Purpose of This Rule?

When a parent chooses a CBCCPP for their child, they want assurance that the health and safety of their child is being protected. Providing parents with written policies is one way to communicate with parents how the CBCCPP will protect their child(ren).

### What It May Look Like in Your Program

## Responsibilities

### † Licensee

- Work with the program director to create and implement written policies, including all items required in rule 4.7.

† **Program Director**

- Provide orientation and training to staff to ensure they understand the written policies (rule 7.1.3).
- Provide parents with the written policies. Provide clarification when needed.

††† **Staff**

- Carry out the written policies in the classroom or CBCCPP as applicable.

**Resources**

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

## **CBCCPP Section 5 - Health, Safety and Nutrition**

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

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

#### **General Health Examinations (rule 5.1.2)**

##### **What Is the Purpose of This Rule?**

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

##### **What It May Look Like in Your Program**

###### **Policies and Practices**

###### **Timelines:**

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

###### **Acceptable Documentation:**

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

enrollment paperwork that the family is experiencing homelessness, along with efforts to assist the family to obtain documentation, complies with this rule.

### **Partnering with Parents on Documentation:**

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

### **Responsibilities**

#### **† Program Director**

- Work with parents to obtain the well-care exam and documentation.
- Share relevant information with staff so they are aware of allergies or special health needs.

#### **†† Staff**

- Be aware of medicine or health information for the children in their care.

### **Resources**

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

## **Immunizations (rule 5.1.3)**

### **What Is the Purpose of This Rule?**

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

Vermont law requires children be up-to-date on immunizations prior to entering a child care or school program. Any exemption claimed may result in exclusion from child care (or school) when a disease outbreak occurs if it is determined that the child is at risk for getting that disease and transmitting it to other children. The length of exclusion will vary depending on the disease, and can range from several days to more than a month. This protects all other children attending the CBCCPP.

### **What It May Look Like in Your Program**

#### **Policies and Practices**

- Immunization requirements are included in the parent handbook.
- See information under Children's Files (subheading 3.4.4) for guidance on families who may be experiencing homelessness.

### **What immunization records should a child have to participate in CBCCPP services?**

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

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

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

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

**Valid Exemptions:** Document using the Vermont Department of Health form as described below.

☐ **Medical Exemption**

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

☐ **Religious Exemption**

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

## **Responsibilities**

† **Program Director**

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

## **Resources**

📖 Vermont Department of Health Immunization forms:

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

(For help completing the form or for information about required immunizations, please email or call your local district Vermont Department of Health Office). A list of contacts is available at:

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

- 📖 Vermont Immunization Registry User Support, call (888) 688-4667 or email [IMR@vermont.gov](mailto:IMR@vermont.gov)
- 📖 Vermont Department of Health has webpages with immunization resources. These include an immunization checklist, exemption forms, and a parent brochure. If you have questions about what is required by Vermont law and options for families, you can access: <http://healthvermont.gov/disease-control/immunization>
- 📖 Training and information about immunization documentation and reporting requirements is available here: <http://northernlightscdc.org/training/state-wide-curricula/immunizations-documenting-and-reporting/>
- 📖 Due Dates Checklist is on CDD website: <http://dcf.vermont.gov/cdd/forms-child-care-providers>

## **Vermont Child Care Immunization Report (rule 5.1.4)**

### **What Is the Purpose of This Rule?**

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

### **What It May Look Like in Your Program**

#### **Policies and Practices**

- ☐ Regulated child care and preschool programs in Vermont, including center based programs, public school preschool programs and Head Start programs, are required to submit an immunization survey for the children enrolled. This survey is required to be submitted once per year by December 31<sup>st</sup> (rule 5.1.4).

## Responsibilities

### † Program Director

- Collect immunization documentation (rule 3.4.4.2). Have the parent provide a copy of the child's immunization record. Or access the immunization record directly as a participant in the Vermont Department of Health Immunization Registry.
- When the CBCCPP uses the Vermont Department of Health Immunization Registry, the child enrollment form or permission statement must include written parent consent to access the child's immunization record in the Registry.
- Submit the immunization survey yearly (rule 5.1.4) by December 31<sup>st</sup>.

## Resources

📖 How to submit your annual immunization survey report required by law and by CDD regulations:

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

📖 View a print version of the survey here:

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

The survey must be submitted online. The print version is available to help prepare information to be submitted online.

📖 Due Dates Checklist is on CDD website:

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

## **A Closer Look at Heading 5.2: Routine Health Practices**

### **Hand washing (subheading 5.2.1)**

#### **What Is the Purpose of These Rules?**

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

#### **What It May Look Like in Your Program**

#### **Policies and Practices**

- ☐ Hand washing policies and practices apply to anyone spending time within the CBCCPP. Parents who are only picking up or dropping off their child are not required to wash their own hands.

- ☐ The CBCCPP rule requires hand washing with soap and warm, running water. There may be times when this is not feasible such as after wiping children's noses during outside play time. In this instance, using gloves is a better substitute to using hand sanitizer. Hand sanitizer may kill germs, but without warm running water to aid in washing germs away, it is less effective. If hand sanitizer is used, then rule 5.2.1.4 requires that non-alcoholic hand sanitizer be used for children under 24 months of age.
- ☐ Hand washing associated with diapering is covered in rule 5.2.3.11. Hand washing practices for diapering vary depending on what is developmentally appropriate for newborns, infants, toddlers, and preschoolers. For a newborn who cannot hold its head up, use a wet cloth (paper towel or washcloth) with a drop of soap and then a second wet cloth (paper towel or washcloth) after. Diaper wipes cannot be used.
- ☐ A single use towel must be used for drying children's hands. Children cannot share a cloth towel. Acceptable examples of a single use towel include:
  - A paper towel;
  - Cloth towels cut into smaller pieces so that a new one can be used for each child after each hand washing. After a cloth towel has been used, put it in a container so it can be washed; or
  - Assign a cloth towel to each child. Hang towels so they are not touching one another. At the end of the day, wash all used cloth towels.
- ☐ While Licensing Field Specialists will try to wash their hands upon arrival, their primary responsibility is the licensing visit. Because Licensing Field Specialists are not engaging with children and working within the CBCCPP, the need for hand washing is reduced.

## **Responsibilities**

### **† Program Director**

- Make sure adults and children wash their hands at all required times listed in rule 5.2.1.1 and 5.2.1.2.
- Oversee inclusion of pets in the CBCCPP. Animals may expose children to allergens, germs, and infectious diseases. Survey families to identify children with allergies. Require adults and children to wash their hands after handling an animal, cleaning the cage, or caring for the animal in any way.

## ☞ Staff

- Model for children by following staff hand washing requirements.
- Set up systems in classrooms that make hand washing a routine such as posting hand washing pictures for children to model or have a special song to sing while hand washing.
- Make sure children have the supplies they need to wash hands.
- Assist children with hand washing. They might need help using a stool, pumping the soap dispenser, reaching the faucet knobs or paper towels, and/or washing all surfaces of their hands.

## Resources

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

## Diapering (subheading 5.2.3)

### What Is the Purpose of These Rules?

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

### What It May Look Like in Your Program

#### Policies and Practices

- ☐ There is a required routine to check diapers regularly, at least every two hours, or more often, if there are signs that a diaper needs changing.
- ☐ A pull up is considered a type of diaper. Children are changed when they are wet or have a bowel movement/diarrhea. Should a child in a pull up need to be changed laying down, diaper changing procedures apply.
- ☐ When a staff member changes a diaper or a pull up while the child is standing (especially if the child is bigger or is learning to use the toilet), properly throw away the wet/dirty pull up/diaper and wash your hands.

- ☐ The container for wet/dirty diapers must be washable, within arm's reach, and have a cover to prevent children from getting into the diapers.
- ☐ For diaper changing procedures listed in rule 5.2.3.11, cleaning and disinfecting are two different processes. Be sure to clean and then disinfect as a two-step process.
  - Disinfectants are required to be EPA registered as a disinfectant.
  - Products such as Lysol wipes may be used for cleaning and for disinfecting if the manufacturer's directions are followed.
  - Some disinfecting products require longer application time than others, so review the manufacturer's directions before deciding which product to use.
- ☐ Hand washing after handling bodily fluids takes place in a sink designated for hand washing after toileting to protect against cross contamination.
- ☐ The diapering area is close to the hand washing sink and away from where food is stored, prepared and eaten. This practice helps prevent the spread of infectious diseases.

## Resources

- ☐ Diaper changing procedures:  
<http://dcf.vermont.gov/childcare/providers/health-safety>

## A Closer Look at Rule 5.2.5: Standard Precautions

### What Is the Purpose of This Rule?

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

### What It May Look Like in Your Program

#### Policies and Practices

- ☐ All the existing CBCCPP rules regarding hand washing, cleaning, sanitizing, and disinfecting include components of standard precautions.
- ☐ In addition, the following precautions are recommended:
  - Wear gloves when handling blood;

- Double bag materials that are soaked in or caked with blood in plastic bags that are securely tied. Send these items home with the child, or if you wash them, wash them separately from other items; and
- Use special containers to store items used for procedures on children with special needs (such as lancets for finger sticks, or syringes for injections given by parents) for safe disposal. Ask parents to provide a “sharps container” which safely stores lancets or needles until the parent can take them home for disposal.

## Resources

 CDD provides a sample first aid checklist:

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

## Cleaning, Sanitizing, and Disinfecting (subheading 5.2.6)

### What Is the Purpose of These Rules?

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

### What It May Look Like in Your Program

#### Policies and Practices

- Cleaning, sanitizing, and disinfecting have different definitions and achieve different results. These different types of products should not be used interchangeably. For example, a product may be EPA registered as a sanitizer but not as a disinfectant, so it cannot be used as such (See Appendix V Cleaning Checklist).
- Label all cleaning products. Train staff to read labels and use the product as instructed by the manufacturer.
- Find safe and efficient ways to store cleaners, sanitizers, and disinfectants so that they are easily accessible to staff, while not being accessible to children.
- Some CBCCPPs choose to use less toxic products such as hydrogen peroxide or botanicals to disinfect. Household bleach is not required to be used. If bleach is used, a fresh bleach

solution must be mixed daily. Always follow manufacturer's instructions for mixing any solutions.

- ☐ Avoid using products with strong chemicals and odors that can irritate the lungs and trigger asthma, headaches, and allergic skin reactions (rules 5.10.1.1 and 5.10.1.10.5).
- ☐ A soap and water mix is a reliable way to clean, especially when disinfectants and sanitizers are not required.

## Responsibilities

### † Licensee

- Ensure the CBCCPP has the needed cleaning, sanitizing, and disinfecting supplies.

### † Program Director

- Provide training on effective cleaning, sanitizing, and disinfecting products and procedures.
- Educate staff on products or practices that may be hazardous to the health and safety of children.

### ††† Staff

- Follow CBCCPP policies on cleaning, sanitizing and disinfecting.
- Supervise children closely, even when engaged in daily cleaning routines when children are present (such as after meals and changing diapers).

## Resources

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

## A Closer Look at Heading 5.3: Managing Infectious Diseases

### **What Is the Purpose of These Rules?**

Keeping children and staff healthy is important. This responsibility involves knowing what infectious diseases are, how they are spread, and when children or staff need to stay home because of an infectious disease.

### **What It May Look Like in Your Program**

#### **Policies and Practices**

- There must be a plan for the management of infectious diseases (rule 5.3.1). Consider consulting with a health care consultant when developing this plan, such as a pediatrician.
- Train staff on how to do a daily health check of children. This can be as simple as greeting each child warmly, asking them how they are, and doing a quick visual scan. Look for unusual bumps, spots, runny eyes or nose, persistent cough, signs of fever, or other signs that they are not feeling well or have a potential contagious illness.
- Rule 5.3.2 only requires obvious injuries be documented. Use a simple notebook to document obvious injuries. Or use a simple documentation form and place it in the child's file. Whatever system is used, make it available for review by Licensing Field Specialists.

#### **Responsibilities**

##### **† Program Director**

- Make sure that children who may have a contagious illness are excluded from the CBCCPP until they no longer pose a risk. Examples of exclusionary symptoms includes but is not limited to, diarrhea (3 or more loose stools in a 24-hour period), vomiting (2 or more bouts of vomiting in a 24-hour period), and fevers over 100°F taken axillary (armpit) or 101°F taken orally.
- Make sure that children showing signs of a contagious illness while at the CBCCPP are separated in a comfortable area away from other children until a parent or other authorized person can pick them up.
- Notify parents of contagious illnesses as required by the Signs and Symptoms of Illness Chart.
- Maintain confidentiality of children.
- Maintain daily health check documentation in the child's file for at least 365 days (rule 5.3.2).

##### **†† Staff**

- Observe each child for symptoms of infectious illnesses daily upon arrival and document as required in rule 5.3.2.

## Resources

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

## A Closer Look at Heading 5.4: Sleep and Rest Accommodations

### What Is the Purpose of These Rules?

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

### What It May Look Like in Your Program

#### Policies and Practices

- ☐ Cribs must meet safety standards according to the Consumer Product Safety Commission and the licensee must maintain documentation on this compliance.
  - Proper assembly of cribs is critical. Follow the assembly instructions provided and make sure that every part is installed correctly. If instructions are unclear, call the manufacturer for help.
  - Set up port-a-cribs properly according to manufacturers' directions. Only use the mattress pad provided with the port-a-crib; do not add extra padding.
  - Cribs that have been recalled or that are broken or modified are not allowed.
  - Make sure there are no gaps larger than two fingers between the sides of the crib and the mattress. Infants' heads can become entrapped.
  - Never place a crib near a window with blind cords, curtain cords or baby monitor cords. Infants can strangle on cords.

- Check on sleeping infants every 15 minutes by walking to their cribs, listening to their breathing, checking the color of their skin, and observing for signs of distress.
- ☐ Subheading 5.4.2: Safe Sleep Practices for Infants under 12 Months of Age, states that swaddling is not allowed (rule 5.4.2.5). When infants are sleeping, they may not be swaddled. Swaddling a sleeping infant can increase the chance an infant will overheat. Some sleep sacks have been specifically designed to meet safe sleep practices and use a swaddling feature. These are permitted. It is also acceptable to swaddle an infant who is awake, when this technique calms and soothes the infant. If the parent provides the CBCCPP with a physician’s note of medical necessity to swaddle the infant during sleep, staff can follow the doctor’s medical guidance on swaddling (rule 5.4.2.7).
  - ☐ Use of blankets is also linked to Sudden Unexpected Infant Death (SUID) for infants under 12 months of age. CBCCPPs should follow safe sleep practices as outlined by the Vermont Department of Health and must follow licensing rules in subheading 5.4.2.
  - ☐ A cot or mat must be non-porous so that it can be cleaned. For example, mats are often vinyl and cots are often a coated mesh material. This makes them easy to clean.
  - ☐ Children may not nap directly on a nonporous covering. They need to lie on a blanket, sheet or sleeping bag on top of a mat, cot, or bed.
  - ☐ There is enough lighting for appropriate supervision in the areas that children are napping or resting. When an infant is in a darkened room, sleeping in a crib or port-a-crib, and not able to climb out, a flashlight may be used to check the infant's color and breathing.
  - ☐ Never force children to sleep. Provide comfortable, quiet space and materials for children who do not sleep to engage in quiet activities. This could include looking at books, doing puzzles, etcetera.

## Resources

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

## **A Closer Look at Heading 5.6: Administration of Medication**

### **What Is the Purpose of These Rules?**

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

### **What It May Look Like in Your Program**

#### **Policies and Practices**

- ❑ A prescription label must be on medicine or on the box containing the medicine. Medication includes epinephrine auto-injectors (e.g. Epi-Pens) and asthma inhalers. Medicines such as epinephrine auto-injectors and asthma inhalers are common examples of medicines often cited for non-compliance. Parents need to provide the box that contains the prescription label, along with the inhaler or epinephrine auto-injector. Train staff to obtain the medicine with the prescription label to ensure compliance.
- ❑ Staff who completed the approved medication training shall be the only ones to administer medication (rule 5.6.2).
- ❑ Non-compliance is cited when expired medications are given to children.
- ❑ Unused or expired medications are returned to the parent. If the parent does not want to take back the medication, the CBCCPP must dispose of the medication properly.
- ❑ Store medications, including refrigerated medications, in an area inaccessible to children, such as in a locked cabinet or a locked box in the refrigerator.
- ❑ Keep medication authorization forms near medications to ensure that permissions are current and instructions are clear. For example, the forms could be stored with the medication, a medication administration log, or in the child's file.
- ❑ Keep records for 365 days from the first day the medication is administered (rule 5.6.7).
- ❑ Make any medication that says, "Keep out of the reach of children" inaccessible to children. These include diaper ointments and other skin products. Manufacturers put these instructions on their product labels because there is a safety risk if ingested by children. Ongoing access by children to these types of products will result in non-compliance being cited.

#### **Resources**

- 📖 CDD website has the sample forms below:  
<http://dcf.vermont.gov/cdd/forms-child-care-providers>

- Medication Permission form (Sample);
- Medication Administration Log (Sample);
- Non-Prescription Medication Permission form (Sample); and
- General Permission Statements (Sample).

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

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

### **A Closer Look at Heading 5.7: First Aid Kits**

#### **What Is the Purpose of These Rules?**

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

#### **What It May Look Like in Your Program**

##### **Policies and Practices**

- ☐ The first aid kit contains all required items (rule 5.7.1). It is readily available and out of reach of children.
- ☐ Clarification on some items in the first aid kit:
  - Bandages are the generic word for Band Aids.
  - Eye dressing is an eye patch. A gauze pad that is oval shape that fits over the eye.
  - Thermometers must be non-glass and non-mercury.
  - Sterile gauze pads are used when a sore or cut is too large for a bandage. Having 5-6 in the first aid kit is recommended.
  - A roll of gauze is helpful when an injury may be on a knee or elbow. The gauze can be wrapped around the area and secured with tape. A roll of gauze may also be used to add additional wrap around a wound that is continuing to bleed.
- ☐ It is recommended to keep the first aid kit near emergency phone numbers, and emergency medications needed for a child with allergies or special health needs.
- ☐ Always follow instructions on any first aid product and adjust the use for the age of the child.
- ☐ Replenish supplies when used or expired (rule 5.7.2). One system for ensuring compliance is to use a first aid checklist. Designate a person to check each kit monthly for missing, outdated, or expired supplies.

## Resources

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

## A Closer Look at Heading 5.10: Physical Environment and Safety

### What Is the Purpose of These Rules?

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

### What It May Look Like in Your Program

#### Policies and Practices

##### General Safety (rule 5.10.1.1)

- While CBCCPP Regulations do not require a process for looking for hazards, it is helpful to have a system for the licensee, program director, and/or staff to routinely review the grounds, equipment, and toys for hazards.
- Look for potential hazards, not specifically identified in the rules. These might include holes in the mesh of port-a-cribs, broken toys with rough edges that could cut children, or cracks in toys that could pinch children. Also, watch for unstable shelving, rusted metal, and radiators with sharp points. Fencing that is tipping or leaning or that has nails/screws protruding are hazards.
- Inspect outdoor wood furniture and play equipment. Prior to January 2004, outdoor wood furniture and play equipment was treated with CCA (chromatid copper arsenate), which is dangerous because of the arsenic used in the product. CCA treated furniture/equipment, or items with unknown manufacture dates must be sealed once a year with an outdoor grade penetrating sealant. Seal without sanding to prevent the arsenic from being released into the ground (rule 5.10.1.7).

- ☐ Some CBCCPPs choose to test for radon. See resource below for information regarding radon risks and resources.
- ☐ Make sure outside play equipment is being used as intended for the age group using it. When in doubt consult the manufacturer instructions.
- ☐ When assessing for safety hazards, include poisonous plants in this assessment. Establish a process for assessing existing plants or those being added to inside or outside spaces (rule 5.10.1.10.6).

### Resources

☐ Health and safety resources:

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

☐ National Center for Playground Safety:

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

☐ Health concerns of pressure treated wood:

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

☐ Radon resources:

<http://healthvermont.gov/radon>

### Fire Safety (subheading 5.10.1.2)

- ☐ Common examples of non-compliance with Vermont Department of Fire Safety requirements include:
  - The fire panel box inspection sticker is over a year old and therefore expired.
  - Violations on the inspection sticker on the fire panel box have not been fixed and/or the corrective action for the violation is not noted on the inspection sticker.
  - Fire extinguishers with no inspection tag or an overdue inspection tag.
  - Smoke or carbon monoxide detectors that do not work when tested.
- ☐ Create a system to ensure compliance such as putting inspection reminders on a calendar. Put the date the inspections were done, when violations need to be corrected, and when the next inspection is due.
- ☐ CDD will notify the Vermont Division of Fire Safety as necessary regarding non-compliance.

### Resources

☐ Vermont Department of Fire Safety resources:

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

☐ Due Dates Checklist on CDD website:

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

#### **Trash, Recycling, and Composting (subheading 5.10.1.4)**

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

#### **Resources**

- 📖 Trash, recycling and composting:  
<http://dec.vermont.gov/waste-management/solid/universal-recycling>

#### **Management of Toxic Substances (subheading 5.10.1.10)**

- ☐ Toxic substances can be cleaning products, household chemicals, air fresheners, and even some plants.
- ☐ Household chemicals have labels - plants usually do not. Unless you know plants well, it may be hard to tell if the red berry on the plant is deadly if ingested. Poisonous plants may pose a safety or health risk on a variety of levels from less serious such as a skin reaction to very serious such as life threatening. Some common toxic plants are Foxglove, Japanese Yew, and many types of mushrooms. Having a system to review whether a plant poses a safety or health risk to children ensures compliance and protects children.
- ☐ Many products have unintended effects, such as causing or contributing to allergies or asthma. Some of these products can mask important signs of a gas leak or electrical fire. Rule 5.10.1.10.5 doesn't allow devices that release various chemicals into the air - such as anti-pest strips, ozone generators, plug-in air fresheners, and essential oil diffusers. Other products that are not allowed include nail polish, nail polish remover, and aerosol sprays. These products also release chemicals into the air that may be harmful.
- ☐ Asbestos is a fiber that has been used in building materials for insulation and as a fire retardant. If these materials are disturbed or damaged in any way, such as when renovating or demolishing a building, asbestos fibers can be released into the air and breathed in. Exposure to asbestos fibers increases the risk of developing health effects; such as lung cancer, mesothelioma, and asbestosis. CBCCPPs must hire a Vermont-licensed Asbestos Inspector to conduct a site inspection for asbestos-containing materials prior to renovations. In addition, all asbestos-containing materials must be removed and disposed of prior to renovation or demolition of a CBCCPP.

## Resources

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

## Use of Tobacco, Alcohol, and Illegal Drugs (subheading 5.10.1.11)

- ☐ Rules under subheading 5.10.1.11 do not allow tobacco, alcohol, and illegal drugs at the CBCCP. For years, medical studies have stressed how exposure to secondhand smoke damages the human body and directly leads to chronic disease, such as cancer, heart disease, and stroke. Infants and children, whose bodies are still developing, are especially likely to suffer adverse health effects when exposed to secondhand smoke. Eliminating smoking on the CBCCPP premises is the only effective way to protect children from the hazards of secondhand smoke.
- ☐ Whether marijuana is illegal or prescribed, it is a drug that impairs an individual's ability to care for children, and its use is not allowed.
- ☐ Have clear policies on where staff may or may not smoke to ensure that smoking is not on the property. This would include not allowing smoking in CBCCPP vehicles or on field trips/walks.
- ☐ Understand the effects of second-hand or third-hand smoke on children's health. Smoke toxins can linger on surfaces such as drapes or clothing for long periods of time.

## Resources

- 📖 Resources on tobacco use:  
<http://www.healthvermont.gov/wellness/tobacco>

## Pets (subheading 5.10.1.14)

- ☐ Pets can be a positive experience for children, bring joy or comfort, and help develop a sense of care and empathy. However, animals or pets in the CBCCPP should not pose a health risk to children. Pets that present a danger or health risk to children (and staff) include wild

animals, stray animals, non-human primates, as well as venomous or toxin-producing arthropods, reptiles, and amphibians.

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

### Resource

 Animal safety at CBCCPPs:  
<https://www.cdc.gov/features/animalsinschools/>

## Food Storage (subheading 5.10.2.3)

### What Is the Purpose of These Rules?

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

### What It May Look Like in Your Program

#### Policies and Practices

- Food purchased in containers have an expiration date already on the container. Additional dating is not required when the food is being stored in its original container.
- When food is placed in storage containers and is no longer in the original container, then a date needs to be placed on the storage container. Depending on the type of food, the date should be the original expiration date or the date it was placed in the storage container.
- Fresh fruits and vegetables do not need to be stored in containers and do not need to be dated.
- Spices may be stored in a variety of ways and are not required to be dated.

- ☐ When the same refrigerator is being used for staff lunches and food being served to children, only the food being served to children needs to be labeled as such and dated. One example of how to accomplish this would be to assign and label a shelf for staff food.
- ☐ If children's lunch boxes are being stored in the refrigerator, a name on the outside of the child's lunch box is sufficient (the items inside the lunch box do not need to be labeled).
- ☐ If perishable food items are taken out of a child's lunch box and are stored separately in the refrigerator, then each item, including bottles, need to be labeled with the child's name.

### **Food Safety (subheading 5.10.2.4)**

#### **What Is the Purpose of These Rules?**

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

#### **What It May Look Like in Your Program**

##### **Policies and Practices**

- ☐ Food is stored properly based on whether it is a perishable, semi-perishable, or non-perishable:
  1. **Perishable foods** include meat, poultry, fish, milk, eggs and many fruits and vegetables. All cooked foods are perishable. For perishable foods, maintain refrigerator temperatures at or below 40 degrees Fahrenheit. To monitor this temperature, place a refrigerator thermometer in the warmest part of the refrigerator, preferably in the front on the top shelf. Please refer to the guidance on food storage (subheading 5.10.2.4) for more information on when and how to label and date foods.
  2. **Semi-perishable foods** such as flour, grain products, dried fruits, and dry mixes, if properly stored and handled, may remain unspoiled for six months to one year.
  3. **Non-perishable foods**, or staple foods, such as sugar, dried beans, spices, and canned goods do not spoil unless improperly stored. These foods will lose quality if stored over a long time. If storing semi-perishable and non-perishable (or staple) foods in the kitchen cupboard or pantry, keep these areas clean, dry, dark, and cool, with an ideal temperature range of 50-70 degrees Fahrenheit. Store non-perishable foods in rodent proof containers. If placed on open shelving, store food containers and utensils 18 inches off the floor to avoid contamination from microscopic dirt and debris. This keeps insects and rodents out of the products and allows for ease in cleaning the floor.

- ❑ Perishable food must not be left out at room temperature for more than one hour. This includes drinks or foods children bring from home or are provided by the CBCCPP. Lunch boxes, even with ice packs in them, do not ensure perishable foods items are kept at or below 40 degrees Fahrenheit. Rule 5.10.2.3.1 requires perishable food items be refrigerated. Bacteria can form in lunch boxes, because they do not stay sufficiently cool especially in warmer weather or if stored inside where temperatures are warm.
- ❑ If a parent requests uneaten food to be sent home, staff may package the uneaten portion of yogurt or a banana and send it home. Once meal/snack time has ended, staff may not serve the uneaten portion of food from a child's plate at the next meal/snack time. If a child typically only eats half a banana and/or half the serving of yogurt, put half on the child's plate and save the other half in the lunch box for the next meal/snack time.

### **Resources**

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

📖 Vermont Department of Health food safety:

<http://www.healthvermont.gov/environment/food-lodging/food-safety-consumers>

📖 Cooperative Extension Service resource on food safety guidelines:

<http://articles.extension.org/pages/25761/food-safety-guidelines-for-child-care-programs>

## **Outdoor Play Area (subheading 5.10.3)**

### **What Is the Purpose of These Rules?**

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

### **What It May Look Like in Your Program**

#### **Policies and Practices**

- ❑ The total number of children outside at any one time may not exceed 75 square-feet per child (rule 5.10.3.1.1). When developing a schedule to ensure outside time for each classroom, it is important to keep this number in mind. Sometimes CBCCPPs do not have a lot of outdoor space. In these cases, CBCCPPs will need to have an outdoor play schedule to

make sure that all children can play outside. This schedule identifies the number of children in each classroom playing outside at any one time.

- ☐ An outside play area considered “atypical” may be a roof top play area. All safety requirements apply, and use of the Public Playground Safety Handbook (see link below) is a valuable tool.
- ☐ Some CBCCPPs with no outdoor space, or limited space may have an exception to use a park within a safe walking distance to play outdoors. Licenses issued with local parks designated as the outdoor play area must submit and follow an outside safety plan. The plan addresses how children will safely access the outside play area, how toileting needs will be met, and how children have access to materials, equipment, and opportunities to explore and play during outside time. The plan includes how staff are trained and supervised to review the outside play area for hazards and other safety considerations. These CBCCPPs should be guided by field trip rules on supplies and information.
- ☐ The same rules apply to natural playscapes, a concept for play that is a growing area of interest.
- ☐ A fence is required when hazards are near the outside play area, such as water, animals, trains or traffic. CDD determines if a fence is needed during the initial licensure process. Sometimes hazards that did not exist at initial licensure are introduced later; and therefore, require a fence to be installed. For example, farm animals are added to the CBCCPP or pools are installed. If questions exist about whether a fence is needed, start by calling the Licensor on Duty.
- ☐ If a fence is required, there must be two exits from the fenced area for safety purposes. One exit can go directly into the CBCCPP building. The second exit could be a gate that allows evacuation from the fenced area away from the building.
- ☐ Gate and fencing design features outlined in rule 5.10.3.1.5 are required when replacing or installing fences after 9/1/2016. Existing fences (prior to 9/1/2016) comply with this rule until deteriorating conditions warrant replacement.
- ☐ A self-latching or self-closing mechanism is a type of latch. It is easily found online or in hardware stores that carry fencing and gate materials.
- ☐ Sandboxes may need to be covered to keep out animals and other hazards. Covering may be especially necessary in areas where there are neighborhood cats (the most common example) or other wild animals that may use the sandbox as a place to defecate. A cover may not necessarily be required if these types of issues do not exist. The CBCCPP has responsibility to assess conditions that pose a health risk to children. When hazards are found, they must be addressed.
- ☐ When a CBCCPP provides bicycles or tricycles, helmets must be provided. Helmets can be provided by parents. If the CBCCPP provides the helmet, they must be kept clean (inside

and outside) and free from cracks and dents. Clean bike helmets as recommended by the manufacturer, or use mild soap and water.

## Resources

📖 The Public Playground Safety Handbook:

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

📖 Resources on Natural Playscapes:

<https://www.nwf.org/What-We-Do/Kids-and-Nature/Programs/Nature-Play-Spaces-Guide.aspx>

## Indoor Area (subheading 5.10.4)

### What Is the Purpose of These Rules?

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

### What It May Look Like in Your Program

#### Policies and Practices

- ☐ Routinely inspect the entire facility. This includes furnishings, equipment, and toys. Look for sharp edges, splinters, entrapments, loose pieces, and other hazards. Train staff to be ongoing observers of the environment. Use safety checklists. Be sure to look at things from a child's level, which includes getting down on the floor to look for hazards. Support staff to teach children to care for their toys, materials, and equipment. This helps to reduce wear and tear and can reduce damage that may cause safety issues.
- ☐ Check exits frequently. Make sure exits are not blocked inside or outside. Especially in winter, check that snow or ice is not blocking an exit or making it unsafe to exit.
- ☐ When re-arranging rooms think safety! Be aware of how blind spots are created (which limit supervision of children) and how to eliminate them. Make sure shelving, furniture, and play structures that are moved are not left as tipping hazards. One way to make furniture moveable and to minimize tipping hazards is to add a wider base. The furniture can be moved freely and/or frequently, and may not require securing to the wall.
- ☐ If trampolines are used, they must measure 36 inches or smaller in size. Larger trampolines may not be used. It is important to check with the CBCCPP's liability insurance carrier on the use and coverage for trampolines.

- ☐ Read labels to ensure that art materials are non-toxic to children. For example, shaving cream is toxic if ingested. Consider ideas in rule 6.1.4.2.3 of this guidance manual for non-toxic sensory ideas.

## Resources

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

## Swimming and Access to Water and Pools (subheading 5.10.5)

### What Is the Purpose of These Rules?

Drowning is the third leading cause of injury or death of children in the U.S. Most children drown within a few feet of safety. The major causes of drowning are inability to swim, unsupervised swimming, lack of safety guidelines, and inadequate supervision of children (Center for Disease Control and Prevention, 2009). A plan for swimming activities, with appropriate staff/child ratios, lifeguard availability/certification, and effective safety rules reduce the risks. The number of drownings and near-drownings are reduced when children are closely supervised and a certified individual is present to perform CPR.

### What It May Look Like in Your Program

#### Policies and Practices

- ☐ Regardless of location of swimming:
  - All Staff must follow the aquatic safety plan. The aquatic plan does not have to be written for every possible swimming location, just those swimming locations used or intended to be used by the CBCPP. For example, if the only swimming activity is swimming in a pool at the CBCPP, then the plan is limited to this activity. If swimming activities include swimming in a pool at the CBCPP and field trips to a local beach, then the aquatic plan should apply to both locations.
  - There are different ways to keep an aquatic plan in the swimming area. It could be in a binder, in a first aid bag, or in a backpack that is transportable. It could be accessible on an electronic device located in the swimming area or during swimming field trips.
  - A lifeguard with current national certification must be present when there are 13 or more enrolled children swimming or playing in pools or other bodies of water. There must be one certified lifeguard assigned to each group of 25 children or fewer in the water.
  - If there are 12 or fewer children in the swimming area, then rule 5.10.5.4.3 applies. The licensee maintains one adult for every two infant/toddler and pre-kindergarten age

children; or one adult for every six school age children. The rule is not based on licensed capacity; it is based on whether there are 12 or fewer children in the swimming area at one time.

- ☐ CDD does compliance visits at local swimming locations during the summer months to ensure children's safety. This type of compliance visit is limited to CBCCPP Regulations associated with field trips (such as transportation rules, all swimming rules, supervision, attendance, and ratios). Licensing staff identify themselves like any other type of licensing visit. They conduct observations, review documentation required to be present on a field trip, and ask staff clarifying questions to assess compliance. CDD shares findings with the staff member in charge or with the licensee/program director based on the CBCCPP's request. A licensing report is written and provided through BFIS after the visit.

### **Responsibilities**

#### **† Licensee and Program Director**

- Write the aquatic plan, revise it annually, train staff on it, and ensure staff know how to access the plan at all times.

#### **††† Staff**

- Have a copy of the aquatic plan with you in the swimming area and follow the plan.

### **Resources**

☐ A sample Aquatic Safety Plan is on the CDD website:

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

☐ The American Red Cross has swimming safety resources:

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

## **Transportation (subheading 5.10.6)**

### **What Is the Purpose of These Rules?**

Automobile accidents are the leading cause of death of children in the United States. The CBCCPP is liable for children's safety and well-being when transportation is provided either to or from the CBCCPP and/or during field trips and other special events. The CBCCPP must ensure all transportation requirements are met, regardless of whether the driver is a volunteer or employed by another entity, or whether the vehicle used is owned by the CBCCPP or someone else. It is important for the CBCCPP to have their driver follow traffic laws, have liability insurance in case of an accident, and maintain supervision of children. Supervision is critical for making sure that children are not left behind, left in vehicles or wander off.

Emergency response planning is necessary for protecting children in accidents or emergencies.

## What It May Look Like in Your Program

### Policies and Practices

- ☐ Read all rules in subheading 5.10.6 when writing policies and procedures for transportation. Include an emergency plan to protect children.
- ☐ Any vehicle used for transportation must be registered, inspected, and insured according to Vermont State Law. Documentation must be kept on file for vehicles used for transportation that are not owned by the CBCCPP (rules 5.10.6.1.1 and 5.10.6.1.3).
- ☐ Vehicles used for transportation are also required to be safe and in good repair (rule 5.10.6.4.1). When a vehicle that is not owned by the CBCCPP is used to transport children, the program director must obtain a written statement from the vehicle's owner stating the vehicle is safe and in good repair (rule 5.10.6.4.2).
- ☐ The driver of any vehicle used for transportation is required to have a driver's license for the type of vehicle being driven (rules 5.10.6.5.1 and 5.10.6.5.4). While it is not required to have documentation of the driver's license, it is recommended to keep a copy of the driver's license. It may be needed later.
- ☐ When the licensee of the CBCCPP is a public school or supervisory union, it is required to obtain written parental consent for preschool children to use the school bus system for transportation. With written parental consent, preschool children are signed out of the CBCCPP once they are on the school bus. Any incident that occurs during transportation to or from school is under the jurisdiction of the school system and not the CBCCPP. This policy is applicable for any CBCCPP in which transportation to or from the CBCCPP is provided by the school system.
- ☐ When transportation is provided as part of program services to or from the CBCCPP, children's attendance at the CBCCPP begins when the child is picked up and ends when the child is dropped off.
- ☐ Rule 5.10.6.7 limits travel time to 45 minutes or less, when children are being transported to or from the CBCCPP and home, or other pick up/drop off locations. This 45-minute travel limitation does not apply to field trips. With written parental permission, the travel time for a field trip may be longer (rule 5.10.7.1). In this situation, staff must account for children's needs such as toileting, diapering and eating.
- ☐ Seat belt laws are different for school buses and public buses. While it is expected that accommodations are made to ensure infants and toddlers are being transported safely, child restraint laws do not apply on school buses and public buses. Specifically, rule 5.10.6.2.1 states that "child restraint system requirements do not apply to bussing options that do not have seat belts". If child restraint systems are being used, children must be properly secured in the vehicle.

## Resources

- 📖 Sample Transportation Log on the CDD website:  
<http://dcf.vermont.gov/cdd/forms-child-care-providers>
- 📖 Information on child car seat law:  
<http://www.beseatsmart.org/child-passenger-safety-laws.php>
- 📖 See guidance documents developed for PSPPs at: <http://dcf.vermont.gov/cdd-blog/guidance-public-school-operated-prek-programs-related-fingerprint-supported-background>

## Field Trips (subheading 5.10.7)

### What Is the Purpose of These Rules?

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

### What It May Look Like in Your Program

#### Policies and Practices

- ☐ Parent permission is obtained prior to the field trip once the day, time, and place are arranged. When field trips are arranged in advance, including those that are planned during the summer prior to the school year, then the CBCCCPP may provide information on all the field trips in one notice.
- ☐ Field trips to other non-licensed space inside the building, or non-licensed space on the grounds, or to the surrounding area, are referred to as walking field trips. Walking field trips are still field trips, and they require written parental permission. The CBCCCPP may obtain general written parental permission upon enrollment. One example of general written parental permission may be “I give (CBCCCPP's name) permission to take (child's name) on walking field trips to the library once a week and to walk on the trails around the CBCCCPP daily”.
- ☐ Maintain CBCCCPP rules related to children's safety, supervision, and staff/child ratios on field trips. The licensee/program director train staff on how to assess and have a plan to address potential hazards. For example: a public playground has rubbish on the ground - Staff take a minute to clean it up and discard the rubbish either in a plastic bag they have

brought for this purpose or in a nearby garbage bin. The children are then able to safely use the public playground. Other hazards, such as syringes at a public playground, may be unsafe for staff to address, and the expected response would be to leave the playground. If staff can safely pick up and discard the syringes, they must do so if the staff and children stay to use the playground.

- ☐ Availability and safety of public bathrooms at playgrounds, and the ability to supervise children while using them is important.
- ☐ If a public playground does not have sufficient cushioning, the equipment that allows children to obtain a height over 30 inches may not be used.
- ☐ Rule 6.2.4.5 requires a second person to be available in an emergency within the licensed space. This rule does not apply to field trips; however, group size and staff/child ratios must be maintained.

### **Resources**

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

## **A Closer Look at Heading 5.11: Food and Nutrition**

### **Nutritional Content of Meals and Snacks (subheading 5.11.2)**

#### **What Is the Purpose of These Rules?**

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

#### **What It May Look Like in Your Program**

##### **Policies and Practices**

- ☐ Approval by CDD is required *before* the CBCCPP may prepare meals on site. CDD bases its approval on two main elements:

- If the Vermont Agency of Natural Resources requires water or wastewater permits, the permit will note whether approval is granted to prepare meals on site. If the permit is granted, it will identify how many meals per day are approved. If no notation exists in a water permit regarding meal preparation, then it is not approved. The CBCCPP may request permission at any time from the Vermont Agency of Natural Resources to modify the permit(s) to authorize meals to be prepared on site.
  - The CBCCPP is required to have the appropriate equipment and space for meal preparation as determined by CDD. This includes items like a sink used for food preparation and not for other purposes. Food preparation sinks are required to be non-porous. As such, utility sinks may not be used for food preparation. This equipment also includes counter space, storage space, a refrigerator and a stove and/or microwave.
- ☐ There are two scenarios for this approval.
- If a Vermont Agency of Natural Resources water or wastewater permit includes approval for meal preparation on site, and CDD determines the CBCCPP is appropriately designed to prepare meals, then CDD will approve meal preparation. CDD will also stipulate whether 1, 2 or 3 meals may be prepared.
  - If the Vermont Agency of Natural Resources determines permits are not necessary, and CDD determines the CBCCPP is appropriately designed to prepare meals, then CDD will approve meal preparation. CDD will stipulate whether 1, 2, or 3 meals may be prepared.
- ☐ If the CBCCPP is not approved to prepare meals on site, the CBCCPP may bring in meals prepared at another location and delivered to the CBCCPP. Or it may purchase food from a vendor, provided the requirements in rule 5.11.5 and/or the rules in subheading 5.10.2.4 are met.
- ☐ CDD's decision to approve or not approve meal preparation on site may change - based on either the approval on the water permits and/or changes to the CBCCPP's equipment and space.
- ☐ Approval is specific to meals.
- Meals must consist of either three to five food groups, depending on whether the meal is breakfast, lunch or dinner.
  - Snacks consist of two food groups. Snacks may be prepared on site without approval by the Vermont Agency of Natural Resources and/or CDD.
- ☐ Program directors must have a plan for documenting and sharing allergies and special dietary requirements for children with staff. Rule 5.11.8.4 requires staff know of and accommodate children's food allergies. Accommodate parents' special nutritional requests and restrictions, after obtaining required written documentation. Maintain children and families' confidentiality. If a parent requests that other children or families be told about their child's food allergy, the CBCCPP may honor such a request, if they have written

permission from that parent. Here are a few ideas on communicating allergies and special dietary requirements with staff:

- Notations about children's dietary needs are placed inside a designated cupboard.
  - A classroom notebook is used to document children's dietary needs.
  - Staff writes notes on the classroom clipboard under attendance (when attendance is only completed and seen by staff).
- ☐ For CBCCPPs where a cook prepares meals, the cook has documentation on a child's dietary needs, in addition to the classroom teacher.
- ☐ Do not serve raw or unpasteurized milk products to children. They can cause illness such as salmonellosis, listeriosis, toxoplasmosis, and campylobacteriosis.
- ☐ When serving fruit juice, read the label. Only 100% fruit juice is allowed.
- ☐ Provide parents information on portion size and nutritional value of foods when they provide meals and snacks for their children. CBCCPPs can support parents in sending healthy foods and sufficient portion sizes for their children (rule 5.11.7). For example, provide parents with a copy of the CACFP meal guidelines at enrollment. Hang educational posters in the CBCCPP. Include information, ideas, and recommendations in newsletters or parent memos. Incorporate nutrition education into the curriculum. Talk with parents.
- ☐ Drinking water must be always be available to children (rule 5.11.4). Here are some ideas.
- Have a water bottle for each child. Children show they have access to water by getting their own water bottle whenever they want water or by asking staff to get it for them.
  - If there is a water fountain inside the classroom used for drinking water, additional steps may be needed to provide children with water. For example, at snack time, it is important to provide children with cups so they can sit and drink water while eating their snack.
  - Place a pitcher of water in each classroom refreshing it periodically. Have assigned cups with children's names on them or throwaway cups.
  - During outside time, a water bottle for each child is brought outside. Having an outside water fountain is complying as long as children know about it and are able to use the water fountain. Sometimes a water fountain is just inside the entrance to the building from the outside play area. When children ask for a drink, staff allow children to use the water fountain. Staff must supervise children and ensure children do not wait for long periods of time. Bring a pitcher of water outside along with either assigned cups with children's names on them or throwaway cups.

## **Responsibilities**

### **† Licensee**

- Follow all CACFP meal pattern requirements.

### † Program Director

- Written records signed by parents or pediatricians describe the food request and reasons. The CBCCPP must accommodate these requests.

### ††† Staff

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

### Resources

📖 Vermont Agency of Education, CACFP information:

<http://education.vermont.gov/student-support/nutrition/child-and-adult-care-food>

## Infant Nutrition (subheading 5.11.6)

### What Is the Purpose of These Rules?

When the same staff person is responsible for an infant in a CBCCPP, that person is more likely to understand the infant's cues and respond appropriately. Cue feeding (feeding on demand) is the best way to meet the infant's nutritional and emotional needs. Cue feeding helps children to listen to their bodies and to recognize when they are hungry or full. This helps the infant develop self-regulation and can promote life-long healthy eating habits.

### What It May Look Like in Your Program

#### Policies and Practices

- ☐ Use or discard open baby food within 36 hours from initial opening. If uneaten food is sent home, it can help parents to monitor what and how much their children are eating as well as their food preferences. If the child is being fed straight from the jar, the uneaten portion may not be re-used because of health precautions and bacterial growth.
- ☐ Due to the health benefits of breastfeeding, CBCCPPs are expected to encourage and support breastfeeding mothers (rule 4.6). Ensuring all breast milk can be used with an infant supports breastfeeding and meets licensing rules.
  - Record the date breast milk is received by the CBCCPP.
    - If a bottle is offered to an infant and she/he does not drink the whole bottle, set the bottle aside and offer it again over the next hour (rule 5.11.6.8). Once an hour has passed and the infant has not finished the bottle, discard the breast milk or formula. Discard the milk by returning it to the refrigerator to send home with the child. When unused milk is sent home, clearly label it as used. You may discard by throwing it away if the parent has specifically requested this. Used milk can pose health risks, such as bacterial growth.
  - If an infant has reduced his/her intake, pour some of the breast milk into a clean bottle. Return the remaining portion to the refrigerator. Use it when the infant is ready for more.
  - Discard unused bottles of breast milk or formula after 48 hours of refrigeration. Discard by sending it home with the child. For example, any breast milk received and not used in the same day could be sent home at the end of that day for the parent to freeze. Use the oldest dated breast milk or formula first. If an infant's intake of breast milk has decreased and an extra supply is building up, consider freezing the unused portion. You may discard by throwing it away if the parent has specifically requested this.

- Discard unused, frozen breast milk after two weeks, by sending it home with the child. Monitor the dates of frozen breast milk and send it home or use it prior to the two-week deadline.

## Responsibilities

### † Program Director

- Support parents and staff in following infant nutrition rules.

### ††† Staff

- Be gentle, patient, sensitive, and reassuring. Respond appropriately to the feeding cues of an infant. Do not wait for an infant to cry to indicate hunger. Crying may indicate that feeding cues have been missed.
- Some parents request their infant be fed when they show signs of hunger and other parents request their infant be fed on a schedule. Cues such as opening the mouth, making suckling sounds, and moving the hands at random all send information from an infant to a staff that the infant is ready to feed. Cues such as turning away from the nipple or bottle, increased attention to surroundings, keeping mouth closed, and saying “no” are cues that children are full.
- If infants are fed on a schedule and staff observe cues that the infant's schedule needs to be adjusted, staff share this information with parents and collaborate with parents to adjust the infant's schedule to meet his/her growing needs.
- Always hold infants for bottle-feeding when they are not able to hold their own bottle to nurture the adult-child bond. Engage with the infant by smiling, talking, and singing to them. Never prop bottles as this can cause choking and aspiration. It may contribute to long-term health issues, including ear infections (otitis media), dental problems, speech disorders, and psychological problems. While it is not required to hold infants for bottle-feeding when they are able to hold their own bottle, it is recommended to hold them and smile, talk to, and sing to them. This continues the opportunity to nurture the adult-child bond.
- Do not permit infants to have bottles in the crib or to carry a bottle while standing, walking, or running around.
- Do not offer a pacifier to a hungry infant. Infants need food first. However, there may be times when an infant may be comforted by a pacifier rather than feeding. If the infant is hungry, he/she will not be content to suck on a pacifier for long. Pacifiers should not be over-used as they can lead to long term dental issues.

## Resources

- 📖 The Vermont Department of Health has a website with many resources on breastfeeding: <http://www.healthvermont.gov/breastfeeding>

📖 Caring for Our Children has further guidance on nutrition for infants:

<http://cfoc.nrckids.org/StandardView/4.3.1.8>

<http://cfoc.nrckids.org/StandardView/4.3.1.2>

📖 American Academy of Pediatrics Frequently Asked Questions on breastfeeding:

<https://www2.aap.org/breastfeeding/faqsBreastfeeding.html>

## **CBCCPP Section 6 - Teaching and Learning**

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

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

#### **What Is the Purpose of These Rules?**

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

#### **What It May Look Like in Your Program**

##### **Policies and Practices**

##### **Outdoor Play Opportunities (subheading 6.1.2)**

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

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

- ☐ Children often enjoy using the same toys or materials. For very young children, having several of the same toys helps to avoid conflict.
- ☐ When children are a bit older, it is appropriate to help them learn to share by limiting some items. Develop social skills by modeling asking for a turn, passing items, or waiting for a turn.

### **Developmentally Appropriate Experiences (subheading 6.1.4.2)**

- ☐ The rules in subheading 6.1.4.2 are modeled after the Vermont Early Learning Standards language and concepts. CBCCPPs that train their staff in the Vermont Early Learning Standards have more information to comply with these CBCCPP rules.
- ☐ Self-care routines are adapted to meet the child's age and ability. Younger children need more help to dress and wash hands.
- ☐ Children of varying ages and abilities need learning experiences that fit their developmental levels. If a prequalified pre-kindergarten program is cited for non-compliance with these rules, they should be aware that licensing staff are obligated to report this non-compliance to the prequalified pre-kindergarten monitors. This report may impact the prequalified pre-kindergarten status.
- ☐ Vermont licensing rules allow for use of food in sensory play. Some accrediting organizations, such as the National Association for the Education of Young Children (NAEYC) do not support the use of food items in sensory play. Sensory play can also involve non-food items. Either practice complies with licensing rules.
- ☐ Sensory play is a fun way to learn. Here are some ideas:
  - Include sand, water, soil, homemade playdough, rice, pasta, packing peanuts, sugar or salt, sawdust, feathers, rocks (various sizes, weights, and textures), hay, sod, leaves, pine cones, snow, and ice cubes;
  - Introduce a variety of tools: trucks, shovels, animals, tubes, and wood of different sizes;
  - Offer themed sensory play: different types of wood blocks and different type of sanding materials, cutting bin with different types of scissors and a variety of textured paper/magazines, and fabrics and sewing supplies;
  - Make Oobleck: 1 cup water and 1.5-2 cups corn starch (food coloring optional);
  - Spray paint with squirt bottles;
  - Introduce smelling jars;
  - Incorporate homemade drums of different sizes and use different textures;
  - Add soap and water and variety of bubble making items; and
  - Use homemade paintbrushes made of different materials such as feathers, rubber bands, and cloth strips.

#### **Screen Time Limitations (subheading 6.1.4.4)**

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

#### **Teaching and Learning Opportunities (subheading 6.1.5)**

- ☐ Children under the age of 24 months are developing rapidly and learning many new skills. An individual plan for a child under 24 months can take many forms (rule 6.1.5.1.1). It could be part of the daily written record of feeding, sleeping, and diapering. Or a running record of the highlights of a child's day or week. The purpose of this plan is review the child's current developmental level and plan for upcoming milestones. Implementing the plan could include simple activities like putting a toy just a little out of reach to encourage a child to crawl without creating frustration. These plans should be updated in partnership with parents to create joy and understanding of their child's growth and development.
- ☐ Consistency of care for all children is important:
  - When children have the same regular caregivers, it builds a trusting relationship, instills a sense of belonging for the child, and allows for better communication with parents.

- Consistency builds bonds of attachment with children. Bonds of attachment not only improve children's development it also provides conditions that children need to feel safe. Bonding supports social-emotional growth and decreases problematic behaviors. Building bonds and relationships with children who have experienced some form of trauma in their life is especially necessary and important.
- ☐ Consistent care may look different in various classrooms. For example:
- A classroom where the number of children only requires one teacher: Have one teacher start the day with the lead teacher starting at 9:30 AM until closing OR the lead teacher opens and stays until 3:30 PM. The second teacher comes in at 3:30 PM until closing.
  - A classroom where the number of children requires two teachers: Two teachers assigned to the classroom; one starts at opening and the second starts about 9:30 AM until closing.
  - The same one or two staff provide breaks for the assigned classroom teacher(s).
  - Teacher “A” works Monday, Wednesday and Friday; teacher “B” works Tuesday and Thursday.
  - Teachers work four 10-hour days with one day off per week. The teacher that works the fifth day of the week is the same every week.
- ☐ When assessing compliance, licensing looks for staffing patterns that represent consistency. The most common example of non-compliance is when a different teacher or teaching team is assigned to the classroom daily or every few weeks. This is usually a symptom of high turnover. If the CBCCPP is hiring for a position, one way to ensure consistency is by using the same substitute, until the position is filled.

## Resources

- ☐ A weather watch chart is on CDD website:  
<http://dcf.vermont.gov/childcare/providers/health-safety>
- ☐ For information on developmentally appropriate experiences, see Vermont Early Learning Standards:  
<http://education.vermont.gov/student-support/early-education/vermont-early-learning-standards>
- ☐ The National Association for the Education of Young Children has resources on young children and technology:  
<http://www.naeyc.org/content/technology-and-young-children>

## A Closer Look at Heading 6.2: Building Healthy Relationships

### **What Is the Purpose of These Rules?**

Group size and staff/child ratios matter. Staff need time to engage in thoughtful and intentional interactions. These interactions allow close supervision and build healthy relationships between staff and children. Group size is the number of children assigned to a team of staff in an individual classroom or defined space within a larger room. Group size has been calculated to provide for positive interactions and increased learning opportunities. Larger groups are associated with less positive interactions and developmental outcomes. Large groups lead to weaker bonds of attachment to promote children's growth, development, and learning; increased exposure to illnesses; increased risk of staff error in providing care; and increased risk of harm to children due to the heightened challenge of maintaining supervision. CDD has balanced maintaining pre-existing ratio and group size requirements to support financial success of CBCCPPs, while maintaining a consistent standard across environments. A sliding ratio and group size option has been developed to support the transition of children to older age groups with larger ratios and group sizes.

### **What It May Look Like in Your Program**

#### **Maximum Capacity, Group Size, and Staffing (subheading 6.2.1)**

- ☐ All children present and unaccompanied by a parent at the CBCCPP are included in the capacity of the CBCCPP (rule 6.2.1.1). Children of staff members count in capacity and staff/child ratios. CBCCPPs sometime hold special events or have parent volunteers where parents bring younger or older siblings. When this occurs, the younger/older sibling is not counted in capacity or staff/child ratios, if the parent can maintain care of the younger/older sibling and it is not a distraction to the staff (5.10.1.15).
- ☐ Rule 6.2.1.2 requires the number of children served at any one time not exceed the maximum capacity allowed on the license certificate. *There is a difference between licensed capacity and the total number of children enrolled.*
  - Licensed capacity is the number of children approved on the license certificate that can be present at one time. Several factors are considered to determine the licensed capacity, including the size of inside and outside space, the number of toilets and sinks, the program director's qualifications, approval on permits from the Division of Fire Safety, Zoning, and the Vermont Agency of Natural Resources, and other applicable factors.
  - Total number of children enrolled is often larger than the licensed capacity. This is because some CBCCPPs provide part time as well as full time options or provide a three-year old program on Tuesdays and Thursdays and a four-year old program on

Mondays, Wednesdays, and Fridays. No matter how many children are enrolled, the CBCCPP may never exceed the licensed capacity at any one time.

- When CBCCPPs provide part time services for children; policies, training, and staff supervision must be in place to ensure compliance with licensed capacity, group size, and ratios.
- ☐ Rule 6.2.1.3 requires that the program director must ensure the number of staff present meets requirements for group sizes and staff ratios.
- ☐ Group size may be accomplished one of two ways:
  - A group of children in a specified classroom, usually by age. Most CBCCPPs use this option.
  - A less frequently used option involves different groups of children sharing classroom space. In this situation, compliance with the group size requirement is observed by looking for assigned staff responsible for a specific group of children who share the space. The different groups of children have different schedules (e.g. group 1 has outside time when group 2 has circle time and vice versa). Children sit for lunch and group activities with their assigned staff or team of staff members.
- ☐ When children move from one classroom to another based on age, there is usually a transition period. The following options in the ratio and group size chart apply: (Be sure to consider the developmental level of the child when moving them from one classroom to another).
  - Children (18 to 30 months). Transitional option for children moving from a 1-year-old group to a 2-year-old group, which allows for a slightly higher group size.
  - Children (32 to 42 months). Transitional option for children moving from the 2-year-old group to the 3-year-old group, which allows for a slightly higher ratio and group size.

#### **Classroom Aide (rule 6.2.1.6) and Auxiliary Staff (rule 6.2.1.8)**

- ☐ Program director assigns regular staff to work in ratios. Classroom aides and auxiliary staff are not counted in ratio.
  - ☐ Program director trains and supervises classroom aides to make sure they are only left alone with the child to which they have been assigned.
  - ☐ Program director trains and supervises auxiliary staff to make sure they are not left alone with children.
- ☐ Some CBCCPPs have an individual who works as a classroom aide or as an auxiliary staff some portion of the time and as a staff member for another portion of the time. In this case, the classroom aide or auxiliary staff must meet qualifications for the staff position they are fulfilling. This includes meeting qualifications and completing annual professional development (rule 6.2.1.4).

### Partner Staff (rule 6.2.1.7)

- ☐ Partner staff must not be left alone with children and must not count in staff/child ratios.
- ☐ Partner staff may have children released to them as outlined in heading 3.6 in this Guidance Manual.
  - Partner staff are individuals working with a child or group of children, within the CBCCPP, that are employed by another entity. This may include, but is not limited to, speech therapists, physical therapists, special educators, Children's Integrated Services staff, and others. If the school/supervisory union is the licensee, school personnel working with the school's/supervisory union's preschool children and/or in their preschool classroom are considered either staff or auxiliary staff – not partner staff. School personnel from another supervisory union would be considered partner staff. In some CBCCPPs, the licensee of the CBCCPP has a contractual relationship with another entity in which one teaching staff member is employed by the licensee of the CBCCPP and the second teaching staff needed for ratio compliance is employed by another entity (e.g. Head Start or school district). This second teacher is considered partner staff and may not count in ratio or be left alone with children. **In this scenario, CDD will consider a variance request** to allow the second teacher (defined by CBCCPP Regulations as partner staff) to be considered staff. This would allow the contractual relationship to continue and the second teacher may count in ratio and be left alone with children. Note: School personnel from another school within the same supervisory union may be considered staff or auxiliary staff. School personnel from another supervisory union are considered partner staff and may submit the above mentioned variance request.
    - File the variance for rule 2.2.52. Request that the second teacher be considered "staff". Include information/documentation of the collaborative agreement. Provide the full name of everyone currently defined as partner staff, that you wish to be considered regular staff. Include a description of the staff role the named individuals will be filling, in the CBCCPP.
    - Approved variances will have an expiration date. On the expiration date, the named individuals in the variance will be considered partner staff and rule 6.2.1.7 will apply. The CBCCPP will be required to submit a new variance request should the CBCCPP wish to continue with the collaborative agreement.
    - Conditions will apply to approved variances. Requirements for staff employed by the CBCCPP apply to the individuals named in the variance. For example, these individuals are required to have staff personnel records. They must also complete orientation and annual professional development requirements, and complete fingerprint supported background checks.

- If violations are cited while the variance is in effect, CDD may rescind the variance.

### **Nap Time (subheading 6.2.3)**

- ☐ Groups of children **under 24 months of age** require all teachers based on regular adult ratio to be with the group of children when the children are sleeping.
- ☐ Groups of children **over 24 months of age** have an exception as outlined below.
  - Children are sleeping. One teacher required by ratio may be with the group of children providing visual supervision. This allows other teachers assigned to the group to take breaks, perform cleaning procedures, do lesson planning, and other tasks.
  - Children begin waking up from nap. The second teacher is required to be present in the classroom and assist with children when the ratio of awake children requires it.
  - Other teachers assigned to the group of children must be within direct hearing distance (rule 6.2.3.2). CDD defines direct hearing distance as the ability to hear the classroom teacher while using a normal talking voice when requesting assistance. The use of a radio or cell phone is not allowed. All teachers assigned to a group of children and working in ratio need to be close enough to the group that they can assist in an emergency. Being close to the group reduces the possibility of being separated from the group by a fire, intruder, or other type of situation in an emergency.
  - When applying these rules for staff breaks, CDD recommends consulting with the Vermont Department of Labor to ensure compliance with labor laws related to breaks and payment of staff.

### **Staffing Schedule (subheading 6.2.4)**

- ☐ A staff member, meeting teacher associate qualification, works with a group of children for at least 75% of the day (rule 6.2.4.3). This allows a teacher assistant and/or trainee (over the age of 18 years of age) to be left alone with a group of children for a small portion of the day. This is common during break times, drop off, and/or pick up time.
- ☐ Rule 6.2.4.4 prevents a trainee from opening or closing the CBCCPP alone.
- ☐ Another staff person is required to be within the licensed space and within direct hearing distance (rule 6.2.4.5). This means they can hear another staff member calling to them using a normal talking voice without the assistance of a radio or cell phone. Being too far away that the staff person must yell or use a radio/cell phone, means that in an emergency the second person has the potential to be separated from the group, and is not able to assist with evacuation or other emergency needs. This rule applies at the beginning or end of the day when staffing is limited and when the CBCCPP only has one staff person required by ratios (e.g. preschool program with only one classroom and one teacher). This rule does not apply during outside time or during field trips.

### **Substitutes (rule 6.2.4.6 and other related rules)**

- ☐ Definition of staff (rule 2.2.52) includes “employed by or substituting”, which means rules that apply to “staff” also apply to “substitutes”. Staff files (rule 3.4.5.1), all rules in headings 7.1, 7.2, 7.4 and 7.5, and other rules where the term staff is used, apply to substitutes.
- ☐ Rule 7.3.2.6 identifies minimal qualifications for substitutes.
- ☐ Rule 6.2.4.6 requires additional qualifications when a substitute fills a staff position for 30 or more days within a 365-day period. In that case, the substitute must be fully qualified for the position he/she fills.
  - A substitute may cover for up to 30 days in one position and up to 30 days for another position, substituting up to a total of 60 days in the CBCCPP without having to meet qualifications other than in rule 7.3.2.6.
  - Rule 3.4.6.5 requires a written staffing schedule. This is one way CDD will assess compliance with these rules.
  - If a staff member substitutes for a year and does not return for a second year of employment, then CDD would not be assessing compliance to annual professional development required by rule 7.4.4.

### **Floater**

- ☐ If full or part time staff are used as temporary substitutes, the following applies:
  - The CBCCPP may use a full or part time trainee (over the age of 18 years) or a teacher assistant to cover vacation or sick time from 1-5 days and/or,
  - At or beyond 30 days, the staff is required to be fully qualified for the position they are filling. For example, using a trainee is the same as using a substitute. This meets the intent of rules 6.2.4.3 and 6.2.4.6.
- ☐ The same concept applies to rule 6.2.4.1 with the program director being present at least 60% of the time. Typically, a staff member meeting teacher associate or higher qualifications is identified as the acting program director in the program director's absence.

### **Trainees (rules 6.2.4.7, 6.2.4.8, and 6.2.4.9)**

- ☐ Direct supervision by a teacher associate or higher qualified staff member is required when the trainee is under the age of 18 years (rule 6.2.4.9).
  - Direct supervision means they are not left alone with children. The trainee may be left alone within the CBCCPP (e.g. cleaning and/or preparing for a meal) just not left alone with any child(ren).
- ☐ Mentoring by a teacher associate or higher qualified staff member is required when the trainee is 18 years or older (rule 6.2.4.9).

- The program director provides a higher level of overall supervision to the trainee to ensure compliance with rules.
- 18-year-old trainees may be left alone with children; however, they need more supervision by their mentor and the program director to ensure they understand all licensing rules.
- The teacher associate or higher qualified staff member assigned as the mentor must maintain a more active level of supervision with the trainee. This includes providing daily oversight, guidance, and training to the trainee on skills for caring and educating children, managing a group of children, and learning both CBCCPP Regulations as well as CBCCPP policies and procedures.
- There are a variety of ways to show compliance with these rules. Such as:
  - The mentee and the mentor can identify each other and this relationship and describe how the mentoring relationship works.
  - The job description for the mentor may include the mentoring responsibilities and may identify the trainee(s) being mentored.
  - The job description for the trainee may include their responsibilities in the mentoring relationship and may identify the mentor by name.
  - Staff schedules note who is mentoring whom.
  - Staff files may have supervision notes regarding how the mentoring relationship is going and how the trainee is gaining knowledge and skills.

### **Supervision of Children (rule 6.2.6)**

- ☐ *Supervision of children is extremely important for their safety.*
- ☐ Program directors must train all staff on the CBCCPP's procedures for supervision and check on these systems regularly to make sure they are followed.
- ☐ Children must be supervised by qualified staff with all the required background checks (rule 6.2.6.6). Supervision includes, but is not limited to:
  - Taking attendance regularly, counting children, close communication among staff, and sight and sound supervision. These are ways to ensure that no children are ever left behind in classrooms, playgrounds, or vehicles.
  - Supervising during transitions of children from one place to another and from one activity to another (pick up/drop off times, meal time to nap time, going indoors/outdoors, going on a walk, on field trips, in swimming activities, during transportation).
  - Protecting children from the potential harmful acts of other children with supervision and planning (rule 6.2.6.5). When children are actively engaged, and supervised, incidents such as biting, hitting, and other behavior can be minimized.

- ☐ Volunteers, partner staff, and auxiliary staff may not be left alone with children even if they have completed the fingerprint supported background check. (See Partner Staff, rule 6.2.1.7 in this Guidance Manual for more information).
- ☐ Parents may only be left with their own child unless a court order in the child's enrollment file states that they may not be left alone with their own child or children.

### **Transitions (subheading 6.2.8)**

- ☐ CBCCPPs must support continuity of care and education for children. The rules in subheading 6.2.8.4 apply to all circumstances except payment policies or issues.

### **Resources**

- 📖 CDD provides a sample staffing schedule:  
<http://dcf.vermont.gov/cdd/forms-child-care-providers>
- 📖 CDD information on how to file a variance request in BFIS for partner staff to be considered staff (to count in ratio and be left alone with children):  
<http://dcf.vermont.gov/childcare/providers/bfis>
- 📖 CDD memo on partner staff working with children with special needs:  
<http://dcf.vermont.gov/cdd-blog/supervision-children-special-needs-receiving-services-partner-staff>
- 📖 See Appendix VII for Left Alone/Count in Ratio Chart.
- 📖 See guidance documents developed for PSPPs at: <http://dcf.vermont.gov/cdd-blog/guidance-public-school-operated-prek-programs-related-fingerprint-supported-background>

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

### **What Is the Purpose of These Rules?**

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

### **What It May Look Like in Your Program**

#### **Policies and Practices**

- ☐ Enrollment policies contain non-discrimination statements.

## Responsibilities

### † Licensee

- As needed, seek professional guidance and obtain appropriate training to accommodate children with disabilities or special health care needs. Training might be needed for technology-dependent children, and children with serious and severe, chronic medical problems.

### † Program Director

- Talk with parents about how to meet their child's needs. After a parent consents, work with specialists and/or the primary care provider to coordinate care for a child.
- Ensure staff who work with children with special needs, have the education and training specific to meet the child's needs. This may include providing brochures, books, or guest speakers.
- Ensure that staff can communicate the special care needs of a child and how these needs are being met. This might be with the parents, with licensing staff, and/or with specialists (with parental consent).

### ††† Staff

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

## Resources

- 📖 A sample Care Plan for Children with Special Needs form is available on the CDD website: <http://dcf.vermont.gov/cdd/forms-child-care-providers>
- 📖 Contact Vermont 2-1-1 for a referral to a Child Care Wellness Consultant. To call for this service, dial 211 on the phone.

📖 Contact the local Children's Integrated Services Coordinator for early childhood resources and support:

<http://dcf.vermont.gov/partners/scc>

📖 Resources on how to address compliance with the Americans with Disabilities Act are at:

<https://www.ada.gov/childqanda.htm>

Instructions on how to access this website are as follows:

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

## **CBCCPP Section 7 - Program Personnel/Staffing**

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

### **A Closer Look at Subheading 7.1: General Requirements for CBCCPP**

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

##### **What Is the Purpose of These Rules?**

Parents want to know that their children are safe and free from harm. To maintain the safety, supervision, and engagement of children; it is important for adults in the CBCCPP to be healthy and not spread infectious illnesses. In addition, staff should be able to respond to a medical emergency. First aid can be critical to a child's survival and recovery in a medical emergency.

##### **What It May Look Like in Your Program**

###### **Policies and Practices**

- If staff, partner staff, auxiliary staff, business manager, and volunteers are too sick, as decided by either the person or the licensee/program director, then the person should remain home (rules 7.1.1.1 – 7.1.1.3, 7.6.9, and 7.7.3). Examples of being too sick include, but is not limited to, running a fever, vomiting or diarrhea, not able to stay awake, or not able to lift children. While medication may be needed for a medical condition, the staff member may not work with children if the medication affects their ability to perform their job duties.
- The CBCCPP may have its own policies regarding whether staff need a doctor's note to return to work. CDD does not monitor this policy.
- Rule 2.2.52 defines staff to include substitutes and these rules also apply to them.
- Infant/Child CPR is required and the certification card should note this designation. An infant, child, and adult CPR also meet the requirement, however adult CPR is not required.

## Resources

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

## A Closer Look at Rule 7.1.3: Orientation of Staff

### What Is the Purpose of This Rule?

Providing a thorough orientation to staff and substitutes is required and important. Staff training and education has a direct impact on children's care and education. Staff must be able to prevent, recognize, and correct health and safety problems. This rule supports the staff to follow CBCCPP Regulations while supporting children's development in all areas.

### What It May Look Like in Your Program

#### Policies and Practices

- ☐ The orientation must be approved by CDD. An approved orientation training developed by CDD can be accessed on the CDD website.
- ☐ See rule 2.2.52 for the definition of staff to know who is required to complete an orientation.
- ☐ Staff and substitutes need to complete orientation before being left alone with children.
- ☐ Trainees 17 years of age or younger are required to complete orientation within one month of starting at the CBCCPP (they are never to be left alone with children).
- ☐ When a staff completes the CDD approved orientation training, they will use their BFIS Quality and Credential account number. The completion of the orientation training will be automatically sent to NLCDC to be entered and verified in the individual's BFIS Quality and Credential account. This will go under the Professional Development tab.
- ☐ If an individual becomes employed by another CDD licensed program, they do not need to re-take the CDD approved orientation training. When the CBCCPP has a new/potential employee complete a Record Check Authorization form (and CDD has processed it), the CBCCPP can access the individual's BFIS Quality and Credential account. By going to the Professional Development tab, the CBCCPP can find out if the individual completed the CDD approved orientation training. If not, the individual will need to complete it in the required timeframe.
- ☐ While required to meet CBCCPP Regulations, CBCCPPs can individualize their policies and procedures. The CBCCPP provides onsite orientation training to all staff, volunteers, and

other relevant personnel. This orientation must cover specific policies and procedures of the CBCCPP. Below are some ideas to consider.

- Require staff to read the CBCCPP handbook.
- Use this guidance manual to help clarify roles and responsibilities.
- Only allow teacher assistants or higher qualified staff trained in medication administration to administer medication to children.
- Stress the importance of attendance being kept in each classroom and completed by staff. Point out the critical nature of always knowing where all children are. Give examples of how counting children is done at the beginning, middle, and end of transitioning from one place to another to ensure children are not left behind and/or do not slip out of line to hide on the playground, or use the bathroom.
- Sleep and rest are everyday routines. Emphasize safe sleep and rest practices (heading 5.4).

### **Resources**

📖 See Appendix IV for a Summary of Required CBCCPP Policies and Procedures.

📖 Instructions to access the CDD approved Orientation on CDD website:

<http://dcf.vermont.gov/cdd/professional-development>

📖 Due Dates Checklist on CDD website:

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

📖 This training may be applied to annual professional development requirements when it is being taken for the first time and has been successfully completed.

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

### **What Is the Purpose of These Rules?**

Background checks are highly confidential. The CBCCPP must only submit Record Check Authorization forms on individuals required by CBCCPP Regulations. It is an invasion of privacy to submit a Record Check Authorization form for an individual for whom it is not required, including school staff not associated with the CBCCPP (e.g. kindergarten and other elementary school teachers), staff affiliated with other businesses in the same building as the CBCCPP, and other school staff not involved in the CBCCPP.

## **CDD is required to follow important Federal Regulations and Vermont Statutes**

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

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

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

## **What It May Look Like in Your Program**

### **Policies and Procedures**

#### **Process for background check and appropriate clearances**

- Record Check Authorization forms are to be submitted for all individuals 15 years of age or older.
- Based upon the position title noted on the Record Check Authorization form, CDD will determine whether a fingerprint supported clearance is required.
  - If it is required, CDD will send the individual the Fingerprinting Authorization Certificate along with instructions on how and where to complete the fingerprinting process.
- Fingerprint results will only be accepted if they are sent directly to CDD by the Vermont Crime Information Center. The individual **must** have the Fingerprint Authorization Certificate with them when they go to be fingerprinted.

#### **When CDD receives a Record Check Authorization form**

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

### **CDD notifies the individual receiving the background check and CBCCCPP regarding clearance results**

- The individual receives a BFIS system generated email. It tells them they have a document in their BFIS Quality and Credential account.
  - Federal regulation allows more detailed information to be provided to the individual receiving the background check clearance.
- The CBCCCPP receives a BFIS system generated email. It tells them they have a document in their Child Care Program account.
  - If it is determined that the individual meets prohibited person criteria, the CBCCCPP's notification will include whether applying for a variance is an option.
  - Federal regulations limit what information CDD provides to the CBCCCPP about the individual.
- If fingerprint supported clearance is required, CDD provides determination letters two times during the clearance process. Once when the in-state checks are complete, and the second time when all clearances are completed.

### **Tips for correctly completing the Record Check Authorization form**

- Complete all lines on the form as required. Sign and date the form. Incomplete forms will be returned and delay the approval process.
- Circle the position title most relevant. CBCCCPP rules and definitions will help clarify. For example, AS Program Administrator is for licensed Afterschool Programs and is not a title to be used by CBCCCPPs, nor is it listed in the CBCCCPP Regulations.
- If someone is employed at the CBCCCPP as a staff person (trainee or higher position) as well as an auxiliary staff, circle the teacher position that the person will fill.
- If someone is partner staff, do not circle anything other than partner staff. This may be confusing because the individual may feel like "aide" fits too. Partner staff is the correct item to circle.
- If someone will serve as the program director, business manager, or licensee/owner, they should only circle program director, business manager, or licensee, even if they will be serving as a teacher in the classroom too. Program director and licensee positions require the fingerprinted supported clearance. The business manager will only be required to be fingerprinted if he/she also fills a staff or auxiliary staff role as well. The onsite personnel file and BFIS Quality and Credential account for the individual will clarify how the individual meets staff qualifications and other personnel requirements. During a licensing visit, it will be helpful for the program director and/or staff to provide clarity on which individuals (if any) are serving in multiple roles.

- ☐ When someone is associated with, working at, or regularly present at more than one CDD licensed program; they are encouraged to complete the Record Check Authorization for Multi-Site Licensed Programs form.
  - This form allows 4 CDD licensed programs to be listed. If more space is needed, the individual is required to complete another Multi-Site Licensed Programs form. If the individual writes additional licensed program information on the back of the Multi-Site Licensed Programs form (or adds information anywhere else on the front of the form other than the 4 lines provided), the form will be returned. This delays the approval process.
  - Only one position title can be listed for each CDD licensed program. The title may be the same for all 4 programs or it may change by program. For example, the person may be partner staff for all CDD licensed programs listed (same position title). Or the person may be a substitute at one CDD licensed program, an aide at another CDD licensed program, and partner staff at the 3<sup>rd</sup> and 4<sup>th</sup> CDD licensed programs listed (position title changes). Help the individual understand what position title to list on the form.

**Staff, auxiliary staff, and the representative for the licensee must submit Record Check Authorization forms prior to working with children (rules 7.2.2 and 7.2.4)**

- ☐ During the hiring process or upon the individual's first day of employment a Record Check Authorization form is completed and submitted to CDD. The licensee/program director puts a copy of the completed and signed form in the personnel file. Once this step is completed, these individuals may begin work in the CBCCPP (if that is the policy of the CBCCPP). It is also acceptable for the CBCCPP to have a policy that individuals may not begin work until initial or complete clearance is received.
- ☐ Staff may not be left alone with children until the fingerprint supported clearance has been processed and the CBCCPP has received the necessary clearance.
- ☐ Rule 7.6.4 addresses the background check process for business managers. They need to complete the Record Check Authorization form either during the hiring process or on their first day of employment. They are not required to complete the fingerprint supported clearance unless they are also filling a staff or auxiliary staff role.

**Individuals must submit Record Check Authorization forms if they are regularly present (rule 7.2.1)**

- ☐ Regularly present is defined as more than five times a year.
  - Applies to non-parent volunteers and partner staff.
  - All specialists (not employed by the CBCCPP) who are going to be or are present more than five times a year are considered partner staff and required to complete the Record Check Authorization form. This includes but is not limited to speech

/physical/occupational therapists, special educators, Children’s Integrated Services staff, Vermont Birth to Five Mentors, and others.

- CDD recommends that the Record Check Authorization form is submitted as soon as it is known that a non-parent volunteer (rule 7.7.5) and/or partner staff is going to be present more than five times a year. It is required that the non-parent volunteer and/or partner staff completes and submits the Record Check Authorization form to CDD no later than the 5<sup>th</sup> day of attendance at the CBCCPP.

**Present five times or less – No requirement to complete the Record Check Authorization form.**

- CDD will not be processing these types of requests.
- Rule 7.7.5 clarifies that parent volunteers are not required to complete the background clearance process. CDD does not require and will not be processing background clearances for parent volunteers. There is no limit on the number of times a parent may volunteer. The more than five-day requirement (regularly attending) is specific to non-parent volunteers and partner staff.

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

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

**If a background check identifies the individual as prohibited**

- If the CBCCPP has employed an individual or has allowed a non-parent volunteer or partner staff to begin working with children at the CBCCPP, the CBCCPP must immediately end the individual’s presence at the CBCCPP upon receipt of a background clearance stating that they are prohibited.
- Once the individual/subject of the background check has resolved the reason for which they met prohibited person criteria and/or the CBCCPP has a variance approved by CDD, then

the individual/subject of the background check may return to employment at the CBCCPP or return to being present at the CBCCPP.

## Resources

📖 Background check forms:

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

📖 Appendix VII contains a Ratio/Left Alone Chart.

📖 Due Dates Checklist on CDD website:

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

📖 Submit record check variances through the Child Care Program Account. The process is the same as any other variance request. However, the questions are different and specific to this type of variance:

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

### A Closer Look at Headings 7.3 through 7.7:

## **Qualifications and Experience, Annual Professional Development, Personnel Policies and Procedures, Use of a Business Manager, and Use of Volunteers**

### **What Is the Purpose of These Rules?**

Many changes have taken place since the Vermont center-based regulations were last updated 14 years ago. The field of early care and education, like many other professions, has requirements for qualifications and ongoing professional development. The care and education of young children has become increasingly specialized and professionalized. Numerous studies have shown that proper education and experience are required to provide safe, healthy, and developmentally appropriate learning experiences. CDD has elevated qualifications where appropriate, while increasing supports for meeting them.

### **What It May Look Like in Your Program**

#### **Qualifications and Experience (heading 7.3)**

##### **Program Director**

- ☐ There is now an age requirement for program directors to be at least 21 years old (rule 7.3.1.1). This age requirement is based on the expectation for the program director to have a college education.
- ☐ For a CBCCPP to serve 12 or fewer children, the only additional qualification requirement is that the program director meets teacher associate qualifications (rule 7.3.1.2).

- ☐ For CBCCPPs licensed to serve 13 or more children, there are four different requirements that program directors need to meet:

**CBCCPP Serving 13 to 59 children:**

- 21 years of age (rule 7.3.1.1);
- Meet teacher associate qualifications (rule 7.3.1.3);
- Rule 7.3.1.3 requires additional courses that support the program director's role in managing the CBCCPP. See the bullets in each rule; and
- Complete the course identified in rule 7.3.1.5, a three-college credit course in managing an early care and education program that includes budgeting and financial management, within the first year of employment;

**OR**

The licensee may choose to employ a business manager and follow the rules applying to the business manager in heading 7.6. This meets the requirement of rule 7.3.1.5 and the program director does not have to complete the course requirement in rule 7.3.1.5. The alternative option of employing a business manager was provided based upon CBCCPPs' requests during the regulation revision process. However, hiring a business manager is not required. Some CBCCPPs which are corporations with a board, a hospital or other entity with a business office, or when the licensee is large enough to also employ a business manager; may use this option. A business manager may be a board member who may or may not be paid for their service as a business manager;

**OR**

Many CBCCPPs licensed by and located in a public school building, identify the school's principal as the program director who has already taken a course that meets 7.3.1.5 in order to achieve his/her credentials as a principal. When the school licensee wants to identify the classroom teacher as the program director, the classroom teacher may need to complete the course requirement for rule 7.3.1.5 (depending on the licensed capacity of the CBCCPP). Alternatively, the supervisory union may have a business manager who meets business manager requirements in heading 7.6.

**CBCCPP Serving 60 or more children:**

- 21 years of age (rule 7.3.1.1);
- Meet teacher qualifications (rule 7.3.1.4);
- Rule 7.3.1.4 requires additional courses that support the program director's role in managing the CBCCPP. See the bullets in each rule; and
- Complete the course identified in rule 7.3.1.5, a three-college credit course in managing an early care and education program that includes budgeting and financial management, within the first year of employment;

**OR**

The licensee may choose to employ a business manager and follow the rules applying to the business manager in heading 7.6. This meets the requirement of rule 7.3.1.5 and the program director does not have to complete the course requirement in rule 7.3.1.5. The alternative option of employing a business manager was provided based upon CBCCPPs' requests during the regulation revision process. However, hiring a business manager is not required. Some CBCCPPs which are corporations with a board, a hospital or other entity with a business office, or when the licensee is large enough to also employ a business manager; may use this option. A business manager may be a board member who may or may not be paid for their service as a business manager;

**OR**

Many CBCCPPs licensed by and located in a public school building, identify the school's principal as the program director who has already taken a course that meets 7.3.1.5 in order to achieve his/her credentials as a principal. When the school licensee wants to identify the classroom teacher as the program director, the classroom teacher may need to complete the course requirement for rule 7.3.1.5 (depending on the licensed capacity of the CBCCPP). Alternatively, the supervisory union may have a business manager who meets business manager requirements in heading 7.6.

**Staff Qualifications**

- ☐ There are age requirements for different staff qualifications. There are also a variety of ways staff may meet qualifications. Refer to the bullets that correspond with the individual staffing positions in the CBCCPP Regulations. See resources below for assistance with funding, planning, and/or documenting qualifications.
- ☐ Applying for an Early Childhood Career Ladder Certificate or for an Afterschool Certificate is the easiest way to show how a staff member meets qualifications.
- ☐ If an individual has a **Vermont Agency of Education teaching license** with an endorsement in Early Childhood, Early Childhood Special Education, or Elementary Education, then the individual needs to submit to NLCDC – using the Verification Cover Sheet – a resume, current teaching license, and his/her diploma or college transcript showing the degree obtained. These documents are sufficient to meet teacher qualifications. If the individual is also considered for a program director position, then he/she may need to submit additional transcripts that show relevant course work required for the program director requirements.
- ☐ **Trainees and classroom aides** must complete additional professional development within the first year of employment. This requirement might already be met if the individual has been employed in the profession for longer than a year. Licensee/program directors may see whether the trainee or classroom aide has met this condition during the hiring process. Once a Record Check Authorization form has been completed and the individual is added

to the CBCCCPP's Associated Parties list, the licensee/program director may look in the individual's BFIS Quality and Credential account under the Professional Development tab. There they can see if the required professional development has been completed.

- ☐ **Trainees** may be age 15 or older. This staff member is either under the age of 18 years and participating in a High School Human Service Program for Child Development **or** is an adult (18 years or older) new to the profession with minimal, if any, experience or education. Trainees who are age 18 or older may be left alone with children and may count in staff/child ratios. Trainees may not provide care in the CBCCCPP alone. That is, a trainee may not open or close the CBCCCPP unless a teacher assistant or a higher-level staff member is present in the CBCCCPP. See information under staffing in Section 6 of this Guidance Manual.
- ☐ The lowest qualifications for a teacher assistant include: at least 18 years old, has been employed and working with groups of children younger than grade 3 for twelve months, and has completed either the Fundamentals for Early Childhood Professionals' course or the Vermont Afterschool Essentials Certificate. For example, a trainee, who is 18 years of age, that completes the Fundamentals for Early Childhood Professionals' course and has one year of experience working with a group of toddlers will meet teacher assistant qualifications.
- ☐ Qualifications are not limited to a specific age group of children. For example, if someone has a Vermont Afterschool Essential Certificate, they may work with toddlers.

### **Related College Coursework requirements**

- ☐ Some staff and program director qualifications identify required college course topics:
  - Program management;
  - Staff supervision;
  - Curriculum;
  - Administration;
  - Human Resource Management;
  - Course in managing an early care and education program that includes budgeting and financial management; and/or
  - Child Development.
- ☐ Some staff qualifications have the option to meet the position by successfully completing a prescribed number of college course credits with an early childhood or school age focus.
- ☐ NLCDC will determine whether completed college course work, or college course work to be completed, meets the identified course topic or college course credit requirements.
- ☐ One course can meet more than one criteria. For example, a curriculum course may meet the requirement for the program director qualification and count as a course credit for a teacher qualification. Another course that meets the requirement for rule 7.3.1.5 might also meet the requirement of an administration course.

### **Role of NLCDC versus CDD**

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

### **How to submit documents to NLCDC**

- ☐ The first step is to log into your BFIS Quality and Credential account. Get to know what is already there. For example, you may already have some courses or trainings documented under the Professional Development tab because the training sponsor was affiliated with NLCDC and used NLCDC attendance sheets to have this entered for you.
- ☐ The next step is to print, read, and complete the Verification Cover Sheet.
  - The Verification Cover Sheet tells you what NLCDC needs to verify your professional development, and where it will appear in your BFIS Quality and Credential account once NLCDC has entered it in BFIS.
  - Send one completed Verification Cover Sheet with the relevant documents (e.g. resume, college transcripts, CPR or first aid card, Vermont Agency of Education teacher license, application for an Early Childhood Career Ladder Certificate, Afterschool Credential, or Program Director Step Credential) to NLCDC. (Note: NLCDC does not enter IPDPs into BFIS Quality and Credential accounts, but the individual may).
  - You will receive a BFIS system generated email when information and/or documents have been added to your BFIS Quality and Credential account.
- ☐ If you check your BFIS Quality and Credential account and do not see the documents you sent to NLCDC – first review the Verification Cover Sheet to learn where it should appear in your BFIS Quality and Credential account. If you wonder whether NLCDC has received your submission, contact NLCDC. Please do not resend documents unless instructed by NLCDC because duplication slows down the processing of what you sent already.
- ☐ If you have questions about the submission process, contact NLCDC. If you have questions about your BFIS Quality and Credential account, contact the BFIS Help Desk.

## Qualifications Timeline and Variances

- ☐ Rule 1.3.3 provides staff employed by the CBCCPP prior to 9/1/2016, two years to achieve new qualification requirements.
- ☐ CBCCPPs may submit variance requests for an individual staff member who may need time beyond the two years (rule 1.3.3). This type of variance should not be submitted until closer to 9/1/2018. Viable variance requests will document what the individual has already completed, and what he/she has left to complete. The variance includes how the remaining qualifications will be met within time frames. Professional development progress will be shown in the individual's IPDP in BFIS.

## Resources

- 📖 Appendix VIII contains a Chart of Program Director Qualifications.
- 📖 Due Dates Checklist on CDD website:  
<http://dcf.vermont.gov/cdd/forms-child-care-providers>
- 📖 Professional Development Resources through CDD and access to the Verification Cover Sheet that is needed when sending documents to NLCDC to be entered in individual's BFIS Quality and Credential account:  
<http://dcf.vermont.gov/cdd/professional-development>
- 📖 Guidance on accessing BFIS Quality and Credential accounts:  
<http://dcf.vermont.gov/childcare/providers/bfis>
- 📖 NLCDC will assist with professional development planning, education options and financial and other resources:  
<http://northernlightscdc.org/>
- 📖 Apply for an Early Childhood Career Ladder Certificate, for an Afterschool Certificate, and/or for a Director Certificate or Credential:  
<http://northernlightscdc.org/career-pathways/credentials-and-certificates/>
- 📖 Grants available through CDD to support professional development:  
<http://dcf.vermont.gov/cdd/providers/grants/pd>
- 📖 Vermont Student Assistance Corp provides funding for college to Vermont residents:  
<http://vsac.org/>
- 📖 Federal Student Aid for college students:  
<https://fafsa.ed.gov/>
- 📖 See guidance documents developed for PSPPs at: <http://dcf.vermont.gov/cdd-blog/guidance-public-school-operated-prek-programs-related-fingerprint-supported-background>

### **Annual Professional Development (heading 7.4)**

- ☐ The annual professional development requirement is calculated from the employment start date of the staff member. This may or may not be the same date as the CBCCPP's license renewal date. The annual professional development information must be submitted to NLCDC for the individual staff member's BFIS Quality and Credential account (rule 3.4.7.3).
- ☐ Individuals who hold a Vermont Agency of Education teaching license with an endorsement in Early Childhood Education, Early Childhood Special Education, or Elementary Education that is current (not expired), may use this teaching license to demonstrate compliance with rules 7.4.4 (annual professional development requirement) and 7.4.1 (IPDP requirement).
  - The individual is required to submit their teaching license to NLCDC using the Verification Cover Sheet form. NLCDC will upload the documentation in the individual's BFIS Quality and Credential account when the individual also submits a diploma or college transcript showing graduation. The individual will meet these requirements of this rule until their license expires.
  - Upon expiration of the license, they will either need to have completed annual professional development and annual IPDPs (rules 7.4.4 and 7.4.1), or they will need to have obtained their renewed teaching license. If they have renewed their teaching license, then they must submit it to NLCDC using the Verification Cover Sheet to be uploaded in their BFIS Quality and Credential account. This accommodation has been made considering Vermont Agency of Education already has a system in place for monitoring qualifications. CDD is deferring monitoring to the Vermont Agency of Education, in these cases to streamline efforts.
- ☐ College course work completed to meet qualifications may also be used to meet annual professional development requirements. Other trainings may meet annual professional development requirements such as:
  - "Here We Go: New Center Based Child Care and Preschool Licensing Rules" (rule 1.3.4);
  - Emergency Preparedness Training (rule 3.7.3);
  - Medication Administration Training (rule 5.6.2); and
  - Orientation Training (rule 7.1.3).
- ☐ CPR and First aid are two training requirements that may **not** be counted towards annual professional development requirements (rule 7.4.7).

### **Personnel Policies and Procedures (heading 7.5)**

- ☐ CDD purposefully removed the requirement for references to be obtained during the hiring process and from being maintained in personnel files. This change was made during the review of public feedback. There are places throughout the CBCCPP Regulations in which

CDD inadvertently missed the deletion of this requirement. CDD will not be assessing whether CBCCPPs have obtained references, nor will CDD be assessing whether personnel files contain references. Any place in the CBCCPP Regulations that may still have a component of a rule regarding employment references will not be assessed for compliance by CDD. The rest of the rules required in heading 7.5 will still be assessed.

#### **Use of a Business Manager (heading 7.6)**

- A business manager is not required.
- If a CBCCPP opts to use a business manager, in place of the program director completing the college course required by rule 7.3.1.5, then the business manager must have at least an associate degree in business (rule 7.6.1). All rules in heading 7.6 must be met if a business manager is employed. For CBCCPPs in which the licensee is a corporation with a board, the business manager may be a board member who may or may not be paid for their service as a business manager.
- A business manager may not be a payroll service. A business manager is responsible for the sustainable business operation and financial management of the CBCCPP. This includes multiple tasks beyond processing payroll. A business manager needs to be an identified individual who meets all requirements in heading 7.6, which is different from an accounting firm and all its staff. This rule requires that the business manager collaborate with the program director to understand the unique needs of a CBCCPP such as staffing and materials.
- Business managers cannot be counted in staff/child ratios or be left alone with children unless they meet the qualifications for staff working with children (rule 7.6.8). If they have this dual role, they must meet all rules associated with staff working with children.
- Rule 7.6.9 only applies if the business manager is ill and his/her work location is at the CBCCPP. This rule does not apply if the business manager is working from home or at another site separate from the CBCCPP.
- Rule 7.6.12 no longer applies, since references were removed as a requirement during the public comment period of the CBCCPP Regulation revision process. Compliance will not be assessed for this rule.

#### **Use of Volunteers (heading 7.7)**

- The rules in heading 7.7 apply to many types of volunteers, ranging from parents and guest speakers to service personnel, and regular volunteers in the community.
  - All parents should be encouraged to learn and grow in their important role, which can be supported by participating in their child's CBCCPP. Parents are not left alone with children (other than their own) and are not allowed to count in ratio. This lessens the requirements for them.

- Individuals who are present at the CBCCPP for a limited period (e.g. plumber, contractor, guest speaker, observer of a staff person, or performer) – for five days or less a year – are not required to complete background checks.
- All other regular volunteers must adhere to all rules in heading 7.7.

## Resources

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

## **CBCCPP Section 8 - Exceptions for Specially Designated Programs**

**S**ection 8 contains exceptions for specially designed CBCCPPs. These CBCCPPs include Non-Recurring Care Services (NRCS) and Public School Pre-Kindergarten Programs (PSPP). Certain conditions must be in place for exceptions to apply.

### **A Closer Look at Heading 8.1: Non-Recurring Care Services**

#### **What Is the Purpose of These Rules?**

There are times when short term, temporary child care services are offered for parents. This might include child care services offered at a ski resort, shopping center, or parenting program. When these CBCCPPs are licensed, rules in the CBCCPP Regulations need to be followed, except for those specified in this heading. A review of the definition of NRCS is provided below:

**Non-Recurring Care Services (NRCS)** is defined as “a program that provides child care designed to meet the short term, temporary child care needs of parents arising from, but not limited to tourism, recreation, or shopping” (rule 2.2.30). These CBCCPPs often employ “seasonal staff”.

- Seasonal staff is defined as staff employed by the CBCCPP to work exclusively during a time limited portion of the year, not to exceed six months every 365 days, due to non-recurring services (rule 2.2.47).

#### **NRCS in a Nutshell**

- A. If a CBCCPP is **open for less than six months during the year**, then the exceptions in heading 8.1 of the CBCCPP Regulations apply to **all** enrolled children and staff.
- B. If a CBCCPP is **open for more than six months during the year**, then the exceptions in heading 8.1 of the CBCCPP Regulations only apply to those children enrolled for NRCS and to seasonal staff.

*A term will be placed on the license certificate that clarifies whether it is A or B. Without this term, a CBCCPP is required to adhere to all CBCCPP Regulations and no exceptions in heading 8.1 will apply.*

## What It May Look Like in Your Program

### Policies and Practices

- ☐ Understand the 2 types of exceptions in this heading.
  1. Exempt from an entire rule.

Example: 8.1.6 - NRCS is exempt from rule 4.5, which requires opportunities for parents to be involved in the program.

2. Exempt from portions of a rule, with conditions. The word “however” appears in these rules.

Example: 8.1.7 - NRCS is exempt from rule 5.1.2 (documentation of child well care exam from parent). **However**, the NRCS must obtain a health history from parents noting medications or health history that may impact the care of the child.

### Responsibilities

#### † Licensee and Program Director

- Provide training and supervision to staff to ensure they understand and follow the CBCCPP Regulations.
- Ensure all staff understand group size requirements. Group size may be accomplished one of two ways. A group of children may have their own classroom. Most CBCCPPs use this option. A less frequently used option is when different groups of children share classroom space. In this situation, compliance with the group size requirement is observed in a variety of ways. For example, different groups of children have an assigned staff or team of staff members, the different groups of children have different schedules (e.g. group 1 has outside time when group 2 has circle time and vice versa), and/or children sit for lunch and group activities with their assigned staff or team of staff members.

### Resources

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

## A Closer Look at Rule 8.2: Public School Pre-Kindergarten Programs (PSPP)

### **What Is the Purpose of These Rules?**

PSPP have exceptions for specific rules in the CBCCCPP Regulations. To understand the purpose, it is helpful to look at the definition of PSPP.

**Public School Pre-Kindergarten Program (PSPP)** is defined as “a licensed CBCCCPP for which the licensee is a public school system also overseen by the Vermont Agency of Education (rule 2.2.41).

PSPP are also overseen by the Vermont Agency of Education. However, they must follow CBCCCPP Regulations, except those listed in heading 8.2.

### **What It May Look Like in Your Program**

#### **Policies and Practices**

- ☐ Staff files include all required items from the CBCCCPP Regulations. If these staff files are not onsite, there must be a legally notarized affidavit onsite that has been signed by the representative for the licensee. The affidavit must testify that each staff file contains the records as required in rule 3.4.5.1. Changes or updates may not be made once the statement has been notarized. If changes or updates are needed, then a new notarized statement is required.
- ☐ Understand the requirements for preschool age children.
  - School buildings have permits to serve children kindergarten age and older and have been designed to serve school age children. CDD licensing ensures that the school building meets the health and safety needs of preschool age children. For example, the Division of Fire Safety has additional rules that apply for younger age children and they use these when assessing a classroom to be used for preschool age children. When these additional Division of Fire Safety rules have been met, an Occupancy Permit is issued for the identified classroom, which approves it to be used to serve preschool age children.
  - Care and education needs of preschool age children are significantly different from that of other school age children. CBCCCPP Regulations ensure that ratios, supervision, and developmentally appropriate preschool education are being used. For example, preschool age children are more apt to hide in an emergency. Lower ratios and stricter supervision rules increase staff's ability to protect preschool age children. Another example is how preschool age children are more apt to walk away from the outside play area and/or from inside the school building. Each year there are incidences around the

State of Vermont in which this has occurred in both PSPPs as well as in other CBCCCPPs. Therefore, lower ratio requirements and stricter supervision rules help ensure the safety of children.

### **Responsibilities**

#### **† Licensee**

- Ensure the program director has the qualifications and training needed to follow CBCCCPP Regulations.

#### **† Program Director**

- Provide training and supervision to staff to ensure they understand and follow the CBCCCPP Regulations.

### **Resources**

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

 CDD provides an affidavit form:

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

## APPENDIX I - REQUIRED NOTIFICATIONS

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

### Child Care Program Account

This is for all licensees and/or program directors to enter and access the CBCCPP's information such as:

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

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

<b>REQUIRED NOTIFICATIONS</b>			
<b>What</b>	<b>How and Where</b>	<b>When</b>	<b>Rule(s)</b>
<p>❖ When a licensee chooses to voluntarily close or non-renew a CBCCPP's license, the license becomes “null and void”.</p> <p>* <i>Otherwise, CBCCPP is considered legally licensed and the licensee is responsible for compliance with CBCCPP Regulations.</i></p>	<p><input type="checkbox"/> Use closure notification submission in the Child Care Program's Account on the account summary screen.</p>	<p>○ Notify CDD as soon as a decision has been made to close and a date is set.</p>	<p>2.3.5.2</p>

<b>REQUIRED NOTIFICATIONS</b>			
<b>What</b>	<b>How and Where</b>	<b>When</b>	<b>Rule(s)</b>
<ul style="list-style-type: none"> <li>❖ Reduction, addition, or substantial change in indoor or outdoor spaces used for care and/or education of children.</li> <li>❖ Change in name of CBCCPP.</li> <li>❖ Change in CBCCPP Taxpayer ID #.</li> <li>❖ Change in authorized license type.</li> <li>❖ Change in # of children served at any one time.</li> <li>❖ Change in ages of children served.</li> <li>❖ Personnel change designating new/different program director.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Exploring the idea? Call LOD for guidance.</li> <li><input type="checkbox"/> Preparing or finalizing change? Email or call your assigned Licensing Field Specialist.</li> <li><input type="checkbox"/> Use program director change link in the Child Care Program's Account, under account summary screen, to report that a director has left employment and again to report when a new individual is being considered for the program director position.</li> </ul>	<ul style="list-style-type: none"> <li>○ PRIOR to making any changes.</li> <li>○ Or immediately when staff changes requiring notification are unplanned.</li> </ul>	2.3.12
<ul style="list-style-type: none"> <li>❖ Change in naming new designated representative for licensee.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Call LOD 1 (800) 649-2642 option 3.</li> </ul>		
<ul style="list-style-type: none"> <li>❖ Personnel change designating a new/different business manager (if CBCCPP employs one)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Notify CDD by using the Child Care Program's Account. Under the account summary screen, use program director change link).</li> </ul>	<ul style="list-style-type: none"> <li>○ PRIOR to change <i>Or</i></li> <li>○ Immediately if unplanned</li> </ul>	7.6.2
<ul style="list-style-type: none"> <li>❖ Change in members of the governing body (when the governing body is corporation, partnership or association)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Email the new list of members and their required information to your assigned Licensing Field Specialist or include it in the license renewal application depending on timing</li> </ul>	<ul style="list-style-type: none"> <li>○ When change has occurred</li> </ul>	3.1.1.2
<ul style="list-style-type: none"> <li>❖ Change in staff employment status</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Update Associated Parties list in the Child Care Program account in BFIS</li> </ul>	<ul style="list-style-type: none"> <li>○ Within 5 days of the change</li> </ul>	3.4.7.5
<ul style="list-style-type: none"> <li>❖ Individual has a change that may affect his/her background check clearance.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> New Records Check Authorization form to CDD. <a href="http://dcf.vermont.gov/cdd/forms-child-care-providers">http://dcf.vermont.gov/cdd/forms-child-care-providers</a></li> </ul>	<ul style="list-style-type: none"> <li>○ Within 1 working day after licensee receives notice from individual</li> </ul>	3.2.6

<b>REQUIRED NOTIFICATIONS</b>			
<b>What</b>	<b>How and Where</b>	<b>When</b>	<b>Rule(s)</b>
<ul style="list-style-type: none"> <li>❖ Serious injury of child resulting in in-patient or outpatient medical treatment.</li> <li>❖ Serious injury of child resulting in dental treatment.</li> </ul>	<ul style="list-style-type: none"> <li>☐ CDD verbal notification: call LOD 1 (800) 649-2642 option 3.</li> <li>☐ CDD written notification: Log into the Child Care Program Account, go to summary screen and click on "File an Incident Report."</li> </ul>	<ul style="list-style-type: none"> <li>○ Within 48 hours (verbal)</li> <li>○ Within 5 working days (written)</li> </ul>	3.2.1
<ul style="list-style-type: none"> <li>❖ Death of child.</li> </ul>	<ul style="list-style-type: none"> <li>☐ CDD verbal notification: call LOD 1 (800) 649-2642 option 3.</li> <li>☐ CDD written notification: Log into the Child Care Program's Account, go to summary screen, click on "File an Incident Report," and complete incident report.</li> </ul>	<ul style="list-style-type: none"> <li>○ Immediately (verbal)</li> <li>○ Within 24 hours (written)</li> </ul>	3.2.1
<ul style="list-style-type: none"> <li>❖ Any incident where a child is bitten by an animal.</li> </ul>	<ul style="list-style-type: none"> <li>☐ CDD written notification: Log into the Child Care Program's Account, go to summary screen, click on "File an Incident Report," and complete incident report.</li> <li>☐ Written report to Vermont Department of Health through the local Town Health Officer. Send report directly to the local Town Health Officer. To find out who your local Town Health Officer is: call 1 (800) 439-8550 or (802) 865-7741.</li> </ul>	<ul style="list-style-type: none"> <li>○ Within 24 hours (written to CDD)</li> <li>○ Within 24 hours (written to local Town Health Officer)</li> </ul>	3.2.2

<b>REQUIRED NOTIFICATIONS</b>			
<b>What</b>	<b>How and Where</b>	<b>When</b>	<b>Rule(s)</b>
<ul style="list-style-type: none"> <li>❖ Fire in the CBCCPP that required the use of a fire extinguisher and/or the services of a fire department.               <ul style="list-style-type: none"> <li>○ Licensing Field Specialist will assess CBCCPP to determine if damage from the fire and/or measures to put out the fire compromised children’s safety.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>□ Written notification: Log into the Child Care Program's Account, go to summary screen, click on "File an Incident Report," and complete incident report.               <ul style="list-style-type: none"> <li>* <i>No need to report if it was a false alarm and fire department did not extinguish any fire.</i></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Within 48 hours (written)</li> </ul>	3.2.3
<ul style="list-style-type: none"> <li>❖ Child missing from the CBCCPP.</li> </ul>	<ul style="list-style-type: none"> <li>□ Notify Police</li> <li>□ Notify child’s parents</li> <li>□ CDD verbal notification: call LOD 1 (800) 649-2642 option 3.</li> <li>□ CDD written notification: Log into the Child Care Program's Account, go to summary screen and complete incident report.</li> </ul>	<ul style="list-style-type: none"> <li>○ Immediately</li> <li>○ Immediately</li> <li>○ Immediately</li> <li>○ Within 24 hours (written)</li> </ul>	3.2.4
<ul style="list-style-type: none"> <li>❖ Enrolled child who does not arrive as scheduled (without notice from parent(s)).</li> </ul>	<ul style="list-style-type: none"> <li>□ Notify parent or authorized person.</li> </ul>	<ul style="list-style-type: none"> <li>○ Immediately</li> </ul>	3.2.4.1
<ul style="list-style-type: none"> <li>❖ Self-reported violations.</li> </ul>	<ul style="list-style-type: none"> <li>□ CDD written notification: Log into the Child Care Program's Account, go to summary screen, click on "File an Incident Report," and complete incident report.</li> </ul>	<ul style="list-style-type: none"> <li>○ Within 24 hours (written)</li> </ul>	3.2.5 2.2.49
<ul style="list-style-type: none"> <li>❖ Report of suspected child abuse and neglect.</li> </ul>	<ul style="list-style-type: none"> <li>□ Call Vermont Child Abuse Hotline (1 (800) 649-5285)               <ul style="list-style-type: none"> <li>✓ Licensee, staff, auxiliary staff, partner staff, and volunteers are mandated reporters.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Within 24 hours of time information regarding the suspected abuse or neglect was first received or observed.</li> </ul>	3.3.2 7.7.5.2
<ul style="list-style-type: none"> <li>❖ Signs and Symptoms of Illness Chart.</li> </ul>	<ul style="list-style-type: none"> <li>□ Notify Parent</li> <li>□ Encourage parent to follow up with child’s physician.</li> </ul>	<ul style="list-style-type: none"> <li>○ See Appendix A in CBCCPP Regulations</li> </ul>	

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

## APPENDIX II - WATER SYSTEM TESTING AND SAFETY GUIDELINES

Who	What	How	If Results do not meet drinking water standard	Additional testing
All CBCCPPs	Complete first draw lead test. (rule 2.3.8.8)	<ul style="list-style-type: none"> <li>• A first draw sample is to be taken first thing in the morning before the tap has been turned or after the tap has not been used for 6 hours. This allows the water that has been sitting in the pipes inside the building to be tested for lead.</li> <li>• Sample must then be sent to a Vermont Certified Drinking Water Lab.</li> <li>• Document the lead test results in the initial licensing application (rule 2.3.8.8). The acceptable lead level is less than 0.015 mg/L.</li> </ul>	<ul style="list-style-type: none"> <li>• CBCCPP must use bottled water provided by CBCCPP or families until permanent remedy has been found.</li> <li>• Remedies to bring lead levels into compliance include:                             <ul style="list-style-type: none"> <li>○ Plug-in distillation units;</li> <li>○ Reverse osmosis treatment installed under the kitchen sink; or</li> <li>○ NSF approved activated carbon filters.</li> </ul> </li> <li>• Flushing the system may <u>not</u> be used as an alternative to bottled water or a proven remedy. CDD does not allow flushing the system as a remedy because of the undue strain it places on staff.</li> <li>• Sediment filters do not remove lead.</li> <li>• Annually complete a flush sample lead test (rule 2.3.9.8) and maintain results documentation at CBCCPP.</li> <li>• On license renewal application, include annual flush sample lead test results (rule 2.3.10.4.1).</li> </ul>	
CBCCPP who aren't required to have a Drinking Water Permit and/or aren't already on permitted system	<ul style="list-style-type: none"> <li>• Complete bacterial and chemical screening water test (rule 2.3.8.9).</li> <li>• Bacterial test is assessing for the presence or absence of total coliform.</li> <li>• Chemical screening test is for arsenic, uranium,</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct each water test per instructions provided with test kit.</li> <li>• Document test results in the initial license application (rule 2.3.8.9). Accepted levels:                             <ul style="list-style-type: none"> <li>○ Total Coliform absent,</li> <li>○ Arsenic less than 0.010 mg/L,</li> <li>○ Uranium less than 0.02 mg/L,</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• CBCCPP must use bottled water provided by CBCCPP or families until permanent remedy has been found.</li> <li>• Once a remedy has been completed, submit new water test sample to a Vermont Certified Drinking Water Lab. After receiving passing results, the CBCCPP may return to using the water and stop using bottled water.</li> <li>• Maintain documentation of all water test results at the CBCCPP.</li> </ul>	<ul style="list-style-type: none"> <li>• Once every 6 years submit new chemical test sample (includes arsenic, uranium, nitrite, manganese, and fluoride) to Vermont Certified Drinking Water Lab (rule 2.3.10.4.2).</li> <li>• Document in related license renewal application and in CBCCPP file.</li> </ul>

	<p>nitrite, manganese, nitrate, and fluoride.</p>	<ul style="list-style-type: none"> <li>○ Nitrite less than 1.0 mg/L,</li> <li>○ Manganese is less than 0.300 mg/L,</li> <li>○ Nitrate less than 10.0 mg/L, and</li> <li>○ Fluoride is less than 4.0mg/L.</li> </ul>		<ul style="list-style-type: none"> <li>○ Vermont Dept. of Health recommends coliform testing every year. See website for more information.</li> </ul>
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## APPENDIX III - REQUIRED POSTINGS

<b>REQUIRED POSTINGS</b>			
<b>What</b>	<b>Where</b>	<b>How Long</b>	<b>Rule(s)</b>
<ul style="list-style-type: none"> <li>↳ License and copy of CBCCPP Regulations</li> </ul>	Area clearly visible to parents, staff and visitors	At all times	2.3.4
<ul style="list-style-type: none"> <li>↳ Licensing site visit reports as directed, violations, and notices of regulatory action.</li> </ul>	Area clearly visible to parents	No fewer than 15 days upon receipt by CBCCPP	2.8.1
<ul style="list-style-type: none"> <li>↳ Written evacuation diagram with evacuation routes</li> </ul>	In each classroom used by children	At all times	3.7.2.1
<ul style="list-style-type: none"> <li>↳ Diaper changing procedure</li> </ul>	In each diaper changing area	At all times	5.2.3.12
<ul style="list-style-type: none"> <li>↳ Signs and Symptoms of Illness Chart</li> </ul>	Clearly visible to staff and parents	At all times	5.3.3.2
<ul style="list-style-type: none"> <li>↳ List of the following phone numbers:                             <ul style="list-style-type: none"> <li>○ 911,</li> <li>○ Police,</li> <li>○ Fire,</li> <li>○ Ambulance/Rescue Squad,</li> <li>○ Poison center (1 (800) 222-1222),</li> <li>○ CDD,</li> <li>○ Vermont Child Abuse Hotline (1 (800) 649-5285), and</li> <li>○ Directions to the CBCCPP.</li> </ul> </li> <li>↳ Child specific information:                             <ul style="list-style-type: none"> <li>○ Parent contacts,</li> <li>○ Emergency contacts, and</li> <li>○ Doctor contact information.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Near telephone(s), OR</li> <li>• In a known location by all staff.</li> </ul>	At all times	5.10.1.13.2
<ul style="list-style-type: none"> <li>↳ Menus (must be dated)                             <ul style="list-style-type: none"> <li>○ Also, any changes to menu</li> </ul> </li> </ul>	Clearly visible to parents	At all times	5.11.1.3

<p>✦ Written daily schedule for each group of children documenting the following in daily and weekly routine.</p> <ul style="list-style-type: none"> <li>○ Individual, small group and full group play and learning;</li> <li>○ Child-directed and provider-directed activities;</li> <li>○ Active and quiet play;</li> <li>○ Rest or quiet time; and</li> <li>○ Indoor and outdoor play.</li> </ul>	<p>Clearly visible to parents, staff, and children as appropriate</p>	<p>At all times</p>	<p>6.1.3.1 6.1.3.2</p>
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## **APPENDIX IV - CBCCPP SUMMARY OF REQUIRED CBCCPP POLICIES AND PROCEDURES**

### **Personnel Policies and Procedures**

- The licensee must obtain written documentation that staff have received and fully understand the CBCCPP's philosophy and all written CBCCPP policies and procedures as required in rules 7.1.3 and 7.5.1.
- The program director must ensure that job descriptions for all staff include the job title, job duties, the staff member responsible for supervision, and the identity of the staff member responsible for evaluating the position (rule 7.5.2).
- Staff must receive a written annual performance review from his/her supervisor. Performance recommendations must be incorporated into IPDPs (rule 7.5.3).
- Exemption for NRCS: Rule 8.1.23 states that NRCS are exempt from the rule 7.5.3 of these regulations which requires staff receive a written annual performance review. Whether this applies to all staff or seasonal staff depends on the term on the license certificate. (Note: In the CBCCPP Regulation, rule 8.1.23 incorrectly references rule 7.5.4 when it should reference rule 7.5.3.)
- The program director must establish and implement a system of communication among staff to ensure that any staff member assuming responsibility for a child or group is informed of significant information related to the care and education of the child or children (rule 7.5.4).
- The business manager must provide a written statement affirming he/she has read, has ready access to, and have had an opportunity to seek clarity as needed about the current applicable CBCCPP Regulations (rule 7.6.11).
- The licensee must ensure that the business manager has a written job description in his/her personnel file that outlines the job title, the job duties, and identifies the staff member responsible for supervising and evaluating the position (rule 7.6.13).

### **Orientation of Staff (rule 7.1.3)**

- The licensee, in consultation with the program director, must establish written CBCCPP policies and procedures and provide these to staff during an orientation and ensure staff complete an orientation training session approved by CDD prior to being left alone with children.
- Trainees under eighteen (18) years of age and business managers must be trained in the CBCCPP's policies and procedures and complete an orientation session approved by CDD within at least 1 month of their first day of employment (rules 7.1.3 and 7.6.10).

- ☐ The licensee must ensure that volunteers spending time in the CBCCCPP are oriented to the CBCCCPP and its practices (rule 7.7.5.3).

### Other Policies and Procedures

What	Who Develops and Implements	Who Receives	Rule(s)
All written policies and procedures must be reviewed once every 365 days and revised when necessary.	Program director	Licensee, staff, parents (as applicable)	3.4.2
Written policy requiring reporting of suspected child abuse or neglect to DCF.	Program director	Licensee, staff, auxiliary staff, business manager, Volunteers	3.3.4 7.6.5 (business manager) 7.7.5.2 (volunteers )
Written policy and plan regarding the administration of medication to children.	Program director	Staff	5.6.1
<p>Written policy concerning meals and snacks:</p> <ul style="list-style-type: none"> <li>• A description of all food services provided;</li> <li>• Usual time of snacks and meals;</li> <li>• Policies and procedures related to food allergies, religious dietary requirements and other special needs; and</li> <li>• Policies and procedures for safe eating habits.</li> </ul>	Program director	Parents, upon enrollment	5.11.1.1
<p><i>NRCS exemption requirement (rule 8.1.9)</i></p> <p>The CBCCCPP is exempt from the rule 5.11.1.1 of these regulations; however, the program director must develop and implement a written policy concerning meals and snacks. This policy must be posted where it will be clearly visible to all parents. It must include:</p> <ul style="list-style-type: none"> <li>• A description of all food services provided;</li> <li>• Usual time of snacks and meals;</li> <li>• Policies and procedures related to food allergies, religious dietary requirements and other special needs; and</li> <li>• Policies and procedures for safe eating habits.</li> </ul>	Program director	Posted where it is clearly visible to parents	8.1.9

Ensure that individuals responsible for food preparation have knowledge of nutritional requirements, sanitary food preparation, storage, and clean-up and adhere to the CBCCPP's policies related to food safety and food and nutrition.	Program director	Food preparation individuals	5.11.1.2
<b>What</b>	<b>Who Develops and Implements</b>	<b>Who Receives</b>	<b>Rule(s)</b>
Policy in plain language regarding positive guidance and behavior management of children.	Program director	Routinely to staff and parents	6.2.7.1 8.1.16
Staff must encourage and facilitate two-way communication between the CBCCPP and parents. Staff must communicate regularly to parents about CBCCPP activities and policies, community resources, and must allow many opportunities for parents to provide information, identify preferences, ask questions, and share concerns.	Staff	Parents	4.4.2
Follow the exclusion policies as set forth in Signs and Symptoms of Illness Chart, (Appendix A of CBCCPP Regulations).	CDD	Program director, Staff, Partner staff, Auxiliary staff, Business manager, and Volunteer.	5.3.3.1 7.1.1.2 7.1.1.3 7.6.9 7.7.3

### **Communicating CBCCPP Policies and Procedures to Parents (rule 4.7)**

- Assurance that parents have access to the CBCCPP and their child (ren) without prior notice and have access to their children's records as required in the rule 3.4.4.6 of these regulations.
- A description of information needed from parents for child's enrollment file as required in the rule 3.4.4.1 of these regulations.
- A typical daily schedule of activities.
- Information about fees and payment policies. Policies and procedures related to expulsion are separate from non-payment related issues.
- Information about hours of operation and closings.
- Procedures for signing children in and out.
- Procedures for emergencies as required in heading 3.7,
- Information about the nutrition, meals, and meal preparation at the CBCCPP.
- Safe sleep policies, as applicable.

- No smoking policy.
- Information about results from the test for lead in the drinking water and any plan for remediation.
- CBCCPP policies on field trips, other off-site activity, and transportation.
- CBCCPP health policies including illness exclusions, administration of medication, and immunizations. See rule 8.1.8 regarding immunization exemption for NRCS.
- CBCCPP policies and practices regarding positive guidance and behavior management.
- Assurance that confidentiality of child and family information is maintained.
- Information about the requirement to report suspected child abuse and/or neglect in heading 3.3.
- Assurance that non-discrimination and respect for each child's family and culture is maintained.
- CBCCPP approach to ensure wholesome growth and positive developmental experiences for children enrolled.
- CBCCPP policies related to the inclusion of children with special needs and disabilities.
- A description of religious activities, if any.
- Information on how to access these CBCCPP Regulations and other information about child development on-line.
- Information concerning complaint procedures.
- Information about the Child Care Consumer Line, including the telephone number (1 (800) 649-2642 option 3).
- CBCCPP policies and procedures related to the expulsion of children. Policies and practices include contacting the Children's Integrated Services Child Care Coordinator for children in specialized care, notifying parents of concerns that place the child's enrollment at risk, and documenting the CBCCPP's attempt to retain the child. These policies and procedures must comply with the rules in subheading 6.2.8.4, which say that the licensee must support continuity of care and education if the continued enrollment of a child is at risk.
- Policies and procedures related to food allergies, religious dietary requirements and other special needs, and safe eating habits (rule 5.11.1.1). See rule 8.1.9 regarding exception for NRCS.

## APPENDIX V - CLEANING, DISINFECTING AND SANITIZING TIPS

<b>Cleaning, Disinfecting and Sanitizing</b> <b>Definitions, Use and Storage</b>		
<b>Definitions</b>	<p>“<b>Cleaning</b>” means the removal of all dirt and debris by washing with a detergent solution in accordance with the manufacturer’s directions (rule 2.2.10).</p>	<p>“<b>Disinfecting</b>” means to destroy or inactivate most germs on objects or surfaces. Disinfecting is appropriate for non-porous surfaces that will not be in contact with food or be mouthed by children (rule 2.2.18).</p> <p>“<b>Sanitizing</b>” means to reduce germs on objects and surfaces to levels considered safe by public health codes. Sanitizing is appropriate for surfaces that are in contact with food or anything that children may place in their mouths (rule 2.2.44).</p>
<b>Use</b>	<p>Cleaning must occur prior to sanitizing and disinfecting unless otherwise instructed by the manufacturer’s recommendations (rule 5.2.6.1).</p>	<ul style="list-style-type: none"> <li>• All sanitizing and disinfecting solutions must be EPA registered and used according to the manufacturers’ instructions (rule 5.2.6.2).</li> <li>• Household bleach may be used for both sanitizing and disinfecting. When bleach is used for these purposes, fresh bleach solutions must be mixed daily (rule 5.2.6.3),</li> </ul>
Wash hands after cleaning (rule 5.2.1.1).		
<b>Storage</b>	<p>Materials required for <b>routine cleaning</b> must be stored and used in a safe manner out of the reach of children (rule 5.10.1.10.4).</p>	<p>All poisonous or toxic materials, except materials required for routine cleaning, must be locked in a secure storage area (rule 5.10.1.10.3).</p>
Food items must be stored separately from cleaning materials (rule 5.10.2.3.4).		

**APPENDIX V - CLEANING, DISINFECTING, AND SANITIZING TIPS  
(CONTINUED)**

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

## APPENDIX VI - FIELD TRIP CHART

Field Trip Chart			
What	When	How	Rule(s)
<input type="checkbox"/> Written parental permission for <i>walking</i> field trips in child files.	Prior to all walking trips	Ensure permissions are current	5.10.7.2
<input type="checkbox"/> Written parental permission for field trips in child files. <ul style="list-style-type: none"> <li>○ Specify type of transportation if provided, and</li> <li>○ Specify if trip is over 45 minutes one-way.</li> </ul>	Prior to all field trips	Follow all transportation requirements in subheading 5.10.6	5.10.7.1
<input type="checkbox"/> Staff protect health and safety of children during trips.	During field trips and walking trips (over 2 hours).	Take along: <ul style="list-style-type: none"> <li>✓ First aid kit,</li> <li>✓ Emergency contact numbers (rule 5.10.1.13.2),</li> <li>✓ Water and liquid soap or antiseptic wipes,</li> <li>✓ Copy of parental authorizations for emergency care (rule 3.4.4.1), and</li> <li>✓ Emergency medications for children.</li> </ul>	5.7.3 5.10.7.3
<input type="checkbox"/> Playgrounds used during field trips or walking field trips meet or exceed safety requirements. * CDD will assess compliance to rules 5.10.3.1.2 (shade), 5.10.3.1.6 (hazards), 5.10.3.2.1 (safe equipment), 5.10.3.2.2 (use zones of equipment), 5.10.3.2.3 (equipment anchored), 5.10.3.2.4 (sandboxes), 5.10.3.2.5 (ride on toys), and 5.10.3.3 (cushioning).	During field trips and walking trips.	<ul style="list-style-type: none"> <li>• Playgrounds should be inspected upon arrival.</li> <li>• Staff adjusts their plans according to safety conditions.</li> </ul>	5.10.7.4
<input type="checkbox"/> Staff/child ratios maintained during field trips and walking field trips. <input type="checkbox"/> Note: Rule 6.2.4.5 does not apply during field trips.	During field trips and walking trips.	Program director schedules adequate staffing.	5.10.7.5
<input type="checkbox"/> Staff physically and visually supervise children during trips.	At all times	Use system to quickly identify and count children.	5.10.7.6
When a field trip includes access to pools or natural or man-made bodies of water, staff: <input type="checkbox"/> Visually inspect the area prior to use to ensure it is free of health and safety hazards such as broken glass, animal feces, strong currents or posted health warnings;	At all times	See CDD website for sample aquatic safety plan. <a href="http://dcf.vermont.gov/cdd/forms-child-care-providers">http://dcf.vermont.gov/cdd/forms-child-care-providers</a>	5.10.7.7 5.10.5.4.7 5.10.5.4.8

<ul style="list-style-type: none"><li>□ Strictly adhere to water supervision and prohibitions (subheading 5.10.5.4); and</li><li>□ Ensure that children are restricted to areas where water is less than waist deep unless the child's swimming ability has been assessed.</li></ul>			
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APPENDIX VII - CBCCPP RATIO – LEFT ALONE CHART

**CBCCPP Ratio / Left Alone Chart**

<i>Role/Person/Position</i>	<i>May Count in Ratio as Staff</i>	<i>Ratio Rules</i>	<i>May Be Left Alone</i>	<i>Rules</i>
<b>Program director</b>	Yes	Rules 2.2.52, 6.2.1.4, 6.2.1.5, and 6.2.4.6	Yes	Rules 6.2.4.3, 6.2.4.4, 6.2.4.6, and 6.2.4.9
<b>Teacher</b>	Yes		Yes	
<b>Teacher associate</b>	Yes		Yes	
<b>Teacher assistant</b>	Yes		Yes	
<b>Trainee (18 years or older)</b>	Yes		Yes	
<b>Substitutes</b>	Yes		Yes	
<b>Trainee (15 – 17 years)</b>	Yes		No	
<b>Classroom aide *</b>	No	Rules 6.2.1.6,	Yes	Rule 6.2.1.6
<b>Partner staff</b>	No	6.2.17,	No	Rules 6.2.1.7,
<b>Auxiliary staff *</b>	No	6.2.1.8,	No	6.2.1.8,
<b>Business manager *</b>	No	7.6.8, and	No	7.6.8, and
<b>Volunteer</b>	No	7.7.2	No	7.7.2
<b>Parent **</b>	No		No	

A licensee is required to meet one of the position titles above to determine whether he/she may be counted in ratio and/or left alone with children.

\* When a classroom aide, auxiliary staff, or business manager are performing the duties and responsibilities of a staff member (teacher, teacher associate, teacher assistant, trainee or substitute) and meets the qualifications and other CBCCPP Regulations for the position, they may count in ratio and/or be left alone with children depending on the staff member role they are fulfilling at the time.

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

## APPENDIX VIII - INDEX TO CBCCPP LICENSING REGULATIONS

The following key words are provided in this index to help you find licensing rules in the CBCCPP Licensing Regulations (This is not an index to this Guidance Manual).

**Access to Children** p. 15, 37 - 38, 87

**Accidents** - See Injury of Child, Medical Emergencies and Notifications

**Accommodations** p. 5, 38 - 39, 46, 50 - 51, 86 (also see Americans with Disability Act, Child with Disabilities, Child with Special Needs, and Special Health Care Needs)

**Alcohol** p. 40, 56

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

**Americans with Disability Act** p. 17, 38, 86

**Annual Licensing Requirements** p. 4, 19 - 20

**Annual Performance Review** p. 33, 93, 99 - 100

**Annual Program Assessment** p. 36, 97, 99

**Aquatic Plan** p. 66 - 67 (also see Lifeguard and Water Safety)

**Appeal** p. 8 - 9, 19, 22 - 26, 100 (also see Commissioner's Review and Human Services Board)

**Applications** - See Licensure

**Asbestos** p. 55 - 56

**Assessments** - See Annual Program Assessment and Child Assessments

**Associated Parties List** p. 34

**Attendance** p. 3, 11, 31 - 32, 37 - 38, 50 (also see Recordkeeping)

**Authority** p. 1, 10, 13, 26 - 27, 36, 69

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

**Auxiliary Staff** p. 4, 14, 30, 33 - 34, 36, 63, 80, 85 - 87

**Background Check** p. 14 - 17, 19 - 20, 29, 32 - 33, 82, 87 - 89, 94, 96 (also see Fingerprint Requirements and Prohibited)

**Bacterial** - See Water Test

**Bedding** p. 44, 46 - 47 (also see Cribs and Mats)

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**BFIS Quality and Credential Account** p. 4, 17, 34, 92 - 93 (also see Bright Futures Information System (BFIS))

**Bleach** p. 43, 58

**Breast Milk** p. 72 - 73

**Breastfeeding** p. 38 (also see Breast Milk)

**Bright Futures Information System (BFIS)** p. 4, 12, 20, 27, 34 (also see BFIS Quality and Credential Account)

**Business Manager** p. iv, 4, 28, 63, 86, 90, 94 - 95

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**Child Abuse and Neglect** p. 4, 30, 32 - 33, 38, 57, 86, 94, 96

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**Child with Special Needs** p. 5, 31, 35, 38, 76, 85, 99 (also see Accommodations, Americans with Disability Act, Child with Disabilities, Special Health Care Needs and Special Nutrition)

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**Children's Clothing** p. 41, 47

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**Confidentiality** p. 5, 36, 38, 95 (also see Documentation)

**Cooling** p. 53 -54 (also see Heating and Ventilation)

**Corporal Punishment** p. 5, 9, 27, 83 - 84 (also see Positive Guidance Practices)

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