MINIMUM LICENSING REQUIREMENTS FOR

Registered Child Care Family Homes

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Registered Homes

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Registration Requirements for

Registered Child Care Family Homes

100 DEPARTMENT RESPONSIBILITY

101 Responsibilities and Requirements

1. The Division of Child Care and Early Childhood Education (referred to hereafter as the Division) under the Department of Human Services is directly responsible for the inspection and evaluation of all Registered Homes.

2. The Division has the power to establish rules and standards for licensing, registration, and operation of child care facilities. This includes all powers with respect to granting, revocation, denial, and suspension of licenses and registrations. Information regarding the appeal process is available upon request.

3. The Division works in coordination with local and state Health Departments, Fire Departments, City Planning, or Zoning departments and the Boiler Division of the Department of Labor.

4. It is recommended that the owner be aware of any applicable city or county zoning ordinances or codes or neighborhood covenants which may limit the number of children in care or impose additional safety requirements. The Division will share information on the location and status of Registered Homes with any city or county that requests this information.

5. Owners, operators, staff, therapists, and volunteers are mandated reporters of suspected child maltreatment and are required to call the Child Maltreatment Hotline at 1-800-482-5964, if they have reason to suspect child maltreatment. Additionally, these same individuals are required by Act 530 of 2019, to notify law enforcement if they have a good faith belief that there is a serious and imminent threat to the health or safety of a student, employee, or the public, based on a threat made by an individual regarding violence in, or targeted at, a school (or registered home) that has been communicated to the person in the course of their professional duties.

6. The Child Care Licensing Unit will notify the applicable federal agency at any time they become aware of or are advised of violations of any of the following or similar laws. It is recommended that the owner be aware of applicable federal laws which may affect the operation of the facility, such as, but not limited to:

    a. Americans with Disabilities Act (ADA).
    b. Environmental Protection Agency (EPA) regulations to ensure that any renovation or repair work on a home, child care facility, or school that was constructed prior to 1978 shall be completed by a contractor that is certified by the Environmental Protection Agency (EPA), when the repairs or renovations consist of any or all of the following: the repair or renovation disturbs six (6) or more square feet of the interior, the repair or renovation disturbs twenty (20) or more square feet of the exterior, or the repair or renovation

involves removing a window.

c. Federal civil rights laws state that a facility may not discriminate on the basis of race, color, sex, religion, national origin, physical or mental handicap, or veteran status.

7. The Registrant shall maintain Child Care Liability Insurance and comply with the following requirements:

   a. Prior to approval of an application, the applicant shall provide verification of the required coverage to the Licensing Specialist and provide subsequent verification when requested. (Homes licensed prior to the effective date of this revision shall have ninety (90) days to comply with this requirement.)

   b. Maintain the minimum amount of coverage as follows:

Registered Capacity of Home	Minimum Child Care Liability Coverage Required
1 – 5	$ 100,000 per occurrence

102 General Requirements

1. To determine a recommendation for registration, the applicant's home shall be reviewed by a Child Care Licensing Specialist to determine that the home is in substantial compliance with the requirements. (**Clarification:** In addition to rooms used for care, Child Care Licensing Staff must also be given access to all other rooms or spaces not used for child care. Any rooms or areas that are not accessible to children in care will only be viewed briefly for major health and safety issues and will not be routinely monitored for general licensing compliance. This is to help insure that there are no dangers such as fire hazards which could impact the safety of the entire structure.)

2. Substantial Compliance means compliance with all essential standards necessary to protect the health, safety and welfare of the children attending the Registered Home. Essential standards include but are not limited to those relating to issues involving fire, health, safety, nutrition and behavior management.

103 Definitions and Application

There are three (3) types of Registered Homes as follows:

1. Registered Child Care Family Home: a situation in which five (5) or less children are cared for in the caregiver's own residence or in some other suitable family type residence.

2. Relative Child Care Family Home: a situation in which five (5) or less children are cared for by a relative of the child(ren). The relationship must be that of a grandparent, great-grandparent, aunt, uncle or sibling (residing out of the home). The registered relative may provide the child care either in his/her home or the home of the child(ren). Proof of relationship must be provided. The following must be provided to verify proof of relationship:

a. the child(ren)'s birth certificate(s)
b. the parent's birth certificate
c. marriage license of the parent (if parent's last name has changed)
d. marriage license of the caregiver (if last name has changed)
e. birth certificate of the caregiver (if the application is for an aunt or uncle)

3. In-Home Child Care Provider: an individual selected by the family to provide the day care to five (5) or less children in the child(ren)'s own home. The In-Home Registration is not valid for child care provided outside the child(ren)'s own home.

4. There shall be no more than one registration issued per home/structure. (This does not apply to situations such as duplexes where two registrations could be issued to two separate applicants.) An individual shall be eligible to hold only one registration, which shall be issued for one specified location.

5. Home with only one caregiver shall limit care to no more than two shifts (18 hours) per 24 hour period. Homes offering 24 hour care shall provide a schedule verifying that they have made provisions for secondary caregiver to provide relief for one shift. (Alternative compliance may be requested by caregivers who provide 24 hour care and who do not have a secondary caregiver. For this request to be approved, consideration will be given to the overall level of compliance with registration requirements and to the number and ages of children in care during the third shift.

6. The holder(s) of the registration shall be the primary caregiver(s) and at least one shall be present and responsible for children during hours of care and shall not be otherwise employed during the hours of care. (If a qualified secondary caregiver is present, the primary caregiver may be absent for reasons related to the operation of the child care business, such as attending required training, and for brief and/or occasional absences relating to personal business or personal time off.)

7. If at any time care is provided to six or more children from more than one family, the law requires the provider to be licensed. The caregiver's own preschool children shall be considered when determining the need for a license or registration. The caregiver's own school age children are not considered when determining the need for a license or registration. Other children in the home who are not accompanied by a parent are considered as being in care whether pay is received for the care or not.

8. Any home that has not provided care to children for a period of one year shall have the registration closed unless a written request is made by the Registrant stating why closure should not take place.

9. The primary caregiver in a Registered Home shall submit the following to complete the application process:

   a. A completed and signed application provided by the Division
   b. Diagram of the home indicating rooms to be used by children in care and the location of

exit doors

c. A Health Card on applicant, other caregivers and any adult(s) in addition to the caregiver(s) present in the home on a regular basis while children are in care
d. Zoning approval, if applicable, shall be provided by new applicants for license and by existing homes requesting increase in licensing capacity.
e. A signed Authorization for Release of Confidential Information/Child Maltreatment Central Registry Check Form (Everyone living in the home age 18 and older must complete and sign this form. A check or money order for $10.00 made out to Department of Human Services must be attached to each form. Children under age 18 only need to be listed where applicable. This form must be notarized.)
f. Criminal Record Check Form(s) (Everyone in the home age 18 and older must complete a form. The form(s) must be notarized.)
g. The Registrant's Social Security Number or TIN (Tax Identification Number) shall be listed on the application. (A TIN number can be obtained by calling 1-900-546-3920 or by sending a SS-4 to the Internal Revenue Service, Memphis, Tennessee 37501. It takes approximately 4 weeks to receive the TIN.)
h. Boiler inspection, or verification that inspection has been scheduled
i. Verification of Child Care Liability Insurance (if Child Care Liability Insurance cannot be obtained before application, it must be obtained with proof provided to the Child Care Licensing Unit **before** care of children can be provided)

104 Registration Procedures

1. Any applicant applying for registration may contact the local Division Office or Child Care Licensing Specialist to obtain information and/or the necessary application and related forms.

2. A pre-application consultation meeting shall be required for all applicants for registration prior to approval of the application. This meeting shall be offered prior to or within thirty (30) days of receipt of the application.

3. Upon receipt of a signed application the Child Care Licensing Specialist shall schedule an appointment to inspect, evaluate and make a recommendation for consideration of registration of the Division.

4. The Child Care Licensing Specialist shall make unscheduled visits throughout the year to determine continued compliance of standards and to offer consultation and technical assistance.

5. The registration, as issued, shall apply only to the home's location at the time of registration. The Registrant shall notify the Child Care Licensing Specialist's office of any change of location or ownership at which time a new study shall be conducted. Upon issuance of a registration, the registration shall remain in effect as long as compliance is maintained.

6. <u>New Provisional Registration</u> - If the Licensing Specialist finds that an applicant for a Registered Home meets the registration requirements or has a reasonable expectation of correcting deficiencies within specified time frames, the Child Care Licensing Specialist may recommend a New Provisional Registration to the Division. The New Provisional Registration

shall be in effect for a period of time, not to exceed twelve (12) months. This time frame shall be specified in the Provisional Registration. (The Licensing Specialist has sixty (60) days to submit a recommendation to the Division for a Provisional Registration.)

7. Regular Registration - The Child Care Licensing Specialist will recommend a Regular Registration when the home has demonstrated substantial compliance, or when an existing Registrant with a Regular Registration relocates their home and their past demonstrates a substantial level of compliance.

8. Probationary Provisional Registration - The Licensing Unit may issue a Probationary Provisional Registration when the home is not maintaining substantial compliance due to deficiencies which are so numerous, frequent or severe as to potentially jeopardize the health, safety and welfare of children. The home and the Licensing Unit shall have a corrective action plan in place addressing the issues.

   Based on the level of compliance during the period of the Probationary Provisional Registration the Licensing Unit may:

   a. Issue a Regular registration
   b. Suspend a registration
   c. Revoke a registration

9. Suspension or Revocation of Registration - At the time of a final determination by the Division of revocation or suspension of a registration, the Division shall specify in the letter the period and terms of the action. A revocation of a registration shall be set for no less than one (1) year but may be for a longer term as established by the Division. Related parties shall not be eligible to apply for registration for the same specified period. (Related parties are defined as immediate family members, members of Board of Directors, person or entities associated or affiliated with, or which share common ownership, control, or common board members or which have control of or is controlled by the Registrant. An immediate family member is defined as a spouse, step and in-law relationships, a child, a natural or adoptive parent, a sibling, a grandparent, a grandchild or a son or daughter-in-law.) The revocation of a registration places that registration in a null and void status. At the completion of the terms of revocation, homes wishing to be re-registered must submit a new application for registration for review and approval by the Division.

105 Appeal of Registration Actions

1. A Registrant or applicant for registration may request to appeal any of the following registration actions:

   a. Adverse registration actions (revocation of the registration or denial of an application for registration.
   b. Founded registered complaints
   c. Cited noncompliance with the published standards

2. An appeal may be initiated on any of the above actions by requesting an appeal in writing to

the Licensing Specialist or Licensing Supervisory Staff. Requests to appeal adverse registration actions must be mailed within ten (10) calendar days of the receipt of the notice of the adverse action. Requests to appeal registration actions, other than adverse, must be mailed within twenty (20) calendar days from receipt of the notification of the action. The request to appeal shall include a statement of the action(s) taken by the Division and the reason(s) the Registrant or applicant for registration disagrees with that action. The request to appeal will be reviewed by the Licensing Supervisor and the Licensing Administrator. If the appeal is not resolved to the satisfaction of the Registrant or applicant for registration, the matter will be referred to the Child Care Appeal Review Panel for hearing. (Additional information regarding the appeal procedures and the Child Care Appeal Review Panel is available on request.)

106 Alternative Compliance

1. The Division may grant alternative compliance with the Minimum Standards Required for Registered Child Care Homes, if the Division determines that the alternative form of compliance offers equal protection of health, safety and welfare to children and meets the basic intent of the requirements for which the Registrant is making the request.

2. The Division shall consider all requests for alternative compliance with the registration requirements except those requirements which are enforced by the Department of Health, Local Fire Marshall or State Fire Marshall's Office.

3. To request alternative compliance, the following procedures shall be initiated by the person responsible for the operation of the facility:

   a. The applicant/Registrant shall submit the request for alternative compliance in writing.
   b. The request shall include:

      - The specific standard for which alternative compliance is sought
      - An explanation of how the alternative compliance is equal to, or exceeds, the requirement
      - Full justification and description of what the alternative compliance method will be and the method by which the facility will carry out this plan to be able to continue to provide for the health, safety, and welfare of children as intended by the requirement
      - The applicant/Registrant shall provide clear and supportive evidence, and upon request of the Division, an expert's opinion of the effects of the health, safety and welfare of children and how it will protect through the alternative means of compliance

4. A separate written request shall be submitted for each requirement for which alternative compliance is sought.

   The approved alternative compliance is effective for the duration of the registration, unless a shorter time frame is requested or approved.

5. The granting of alternative compliance for a requirement shall in no way constitute a precedent. If an alternative means of complying with the requirement is granted by the Division and the facility fails to implement satisfactorily this alternative means, the original

requirement for which alternative compliance was sought shall become immediately enforceable.

6. The Division shall have the right to obtain an expert opinion to corroborate that provided by the applicant/Registrant.

7. The Division reserves the right to deny requests for alternative compliance when it finds that such request does not adequately protect the health, safety and welfare of children and does not meet the intent of the requirement.

8. All requests for alternative compliance shall be answered in writing by the Division.

107 Registration Investigations and Inspections

1. Child Care Licensing staff shall have access to Registered Homes for the purpose of conducting inspections, reviews, and complaint investigations. **Denial of access to the home or denial of the right to interview children in care or other individuals present during hours of care may result in adverse action against the registration.** (Clarification: In addition to Child Care Licensing staff having access to all areas of care, they must also be given access to any other rooms or spaces not used for care, to ensure there are no possible hazards.)

2. If video recordings are made by the caregiver and are maintained for viewing as part of a continuous monitoring system, they shall be made available to licensing staff upon request. This does not include video recordings of special events, etc.

108 Child Maltreatment Checks

~~1.~~ The following persons shall be required to have their background reviewed through an Arkansas Child Maltreatment Central Registry Check.

Prospective owners, household members who are ten (10) years of age or older, and employees who have not lived in the State of Arkansas during the preceding five (5) years will be subject to current federal guidelines regarding conducting a child maltreatment background check in any states where they resided during the past five (5) years.

a. Each applicant	At application and every two (2) years thereafter
b. All household members who area at least ten (10) years of age	At application, upon residency, and every two (2) years thereafter
c. Staff members and applicants for employment in a Registered Home	Prior to employment and every two (2) years thereafter

d. All volunteers and therapists who have access to children in the home	Prior to providing services or being present in the home and every two (2) years thereafter
e. Other persons who have routine contact with children	Prior to providing services or participating in home activities and every two (2) years thereafter

2. The Division has the authority to review and consider each true (founded) report of child maltreatment received from the Central Registry. The Division shall retain the authority to deny the applicant or revoke the registration.

3. All caregiver(s) are mandated reporters under the Child Maltreatment Act. The caregiver shall notify the Child Maltreatment Hot Line number at 1-800-482-5964 when there is reason to believe that a child has been abused or neglected. (AR Code Annotated 12-12-501 et seq.) These reports of child maltreatment shall include all allegations made to the Registrant by

parents, staff members, or the general public. It is recommended that the Registrant call the Child Care Licensing Specialist for guidance if there is any question about whether the Hot Line should be called regarding any situation where potential child maltreatment is involved.

If a complaint of child maltreatment is filed against any Registrant or persons in the home, the Child Care Licensing Unit shall evaluate the risk to children and determine the suitability of the persons to supervise, be left alone with children, or remain in the home during hours of care until the allegations have been determined true or unsubstantiated.

4. The Registered Child Care Family Home operator and any employees or other persons in the home who have had a true report of child maltreatment shall follow the corrective action plan approved by the Child Care Licensing Unit. Corrective action measures may vary from relevant training to reassignment or termination. Failure to comply with corrective action plans can constitute grounds for adverse action against the registration.

109 FBI Criminal Record Checks

1. The following persons shall apply to the Identification Bureau of the Arkansas State Police for a nationwide criminal records check, to be conducted by the FBI, which shall include a fingerprint check: (The individual is responsible for the cost of the nationwide check.)

Fingerprints submitted will be used to check the criminal history records of the FBI. Individuals with results showing a prohibited offense shall be advised to contact the Licensing Unit for procedures to obtain the results and for procedures to update or make corrections to the record of their individual history.

a.	Each applicant to own or operate a Registered Home and all household members age eighteen (18) and up	At initial application and every five (5) years thereafter
b.	Each staff member	Prior to providing services or participating in home activities and every five (5) years thereafter
c.	Volunteers or other persons who have supervisory or disciplinary control over children, are left alone with children or have routine contact with children	Prior to providing services or participating in home activities and every five (5) years thereafter

2. **Arkansas State Police Criminal Background Check**

The following persons shall be required to have their background reviewed through a fingerprint criminal records check including the Arkansas Sexual Offender Registry, conducted by the Arkansas State Police.

A prospective staff member may not begin work until the Arkansas State Police criminal record check result has been returned as satisfactory. Following receipt of the satisfactory result, this individual must be supervised at all times, pending completion of all of the required background check components, by a staff member who has successfully completed all required background checks.

Prospective employees who have not lived in the State of Arkansas during the preceding five (5) years will be subject to current federal guidelines regarding conducting a criminal background check and sexual offender registry check in any states where they resided during the past five (5) years. (A National Sexual Offender Registry check will also be conducted on prospective employees.)

a.	Each applicant	At application and every five (5) years thereafter
b.	All household members who are eighteen (18) years of age or older	At application and every five (5) years thereafter
c.	Staff and applicants for employment in a Registered Home	Prior to employment and every five (5) years thereafter
d.	Volunteers and Therapists who have routine contact with children	Prior to providing services and every five (5) years thereafter
e.	Other persons who have supervisory control, disciplinary control over children, or routine contact with children	Prior to providing services or participating in home activities and every five (5) years thereafter

3. Criminal records will be returned to the division for review. Any charge/convictions listed in this section (Section 110) that are returned will be considered regardless of whether the record is expunged, pardoned, or otherwise sealed.

4. No person shall be eligible to be a child care facility owner, operator, employee, household member, or volunteer who is in the home on a routine/continual basis if that person has pled guilty, or been found guilty, of any of the following offenses by any court in the State of Arkansas, any similar offense by a court in another state, or any similar offense by a federal court. The following offenses are permanently prohibited:

01. Abuse of an endangered or impaired person, if felony	§5-28-103
02. Arson	§5-38-301
03. Capital Murder	§5-10-101
04. Endangering the Welfare of an Incompetent person- 1st degree	§5-27-201
05. Kidnapping	§5-11-102
06. Murder in the First degree	§5-10-102
07. Murder in the Second degree	§5-10-103
08. Rape	§5-14-103
09. Sexual Assault in the First degree	§5-14-124
10. Sexual Assault in the Second degree	§5-14-125

5. No person shall be eligible to be a child care facility owner, operator, employee, household member, or volunteer, who is in the home on a routine/continual basis, if that person has pled guilty, or been found guilty, of any of the following offenses by any court in the State of Arkansas, any similar offense by a court in another state, or any similar offense by a federal court. The following offenses are prohibited:

01. **Criminal Attempt to commit any offenses in MLR Section 110**	**§5-3-201**
02. **Criminal Complicity to commit any offenses in MLR Section 110**	§5-3-202
03. **Criminal Conspiracy to commit any offenses in MLR Section 110**	§5-3-401
04. **Criminal Solicitation to commit any offenses in MLR Section 110**	§5-3-301
05. **Assault in the First, Second, or Third degree**	§5-13-205 - §5-13-207
06. **Assault, Aggravated**	§5-13-204
07. **Assault, Aggravated on a Family or Household Member**	§5-26-306
08. **Battery in the First, Second, or Third Degree**	§5-13-201 - §5-13-203
09. **Breaking or Entering**	§5-39-202
10. **Burglary**	§5-39-201
11. **Coercion**	§5-13-208
12. **Computer Crimes Against Minors**	§5-27-601 et. seq.

13. **Contributing to the Delinquency of a Juvenile**	§5-27-220
14. **Contributing to the Delinquency of a Minor**	§5-27-209
15. **Criminal Impersonation**	§5-3-208
16. **Criminal Use of a Prohibited Weapon**	§5-73-104
17. **Death Threats Concerning a School Employee or Students**	§5-17-101
18. **Domestic Battery in the First, Second, or Third Degree**	§5-26-303 - §5-26-305
19. **Employing or Consenting to the Use of a Child in a Sexual Performance**	§5-27-402
20. **Endangering the Welfare of a Minor in the First or Second Degree**	§5-27-205 and §5-27-206
21. **Endangering the Welfare of an Incompetent Person in the First or Second Degree**	§5-27-201 and §5-27-202
22. **Engaging Children in Sexually Explicit Conduct for Use in Visual or Print Media**	§5-27-303
23. **False Imprisonment in the First or Second Degree**	§5-11-103 and §5-11-104
24. **Felony Abuse of an Endangered or Impaired Person**	§5-28-103
25. **Felony Interference with a Law Enforcement Officer**	§5-54-104
26. **Felony Violation of the Uniform Controlled Substance Act**	§5-64-101 - §5-64-508 et. seq.
27. **Financial Identity Fraud**	§5-37-227
28. **Forgery**	§5-37-201
29. **Incest**	§5-26-202
30. **Interference with Court Ordered Custody**	§5-26-502
31. **Interference with Visitation**	§5-26-501
32. **Introduction of Controlled Substance into Body of Another Person**	§5-13-210
33. **Manslaughter**	§5-10-104
34. **Negligent Homicide**	§5-10-105
35. **Obscene Performance at a Live Public Show**	§5-68-305
36. **Offense of Cruelty to Animals**	§5-62-103
37. **Offense of Aggravated Cruelty to Dog, Cat, or Horse**	§5-62-104
38. **Pandering or Possessing Visual or Print Medium Depicting Sexually Explicit Conduct Involving a Child**	§5-27-304
39. **Patronizing a Prostitute**	§5-70-103
40. **Permanent Detention or Restraint**	§5-11-106
41. **Permitting Abuse of a Minor**	§5-27-221
42. **Producing, Directing, or Promoting a Sexual Performance by a Child**	§5-27-403
43. **Promoting Obscene Materials**	§5-68-303
44. **Promoting Obscene Performance**	§5-68-304
45. **Promoting Prostitution in the First, Second, or Third Degree**	§5-70-104 - §5-70-106
46. **Prostitution**	§5-70-102

47. **Public Display of Obscenity**	§5-68-205
48. **Resisting Arrest**	§5-54-103
49. **Robbery**	§5-12-102
50. **Robbery (Aggravated Robbery)**	§5-12-103
51. **Sexual Offense (any)**	§5-14-101 et. seq.
52. **Simultaneous Possession of Drugs and Firearms**	§5-74-106
53. **Soliciting Money or Property from Incompetents**	§5-27-229
54. **Stalking**	§5-71-229
55. **Terroristic Act**	§5-13-310
56. **Terroristic Threatening**	§5-13-301
57. **Theft by Receiving**	§5-36-106
58. **Theft of Property**	§5-36-103
59. **Theft of Services**	§5-36-104
60. **Transportation of Minors for Prohibited Sexual Conduct**	§5-27-305
61. **Unlawful Discharge of a Firearm from a Vehicle**	§5-74-107
62. **Voyeurism**	§5-16-102

6. If the Registrant wishes to employ an individual with a conviction or plea of guilty or nolo contendere for the following nonviolent offenses, they shall submit a written request for a waiver prior to employment. (§ 20-38-103 (e) (3) (A) Act 990 of 2013)

   a. Theft by receiving § 5-36-106
   b. Forgery § 5-37-201
   c. Financial identity fraud § 5-37-227
   d. Resisting arrest § 5-54-103
   e. Criminal impersonation in the second degree § 5-37-208(b)
   f. Interference with visitation § 5-26-501
   g. Interference with court-ordered visitation § 5-26-502
   h. Prostitution § 5-70-102
   i. Patronizing a prostitute § 5-70-203

   The waiver may be approved if all the following conditions are met:
   - The individual has completed probation or parole supervision.
   - The individual has paid all court ordered fees, fines, and restitution.
   - The individual has fully complied with all court orders pertaining to the conviction or plea.

7. The waiver will be revoked if after employment the individual pleads guilty or nolo contendere or is found guilty of any prohibited offense (including the list above a-i) or has a true or founded report of child maltreatment or adult maltreatment in a central registry.

8. The request for waiver and certification of approval shall be kept in the individual's file for the term of employment and three (3) years after termination of employment.

9. If approved, the waiver is not transferable to another licensed facility.

10. Any person who has pled guilty, nolo contendere, or who has been found guilty of any one (1) of the offenses listed above (Section 109.4), may not work in child care unless:

a. The date of the conviction, plea of guilty or nolo contendere for a misdemeanor offense is at least five (5) years from the date of the request for the criminal history records check and there have been no criminal convictions or pleas of guilty or nolo contendere of any type or nature during the five (5) year period preceding the background check request.
b. The date of the conviction, plea of guilty, or nolo contendere for a felony offense is at least ten (10) years from the date of the request for the criminal history records check and there have been no criminal convictions or pleas of guilty or nolo contendere of any type or nature during the ten (10) year period preceding the background check request.

11. Anyone employed in a licensed center, COE center, Licensed Child Care Family Home, or a Registered Child Care Family Home prior to 9/1/2009 with a clear background check history may remain eligible for employment unless the employee had a conviction, plead guilty, or plead nolo contendere to an offense listed in the above section (Section 109.4) since 9/1/2009.

200 ADMINSTRATION

201 Administrative Procedures

1. Parents shall be informed in writing upon enrollment of their child that children may be subject to interviews by licensing staff, child maltreatment investigators and/or law enforcement officials for the purpose of determining licensing compliance or for investigative purposes. (Child interviews do not require parental notice or consent.)

2. Required records shall be kept and made available to the Child Care Licensing Unit on request.

3. Falsification of any document and/or submission of false information to the Child Care Licensing Unit may constitute grounds for revocation of the license. Falsification of any document and/or submission of false information to any DHS Division that results in exclusion, pursuant to DHS Exclusion Policy 1088, shall constitute grounds for revocation of the license.
(Falsification means the submission of untrue information, whether by statement or omission.)

4. All applicable health and fire regulations shall be met.

5. The Registered Home shall not care for more than 5 children at any time including their own pre-school children.

6. The caregiver shall provide prudent supervision of the other persons in the Registered Home, and is responsible for the health, welfare, and safety of the children in care.

7. The caregiver shall provide a copy of the list of Kindergarten Readiness skills, prepared by the Arkansas Department of Education, to parents of all three and four year old children enrolled.

(Act 825 of 2003) A statement signed by the parent that they have received a copy of the list

shall be maintained in the child's record.

8. The caregiver shall not release a child to anyone whom is not immediately recognized as the child's parent or as someone on the authorized pick-up list unless:

   a. The individual can provide an official picture ID; AND
   b. The person in charge can match the ID to the individual named on the child's data sheet.

9. Verification of permission for persons not on the authorized shall be obtained by the caregiver by calling the parent at a number listed in the child's record. The caregiver shall view an official picture ID of the individual to verify identity.

300 PERSONNEL

301 Caregiver Qualifications and Responsibilities

1. The Registered Home primary caregiver shall be eighteen (18) years or older.

2. The primary caregiver and all secondary caregivers shall have a high school diploma or GED. Registered Homes approved prior to this revision are exempt from this requirement.

3. The caregiver shall not be otherwise employed during the time he or she is responsible for children in the home. Employment at other times shall not affect the quality of care given the children.

4. The caregiver shall not use profanity or speak in an abusive manner when children are present. The caregiver shall also cooperate with licensing staff during regular monitor visits.

5. The caregiver shall have a person who would be able to care for the children in the event of an emergency.

6. Newly Registered Home providers shall attend Family Child Care Provider Training within the first six (6) months of being registered.

7. The Registrant shall notify the Licensing Unit within five (5) calendar days of any change in the person(s) designated as secondary caregivers.

8. The caregiver shall obtain at least fifteen (15) hours of training, including child development training registered with the Division of Child Care and Early Childhood Education Professional Development Registry, Department of Education, or Department of Higher Education approved training each year in continuing early childhood education, which is approved by the Division.

   Topics appropriate for continuing early education shall include, but are not limited to the following:

   a. Child growth and development
   b. Nutrition and food service
   c. Parent communication and involvement
   d. Curriculum and curriculum development
   e. Developmentally appropriate practice and learning environments
   f. Behavior management

g. Emergency care and first aid
h. Administration and management of early childhood program

9. All caregivers, including volunteers who are counted in the ratios, shall receive the following orientation within three (3) months of employment (and every three (3) years thereafter) and shall not be left alone with children until this is completed.

   1. **Introduction (8 clock hours):**

      a. Proper supervision of children
      b. Behavioral guidance practices
      c. Safe sleep practices for infants
      d. Shaken baby syndrome; which includes prevention (Carter's Law, Act 1208)
      e. Appropriately responding to a crying/fussy infant/child
      f. Emergency procedures in the event of severe weather, or fire, including evacuation procedures and routes, and location and use of fire extinguishers.
      g. Mandated reporter training
      h. Administering medication
      i. Caring for children with special needs / care plans
      j. Transportation and car seat safety
      k. Policies regarding release of children to authorized individuals
      l. Prevention and control of infectious diseases
      m. Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic
      n. Nutrition and physical activities
      o. Prevention and response to food sensitivities and allergic reactions
      p. Basic child development
      q. The handling and storage of hazardous materials and the appropriate disposal of biocontaminants

10. At least one (1) caregiver who has a current certificate of successful completion of first aid and CPR from an approved organization shall be on site at all times. If the home serves infants and toddlers, this training shall include infant/child CPR. (Infant/child CPR may be included in the basic course or in a separate course.)

    a. The curriculum shall conform to current American Heart Association or American Red Cross guidelines.
    b. The curriculum shall require hands on, skill-based instruction, as well as practical testing. Training and certification that is provided solely online will not be accepted.
    c. The instructor shall be qualified and authorized to teach the curriculum and shall be certified by a nationally recognized organization. (Including but not limited to: Health and Safety Institute; EMS Safety Services, Inc.)

11. The caregiver shall be physically and emotionally able to care for children.

12. Child Care Licensing may require a physician's statement for the caregiver anytime behavioral or physical indicators warrant.

13. The caregiver shall not engage in behavior that could be viewed as sexual or as dangerous, exploitative, or physically harmful to children.

14. The caregiver shall not consume or be under the influence of illegal drugs. The caregiver shall not consume or be under the influence of alcohol while delivering care. The caregiver shall not consume or be under the influence of medications (prescription or non-prescription), which may impair his or her ability to provide care.

15. Newly registered caregivers shall attend BAS (Business Administration Scale) training within the first six (6) months of being registered.

16. At no time shall children be left unsupervised.

17. Additional staff provisions shall be made for enrollment of children with disabilities who require individual attention.

18. It is recommended that all staff members who have direct contact with children receive annual Influenza (flu) immunizations.

19. It is recommended that all staff members who have direct contact with children receive a one-time Tdap (Diphtheria, Tetanus & Pertussis) immunization.

20. It is recommended that all staff members who have direct contact with children receive the recommended series of immunizations for chicken pox, mumps, measles, and rubella or evidence of immunity.

302 Adults in the Registered Home

1. The caregiver(s) shall provide a clear statement regarding the presence of any other adults 18 years of age and above who reside in the home. Any adult, residents or visitors shall not present a threat to the safety or welfare of children.

2. A Registered Home shall have additional staff when there are persons in the home who require constant or routine care.

303 Volunteer Requirements

1. Volunteers are those individuals who have routine contact with children and assist in the home. If they are left alone with children, considered in the staff/child ratios or given supervisory/disciplinary control over children, they shall be considered staff and must meet caregiver qualifications and responsibilities. (Section 301)

2. All volunteers in a Registered Child Care Family Home shall be 18 years of age or older unless the volunteer is under the direct supervision of the licensee and has been approved on an individual basis by the Child Care Licensing Unit.

3. Volunteers who have routine contact with children, shall have on file a maltreatment Central Registry check. An exception shall be given to parents who volunteer on field trips, but are not left alone with children. Child Maltreatment Central Registry checks for volunteers under 18 years of age must include a parent's signature.

4. Individuals who provide health services or program enrichment activities on a limited basis are not considered volunteers. The home shall retain a register of such persons listing name, organization address, telephone number, date and time in the center. (Note: This section does not apply to therapists or others who have routine contact with children. Therapists who are not left alone with children are required to have child maltreatment background checks. Therapists who are left alone with children at any time are subject to all background checks required for personnel. The therapist is entitled to a copy of the initial background/maltreatment check results and may share a copy with other facilities in which the therapist may be working.)

304 Supervision

1. The caregiver shall be responsible for children in care at all times and shall exercise prudent supervision.

2. When a caregiver is not in the same room with children the children shall be frequently observed and the caregiver shall remain close enough to easily hear them.

3. Doors to rooms where children are sleeping or playing within the home shall remain open and sleeping children shall be visually monitored and periodically checked to insure they are breathing normally.

4. The caregiver shall be present on the outdoor play area at all times when any children are present.

5. The caregiver shall not leave children unattended in the kitchen area of the home while any cooking is occurring.

6. Ironing shall not occur in the presence of the children.

400 PROGRAM AND ACTIVITIES

401 Program Requirements

1. There shall be a posted daily schedule, which includes age-appropriate activities, including alternating periods of active play and quiet activities throughout the day.

2. Staff shall plan and provide experiences that meet children's needs and stimulate learning in the following developmental areas: physical, social/emotional, creative/aesthetic, cognitive/intellectual and language, found in Arkansas' Early Learning Standards (Experiences that promote self-concept development for infants/toddlers shall also be provided if that age group is in care.)

3. There shall be meaningful interaction between staff and children to include but not limited to the following:

   a. Comfort children who are upset.
   b. Engage in frequent, multiple and rich social interchanges such as smiling, talking, touching, and singing.
   c. Interact with children by being their play partner as well as protector.
   d. Help children identify and label feelings by being attuned to children's needs.

e. Communicate consistently with parents/guardians.
f. Interact with children and develop a relationship in the context of everyday routines.

4. There shall be an opportunity for a supervised rest period that does not exceed two hours.

5. If children do not fall asleep, they shall be allowed to participate in a quiet activity either on their cot, in the area, or in another room under supervision.

6. Staff shall not cover the faces of sleeping children with blankets or other bedding.

7. Pacifiers, if used, shall not be secured around the neck by a cord or by any other means that could represent a strangulation hazard.

8. There shall be a total of at least one (1) hour of outdoor play per day in suitable weather. It is recommended that when making a determination if children should play outside, staff shall consider the following environmental factors:

   a. When the heat index is forecast to be ninety (90) degrees or above, it is recommended that outdoor play be scheduled during early morning hours or the length of time spent outdoors should be reduced to avoid heat stress.
   b. When outdoor play occurs during the hotter part of the day, it is recommended that children have shaded area, an ample supply of water and should be monitored closely for signs of heat stress.
   c. When outdoor play occurs during the winter months and when temperatures are extremely cold, it is recommended that the time scheduled for outdoor play be reduced or suspended depending on the temperature and other weather conditions.

9. There shall be a total of 30 minutes per day of moderate to vigorous physical activity. This could be included in outdoor play time if it meets this criterion.

10. Indoor activity equipment shall be adequate for the number and ages of children in the Registered Home to meet their physical and developmental needs.

11. Children shall have a variety of toys, books, creative materials, and equipment that is easily accessible and arranged to support learning. This includes equipment for:

    a. Large muscle/Gross Motor activities (such as climbing and running)
    b. Manipulative/Fine Motor activities (such as things done with the hands: puzzles, drawing, modeling clay)

12. The use of television, DVD, video cassette viewing and computer/video games and other screen time activities shall meet the following requirements:

    a. Shall be limited to programs which are age-appropriate (It is recommended that programs have educational value.)
    b. Shall not exceed one (1) hour daily per child or group of children. Children shall not be required to participate in screen time activities and shall be offered other choices. (Viewing time may be extended for special events or occasions such as a current event, holiday or birthday celebration or for the occasional viewing of age appropriate movies or other programs that may exceed one hour in length.)
    c. Computer learning periods for children below age 5 may not exceed two (2) hours a day

per child or group of children.

13. It is recommended that caregivers encourage parents to be involved in planning and participating in activities at the Registered Child Care Family Home.

14. The caregiver shall distribute materials developed or approved by the Department of Health on prevention of Shaken Baby Syndrome to all parents of infants, upon enrollment. Written documentation of receipt of this information by each parent, with a signature, shall be placed in the child's file. (Carter's Law, Act 1208)

15. Photos or video recordings shall not be made of any child without prior written parental permission.

16. Photos or video recordings of children shall not be placed on social media web sites without prior written parental permission.

402 Infant & Toddler Specific Program Requirements

1. Infants shall be carefully supervised at all times.

2. The caregiver shall provide a safe and clean learning environment, both indoors and outdoors, with age appropriate materials and equipment arranged to support learning.

3. The caregiver shall implement relationship-based practices that promote consistency and continuity of care for infants and toddlers. Infant and toddler caregivers/teachers shall:

   a. Respond promptly to cries and calls of distress by verbally acknowledging, gently touching, and holding children.
   b. Engage children in frequent rich social exchanges in a variety of ways, for example, holding, patting, making frequent eye contact, smiling, singing, and using a pleasant calm voice in conversation.
   c. Engage children in frequent positive social exchanges during routine care such as eating, diaper changing, toileting, and preparing for rest.
   d. Provide consistent emotional support to infant and toddlers by acknowledging their feelings and emotions and providing physical and verbal support.
   e. Communicate consistently with parents/guardians by greeting them warmly and exchanging information that promotes continuity between the center and the child's home.
   f. Engage in play activities with children by providing a safe environment to explore, modeling play behavior such as imagination and use of toys and equipment, and providing verbal encouragement and support.

4. Infants shall be taken outside for a period of time every day, unless prevented by weather or special medical reasons.

5. Outdoor play for infants and toddlers may include riding in a stroller. However, infants and toddlers shall be offered opportunities for gross motor play outdoors as well.

6. If a child falls asleep while in a walker, swing, high chair, etc., that child shall be placed in appropriate sleep equipment.

7. Infants (children 12 months and below) shall be placed flat on their backs to sleep to lessen the risk of suffocation and Sudden Infant Death Syndrome. (If a child rolls over on his/her own, the facility is not required to reposition the child.) If there is a medical reason a child cannot sleep on his/her back, then a signed statement from the child's physician must be in the file stating that a different sleep position is indicated.

8. Infants' sleep space (e.g. crib) shall be free of loose bedding. It is recommended that if light blanket is necessary, it be kept at or below the mid-chest area of the child. Staff shall not cover the faces of infants.

9. Pillows (including nursing or "boppy" pillows), bumpers/bumper pads, and stuffed animals shall not be placed in cribs.

10. Toys or materials used by younger children shall not be small enough to be swallowed. 11.Toys

used by infants and toddlers shall be safe and sanitized as needed to help prevent the spread of contagious diseases. Toys that cannot be cleaned and sanitized shall not be used.

12. Safety straps shall be used on all equipment originally manufactured with safety straps.

403 School Age Children Program Requirements

1. The school age child shall be provided with a choice of indoor and outdoor activities.

2. A quiet time and a private place with appropriate equipment shall be provided for one-person activities, including resting or homework. A supervised rest period does not apply to school- age children.

3. Permission of parents shall be on file for school age children to leave the home.

   a. School age children who leave the Registered Home to participate in classes, clubs, or other activities shall have written permission from the parents naming the activity, time of leaving and returning and method of transportation to the activity.
   b. Permission for regular activities such as scouting may be given for the entire school term.

404 Evening & Night Care Program Requirements

Night care is any care provided after midnight.

1. The caregiver shall remain awake at all times children are in care. Alternative compliance may be requested to allow the caregiver to sleep after the children are in bed for the night. For this request to be approved, consideration will be given to the overall level of licensing compliance, the use of motion detectors and/or other alarms to alert the caregiver if the children leave the sleeping area, the ages and number and sex of the children in overnight care and written notification to parents that the caregiver will be sleeping during overnight care.

2. There shall be a plan for evacuating children to safety in case of fire or emergency.

3. Children arriving in the daylight hours shall have outdoor play, weather permitting. Older children shall have time for reading or doing homework during the school year.

4. Evening meals shall be served. The home shall ensure that children spending the night are served breakfast.

5. Drinking water shall be available to children during the night.

6. Bathing facilities shall be available. Hot water shall be available. Children shall not take baths together or share the same bath water. Tubs or showers shall be cleaned after each use. Children shall be given fresh washcloths and towels. Preschool children shall never be left alone when bathing. Privacy shall be ensured for school age children.

7. Children in night care shall be given a bed or cot with mattress or pad and a pillow.

   a. If linens become soiled, they shall be changed. Protective mattress covers shall be used and washed at least weekly.
   b. Each child's bed or cot shall have a cover available.
   c. Beds or cots shall be arranged at least one foot apart.

8. Homes with only one caregiver shall limit care to no more than two shifts (18 hours) per 24 hour period. Homes offering 24 hour care shall provide a schedule verifying that they have made provisions for a secondary caregiver to provide relief for one shift. (Alternative Compliance may be requested by caregivers who provide 24 hour care and who do not have a secondary caregiver. For this request to be approved, consideration will be given to the overall level of compliance with registration requirements and to the number and ages of children in care during the third shift.

500 BEHAVIOR GUIDANCE

501 Behavior Guidance Requirements

1. Use of behavior guidance shall show that the caregiver understands each child's needs and shall promote self-discipline and good behavior.

2. Acceptable behavior guidance techniques include:

   a. Look for appropriate behavior and reinforce the children with praise and encouragement when they are behaving well.
   b. Remind the children on a daily basis of the rules by using clear positive statements of how they are expected to behave rather than what they are not supposed to do.
   c. Attempt to ignore minor inappropriate behaviors and concentrate on what the child is doing properly.
   d. Use brief supervised separation from the group only when the child does not respond to a verbal command which instructs the child as to how he or she is supposed to behave.
   e. When a misbehaving child begins to behave appropriately, encourage and praise small positive steps rather than waiting until the child has behaved for a long period of time.
   f. Attend to the children who are behaving appropriately and other children will follow their example in order to obtain your attention.

3. Physical punishment shall not be administered to children.

4. The length of time a child is placed in time-out shall not exceed one minute per year of child's

age.

5. The following activities are unacceptable as behavior guidance measures and shall not be used. These include but are not limited to:

   a. Restraints (Restraining a child briefly by holding the child is allowed when the child's actions place the child or others at risk of injury.)
   b. Washing mouth with soap
   c. Taping or obstructing a child's mouth
   d. Placing unpleasant or painful tasting substances in mouth, on lips, etc.
   e. Profane or abusive language
   f. Isolation without supervision
   g. Placing child in dark area
   h. Inflicting physical pain, hitting, pinching, pulling hair, slapping, kicking, twisting arms, biting or biting back, spatting, swatting, etc.
   i. Yelling (This does not include a raised voice level to gain a child's attention to protect the child from risk of harm.)
   j. Forcing physical activity, such as running laps, doing push-ups, etc. (This does not include planned group physical education activities that are not punitive in nature.)
   k. Associating punishment with rest, toilet training or illness
   l. Denying food (lunch or snacks) as punishment or punishing children for not eating (Children shall not be forced or bribed to eat.)
   m. Shaming, humiliating, frightening, physically or mentally harming children or labeling children
   n. Covering the faces of children with blankets or similar items

6. Posted group behavior charts shall not be used. (Individual behavior charts that are not viewable by children and individual charts used by therapists are allowed.)

502 Infant & Toddler Behavior Guidance Requirements

1. Time out shall not be used with children under the age of two (2). The only acceptable form of behavior guidance with infants and toddlers shall be redirection. (Brief separation from the group is acceptable when the child's behavior places the child or others at risk of harm. The child may be placed in a supervised area away from the group or in a crib or playpen while the caregiver attends to the situation. Example: A child who has bitten another child would be removed from the group briefly while the caregiver attends to the bitten child.)

600 RECORDS

601 Home Records

1. All employee, child and home records shall be kept and made available to the Child Care Licensing Unit on request. All required records shall be maintained for 3 years. (This includes records on children no longer enrolled.)

   a. Licensing/registration Compliance Form(s) (DCC-521). (The caregiver shall advise parents in writing that the compliance forms are available for review upon request.)
   b. Verification of Child Care Liability Insurance
   c. Fire department approval, if required by local fire department, state fire code or requested by the Child Care Licensing Unit due to possible hazards

d. Arkansas State Department of Health approval, if applicable
e. Verification of annual approval by the Boiler Inspector Division of the Department of Labor
f. Record of emergency drills
g. Plans and procedures of Emergency Preparedness
h. Pet vaccinations
i. Attendance records on all children to include the date and time of arrival and departure and daily parental signatures on the sign in and out forms
j. Transportation rosters, if applicable
k. Verification of commercial vehicle insurance coverage

602 Children's Records

1. Enrollment information shall be obtained for each child before admission. (Sample enrollment forms may be obtained from your Licensing Specialist.)

2. Identifying and Personal Data shall include:

   a. Child's name, birth date, home address, and telephone number
   b. Name and addresses of the parents and telephone numbers where the parents can be reached while the child is in care
   c. Date of enrollment in facility
   d. Name, address and phone number of person to be contacted if parents cannot be reached
   e. The caregiver shall provide a written discipline policy to parents, with a copy signed by the parents and retained by the caregiver.
   f. Any legal documentation that has been given to the facility, by the parent or legal guardian, regarding the care of the child

3. Medical Records shall include:

   a. The name, address and telephone number of the child's physician or emergency medical care facility
   b. Pertinent past medical history on the child and any change in health
   c. Child's unusual food needs such as special formulas, diabetic diet, or food allergies
   d. Notes of special problems (such as allergies to medication or sunburn sensitivity) or needs as indicated by the parents
   e. An authorized record of up-to-date immunizations or documentation of a religious, medical or philosophical exemption from the Arkansas Department of Health (The caregiver shall maintain a roster of children who have not completed the minimum immunization requirements. A current immunization schedule is provided as an insert in this publication)
   f. A written record shall be made of all significant changes in the child's physical or emotional state and accidents, incidents or injuries, indicating the location, time of day, area or piece of equipment where the incident occurred. A copy of this shall be given to the parent on the day of occurrence.
   g. Any medical documentation that has been given to the facility, by the parent or legal guardian, regarding the care of the child

4. Permissions and Agreements will be signed by the parents and caregiver(s):

   a. Consent for emergency medical care and transportation for such care which shall accompany children who are transported to and from the home
   b. Other transportation permission, if any, including routine and special field trips

c. Permission to participate in water activities, if any
d. Signed statements by the parents stating who is authorized to pick up the child
e. Written permission for the facility to photograph or video tape their child, if applicable
f. Written permission for the facility to place photos and video recordings of their child on social media or other websites, if applicable

603 Caregiver Records

1. Caregiver records shall contain the following:

   a. Documentation of high school diploma or GED, and continuing education hours (If these documents are no longer available, proof of reasonable effort to obtain the documentation is acceptable.) (**Clarification:** Training hours will be counted on a calendar year basis or by the home's operating schedule if they do not operate year round.)
   b. Documentation of the initiation of all required background checks and results obtained
   c. Verification of required transportation training and a current copy of the driver's license for caregiver(s) who transports children

700 NUTRITION

701 Nutrition Requirements

1. The Registered Home shall meet the following:

   a. All food shall be safe and stored properly to prevent spoiling.
   b. There shall be a thermometer in the refrigerator that is visible and maintained at 41 degrees or below. Freezer thermometers shall be maintained at 0 degrees or below. All freezers shall be inaccessible to children.
   c. Food shall not be stored under sinks.
   d. Food shall be stored in original container or in a closed container.
   e. Chemical and toxins shall not be stored in food storage area.
   f. All medicines shall be stored separately from food at all times.

2. All food and drink shall be prepared, distributed and served under sanitary conditions and the following shall be met:

   a. Caregivers shall wash hands before preparing food.
   b. There shall be a sink with hot and cold running water.
   c. Individual drinking glasses or disposable cups shall be provided.
   d. All counter tops and other food preparation surfaces shall be kept clear of clutter and in a sanitary condition.
   e. Food left uncovered or handled shall not be reused.
   f. When dishes are washed by hand, they shall be sanitized with a bleach solution.
   g. Drinking water and water used for the preparation of formula shall not come from the hot water supply. (Water from hot water systems may contain higher levels of lead and other substances that could be harmful to small children.)

3. Food shall be served on individual plates, bowls, or other dishes that can be sanitized or discarded.

4. Age appropriate tables and chairs, highchairs, and equipment designed for children, or other

comfortable seating options shall be used during snack and meal time.

5. Breakfast, if served, lunch and evening meals shall each meet current U.S. Department of Agriculture guidelines, including portion size. (See Appendix A). If sack lunches are utilized, the home shall ensure that these also meet U.S. Department of Agriculture guidelines by supplementing the lunches if necessary. Milk shall be served to each child during the day. Exceptions may be made for children who suffer allergies to milk.

6. Breakfast shall be made available to children who arrive before 7:00am. Breakfast may be served to all children rather than a morning snack, provided there is no more than 3 hours between the beginning of breakfast and the beginning of lunch.

7. Midmorning and mid-afternoon snacks shall be provided to all children and shall meet current U.S. Department of Agriculture guidelines.

8. All children in care during hours shall be offered an evening snack. Children in care during evening hours shall be served supper and children spending the night shall be served breakfast (unless provided by parent or school).

9. Menus for all food service shall be available for review.

10. It is recommended that food brought in from outside sources be in commercially prepackaged containers or come from Health approved kitchens. This recommendation is based on concerns for the health and safety of children who may have severe food allergies, and the difficulty of monitoring ingredients brought in from home kitchens.

11. Children shall not be forced or bribed to eat.

702 Infant & Toddler Nutrition Requirements

It is recommended that mothers be allowed and encouraged to breast feed their child at the Registered Child Care Family Home.

1. The routine use of baby food, bottles and formula shall be agreed upon by the caregiver and parent (Appendix B). Instructions regarding special needs for food, bottles and formula, such as food allergies, shall be obtained in writing from the parent and followed by the caregiver.

2. Feedings for all children up to twelve (12) months of age shall be documented by the caregiver and available for review by the parent. This documentation shall continue for all children older than twelve (12) months of age who are still being given bottles.

3. Children shall not share the same bottle. A sanitary method of cleaning baby bottles shall be practiced.

4. Baby bottles shall be properly refrigerated.

5. Microwaves shall not be used for heating bottles due to the danger of uneven heating.

6. Infant feeding schedules shall be flexible and adapted to each infant's needs.

7. The solid foods fed to an infant shall be determined by the child's parent(s).

8. Infants under six months of age shall be held while being fed. Bottles shall not be propped. Infants six months of age or older shall be held if needed.

9. Infants no longer held for feedings shall either sit in low chairs at low tables or in infant seats with trays, or in high chairs with wide bases. Safety straps shall be used.

10. Children under 2 years of age shall not be fed foods that may cause choking, such as but not limited to hard candy, raw carrots, hot dogs, nuts, seeds, or popcorn.

800 BUILDING

801 Building Requirements

1. The Registered Family Home's building, grounds and equipment shall be clean, kept in good repair, and maintained as needed to protect the health and safety of the children. If the home has sustained structural damage the caregiver shall immediately notify the Child Care Licensing Specialist.

2. Department of Labor, Boiler Inspection Division requirements shall be met. All water heaters and any other boilers in licensed child care settings shall be inspected on an annual basis and/or upon installation. Verification that initial inspection or proof of attempt to set up initial inspection, shall be completed within six (6) months of licensure. Scheduling and completion of annual inspections will be the responsibility of the Department of Labor, however, the facility is responsible for cooperating and keeping documentation of such inspection on file for review. (AR Code §20-23-101 et. seq.)

3. The Registered Family Home shall have a working telephone on site all hours children are in care. The Registrant shall provide the phone number to the Licensing Unit and to the parents. (This phone may be a cell phone if the phone stays operable, stays at the facility during all hours of care, and is the phone number provided to the Licensing Unit and the parents.)

4. Light, heating, cooling and ventilation of the home shall be adequate for safety and comfort.

5. Windows and/or doors used for ventilation shall be screened.

6. It is recommended that if natural gas or propane is used, the facility's heating systems be inspected and cleaned (if necessary) before each heating season by a qualified HVAC technician.

7. Carbon monoxide detectors shall be placed in homes according to manufacturer's recommendations if either of the following situations apply:

   a. The home uses wood, propane, natural gas, or any other products as a source of heat that can produce carbon monoxide indoors or in an attached garage.
   b. Situations where carbon monoxide detectors are required by state or local law.

8. Manufactured homes, registered as Registered Child Care Family Home shall be tied down and under-pinned as required by the Arkansas Manufactured Home Commission. The Registered Child Care Family Home shall obtain an inspection and approval from the Arkansas Manufactured Home Commission prior to registration.

9. An annual fire approval shall be obtained on all manufactured homes that are registered.

900 GROUNDS

Recommendation: To provide the safest possible playground environment, you are encouraged to meet Consumer Product Safety Commission's guidelines listed in the "Handbook for Public Playground Safety."

Please note that these requirements do not mandate the use of any playground equipment that would require use zones and protective surfacing. Numerous options for suitable playground environments are available and acceptable.
Examples of such activities are:

- Sand boxes
- Activity walls at ground level
- Art easels
- Balls & games
- Play houses
- Nature walks
- Use of the approved natural environment for outdoor learning

It is not advisable to use public playgrounds and other play environments away from the facility. These environments may not meet acceptable safety standards. If these playgrounds are used, it is recommended that staff provide close supervision and not allow children to use any equipment that appears unsafe, e.g., broken equipment, sharp objects, strangulations hazards, etc. Please remember that visiting playgrounds and other play environments away from the facility is considered a field trip and all field trip regulations shall be followed.

901 Ground Requirements

1. A diagram of the playground shall be submitted clearly identifying the perimeter of the playground, with measurements, and identifying each piece of equipment used by the children enrolled at the licensed facility. This documentation shall be in the form of a satellite photo, when possible, from an internet site such as Google Maps, or a diagram of the playground if a satellite photo is not available.

2. Any changes in the play area boundaries and/or equipment requested must be submitted in writing and approved prior to use.

3. All equipment and protective surfacing shall be installed and maintained according to manufacturer's guidelines.

4. The play area/outdoor learning area shall be fenced or otherwise enclosed and provide at least 75 square feet per child present on the playground at any time.

5. Children shall be supervised at all times when outdoors by someone at least 18 years of age.

6. The play area shall be maintained in good order and free of potentially hazardous items.

7. Trampolines shall not be used. (Therapeutic use of trampolines is acceptable if supervised by

the therapist on a one-on-one basis.)

8. Ball pits shall not be used. (Ball pits are large areas or "pits" filled with balls intended for children to jump in and play. Therapeutic use of ball pits is acceptable if supervised by the therapist on a one-on-one basis.)

9. There shall be use zones and protective surfacing under and around all equipment that is over 18 inches in height at the highest accessible point. (The highest accessible point is defined as the highest surface on the piece of equipment where children would stand or sit when the equipment is being used as intended.) Use zones shall extend a minimum of 6' in all directions (unless otherwise specified) from the perimeter of the equipment. (Playground equipment that is between 18 inches and 24 inches at the highest accessible point and that was installed prior to the enforcement date of this revision is allowable without protective surfacing, as long as it meets all other requirements.)

10. Use zone protective surfacing depths shall be as follows:

Minimum compressed loose-fill protective surfacing depths

	Inches	**Loose-Fill Material**	**Protects to Fall Height of:**
a.	6*	Shredded/recycled rubber	10 feet
b.	9	Sand	4 feet
c.	9	Pea Gravel	5 feet
d.	9	Wood mulch (non-CCA)	7 feet
e.	9	Wood chips	10 feet

*Shredded/recycled rubber loose-fill protective surfacing does not compress in the same manner as other loose-fill materials. However, it is recommended, care be taken to maintain a constant depth as displacement may still occur.

1000 SLEEPING ARRANGEMENTS

1001 Sleeping Arrangement Requirements

1. All manufacturer guidelines shall be followed for furniture and equipment that is used by, or around, children.

2. Any cribs or playpens that have been identified as unsafe, or have been subject to recall as defined by the Consumer Products Safety Commission (CPSC) guidelines or law, shall be removed or repaired as indicated.

3. Each child under twelve (12) months of age shall have a separate well-constructed baby bed or play pen with a waterproof mattress or pad which shall be clean, dry, and in good condition. Sheets and covers are required and shall be kept clean and dry. Bassinets shall not be used.

4. Waterbeds shall not be used for sleeping children under the age of two (2) years.

5. The following guidelines shall also be required for cribs:

   a. Cribs that have end panels with decorative cutout areas shall not be used.
   b. Mattresses shall fit snugly in the crib.
   c. The space between crib and mattress shall measure no more than 1 inch.
   d. Corner post shall be the same height as end panels.
   e. End panels shall extend below mattress at the lowest position of the mattress.
   f. Baby beds shall have slats no greater than $2^{3/8}$"apart.

6. Each child twelve (12) months of age or older shall have a cot, bed, pallet, or mat which shall be placed at least one foot apart. Sheets and covers are required. Bedding shall be of washable material and shall be kept clean. If mats or pallets are used on floors, floors shall be clean, warm, dry, and draft free. Any mat or pallet less than two (2) inches thick shall be placed on carpet.

7. Doors in rooms where children are sleeping shall remain open.

8. Infants & toddlers shall be visually monitored at all times and physically checked regularly for breathing.

9. Swaddling of infants is not recommended and shall require a note from the child's physician if continued past the age of three months.

10. Bibs, necklaces, and garments with ties or hoods shall be removed from infants prior to rest/naptime to reduce the risk of entanglement and strangulation while sleeping.

11. Children shall not nap on waterbeds, beanbags, or thick rugs.

12. Playpens or cribs shall not be placed near dangling cords.

1100 HEALTH

1101 General Health Requirements

It is recommended that all caregivers and household members who have direct contact with children be immunized against Whooping Cough, Chicken Pox, and the Flu.

1. The Registered Home shall have an adequate supply of water that meets the standards for drinking water of the Arkansas Health Department. Bottled water is also acceptable. Water shall always be available to the children.

2. The Registered Home shall follow any health or medical care plans and/or medical documentation as provided by the child's physician, parent, or guardian.

3. Garbage shall be kept in a closed container out of children's reach.

4. All garbage, soiled diapers and trash shall be removed from the home daily and from the grounds at least once a week.

5. The home shall be free of insects and rodents.

6. Waste and sewage disposal and toilet facilities shall be safe and sanitary. The Health Department may be consulted for its recommendation.

7. Registered Homes shall comply with the Clean Indoor Air Act of 2006. Smoking (including e-cigarettes) in a Child Care Family Home is prohibited at all times. This includes:

   a. All areas of the home, regardless of whether children are in care (includes time periods such as nights, weekends, holidays, etc., also includes office areas or other areas of the facility that share the same ventilation systems)
   b. Outdoor play area
   c. Other outdoor areas when children are present on those areas
   d. In any vehicle used to transport children, whether children are present in the vehicle or not

8. First-aid materials are required and shall be kept out of reach of children. A first aid kit containing medications shall be locked. The first-aid materials shall include:

   a. Adhesive Band-Aids (various sizes)
   b. Scissors
   c. Sterile gauze squares
   d. Roll of gauze bandages
   e. Adhesive tape
   f. Antiseptic
   g. Thermometer
   h. Tweezers
   i. Disposable gloves

9. There shall be no adult in the home who poses a health risk to children in care.

1102 Children's Health

1. No child or staff shall be admitted who has a contagious or infectious disease.

2. The parent or legal guardian shall be notified as soon as possible when a child has any symptom that requires exclusion from the facility. The child shall be separated from other children and closely monitored until the parent arrives to pick the child up.

3. It is recommended that the caregiver determine if the illness prevents the child from participating comfortably in activities, results in a greater need for care than the child care staff can provide without compromising the health and safety of the other children, or poses a risk of spread of harmful diseases to others.

   Temporarily exclude from child care if child has:

   a. Sudden change in behavior, such as:
      • lethargy or lack of responsiveness
      • unexplained irritability or persistent crying
      • difficult breathing
      • a quickly-spreading rash
   b. Fever over 101 degrees/oral, 100/axillary (or equivalent method) in a child who also has

pain, behavior changes, or other symptoms of illness
- An infant younger than 2 months with any increased temperature shall get urgent medical attention, within an hour
- An infant younger than 6 months with any increased temperature shall be medically evaluated

c. Diarrhea, defined as watery/runny stools, if frequency exceeds 2 or more stools above normal for that child, and is not related to a change in diet or medication (Exclusion from child care is required if diarrhea cannot be contained in the diaper or if diarrhea is causing soiled clothing in toilet-trained children.)
d. Blood or mucus in stools (unless caused by hard stools)
e. Vomiting illness (2 or more episodes of vomiting in the previous 24 hours)
f. Abdominal pain which lasts more than 2 hours
g. Mouth sores with drooling
h. Rash with fever or behavior change
i. Conjunctivitis or "pink eye" – with white, yellow, or green eye discharge and red ("bloodshot") eyes, exclude only if child has:
    - fever,
    - eye pain
    - redness and/or swelling of the skin around the eyes, or
    - if more than one child in the program has symptoms
j. Pediculosis (head lice), from the end of the day until after the first treatment
k. Active tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care
l. Impetigo, until treatment has been started
m. Strep throat, until 24 hours after antibiotic treatment has been started
n. Chicken pox, until all lesions have crusted (usually 6 days after the rash appears)
o. Rubella, until 6 days after onset of rash
p. Pertussis (whooping cough); until 5 days of antibiotic treatment
q. Mumps, until 5 days after onset of gland swelling
r. Measles, until 4 days after onset of rash
s. Hepatitis A, until 1 week after onset of illness or as directed by the health department

4. Illness in the Registered Home shall be handled to protect all children in care.

5. In case of critical illness or injury, and if the parents cannot be reached, the physician named by the parent shall be called. If necessary, the child shall be taken to the nearest emergency room. Injuries that require the attention of medical personnel shall be reported the parent immediately.

6. In case of critical illness or serious injury that requires the attention of medical personnel, the Child Care Licensing Specialist shall be notified within one business day.

7. The caregiver shall notify the child's parent of significant events that affect the children. This shall include, but not be limited to:

    a. Cases of serious contagious disease shall be reported to the parents of all the children in care
    b. Any injury incurred by a child

8. The communicable diseases listed in Appendix C, whether suspected in a child or adult, shall be reported within 24 hours to either the local County Health Unit or the toll free Reporting System (800-482-8888). Immediate notification is recommended for the following:

a. Hepatitis
b. Rash illness (including measles & rubella)
c. Whooping cough (Pertussis)
d. Meningitis
e. Mumps
f. Tuberculosis
g. Salmonellas (including typhoid)
h. E-Coli

9. Reporting data shall include:

   a. The reporter's name, location and phone number
   b. The name of the disease reported and the onset date
   c. The patient's name, address, phone number, age, sex, and the race (Please spell the patient's name)
   d. The attending physician's name, location, and phone number
   e. Any pertinent clinical and laboratory information used in the diagnosis (Please give the laboratory name)
   f. Any treatment information, if known

10. It is recommended that universal precautions be used when handling and disposing of materials containing bodily secretions, such as wet or soiled diapers, fecal matter, etc. Universal precautions shall be used when handling items contaminated by blood. These items shall be disposed of separately and by using rubber gloves that shall be properly disposed of after each use. (Note: hands must be washed even after gloves are used.)

11. Within 15 days of enrollment of a child, the Registered Home provider shall verify that the child has been immunized as required by Arkansas Department of Health or the child cannot remain in care. (Arkansas code 20-78-206 as amended by Act 870 of 1997—a current immunization schedule is provided as an insert in this publication)

12. Children shall be protected from overexposure to the sun. Sunscreen shall be used if needed and as directed by the parent. Suntan lotions and/or sunscreens used for infant/toddlers and preschool children shall be kept out of the children's reach and shall be administered only with written parental permission. School age children may apply sunscreen to themselves with supervision. Blanket permission may be obtained annually.

13. It is recommended that the facility have an automated external defibrillator on site.

1103 Toilet Arrangements

1. At least one (1) commode and one (1) sink shall be made available for the children's use. Potty chairs may be used by the younger children if emptied, cleaned and disinfected after each use. Potty chairs shall be located in the bathroom only.

2. Toilet tissue shall be located within reach of the children when toileting.

3. Individual cloth towels or paper towels shall be available for each child.

4. Caregiver's and children's hands shall be washed with liquid soap before meals, after toileting,

after each diaper change, and as needed.

5. There shall be a safe diaper changing table that meets the following requirements:

   a. Impervious (non-absorbent) smooth surfaces that do not trap soil and are easily disinfected
   b. There shall be a changing pad capable of being sanitized used as a cushion between the child and the changing table surface.
   c. The table shall be sturdy and stable to prevent tipping over.
   d. The table shall be a convenient height for use by caregivers/teachers.
   e. The table shall be equipped with a raised edge or other provision to help reduce the risk of a child rolling off the table

6. Children shall always be attended during diapering.

7. Soiled or wet diapers shall be removed, disposed of properly, and replaced with clean, dry diapers. The caregiver shall insure that children are properly cleaned and dried.

8. The caregiver shall assist children in toilet routine and hygiene practices.

9. The following methods shall not be used in toilet learning:

   a. Placing the child on toilet or potty chair for prolonged time periods
   b. Using harsh language
   c. Punishing or berating in any way for soiling clothing
   d. Using physical force to place child on a toilet or potty chair against their will
   e. Leaving child unsupervised on toilet

1104 Medications

1. Prescription medicine shall be in the original container with a child resistant cap, and labeled with the child's name, not have an expired date, instructions, and the physician's name.

2. All non-prescription medicine (except aspirin substitutes, such as ibuprofen and acetaminophen) shall be labeled with the child's name and dated.

3. All medicines shall be given to a child only with the written permission of the child's parent(s) or guardian which includes date, type, drug name, time and dosage, length of time to give medication, and what the medication is being given for.

4. Children with special health care needs (ex. asthma, seizures, diabetes, etc.) who require scheduled daily medications or medications to be given on an emergent basis (Benadryl, EpiPen, rescue asthma medication, etc.) shall have a care plan. Care plans shall have clearly stated parameters, directions, and symptoms for giving the medications. Care plans shall be updated as needed, but at least yearly.

5. The facility shall share information with families regarding medical homes for children.

6. Medicines shall be kept in a locked area. Medicine shall be kept out of the reach of the children when dispensing.

7. Rescue medications such as inhalers or EpiPens shall be inaccessible to children (kept in an

accessible cabinet with a child proof type safety latch or carried by the caregiver.)

8. Medication shall be returned to the parent or disposed of properly when a child withdraws from care or when the medication is out of date.

9. Medicine shall be stored at the proper temperature, separately from food at all times.

1105 Phone Numbers Required

1. The following numbers shall be available in the immediate area of the telephone:

    a. Ambulance service or emergency medical services
    b. Police or sheriff's department
    c. Fire department
    d. Poison Control Center 1-800-376-4766
    e. Child Abuse Hotline Number 1-800-482-5964
    f. The physicians named by the parents
    g. The Child Care Licensing Central Office number: 501-682-8590 or toll free 1-800-445-3316
    h. Home and business numbers of parents

1106 Pets

1. Pets with which children have contact shall receive vaccinations as required by law. Verification of vaccinations administered by a licensed veterinarian shall be maintained. Any pet that constitutes a threat to the welfare and safety of the children shall be kept in a confined area, which prevents any contact with the children.

1200 SAFETY

It is suggested that the home have an evacuation crib or equivalent that could be used for the safe evacuation of infants.

1201 Safety Requirements

1. Within thirty (30) days of registration and within thirty (30) days of any change or modification of the floor plan the facility shall file a copy of their floor plan with the local Office of Emergency Management including the following § 20-78-228 Act 1159 of 2013:

    a. A schematic drawing of the facility and property used by the child care facility including the configuration of rooms, spaces, and other physical features of the building
    b. The location or locations where children enrolled in child care spend time regularly
    c. The escape routes approved by the local fire department for the child care facility
    d. The licensed capacity and ages of children per room at the facility
    e. The contact information for at least two (2) emergency contacts for the facility
    f. An aerial view of the child care facility and property used by the child care facility shall be included with the floor plan if available

    Homes already registered on the effective date of this regulation shall have thirty (30) days to comply.

2. The Registered Child Care Family Home shall have a written plan detailing the procedures to

follow in the event of emergencies (fires, floods, tornadoes, utility disruptions, bomb threats, etc.) (Act 801 of 2009). The plan and procedures are required for emergencies that could cause structural damage to the facility, be identified as a threat by the Arkansas Department of Emergency Management, or pose a health or safety hazard to the children and staff. This plan shall include provisions for "sheltering in place" or "lock down", in the event of situations that warrant such measures.

3. The written plan shall include the following information:

   a. Designated relocation site and evacuation route
   b. Procedures for notifying parents of relocation
   c. Procedures for ensuring family reunification
   d. Procedures to address the needs of individual children, including children with special needs, disabilities, and children with chronic medical conditions
   e. Procedures and documentation for annual training of staff regarding the plan and possible reassignment of staff duties in an emergency
   f. Plans to ensure that all caregivers and volunteers are familiar with the components of the plan

4. The home shall maintain, on site, a current copy of the Arkansas Comprehensive Emergency Management Plan issued by the Arkansas Division of Emergency Management. This plan shall be reviewed by the licensee and signed and dated, indicating that they have reviewed the current plan and agree to comply with the provisions of the plan.

5. The Registered Child Care Family Home shall coordinate with local emergency management officials to plan for emergencies.

6. Written procedures and evacuation diagrams for emergency drills shall be posted in each room used for childcare.

7. Fire and tornado drills shall be practiced as follows:

   a. Monthly
   b. Fire and tornado drills shall be practiced on separate days and at different times of the day.
   c. During all hours when children are in care (evenings, nights, weekends, etc.)
   d. Everyone in the home at the time of the drill shall participate in the drill.
   e. Caregivers, including volunteers, shall be trained in safety drill procedures.

8. The Registered Child Care Family Home shall maintain a record of emergency drills. This record shall include:

   a. Date of drill
   b. Type of drill
   c. Time of day
   d. Number of children participating in the drill
   e. Length of time taken to reach safety
   f. Notes regarding things that need improved upon

9. The Registered Child Care Family Home shall maintain an evacuation pack that shall be taken on all drills and during real emergency evacuations. The pack shall be easily accessible in an

emergency and all caregivers shall know the location of the pack. The evacuation pack shall include, but is not limited to the following:

a. List of emergency numbers
b. List of all emergency and contact information for children
c. List of all emergency and contact information for staff
d. First aid kit (requirement 1101.8) with extra gloves
e. Kleenex
f. Battery powered flashlight and extra batteries
g. Battery powered radio and extra batteries
h. Hand sanitizer
i. Notepad and pens/pencils
j. Whistle
k. Disposable cups
l. Wet wipes
m. Emergency survival blanket

10. The Registrant shall immediately notify the Licensing Unit of any damage to the building or grounds. If phone service is not available, notification shall be as soon as service is restored or available.

11. Registered Homes shall maintain a log of all child product recall and safety notices issued by CPSC or distributed by the Attorney General's Office and shall post or otherwise make these notices available for parents to review. The holder of the registration shall certify on an annual basis that these notices have been maintained, reviewed, and that any identified items have been removed from the home. Forms for self-certification will be provided by the Licensing Specialist and shall be submitted annually. (Act 1313 of 2001)

12. Electrical outlets shall be guarded. Protective caps, if used, shall be large enough to prevent swallowing.

13. Indoor or outdoor cooling or heating units shall have guards or barriers when necessary. All outdoor electrical boxes, gas lines, and exposed electrical cords shall be enclosed.

14. Stairways shall be well lighted and guarded as needed.

15. Dangerous equipment or objects shall be stored away from areas used by the children.

16. All detergent and cleaning supplies shall be kept out of the reach of children. (This does not include hand soap in children's or staff bathroom.) Supplies used for children's activities shall be carefully supervised.

17. All poisonous substances shall be kept in a locked area.

17. Guns shall be unloaded. Guns, other weapons, and ammunition shall be stored in a locked area in the home.

18. Illegal drugs/paraphernalia shall not be in any part of the facility or on the premises, regardless if children are present or not.

19. Tanks, ponds, swimming pools, open wells, drainage ditches, and sewage drainpipes shall be

fenced if located within the play area.

20. Home swimming pools shall not be used by children in care unless permission is obtained from Child Care Licensing through an alternative compliance request. This request must include written approval from the Arkansas Department of Health for the use of the pool by children in care. (Home swimming pools used by children in care are considered semi-private pools by the Department of Health and approval for these pools requires inspection during the construction phase. Obtaining approval for existing pools is usually not possible.)

21. Wading pools shall not be used by children under two (2) years of age. Water sprinklers are acceptable.

22. Alcoholic beverages shall be kept out of reach of children.

1202 Fire Requirements

The currently adopted Arkansas Fire Prevention Code does not allow the use of basements or floors above ground level by children first grade and younger unless there is a ground level exit.

1. A fire extinguisher with a minimum of 5 lb. ABC rating shall be installed in the kitchen area of the home and shall be properly maintained. Caregivers shall know how to operate the extinguisher. (**Clarification:** These fire extinguishers are required by State Code to be inspected annually and have the approval verification tag attached. An alternative to the inspection is the purchase of a new fire extinguisher annually and retention of the receipt verifying the purchase.)

2. A working smoke detector shall be installed near the kitchen area and in children's sleeping areas.

3. The home shall be maintained to be free from fire hazards at all times. The Child Care Licensing Specialist shall consult with the local Fire Department or the State Fire Marshal when it appears hazards exist.

4. The structure and use of the home shall permit easy entry and exit and shall comply with the following:

    a. A Registered Home with more than one level shall have second exits on all levels used by children.
    b. A Registered Home shall have at least two exits to the outside located on different sides of the home.
    c. Doors opening to the outdoors shall be constructed so the children can open them easily from the inside.
    d. Doors between rooms in the exit route shall not be locked while children are in the home.
    e. Doors and pathways shall be clear of equipment that blocks the movement of children and caregiver(s).

5. Wood burning stoves, or gas logs, fireplaces, open flame space heaters, water heaters, floor furnaces or other sources of heat shall be guarded and/or vented when necessary for the protection of the children. Portable fuel heaters shall not be used.

6. Cooking stoves or ovens shall not be used as a heating source in the home.

7. Portable heaters shall not be placed within reach of children and shall be approved UL listed products.

8. The providers shall notify the Child Care Licensing Specialist of any fires causing damage to the home. This notification shall be made no later than the end of the following working day.

1300 TRANSPORTATION

1301 Transportation Requirements

1. The requirement in this section apply to all transportation provided by the Registrant, including transportation provided by any person on behalf of the Registrant, regardless of whether the person is employed by the Registrant. The requirements in this section are not limited to routinely scheduled transportation. Periodic transportation, such as a parent requesting that their child be picked up at school due to the parent's work schedule or other conflicts, is also covered by these requirements, whether a fee is charged for this service or not.

2. When children are transported emergency contact information shall be maintained on the vehicle at all times.

3. Caregivers transporting children shall meet the following requirements:

   a. Be at least twenty-one (21) years old or the minimum age required by the Registrant's commercial auto insurance
   b. Hold a current valid driver's license or commercial driver's license as required by state law, and a readable copy shall be maintained in the employee's record
   c. Successfully completed the training course in Driver Safety that is offered by the Division prior to transporting children (Verification of the completed course in Driver Safety shall be maintained in the employee's record.)
   d. Be certified in CPR and First Aid

4. The vehicle(s) used for the transportation of children shall be in compliance with Arkansas State laws on transportation of children.

5. Vehicles shall be licensed and maintained in proper working condition including air conditioning and heating systems.

6. Commercial insurance coverage shall be maintained for any vehicle used for transportation by the facility. Verification of commercial insurance coverage shall be provided to the Licensing Specialist prior to transportation of children. (Facilities licensed prior to the effective date of these regulations shall obtain required coverage within ninety (90) days.) Required coverage amounts to be maintained are:

   a. Minimum coverage of $100,000 Combined Single Limit (CSL)
   b. Minimum coverage of $100,000 for both Uninsured Motorist (UM) and Under Insured Motorist (UIM)
   c. Minimum coverage of $5,000 Personal Injury Protection (PIP) for each passenger (based on the number of passengers the vehicle is manufactured to transport)

7. The vehicle shall be licensed, insured and maintained in proper working condition.

8. Any child transported in a passenger automobile, van or pick-up truck, who is less than six (6) years old or weighs less than sixty (60) pounds, shall be restrained in a child passenger safety seat. Any child who is at least six (6) years old, or weighs at least sixty (60) pounds, must be restrained by a safety belt or any other approved safety devices. (Act 470 of 2001) Child passenger safety seats shall be used in accordance with manufacturer's guidelines.

9. Loading and unloading of children from vehicles shall be conducted in a safe manner.

10. There shall be a seating space and an individual, appropriate restraint system provided for each child being transported.

11. Rosters listing the date, names and ages of all children being transported as well as the name of the driver and any other staff member on the vehicle shall be maintained. These rosters shall be used to check children on and off the vehicle when they are picked up and dropped off at home, school, etc. and when they arrive at and leave the Registered Home. Transportation rosters shall be kept by the home and available for review for one (1) year.

12. To insure that no children are left on the vehicle, the driver or a staff member must walk through the vehicle and physically check each seat before leaving the vehicle. The transportation roster must be signed by the driver, or staff who conducted the walk through inspection, documenting that all children have exited the vehicle.

13. To insure that children have safely arrived in the home, the transportation roster shall be reviewed by the Registrant and compared with attendance records. The Registrant shall sign off on the transportation roster to verify that all children have safely transitioned from the vehicle to the classroom.

14. Any vehicles designed or used to transport more than seven (7) passengers and one (1) driver must have approved child safety alarm devices installed. These devices must be properly maintained in working order at all times.

    Vehicles in service at licensed facilities prior to July 1, 2005, shall have the alarm installed by a qualified technician or mechanic no later than December 31, 2005. On or after July 1, 2005, all vehicles at newly licensed facilities and newly acquired vehicles at existing facilities shall have a child safety alarm installed before placing the vehicle in service.

    The Child Care Licensing Unit shall maintain a list of approved alarm systems.

    Clarification---

    - The alarm system shall be installed so that the driver must walk to the very back of the vehicle to reach the switch that deactivates the alarm. Alarm switches installed in locations that do not require the driver to walk to the back of the vehicle and view all seating areas will not be acceptable.
    - The alarm systems may be installed by any certified technician or mechanic employed by a recognized electronics or automotive business in accordance with the device manufacturer's recommendations.
    - The time delay from activation of the alarm until the alarm sounds shall be no longer

than one minute. **Any of the following three options are acceptable to meet the intent of Act 1979 when children are being delivered at the facility. Other options must be approved by the Licensing Unit.**

Options:

1. Unload all of the children, walk through the vehicle to ensure that no children remain on board and deactivate the alarm. (This option will only work if you are able to unload all children in less than one minute.)

2. Upon arrival, have one staff member immediately walk through the vehicle to deactivate the alarm system. That staff member will remain near the alarm switch at the back of the vehicle until all children have been unloaded to ensure that no child is left on board. (This option will require at least two staff members, one to supervise the children and one to remain inside the vehicle.)

3. Upon arrival, deactivate the alarm and unload the children. Immediately after unloading, start the vehicle and move it to a different location for final parking. (This will reactivate the alarm and require a final walk through.)

1302 Infant & Toddler Transportation Requirements

1. A vehicle transporting children under the age of thirty-six (36) months shall maintain a ratio of one (1) adult to three (3) children.

1400 SPECIAL NEEDS

Individuals with Disabilities Education Act (IDEA):

- It is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to eligible infants, toddlers, children and youth with disabilities.

- It defines a child with Special Needs as:

    - A child determined eligible for special services under the Individual with Disabilities Education Act (IDEA) for whom a current IFSP (Individual Family Service Plan) or IEP (Individual Education Plan) exists and/or
    - A child whose physical condition has lasted or is expected to last at least two (2) years as diagnosed by a licensed medical or psychological examiner

- It is specified in Public Law 108-466 §635.16 A-B (IDEA as reauthorized) as:

    - Children with disabilities including children in public or private institutions or other care facilities are educated to the maximum extent appropriate with children who are not disabled.
    - Special classes, separate schooling or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of the child is such that the child is not achieving a satisfactory education in a regular class that provides supplementary aids and services.

All child care facilities are required by IDEA to refer a child with any suspected delays or

disabilities to the appropriate lead agency (as determined by the child's age).

1401 Special Needs Requirements

1. All child care facilities shall comply with all applicable provisions as specified in IDEA:

   a. The facility shall enroll children with special needs without regard to disability. **(Programs are required to provide space and care for a child who can be placed in their facility with existing services, as well as added supports from special educational services, and as long as the health and safety of the child can be met.)**
   b. Staff shall provide care in the general classroom with children who are not disabled.
   c. The facility shall assist in facilitation of services required to meet the "special needs" of children in the center or in the classroom as specified on the individualized education/individual family service plan.
   d. Facility staff (regular classroom staff) shall be a partner in the IFSP/IEP plan process.
   e. The facility shall allow service providers who are representatives of DHS, DDS or ADE access to the facility to provide special services as prescribed on the plan to enable the plan to be implemented in the classroom (natural/ least restrictive environment).
   f. The facility shall not charge special service providers for space, accept "gratuities", or payment for allowing special service providers to provide services in their facility.
   g. The facility is not required to "displace" children or staff to make space available to special service providers.
   h. In order for a special service provider to provide special services in the facility, the IFSP/IEP planning team under the authority of the Arkansas Department of Education and/or the Arkansas Department of Human Services, Developmental Disabilities Services, shall identify the needed special services on the IFSP/IEP.
   i. Classroom staff shall reinforce the specified goals and objectives as part of the daily routine of the classroom.

1402 Infant & Toddler Special Needs Requirements

1. To the maximum extent appropriate, children ages 0 – 2 shall participate in early intervention services provided in "natural environments."

2. When infants and toddlers cannot achieve satisfactory results from early intervention services in a natural environment, the provision of early intervention services shall occur in other appropriate settings as determined by the parent and the Individualized Family Service Team.

APPENDIX A
CHILD CARE MEAL PATTERN

When children over age one participate in the Program, the total amount of food authorized in the meal pattern set forth below shall be provided in order to qualify for reimbursement. Children age 12 and up may be served adult-size portions based on the greater food needs of older children, but shall be served not less than the minimum quantities specified in this section for children age 6 through 12 years. For purposes of the requirements outlined in this paragraph, a cup means a standard measuring cup.

Bread, pasta or noodle products, and cereal grains shall be whole grain or enriched; cornbread, biscuits, rolls, muffins, etc. shall be made with whole grain or enriched meal or flour; cereal shall be whole grain or enriched or fortified.

Breakfast **(Select all three components for a reimbursable meal)**				
Food Components and Food Items[1]	**Ages 1-2**	**Ages 3-5**	**Ages 6-12**	**Ages 13-18**[2] (at-risk afterschool programs and emergency shelters)
Fluid Milk[3]	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Vegetables, fruits, or portions of both[4]	¼ cup	½ cup	½ cup	½ cup
Grains (oz eq)[5,6,7]				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal[8], cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold)[8,9]				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup	¼ cup

1 Must serve all three components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool participants.
2 Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.
3 Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older.
4 Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
5 At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.
6 Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.
7 Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.
8 Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).
9 Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1-2; 1/3 cup for children ages 3-5; and ¾ cup for children ages 6-12.

CHILD CARE MEAL PATTERN

Lunch and Supper **(Select all five components for a reimbursable meal)**				
Food Components and Food Items[1]	**Ages 1-2**	**Ages 3-5**	**Ages 6-12**	**Ages 13-18**[2] (at-risk afterschool programs and emergency shelters)
Fluid Milk[3]	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/meat alternates				
Lean meat, poultry, or fish	1 ounce	1 ½ ounce	2 ounces	2 ounces
Tofu, soy product, or alternate protein products[4]	1 ounce	1 ½ ounce	2 ounces	2 ounces
Cheese	1 ounce	1 ½ ounce	2 ounces	2 ounces
Large egg	½	¾	1	1
Cooked dry beans or peas	¼ cup	⅜ cup	½ cup	½ cup
Peanut butter or soy nut butter or other nut or seed butters	2 tbsp	3 tbsp	4 tbsp	4 tbsp
Yogurt, plain or flavored unsweetened or sweetened[5]	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounces of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	½ ounce = 50%	¾ ounce = 50%	1 ounce = 50%	1 ounce = 50%
Vegetables[6]	⅛ cup	¼ cup	½ cup	½ cup
Fruits[6,7]	⅛ cup	¼ cup	¼ cup	¼ cup
Grains (oz eq)[8,9]				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal[10], cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup

1 Must serve all five components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool participants.
2 Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.
3 Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free

(skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older.
4 Alternate protein products must meet the requirements in Appendix A to Part 226.
5 Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
6 Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
7 A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.
8 At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement.
9 Beginning October 1, 2019, ounce equivalents are used to determine the quantity of the creditable grain.
10 Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

CHILD CARE MEAL PATTERN

Snack **(Select two of the five components for a reimbursable snack)**				
Food Components and Food Items[1]	**Ages 1-2**	**Ages 3-5**	**Ages 6-12**	**Ages 13-18**[2] (at-risk afterschool programs and emergency shelters)
Fluid Milk[3]	4 fluid ounces	4 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/meat alternates				
Lean meat, poultry, or fish	½ ounce	½ ounce	1 ounce	1 ounce
Tofu, soy product, or alternate protein products[4]	½ ounce	½ ounce	1 ounce	1 ounce
Cheese	½ ounce	½ ounce	1 ounce	1 ounce
Large egg	½	½	½	½
Cooked dry beans or peas	⅛ cup	⅛ cup	¼ cup	¼ cup
Peanut butter or soy nut butter or other nut or seed butters	1 tbsp	1 tbsp	2 tbsp	2 tbsp
Yogurt, plain or flavored unsweetened or sweetened[5]	2 ounces or ¼ cup	2 ounces or ¼ cup	4 ounces or ½ cup	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seeds	½ ounce	½ ounce	1 ounce	1 ounce
Vegetables[6]	½ cup	½ cup	¾ cup	¾ cup
Fruits[6]	½ cup	½ cup	¾ cup	¾ cup
Grains (oz eq)[7,8]				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal[9], cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold)[9,10]				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup

Granola	⅛ cup	⅛ cup	¼ cup	¼ cup

APPENDIX B

Reimbursable meals served to infants, children, or adult participants in the Child and Adult Care Food Program shall contain **(as a minimum)** the indicated meal pattern quantities and food components.

INFANT CARE MEAL PATTERN

Meals served to infants ages birth through 11 months must meet the requirements described in this meal pattern. Foods included in the infant meal must be of a texture and a consistency that are appropriate for the age of the infant being served. Either breast milk or iron-fortified infant formula must be served for the entire first year.

Breakfast	
Birth through 5 months	**6 through 11 months**
4-6 fluid ounces breastmilk[1] or formula[2]	6-8 fluid ounces breastmilk[1] or formula[2]; and 0-4 tablespoons infant cereal[2,3] meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½cup of yogurt[4]; or a combination of the above[5]; and 0-2 tablespoons vegetable or fruit or a combination of both[5,6]

1 Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.
2 Infant formula and dry infant cereal must be iron-fortified.
3 Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.
4 Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
5 A serving of this component is required when the infant is developmentally ready to accept it.
6 Fruit and vegetable juices must not be served.

INFANT CARE MEAL PATTERN

Lunch and Supper	
Birth through 5 months	**6 through 11 months**
4-6 fluid ounces breastmilk[1] or formula[2]	6-8 fluid ounces breastmilk[1] or formula[2]; and 0-4 tablespoons infant cereal[2,3] meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½cup of yogurt[4]; or a combination of the above[5]; and 0-2 tablespoons vegetable or fruit or a combination of both[5,6]

1 Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.
2 Infant formula and dry infant cereal must be iron-fortified.
3 Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.
4 Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
5 A serving of this component is required when the infant is developmentally ready to accept it.
6 Fruit and vegetable juices must not be served.

Snack	
Birth through 5 months	**6 through 11 months**
4-6 fluid ounces breastmilk[1] or formula[2]	2-4 fluid ounces breastmilk[1] or formula[2]; and 0-½ slice bread[3,4]; or 0-2 crackers[3,4]; or 0-4 tablespoons infant cereal[2,3,4] or ready-to-eat breakfast cereal[3,4,5,6]; and 0-2 tablespoons vegetable or fruit, or a combination of both[6,7]

1 Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.
2 Infant formula and dry infant cereal must be iron-fortified.
3 Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.
4 A serving of grains must be whole grain-rich, enriched meal, or enriched flour.
5 Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).
6 A serving of this component is required when the infant is developmentally ready to accept it.
7 Fruit and vegetable juices must not be served.

APPENDIX C
ADULT CARE MEAL PATTERN

The meals served to adult participants in the Child and Adult Care Food Program shall contain the indicated meal pattern quantities and food components in order to qualify for reimbursement. Adult centers may choose to implement the "offer vs. serve" option (as described on following page).

Breakfast **(Select all three components for a reimbursable meal)**	
Food Components and Food Items[1]	**Minimum Quantities**
Fluid Milk[2]	8 fluid ounces
Vegetables, fruits, or portions of both[3]	½ cup
Grains (oz eq)[4,5,6]	
Whole grain-rich or enriched bread	2 slices
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	2 servings
Whole grain-rich, enriched or fortified cooked breakfast cereal[7], cereal grain, and/or pasta	1 cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold)[7,8]	
Flakes or rounds	2 cups
Puffed cereal	2 ½ cups
Granola	½ cup

1 Must serve all three components for a reimbursable meal. Offer versus serve is an option for adult participants.
2 Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk. Six ounces (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.
3 Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
4 At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.
5 Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.
6 Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.
7 Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).
8 Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is 1 ½ cups for adults.

Lunch and Supper **(Select all five components for a reimbursable meal)**	
Food Components and Food Items[1]	**Minimum Quantities**
Fluid Milk[2,3]	8 fluid ounces
Meat/meat alternates	
Lean meat, poultry, or fish	2 ounces
Tofu, soy product, or alternate protein product[4]	2 ounces
Cheese	2 ounces
Large egg	1
Cooked dry beans or peas	½ cup
Peanut butter or soy nut butter or another nut or seed butter	4 tbsp

Yogurt, plain or flavored, sweetened or unsweetened[5]	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounces of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	1 ounce = 50%
Vegetables[6]	½ cup
Fruits[6,7]	½ cup
Grains (oz eq)[8,9]	
Whole grain-rich or enriched bread	2 slices
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	2 servings
Whole grain-rich, enriched or fortified cooked breakfast cereal[10], cereal grain, and/or pasta	1 cup

1 Must serve all five components for a reimbursable meal. Offer versus serve is an option for adult participants.
2 Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk. Six ounces (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.
3 A serving of fluid milk is optional for suppers served to adult participants.
4 Alternate protein products must meet the requirements in Appendix A to Part 226.
5 Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
6 Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
7 A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.
8 At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement.
9 Beginning October 1, 2019, ounce equivalents are used to determine the quantity of the creditable grain. 10 Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

Snack **(Select two of the five components for a reimbursable meal)**	
Food Components and Food Items[1]	**Minimum Quantities**
Fluid Milk[2]	8 fluid ounces
Meat/meat alternates	
Lean meat, poultry, or fish	1 ounce
Tofu, soy product, or alternate protein product[3]	1 ounce
Cheese	1 ounce
Large egg	½
Cooked dry beans or peas	¼ cup
Peanut butter or soy nut butter or another nut or seed butter	2 tbsp
Yogurt, plain or flavored, sweetened or unsweetened[4]	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seeds	1 ounce
Vegetables[5]	½ cup
Fruits[5]	½ cup
Grains (oz eq)[6,7]	
Whole grain-rich or enriched bread	1 slice

Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal[8], cereal grain, and/or pasta	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold)[8,9]	
Flakes or rounds	1 cup
Puffed cereal	1 ¼ cup
Granola	¼ cup

1 Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.
2 Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk. Six ounces (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.
3 Alternate protein products must meet the requirements in Appendix A to Part 226.
4 Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
5 Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
6 At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.
7 Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.
8 Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).
9 Beginning October 1, 2019, the minimum serving sizes specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is 1 ½ cups for adult

APPENDIX D
LIST OF REPORTABLE DISEASES

The following are the more common reportable diseases, which occur with moderate frequency in Arkansas:

gonorrhea
hepatitis (A, B, Non-A, Non-B unspecified and results of serologies)
rash illnesses (including *MEASLES, & RUBELLA)
*WHOOPING COUGH (pertussis)
salmonellosis (including typhoid)
shigellosis
syphilis
MUMPS
tuberculosis
MENINGITIS

The following are less common reportable diseases that occur with low frequency in Arkansas

*AIDS (Acquired Immune Deficiency Syndrome)
Amebiasis
ANTHRAX
*Aseptic Meningitis
Blastomycosis
BOTULISM
*Brucellosis
Campylobacter Interitis
Chancroid
CHOLERA
Coccidioidomycosis
*Congenital Rubella Syndrome
DIPHTHERIA
Encephalitis (all types)
FOOD POISONINGS (all types)
Giardiasis
Gonococcal Ophthalmia
Granuloma Inguinale
*Guillain - Barre Syndrome
Histoplasmosis
HIV [Human Immuno Deficiency Virus by (name & address)]
**Influenza
*Kawasaki Disease
*Legionellosis
* Leprosy
* Leptospirosis
* Lyme Disease
Lymphogranuloma Venereum
* Malaria
* Meningitis, Hemophilus Influenza Type B
* Meningococcal infection
Mumps
Pesticide Poisoning
PLAGUE
* POLIOMYELITIS
* Psittacosia (Ornithosis)
Q Fever
RABIES
* Relapsing Fever
* Reyes Syndrome
Rheumatic Fever
* Rocky Mountain Spotted Fever
SMALL POX
* Tetanus
* Toxic Shock Syndrome
Toxoplasmosis
* Trichinosis
* Tularemia
TYPHUS FEVER
YELLOW FEVER

*The reporting physician will be contacted for additional information.
**Individual cases to be reported only when laboratory testing has determined the viral type.

The diseases in capital letters are to be brought to the immediate attention of the State Epidemiologist when suspected.

Reporting data shall include:

a. Names & location of reporting person
b. Disease or suspected disease and date of onset
c. Name, age, sex, address and phone number of patient (please spell patient's name)
d. Name of patient's physician

The following diseases are also of public health importance and it is recommended that these diseases be reported whenever there is an unusual incidence or outbreak (including seasonal). It is necessary to report: (1) physician's name and location (2) the suspected disease (3) the number of cases and interval during which the cases were seen:

- Acute respiratory disease
- Chicken pox
- Conjunctivitis
- Dermatophytosis (ringworm)
- Enteropathogenic E. Coli Diarrhea
- Epidemic Diarrhea of unknown cause
- Gastroenteritis
- Herpangina
- Hospital acquired infections
- Infectious Mononucleosis
- Influenza (estimate number)
- Pediculosis
- Pleurodynia
- Pneumonia (bacterial, Mycoplasma, viral)
- Staphylococcal-Infections
- Streptococcal Infections

The following occupational disease also shall be reported:

- Asbestosis
- Silicosis
- Byssinosis
- Mesothelioma
- Coal Workers Pneumoconiosis

FOR FURTHER ASSISTANCE CONTACT THE LOCAL COUNTY HEALTH UNIT.

APPENDIX E
DISASTER/EMERGENCY PREPAREDNESS

DISASTER/EMERGENCY NUMBERS	CONTACT/TOWN	TELEPHONE NUMBER
AMBULANCE		
APPLIANCE REPAIR		
BUILDING INSPECTOR		
CHILD ABUSE HOT LINE		1-800-482-5964
CHILD CARE LICENSING UNIT	Little Rock	1-800-445-3316 or 501-682-
CLEANING/MAINTENANCE		
ELECTRIC COMPANY		
ELECTRICIAN		
EMERGENCY CHILD LOCATOR		1-866-908-9572
FACILITY DIRECTOR		
FIRE DEPARTMENT		
FIRE DEPARTMENT (Non-Emergency)		
GAS COMPANY		
GLASS COMPANY		
HEALTH DEPARTMENT (Local)		
HEATING/AIR CONDITIONING		
INSURANCE AGENT AND POLICY		
LICENSING SPECIALIST		
LOCKS		
NATIONAL EMERGENCY FAMILY REGISTRY AND LOCATOR		1-800-588-9822
PLUMBER		
POISON CONTROL		1-800-376-4766
POLICE		
POLICE (Local Non-Emergency)		
RED CROSS (Local)		
SHERIFF		
TRASH REMOVAL		
WATER DEPARTMENT		

Table I: Immunization Requirements for Child Care and Early Childhood Education Facilities

Instructions for utilizing Table I: Table I is not a recommendation of vaccines to get, but of doses required to already have at that age. To determine what vaccines are required for a child to attend a licensed child care facility, refer to Column 1 on the left to see what age range is correct for the child. Then all the vaccines on the same row as the child's age are required for attendance in a licensed child care facility. Vaccines are required based on the current age of the child. Column 1 is not an age range for when a child can be vaccinated.

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
Current AGE of child	**DTaP DTP/DT**	**POLIO**	**Hib** **	**HEPATITIS B**	**MMR** ****	**VARICELLA** ****	**PNEUMOCOCCAL** **	**HEPATITIS A**
1-2 Months	None	None	None	None (1-2 doses possible)	None	None	None	
3-4 Months	1 dose	1 dose	1 dose	1 dose (1-2 doses possible)	None	None	1 dose	
5-6 Months	2 doses **OR** 1 dose within last 8 weeks	2 doses **OR** 1 dose within last 8 weeks	2 doses **OR** 1 dose within last 8 weeks	2 doses **OR** 1 dose within last 8 weeks	None	None	2 doses **OR** 1 dose within last 8 weeks	
7-12 Months	3 doses **OR** 1 dose within last 8 weeks	2 doses **OR** 1 dose within last 8 weeks (3 doses possible)	2-3 doses **OR** 1 dose within last 8 weeks	2 doses **OR** 1 dose within last 8 weeks (3 doses possible)	None	None	2-3 doses **OR** 1 dose within last 8 weeks	
13-15 Months	3 doses **OR** 1 dose within last 8 weeks	2 doses **OR** 1 dose within last 8 weeks (3 doses possible)	2-3 doses **OR** 1 dose within last 8 weeks (4 doses possible)	2 doses **OR** 1 dose within last 8 weeks (3 doses possible)	None (1 dose possible)	None (1 dose possible. A medical professional history of disease may be accepted in lieu of receiving vaccine.)	2-3 doses **OR** 1 dose within last 8 weeks (4 doses possible)	
16-18 Months	3 doses or 1 dose within last 8 weeks	2 doses or 1 dose within last 8 weeks (3 doses possible)	3-4 doses with last dose on/after 1st birthday **OR** 2 doses if first dose is administered at age 12 - 14 months and doses are at least 8 weeks apart **OR** 1 dose on/after 15 months of age if no prior doses	2 doses **OR** 1 dose within the last 8 weeks (3 doses possible)	1 dose	1 dose A medical professional history of disease may be accepted in lieu of receiving vaccine. .	3-4 doses with last dose must be on/after1st birthday **OR** 2 doses on/after 1st birthday	

Column1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
Current AGE of child	**DTaP DTP/DT**	**POLIO**	**Hib** **	**HEPATITIS B**	**MMR** ****	**VARICELLA** ****	**PNEUMOCOCCAL** **	**HEPATITIS A**
19-48 months	4 doses **OR** 3rd dose within last 6 months **OR** 1 dose within last 8 weeks	3 doses **OR** 1 dose within last 8 weeks	3-4 doses with last dose on/after 1st birthday **OR** 2 doses if first dose is administered at age 12 - 14 months and doses are at least 8 weeks apart **OR** 1 dose on/after 15 months of age if no prior doses	3 doses *** **OR** 1 dose within last 8 weeks	1 dose	1 dose A medical professional history of disease may be accepted in lieu of receiving vaccine.	3-4 doses with last dose must be on/after1st birthday **OR** 1 dose on/after 24 months of age if no prior doses **OR** 2 doses on/after 1st birthday	**For 19-24 months:** 1 dose on or after first birthday (2 doses possible) **For 25-48 months:** 2 doses with one dose on or after 1st birthday and at least 6 months from first dose
≥49 months	5 doses * **OR** 4th dose within last 6 months **OR** 1 dose within last 8 weeks **OR** 4 doses with last dose on/after 4th birthday	4 doses with a minimum interval of 6 months between the 3rd and 4th dose **OR** 1 dose within last 8 weeks	3-4 doses with last dose on/after 1st birthday **OR** 2 doses if first dose is administered at age 12 - 14 months and doses are at least 8 weeks apart **OR** 1 dose on/after 15 months of age if no prior doses **Not required on/after 5th birthday**	3 doses *** **OR** 1 dose within the last 8 weeks	1 dose	1 dose A medical professional history of disease may be accepted in lieu of receiving vaccine.	3-4 doses with last dose on/after 1st birthday **OR** 1 dose on/after 24 months of age if no prior doses **OR** 2 doses on/after 1st birthday **Not required on/after 5th birthday**	2 doses with one dose on or after 1st birthday and at least 6 months from first dose

*5th DTaP/DTP/DT (Pre-school dose) must be given on/after the child's 4th birthday. Interval between 4th DTaP/DTP/DT and 5th DTaP/DTP/DT should be at least 6 months. If a child is currently ≥49 months of age and does not meet the above criteria or is in process within 15 days, they are not up-to-date and should be scheduled for immunization.

** For Hib and Pneumococcal, children receiving the first dose of vaccine at age 7 months or older require fewer doses to complete the series.

*** 3rd dose of hepatitis B should be given at least 8 weeks after the 2nd dose, at least 16 weeks after the 1st dose, and it should not be administered before the child is 24 weeks of age.

**** Vaccine doses administered up to 4 days before the minimum interval or minimum age can be counted as valid for doses already administered. Exception: The minimum interval between doses of live vaccines (such as MMR and Varicella) must be 28 days.

*****A medical professional is a medical doctor (MD), advanced practice nurse (APN), doctor of osteopathy (DO), or physician assistant (PA). No self or parental history of disease will be accepted.

Table II: Kindergarten through Grade Twelve Immunization Requirements*

Vaccine ► ---------- Grade ▼	Diphtheria, Tetanus, Pertussis (DTP/DT/Td/DTaP/ Tdap)	Polio (OPV – Oral or IPV – Inactivated)	MMR***** (Measles, Mumps, and Rubella)	Hep B	Meningococcal (MCV4)	Varicella	Hepatitis A
Kindergarten	4 doses (with 1 dose on or after 4th birthday)	3 doses (with 1 dose on or after 4th birthday and a minimum interval of 6 months between the 2nd and 3rd dose) **OR** 4 doses with 1 dose on or after 4th birthday and a minimum interval of 6 months between the 3rd and 4th dose	2 doses (with dose 1 on or after 1st birthday and dose 2 at least 28 days after dose 1)	3 doses	None	2 doses (with dose 1 on or after 1st birthday and dose 2 at least 28 days after dose 1) ******A medical professional history of disease may be accepted in lieu of receiving vaccine.	1 dose on or after 1st birthday

Vaccine ► ---------- Grade ▼	Diphtheria, Tetanus, Pertussis (DTP/DT/Td/DTaP/ Tdap)	Polio (OPV – Oral or IPV – Inactivated)	MMR***** (Measles, Mumps, and Rubella)	Hep B	Meningococcal (MCV4)	Varicella	Hepatitis A
Grades 1 – 12	4 doses (with 1 dose on or after 4th birthday) **AND** 1 dose of Tdap for ages 11 years (as of September 1st each year) and older **OR** 3 doses******* for persons 7 years of age or older who are not fully vaccinated (including persons who cannot document prior vaccination)	3 doses doses (with 1 dose on or after 4th birthday with a minimum interval of 6 months between the 2nd and 3rd dose) **OR** 4 doses with 1 dose on or after 4th birthday and a minimum interval of 6 months between the 3rd and 4th dose	2 doses (with dose 1 on or after 1st birthday and dose 2 at least 28 days after dose 1)	2** or 3*** doses (11-15 year olds could be on a 2-dose schedule)	Second dose at age 16 years (as of September 1st each year) with a minimum interval of 8 weeks since 1st dose **OR** 1 dose if not vaccinated prior to age 16 years (If first dose is administered at age 16 years or older, no second dose required.)	2 doses (with dose 1 on or after 1st birthday and dose 2 at least 28 days after dose 1) **OR** ******A medical professional history of disease may be accepted in lieu of receiving vaccine.	**Grade 1 only:** 1 dose on or after 1st birthday

Vaccine ► ---------- Grade ▼	Diphtheria, Tetanus, Pertussis (DTP/DT/Td/DTaP/ Tdap)	Polio (OPV – Oral or IPV – Inactivated)	MMR***** (Measles, Mumps, and Rubella)	Hep B	Meningococcal (MCV4)	Varicella	Hepatitis A
Grade 7	4 doses (with 1 dose on or after 4th birthday) **AND** 1 dose of Tdap **** **OR** 3 doses******* for persons 7 years of age or older who are not fully immunized (including persons who cannot document prior vaccination)	3 doses (with 1 dose on or after 4th birthday with a minimum interval of 6 months between the 2nd and 3rd dose) **OR** 4 doses with 1 dose on or after 4th birthday and a minimum interval of 6 months between the 3rd and 4th dose	2 doses (with dose 1 on or after 1st birthday and dose 2 at least 28 days after dose 1)	2** or 3*** doses (11-15 year olds could be on a 2-dose schedule)	1 dose	2 doses (with dose 1 on or after 1st birthday and dose 2 at least 28 days after dose 1) **OR** ******A medical professional history of disease may be accepted in lieu of receiving vaccine.	None

*Doses of vaccine required for school entry may be less than the number of doses required for age-appropriate immunization.

**An alternative two-dose hepatitis B schedule for 11-15 year-old children may be substituted for the three-dose schedule. Only a FDA-approved alternative regimen vaccine for the two-dose series may be used to meet this requirement. If you are unsure if a particular child's two-dose schedule is acceptable, please contact the Immunization Section for assistance at 501-661-2169.

*** 3rd dose of hepatitis B should be given at least 8 weeks after the 2nd dose, at least 16 weeks after the 1st dose, and it should not be administered before the child is 24 weeks (168 days) of age. (All 3rd doses of hepatitis B vaccine given earlier than 6 months of age before 6/21/96 are valid doses and should be counted as valid until 6/21/2014.)

**** Tdap vaccine can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.

***** Exception: If a student has previously received two doses of measles, one dose of mumps and one dose of rubella before January 1, 2010, the doses will be accepted as compliant to immunization requirements and 2 MMRs are not required.

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******* For unvaccinated persons 7 years of age and older (including persons who cannot document prior vaccination), the primary series is 3 doses. The first two doses should be separated by at least 4 weeks, and the third dose at least 6 months after the second. One of these doses (preferably the first) should be administered as Tdap and the remaining two doses administered as Td.