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MEMORANDUM

TO: Interested Persons and Providers

FROM: Tonya Williams, Director, Division of Child Care & Early Childhood Education

DATE: September 12, 2020

SUBJ: **Minimum Licensing Requirements (Child Care Centers, Licensed Child Care Family Homes, Out-Of-School Time Facilities, & Registered Child Care Family Homes)**

As a part of the Arkansas Administrative Procedure Act process, attached for your review and comment are proposed rule revisions.

Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

If you have any comments, please submit those comments in writing, no later than October 11, 2020.

NOTICE OF RULE MAKING

The Director of the Division of Child Care and Early Childhood Education of the Department of Human Services announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule(s) under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§ 20-76-201, 20-78-201, 20-78-215, and 25-10-129.

Effective December 1, 2020:

The Division of Child Care and Early Childhood Education (DCCECE) updates the minimum licensing requirements for Child Care Centers (CCC), Child Care Family Homes (CCFH), Out-of-School Time Facilities (OST), and Registered Child Care Family Homes (RCCFH). The changes are needed to comply with DHS Exclusion Policy 1088 that prevents excluded individuals and related parties from applying for a license. Also, updates regarding prior licensed facility compliance timelines and employee compliance exemptions are made to ensure timely compliance with all updated standards.

DCCECE updates all four manuals to clarify the requirement regarding any individual or related parties on the Department of Human Services Exclusion List. Any such person shall not be eligible to be an owner, member of the Board of Directors, Director, Assistant Director, or Person in Charge of any licensed facility. And, submission of any untrue information, by statement or omission, to DCCECE may constitute grounds for revocation of a license. The minimum licensing requirements for OST's now require up-to-date immunization records or documentation of an exemption from the Arkansas Department of Health.

For all four facility types, DCCECE removes language related to additional time allowed to facilities licensed prior to implementation of the rule, and in some cases their employees or directors, to comply with the updated minimum standards.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Rules Promulgation, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule at https://humanservices.arkansas.gov/resources/promulgation-of-new-rules.Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov. All public comments must be received by DHS no later than **October 11, 2020**. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

If you need this material in a different format, such as large print, contact the Office of Rules Promulgation at 501-320-6266.

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin. **4501965787**

Tonya Williams, Director
Division of Child Care and Early Childhood Education

MINIMUM LICENSING REQUIREMENTS FOR

Child Care Centers

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION
CHILD CARE LICENSING UNIT
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PUB-002 (REV. 12~~01~~/01/2020)

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Minimum Licensing Requirements for

Child Care Centers

100 CHILD CARE LICENSING

101 Related Laws and Requirements

1. The "Child Care Facility Licensing Act" Ark. Code Ann. §§ 20-78-201 to -220, as amended, is the statutory authority for licensing child care facilities. This act created the Division of Child Care and Early Childhood Education (DCCECE) and authorized the Division to establish rules governing the granting, revocation, denial, and suspension of licenses for child care facilities and the operation of child care facilities in this state. The Minimum Licensing Requirements for Child Care Centers are the Division's rules for Child Care Centers.

2. The Child Care Facility Licensing Act designates the Arkansas Department of Human Services (DHS), ~~Division of Child Care and Early Childhood Education~~DCCECE as the administrative agency responsible for administering the Act in accordance with the Minimum Licensing Requirements for Child Care Centers. ~~-~~The Division is authorized to inspect and investigate any proposed or operating Child Care Centers and any personnel connected with the Center to determine if the facility will be or is being operated in accordance with the Child Care Facility Licensing Act and the Minimum Licensing Requirements for Child Care Centers.

3. The licensing requirements contained in this manual apply to group child care. ~~-~~(Refer to the Minimum Licensing Requirements for Child Care Family Homes for the requirements that apply to child care provided in a Child Care Family Home.)

4. 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. The owner should 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 feet (20") ~~feet~~ or more square feet of the exterior, or the repair or renovation involves removing a window; and~~.~~
   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.

5. **Reporting Requirements** - 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

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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 (child care center) that has been communicated to the person in the course of their professional duties.

6. The Licensee shall maintain Child Care Liability Insurance (Act 778 of 2009), and comply with the following requirements, with the following exception: State institutions, political subdivisions, or other entities entitled to immunity from liability under § 21-9-301, are not required to have general liability insurance coverage in order to be licensed. (Act 23 of 2015).

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

   b. The Licensee shall maintain the minimum amount of coverage as follows:

Licensed Capacity of Center	Minimum Child Care Liability Insurance Coverage Required
1-74	$500,000 per occurrence
75 and up	$1,000,000 per occurrence

7. Laws relevant to the operation of child care facilities are available upon request.

8. The following standards are the minimum licensing requirements which shall be met by persons or organizations which operate a child care facility. In recommending a license be issued, ~~the Division of Child Care and Early Childhood Education~~DCCECE works in coordination with the local and state Health Departments, Fire Departments, City Planning or Zoning Departments, and the Boiler Division of the Department of Labor. Persons considering opening or expanding a child care facility shall immediately contact these individual departments for inspection and information on their separate rules.

   A prospective Licensee should request clarification regarding the codes or covenants enforced by these departments as some may prevent the operation of a child care facility at a particular location, may limit the number of children in care, or may impose additional safety requirements.

9. The Licensing Unit shall share information on the location and status of new applicants applying for a license and on facilities holding a license when a city or county requests the information.

102 General Requirements

1. Child Care Centers shall maintain compliance with the licensing requirements at all times. To be in substantial compliance, the Child Care Center shall meet all essential standards necessary to protect the health, safety, and welfare of the children attending the Child Care Center. Essential standards include but are not limited to those relating to issues involving fire, health, safety, nutrition, discipline, staff to ~~/~~child ratio and space. Failure to comply with any of the licensing requirements for

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Child Care Centers may result in any of the following adverse actions:

a. Denial of an application for a license or for church exempt status;
b. Revocation or suspension of a license or church exempt status; and
c. Issuance of a provisional license or provisional church exempt status.

2. The following factors may be considered when determining the appropriate adverse action:

a. Severity of the deficiency cited;
b. Number of violations cited;
c. Frequency of violations cited;
d. Past history of compliance; and
e. Willingness and /ability to correct violations

3. Each Child Care Center shall be reviewed by the Child Care Licensing Unit to determine whether the facility is in compliance with all the Minimum Licensing Requirements for Child Care Centers. Child Care Licensing staff shall have access to Child Care Centers for the purpose of conducting inspections, reviews, and complaint investigations. (**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 ensureinsure that there are no dangers such as fire hazards, which could impact the safety of the entire structure.)

4. Denial of access to the facility or to interview children may result in any of the adverse actions described above.

5. Any facility that has not provided care to children for a period of one (1) year shall be closed unless a written request is made by the Licensee stating why closure should not take place. If the Licensee requests that the license remain open, license fees and required annual inspections shall be kept current.

6.5.

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.)

6. Falsification of any document and submission of false information to the Division of Child Care and Early Childhood Education (DCCECE) may constitute grounds for revocation of the license. (Falsification means the submission of untrue information, whether by statement or omission.)

7. Any individual and related parties, on the Department of Human Services (DHS) Exclusion List pursuant to DHS Exclusion Policy 1088 shall not be eligible to be an owner, member of the Board of Directors, Director, Assistant Director, or Person in Charge of any licensed child care facility.

103 Licensing Procedures

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1. Application - An application shall be obtained from the Child Care Licensing Unit. The completed application packet shall be submitted to the Child Care Licensing Unit for review and approval. A completed application packet shall consist of:

   a. A signed application form with a designated person who assumes legal responsibility for operation of the child care facility;
   b. Name of proposed director and their qualifications;
   c. Names, addresses, and telephone numbers of the Board of Directors, if applicable;
   d. Clear written guidelines of responsibility for the Board of Directors, if applicable;
   e. Building or /facility diagram;
   f. Description of the services that will be provided to the children;
   g. Verification that criminal record checks and child maltreatment central registry checks have been initiated on all owners, operators, and staff members of the Child Care Center;
   h. Boiler inspection, or verification that inspection has been scheduled;
   i. Fire Department approval;
   j. Health Department approval;
   k. Zoning Approval;
   l. 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); and
   m. A reasonable plan with a proposed budget for the financial support of the center covering costs of staffing, building (including rent or mortgage and repairs), utilities, equipment, safety, and nutrition. (This is a one-time only requirement that applies to new applicants for a license.)

2. Time for processing: The Licensing Specialist has sixty (60) days to submit a recommendation to the Division.

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

4. License - The Child Care Licensing Unit shall conduct a licensing study of each Child Care Center to determine eligibility for a license. The facility shall be approved by the Child Care Licensing Unit before a license may be issued by the Division. A license for a Child Care Center shall specify:

   a. The name and address of the Child Care Center;
   b. The owner and /operator of the Child Care Center;
   c. The number of children authorized for care at the Child Care Center;
   d. The expiration of any provisional licenses; and
   e. The type of care the Child Care Center will be providing.

5. License - Non-transferable - A license for a Child Care Facility or approval for a church-operated exempt status shall apply only to the address and location stated on the license or approval issued. It shall not be transferable from one (1) holder of the license or approval to another or from one (1) place to another. If the location of a Child Care Facility is changed, or the operator of the Child Care Facility is changed, then the license or approval for that Child Care Facility shall be automatically closed on such a change. The Child Care Facility shall notify the Licensing Unit of a change of location or ownership.

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6. Compliance - On-site inspections of Child Care Centers are conducted by the Child Care Licensing Unit on a routine basis to determine a facility's continued compliance with the standards. The caregiver shall cooperate with licensing staff during licensing visits and investigations.

   Violations of rules are documented in writing by use of the licensing compliance record. Documentation shall include:

   a. Reference to the specific rule violated;
   b. A factual description of the nature of the violation and how the Child Care Center failed to comply; and
   c. A date of expected corrections.

7. If video recordings are made by the facility and are maintained for viewing as a 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.

8. The Child Care Licensing Unit shall have the authority to make both scheduled and unscheduled visits to:

   a. Conduct inspections and reviews to determine compliance with the licensing requirements;
   b. Investigate complaints involving possible violations of licensing requirements; and
   c. Offer consultation and technical assistance.

9. The Child Care Licensing Specialist may increase unscheduled monitor visits where numerous or severe violations of standards are cited.

10. If a violation is of imminent threat to the health, safety, and welfare of the children attending the Child Care Center, corrective action or compliance shall be obtained within twenty-four (24) hours in order to ensure~~insure~~ the health, safety, and welfare of the children in care. If a Child Care Center violates an administrative standard or standard that does not directly threaten the immediate health, safety, or welfare of the children in care, these violations shall be corrected within a reasonable time as mutually agreed upon by the Child Care Licensing Unit and the Child Care Center.

    Once a violation has been corrected, the correction will be documented on the Licensing Compliance Record and a copy provided to the Child Care Center.

11. New Provisional License - The Child Care Licensing Specialist shall recommend a New Provisional License when the facility is newly opened, or a facility has been acquired by new owners whose compliance history has not been determined. A New Provisional License shall not exceed twelve (12) months in length.

    At the end of the Provisional License, the Division may in its discretion:

    a. Issue a Regular License;
    b. Revoke the license;
    c. Suspend the license; or
    d. Issue a successive Provisional License.

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12. Regular License - The Child Care Licensing Specialist will recommend a Regular License when the facility has demonstrated substantial compliance, or when an existing Licensee with a Regular License relocates their facility and their past demonstrates a substantial level of compliance.

13. Provisional License - The Licensing Unit may issue a Probationary Provisional License when the center 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 facility and 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 License, the Licensing Unit may:

    a. Issue a Regular License;
    b. Suspend the license; or
    c. Revoke the license.

14. Suspension of License -The Division may suspend a license when the Licensing Unit determines that the facility has serious areas of non-compliance, but the facility would be able to resume normal operation when the harmful conditions are eliminated.

    If granted, the suspension order remains in effect until the order expires or until the Division determines that the problems necessitating the suspension order have been resolved. The suspension of a license may not exceed twelve (12) months. If the Division finds that the terms of the suspension order have been met prior to the expiration of the suspension period, the Division retains discretion to reinstate the license. If the terms of the order have not been met, the Division may revoke the license.

15. Revocation of License -The Division may revoke a license when any of the following situations occur:

    a. The facility fails to maintain substantial compliance with licensing requirements;
    b. The facility fails or refuses to correct cited deficiencies in a timely manner; or
    c. The facility fails to insure the health, safety, and welfare of children in care.

16. The revocation of a license nullifies and cancels the license. At the time of a final determination of revocation of the license by the Division, the Division shall specify in the revocation letter the terms of the revocation. The Licensee shall not be eligible to reapply for a license for a minimum of one (1) year, or longer if specified in the revocation order. Related parties shall not be eligible to apply for a license for the same specified period. (Related parties are defined as immediate family members, members of the Board of Directors, persons or entities associated or affiliated with, or which share common ownership, control, or common board members or which have control of or are controlled by the Licensee. 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.) (Applicants who are denied a license or registration due to this requirement may appeal the denial to the Child Care Facility Review Panel.) Facilities wishing to be re-licensed must submit a new application for licensure for review and approval by the Division. Approval must be obtained and a new license issued before the facility provides care to a licensable number of children.

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104 License Fee

1. Each facility shall submit an annual license fee as long as the facility is in compliance with the Minimum Licensing Requirements for Child Care Centers. A facility license fee is determined by combining the maximum license capacity of all licenses located within the same premises.

   a. Facilities serving up to seventeen (17) children - $15.00 per year;
   b. Facilities serving seventeen (17) to ninety-nine (99) children - $50.00 per year; and
   c. Facilities serving one hundred (100) or more children - $100 per year.

2. Upon review and determination of a licensing recommendation by the Child Care Licensing Specialist, the Specialist shall issue a Notice of License Fee Due to the facility.

3. The Division shall not issue a license unless the required license fee has been paid.

4. A copy of the license fee notice shall be submitted at the time of licensure recommendation.

5. The fee schedule shall apply to all child care facility recommendations for licensure as follows:

   a. New Provisional License - (Provisional License for new operation to be issued for a period of twelve (12) months) A one (1) year license fee shall be paid prior to the issuance of a provisional license;
   b. New Regular License or conversion from provisional to regular status - A license fee shall be paid prior to the issuance of a new license; and
   c. Conversion to Provisional Status - No license fee is due for licenses converted to provisional status during the term of a regular license.

6. A second notice of license fee due will be sent to facilities failing to submit the required license fee (Notice of License Fee Past Due). This notice will be sent twenty (20) days after the initial notice of fee due. Failure to submit a license fee within twenty (20) days of receipt of the past due notice will result in action to suspend the license until such time as the fee is paid.

7. Refunds of license fees paid are made only when the Division does not approve issuance of a license. There shall be no refunds of license fees paid for voluntary closure of a facility or for Division action to revoke or suspend a license.

8. All license fees paid to the Division shall be deposited in a special Child Care Provider's Fund. This fund shall be used to meet the cost of conducting statewide criminal record checks, with the remaining money used for training or materials to be loaned to child care providers.

105 Appeal of Licensing Actions

1. A Licensee or applicant for license may request an appeal of any of the following licensing actions:

   a. Adverse licensing actions (revocation or suspension of a license, conversion

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to a provisional license or denial of an application for a license);
b. Founded licensing complaints;
c. Denials of alternative compliance requests; and
d. 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 licensing actions must be mailed within ten (10) calendar days of the receipt of the notice of the adverse action. Requests to appeal licensing 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 Licensee or applicant for license 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 Licensee or applicant for license, the matter will be referred to the Child Care Appeal Review Panel for hearing. (This appeal process also applies to Church Operated Exempt facilities.) **(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 Licensing Requirements for Child Care Centers 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 center is making the request.

2. The Division shall consider all requests for alternative compliance with the licensing requirements except those requirements that are enforced by the Department of Health, Local Fire Marshal or State Fire Marshal's office and applicable city ordinances including zoning.

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

4. The applicant or Licensee shall submit the request for alternative compliance in writing.

5. The request shall include:
   a. The specific standards for which alternative compliance is sought;
   b. An explanation of how the alternative form of compliance is equal to or exceeds the stated requirements;
   c. 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 continue to provide for the health, safety, and welfare of children as intended by the requirements; and
   d. The applicant or Licensee shall provide clear and supportive evidence and upon request of the Division, and expert's opinion on the effect of the request on health, safety, and welfare of the children.

6. A separate written request shall be submitted for each requirement for which alternative compliance is sought. The approved alternative compliance is effective for

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the duration of the license unless a shorter time frame is specified.

7. The granting of alternative compliance for a requirement shall in no way constitute a precedent. If an alternate means of complying with the requirement is granted by the Division and the facility fails to satisfactorily implement this alternate means, the original requirement for which alternative compliance was sought shall become immediately enforceable.

8. The Division shall have the right to obtain an expert opinion to corroborate expert opinions provided by the applicant or Licensee.

9. The Division shall have the right to deny requests for alternative compliance when it finds that such requests do not adequately protect the health, safety, and welfare of children and do not meet the intent of the requirements.

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

107 Church-Operated Exemptions

Please note that all regulations included in this manual also apply to Church Operated Exempt (COE) facilities.

1. Act 245 of 1983 defines those facilities that may apply for an exemption from obtaining of license to operate a child care facility and the process through which such exemption may be granted. The facility must be operated by a church or group of churches and be exempt from the State Income Tax levied by Act 118 of 1929, as amended. The person or persons in charge of such a facility shall submit a written request to the Division for such exemption along with the following:

   a. Verification of Tax Identification (ID) ownership by the church;
   b. Verification that the facility is operated by a church or group of churches;
   c. Verification that the facility has been inspected annually and meets the applicable fire safety and health standards; and
   d. Certification from the facility that it is in substantial compliance with published standards that similar nonexempt child care facilities are required to meet.

2. The Division shall review each request for a church-operated exemption and reply in writing within sixty (60) days from receipt of such request.

3. The facility shall be visited by Division staff to verify the facility's substantial compliance with the published standards prior to consideration and review by the Division.

4. The Division shall consider each request for exemption and shall review the Division staff's written report in determining a facility's substantial compliance with published standards.

5. If a facility claims and states the belief that a particular standard is of a religious nature, the Division shall consider and make a determination on the statements that shall then be a final action subject to review under the Administrative Procedures Act.

6. Written notification of an exemption shall be made to the facility stating the maximum

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number of children allowable, the dates of exemption, and any other conditions by which an exemption is granted.

7. Division staff shall have the authority to visit any church-operated exempt facility to review, advise, and verify the maintenance of substantial compliance at the direction of the Division.

108 Licensing Investigations

1. Child Care Licensing staff shall investigate all complaints involving the possible violation of licensing requirements.

109 Child Maltreatment Checks

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

   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 child maltreatment background check in any states where they resided during the past five (5) years.

a. Each applicant to own or operate a child care facility	At application and every two (2) years thereafter
b. Staff members and applicants for employment in a child care facility	Prior to employment and every two (2) years thereafter
c. All volunteers, therapists, and student observers, who have routine contact with children	Prior to providing services or participating in center activities and every two (2) years thereafter
d. Administrative staff and members of the Board of Directors who have supervisory or disciplinary control over children or who have routine contact with children	At application and when changes occur with administrative staff or Board members, and every two (2) years thereafter

2. If a complaint of child maltreatment is filed against any owner, operator, staff, or other person in a child care center, the Child Care Licensing Specialist shall evaluate the risk to children and determine the suitability of the person(s) to supervise, be left alone with children, have disciplinary control over children, or remain in the center during hours of care until the allegations have been determined true or unsubstantiated. (Pending the evaluation of risk to children by the Child Care Licensing Unit, the person(s) alleged shall not be left alone with children.)

3. If corrective action is appropriate, the facility shall require all staff members who have had a founded report of child maltreatment to follow the corrective action plan specified 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

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may constitute grounds for adverse action against the Licensee.

4. The statewide Child Maltreatment Hotline~~"Hot Line"~~ and the Child Care Licensing Central Office number shall be posted in a conspicuous place in the child care facility. The Hotline~~"Hot Line"~~ number is 1-800-482-5964 and the Licensing Central Office number is (501) 682-8590 or toll-~~-~~free 1-800-445-3316.

110 FBI Criminal Records Check

1. The following persons shall apply to the Identification Bureau of the Arkansas State Police for a nationwide criminal record check, to be conducted by the Federal Bureau of Investigation (FBI), which shall include a fingerprint check: (The individual is responsible for the cost of a nationwide check. Each request must be accompanied by a check or money order made out to the Arkansas State Police.)

   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 child care facility	At initial application and every five (5) years thereafter
b. Direct care staff or staff with routine contact with children	Prior to employment and every five (5) years thereafter
c. Administrative persons who have direct contact with children	Prior to employment and every five (5) years thereafter
d. Therapists, volunteers, or other persons who have supervisory control, disciplinary control over children, or are left alone with children	Prior to providing services or participating in center 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 (which includes 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.

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A National Sexual Offender Registry check will also be conducted on prospective employees.

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. Each applicant to own or operate a child care facility	At application and every five (5) years thereafter
b. Staff and applicants for employment in a child care facility	Prior to employment and every five (5) years thereafter
c. Administrative persons who have direct contact with children	Prior to employment and every five (5) years thereafter
d. Therapists or other persons who have supervisory or disciplinary control over children, or are left alone with children	Prior to providing services or participating in center activities and every five (5) years thereafter

3. Criminal records will be returned to the division for review. Any charge or 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, or employee 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 wWelfare of an iIncompetent person 1st in the first degree,	§ 5-27-201;
05. Kidnapping,	§ 5-11-102;
06. Murder in the fFirst degree,	§ 5-10-102;
07. Murder in the sSecond degree,	§ 5-10-103;
08. Rape,	§ 5-14-103;
09 Sexual aAssault in the fFirst degree,	§ 5-14-124;
10.Sexual aAssault in the sSecond degree,	§ 5-14-125;

5. No person shall be eligible to be a child care facility owner, operator, or employee 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:

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01. Criminal aAttempt to commit any offenses in MLR Section	§ 5-3-201;
02. Criminal cComplicity to commit any offenses in MLR Section	§ 5-3-202;
03. Criminal cConspiracy to commit any offenses in MLR Section	§ 5-3-401;
04. Criminal sSolicitation, to commit any offenses in MLR Section	§ 5-3-301;
05. Assault in the Ffirst, sSecond, or tThird degree;	§§ 5-13-205 to- § 5-13-207;
06. Assault, Aggravated assault;	§ 5-13-204;
07. Assault, Aggravated assault on a fFamily or hHousehold	§ 5-26-306;
08. Battery in the fFirst, sSecond, or Tthird Ddegree,	§§ 5-13-201 to -- § 5-13-203;
09. Breaking or Eentering,	§ 5-39-202;
10. Burglary,	§ 5-39-201;
11. Coercion,	§ 5-13-208;
12. Computer cCrimes aAgainst mMinors,	§ 5-27-601 et. seq.;
13. Contributing to the dDelinquency of a jJuvenile,	§ 5-27-220;
14. Contributing to the dDelinquency of a mMinor,	§ 5-27-209;
15. Criminal Impersonation,	§ 5-37-208;
16. Criminal Uuse of a Pprohibited wWeapon,	§ 5-73-104;
17. 17. DCommunicating a death tThreats cConcerning a sSchool eEmployee or sStudents:	§ 5-17-101;
18. Domestic bBattery in the fFirst, sSecond, or tThird dDegree,	§§ 5-26-303 - § 5-26- to -305;
19. -Employing or Cconsenting to the Uuse of a Cchild in a Ssexual Pperformance,	§ 5-27-401;2
20. Endangering the wWelfare of a Mminor in the First or Ssecond Ddegree,	§§ 5-27-205 andto § 5-27- -206;
21. Endangering the wWelfare of an iIncompetent pPerson in the fFirst or sSecond dDegree,	§ 5-27-201 and § 5-27- 2022;
22. Engaging cChildren in Ssexually eExplicit cConduct for uUse in vVisual or pPrint mMedia,	§ 5-27-303;
23. False iImprisonment in the fFirst or sSecond dDegree,	§§ 5-11-103 and § 5-11to --104;
24. Felony aAbuse of an Eendangered or Iimpaired pPerson,	§ 5-28-103;
25. Felony iInterference with a lLaw eEnforcement oOfficer,	§ 5-54-104;
26. Felony vViolation of the Uniform Controlled Substance Act,	§ 5-64-101 - § 5-64-508 et. seq.;
27. Financial iIdentity fFraud,	§ 5-37-227;
28. Forgery,	§ 5-37-201;
29. Incest,	§ 5-26-202,
30. Interference with cCourt oOrdered Ccustody,	§ 5-26-502;
31. Interference with vVisitation,	§ 5-26-501;
32. Introduction of Ccontrolled Ssubstance into the Bbody of aAnother pPerson,	§ 5-13-210;
33. Manslaughter,	§ 5-10-104;
34. Negligent hHomicide,	§ 5-10-105,
35. Obscene pPerformance at a lLive pPublic sShow,	§ 5-68-305;
36. Offense of cCruelty to aAnimals,	§ 5-62-103;
37. Offense of aAggravated cCruelty to Ddog, cCat, or Hhorse,	§ 5-62-104;

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38. Pandering or ~~P~~possessing ~~V~~visual or ~~P~~print ~~M~~medium ~~d~~Depicting ~~s~~Sexually ~~E~~explicit ~~C~~conduct ~~I~~involving a ~~C~~child,	§ 5-27-304;
39. ~~Patronizing a Prostitute~~Sexual solicitation,	§ 5-70-103;
40. Permanent ~~d~~Detention or ~~r~~Restraint,	§ 5-11-106;
41. Permitting ~~a~~Abuse of a ~~m~~Minor,	§ 5-27-221;
42. Producing, ~~d~~Directing, or ~~p~~Promoting a ~~S~~sexual ~~p~~Performance by a ~~c~~Child,	§ 5-27-403;
43. Promoting ~~o~~Obscene ~~m~~Materials,	§ 5-68-303;
44. Promoting ~~o~~Obscene ~~p~~Performance,	§ 5-68-304;
45. Promoting ~~P~~prostitution in the ~~F~~first, ~~s~~Second, or ~~t~~Third ~~D~~degree,	§§ 5-70-104 to ~~§5-70~~-106;
46. Prostitution,	§ 5-70-102;
47. Public ~~d~~Display of ~~O~~obscenity,	§ 5-68-205;
48. Resisting ~~a~~Arrest,	§ 5-54-103;
49. Robbery,	§ 5-12-102;
50. ~~Robbery (~~Aggravated ~~r~~Robbery,~~)~~	§ 5-12-103;
51. Sexual ~~o~~Offenses ~~(any)~~,	§ 5-14-101 et~~.~~ seq.;
52. Simultaneous ~~p~~Possession of ~~d~~Drugs and ~~F~~firearms,	§ 5-74-106;
53. Soliciting ~~m~~Money or ~~p~~Property from ~~I~~incompetents,	§ 5-27-229;
54. Stalking,	§ 5-71-229;
55. Terroristic ~~a~~Act,	§ 5-13-310;
56. Terroristic ~~t~~Threatening,	§ 5-13-301;
57. Theft of public benefits,	§ 5-36-202;
5~~7~~8. Theft by ~~r~~Receiving,	§ 5-36-106;
5~~9~~8. Theft of ~~p~~Property,	§ 5-36-103;
60~~5~~9. Theft of ~~s~~Services,	§ 5-36-104,
61~~0~~. Transportation of ~~m~~Minors for ~~p~~Prohibited ~~S~~sexual ~~c~~Conduct,	§ 5-27-305;
62~~1~~. Unlawful ~~d~~Discharge of a ~~F~~firearm from a ~~V~~vehicle,	§ 5-74-107; and
63~~2~~. Voyeurism,	§ 5-16-102.

6. Any person who has pleaded guilty, nolo contendere, or who has been found guilty of any one (1) of the offenses listed above (Section 110.5), 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; or~~.~~
   b. The date of the conviction, plea of guilty or nolo contendere for a felony offense is at least more than 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.

7. If the Licensee 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; or
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.

8. 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.

9. 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.

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

11. Anyone employed in a licensed center, Church Operated Exempt (COE) center, Licensed Child Care Family Home, or a Registered Child Care Family Home prior to 09/01/2009 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 110.6) since 09/01/2009.

200 ORGANIZATION AND ADMINISTRATION

201 Administrative Procedures

1. The Owner and/or Board of Directors shall be responsible for operating the facility and shall have final responsibility to ensure that the facility meets licensing requirements. Names, addresses, and telephone numbers of Board members shall be provided to the Licensing Specialist.

2. The facility shall provide a written procedure for reporting suspected child maltreatment. This procedure shall be followed, and a call made to the hotlineHot Line whenever there is suspicion of child maltreatment (1-800-482-5964). These reports of child maltreatment shall include all allegations made to the Licensee by parents, staff members, or the general public. The Licensee should call Child Care Licensing for guidance if there is any question about whether or not the hotlineHot Line should be called regarding any situation where potential child maltreatment is involved.

3. The facility shall provide a written procedure for reporting suspected licensing violations. Serious licensing violations shall be reported to the Licensing Unit. These include, but are not limited to, violations relating to transportation, inappropriate behavior guidance, leaving children unattended, or unsupervised, staff to /child ratio violations, or any other violations that could imminently affect the health and safety of children.

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4. Parents shall be informed in writing upon enrollment of their child that children may be subject to interviews by licensing staff, child maltreatment investigators, or ~~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.

5. The facility shall provide a copy of the Kindergarten Readiness Skills Calendar or Checklist, prepared by the Arkansas Department of Education (ADE) (copies can be requested online, by phone, or by mail from the Department of Human Services (DHS), Division of Child Care and Early Childhood Education (DCCECE) Program Support Unit), to the parents of all three (3) and four (4) 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.

300 PERSONNEL

301 Staff to ~~/~~Child Ratio

1. A Licensee shall not have more children in care at any one ~~(1)~~ time than~~t~~ the maximum specified on the license.

2. The following staff child ratios shall be maintained:

Ages of Children	Number of Staff	Number of Children
a. Birth – 18 months	1	5
b. 18 months – 36 months	1	8
c. 2 ½ – ~~-~~ 3 years	1	12
d. 4 years	1	15
e. 5 years to Kindergarten	1	18
f. Kindergarten and above	1	18

~~**Providers licensed prior to the effective date of this rule will have four years from the implementation of this rule to comply with the revised ratios.**~~

3. Children ages thirty (30) to thirty-six (36) months may be placed in the group most suited to their social, emotional, and developmental maturity.

4. Infants and toddlers shall not be mixed with preschool children, except as listed in the following requirement.

5. When a total of eight (8) or fewer children are in care at a licensed site, age groups may be mixed according to the following ratios:

Number of Staff	Number of Children	Ages of Children
a. 1	6	No more than 3 under the age of 2 years
b. 1	7	No more than 2 under the age of 2 years
c. 1	8	No more than 1 under the age of 2 years

6. In a group containing children of different ages, the staff to ~~/~~child ratio shall meet the requirements for the youngest child in the group.

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7. During lunch or outdoor play activities, if children of different age groups are together, the staff to child ratio for the respective age groups shall be maintained.

8. At no time shall children be left unsupervised or unattended. The child care center shall provide additional staff for any temporary absence of primary child caring staff for activities such as breaks, meal preparation, transportation, etc.

9. The use of cell phones by staff while supervising children shall be prohibited except in emergency situations.

10. ~~DDS (~~Developmental Disabilities Services (DDS) staff to ~~/~~child ratios shall be maintained during DDS program hours in all facilities that are licensed or certified by both Child Care Licensing and DDS.

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

12. During naptime for children two and one-half (2 ~~1/2~~½) years of age and above, a minimum of fifty percent (50%) of the staff shall remain with the children, with a total of seventy-five percent (75%) of the staff remaining in the building.

13. Group size shall be limited to two (2) times the number of children allowed with one (1) staff member. ~~-~~This does not apply to periodic or special group activities. (Existing structures licensed prior to November 1, 2002 are exempt from this requirement. However, any expansions, additions, or any newly licensed structures effective November 1, 2002 shall be in compliance.)

14. For ages two and one-half (2 ½) and above, ratios may be exceeded momentarily as long as children are never left unattended and at least one (1) staff member remains in the classroom with the children. (This would apply to situations such as brief absences for bathroom breaks or to take a sick or injured child to the Director's office.)

302 Director

1. There shall be a director or assistant director or ~~/~~site supervisor who shall be responsible for:

   a. Administering, planning, managing, and controlling the daily activities of the center;
   b. Ensuring that the facility meets licensing requirements;
   c. Ensuring the health and safety of children; and
   d. Providing prudent supervision of all staff and volunteers.

2. Directors shall be twenty-one (21) years of age or older, and provide documentation of one (1) of the following educational levels: ~~(Directors previously approved prior to the implementation of these requirements may continue in their position and do not have to meet these educational levels)~~

   a. Bachelor's Degree or higher Degree in Early Childhood, Child Development, or a related field from a regionally accredited college or university. (Determination of "related field" shall be made by the Division);
   b. Bachelor's Degree in a non-related field from a regionally accredited college or university plus one (1) of the following:

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- Four (4) years of experience in early childhood education;.
- Child Development Associate Credential (CDA); .or
- Birth – Pre-K Credential.

c. Associate's degree in Early Childhood, Child Development, or a related field, plus six (6) years of experience in Early Childhood Education; or

d. Eight (8) years of experience in Early Childhood Education and completion of one (1) of the following, within two (2) years of employment: a
   - Child Development Associate Credential;.
   - Birth – Pre-K Credential;.
   - Director's Credential or the equivalent;. or
   - Technical Certificate in Early Childhood Education.

Individuals who have been employed in the position of Director or Site Supervisor at any time prior to implementation of this rule will not be required to meet the new director's qualifications. These individuals may change employers after this date and still qualify as a director.

3. A Director, or Assistant Director or /Site Supervisor who meets director qualifications, must be present at each licensed site a minimum of fifty percent (50%) of the center's primary operational day, on a routine basis.

4. When the Director and Assistant Director or /Site Supervisor are both away from the center, there shall be a person in charge who shall have the ability and authority to carry out daily operations. The person in charge shall be twenty-one (21) years of age or older.

5. All new Directors and Assistant Directors or /Site Supervisors shall attend New Directors Orientation, PAS (Program Administration Scale (PAS), and ERS (Environment Rating Scale (ERS) training (or other approved tools that are considered equivalent) in the states Quality Rating and Improvement System (QRIS) within six (6) months of employment. This is an orientation class sponsored by the Division. Proof of attendance shall be maintained in the Director's file.

6. Directors and Assistant Directors or /Site Supervisors shall obtain fifteen (15) clock hours in early childhood education each year. Training shall be registered with the Division of Child Care and Early Childhood Education (DCCECE) Professional Development Registry, or Department of Education, or Department of Higher Education approved. Documentation of training shall be maintained and available for review.

7. Topics appropriate for continuing early childhood 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 development and implementation;
   e. Developmentally appropriate practice and learning environments;
   f. Behavior guidance and positive interaction;
   g. Emergency care and first aid; and
   h. Program planning, management, and leadership of early childhood programs.

   See Division websiteweb-site for a list of courses for which the Division maintains contracts to meet the above requirements.

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8. The Licensee shall notify the Licensing Unit of any change in the person named as Director or Assistant Director or /Site Supervisor within five (5) calendar days.

303 Staff Requirements

1. A person shall be considered a staff member if they have disciplinary or supervisory control over children, is left alone with children at any time, or is counted in the staff to /child ratio, regardless of whether or not they are paid by the facility.

2. Staff members in a child care center shall be eighteen (18) years of age or older. Exceptions may be allowed for individuals sixteen (16) or seventeen (17) years of age to work in a center if they meet all of the following criteria:

   a. The individual shall not have disciplinary control over children;.
   b. The individual shall not be left alone with children at any time;.
   c. The individual shall be under the direct supervision of an adult staff member at all times;.
   d. The individual shall meet all other staff requirements; and.
   e. The individual shall be enrolled in a high school or General Education Diploma (GED) curriculum.

3. All staff members who work directly with children shall have a high school diploma or GED.
4. All staff members who work directly with children shall obtain at least fifteen (15) hours of training each year in continuing Early Childhood Education. This training shall be registered with the Division of Child Care and Early Childhood Education (DCCECE) Professional Development Registry, or Department of Education, or Department of Higher Education approved and shall be geared toward the age group they spend the majority of their time with.
5. All staff members caring for children shall be able to perform necessary job functions.

6. Staff shall not engage in behavior that could be viewed as sexual, dangerous, exploitative, or physically harmful to children. A caregiver shall not use profanity or speak in an abusive manner when children are present.

7. No caregiver shall consume or be under the influence of illegal drugs. (A drug test may be required if there is reasonable cause to suspect violation of this requirement and the issue cannot otherwise be resolved.) No caregiver shall consume or be under the influence of alcohol while delivering care. No caregiver shall consume or be under the influence of medications (prescription or non-prescription) which impair their ability to provide care.

304 Volunteer Requirements

1. Volunteers are those individuals who have routine contact with children and assist staff in the facility. If they are left alone with children, considered in the staff to /child ratios, or given supervisory or /disciplinary control over children, they shall be considered staff and must meet the requirements for personnel (Section 300) and staff requirements (Section 303).

2. All volunteers in a child care center shall be eighteen (18) years of age or older unless the

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volunteer is under the direct supervision of the director, ~~or~~ assistant director, or ~~/~~site supervisor 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 child-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 eighteen (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 facility 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 and ~~/~~maltreatment check results~~,~~ and may share a copy with other facilities in which the therapist may be working.)

305 Student Observers

1. Students visiting the center on a regular or periodic basis to **observe** classroom activities, or for similar purposes, shall not be counted in the staff to ~~/~~child ratio, shall not have disciplinary control over children, and shall not be left alone with children. These individuals shall have a child maltreatment background check on file.

2. Students that are conducting practicum, student teaching, or working in the same capacity as a staff member or volunteer must meet the criteria in the appropriate section. (Sections 303 and 304)

306 Professional Development

1. All directors, site supervisors, and staff who provide direct care to children shall be registered with the Division of Child Care and Early Childhood Education (DCCECE) Professional Development Registry within thirty (30) days of hire and all training shall be registered with ~~the Division of Child Care and Early Childhood Education~~DCCECE Professional Development Registry or Department of Education or Department of Higher Education approved.

2. All new staff shall have a probationary period of at least thirty (30) days, but not more than six (6) months, during which they are closely supervised, mentored, and evaluated. Evaluations shall be documented and maintained in the employee file.

3. All new staff members who provide direct care to children shall receive a basic orientation on facility management policies, The Minimum Licensing Requirements, center schedules, and emergency procedures prior to providing care. This shall be documented in the employee file.

4. All new staff, 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.

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1. Introduction (eight (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 or /fussy infant or /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 / or 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; and
   q. The handling and storage of hazardous materials and the appropriate disposal of bio contaminants.

See Division website for a list of courses, that tThe Division maintains contracts for, which meet the above requirements.

2. All staff shall have fifteen (15) hours of job specific training each year, including child development training, for the ages of children they work with. This shall be training focused on their job responsibilities, such as "Hands on Routine Care" for infants, or "Basics of Assessment" for preschool staff.

See Division website for a list of courses, that the Division maintains contracts for, which meet the above requirements.

5. The Director, Assistant Director or /Site Supervisor, and fifty percent (50%) of the facility staff that are on site at any given time shall have a certificate of successful completion of first aid and Cardiopulmonary Resuscitation (CPR) from an approved organization. -If the facility serves infants and toddlers, this training shall include infant and /child CPR. - (Infant and /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; and.
   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; Emergency Medical Services (EMS) Safety Services, Inc.).

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400 PROGRAM

401 Program Requirements for all ages

1. Each child care center shall be equipped with supplies, resources, and indoor and outdoor equipment to take care of the needs of the total group and to provide each child with a variety of activities throughout the day.

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

3. There shall be a written daily schedule posted in each classroom, listing developmentally appropriate activities for children. The program shall offer alternating periods of active play and quiet times throughout the day.

4. There shall be a total of thirty (30) minutes per day of moderate to vigorous physical activity. This could be included in outdoor play time if it meets this criterion. See Division website~~web-site~~.

5. Staff shall plan and provide experiences that meet children's needs and stimulate learning in the following developmental areas: physical, social and /emotional, creative and /aesthetic, cognitive and /intellectual, and language, found in Arkansas's~~Arkansas'~~ Learning Standards.

   a. The facility shall have an approved curriculum with weekly activity plans appropriate for the developmental needs of each group of children. See Division website~~web-site~~ for a list of approved curricula;~~.~~
   b. Each child is viewed by staff as a unique person with an individual pattern of growth and development;~~.~~
   c. The center has a variety of learning areas, for example: areas for dramatic play, blocks, books, art, language, literacy, math, and science; and~~.~~
   d. Children are provided opportunities to work individually or in small, informal groups most of the day and permitted to choose staff-directed, ~~or~~ self-selected activities, or not to participate.

6. Facility staff shall avoid activities or experiences that may be damaging to children's self-~~-~~esteem and positive self-image.

7. There shall be meaningful, positive 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, conversation, 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 and /guardians; and~~.~~
   f. Interact with children and develop a relationship in the context of everyday routines.

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8. There shall be an opportunity for a supervised rest period.
   a. The supervised rest period shall be at least one (1) hour~~,~~ but shall not exceed two (2) hours; and~~.~~
   b. If children do not fall asleep, they shall be allowed to participate in a quiet activity either on their cots, in the area, or in another room under direct supervision.

9. There shall be sufficient lighting during nap time to provide adequate supervision of the children.

10. Parents shall not be denied access to their child at any time during hours of operation. **(Clarification: The intent of this rule is to ensure that the parent(s) or guardian(s) is able to have contact with ~~their~~ his or her child during hours of care. ~~-~~It is not intended to be a determining factor in child custody~~/~~ or visitation matters, nor should it be used to circumvent court ordered custody, ~~and/~~visitation rights, or schedules. Facilities should encourage parents to resolve custody or ~~/~~visitation issues outside of the care environment. ~~-~~Parents should be informed that continuing problems could result in the dismissal of their child).**

11. Each center is required to provide at least four (4) Division approved opportunities for parental involvement. Examples of approved activities are listed below. (See Arkansas Better Beginnings website for resources. www.arbetterbeginnings.com)

    - Parents are allowed to observe, eat lunch with a child, or volunteer in the classroom.
    - Conferences are held at least once a year and at other times, as needed, to discuss children's development and learning.
    - A parent resource area is available with books, pamphlets, or articles on parenting and child development.
    - Parent meetings are held with guest speakers or special events, for example, open house or a family activity night.
    - Parents are informed of the center's programs and activities through a parents' bulletin board, regular newsletter, email, or web page.
    - Parents participate in program and policy development through board involvement, planning meetings, or questionnaires and ~~/~~surveys.

12. The facility 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 of 2013)

13. Staff shall not release a child to anyone who 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 identification (ID); ~~AND~~and,
    b. The person in charge can match the ID to the individual named on the child's data sheet.

~~14.~~ Verification of permission for persons not on the authorized list shall be obtained by the person in charge by calling the parent at a number listed in the child's record. The

person

~~15.~~14. in charge shall view an official picture ID of the individual to verify identity.

~~16.~~15. There shall be a total of at least one (1) hour of outdoor play per day in suitable weather. When ~~making a determination~~deciding if children should play outside, staff shall consider the following environmental factors:

a. When the heat index is forecast to be ninety (90) degrees Fahrenheit or above, outdoor play should 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, children should have shaded area, an ample supply of water, and should be monitored closely for signs of heat stress; and~~.~~
c. When outdoor play occurs during the winter months and when temperatures are extremely cold, the time scheduled for outdoor play should be reduced or suspended depending on the temperature and other weather conditions.

~~17.~~16. The use of television, Digital Versatile Disc (DVDs)~~(DVD)~~s, video cassettes, computer or ~~/~~video games, and other screen time activities shall meet the following requirements:

a. Shall be prohibited for children younger than two (2) years of age (t~~T~~he use of DVDs or other video programs for any activities with this age group would have to be approved through an alternative compliance request~~.~~);
b. Shall be limited to programs of educational value which are age-appropriate;
c. Shall be scheduled and 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 (1) hour in length~~.~~); and
d. Educational computer learning periods for children below five (5) years of age may not exceed two (2) hours a day per child or group of children. Educational computer learning periods for children five (5) years of age and older may exceed two (2) hours per day.

~~18.~~17. Photos or video recordings shall not be made of any child without prior written permission from the child's parent or guardian.

~~19.~~18. Photos or video recordings of children shall not be placed on social media or any other websites without prior written parental permission.

402 Infant ~~&~~ and Toddler Specific Program Requirements

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

2. 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.

~~3.~~ Infants and toddlers, shall have a learning and ~~/~~play environment that shall include staff

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being on

~~4.~~3. their level interacting with them frequently when they are awake.

~~5.~~4. The facility shall implement relationship-based practices that promote consistency. Infant and toddler caregivers and ~~/~~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 and ~~/~~guardians by greeting them warmly and exchanging information that promotes continuity between the center and the child's home; and~~.~~
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.
(See Division web site for brain development diagram.)

~~6.~~5. It is recommended that the facility promote continuity of care for infants and toddlers by maintaining consistency in staffing.

~~7.~~6. Staff shall plan and provide experiences that meet infant and ~~/~~toddlers needs and stimulate learning in the following developmental areas: self-concept, physical, social, emotional, cognitive, and language, as found in the "Arkansas Frameworks for Infant ~~&~~ and Toddler Care."

~~8.~~7. The center shall have an approved curriculum with weekly lesson plans appropriate for the developmental needs of each group of children, when~~. When~~ available~~.)~~.

~~9.~~8. Infants and toddlers shall be taken outside for a period of time every day, unless prevented by weather or special medical conditions.

~~10.~~9. Outdoor play for infants and toddlers may include riding in a carriage or stroller. However, infants and toddlers shall be offered opportunities for gross motor play outdoors as well.

~~11.~~10. An age appropriate daily schedule (for each age group) shall be posted in each classroom and shall be accessible to parents and staff.

500 BEHAVIOR GUIDANCE

501 Behavior Guidance Requirements

1. Behavior guidance shall be:

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a. Individualized and consistent for each child;
b. Appropriate to the child's level of understanding;
c. Directed toward teaching the child acceptable behavior and self-control. See Division website~~web-site~~ for recommended behavior guidance training.

2. Physical punishment shall not be administered to children.

3. The length of time a child is placed in time out shall not exceed one (1) minute per year of the child's age.

4. Acceptable behavior guidance techniques include:

   a. Look for appropriate behavior and reinforce the child with praise and encouragement when they are behaving well;~~.~~
   b. Remind the child ~~on a~~ daily ~~basis~~ of the rules by using clear, positive statements regarding how they are expected to behave rather than what they are not supposed to do;~~.~~
   c. Attempt to ignore minor inappropriate behavior 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 steps rather than waiting until the child has behaved appropriately for a long period of time; and~~.~~
   f. Attend to the children who are behaving appropriately, and other children will follow their example in order to obtain your attention.

5. The following activities or threats of such activities are unacceptable as behavior guidance measures and shall not be used for children. These include, but are not limited to the following:

   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;~~.~~
   m. Children shall not be forced or bribed to eat;~~.~~
   n. Shaming, humiliating, frightening, labeling, physically, or mentally harming children; and
   o. Covering the faces of children with blankets or similar items.

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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 allowable.)

7. Behavior guidance practices used by the center shall be discussed with each child's parents and provided to them in writing at the time of enrollment with a copy signed by the parent maintained in the child's record.

502 Infant ~~&~~ and Toddler Behavior Guidance Requirements

1. Time-out shall not be used for children under two (2) years of age.

2. The child may be placed in a supervised area away from the group or in a crib or playpen while staff attends to the situation. Brief separation from the group is acceptable when the child's behavior places the child or others at risk of harm. Example: A child who has bitten another child would be removed from the group, briefly, while staff attends to the bitten child.

600 RECORDS

601 Record Requirements

1. All staff, child, and facility records shall be kept and made available to the Child Care Licensing Unit on request. The records shall be maintained for three (3) years unless otherwise indicated.

2. Licensing compliance forms (DCC-521) shall be available at the facility for three (3) years. The facility shall advise parents in writing that the compliance forms are available for review upon request.

3. The facility shall maintain daily attendance records on all children as follows:

   a. Children shall be signed in and out daily by a parent or guardian, or designee. Electronic sign in and out systems will meet this requirement; and~~.~~
   b. The record shall include the date and time of arrival and departure.

602 Facility Records

1. Facility Records shall be maintained on site and include:

   a. Attendance records on all children;
   b. Transportation rosters, if applicable (maintained for one (1) year);
   c. Verification of current vehicle registration, if applicable;
   d. Verification of required commercial vehicle insurance coverage, if applicable;
   e. Verification of required Child Care Liability Insurance;
   f. Verification of current pet vaccinations, if applicable;
   g. Verification of annual fire department approval;
   h. Verification of annual health department approval;
   i. Verification of zoning approval (maintained as part of permanent record);
   j. Verification of annual approval by the Boiler Inspector Division of the Department of Labor;
   k. Mobile Home Commission approval for double wide manufactured homes, if

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applicable (maintained as part of permanent record);

l. Record of emergency drills;
m. Plans and procedures of Emergency Preparedness;
n. Procedures for reporting allegations of child maltreatment;
o. Procedures for reporting suspected licensing violations;
p. Licensing compliance forms;
q. Log of Product Recall and Safety Notices from Consumer Product Safety Commission (CPSC) or Attorney General's Office;
r. Articles of Incorporation, if applicable (maintained as part of permanent record); and
s. Current list of names, addresses, and phone numbers of the Board of Directors, if applicable.

603 Staff Records

1. Staff records may be maintained off site, unless otherwise noted, and shall contain the following:

   a. Name, date of birth, address, and telephone number;
   b. Education, training and experience, including a copy of the General Education Diploma (GED) or high school diploma (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 facility's operating schedule if they do not operate year-round;
   b.c. Employment related information for previous six (6) years, with written documentation of verification of employment and reference checks;
   c.d. Attendance record, listing days and hours worked;
   d.e. Date of employment and date of separation;
   e.f. Documented training or continuing education; i.e., orientation, in-service training, and workshop documentation, which shall include title of workshop, presenter, hours of training and date;
   f.g. Initiation of Criminal Record Checks and Central Registry Checks and the results obtained when received;
   g.h. Verification of completion of the required transportation training and a readable, current copy of the driver's license for all staff who transport children (copy must be on site);
   h.i. Verification of First Aid orand/or Cardiopulmonary Resuscitation (CPR) for applicable staff (copy must be on site); and
   i.j. Documentation of new employee evaluations.

604 Children's Records

1. The child care facility shall maintain a record for each child in care which shall be on site. Records for children no longer enrolled may be maintained off site. Children's records shall contain the following information:

   a. Application form which includes child's name, date of birth, and address, name of parent or guardian, telephone numbers (home and business), work hours of parents or guardians, and date of enrollment in facility;
   b. The name, address, and telephone number (home and business) of a responsible person to contact in an emergency if the parent or guardian cannot be located promptly;
   c. Name, address, and telephone of child's physician or emergency care facility;

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d. Written permission of parent or guardian authorizing emergency medical care and transportation of child for emergency treatment (This authorization shall accompany children anytime they are transported~~.~~);
e. Name(s) of persons authorized to pick up child;
f. Permission slips signed by parent or guardian authorizing the child to be taken on specific field trips;
g. Pertinent medical history on the child;
h. An authorized record of up-to-date immunizations or documentation of a religious, medical, or philosophical exemption from the Arkansas Department of Health (ADH) (Updated immunization schedules will be provided as changes are received from the ~~Arkansas Department of Health~~ADH~~.~~);
i. A written record of all significant changes in the child's physical or emotional state and accidents, incidents or injuries, indicating the date, 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~~.~~);
j. Any legal or medical documentation that has been given to the facility, by the parent or legal guardian, regarding the care of the child;
k. Written permission for the facility to photograph or video tape their child, if applicable;
l. Written permission for the facility to place photos and video recordings of their child on social media or other websites, if applicable;
m. Infant feeding documentation shall be maintained for at least one (1) year; and
n. Documentation of distribution of Shaken Baby Syndrome information to all parents of infants in accordance with Carter's Law.

700 NUTRITION

701 Nutrition Requirements

1. The center shall ensure that lunch is served to each child.

2. Breakfast, lunch, snacks, and evening meals shall each meet current U.S. Department of Agriculture guidelines, including portion size. (See Appendix C) Menus for all food service shall be posted. (See Division website~~web-site~~.) If sack lunches are utilized, the facility shall ensure that they also meet these requirements. Milk shall be served to each child during the day. Exceptions may be made for children who suffer allergies to milk.

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

4. All food service surfaces shall be kept sanitary.

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

6. Food and drinks which are not available to the children shall not be consumed by staff in the children's presence.

7. Mid-morning snacks or breakfast, and mid-afternoon snacks shall be provided for all children.

8. All food brought from outside sources shall come from Health Department approved

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kitchens and shall be transported as per Health Department requirements, or the food shall be in an individual, commercially pre-packaged container. (This does not include individual sack lunches brought from home.)

9. All refrigerators used for food storage shall be maintained at a temperature of forty-one (41) degrees or below, and all freezers used for food storage shall be maintained at a temperature of zero (0) degrees or below.

702 Infant ~~&~~ and Toddler Nutrition Requirements

It is recommended that mothers be allowed and encouraged to breast feed their children at the facility.

1. The routine use of food, bottles, and formula shall be agreed upon by the caregiver and parent. 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. (See Appendix D).

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. Infant bottles and food shall be prepared and heated in an area separate from the diaper changing area.

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

5. Infants no longer held for feeding 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 if directed by the manufacturer.

6. Children under two (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.

7. Water used for the preparation of formula shall not come from the hot water supply. (Water from hot water systems may contain high levels of lead and other substances which could be harmful to small children.)

8. Children shall not share the same bottle or eating utensils. The facility shall practice a sanitary method of cleansing baby bottles, cups, and utensils.

9. Bottles shall not be propped. Infants under six (6) months of age shall be held while being bottle-fed.

10. Bottles and “sippy cups” shall be labeled with the child’s name and shall be refrigerated.

800 BUILDINGS

801 Building Requirements

1. Child care centers shall comply with the Minimum Requirements of the currently adopted Arkansas Fire Prevention Code as administered by local fire department or by the State

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Fire Marshal, who has final authority. Written verification of annual approval shall be maintained on file. **(Note that the State and Local Fire Codes may not allow the use of basements or floors above ground level by children, first grade and younger, unless there is a ground level exit.~~.))~~**

2. State Health Department requirements shall be met. Written verification of annual approval shall be maintained on file.

3. 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 has been scheduled and annual approval shall be maintained on file. 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.)

4. All space used by a center shall be kept clean and free of hazardous or potentially hazardous objects. (These objects include, but are not limited to, poisonous substances, firearms, explosives, broken toys or ~~/~~equipment, or other objects that could be harmful or dangerous, if they are determined to be accessible to children.)

5. Thirty-five (35) square feet per child of usable floor space shall be required for indoor activities. This does not include bathrooms, kitchen, and hallways. Usable space in the child care center shall include areas in the classroom used for storage of programmatic materials which are accessible to children. This does not include closets or storage space for equipment that is not in use.

6. Separate space shall be provided for the isolation of children who become ill and shall be located in an area that can be supervised at all times by a staff member.

7. All parts of the center used by the children shall be well heated, air conditioned, lighted, ventilated, and maintained at a comfortable temperature.

8. Glass doors shall be clearly marked.

9. When windows and doors are used for ventilation, they shall be screened and shall not present a safety hazard.

10. Floor furnaces, gas heaters, electric heaters, hot radiators, water heaters, air conditioners, and electric fans shall have guards and shall not present a safety hazard. Portable fuel fired heaters shall not be used.

11. 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 Heating, Ventilation, and Air Conditioning (HVAC) technician.

12. Carbon monoxide detectors shall be placed in facilities according to manufacturer's recommendations if one (1) of the following situations applies:

    a. Facilities using wood, propane, natural gas, or any other product as a heat source that can produce carbon monoxide indoors or in an attached garage; or

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b. Any situations where carbon monoxide detectors are required by state or local law.

13. Floors, ceilings, and walls shall be in good repair and kept clean. Paints used at the facility shall be lead free.

14. A child care center shall have an operable telephone on site all hours children are in care. The Licensee 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.)

15. The following structures shall not be used as child care centers:

    a. Manufactured homes constructed prior to June, 1976;
    b. Manufactured homes constructed with metal roofs and outside walls;
    c. Single-wide manufactured homes; and
    d. Portable storage type buildings.

16. Double-wide manufactured homes may be considered provided they are tied down in accordance with the manufacturer's tie down specifications manual. Any new applicant for a child care center that requests the use of a manufactured home shall obtain an inspection at the applicant's expense from the Arkansas Manufactured Home Commission.

17. Manufactured homes currently licensed as child care facilities shall be tied down as recommended by the Arkansas Manufactured Home Commission.

18. Portable classroom buildings are not considered manufactured homes, but do require Fire Department approval. Portable classroom buildings installed after November 1, 2002, shall have Fire Department approval prior to purchase and installation.

802 Infant & and Toddler Building Requirements

1. If Infant and Toddler Centers and Child Care Centers are operated in the same building, the areas designated for care of infants and toddlers shall be in rooms separate from the activity of other children.

2. When infants and /toddlers share the same eating areas with older children, arrangements shall be made to maintain separation.

900 PLAYGROUNDS and /OUTDOOR LEARNING ENVIRONMENT

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". However, the following are minimum requirements and shall be met.

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;

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

The use of public playgrounds and other play environments away from the facility is not recommended as these environments may not meet acceptable safety standards. If these playgrounds are used, staff should provide close supervision and not allow children to use any equipment that appears unsafe (ieeg: broken equipment, sharp objects, strangulations hazards, etc.). Using playgrounds and other play environments away from the facility is considered a field trip and all field trip requirements shall be followed.

901 Layout & and Design

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 from an internet site such as Google Maps, or a diagram 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 or /outdoor learning area shall be fenced or otherwise enclosed and provide at least seventy-five (75) square feet per child present on the playground at any time.

5. There shall be an outside exit from the play area.

6. The area shall be well drained.

7. There shall be equipment and activities appropriate for the age and number of children enrolled in the facility.

8. Separate play areas or time schedules shall be provided if, infants and toddlers share playgrounds with older children.

9. A shady area shall be provided where children can get out of direct sunlight. This can be accomplished by utilizing existing shade such as trees and buildings, or by creating shade with manufactured structures such as awnings. -If shade is not available, the schedule for outdoor play shall be altered so that children are outdoors during early morning hours to avoid extreme heat and direct sunlight.

10. All areas where children play outdoors shall be properly maintained.

902 General Hazards

1. The area shall be free of hazards or potentially hazardous objects.

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2. Equipment that has been determined by the Division to be unsafe for the children in the licensed facility to use shall be removed from the play area~~,~~ or enclosed by a fence or other suitable barrier so the children will not have access to it.

3. All newly purchased playground equipment designed for children to play on or climb on, such as slides, swings, composite structures, etc., shall be commercially manufactured and certified to meet American Society for Testing and Materials (ASTM) or Consumer Product Safety Commission (CPSC) standards for public playgrounds. Equipment in place prior to January 1, 2014, may continue to be used provided it meets all other licensing requirements.

4. Equipment, which is designed to be anchored, shall be properly anchored so that the anchoring devices are below ground level.

5. Sand for playing shall be kept safe and clean.

6. Paint on equipment shall be lead free.

7. All fasteners, including S-hooks, shall be securely tightened or closed.

8. There shall be no sharp points, corners, edges, or splinters.

9. Equipment shall not have protrusion hazards. (A protrusion is a projection which, when tested, is found to be a hazard having the potential to cause bodily injury to a user who impacts it.)

10. Equipment shall not have entanglement hazards. (An entanglement is a condition in which the user's clothes or something around the user's neck becomes caught or entwined on a component of playground equipment.).

11. Trampolines shall not be used. (Therapeutic use of trampolines is acceptable if supervised by the therapist on a one (1)-on-one (1) basis.)

12. 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 (1)-on-one (1) basis.)

13. Wading pools shall not be used. This does not prohibit the use of sprinklers and water play.

14. To prevent entrapment, there shall be no opening(s) between any interior opposing surfaces between three and one-half inches (3.5") and nine inches (9) ~~inches~~. (Openings in equipment that might allow a child's body to pass through, but not their head.) Ground bounded openings are exempt.

15. Providers and ~~/~~caregivers shall be aware of and remove when possible any hazardous items children may wear on play equipment such as helmets, drawstrings, and other accessories around the neck that may cause a strangulation or ~~/~~entanglement hazard.

16. All children one (1) year of age and older shall wear properly fitted and approved helmets while riding on bicycles and when using roller skates, skate boards, roller blades, and scooters.

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Helmets shall be removed as soon as children stop riding the wheeled equipment. Helmets shall meet CPSC standards. (Helmet use is recommended while riding tricycles and other wheeled toys.)

17. All soccer goals shall be commercially manufactured and installed and anchored according to manufacturer's guidelines.

903 Balance Beams

1. Balance beams shall not be higher than twelve inches (12") ~~inches~~ and shall have use zones with protective surfacing.

2. Children under age two (2) shall not use balance beams.

904 Slides

1. Slides shall not have any spaces or gaps between the platform and the slide surface.

2. Slides shall have a transition platform of at least fourteen inches (14") ~~inches~~ deep for preschool and school age children, and nineteen inches (19") ~~inches~~ deep for toddlers.

905 Swings

1. The following swings shall not be used for any ages:

   a. Multi-occupancy swings designed to hold more than one (1) child, except tire swings;
   b. Heavy molded swings such as animal figure swings;
   c. Free swinging rope (Tarzan ropes);
   d. Swinging exercise rings;
   e. Trapeze bars;
   f. Swings attached to a composite structure (Composite Structure is defined by Consumer Product Safety Commission (CPSC) as, "Two (2) or more play structures attached or functionally linked, to create one (1) integral unit that provides more than one (1) play activity~~."~~)."

2. There shall be no wood or metal swing seats.

3. Toddler swings shall have fully enclosed bucket seats.

4. Direct supervision shall be provided for children in toddler swings.

906 Climbing Equipment

1. Free standing arch climbers shall not be used for preschoolers.

2. Flexible grid climbing devices, such as rope or chain ladders, climbing ropes, etc., shall be securely anchored at both ends.

3. Flexible grid climbing devices shall not be used for preschoolers unless they are anchored at both ends and have a means of transitioning from one (1) piece of equipment to the next.

Mark-Up

4. Preschoolers shall not use sliding poles.

5. Sliding poles shall have no protruding welds or seams along the sliding surface and the pole shall not change directions.

907 Merry Go Rounds

1. The only merry-go-rounds allowed are portable merry-go-rounds not designed to be anchored and they shall have handgrips or other secure means of holding on.

908 Seesaws

1. Seesaws without spring centering devices shall have shock absorbing materials, such as partial tires embedded in the ground underneath the seats or secured to the underside of the seats.

2. Hand holds shall be provided for both hands at each seating position and shall not turn when grasped.

~~2.~~3. Hand holds shall not protrude beyond the sides of the seat on seesaws.

909 Protective Surfacing

1. There shall be use zones and protective surfacing under and around all equipment that is over eighteen inches (18")~~"~~ 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 six feet (6')~~'~~ in all directions (unless otherwise specified) from the perimeter of the equipment. (Playground equipment that is between eighteen inches (18") ~~inches~~ and twenty-four inches (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.~~.~~)~~.~~

2. Swings require use zones and protective surfacing regardless of height.

3. 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 and ~~/~~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.

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4. Shock absorbent material such as sand, pea gravel, wood chips, wood mulch, shredded tires, etc., shall be used in use zone areas under and around playground equipment which requires a use zone.

   a. When purchasing gravel, care should be taken prior to purchase to ~~insure~~ensure that the gravel is actually pea gravel that is smooth and rounded, and not crushed rock or gravel with sharp edges. Crushed rock and sharp gravel will not be approved;~~.~~
   b. Pea gravel used for use zones shall not be over one-half inch (½") ~~inch~~ in diameter; and~~.~~
   c. Different types of protective surfacing materials shall not be combined within the same use zone area.

5. Hard surface materials, such as asphalt and concrete shall not be used as base surfaces in the use zones except under commercial matting or other systems and ~~/~~products designed to be installed over hard surfaces as directed by the manufacturer.

6. SLIDES: The use zone for slides measuring six feet (6') ~~feet~~ or over, measured from the slide platform to the ground, shall extend eight feet (8') ~~feet~~from the exit end of the slide. Use zones for slides measuring under six feet (6') ~~feet~~from the platform to the ground shall extend six feet (6')~~feet~~ from the exit end of the slide.

7. SWINGS: ~~-~~The use zone for single-axis swings (standard swings) (except toddler swings) shall extend to the front and to the rear of the swing a minimum distance of two (2) times the height of the pivot point (where the chain attaches to the frame) above the playing surface. The use zone for toddler swings shall extend to the front and rear of the swing a minimum of two (2) times the distance from the pivot point to the swing seat. Use zones shall also extend six feet (6') ~~feet~~ to the sides of the swing set.

8. SWINGS: The use zone for multi-axis swings (such as tire swings or others with three (3) or more suspending chains) shall extend in all directions a minimum of six feet (6') ~~feet~~, plus the height of the suspending rod or chain. ~~-~~The use zone from the end of the structure must also extend a minimum of six feet (6') feet in all directions.

9. Use zones shall be free of obstacles onto which children may fall.

1000 FURNITURE ~~&~~ and EQUIPMENT

1001 Furniture ~~&~~ and Equipment Requirements

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

2. All equipment shall be sturdy, clean, and safe.

3. Paint on toys, equipment, and other materials shall be lead free.

4. Child size tables and chairs, highchairs, or other age appropriate and comfortable seating options shall be used during snack and meal times.

5. Safety straps shall be used at all times in high chairs or any other seats designed to be used with straps.

Mark-Up

6. The center shall provide individualized space for storing personal belongings.

7. There shall be storage space for extra materials and other equipment when not in use.

8. Outdoor equipment that requires use zones and protective surfacing shall require the same use zones and protective surfacing if used inside the facility. (This does not apply to equipment specifically designed for indoor use only.)

1002 Sleeping Requirements for Preschool

1. There shall be a labeled, individual cot or mat, bottom sheet, and adequate cover for each child in care during rest time.

2. The use of mats shall be acceptable if they are at least two inches (2")~~inches~~ thick, washable, waterproof, and size-appropriate for children.

3. All sleeping equipment shall be kept at least one foot (1')~~foot~~ apart for napping to prevent cross-~~-~~contamination and to ensure ease of access in an emergency.

4. Sheets and covers shall be washed at least once a week or more frequently as needed. Once a sheet, ~~/~~cover, or~~/~~ blanket has been used by a child, it shall not be used by another child until it has been washed.

1003 Infant ~~&~~ and Toddler Sleeping Requirements

1. Sleeping infants and ~~&~~toddlers shall be visually monitored at all times and physically checked regularly for breathing.

2. Infants and ~~/~~toddlers shall be placed in age appropriate cribs, cots, or mats meeting Consumer Product Safety Commission (CPSC) standards, for~~-~~ when they fall asleep. (Note: Also, any items used in the crib must be used according to manufacturer guidelines, regardless if the child is sleeping or not, in accordance with 1001.1.)

3. Infants (children twelve (12) months of age and below) shall be placed flat on their backs to sleep, in accordance with American Academy of Pediatrics guidelines, to lessen the risk of suffocation and Sudden Infant Death Syndrome (SIDS). (If a child rolls over on his or ~~/~~her own, the facility is not required to reposition the child.) ~~-~~If there is a medical reason a child cannot sleep on his or ~~/~~her back, then a signed statement from the child's physician must be in the file stating the reason, the sleep position indicated, and the time frame this is required.

4. Infants' sleep space (e.g. crib) shall be free of loose bedding. If a light blanket is ~~-~~ necessary, it should be kept at or below the mid-chest area of the child. Staff shall not cover the faces of infants.

5. Swaddling infants is not recommended and shall require a note from the child's physician if continued past the age of three (3) months.

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

7. Bibs, necklaces, and garments with ties or hoods shall be removed from infants prior

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to rest and /naptime to reduce the risk of entanglement and strangulation while the child is sleeping.

8. 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.

9. An individually labeled crib or safe playpen with a waterproof mattress shall be provided for each child less than twelve (12) months of age. A bassinet shall not be used. (Please note that the CPSC does not recommend the use of playpens in licensed child care.)

10. The following guidelines shall be required for cribs:

    a. Slats shall be no greater than two and three-eighths inches (2 3/8)"(2/3/8") apart;
    b. Cribs that have end panels with decorative cutout areas shall not be used;
    c. Mattresses shall fit snugly in the crib, be waterproof, and in good repair;
    d. The space between crib and mattress shall measure no more than one inch (1")inch;
    e. Corner posts shall be the same height as end panels; and
    f. End panels shall extend below mattress at the lowest position of the mattress.

11. Crib bedding shall be changed daily or more frequently when wet or soiled.

1100 HEALTH

1101 General Health Requirements

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. The caregiver shall 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.

   The caregiver shall temporarily exclude the child from child care if the 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 one hundred and one (101) degrees /oral or, one hundred (100) /axillary (or equivalent method) in a child who also has pain, behavior changes, or other symptoms of illness;
      - An infant younger than two (2) months with any increased temperature shall get urgent medical attention, within an hour.
      - An infant younger than six (6) months with any increased temperature shall be medically evaluated.
   c. Diarrhea, defined as watery and /runny stools if frequency exceeds two (2) or more

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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 (two (2) or more episodes of vomiting in the previous twenty-four (24) hours);
f. Abdominal pain which lasts more than two (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 (1) child in the program has symptoms.
j. Pediculosis (head lice), 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 twenty-four (24) hours after antibiotic treatment has been started;
n. Chicken pox, until all lesions have crusted (usually six (6) days after the rash appears);
o. Rubella, until six (6) days after onset of rash;
p. Pertussis (whooping cough); until five (5) days of antibiotic treatment;
q. Mumps, until five (5) days after onset of gland swelling;
r. Measles, until four (4) days after onset of rash; and
s. Hepatitis A, until one (1) week after onset of illness or as directed by the health department.

4. Any child who is injured shall have immediate attention. Parents shall be notified of all injuries. Injuries that require the attention of medical personnel shall be reported to the parent immediately and to the Licensing Unit within one (1) business day.

5. Parents or guardians of all children shall be notified of contagious illness as soon as possible.

6. Medication shall be given to children only with signed parental permission which includes date, type, drug name, time and dosage, length of time to give medication, and what the medication is being given for. It shall be in the original container with a child resistant cap, not have an expired date, and be labeled with the child's name. (Aspirin substitutes, such as ibuprofen and acetaminophen, may be provided by the facility if parental permission has been granted. These medications shall be in the original container.) Staff shall not dispense medications in dosages that exceed the recommendations stated on the medication bottle.

7. 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.

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

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

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

11. A first aid supply shall be kept out of reach of the children. A first aid kit containing medications shall be locked. This kit shall include the following:

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

12. Medicine shall be kept out of the reach of the children when dispensing and shall be stored in a locked area at all other times.

13. The staff person who administers the medication shall initial the permission slip and record the date, time, and dosage administered.

14. Facilities shall comply with the Clean Indoor Air Act of 2006. Smoking (including e-cigarettes) in a child care center is prohibited at all times. This includes:

    a. All areas of the facility, 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(s);
    c. Other outdoor areas when children are present; and
    d. In any vehicle used to transport children, whether children are present in the vehicle or not.

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

16. 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.)

17. Garbage and soiled diapers shall be kept in closed containers. Garbage and trash shall be removed from the center daily and from the grounds at least once a week.

18. The facility shall be free of insects, rodents, and pests.

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19. There shall be no pets or animals allowed that present a health and safety threat. A licensed veterinarian shall certify that dogs and cats have a current vaccination against rabies.

20. The communicable diseases listed in Appendix B, whether suspected in a child or adult shall be reported within twenty-four (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 and Rubella);
    c. Whooping Cough (Pertussis);
    d. Meningitis;
    e. Mumps;
    f. Tuberculosis;
    g. Salmonellas (including Typhoid); and
    h. E-coli.

21. Reporting data should include:

    a. The reporter's name, location, and phone number;
    b. The name of the disease reported and the date of onset;
    c. The patient's name, address, phone number, age, sex, and 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); and
    f. Any treatment information, if known.

22. A roster shall be maintained on infants and toddlers who have not completed the minimum immunization requirements and parents shall be notified of the needed immunization(s).

23. Within fifteen (15) days of enrollment of a child, the child care facility shall verify that the child has been immunized as required by the Arkansas Department of Health (ADH) and the Department Human Services (DHS) 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.

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

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

26. 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.

27. Children shall be protected from overexposure to the sun. Sunscreen shall be used if needed and as directed by the parent. Suntan lotions and sunscreens used for infants, 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

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apply sunscreen to themselves with supervision. Blanket permission may be obtained annually.

28. It is recommended that the facility have an automated external defibrillator on site and have a staff member(s) on-site who is trained in the proper use of this device.

1102 Hand Washing

1. Individual towels, paper towels, or forced air dryers shall be within the reach of children.

2. A liquid soap shall be accessible in the hand washing area and used by caregivers and children.

3. Running water shall be available in all lavatories.

4. Caregiver's and children's hands shall be washed with soap before meals and snacks, after toileting, after each diaper change, and as needed. The use of hand sanitizer shall not be a replacement for soap and running water.

5. A wash-cloth or towel shall not be used more than one (1) time before laundering.

1103 Infant and &Toddler Hand-Washing

1. Caregivers' hands shall be washed with soap upon entering the work area.

2. There shall be at least one (1) sink in each infant and /toddler room for ages under eighteen (18) months for diapering. ~~Existing structures licensed prior to implementation of this rule are exempt from this requirement. However, any expansions, additions, rearrangement of classrooms being used or any newly licensed structures shall comply with this requirement.~~

1104 Drinking Facilities

1. The water supply shall be approved by the Arkansas Department of Health (ADH).

2. Drinking water shall be provided to the children.

3. Drinking water shall not be obtained from the hot water supply.

1105 Toilet Facilities

1. There shall be one (1) toilet and one (1) sink available for each group of fifteen (15) children.

2. Clean clothes shall be available for children who soil themselves.

3. Each center licensed or approved for more than thirty (30) children over the age of eighteen (18) months shall have a separate rest room for staff. Infant and Toddler Center staff and Day Care Center staff may share the same toilet facilities when both programs are located in the same building.

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

1106 Infant ~~&~~ and Toddler Toilet Facilities

1. For every fifteen (15) children, eighteen (18) months of age and above, there shall be one (1) toilet and sink.

2. The child care center shall provide a bathroom that opens directly into the room where toddlers are located.

3. Potty chairs shall not be counted in lieu of conventional toilets. If potty chairs are used, they shall be placed in the same area with a conventional toilet and sink and shall be emptied and sanitized immediately after each use.

1107 Diaper Changing

1. A hand washing sink shall be available for the staff within the diaper change areas.

2. 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 and ~~/~~teachers;
   e. The table shall be equipped with a raised edge or other provision to help reduce the risk of a child rolling off of the table.

3. Children shall always be attended during diapering.

4. Soiled or wet diapers shall be removed and replaced with clean, dry diapers. The caregiver shall ensure that children are properly cleaned and dried.

5. Soiled cloth diapers or clothing shall not be rinsed. If a child's own diapers are used, they shall be sanitarily bagged to be taken home daily.

6. Diaper covers or plastic pants shall be handled in the same manner as cloth diapers.

7. All diapering preparations shall be placed out of the reach of children. The use of all diapering preparations shall be agreed upon by the caregiver and parent.

1108 Toilet Learning

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

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

   a. Placing child on toilet or potty chair for prolonged time periods;
   b. Using harsh language;
   c. Punishing or berating in any way for soiling clothing;

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d. Using physical force to place child on a toilet or potty chair against their will; or
e. Leaving a child unsupervised on toilet.

1200 SAFETY

1201 Safety Requirements

1. Within thirty (30) days of licensure 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; and
   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.

2. The facility 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. The plan and procedures are required for emergencies that could cause structural damage to the facility or pose a health or safety hazard to the children and staff. The Arkansas Department of Emergency Management may identify additional threats that are covered by the plan and procedures. This plan shall include provisions for "sheltering in place" or "lock down", in the event of situations that warrant these 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; and
   f. Plans to ensure that all staff and volunteers are familiar with the components of the plan.

4. The facility shall coordinate with local emergency management officials to plan for emergencies.

5. The facility 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 facility Director and signed and dated, indicating that they have reviewed the current plan and

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agree to comply with the provisions of the plan.

6. Written procedures and evacuation diagrams for emergency drills shall be posted in each classroom.

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. Everyone in the facility, to include all program types (i.e. infant ~~&~~ and toddler, preschool, school age), at the time of the drill shall participate in the drill;
   d. Staff, including volunteers and substitutes, shall be trained in emergency drill procedures;
   e. During all hours when children are in care (evenings, nights, weekends, etc.); and
   f. If applicable, the facility shall provide a crib with evacuation casters or equivalent that will provide one (1) bed for every six (6) infants, twelve (12) months and younger, that may be used for the safe evacuation of the infants.

8. The facility 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; and
   f. Notes regarding any items that need improvement.

9. The facility shall maintain an evacuation pack that shall be taken on all drills and during actual emergency evacuations. The pack shall be easily accessible in an emergency and all staff 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 1101.6) 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 or pencils;
   j. Whistle;
   k. Disposable cups;
   l. Wet wipes; and
   m. Emergency survival blanket.

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

11. Child care centers shall maintain a log of all child product recalls and safety notices issued

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by Consumer Product Safety Commission (CPSC) or distributed by the Attorney General's Office and shall post or otherwise make these notices available for parents to review on site. The facility director shall certify, on an annual basis, that these notices have been maintained and reviewed and that any identified items have been removed from the facility. Forms for self-certification will be provided by the Licensing Specialist and shall be submitted annually. (Act 1313 of 2001).

12. There shall be no alcoholic beverages in any part of the facility during hours of care.

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

14. All medications and poisonous substances shall be kept in separately locked areas.

15. Rescue medications such as inhalers or EpiPens shall be inaccessible to children (kept in a cabinet with a child proof type safety latch or carried by a staff member).

16. All detergents and cleaning supplies shall be kept out of the reach of children. (This does not include hand soap in children's or staff bathrooms.)

17. Supplies used for children's activities shall be carefully supervised.

18. All bags belonging to children shall be checked on arrival to eliminate possible hazards.

19. Purses and bags belonging to staff shall be stored out of reach of children.

20. Electrical outlets shall be guarded.

21. Balloon use shall be carefully supervised.

22. Staff shall be instructed in the use of fire extinguishers.

23. The facility shall maintain smoke detectors and ~~/~~fire extinguishers as required by the Fire Department. Smoke detectors shall be kept in working order at all times.

24. Chemicals and toxins shall not be stored in the food storage area.

1202 Infant ~~&~~ and Toddler Safety Requirements

1. Balloon use shall not be allowed in infant and ~~/~~toddler areas.
2. Pacifiers, if used, shall not be secured around the neck by a cord or any other means that could represent a strangulation hazard.

1203 Swimming Pools

1. Swimming pools and natural pools of water may be used for water play for children age three (3) and up if the following requirements are met:

   a. Health Department approval where applicable;
   b. Written parental permission; and
   ~~c.~~ One (1) person present at all times who has current certification in Red Cross Life

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Saving or
~~d.~~c. Y.M.C.A. aquatic instruction.

2. Adult supervision of the children shall be provided at all times, with grouping based on the following staff to ~~/~~child ratio: ~~-~~(Unless children are participating in an authorized swimming instruction program.)

a.	Kindergarten ~~&~~ and up	1:8
b.	Five (5) years	1:5
c.	Four (4) years	1:3
d.	Three (3) years	1:2

3. When children of different ages are swimming in a group, the staff to ~~/~~child ratio shall be based on the youngest child within the group.

4. Lifeguards, swimming instructors, or any other swimming pool staff may be counted in the ratio when the facility's children are the only occupants of the pool and these persons have completed criminal and child maltreatment background checks and have a current health card.

5. Swimming pools located within the play area of the center shall be enclosed. The enclosure shall consist of a locked gate and a fence that is at least four feet (4') ~~feet~~ high.

1300 TRANSPORTATION

1301 Transportation Requirements

1. The requirements in this section apply to all transportation provided by the Licensee, including transportation provided by any person on behalf of the Licensee, regardless of whether the person is employed by the Licensee. ~~-~~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. Staff transporting children shall meet the following requirements:

   a. Be at least twenty-one (21) years of age or the minimum age required by the Licensee'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 staff's record;
   c. Successfully completed the training course in Driver Safety that is offered or approved by the Division prior to transporting children (Verification of the completed course in Driver Safety shall be maintained on site in the staff's record~~.~~); and
   d. At least one (1) adult on the vehicle shall be certified in Cardiopulmonary Resuscitation (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.

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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); and
   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).

   Exception: State institutions, political subdivisions, or other entities entitled to immunity from liability under § 21-9-301, are not required to meet this requirement to be licensed. (Act 23 of 2015)

7. Driver may be counted in staff to ~~/~~child ratio~~,~~ but shall not be the only adult when more than twelve (12) children over three (3) years of age and older are transported.

8. For transporting children kindergarten and above only, a ratio of 1:18 shall be maintained. The driver may be counted in the staff to~~/~~ child ratio. ~~Providers licensed prior to the effective date of this rule will have four years from the implementation of this rule to comply.~~

9. Any child who is less than six (6) years old or weighs less than sixty pounds (60 lbs.) ~~pounds~~ shall be restrained in a child passenger safety seat. Any child who is at least six (6) years or weights at least sixty pounds (60 lbs.) ~~pounds~~ must be restrained by a safety belt. (Act 470 of 2001). Conventional school busses are exempt from this requirement except for the transportation of infants and ~~/~~toddlers. (See #1302.2) Child passenger safety seats shall be used in accordance with manufacturer's guidelines.

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

11. Rosters listing the date, the names, and the ages or ~~/~~dates, of birth 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 facility. Transportation rosters shall be kept by the facility and available for review for one (1) year.

12. To ~~insure~~ ensure that no children are left on the vehicle, the driver or a staff member must walk through the vehicle and physically inspect each seat before leaving the vehicle. The driver or the staff member, who conducted the walk-~~-~~through inspection, must sign the transportation roster to verify that all children have exited the vehicle.

13. To ~~insure~~ ensure that children have safely arrived in the appropriate classroom, the transportation roster shall be reviewed by the Director or designee and compared with classroom attendance records. ~~-~~The Director or designee shall sign off on the transportation roster to verify that all children have safely transitioned from the vehicle

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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 system 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 (1) minute. **Any of the following three (3) 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 (1) minute.)

    2. Upon arrival, have one (1) 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 (2) staff members, one (1) to supervise the children and one (1) 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 ~~&~~ and Toddler Transportation Requirements

1. In a vehicle transporting infants and toddlers, the driver may be counted in the staff to~~and /~~child ratio but shall not be the only adult. ~~-~~A ratio of one (1) adult for each of the three (3) infants and ~~/~~toddlers shall be maintained.

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2. Infants and toddlers shall not be transported on school buses that are not equipped to accommodate required safety seats.

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 (IFSP) or ~~IEP (~~Individual Education Plan (IEP) exists. ~~and/or~~ 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 Individual with Disabilities Education Act (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 and ~~/~~individual family service plan; ~~.~~
   d. Facility staff (regular classroom staff) shall be a partner in the Individual Family Service Plan (IFSP) and ~~/~~Individual Education Plan (IEP) plan process.
   e. The facility shall allow service providers who are representatives of the Department of Human Services (DHS), the Division of Developmental Disabilities Services (DDS),

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or the Arkansas Department of Education (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 and /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 EducationADE and/or the Arkansas Department of Human ServicesDHS, and DDSDevelopmental Disabilities Services, shall identify the needed special services on the IFSP/IEP; and.

i. Classroom staff shall reinforce the specified goals and objectives as part of the daily routine of the classroom.

1402 Infant & and Toddler Special Needs Requirements

1. To the maximum extent appropriate, children birth to two (2) years of age 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.

PROGRAM SPECIFIC VARIATIONS

PROGRAM-SPECIFIC VARIATIONS ARE NUMBERED ACCORDING TO THE REGULATION WITH WHICH IT VARIES. UNLESS A VARIANCE IS LISTED BELOW, ALL BASIC REQUIREMENTS APPLY.

1500 SCHOOL AGE and /SUMMER DAY CAMP

301 Staff to /Child Ratio

1. Kindergarten and above, one (1) worker per eighteen (18) children.

401 Program Requirements

1. The program of activities shall be flexible and shall provide some opportunities for a child to choose how he will spend his time.

2. The program shall provide a variety of activities suitable to the ages and interests of the children.

3. School age children who leave the child care center to participate in other activities shall have written permission from the parents naming the activity, time of leaving, and returning, and method of transportation.

4. Children in camp situations shall be under direct supervision of staff at all times.

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604 Children's Records

1. Immunization records shall not be required for school age children.

2. Permission for specialized summer activities shall be maintained.

3. Emergency information and medical permission sheet shall be maintained at camp site.

701 Nutrition Requirements

1. Children arriving for after-school care shall be provided with a nutritious snack.

2. Mid-morning snacks shall be provided for all children who are in care for more than three (3) hours prior to lunch. Midafternoon snacks shall be provided for all children.

3. Vending machines in school age settings are acceptable provided they are not the only source of snacks and~~/or~~ beverages.

4. Milk is not required to be served in rural day camp settings.

801 Building Requirements

1. Twenty-five (25) square feet of floor space shall be provided for each school age child.

2. If a facility utilizes the out of doors as its major program component for school-age children, covered pavilions, and other roofed structures shall provide twenty-five (25) square feet per child.

3. If preschool children are not present, electrical outlets need not be plugged.

1002 Sleeping Equipment

~~1.~~ A period of quiet activities shall be provided when children are in care all day.

1101 Health Requirements

~~1.~~ Provisions shall be made for waterproof cots or mats if a child becomes ill.

1102 Hand Washing

~~1.~~ Alternative methods of hand washing shall be provided if running water is not available.

1104 Drinking Facilities

~~1.~~ Water that is transported to the camp sites for drinking purposes shall be in enclosed containers. Fresh water shall be provided each day.

1105 Toilet Facilities

~~1.~~ There shall be one (1) toilet and one (1) sink for every~~each~~ thirty (30) children.

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Separate toilet facilities for boys and girls shall be provided.

1203 Swimming Pools

~~1.~~ Lifeguards, swimming instructors, or any other swimming pool staff may be counted in the ratio when the facility's children are the only occupants of the pool and these persons have completed criminal and child maltreatment background checks and have a current Health card.

1301 Transportation Requirements

1. Driver may be counted in staff to ~~/~~child ratio.

2. There shall be a minimum of two (2) staff members present whenever more than twenty (20) children are transported.

1600 EVENING ~~&~~ and NIGHT CARE VARIATIONS

Night care is any care provided after midnight.

301 Staff to ~~/~~Child Ratio

~~1.~~ Staff members shall be awake at all times and shall have children in view at all times.

401 Program Requirements

~~1.~~ Evening quiet time activity shall be provided to each child arriving before bedtime.

701 Nutrition Requirements

1. Children who are in care overnight shall be provided with a breakfast prior to leaving for school or other activities.

2. Supper shall be provided to children during evening meal hours.

3. Snacks meeting the current U.S. Department of Agriculture guidelines shall be provided to children in attendance for more than two and one-half (2 ½) hours prior to bedtime.

1002 Sleeping Arrangements

1. Bedtime schedules shall be established for children in consultation with the child's parent(s).

2. Storage space for clothing and personal belongings shall be provided within easy reach of the children.

3. Individual beds or cots equipped with comfortable mattresses, sheets, pillows, pillow cases, and blankets shall be provided for children in all-night care. Bed linens shall be changed at least once a week or daily when wet or soiled.

4. Mats may be used for children in evening care.

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5. The upper level of double deck beds shall be allowed for children ten (10) years or older if a bed rail and safety ladder is provided.

6. Children shall have clean and comfortable sleeping garments for their individual use.

1105 Toilet Facilities

1. There shall be age appropriate bathing facilities available for all children. For children two and one-half (2 ½) years of age and older in night care (after midnight), there shall be a bathtub or shower available. Bathtubs and showers shall be equipped to prevent slipping.

2. Bathrooms shall be located near the sleeping areas.

3. No child under six (6) years of age shall be left alone or with another child while in the bathtub or shower.

1700 PART-TIME PROGRAM VARIATIONS

401 Program Requirements

1. A rest period is not required for children who are in care for less than four (4) hours per day or arrive shortly after lunch.

2. Outside play may be scheduled for periods of less than one (1) hour daily.

701 Nutrition Requirements

1. Facilities in operation for more than three (3) hours per day shall provide a snack that meets current U.S. Department of Agriculture Guidelines.

1800 SICK CARE COMPONENT

301 Staff to Child Ratio

1. The following ratios shall be maintained at all times:
   a. Infant and Toddler 1:3, Maximum group size = six (6)
   b. Preschool and School Age 1:5, Maximum group size ten (10)

2. Staff shall be separated in the same manner children are separated to prevent cross infection.

302 Director

1. If the component is part of a child care facility, the program director shall be accountable to the facility director. If the component is an entity unto itself the program director may also be the facility director.

2. The program director shall have completed the following training:

   a. Communicable disease control;
   b. Recognition and care of usual childhood illness;

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c. Cardiopulmonary Resuscitation (CPR) certification; and
d. First Aid certification.

401 Program Requirements

1. Children shall be provided with quiet activities according to their age and abilities.

2. Caregivers shall:

   a. Administer medicine according to prescribed instructions;.
   b. Take temperature frequently or as needed;.
   c. Monitor any changes in condition;.
   d. Record necessary medical, or physiological data, or changes;. and
   e. Notify parents immediately if their child's condition changes significantly for the worse, especially if the condition meets one (1) of the excludable diseases or symptoms.

3. The child shall be removed immediately from sick care when his or /her condition meets one (1) of the excludable diseases or symptoms.

4. Children may be returned to regular day care when a doctor's statement has been obtained or when the child is free of symptoms for twenty-four (24) hours.

604 Children's Records

1. The record shall contain information on the specific condition or illness placing the child in sick care.

2. The record shall contain any recommendations for needed medical treatment and/or program or environment modifications that the child needs.

801 Building Requirements

1. If located in the same facility as day care, sick care shall be separate with a separate entrance and separate ventilation system.

2. Children with respiratory illnesses shall be cared for in separate space from children with gastrointestinal illness. Any child with an undiagnosed condition shall be separated from other children to prevent cross infection. A separate area can be defined by curtains; partitions etc. if airborne transmission is not likely.

3. A hand-washing sink shall be available in each room.

4. To prevent cross contamination, a designated toilet shall be available to each sick care room.

5. The facility shall be self-contained-i.e. food, water, bedding, toileting (no potty chairs) etc.

1001 Furniture & and Equipment Requirements

1. No furniture, fixtures, equipment, and supplies designated for use in the sick care component shall be used or shared by well children.

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2. All laundry shall be washed each day. The items shall be placed in a plastic bag and labeled "contaminated" so necessary precautions can be taken.

3. All toys and equipment shall be disinfected after every use.

1101 General Health Requirements

TABLES OF COMMUNICABLE DISEASES AND SYMPTOMS THAT EXCLUDE CHILDREN FROM SICK CARE: (asterisk denotes reportable diseases)

1. Communicable Diseases:

a. RESPIRATORY ILLNESS	b. GASTROINTESTINAL ILLNESS	c. CONTACT
Chicken Pox	Giardia Lamblia*	Impetigo
German Measles	Hepatitis A*	Lice
Hemophilus influenza	Salmonella*	Scabies
Measles*	Shigella*	
Meningococcus*		
Mumps*		
Strep throat		
Tuberculosis*		
Whooping Cough*		

2. Symptoms that Exclude Children from Sick Care:

A symptom is a condition that indicates an illness that may not be identifiable by one (1) of the above listed names but presents a situation where the child shall not be admitted to or remain in sick care and should be seen by the family physician.

a. Diarrhea;
   - Accompanied by evidence of dehydration for excessive fluid loss.
   - Accompanied by history of poor fluid intake ~~and/~~or marked lethargy.
   - With blood or mucous in the stool unless at least one (1) stool culture shows the absence of Salmonella, Shigella, Campylobacter, or E-Coli.
   - That exceeds five (5) bowel movements in an eight (8) hour period of is continued over three (3) or four (4) days unless the child is under the supervision of a physician with written documentation.

b. Vomiting for over a six (6) hour period;

c. Difficult or rapid breathing;

d. Severe coughing: episodes of coughing which may lead to gagging, vomiting, or difficulty breathing;

e. Mucous (phlegm) that is foul smelling, yellow or green, and the child has a fever over one hundred and two (102) degrees Fahrenheit;

f. Asthmatics with severe upper respiratory infections who have not been seen by a physician or whose distress is not controlled by medication;

g. Sore throat and fever greater than one hundred and three (103) degrees Fahrenheit or confirmed Strep throat until treated with antibiotics for over twenty-four (24) hours;

h. Skin conditions that have not been diagnosed as noncontiguous by a physician;

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including but not limited to:

- Yellow (jaundiced) eyes or skin;.
- Child in contagious stages of chicken pox, measles, mumps, or rubella;.
- Untreated impetigo;
- Untreated scabies or head lice; .and
- Blood-red rashes and skin conditions with spontaneous bruising.

i. Children who are in the contagious states of Pertussis, diphtheria, or tuberculosis;

j. Pink or red eye(s) which may be swollen with white or yellow discharge until on antibiotics for over twenty-four (24) hours;

k. Abdominal pain that is intermittent or persistent; and

l. Fever over one hundred and two (102) degrees Fahrenheit for greater than twenty-four (24) hours, or any fever over one hundred and three (103) degrees Fahrenheit unless the child has been evaluated and treated by a physician and does not have other exclusion criteria.

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APPENDIX A: DEFINITIONS

1. **"Act"** means the Child Care Facility Licensing Act as amended.

2. **"Child Care Center"** means any Child Care Facility conducted under public or private auspices on a profit or nonprofit basis providing direct care and protection for children. Any facility that is open more than five (5) hours during any twenty-four (24) hour period or more than a total of ten (10) hours during a seven (7) day period is considered a Child Care Center and shall be subject to the provisions of the Child Care Facility Licensing Act. Those facilities meeting the above definitions but operating no more than three (3) weeks per calendar year are not required to comply with the licensing requirements, i.e.~~:~~, Summer Bible Schools and Camps.

   For purposes of determining the need for a license, all care provided at the site of a licensed program is considered a part of the licensed program and therefore subject to licensing requirements. This includes separate buildings located on the same property or any other property under the same ownership. However, Mother's Day Out and other part time programs serving children not participating in the licensed program are exempt as long as they operate no more than five (5) hours per day or ten (10) hours per week.

   A public or private school which operates a Kindergarten (K5) in conjunction with grades one (1) and above, or for grades one (1) and above only and provides short-term custodial care (not to exceed twenty (20) hours weekly) prior to or ~~and/o~~r following classes for those students, is not required to comply with licensing requirements for the short-term custodial care provided.

3. **"Child Care Facility"** means any facility defined by Ark. Code Ann. § 20-78-202(4).

4. **"Child Care Licensing Unit"** means the unit within the Department of Human Services, Division (DHS) of Child Care and Early Childhood Education (DCCECE), that inspects and investigates any proposed or operating Child Care Center and any personnel connected with the center to determine if the facility will be or is being operated in accordance with the Child Care Facility Licensing Act and the Licensing Requirements for the Child Care Centers.

5. **"Child Maltreatment Central Registry Check"** means a check of the Arkansas Child Maltreatment Central Registry for any record of founded child abuse and neglect or maltreatment.

6. **"Criminal Record Check"** means a statewide criminal record check conducted by the Identification Bureau of the Arkansas State Police.

7. **"Criminal Federal Bureau of Investigation (FBI) Check"** means a nationwide criminal record check conducted by the ~~Federal Bureau of Investigation~~FBI that conforms to the applicable federal standards and includes the taking of fingerprints. Application for a nationwide criminal check shall be made to the Identification Bureau of the Department of the Arkansas State Police.

8. **"Day Care Centers"** means child care for children age two and one-half (2 ~~1/2~~½) or thirty (30) months and above.

9. **"Department"** means the Arkansas Department of Human Services (DHS).

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10. **"Division"** means the Division of Child Care and Early Childhood Education (DCCECE).

11. **"Employee"** or **"Staff"** means all full or part-time employees or any person(s) who perform services under the direction and control of the Child Care Facility, regardless if they are paid or not. This includes any person(s) that has supervisory or disciplinary control over children, is at any point left alone with children, or is counted in staff to~~and /~~child ratios.

12. **"Evening and Night Care"** means child care provided between 7:00 p.m. and 6:00 a.m.

13. **"Infant Center"** means child care for children from birth to age eighteen (18) months.

14. **"Kindergarten"** means a school-~~-~~based program offered for children five (5) years of age **(K5)** during the school year prior to their entry into the first grade.

15. **"Medical Home"** is the Doctor that you and your child see for routine medical care. This is your "Primary Care Physician" (PCP).

16. **"Operator"** means any person or entity exercising any measure of supervision or control over a Child Care Facility.

17. **"Owner"** means any person who assumes the legal responsibility for operation of a child care facility.

18. **"Part-time Care"** means child care provided no longer than four (4) hours per day or not to exceed a maximum of twenty (20) hours per week. These types of programs may include, but are not limited to, half day kindergarten, M~~m~~other's D~~d~~ay Out~~out~~ programs, play schools, and some nursery schools.

19. **"Personnel"** is defined as the facility owner or operator, staff, or volunteer.

20. **"Program"** is defined as all activities that comprise the child's day at the center.

21. **"Toddler Center"** means child care for ages eighteen (18) to thirty-six (36) months.

22. **"School Age Care"** means child care for children who are in kindergarten (K5) and above. School age child care includes before and after school care and extended care during school holidays and summer day camps. School age programs, which operate with children arriving and leaving voluntarily for scheduled classes, activities, practices, games and meetings, shall not be considered as meeting this definition.

23. **"Sick Care"** is defined as a separate service providing care for children who are too sick to attend day care as stated in Section 1000 but who do not exhibit any of the excludable diseases as defined in Section 1500. The primary objective of this service is to ~~insure~~ ensure that children in care receive the required attention necessary for moderately ill children.

24. **"Staff"** or **"Employee"** means all full or part-time employees~~/~~ and staff or any person(s) who perform services under the direction and control of the Child Care Facility, regardless if they are paid or not. This includes any person(s) that has supervisory or disciplinary control over children, is at any point left alone with children, or is counted in staff to~~and~~

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/child ratios.

25. **"Substantial Compliance"** means compliance with all **essential standards** necessary to protect the health, safety, and welfare of the children attending the Child Care Center. Essential standards include **but are not limited to** those relating to issues involving fire, health, safety, nutrition, discipline, staff to /child ratio, and space.

26. **"Swimming Pool"** means any pool of water in excess of twelve inches (12")inches deep. This does not include natural pools of water such as lakes, ponds, and rivers.

27. **"Volunteer"** means a person who provides services to a Child Care Facility, but has no supervisory or disciplinary control over children, is not left alone with children, and is not counted in staff to /child ratios.

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APPENDIX B: LIST OF REPORTABLE DISEASES

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

Gonorrhea
Measles (Rubeola)
Mumps
Salmonellosis (including Typhoid fever)
Syphilis
Whooping Cough (pertussis)
Hepatitis (A, B, C, or E) viruses
Meningitis (all types)
Rubella
Shigellosis
Tuberculosis

~~Gonorrhea~~
~~Hepatitis (A, B, Non-A, Non-B serologies)~~
~~*Measles & Rubella)~~
~~*Whooping Cough (pertussis)~~
~~Meningitis~~
~~Salmonellosis (including typhoid)~~
~~Shigellosis Unspecified and results of~~
~~Syphilis Rash illnesses (including~~
~~Tuberculosis~~
~~Mumps~~

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

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

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name); and

d. Name of patient's physician.

The following diseases are also of public health importance and should be reported whenever there is an unusual incidence or outbreak (including seasonal). It is necessary to report 1) the physician's name and location, 2) the suspected disease, and 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
Mycoplasma, viral) Gastroenteritis
Infections
Herpangina
Hospital acquired infections
Infectious Mononucleosis
Influenza (estimate number)
Pediculosis
Pleurodynia
Pneumonia (bacterial,
Staphylococcal-
Streptococcal-Infections

The following occupational diseases also shall be reported:

Asbestosis
Silicosis
Byssinosis
Mesothelioma
Coal Workers Pneumoconiosis

FOR FURTHER ASSISTANCE CONTACT THE LOCAL COUNTY HEALTH UNIT.

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APPENDIX C: CHILD CARE MEAL PATTERN

When children over age one (1) 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 twelve (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 six (6) through twelve (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 (3) 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 thirteen (13) through eighteen (18) years old to meet their nutritional needs.

[3] Must be unflavored whole milk for children age one (1). Must be unflavored low-fat (one (1) percent) or unflavored fat-free (skim) milk for children two (2) through five (5) years old. Must be

unflavored low-fat (one percent (1%) ~~percent~~, unflavored fat-free (skim), or flavored fat-free (skim) milk for children six (6) years old and older.

[4] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one (1) meal, including snack, per day.

[5] At least one (1) serving per day, across all eating occasions, must be whole ~~grain-rich~~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 (3) times a week. One (1) ounce of meat and meat alternates is equal to one (1) 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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one hundred (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 one-fourth (¼) cup for children ages one (1) – two (2); one-third (1/3) cup for children ages three (3) - five (5); and three-fourth (¾) cup for children ages six (6) – twelve (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

Mark-Up

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 (5) 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 thirteen (13) through eighteen (18) years old to meet their nutritional needs.

[3] Must be unflavored whole milk for children age one (1). Must be unflavored low-fat (one (1) percent) or unflavored fat-free (skim) milk for children two (2) through five (5) years old. Must be unflavored low-fat (one percent (1%)~~percent~~, unflavored fat-free (skim), or flavored fat-free (skim) milk for children six (6) 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 twenty-three (23) grams of total sugars per six (6) ounces.

[6] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one (1) meal, including snack, per day.

[7] A vegetable may be used to meet the entire fruit requirement. When two (2) vegetables are served at lunch or supper, two (2) different kinds of vegetables must be served.

[8] At least one (1) serving per day, across all eating occasions, must be whole ~~grain-rich~~grain rich. Grain-based desserts do not count towards the grain's 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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one hundred (100) grams of dry cereal).

Mark-Up

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

Mark-Up

APPENDIX D

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 eleven (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 eleven (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 twenty-three (23) grams of total sugars per six (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.

Mark-UP

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 eleven (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 twenty-three (23) grams of total sugars per six (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 eleven (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

Mark-Up

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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one hundred (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 E: 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 (3) components for a reimbursable meal. Offer versus serve is an option for adult participants.
[2] Must be unflavored low-fat (one percent (1%)~~percent~~, unflavored fat-free (skim), or flavored fat-free (skim) milk. Six (6) ounces (weight) or three-forth (¾) cup (volume) of yogurt may be used to meet the equivalent of eight (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 (1) meal, including snack, per day.
[4] At least one (1) serving per day, across all eating occasions, must be whole ~~grain-rich~~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 (3) times a week. One (1) ounce of meat and meat alternates is equal to one (1) 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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one hundred (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 one and one-half (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 (5) components for a reimbursable meal. Offer versus serve is an option for adult participants.

[2] Must be unflavored low-fat (one (1) percent), unflavored fat-free (skim), or flavored fat-free (skim) milk. Six (6) ounces (weight) or three-forth (¾) cup (volume) of yogurt may be used to meet the equivalent of eight (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 twenty-three (23) grams of total sugars per six (6) ounces.

[6] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one (1) meal, including snack, per day.

[7] A vegetable may be used to meet the entire fruit requirement. When two (2) vegetables are served at lunch or supper, two (2) different kinds of vegetables must be served.

[8] At least one (1) serving per day, across all eating occasions, must be whole ~~grain-rich~~grain rich. Grain-based desserts do not count towards the grain's 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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one hundred (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

Mark-Up

[1] Select two (2) of the five (5) components for a reimbursable snack. Only one (1) of the two (2) components may be a beverage.

[2] Must be unflavored low-fat (one percent (1%)~~percent~~, unflavored fat-free (skim), or flavored fat-free (skim) milk. Six (6) ounces (weight) or three-forth (¾) cup (volume) of yogurt may be used to meet the equivalent of eight (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 twenty-three (23) grams of total sugars per six (6) ounces.

[5] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one (1) meal, including snack, per day.

[6] At least one (1) 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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one hundred (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 one and one-half (1-½) cups for adults.

Mark-Up

APPENDIX F: DISASTER and EMERGENCY PREPAREDNESS

DISASTER and 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 501-682-8590
CLEANING and 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 and AIR CONDITIONING		
INSURANCE AGENT AND POLICY NUMBER		
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		

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IMMUNIZATION REQUIREMENTS

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 one (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 one (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 or ~~/~~after the child's 4th birthday. Interval between 4th DTaP/DTP/DT and 5th DTaP/DTP/DT should be at least six (6) months. If a child is currently ≥ forty-nine (49) months of age and does not meet the above criteria or is in process within fifteen (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 seven (7) months or older require fewer doses to complete the series.

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

**** Vaccine doses administered up to four (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 twenty-eight (28) days.

*****A Mmedical Pprofessional is a mmedical Ddoctor (MD), Aadvanced Ppractice Nnurse (APN), Ddoctor of Oosteopathy (DO), or Pphysician aAssistant (PA). –No self or parental history of disease will be accepted.

Mark-Up

Table II: Kindergarten through Grade Twelve (12) 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 (2) ~~-~~dose hepatitis B schedule for eleven (11) ~~-~~– fifteen (15) year-old children may be substituted for the three (3) ~~-~~dose schedule. Only an FDA-approved alternative regimen vaccine for the two (2) ~~-~~dose series may be used to meet this requirement. If you are unsure if a particular child's two (2) ~~-~~dose schedule is acceptable, please contact the Immunization Section for assistance at 501-661-2169.

*** 3rd ~~3rd~~ dose of hepatitis B should be given at least eight (8) weeks after the 2nd~~2nd~~ dose, at least sixteen (16) weeks after the 1st~~1st~~ dose, and it should not be administered before the child is twenty-four (24) weeks (one hundred and sixty-eight (168) days) of age. (All 3rd~~3rd~~ doses of hepatitis B vaccine given earlier than six (6) months of age before 06/21/1996 are valid doses and should be counted as valid until 06/21/2014.)

**** 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 (2) doses of measles, one (1) dose of mumps and one (1) dose of rubella before January 1, 2010, the doses will be accepted as compliant to immunization requirements and two (2) MMRs are not required.

******A M~~m~~edical P~~p~~rofessional is a M~~m~~edical D~~d~~octor (MD), A~~a~~dvanced P~~p~~ractice N~~n~~urse (APN), D~~d~~octor of O~~o~~steopathy (DO), or P~~p~~hysician ~~a~~Assistant (PA). ~~–~~No self or parental history of disease will be accepted.

******* For unvaccinated persons seven (7) years of age and older (including persons who cannot document prior vaccination), the primary series is three (3) doses. The first two (2) doses should be separated by at least four (4) weeks, and the third dose at least six (6) months after the second. One (1) of these doses (preferably the first) should be administered as Tdap and the remaining two (2) doses administered as Td.

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MINIMUM LICENSING REQUIREMENTS FOR Licensed Child Care Family Homes

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION
CHILD CARE LICENSING UNIT
P. O. BOX 1437, SLOT S150
LITTLE ROCK, ARKANSAS 72203-1437
(501) 682-8590

PUB-001 (REV. ~~01~~12/01/2020)

Licensed Homes

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MINIMUM LICENSING REQUIREMENTS FOR

Child Care Family Homes

100 CHILD CARE LICENSING

101 Related Laws and Requirements

1. "The Child Care Facility Licensing Act", Act § 20-78-210-220, as amended, is the legal authority under which the Division of Child Care and Early Childhood Education (DCCECE) prescribes minimum standards for a variety of child care facilities~~, under the Act~~.

2. ~~The Division of Child Care and Early Childhood Education~~DCCECE (referred to hereafter as the Division) under the Department of Human Services (DHS) is directly responsible for the inspection and evaluation of all Licensed Homes as defined in Section 102 of the Minimum Licensing Requirements for Child Care Family Homes.

3. The Division has the power to establish rules and standards for licensing and operation of child care facilities. This includes all powers with respect to granting, revocation, denial, and suspension of licenses. Decisions regarding special situations shall be made on an individual basis by the Division. Information regarding an appeal process is available upon request.

4. 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. Persons considering opening or expanding a family home shall immediately contact these individual departments for inspections and information on their separate rules.

   It is recommended that a prospective Licensee request clarification regarding the codes or covenants enforced by these departments as some may prevent the operation of a Child Care Family Home at a particular location, may limit the number of children in care, or may impose additional safety requirements.

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 licensed home) that has been communicated to the person in the course of their professional duties.

6. It is recommended that the owner be aware of 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 Licensed Homes or applications for a license with any city or county that requests this information.

7. The Child Care Licensing Unit will notify the applicable federal agency at any time they

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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 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; and
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.

8. The Licensee 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; and.
   b. Maintain the minimum amount of $100,000 per occurrence.

Laws relevant to the operation of child care facilities are available upon request.

102 General Requirements

1. A Child Care Family Home is defined as a situation in which children are cared for in a caregiver's own family residence or in some other suitable family type residence. There shall be no more than one (1) license issued per home or structure. (This does not apply to situations such as a duplex where two (2) licenses could be issued to two (2) separate applicants.)

2. In determining a recommendation for licensing, the home shall be reviewed by a Child Care Licensing Specialist to determine that the home is in substantial compliance with the requirements.

3. Substantial Compliance means compliance with all essential standards necessary to protect the health, safety, and welfare of the children attending the Child Care Family Home. Essential standards include but are not limited to those relating to issues involving fire, health, safety, nutrition, behavior guidance, staff to child ratio, and space.

4. A home requires licensing when one (1) or more persons care for six (6) or more children, from more than one (1) family at the same time. A maximum of sixteen (16) children may be cared for with a Child Care Family Home license.

5. An individual shall be eligible to hold only one (1) license, which shall be issued for one

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(1) location. The holder(s) of the license shall be considered the primary caregiver(s) and shall be present and responsible for children during hours of care. At least one (1) of the Licensees (primary caregivers) shall be present at all times children are in care and shall not be otherwise employed during the hours of care.

6. If a qualified secondary caregiver is present, the primary caregiver may be absent for reasons related to the operation of the childcare business such as attending required training, and for brief ~~and/~~or occasional absences relating to personal business or personal time off. Compliance with staff to child ratio must still be maintained during the absence of the primary caregiver.

7. The caregiver's own preschool children shall be considered when determining the need for a license. The caregiver's own school age children are not considered when determining the need for a license. Other children in the home who are not accompanied by a parent, whether pay is received for care or not, are considered in determining the need for a license and will be counted in the ratio after a license is obtained.

8. A Child Care Family Home which is not required to be licensed by this definition may voluntarily choose to apply for a license or for registration with the Voluntary Registry.

9. Any home that has not provided care to children for a period of one (1) year shall have the license closed unless a written request is made by the Licensee stating why closure should not take place. If the Licensee requests that the license remain open, license fees and required annual inspections shall be kept current.

103 Licensing Procedures

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

2. The primary caregiver in the home shall submit the following to complete the application process:

   a. A completed and signed application on a form provided by the Division;
   b. Diagram of the home;
   c. Fire department approval, if applicable;
   d. Health department approval, if applicable;
   e. Zoning approval, if applicable, shall be provided by new applicants for license and by existing homes requesting increase in licensing capacity;
   f. Boiler inspection, or verification that inspection has been scheduled;
   g. 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); ~~.)~~
   h. Verification that all required criminal background checks and child maltreatment central registry checks have been initiated; and
   i. All caregiver's names shall be included on the application for the license.

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

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4. 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 license to the Division.

5. The Child Care Licensing Unit shall have the authority to make both scheduled and unscheduled visits to:

   a. Conduct inspections and reviews to determine compliance with the licensing requirements;
   b. Investigate complaints involving possible violations of licensing requirement; and
   c. Offer consultation and technical assistance.

6. Compliance: On-site inspections of Licensed Child Care Family Homes are conducted by the Child Care Licensing Unit on a routine basis to determine a home's continued compliance with the standards. The caregiver(s) shall cooperate with licensing staff during licensing visits and investigations. (**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 ensure~~insure~~ that there are no dangers such as fire hazards, which could impact the safety of the entire structure.)

   Violations of rules are documented in writing by use of the licensing compliance record. Documentation shall include:

   a. Reference to the specific rule violated;
   b. A factual description of the nature and the violation and how the home failed to comply; and
   c. A date of expected corrections.

7. If video recordings are made by the facility~~,~~ and are maintained for viewing as a 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.

8. The license as issued shall apply only to the home's location at the time of licensing. The Licensee shall notify the Child Care Licensing Specialist's office of a change of location or ownership at which time a new study shall be conducted. Upon issuance of a license, the license shall remain in effect as long as compliance is maintained with the Minimum Licensing Requirements for Child Care Family Homes.

9. New Provisional License: If the Division Staff finds that an applicant meets the licensing requirements for a Child Care Family Home or has a reasonable expectation of correcting deficiencies in a reasonable time, the Child Care Licensing Specialist may recommend a new provisional license for operation of a Child Care Family Home to the Division. The new provisional license shall be in effect for a reasonable period, not to exceed twelve (12) months. This time frame shall be specified in the new provisional license. A written list of deficiencies shall be provided to the applicant at the time of issuance of a new provisional license. A Licensing Specialist has sixty (60) days to submit a recommendation to the Division for a provisional license.

10. Regular License: The Child Care Licensing Specialist will recommend a Regular license

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when the facility has demonstrated substantial compliance, or when an existing Licensee with a Regular license relocates their facility and their past demonstrates a substantial level of compliance.

11. Probationary Provisional License: The Licensing Unit may issue a Probationary Provisional license 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 license, the Licensing Unit may:

    a. Issue a Regular license;
    b. Suspend a license; or
    c. Revoke a license.

12. Suspension of License: Upon final determination by the Division of a suspension of a license, the Division shall specify in the suspension order the period of the suspension. (The suspension of a license may range from one (1) month to a maximum of twelve (12) months. The license may be reinstated at such time as the Division finds that the terms of the suspension order have been met.)

13. The Division may revoke a license when any of the following situations occur:

    a. The facility fails to maintain substantial compliance with licensing requirements;
    b. The facility fails or refuses to correct cited deficiencies in a timely manner; and
    c. The facility fails to ensure insure the health, safety, and welfare of children in care.

14. The revocation of a license nullifies and cancels the license. At the time of a final determination of revocation of the license by the Division, the Division shall specify in the revocation letter the terms of the revocation. The Licensee shall not be eligible to reapply for a license for a minimum of one (1) year or longer, if specified in the revocation order. Related parties shall not be eligible to apply for the same specified period. (Related parties are defined as immediate family members, members on the Board of Directors, persons 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 Licensee. 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.) Applicants who are denied a license or registration due to this requirement may appeal the denial to the Child Care Appeal Review Panel. Homes wishing to be re-licensed must submit a new application for licensure for review and approval by the Division. Approval must be obtained, and a new license issued before the home provides care to a licensable number of children.

104 License Fees

1. A Child Care Family Home shall be assessed a license fee of fifteen dollars ($15.00) per year.

2. Upon review and determination by the Child Care Licensing Specialist of a licensing recommendation to be presented to the Division, the Child Care Licensing Specialist shall

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issue a Notice of License Fee Due to the home.

3. The Division shall not issue a license unless the required license fee has been paid.

4. A copy of the license fee notice shall be submitted at the time of licensure recommendation.

5. A second notice of license fee due will be sent to homes failing to submit the required license fee (Notice of License Fee Past Due). This notice will be sent twenty (20) days after the initial notice of fee due. Failure to submit a license fee within twenty (20) days of the receipt of the past due notice will result in action to suspend the license until such time as the fee is paid.

6. Refunds of license fees paid are made only when the Division does not approve issuance of a license. There shall be no refunds of license fees paid upon Division action to revoke or suspend a license or for closure of a facility.

105 Appeal of Licensing Actions

1. A Licensee or application for license may request an appeal of any of the following licensing action:

   a. Adverse licensing actions (revocation or suspension of a license, conversion to a provisional license, or denial of an application for license);
   b. Founded licensing complaints;
   c. Denials of alternative compliance requests; and
   d. 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 licensing actions must be mailed ~~3.~~2. within ten (10) calendar days of the receipt of the notice of the adverse action. Requests to appeal licensing 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 Licensee or applicant for license 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 Licensee or applicant for license, 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 Licensing Requirements for Child Care Family 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 requirement for which the home is making the request.

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

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

   a. The applicant or- /Licensee shall submit the request for alternative compliance in writing; and .
   b. The request shall include:
      - The specific standard for which alternative compliance is sought.;
      - An explanation of how the alternative form of compliance is equal to or exceeds the stated 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.,; and
      - The applicant or /Licensee shall provide clear and supportive evidence, and upon request of the Division, an expert's opinion on the effect to 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 license 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 expert opinions provided by the applicant/ or Licensee.

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

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

107 Licensing Investigations

1. Child Care Licensing staff shall have access to licensed 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 license.

108 Child Maltreatment Record 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

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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 to own or operate a Licensed Home	at application and every two (2) years thereafter
b. All household members who are ten (10) years of age or older	at application; upon residency and every two (2) years thereafter
c. Staff members and applicants for employment in a Licensed Home	Prior to employment and every two (2) years thereafter
d. Volunteers, therapists, and student observers 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 supervisory or disciplinary control over children, or 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:
   a. Deny an application;
   b. Require corrective action; and
   c. Take appropriate adverse action against the licensee~~license~~.

3. All caregiver(s) are mandated reporters under the Child Maltreatment Act. The caregiver(s) shall call the Child Maltreatment Hot Line number at 1-800-482-5964 when there is a 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 Licensee by parents, staff members, or the general public. It is recommended that the Licensee call Child Care Licensing for guidance if there is any question about whether the Hotline~~Hot Line~~ should be called regarding any situation where potential child maltreatment is involved.

4. If a complaint of child maltreatment is filed against any employee or persons in the home, the Child Care Licensing Unit shall evaluate the risk to children and determine the suitability of 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.

5. The Child Care Family Home operator, 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 license.

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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 Federal Bureau of Investigation (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 Licensed Home	At initial application and every five (5) years thereafter
b. Each staff member	Prior to employment and every five (5) years thereafter
c. Volunteers and therapists who have routine contact with children or who have supervisory or disciplinary control over children	Prior to providing services or participating in home activities and every five (5) years thereafter
d. Other persons who have supervisory or disciplinary control over 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.)

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a. Each applicant to own or operate a Licensed Home	Aat application and every five (5) years thereafter
b. All household members who are eighteen (18) years of age or older	Aat application; upon residency and every five (5) years thereafter
c. Staff members and applicants for employment in a Licensed Home	Prior to employment and every five (5) years thereafter
d. Volunteers and Therapists who have routine contact with children	Prior to providing services or participating in home activities and every five (5) years thereafter
e. Other persons who have supervisory or disciplinary control over children, or have 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 Divisiondivision for review. Any charge or /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 or /continual basis if that person has pledpleaded 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 wWelfare of an iIncompetent person 1st in the first degree,	§ 5-27-201;
05. Kidnapping,	§ 5-11-102;
06. Murder in the fFirst degree,	§ 5-10-102;
07. Murder in the sSecond degree,	§ 5-10-103;
08. Rape,	§ 5-14-103;
09. Sexual aAssault in the fFirst degree,	§ 5-14-124;
10. Sexual aAssault in the sSecond degree,	§ 5-14-125;

No person shall be eligible to be a child care facility owner, operator, employee, volunteer, or household member, if that person has pledpleaded 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 aAttempt to commit any offenses in MLR Section	§ 5-3-201;
02. Criminal cComplicity to commit any offenses in MLR Section	§ 5-3-202;
03. Criminal cConspiracy to commit any offenses; in MLR Section	§ 5-3-401;
04. Criminal Ssolicitation to commit any offenses in MLR Section	§ 5-3-301;

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05. Assault in the fFirst, sSecond, or tThird degree;	§§ 5-13-205 to - § 5-13-207;
06. Assault, Aggravated assault;	§ 5-13-204;
07. Assault, Aggravated assault on a fFamily or hHousehold	§ 5-26-306;
08. Battery in the fFirst, sSecond, or Tthird dDegree,	§§ 5-13-201 to - § 5-13-203;
09. Breaking or Eentering,	§ 5-39-202;
10. Burglary,	§ 5-39-201;
11. Coercion,	§ 5-13-208;
12. Computer cCrimes aAgainst mMinors,	§ 5-27-601 et. seq.;
13. Contributing to the dDelinquency of a jJuvenile,	§ 5-27-220;
14. Contributing to the dDelinquency of a mMinor,	§ 5-27-209;
15. Criminal iImpersonation,	§ 5-37-208;
16. Criminal uUse of a pProhibited wWeapon,	§ 5-73-104;
17. Communicating a dDeath tThreats cConcerning a sSchool eEmployee or sStudents;	§ 5-17-101;
18. Domestic bBattery in the fFirst, Ssecond, or Tthird Ddegree,	§ 5-26-303 to - § 5-26-305;
19. Employing or cConsenting to the uUse of a cChild in a sSexual pPerformance,	§ 5-27-401;2
20. Endangering the wWelfare of a mMinor in the fFirst or sSecond dDegree,	§§ 5-27-205 andto § 5-27- - 206;
21. Endangering the wWelfare of an iIncompetent pPerson in the First or sSecond dDegree,	§ 5-27-201 and § 5-27- 2022;
22. Engaging cChildren in sSexually eExplicit cConduct for uUse in vVisual or Pprint Mmedia,	§ 5-27-303;
23. False iImprisonment in the fFirst or sSecond dDegree,	§§ 5-11-103 andto § 5-11- -104;
24. Felony aAbuse of an eEndangered or iImpaired pPerson,	§ 5-28-103;
25. Felony iInterference with a lLaw eEnforcement oOfficer,	§ 5-54-104;
26. Felony vViolation of the Uniform Controlled Substance Act,	§ 5-64-101 - § 5-64-508 et. seq.;
27. Financial Iidentity fFraud,	§ 5-37-227;
28. Forgery,	§ 5-37-201;
29. Incest,	§ 5-26-202;
30. Interference with cCourt oOrdered cCustody,	§ 5-26-502;
31. Interference with vVisitation,	§ 5-26-501;
32. Introduction of cControlled sSubstance into bBody of aAnother	§ 5-13-210;
33. Manslaughter,	§ 5-10-104;
34. Negligent Hhomicide,	§ 5-10-105;
35. Obscene pPerformance at a lLive pPublic Sshow,	§ 5-68-305;
36. Offense of cCruelty to aAnimals,	§ 5-62-103;
37. Offense of Aaggravated cCruelty to dDog, cCat, or hHorse,	§ 5-62-104;
38. Pandering or pPossessing vVisual or pPrint mMedium dDepicting sSexually Eexplicit cConduct iInvolving a cChild,	§ 5-27-304;
39. Patronizing a ProstituteSexual solicitation,	§ 5-70-103;
40. Permanent dDetention or rRestraint,	§ 5-11-106;
41. Permitting aAbuse of a mMinor,	§ 5-27-221;

42. Producing, dDirecting, or pPromoting a sSexual pPerformance by a cChild,	§ 5-27-403;
43. Promoting oObscene mMaterials,	§ 5-68-303;
44. Promoting oObscene pPerformance,	§ 5-68-304;
45. Promoting pProstitution in the Ffirst, Ssecond, or Tthird Ddegree	§ 5-70-104 -to §5-70 -106;
46. Prostitution,	§ 5-70-102;
47. Public dDisplay of oObscenity,	§ 5-68-205;
48. Resisting aArrest,	§ 5-54-103;
49. Robbery,	§ 5-12-102;
50. Robbery (Aggravated rRobbery,)	§ 5-12-103;
51. Sexual oOffenses (any),	§ 5-14-101 et. seq.;
52. Simultaneous pPossession of Ddrugs and Ffirearms,	§ 5-74-106;
53. Soliciting mMoney or pProperty from iIncompetents,	§ 5-27-229;
54. Stalking,	§ 5-71-229;
55. Terroristic aAct,	§ 5-13-310;
56. Terroristic Tthreatening,	§ 5-13-301;
57. Theft of public benefits,	§ 5-36-202;
587. Theft by rReceiving,	§ 5-36-106;
598. Theft of pProperty,	§ 5-36-103;
6059. Theft of sServices,	§ 5-36-104;
610. Transportation of mMinors for pProhibited sSexual cConduct,	§ 5-27-305;
621. Unlawful dDischarge of a fFirearm from a vVehicle,	§ 5-74-107; and
632. Voyeurism,	§ 5-16-102.

5. If the Licensee 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; and
   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; and
   - The individual has fully complied with all court orders pertaining to the conviction or plea.

6. 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.

7. 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.

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

9. Any person who has ~~pled~~pleaded guilty, nolo contendere, or who has been found guilty of any one of the offenses listed above (Section 109.5), 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; or
   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.

10. Anyone employed in a licensed center, COE center, Licensed Child Care Family Home, or a Registered Child Care Family Home prior to 09/01/2009 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 109.5) since 09/01/2009.

200 ADMINISTRATION

201 Administrative Procedures

1. All staff, children, and home records shall be kept and made available to the Child Care Licensing Unit on request.

~~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.)~~

~~7.~~2. Falsification of any document and submission of false information to the Division of Child Care and Early Childhood Education (DCCECE) may constitute grounds for revocation of the license. (Falsification means the submission of untrue information, whether by statement or omission.)

~~7.~~ 3. Any individual and related parties, on the Department of Human Services (DHS) Exclusion List pursuant to DHS Exclusion Policy 1088 shall not be eligible to be an owner or Person in Charge of any licensed Child Care Family Home.

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4. All applicable health and fire regulations shall be met (see Regulation 301.4).

5. The home shall not exceed its licensed capacity at any time (see Regulation 801.3).

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

7. The facility shall provide a written procedure for reporting a person suspected of child maltreatment. This procedure shall be followed, and a call made to the Hotline~~Hot Line~~ whenever there is a suspicion of child maltreatment (1-800-482-5964). ~~-~~These reports of child maltreatment shall include all allegations made to the Licensee by parents, staff members, or the general public.

8. The facility shall provide a written procedure for reporting suspected licensing violations. Serious licensing violations shall be reported to the Licensing Unit. These include, but are not limited to, violations relating to transportation, inappropriate behavior guidance, leaving children unattended or unsupervised, staff to~~-a /~~child ratio violations, or~~ any other violations or~~ any other violations~~violation~~ that could imminently affect the health and safety of children.

9. Parents shall be informed in writing upon enrollment of their child that children may be subject to interviews by licensing staff, child maltreatment investigators, or~~ 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.

10. The facility shall provide a copy of the list of Kindergarten Readiness Skills Calendar or Checklist, prepared by the Arkansas Department of Education (copies can be requested online, by phone, or by mail from the DHS DCCECE Program Support Unit), to the parents of all three (3) and four (4) 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.

11. 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 identification (ID); and~~ AND~~
    b. The person in charge can match the ID to the individual named on the child's data sheet.

12. Verification of permission for persons not on the authorized list 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.

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300 PERSONNEL

301 Staff to ~~/~~Child Ratios

Adult Caregiver(s)	Number of Children	Ages of Children
301.1	A. 3-6	0-up (no more than 3 under 2 years)
	B. 7	0-up (no more than 2 under 2 years)
ONE	C. 8	0-up (no more than 1 under 2 years)
	D. 9	2-up (no more than 3 between 2 ~~&~~ and 3 years)
	E. 10	3-up
301.2	A. 3-6	0-up
	B. 7	0-up (no more than 4 under 2 years)
TWO	C. 8	0-up (no more than 4 under 2 years)
	D. 9	0-up (no more than 4 under 2 years)
	E. 10-14	0-up (no more than 4 under 2 years)
	F. 15-16	0-up (no more than 2 under 2 years)
301.3	A. 7	0-up (no more than 5 under 2 years)
	B. 8	0-up (no more than 5 under 2 years)
	C. 9	0-up (no more than 5 under 2 years)
	D. 10-14	0-up (no more than 5 under 2 years)
	E. 15-16	0-up (no more than 4 under 2 years)

4. Fire inspection is mandatory for Homes licensed for eleven (11) or more children. ~~-~~Health inspection (food service) is mandatory for Homes licensed for eleven (11) or more children.

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

   a. 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;~~.~~
   b. Doors to rooms where children are sleeping or playing within the home shall remain

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open and sleeping children shall be visually monitored and periodically checked to ~~insure~~ ensure they are breathing normally; and~~.~~

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

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

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

8. The primary caregiver's own preschool children shall be included in the caregiver to ~~/~~child ratio. The primary caregiver's own school age children are not considered in the ratio.

9. A Licensed Home may care for two (2) school age children for a short time not to exceed a total of three (3) hours per day before or ~~and/or~~ after a school day. These two (2) children shall not be counted in the caregiver to child ratio. School age children who are in care at times other than before ~~and/~~or after a school day shall be included in the caregiver to child ratio. These same two (2) children may stay all day ~~–~~in care and not be counted in the ratio due to emergency school closings, such as inclement weather. ~~-~~The home's capacity shall not be exceeded other than the above stated exemptions. ~~-~~If the attendance exceeds ten (10), fire approval is required.

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

302 Homes specializing in Infant Care: Staff/Child Ratio

1. Homes specializing in infant care shall maintain a 1:3 ratio.

2. Homes specializing in infant care shall have a Fire Department inspection and approval.

303 Caregiver Qualifications and Responsibilities

1. The primary caregiver shall be twenty-one (21) years or older. A secondary caregiver shall be age eighteen (18) or older.

2. Primary caregivers licensed after November 1, 2002, and all secondary caregivers shall have a high school diploma or General Education Diploma (GED). If a diploma or proof of a GED is not available, a reasonable attempt to obtain a copy shall be documented.

3. The primary 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 to the children. When two (2) ~~–~~persons are listed as joint holders of the license and are both primary caregivers, at least one (1) shall be present in the home while children are in care. ~~-~~(Also refer to Regulation 102.6.)~~.~~

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

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

6. All caregivers who work directly with children 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 (DCCECE) Registry, or Department of Education or Department of Higher Education approved training each year in continuing early childhood education.

7. 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 (eight (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 or ~~/~~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 or ~~/~~ 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; and
      q. The handling and storage of hazardous materials and the appropriate disposal of bio contaminants.

8. At least one (1) caregiver who has a current certificate of successful completion of first aid and Cardiopulmonary Resuscitation (CPR) from an approved organization shall be on site at all times. If the home serves infants and toddlers, this training shall include infant and ~~/~~child CPR. (Infant and ~~/~~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; and~~.~~
   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; Emergency Medical Services (EMS) Safety Services, Inc.)

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9. All caregivers shall be physically and emotionally able to care for children.

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

11. Staff shall not engage in behavior that could be viewed as sexual, dangerous, exploitative, or physically harmful to children. A caregiver shall not use profanity or speak in an abusive manner when children are present.

12. No caregiver shall consume or be under the influence of illegal drugs. (A drug test may be required if there is reasonable cause to suspect violation of this requirement and the issue cannot be otherwise resolved.) No caregiver shall consume or be under the influence of alcohol while delivering care. No caregiver shall consume or be under the influence of medications (prescription or non-prescription), which impair his or her ability to provide care.

13. Newly licensed caregivers shall attend Family Child Care Provider Training and Business Administration Scale (BAS) ~~(Business Administration Scale)~~ training (or other approved tools that are considered equivalent in the state's Quality Rating and Improvement System (QRIS)~~)~~ within the first six (6) months of being licensed.

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

304 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 to ~~/~~child ratios or given supervisory and ~~/~~disciplinary control over children, they shall be considered staff and must meet caregiver qualifications and responsibilities. (Section 303)

2. All volunteers in a Registered Child Care Family Home shall be eighteen (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 eighteen (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 or ~~/~~maltreatment check results and may share a copy with other facilities in which the therapist may be working.)

305 Student Observers

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1. Students visiting the home on a regular or periodic basis to observe classroom activities or for other similar purposes shall not be counted in the staff to~~and /~~child ratio, shall not have disciplinary control over children, and shall not be left alone with children. ~~-~~These individuals shall have a child maltreatment background check on file.

2. Students that are conducting practicum, student teaching, or working in the same capacity as an employee or volunteer must meet the criteria in the appropriate section. (Sections 304 and 305)

306 Adults in the Home

1. The caregiver(s) shall provide a clear statement regarding the presence of any other adults eighteen (18) years of age and above who remain in the home during any hours in which care is being given. ~~-~~Such persons shall not present a threat to the safety or welfare of children.

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

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 and ~~/~~emotional, creative and ~~/~~aesthetic, cognitive and ~~/~~intellectual and language, found in "Arkansas's ~~Arkansas'~~ Early Learning Standards." (Experiences that promote self-concept development for infant and~~/~~ 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 or ~~/~~guardians; and
   f. Interact with children and develop a relationship in the context of everyday routines.

4. The caregiver(s) shall not engage in activities or experiences which may be damaging to children's self-~~-~~esteem and positive self-image.

5. There shall be an opportunity for a supervised rest period that does not exceed two (2) hours.

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6. There shall be an opportunity for a supervised rest period.
   a. The supervised rest period shall be at least one (1) hour but shall not exceed two (2) hours; and.
   b. If children do not fall asleep, they shall be allowed to participate in a quiet activity either on their cots, in the area, or in another room under direct supervision.

7. There shall be a total of at least one (1) hour of outdoor play per day in suitable weather. When making a determinationdeciding 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 a shaded area, an ample supply of water, and should be monitored closely for signs of heat stress; and .
   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.

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

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

10. 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 activities (such as climbing and running); and
    b. Manipulative activities (such as things done with the hands).

11. The use of television, DVD, video cassette viewing, and computer or /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.); and
    c. Computer learning periods for children below age five (5) may not exceed two (2) hours a day per child or group of children.

12. A verbal or written system of communication shall be used by caregivers to share with parents or guardians and -day-to-day happenings, such as significant changes in a child's physical or emotional state or information regarding any known cuts, bruises,

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or injuries that may require attention or evaluation by a physician.

13. It is recommended that the caregiver encourage parents to be involved in planning and participating in activities at the 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. (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 ~~&~~ and 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. Infants and toddlers shall have a learning and ~~/~~play environment that shall include staff being on their level interacting with them frequently when they are awake.

4. The caregiver shall implement relationship-based practices that promote consistency and continuity of care for infants and toddlers. Infant and toddler caregivers and ~~/~~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 and ~~/~~guardians by greeting them warmly and exchanging information that promotes continuity between the center and the child's home; and~~.~~
   f. Engage in play activities with children by providing a safe environment to explore, model play behavior such as imagination and use of toys and equipment~~,~~, and provide verbal encouragement and support.

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

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6. 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.

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

8. Infants and /toddlers shall be placed in age appropriate cribs, cots, or mats meeting Consumer Product Safety Commission (CPSC) standards, when they fall asleep. (Note: Also, any items used in the crib must be used according to manufacturer guidelines, regardless if the child is sleeping or not, in accordance with 1001.1).

9. Infants (children twelve (12) months and below) shall be placed flat on their backs to sleep, in accordance with American Academy of Pediatrics guidelines, to lessen the risk of suffocation and Sudden Infant Death Syndrome (SIDS). (If a child rolls over on his/ or her own, the facility is not required to reposition the child.)) If there is a medical reason a child cannot sleep on his or /her back, then a signed statement from the child's physician must be in the file stating the reason, the sleep position indicated, and the time frame this is required.

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

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

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

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

14. 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.

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

403 School Age Children: Program Requirements

1. School age children 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 (1) person activities, including resting and homework. -(A supervised rest period as required by SectionRegulation 401.3, does not apply to school age children.)

3. Permission from parents shall be on file for school age children to leave the Home.

   a. School age children who leave the home to participate in classes, clubs, or other

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activities shall have written permission from the parents naming the activity, time of leaving and returning, and method of transportation to the activity; and.

b. Permission for regularly scheduled activities such as scouting may be given for the entire school term.

404 Evening & and Night Care: Program Requirements

Night care is defined as 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 or and/or other alarms to alert the caregiver if children leave the sleeping area, the ages, numbers, 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. Homes with only one (1) caregiver shall limit care to no more than two (2) shifts (eighteen (18) hours) per twenty-four

5.4. (24) hour period. Homes offering twenty-four (24) hour care shall provide a schedule verifying that they have made provisions for a secondary caregiver to provide relief care for one (1) shift. (Alternative compliance may be requested by caregivers who provide twenty-four (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 the licensing requirements and to the number and ages of children in care during the third shift.)

6.5. Evening meals shall be served. The Licensee shall ensure that children spending the night are served breakfast.

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

8.7. 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.

9.8. Each child 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; and.
c. Bed or cots shall be arranged at least one foot (1') foot apart.

500 BEHAVIOR GUIDANCE

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501 Behavior Guidance Requirements

1. Behavior guidance shall be:

   a. Individualized and consistent for each child; and
   b. Appropriate to the child's level of understanding

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

3. 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~~daily 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 well 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; and~~.~~
   g. When the entire group is behaving well, reward them with an activity they enjoy.

4. Physical punishment shall not be administered to children.

5. The length of time a child is placed in time-out shall not exceed one (1) minute per year of the child's age.

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

   a. Using 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. Using profane or abusive language;
   f. Isolating a child without supervision;
   g. Placing a 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

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nature)};

k. Associating punishment with rest, toilet training, or illness;
l. Denying food (lunch or snacks) as punishment or punishing children for not eating;.
m. Forcing or bribing a child to eat;
n. Shaming, humiliating, frightening, physically or mentally harming children, or labeling children; and
o. Covering the faces of children with blankets or similar items.

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

502 Infant & and 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 on site and made available to the Child Care Licensing Unit on request. All required records shall be maintained for three (3) years. (This includes records on children no longer enrolled).}

2. Licensing Compliance Form(s) (DCC-521) shall be maintained at the facility for three (3) years. The facility shall advise parents in writing that the compliance forms are available for review upon request.

3. Home records that are required to be kept are as follows:

a. 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;
b. Transportation rosters, if applicable (maintain for one (1) year);
c. Verification of required commercial vehicle insurance coverage, if applicable;
d. Verification of Child Care Liability insurance;
e. Verification of annual fire department approval, if applicable;
f. Verification of annual health department approval, if applicable;
g. Verification of zoning approval, if applicable (part of permanent record);
h. Verification of annual approval by the Boiler Inspector Division of the Department of Labor;
i. Mobile Home Commission approval, if applicable (part of permanent record);
j. Record of emergency drills;
k. Plans and procedures of Emergency Preparedness;
l. Procedures for reporting allegations of child maltreatment;
m. Log of Product Recall and Safety Notices from the Consumer Product Safety Commission

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(CPSC); and

n. Pet vaccinations,

602 Caregiver Records

1. Caregiver records shall contain the following:

   a. An employee application for secondary caregivers, including name, date of birth, address, and telephone number;
   b. 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.);
   c. Documentation of the initiation of all required background checks and results obtained; and
   d. Verification of required transportation training and current copy of the driver's license for caregiver(s) that transport children, if transporting.

603 Children's Records

1. Enrollment information shall be obtained for each child before admission.

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 persons to be contacted if parents cannot be reached;
   e. A written behavior guidance policy provided to parents, with a copy signed by the parents and retained by the caregiver; and
   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 allergiesallegories 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, media,l 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 in the appendix of this publication.);
   f. A written record shall be made of all accidents, incidents, or injuries, indicating the location, time of day, area, or piece of equipment where the incident occurred. A

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copy of this shall be given to the parent or legal guardian on the day of occurrence; and

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 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 statement by the parent stating who is authorized to pick up the child;
   e. Written permission for the facility to photograph or video tape their child, if applicable; and
   f. Written permission for the facility to place photos and video recordings of their child on social media or other web sites, if applicable.

5. Documentation of distribution of Shaken Baby Syndrome information to all parents of infants in accordance with Carter's Law. (Act 1208 of 2013)

6. Infant feeding documentation shall be maintained for at least one (1) year.

700 NUTRITION

701 Nutrition Requirements

1. A home licensed for eleven (11) or more children, if food is prepared for the children in the Home, shall provide a current verification of approval by the Arkansas Department of Health, Sanitation Services.

2. All Licensed Homes shall meet the following requirements:

   a. All food shall be safe and stored properly to prevent spoiling;
   b. The home shall have a refrigerator with thermometer visible and the temperature shall be maintained at forty-one (41) degrees or below. (Freezer thermometer shall be maintained at zero (0) degrees or below);
   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; and
   f. All medicines shall be stored separately from food at all times.

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

   a. Caregivers shall wash hands before preparing food;
   b. There shall be a two (2) compartment sink with hot and cold running water;
   c. Individual drinking glasses or disposable cups shall be provided;
   d. All surfaces shall be kept sanitary;
   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; and.

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g. Drinking water and water used for the preparation of formula shall not come from the hot water supply. (Water from hot water system may contain higher levels of lead and other substances which could be harmful to small children.)

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

5. Age appropriate tables and chairs, highchairs, equipment designed for children, or other comfortable seating options shall be used during snack and meal time.

6. 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.

7. Menus for all meals and snacks shall be available for review.

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

9. Midmorning and mid-afternoon snacks shall be provided to all children and shall meet current U.S. Department of Agriculture guidelines (See Appendix A).

10. All children in care during evening 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.

11. It is recommended that food brought in from outside sources be in commercially pre-packaged containers or come from Health Department 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 in food brought in from home kitchens.

12. Children shall not be forced to eat.

702 Infant & and Toddler Nutrition Requirements

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

1. The routine use of baby food, bottles, and formula shall be agreed upon by the caregiver and parent. 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 (See Appendix B).

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
3. 2. (12) months of age who are still being given bottles.

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~~4.~~3. Children shall not share the same bottle.

~~5.~~4. A sanitary method of cleaning baby bottles shall be practiced.

~~6.~~5. Baby bottles shall be properly refrigerated.

~~7.~~6. Microwaves shall not be used for heating bottles due to the danger of uneven heating.

~~8.~~7. Infant feeding schedules shall be flexible and adapted to each infant's needs.

~~9.~~8. The solid foods fed to an infant shall be determined by the child's parent(s).

~~10.~~9. Infants under six (6) months of age shall be held while being fed. Bottles shall not be propped. Infants six (6) months of age and older shall be held if needed.

~~11.~~10. Infants no longer held for feeding 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 with high chairs.

~~12.~~11. Children under two (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 BUILDINGS

801 Building Requirements

1. The 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~~.~~ s~~S~~eq.)~~.)~~

3. There shall be at least thirty-five (35) square feet of usable indoor space for each child in the Home. This area shall not include kitchens, bathrooms, hallways or closets.

4. The home shall have an operable telephone on site all hour(s) children are in care. The Licensee 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.)

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

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

7. 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 Heating, Ventilation, and Air Conditioning (HVAC) technician.

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

   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; or~~.~~
   b. Situations where carbon monoxide detectors are required by state or local law.

9. Manufactured homes, licensed as Child Care Family Home, shall be tied down and under-pinned as required by the Arkansas Manufactured Home Commission. The home shall obtain an inspection and approval from the Arkansas Manufactured Home Commission prior to being licensed.

10. Annual fire approval shall be obtained on all manufactured homes licensed as Child Care Family Homes.

11. Outdoor equipment that requires use zones and protective surfacing shall require the same use zones and protective surfacing if used inside the facility. (This does not apply to equipment specifically designed for indoor use only.)~~)~~

900 PLAYGROUNDS AND~~/~~ OUTDOOR LEARNING ENVIRONMENTS

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". However, the following are minimum requirements and shall be met.

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 ~~&~~ and games;
- Play houses;
- Nature walks; and
- 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, as 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 (eg: broken equipment, sharp objects, strangulations hazards, etc.). Please remember that visiting playgrounds and other play

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environments away from the facility is considered a field trip and all field trip regulations shall be followed.

901 Layout ~~&~~ and Design

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 or~~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 or ~~/~~outdoor learning area shall be fenced or otherwise enclosed and provide at least seventy-five (75) square feet per child present on the playground at any time.

5. There shall be an outside exit from the play area.

6. The area shall be well drained.

7. There shall be equipment and activities appropriate for the age and number of children enrolled in the facility.

8. Separate play areas or time schedules shall be provided if, infants and toddlers share playgrounds with older children.

9. Areas where children play outdoors shall be properly maintained.

902 General Hazards

1. The area shall be free of hazards or potentially hazardous objects.

2. Equipment that has been determined by the Division to be unsafe for the children shall be removed from the play area~~,~~ or enclosed by a fence or other suitable barrier so the children will not have access to it.

3. All newly purchased playground equipment designed for children to play on or climb on, such as slides, swings, composite structures, etc., shall be commercially manufactured and certified to meet American Society for Testing and Materials (ASTM) or Consumer Products Safety Commission (CPSC) standards for public playgrounds.

4. Equipment, which is designed to be anchored, shall be properly anchored so that the anchoring devices are below ground level.

5. Sand for playing shall be kept safe and clean.

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6. Paint on equipment shall be lead free.

7. All fasteners, including S-hooks, shall be securely tightened or closed.

8. There shall be no sharp points, corners, edges, or splinters.

9. Equipment shall not have protrusion hazards. (A protrusion is a projection which, when tested, is found to be a hazard having the potential to cause bodily injury to a user who impacts it.)

10. Equipment shall not have entanglement hazards. (An entanglement is a condition in which the user's clothes, ~~or~~ something around the user's neck becomes caught or entwined on a component of playground equipment.)

11. Trampolines shall not be used. (Therapeutic use of trampolines is acceptable if supervised by the therapist on a "one (1) on one (1)" basis.)

12. 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 (1) on one (1)" basis.) ~~.)~~

13. Wading pools shall not be used. This does not prohibit the use of sprinklers and water play.

14. To prevent entrapment, there shall be no opening(s) between any interior opposing surfaces between three and a half inches (3.5") and nine inches (9") ~~inches~~. (Openings in equipment that might allow a child's body to pass through, but not their head.) Ground bounded openings are exempt.

15. Providers and ~~/~~caregivers shall be aware of and remove when possible any hazardous items children may wear on play equipment such as helmets, drawstrings, and other accessories around the neck that may cause a strangulation/entanglement hazard.

16. All children one (1) year of age and older shall wear properly fitted and approved helmets while riding bicycles, roller blades, roller skates, scooters, and skate boards. Helmets shall be removed as soon as children stop riding this equipment. Helmets shall meet Consumer Products Safety Commission (CPSC) standards. (Helmet use is recommended for children ~~–~~while riding tricycles and other wheeled toys.)

17. All soccer goals shall be commercially manufactured, ~~and~~ installed, and anchored according to manufacturer's guidelines.

903 Balance Beams

1. Balance beams shall not be higher than twelve inches (12") ~~inches~~ and shall have use zones with protective surfacing.

2. Children under age two (2) shall not use balance beams.

904 Slides

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1. Slides shall not have any spaces or gaps between the platform and the slide surface.

2. Slides shall have a transition platform of at least fourteen inches (14") ~~inches~~ deep for preschool and school age children, and nineteen inches (19") ~~inches~~ deep for toddlers.

905 Swings

1. The following swings shall not be used for any ages:

   a. Multi-occupancy swings designed to hold more than one (1) child, except tire swings;
   b. Heavy molded swings such as animal figure swings;
   c. Free swinging rope (Tarzan ropes);
   d. Swinging exercise rings;
   e. Trapeze bars; or
   f. Swings attached to a composite structure (Composite Structure is defined by Consumer Products Safety Commission (CPSC) as, "Two (2) or more play structures attached or functionally linked, to create one (1) integral unit that provides more than one (1) play activity.) ~~.~~"~~)~~

2. There shall be no wood or metal swing seats.

3. Toddler swings shall have fully enclosed bucket seats.

4. Direct supervision shall be provided for children in toddler swings.

906 Climbing Equipment

1. Free standing arch climbers shall not be used for preschoolers.

2. Flexible grid climbing devices, such as rope or chain ladders, climbing ropes, etc., shall be securely anchored at both ends.

3. Flexible grid climbing devices shall not be used for preschoolers unless they are anchored at both ends and have a means of transitioning from one (1) piece of equipment to the next.

4. Preschoolers shall not use sliding poles.

5. Sliding poles shall have no protruding welds or seams along the sliding surface and the pole shall not change directions.

907 Merry Go Rounds

1. The only merry-go-rounds allowed are portable merry-go-rounds not designed to be anchored.

2. Merry-go-rounds shall have handgrips or other secure means of holding on.

908 Seesaws

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1. Seesaws without spring centering devices shall have shock absorbing materials, such as partial tires embedded in the ground underneath the seats or secured to the underside of the seats.

2. Hand holds shall be provided for both hands at each seating position and shall not turn when grasped.

3. Hand holds shall not protrude beyond the sides of the seat on seesaws.

909 Protective Surfacing

1. There shall be use zones and protective surfacing under and around all equipment that is over eighteen inches (18~~)~~") 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 six feet (6~~)~~') in all directions (unless otherwise specified) from the perimeter of the equipment. (Playground equipment that is between eighteen inches (18") ~~inches~~ and twenty-four inches (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.)

2. Swings require use zones and protective surfacing regardless of height.

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

4. Shock absorbent material such as sand, pea gravel, wood chips, wood mulch, shredded tires, etc., shall be used in use zone areas under and around playground equipment which requires a use zone.

   a. When purchasing gravel, it is recommended that care be taken prior to purchase to ~~insure~~ ensure that the gravel is actually pea gravel that is smooth and rounded, and not crushed rock or gravel with sharp edges. Crushed rock and sharp gravel will not be approved;~~.~~
   b. Pea gravel used for use zones shall not be over half inch (½") ~~inch~~ in diameter; and~~.~~
   c. Different types of protective surfacing materials shall not be combined within the same use zone area.

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5. Hard surface materials, such as asphalt and concrete, shall not be used as base surfaces in the use zones except under commercial matting or other systems and ~~/~~products designed to be installed over hard surfaces as directed by the manufacturer.

6. SLIDES: The use zone for slides measuring six feet (6') ~~feet~~ or over, measured from the slide platform to the ground, shall extend eight feet (8') ~~feet~~ from the exit end of the slide. Use zones for slides measuring under six feet (6') ~~feet~~ from the platform to the ground shall extend six feet (6') ~~feet~~ from the exit end of the slide.

7. SWINGS: The use zone for single-axis swings (standard swings) (except toddler swings) shall extend to the front and to the rear of the swing a minimum distance of two (2) times the height of the pivot point (where the chain attaches to the frame) above the playing surface. The use zone for toddler swings shall extend to the front and rear of the swing a minimum of two (2) times the distance from the pivot point to the swing seat. Use zones shall also extend six feet (6') ~~feet~~ to the sides of the swing set.

8. SWINGS: The use zone for multi-axis swings (such as tire swings or others with three (3) or more suspending chains) shall extend in all directions a minimum of six feet (6') ~~feet~~, plus the height of the suspending rod or chain. The use zone from the end of the structure must also extend a minimum of six feet (6') ~~feet~~ in all directions.

9. Use zones shall be free of obstacles onto which children may fall.

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. (Please note that the CPSC does not recommend the use of playpens in licensed child care.)

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 one inch (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; and~~.~~

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f. Baby beds shall have slatsslats no greater than two and three-eighths inches (2 3/8")-inches 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 (1')-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 inches (2")-inches thick shall be placed on carpet.

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

8. Swaddling of infants is not recommended and shall require a note from the child's physician if continued past the age of three (3) months.

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

1100 HEALTH

1101 General Health Requirements

1. The home shall have an adequate supply of water that meets the Arkansas Health Department standards for drinking water.

2. Water shall always be available to the children.

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

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

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

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

7. Water, and sewage disposal, and toilet facilities shall be safe and sanitary. The Health Department may be consulted for its recommendation.

8. Child Care Family 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; and
   d. In any vehicle used to transport children, whether children are present in the vehicle or not

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9. 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; and
   i. Disposable gloves.

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

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

12. It is recommended that staff who have direct contact with children receive a one (1) -time Tdap (Diphtheria, Tetanus, & and Pertussis) immunization.

13. It is recommended that staff who have direct contact with children be required to have the recommended series of immunizations for chicken pox, mumps, measles, and rubella or evidence of immunity.

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.

4. The caregiver shall 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;
      - Difficulty breathing; and
      - A quickly-spreading rash.
   b. Fever over one hundred and one (101) degrees or /oral, one hundred (100) degrees /axillary (or equivalent method) in a child who also has pain, behavior changes, or other symptoms of illness:
      - An infant younger than two (2) months with any increased temperature shall get urgent medical attention, within an hour.

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- An infant younger than six (6) months with any increased temperature shall be medically evaluated.

c. Diarrhea, defined as watery or ~~/~~runny stools if frequency exceeds two (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 (two (2) or more episodes of vomiting in the previous twenty-four (24) hours);
f. Abdominal pain which lasts more than two (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 ~~or~~
    - if more than one (1) 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 twenty-four (24) hours after antibiotic treatment has been started;
n. Chicken pox, until all lesions have crusted (usually six (6) days after the rash appears);
o. Rubella, until six (6) days after onset of rash;
p. Pertussis (whooping cough); until five~~r~~ (5) days of antibiotic treatment;
q. Mumps, until five (5) days after onset of gland swelling;
r. Measles, until four (4) days after onset of rash; and
s. Hepatitis A, until one (1) week after onset of illness or as directed by the health department.

5. Illness in the home shall be handled to protect all children in care.

6. 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 to the parent immediately.

7. In case of critical illness or injury that requires the attention of medical personnel the Child Care Licensing Specialist shall be notified within one (1) business day.

8. The caregiver shall notify the child's parents of significant events that affect the children. This shall include, but is not limited to:

    a. Cases of serious contagious disease; or
    b. Any injury incurred by a child.

9. The communicable diseases listed in Appendix D~~B~~, whether suspected in a child or adult, shall be reported within twenty-four (24) hours to either the local County Health Unit or the toll-~~-~~free Reporting System (800-~~-~~482-8888). ~~-~~Immediate notification is recommended

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for the following:

a. Hepatitis;
b. Rash illness (including Measles ~~&~~ and Rubella);
c. WHOOPING COUGH (Pertussis);
d. MENINGITIS;
e. MUMPS;
f. Tuberculosis;
g. Salmonellas (including typhoid); or
h. E-coli.

10. Reporting data should include:

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

11. 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.)

12. Within fifteen (15) days of enrollment of a child, the home shall verify that the child has been immunized as required by the 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.)

13. 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 pre-school 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.

14. It is recommended that the facility have an automated external defibrillator on site and have a staff member(s) on-site who is trained in the proper use of this device.

1103 Toilet Arrangements

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

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

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

4. Liquid soap shall be accessible in the hand washing area and used by caregivers and children.

5. Running water shall be available in all lavatories.

6. Caregiver's and children's hands shall be washed with liquid soap before meals, after toileting, after each diaper change, and as needed. The use of hand sanitizer shall not be a replacement for soap and running water.

7. 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 surfaces~~.~~;
   c. The table shall be sturdy and stable to prevent tipping over;~~.~~
   d. The table shall be a convenient height for use by caregivers and ~~/~~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.

8. Children shall always be attended during diapering.

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

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

11. The following methods shall not be used in toilet training:

    a. Placing a 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; and
    e. Leaving child unsupervised on toilet.

1104 Medication Requirements

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

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. Medicines shall be kept in a locked area. Medicine shall be kept out of the reach of

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the children when dispensing.

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

6. Rescue medications such as inhalers or EpiPens shall be inaccessible to children (kept in a cabinet with a child proof type safety latch or carried by the caregiver).~~)~~

7. 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.

8. 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.

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

1105 Phone Numbers Required

1. The following phone 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. Child Care Licensing Unit Central Office Number: 501-682-2350 or toll free 1-800-445-3316; and
   h. Home and business numbers of the parents.

1106 Pet Requirements

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 highly suggested that the home ~~have~~ has an evacuation crib or equivalent that could be used for the safe evacuation of infants.

1201 Safety Requirements

1. Within thirty (30) days of licensure 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):

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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; and
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 licensed on the effective date of this regulation shall have thirty (30) days to comply.

2. The 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; and
f. Plans to ensure that all caregivers and volunteers are familiar with the components of the plan.

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

5. 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.

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; and

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e. Caregivers, including volunteers, shall be trained in safety drill procedures.

8. The 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; and
   f. Notes regarding things that need improved upon.

9. The 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 1101.9) 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 or pencils;
   j. Whistle;
   k. Disposable cups;
   l. Wet wipes; and
   m. Emergency survival blanket.

10. The home 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. Licensed Homes shall maintain a log of all child product recall and safety notices issued by Consumer Products Safety Commission (CPSC) or distributed by the Attorney General's Office and shall post or otherwise make these notices available for parents to review on site. The Licensee shall certify, on an annual basis, that these notices have been maintained and reviewed and that any identified items have been removed from the facility. 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 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.

Mark-Up

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

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

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

19. Illegal drugs or /paraphernalia shall not be in any part of the home, regardless if children are present or not.

20. Tanks, ponds, swimming pools, open wells, drainage ditches, and sewage drainpipes shall be fenced if located within the play area.

21. 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 require inspection during the construction phase. Obtaining approval for existing pools is usually not possible.)

22. Wading pools shall not be used.

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

1202 Fire

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. (Please be advised that the fire code also does not allow wood paneling in child care family homes. This will fall under the authority of the local fire jurisdiction.)

1. A home caring for eleven (11) or more children at any time (this does include school age children not counting in the ratio) shall provide verification of an approved annual Fire Department inspection.

2. A fire extinguisher with a minimum of five pounds (5 lbs.) lbs. 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.)

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

4. All smoke detectors in the home shall be hard wired and operate in a manner that if one

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(1) sounds, they all will sound. (Homes licensed prior to January 1, 2014 are exempt from this requirement, unless the Home's capacity or ownership changes.)

5. 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.

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

   a. A home with more than one (1) level shall have second exits on all levels used by children;.
   b. A home shall have at least two (2) 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; and.
   e. Doors and pathways shall be clear of equipment that blocks the movement of children and caregivers.

7. Wood burning stoves, 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 fired heaters shall not be used.

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

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

10. The Licensee 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 Licensee, including transportation provided by any person on behalf of the Licensee, regardless of whether the person is employed by the Licensee. 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:

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a. Be at least twenty-one (21) years old or the minimum age required by the Licensee'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, or approved, by the Division prior to transporting children. Verification of the completed course in Driver Safety shall be maintained in the employee's record; and ~~.~~
d. Be certified in Cardiopulmonary Resuscitation (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); and
   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 driver may be counted in the staff to ~~/~~child ratio~~,~~ but shall not be the only adult present when more than ten (10) children age three (3) and above are transported.

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. The 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 or ~~/~~date of birth 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 Licensed Home. ~~-~~Transportation rosters shall be kept by the facility and available for review for one (1) year.

12. To ~~insure~~ ensure 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 conducts the walk~~-~~

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through inspection, documenting that all children have exited the vehicle.

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

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 (1) minute. **Any of the following three (3) 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 (1) minute.)

    2. Upon arrival, have one (1) 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 (2) staff members, one (1) to supervise the children and one (1) 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 ~~&~~ and Toddler Transportation Requirements

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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. Individual with Disabilities Education Act (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 (IFSP) or IEP (Individual Education Plan (IEP) exists; or 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; and.
  - 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 Individual with Disabilities Act (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 and /individual family service plan;.
   d. Facility staff (regular classroom staff) shall be a partner in the Individual Family Service

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Plan (IFSP)~~/~~ and Individual Education Plan (IEP) plan process;

e. The facility shall allow service providers who are representatives of the Department of Human Services (DHS), the Division of Developmental Disabilities Services (DDS), or Arkansas Department of Education (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 and~~/~~ 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~~ADE and~~/or~~ the ~~Arkansas Department of Human Services~~DHS, ~~Developmental Disabilities Services~~DDS, shall identify the needed special services on the IFSP/IEP; and~~.~~
i. Classroom staff shall reinforce the specified goals and objectives as part of the daily routine of the classroom.

1402 Infant ~~&~~ and Toddler Special Needs Requirements

1. To the maximum extent appropriate, children ages zero (0) – two (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.

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APPENDIX A
CHILD CARE MEAL PATTERN

When children over age one (1) participates 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 twelve (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 six (6) through twelve (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.

CHILD CARE MEAL PATTERN

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

Mark Up

[1] Must serve all three (3) 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 thirteen (13) through eighteen (18) years old to meet their nutritional needs.

[3] Must be unflavored whole milk for children age one (1). Must be unflavored low-fat (one percent (1%)-~~percent)~~ or unflavored fat-free (skim) milk for children two (2) through five (5) years old. Must be unflavored low-fat (one percent (1%) ~~percent)~~, unflavored fat-free (skim), or flavored fat-free (skim) milk for children six (6) years old and older.

[4] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one (1) meal, including snack, per day.

[5] At least one (1) 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 (3) times a week. One (1) ounce of
meat and meat alternates ~~is~~are equal to one (1) 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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one-hundred (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 one-fourth (¼)cup for children ages one (1) ~~-~~– two (2); one-third (1/3) cup for children ages three (3) - five (5); and three-forth (¾) cup for children ages six (6) ~~-~~– twelve (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

Mark-Up

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 and ~~/~~meat alternates (1 ounces of nuts or ~~/~~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 (5) 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 thirteen (13) through eighteen (18) years old to meet their nutritional needs.

[3] Must be unflavored whole milk for children age one (1). Must be unflavored low-fat (one percent (1%)~~-percent)~~ or unflavored fat-free (skim) milk for children two (2) through five (5) years old. Must be unflavored low-fat (~~-one1~~ percent (1%)~~)~~, unflavored fat-free (skim), or flavored fat-free (skim) milk for children six (6) 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 twenty-three (23) grams of total sugars per six (6) ounces.

[6] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one (1) meal, including snack, per day.

[7] A vegetable may be used to meet the entire fruit requirement. When two (2) vegetables are served at lunch or supper, two (2) different kinds of vegetables must be served.

[8] At least one (1) 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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one-hundred (100) grams of dry cereal).

Mark-Up

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

Mark-Up

APPENDIX B
Infant Care Meal Pattern

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 eleven (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 eleven (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 twenty-three (23) grams of total sugars per six (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.

Mark-Up

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 eleven (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 twenty-three (23) grams of total sugars per six (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 eleven (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

Mark-Up

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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one-hundred (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 (3) components for a reimbursable meal. Offer versus serve is an option for adult participants.
[2] Must be unflavored low-fat (one~~1~~ percent (1%)~~)~~, unflavored fat-free (skim), or flavored fat-free (skim) milk. Six (6)
ounces (weight) or three-fourths (¾) cup (volume) of yogurt may be used to meet the equivalent of eight (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 (1) meal,
including snack, per day.
[4] At least one (1) serving per day, across all eating occasions, must be whole ~~grain-rich~~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 (3) times

a week. One (1) ounce of meat and meat alternates is equal to one (1) 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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one-hundred (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 one and one half (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 and ~~/~~meat alternates (1 ounces of nuts or ~~/~~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 (5) components for a reimbursable meal. Offer versus serve is an option for adult participants.

[2] Must be unflavored low-fat (one percent (1%) ~~percent)~~, unflavored fat-free (skim), or flavored fat-free (skim) milk. Six (6) ounces (weight) or three-forth (¾) cup (volume) of yogurt may be used to meet the equivalent of eight (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.

Mark-Up

[5] Yogurt must contain no more than twenty-three (23) grams of total sugars per six (6) ounces.
[6] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one (1) meal, including snack, per day.

[7] A vegetable may be used to meet the entire fruit requirement. When two (2) vegetables are served at lunch or supper, two (2) different kinds of vegetables must be served.
[8] At least one (1) 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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one-hundred (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 (2) of the five (5) components for a reimbursable snack. Only one (1) of the two (2) components may be a beverage.
[2] Must be unflavored low-fat (one percent (1%)~~ percent)~~, unflavored fat-free (skim), or flavored fat-free (skim) milk. Six (6)

ounces (weight) or three-forth (¾) cup (volume) of yogurt may be used to meet the equivalent of eight (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 twenty-three (23) grams of total sugars per six (6) ounces.

[5] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one (1) meal, including snack, per day.

[6] At least one (1) 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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one-hundred (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 one and one half (1 ½) cups for adults.

Mark-Up

APPENDIX D
LIST OF REPORTABLE DISEASES

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

Gonorrhea
Measles (Rubeola)
Mumps
Salmonellosis (including Typhoid fever)
Syphilis
Whooping Cough (pertussis)
Hepatitis (A, B, C, or E) viruses
Meningitis (all types)
Rubella
Shigellosis
Tuberculosis

~~Gonorrhea~~
~~Hepatitis (A, B, Non-A, Non-B~~
~~Unspecified and results of serologies)~~
~~illnesses (including *MEASLES,~~
~~& RUBELLA)~~
~~*WHOOPING COUGH (pertussis)~~
~~Salmonellosis (including typhoid)~~
~~Shigellosis~~
~~Syphilis Rash~~
~~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 enteritis ~~Interitis~~
Chancroid
CHOLERA
Coccidioidomycosis
*Congenital Rubella Syndrome
(Ornithosis) DIPHTHERIA
Encephalitis (all types)
FOOD POISONINGS (all types)
Giardiasis
Gonococcal Ophthalmia
Granuloma Inguinale
*Guillain - Barre Syndrome
Histoplasmosis
HIV [Human Immunodeficiency ~~ImmunoDeficiency~~ Virus by (name ~~&~~ and 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~~Psittacosis
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.

Mark-Up

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 ~~&~~ and 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); and
d. Name of patient's physician.

The following diseases are also of public health importance and it is recommended that they be reported whenever there is an unusual incidence or outbreak (including seasonal). It is necessary to report: one (1) physician's name and location two (2) the suspected disease three (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
Pneumoconiosis Byssinosis
Mesothelioma
Coal Workers

FOR FURTHER ASSISTANCE CONTACT THE LOCAL COUNTY HEALTH UNIT.

Mark-Up

APPENDIX E
DISASTER/EMERGENCY PREPAREDNESS

DISASTER and /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 501-682-8590
CLEANING and /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 and /AIR CONDITIONING		
INSURANCE AGENT AND POLICY NUMBER		
LICENSING SPECIALIST		
LOCKS		
NATIONAL EMERGENCY FAMILY REGISTRY AND LOCATOR PLUMBER		1-800-588-9822
POISON CONTROL		1-800-376-4766
POLICE		
POLICE -(Local Non-Emergency)		
RED CROSS (Local)		
SHERIFF		
TRASH REMOVAL		
WATER DEPARTMENT		

Mark-Up

IMMUNIZATION REQUIREMENTS

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 one (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 one (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 or ~~/~~after the child's 4th birthday. Interval between 4th DTaP/DTP/DT and 5th DTaP/DTP/DT should be at least six (6) months. If a child is currently ≥ forty-nine (49) months of age and does not meet the above criteria or is in process within fifteen (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 seven (7) months or older require fewer doses to complete the series.

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

**** Vaccine doses administered up to four (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 twenty-eight (28) days.

*****A M~~m~~edical ~~p~~Professional is a M~~m~~edical D~~d~~octor (MD), A~~a~~dvanced P~~p~~ractice N~~n~~urse (APN), D~~d~~octor of O~~o~~steopathy (DO), or P~~p~~hysician Assistant (PA). –No self or parental history of disease will be accepted.

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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 (2)- dose hepatitis B schedule for eleven (11) -– fifteen (15) year-old children may be substituted for the three (3)- dose schedule. Only an FDA-approved alternative regimen vaccine for the two- (2) dose series may be used to meet this requirement. If you are unsure if a particular child's two (2) -dose schedule is acceptable, please contact the Immunization Section for assistance at 501-661-2169.

*** 3rd3rd dose of hepatitis B should be given at least eight (8) weeks after the 2nd2nd dose, at least sixteen (16) weeks after the 1st 1st dose, and it should not be administered before the child is twenty-four (24) weeks (one hundred and sixty-eight (168) days) of age. (All 3rd3rd doses of hepatitis B vaccine given earlier than six (6) months of age before 06/21/1996 are valid doses and should be counted as valid until 06/21/2014.)

**** 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 (2) doses of measles, one (1) dose of mumps, and one (1) dose of rubella before January 1, 2010, the doses will be accepted as compliant to immunization requirements and two (2) MMRs are not required.**

******A medical professional is a Mmedical Ddoctor (MD), Aadvanced Ppractice Nnurse (APN), Ddoctor of Osteopathy (DO), or Pphysician Aassistant (PA). –No self or parental history of

disease will be accepted.

******* For unvaccinated persons seven (7) years of age and older (including persons who cannot document prior vaccination), the primary series is three (3) doses. The first two (2) doses should be separated by at least four (4) weeks, and the third dose at least six (6) months after the second. One (1) of these doses (preferably the first) should be administered as Tdap and the remaining two (2) doses administered as Td.

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MINIMUM LICENSING REQUIREMENTS FOR

Out-of-School Time Facilities

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION
CHILD CARE LICENSING UNIT
P. O. BOX 1437, SLOT S150
LITTLE ROCK, ARKANSAS 72203-1437
(501) 682-8590

PUB-004 (REV. ~~01~~12/01/2020)

Out-Of-SchoolTime

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Minimum Licensing Requirements for

Out-of-School Time Facilities

100 OUT-OF-SCHOOL TIME LICENSING

101 Related Laws and Requirements

1. The "Child Care Facility Licensing Act" Ark. Code Ann. §§ 20-78-201 to -220, as amended, is the statutory authority for licensing Out-of-School Time (OST) Programs. This act created the Division of Child Care and Early Childhood Education (DCCECE) and authorized the Division to establish rules governing the granting, revocation, denial, and suspension of licenses for OST facilities and the operation of OST facilities in this state. The Minimum Licensing Requirements for Out-of-School Time Facilities are the Division's rules for OST Facilities.

2. The Child Care Facility Licensing Act designates the Arkansas Department of Human Services (DHS), ~~Division of Child Care and Early Childhood Education~~DCCECE as the administrative agency responsible for administering the Act in accordance with the Minimum Licensing Requirements for OST Facilities. The Division is authorized to inspect and investigate any proposed or operating OST Facilities and any personnel connected with the OST Facilities to determine if the facility will be or is being operated in accordance with the Child Care Facility Licensing Act and the Minimum Licensing Requirements for Out-of-School Time Facilities.

3. 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. The owner should 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 feet (20") ~~feet~~ or more square feet of the exterior, or the repair or renovation involves removing a window; and~~.~~
   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.

~~4.~~ The Licensee shall maintain Child Care Liability Insurance (Act 778 of 2009), and comply with the following requirements: State entities, political subdivisions, or other entities entitled to immunity from liability under § 21-9-301, are not required to have general liability insurance coverage in order to be licensed. (Act 23 of 2015)

~~5.~~

~~6.~~4.

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

b. The Licensee shall maintain the minimum amount of coverage as follows:

Licensed Capacity of OST Facility	Minimum Child Care Liability Insurance Coverage Required
1-74	$500,000 per occurrence
75 and up	$1,000,000 per occurrence

~~7.~~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 (facility) that has been communicated to the person in the course of their professional duties.

~~8.~~6. Laws relevant to the operation of OST Facilities are available upon request.

~~9.~~7. The following standards are the minimum licensing requirements which shall be met by persons or organizations which operate an OST Facility. In recommending a license be issued, ~~the Division of Child Care and Early Childhood Education~~DCCECE works in coordination with the local and state Health Departments, Fire Departments, City Planning or Zoning Departments, and the Boiler Division of the Department of Labor. Persons considering opening or expanding an OST Facility shall immediately contact these individual departments for inspection and information on their separate rules.

A prospective Licensee should request clarification regarding the codes or covenants enforced by these departments as some may prevent the operation of an OST Facility at a particular location, may limit the number of participants in care, or may impose additional safety requirements.

~~10.~~8. The Licensing Unit shall share information on the location and status of new applicants applying for a license and on facilities holding a license when a city or county requests the information.

102 General Requirements

1. The Out-of-School Time (OST) Facilities shall maintain compliance with the licensing requirements at all times. To be in substantial compliance, the OST Facility shall meet all essential standards necessary to protect the health, safety, and welfare of the participants attending the OST Facility. Essential standards include but are not limited to those relating to issues involving fire, health, safety, nutrition, discipline, staff to ~~/~~participant ratio, and

space. Failure to comply with any of the licensing requirements for OST Facilities may result in any of the following adverse actions:

a. Denial of an application for a license or for church exempt status;
b. Revocation or suspension of a license or church exempt status; or
c. Issuance of a provisional license or provisional church exempt status.

2. The following factors may be considered when determining the appropriate adverse action:

a. Severity of the deficiency cited;
b. Number of violations cited;
c. Frequency of violations cited;
d. Past history of compliance; and
e. Willingness/ability to correct violations.

3. Each OST Facility shall be reviewed by the Child Care Licensing Unit to determine whether the facility is in compliance with all the Minimum Licensing Requirements for OST Facilities. Child Care Licensing staff shall have access to OST Facilities for the purpose of conducting inspections, reviews, and complaint investigations. (**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 care. Any rooms or areas that are not accessible to participants 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 ensure that there are no dangers such as fire hazards, which could impact the safety of the entire structure.)

4. Denial of access to the facility or to interview participants may result in any of the adverse actions described above.

5. Any facility that has not provided care to participants for a period of one (1) year shall be closed unless a written request is made by the Licensee stating why closure should not take place. If the Licensee requests that the license remain open, license fees and required annual inspections shall be kept current.

~~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.)~~

6. Falsification of any document and submission of false information to the Division of Child Care and Early Childhood Education (DCCECE) may constitute grounds for revocation of the license. (Falsification means the submission of untrue information, whether by statement or omission.)

7. Any individual and related parties, on the Department of Human Services (DHS) Exclusion List pursuant to DHS Exclusion Policy 1088 shall not be eligible to be an owner, member of the Board of Directors, Director, Assistant Director, or Person in Charge of any licensed child care facility.

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103 Licensing Procedures

1. Application- An application shall be obtained from the Child Care Licensing Unit. The completed application packet shall be submitted to the Child Care Licensing Unit for review and approval. A completed application packet shall consist of:

   a. A signed application form with a designated person who assumes legal responsibility for operation of the OST Facility;
   b. Name of proposed director and their qualifications;
   c. Names, addresses, and telephone number of the Board of Directors, if applicable;
   d. Clear written guidelines of responsibility for the Board of Directors, if applicable;
   e. Building and /facility diagram;
   f. Description of the services that will be provided to the participants;
   g. Verification that criminal record checks and child maltreatment central registry checks have been initiated on all owners, operators, and staff members of the Out-of-School Time (OST) Facility;
   h. Boiler inspection, or verification that inspection has been scheduled;
   i. Fire Department approval;
   j. Health Department approval;
   k. Zoning approval;
   l. 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 participants can be provided.); and
   m. A reasonable plan with a proposed budget for the financial support of the program covering costs of staffing, building (including rent or mortgage and repairs), utilities, equipment, safety, and nutrition. (This is a one-time only requirement that applies to new applicants for a license.)

2. Time for processing: The Licensing Specialist has sixty (60) days to submit a recommendation to the Division.

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

4. License: The Child Care Licensing Unit shall conduct a licensing study of each OST Facility to determine eligibility for a license. The facility shall be approved by the Child Care Licensing Unit before a license may be issued by the Division. A license for an OST Facility shall specify:

   a. The name and address of the facility;
   b. The owner and /operator of the OST Facility;
   c. The number of participants authorized for care at the OST Facility;
   d. The expiration of any provisional licenses; and
   e. The type of care the OST Facility will be providing.

5. License - Non-transferable: A license for an OST Facility or approval for a church-operated

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exempt status shall apply only to the address and location stated on the license or approval issued. It shall not be transferable from one (1) holder of the license or approval to another or from one (1) place to another. If the location of an OST Facility is changed, or the operator of the OST Facility is changed, then the license or approval for that OST Facility shall be automatically closed on such a change. -The OST Facility shall notify the Licensing Unit of a change of location or ownership.

6. Compliance: On-site inspections of OST Facilities are conducted by the Child Care Licensing Unit on a routine basis to determine a facility's continued compliance with the standards. The caregivers shall cooperate with licensing staff during licensing visits and investigations.

   Violations of rules are documented in writing by use of the licensing compliance record. Documentation shall include:

   a. Reference to the specific rule violated;
   b. A factual description of the nature of the violation and how the OST Facility failed to comply; and
   c. A date of expected corrections.

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

8. The Child Care Licensing Unit shall have the authority to make both scheduled and unscheduled visits to:

   a. Conduct inspections and reviews to determine compliance with the licensing requirements;
   b. Investigate complaints involving possible violations of licensing requirements; and
   c. Offer consultation and technical assistance.

9. The Child Care Licensing Specialist may increase unscheduled monitor visits where numerous or severe violations of standards are cited.

10. If a violation is of imminent threat to the health, safety, and welfare of the participants attending the OST Program, corrective action or compliance shall be obtained within twenty-four (24) hours in order to ensure~~insure~~ the health, safety, and welfare of the participants in care. If an OST Facility violates an administrative standard or standard that does not directly threaten the immediate health, safety, or welfare of the participants in care, these violations shall be corrected within a reasonable time as mutually agreed upon by the Child Care Licensing Unit and the OST Facility.

    Once a violation has been corrected, the correction will be documented on the Licensing Compliance Record and a copy provided to the OST Facility.

11. New Provisional License - The Child Care Licensing Specialist shall recommend a New Provisional license when the facility is newly opened, or a facility has been acquired by new owners whose compliance history has not been determined. A New Provisional license shall not exceed twelve (12) months in length.

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At the end of the provisional license, the Division may in its discretion:

a. Issue a Regular license;
b. Revoke the license;
c. Suspend the license; or
d. Issue a successive Provisional license.

12. Regular License - The Child Care Licensing Specialist will recommend a Regular license when the facility has demonstrated substantial compliance, or when an existing Licensee with a Regular license relocates their facility and their past demonstrates a substantial level of compliance.

13. Probationary Provisional License - -The Licensing Unit may issue a Probationary Provisional license when the OST Facility 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 participants. The facility and 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 license, the Licensing Unit may:

    a. Issue a Regular license;
    b. Suspend the license; or
    c. Revoke the license.

14. Suspension of License - The Division may suspend a license when the Licensing Unit determines that the facility has serious areas of non-compliance, but the facility would be able to resume normal operation when the harmful conditions are eliminated.

    If granted, the suspension order remains in effect until the order expires or until the Division determines that the problem necessitating the suspension order have been resolved. The suspension of a license may not exceed twelve (12) months. If the Division finds that the terms of the suspension order have been met prior to the expiration of the suspension period, the Division retains the discretion to reinstate the license. If the terms of the order have not been met, the Division may revoke the license.

15. Revocation of License -The Division may revoke a license when any of the following situations occur:

    a. The facility fails to maintain substantial compliance with licensing requirements;.
    b. The facility fails or refuses to correct cited deficiencies in a timely manner; or.
    c. The facility fails to ensure insure the health, safety, and welfare of participants in care.

16. The revocation of a license nullifies and cancels the license. At the time of a final determination of revocation of the license by the Division, the Division shall specify in the revocation letter the terms of the revocation. The Licensee shall not be eligible to reapply for a license for a minimum of one (1) year or longer, if specified in the revocation order. Related parties shall not be eligible to apply for a license for the same specified period. (Related parties are defined as immediate family members, member of the Board of

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Directors, persons 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 Licensee. 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.) (Applicants who are denied a license or registration due to this requirement may appeal the denial to the Child Care Facility Review Panel.) Facilities wishing to be re-licensed must submit a new application for licensure for review and approval by the Division. Approval must be obtained, and a new license issued before the facility provides care to a licensable number of participants.

104 License Fee

1. Each facility shall submit an annual license fee as long as the facility is in compliance with the Minimum Licensing Requirements for OST Facilities. A facility license fee is determined by combining the maximum license capacity of all licenses located within the same premises.

   a. Facilities serving up to seventeen (17) participants:- $15.00 per year;
   b. Facilities serving seventeen (17) to ninety-nine (99) participants:- $50.00 per year; or
   c. Facilities serving one hundred (100) or more participants:- $100 per year.

2. Upon review and determination of a licensing recommendation by the Child Care Licensing Specialist, the Specialist shall issue a Notice of License Fee Due to the facility.

3. The Division shall not issue a license unless the required license fee has been paid.

4. A copy of the license fee notice shall be submitted, licensure recommendation.

5. The fee schedule shall apply to all Out-of-School Time (OST) Facility recommendations for licensure as follows:

   a. New Provisional License - (Provisional License for new operation to be issued for a period of twelve (12) months.) A one (1)- year license fee shall be paid prior to the issuance of a Provisional License;-
   b. New Regular License or Conversion from provisional to regular status - A license fee shall be paid prior to the issuance of a new license; and-
   c. Conversion to Provisional Status - No license fee is due for licenses converted to provisional status during the term of a Regular License.

6. A second notice of license fee due will be sent to facilities failing to submit the required license fee (Notice of License Fee Past Due). This notice will be sent twenty (20) days after the initial notice of fee due. Failure to submit a license fee within twenty (20) days of receipt of the past due notice will result in action to suspend the license until such time as the fee is paid.

7. Refunds of license fees paid are made only when the Division does not approve issuance of a license. There shall be no refunds of license fees paid for voluntary closure of a facility or

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for Division action to revoke or suspend a license.

8. All license fees paid to the Division shall be deposited in a special Child Care Provider's Fund. This fund shall be used to meet the cost of conducting statewide criminal record checks, with the remaining money used for training or materials to be loaned to child care providers.

105 Appeal of Licensing Actions

1. A Licensee or applicant for license may request an appeal of any of the following licensing actions:
   a. Adverse licensing actions (revocation or suspension of a license, conversion to a provisional license or denial of an application for a license);
   b. Founded licensing complaints;
   c. Denials of alternative compliance requests; or
   d. 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 licensing actions must be mailed within ten (10) calendar days of the receipt of the notice of the adverse action. Requests to appeal licensing 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 Licensee or applicant for license 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 Licensee or applicant for license, the matter will be referred to the Child Care Appeal Review Panel for hearing**.** (This appeal process~~es~~ also applies to Church Operated exempt facilities.) **(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 Licensing Requirements for Out-of-School Time (OST) Facilities if the Division determines that the alternative form of compliance offers equal protection of health, safety, and welfare to participants and meets the basic intent of the requirements for which the program is making the request.

2. The Division shall consider all requests for alternative compliance with the Licensing requirements except those requirements that are enforced by the Department of Health, Local Fire Marshal, or State Fire Marshal's office and applicable city ordinances including zoning.

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

4. The applicant or ~~/~~Licensee shall submit the request for alternative compliance in writing.

5. The request shall include:

   a. The specific standards for which alternative compliance is sought;~~.~~
   b. An explanation of how the alternative form of compliance is equal to or exceeds the stated requirements;~~.~~
   c. Full justification and description of what the alternative compliance method will be and

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the method by which the facility will carry out this plan to continue to provide for the health, safety, and welfare of participants as intended by the requirements; and.

d. The applicant and /Licensee shall provide clear and supportive evidence and upon request of the Division, an expert's opinion on the effect of the request on the health, safety, and welfare of the participants.

6. 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 license unless a shorter time frame is specified.

7. The granting of alternative compliance for a requirement shall in no way constitute a precedent. If an alternate means of complying with the requirement is granted by the Division and the facility fails to satisfactorily implement this alternate means, the original requirement for which alternative compliance was sought shall become immediately enforceable.

8. The Division shall have the right to obtain an expert opinion to corroborate expert opinions provided by the applicant or /Licensee.

9. The Division shall have the right to deny requests for alternative compliance when it finds that such requests do not adequately protect the health, safety, and welfare of participants and do not meet the intent of the requirements.

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

107 Church-Operated Exemption

Please note that all regulations included in this manual also apply to Church Operated Exempt (COE) Out-of-School Time (OST) facilities.

1. Act 245 of 1983 defines those facilities that may apply for an exemption from obtaining of license to operate a child care facility and the process through which such exemption may be granted. The facility must be operated by a church or group of churches and be exempt from the State Income Tax levied by Act 118 of 1929, as amended. The person or persons in charge of such a facility shall submit a written request to the Division for such exemption along with the following:

   a. Verification of Tax ID ownership by the church;
   b. Verification that the facility is operated by a church or group of churches;
   c. Verification that the facility has been inspected annually and meets the applicable fire safety and health standards; and
   d. Certification from the facility that it is in substantial compliance with published standards that similar nonexempt OST Facilities are required to meet.

2. The Division shall review each request for a church-operated exemption and reply in writing within sixty (60) days from receipt of such request.

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3. The facility shall be visited by Division staff to verify the facility's substantial compliance with the published standards prior to the consideration and review by the Division.

4. The Division shall consider each request for exemption and shall review the Division staff's written report in determining a facility's substantial compliance with published standards.

5. If a facility claims and states the belief that a particular standard is of a religious nature, the Division shall consider and make a determination on the statements that shall then be a –final action subject to review under the Administrative Procedures Act.

6. Written notification of an exemption shall be made to the facility stating the maximum number of participants allowable, the dates of exemption, and any other conditions by which an exemption is granted.

7. Division staff shall have the authority to visit any Church-Operated Exempt Facility to review, advise, and verify the maintenance of substantial compliance at the direction of the Division.

108 Licensing Investigations

1. Child Care Licensing staff shall investigate all complaints involving the possible violation of licensing requirements.

109 Child Maltreatment Checks

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

   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 child maltreatment background check in any states where they resided during the past five (5) years.

a. Each applicant to own or operate an OST Facility	At application and every two (2) years thereafter
b. Staff members and applicants for employment in OST Facility	Prior to employment and every two (2) years thereafter
c. All volunteers who have routine contact with participants	Prior to providing services or participating in center activities and every (2) years thereafter
d. Administrative staff or members of Board of Directors who have supervisory or disciplinary control over participants or who have routine contact with participants	At application and when changes occur with administrative staff or Board members and every two (2) years thereafter
e. Therapists or other persons who have routine contact with participants	Prior to providing services or participating in program activities and every two (2) years thereafter

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2. If a complaint of child maltreatment is filed against any owner or /operator, staff, or other person in Out-of-School Time (OST) Facility, the Child Care Licensing Specialist shall evaluate the risk to participants and determine the suitability of the person(s) to supervise, be left alone with participants, have disciplinary control over participants, or remain in the program during hours of care until the allegations have been determined true or unsubstantiated. (Pending the evaluation of risk to participants by the Child Care Licensing Unit, the person(s) alleged shall not be left alone with participants.)

3. If corrective action is appropriate, the facility shall require all staff members who have had a founded report of child maltreatment to follow the corrective action plan specified 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 may constitute grounds for adverse action against the license.

4. The statewide Child Maltreatment HotlineHot Line and the Child Care Licensing Central Office number shall be posted in a conspicuous place in the OST Facility. The HotlineHot Line number is 1-800-482-5964 and the Licensing Central Office number is (501) 682-8590 or toll--free 1- 800-445-3316.

110 FBI Criminal Records Check

1. The following persons shall apply to the Identification Bureau of the Arkansas State Police for a nationwide criminal record check, to be conducted by the Federal Bureau of Investigation (FBI), which shall include a fingerprint check: (The individual is responsible for the cost of a nationwide check. Each request must be accompanied by a check or money order made out to the Arkansas State Police.)

   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 an Out-of-School Time (OST) Facility	At initial application and every five (5) years thereafter
b. Direct care staff or staff with routine contact with participants	Prior to employment and every five (5) years thereafter
c. Administrative persons who have direct contact with participants	Prior to employment and every five (5) years thereafter
d. Therapists, volunteers, or other persons who have supervisory control, disciplinary control over participants, or are left alone with participants	Prior to providing services or participating in center program activities and every five (5) years thereafter –

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

The following persons shall be required to have their background reviewed through a fingerprint Criminal Records check (which includes 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 to own or operate Out-of-School Time (OST) Facility	At application and every five (5) years thereafter
b. Staff and applicants for employment in an OST Facility	Prior to employment and every five (5) years thereafter
c. Administrative persons who have direct contact with participants	Prior to employment and every five (5) years thereafter
d. Therapists or other persons who have supervisory or disciplinary control over participants, or are left alone with participants	Prior to providing services or participating in program activities and every five (5) years thereafter

3. Criminal records will be returned to the division for review. Any charge or 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 an OST Facility owner, operator, or employee 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:

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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 in the first degree,	§ 5-27-201;
05. Kidnapping,	§ 5-11-102;
06. Murder in the fFirst degree,	§ 5-10-102;
07. Murder in the sSecond degree,	§ 5-10-103;
08. Rape,	§ 5-14-103;
09. Sexual aAssault in the Ffirst degree,	§ 5-14-124;
10. Sexual aAssault in the sSecond degree,	§ 5-14-125;

5. No person shall be eligible to be an OST Facility owner, operator, or employee 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

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7.5. federal court. The following offenses are prohibited:

01. Criminal aAttempt to commit any offenses in MLR Section	§ 5-3-201;
02. Criminal cComplicity to commit any offenses in MLR Section	§ 5-3-202;
03. Criminal cConspiracy to commit any offenses in MLR Section	§ 5-3-401;
04. Criminal sSolicitation, to commit any offenses in MLR Section	§ 5-3-301;
05. Assault in the fFirst, SSecond, or Tthird degree;	§ 5-13-205 -to § 5-13 -207;
06. Assault, Aggravated assault;	§ 5-13-204;
07. Assault, Aggravated assault on a fFamily or hHousehold	§ 5-26-306;
08. Battery in the fFirst, sSecond, or Tthird dDegree,	§ 5-13-201 to § 5-13 -203;
09. Breaking or Eentering,	§ 5-39-202;
10. Burglary,	§ 5-39-201;
11. Coercion,	§ 5-13-208;
12. Computer cCrimes aAgainst mMinors,	§ 5-27-601 et. seq.;
13. Contributing to the dDelinquency of a jJuvenile,	§ 5-27-220;
14. Contributing to the dDelinquency of a mMinor,	§ 5-27-209;
15. Criminal iImpersonation,	§ 5-37-208;
16. Criminal Uuse of a Pprohibited wWeapon,	§ 5-73-104;
17. Communicating a dDeath Tthreats cConcerning a Sschool eEmployee or sStudents:	§ 5-17-101;
18. Domestic bBattery in the Ffirst, SSecond, or Tthird dDegree,	§ 5-26-303 to § 5-26 -305;
19. Employing or cConsenting to the uUse of a Cchild in a Ssexual pPerformance,	§ 5-27-401;2
20. Endangering the wWelfare of a mMinor in the fFirst or sSecond dDegree,	§ 5-27-205 andto § 5-27- 206;
21. Endangering the wWelfare of an iIncompetent pPerson in the fFirst or SSecond dDegree,	§ 5-27-201 and § 5-27- 2022;

22. Engaging cChildren in sSexually eExplicit cConduct for uUse in vVisual or pPrint Mmedia,	§ 5-27-303;
23. False iImprisonment in the fFirst or Ssecond Ddegree,	§ 5-11-103 toand § 5-11 --104;
24. Felony aAbuse of an eEndangered or Himpaired Pperson,	§ 5-28-103;
25. Felony iInterference with a lLaw eEnforcement oOfficer,	§ 5-54-104;
26. Felony vViolation of the Uniform Controlled Substance Act,	§ 5-64-101 - § 5-64-508 et. seq.;
27. Financial iIdentity fFraud,	§ 5-37-227;
28. Forgery,	§ 5-37-201;
29. Incest,	§ 5-26-202;
30. Interference with cCourt oOrdered cCustody,	§ 5-26-502;
31. Interference with vVisitation,	§ 5-26-501;
32. Introduction of cControlled sSubstance into bBody of aAnother pPerson,	§ 5-13-210;
33. Manslaughter,	§ 5-10-104;
34. Negligent hHomicide,	§ 5-10-105;
35. Obscene pPerformance at a lLive pPublic sShow,	§ 5-68-305;
36. Offense of cCruelty to Aanimals,	§ 5-62-103;
37. Offense of aAggravated cCruelty to dDog, cCat, or hHorse,	§ 5-62-104;
38. Pandering or pPossessing vVisual or pPrint mMedium dDepicting sSexually eExplicit cConduct iInvolving a cChild,	§ 5-27-304;
39. Patronizing a ProstituteSexual solicitation,	§ 5-70-103;
40. Permanent dDetention or rRestraint,	§ 5-11-106;
41. Permitting aAbuse of a mMinor,	§ 5-27-221;
42. Producing, dDirecting, or Ppromoting a sSexual pPerformance by a cChild,	§ 5-27-403;
43. Promoting oObscene mMaterials,	§ 5-68-303;
44. Promoting oObscene pPerformance,	§ 5-68-304;
45. Promoting pProstitution in the fFirst, sSecond, or tThird dDegree,	§ 5-70-104 to - §5-70 -106;
46. Prostitution,	§ 5-70-102;
47. Public dDisplay of oObscenity,	§ 5-68-205;
48. Resisting Arrest,	§ 5-54-103;
49. Robbery,	§ 5-12-102;
50. Robbery (Aggravated rRobbery,)	§ 5-12-103;
51. Sexual oOffenses (any),	§ 5-14-101 et. seq.;
52. Simultaneous pPossession of dDrugs and fFirearms,	§ 5-74-106;
53. Soliciting mMoney or pProperty from iIncompetents,	§ 5-27-229;
54. Stalking,	§ 5-71-229;
55. Terroristic aAct,	§ 5-13-310;
56. Terroristic tThreatening,	§ 5-13-301;
57. Theft of public benefits,	§ 5-36-202;
58. Theft by rReceiving,	§ 5-36-106;
59. Theft of pProperty,	§ 5-36-103;

60~~59~~. Theft of ~~S~~services,	§ 5-36-104;
61~~0~~. Transportation of m~~M~~inors for p~~P~~rohibited ~~S~~sexual c~~C~~onduct,	§ 5-27-305;
62~~1~~. Unlawful d~~D~~ischarge of a f~~F~~irearm from a v~~V~~ehicle,	§ 5-74-107; and
63~~2~~. Voyeurism,	§ 5-16-102.

~~8.~~6. If the Licensee 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; or
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.

~~9.~~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.

~~10.~~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.

~~11.~~9. If approved, the waiver is not transferable to another licensed facility.

~~12.~~10. Any person who has pled guilty, nolo contendere, or who has been found guilty of any one (1) of the offenses listed as prohibited above (Section 110.5, 0-62) 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; or~~.~~

b. The date of the conviction, plea of guilty or nolo contendere for a felony offense is at least more than 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

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guilty or nolo contendere of any type or nature during the ten (10) year period preceding the background check request.

Anyone employed in a licensed center, Church Operated Exempt (COE) center, licensed child care family home, or a registered child care family home prior to September 1, 2009~~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 110.6) since ~~9/1/2009~~September 1, 2009.

200 ORGANIZATION AND ADMINISTRATION

201 Administrative Procedures

1. The Owner ~~and/~~or Board of Directors shall be responsible for operating the facility and shall have final responsibility to ensure that the facility meets licensing requirements. Names, addresses, and telephone numbers of Board members shall be provided to the Licensing Specialist.

2. The facility shall provide a written procedure for reporting suspected of child maltreatment. This procedure shall be followed, and a call made to the Hotline~~Hot-Line~~ whenever there is a suspicion of child maltreatment (1-800-482-5964). These reports of child maltreatment shall include all allegations made to the Licensee by parents, staff members, or the general public. The Licensee should call Child Care Licensing for guidance if there is any question about whether ~~or not~~ the Hotline~~Hot-Line~~ should be called regarding any situation where potential child maltreatment is involved.

3. The facility shall provide a written procedure for reporting suspected licensing violations. Serious licensing violations shall be reported to the Licensing Unit. These include, but are not limited to, violations relating to transportation, inappropriate behavior guidance, inadequate supervision, staff to ~~/~~participant ratio violations, ~~or any other violations~~ or any other violation that could imminently affect the health and safety of participants.

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

300 PERSONNEL

301 Staff~~/~~ to~~and~~ Participant Ratio

1. A Licensee shall not have more participants in care at any one (1) time than the maximum specified on the license.

2. The following staff~~/~~ to participant ratios shall be maintained:

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Ages of Participants	Number of Staff	Number of Children
a. Kindergarten and above	1	18

~~Providers who were licensed to serve school age participants prior to the effective date of this rule will have four years from the implementation of this rule to comply with the new ratio requirement.~~

3. All participants shall be adequately supervised at all times. Though participants are generally required to be within the sight or hearing of staff, Out-of-School Time (OST) participants, second grade and above, may be provided opportunities to take part in short-term activities not within the sight and hearing of OST staff. Such short-term activities include but are not limited to going to a restroom, transitioning to other activities, returning to a classroom within a ~~-~~school building, etc. In order to minimize the risks associated with such short-term activities, the following provisions must be adhered to:

   a. The appropriateness of the degree of direct staff supervision required shall be based on an individual participant's ability to handle such responsibility. Only participants able to handle such responsibility shall be provided it;~~.~~
   b. Participants shall be accompanied at a minimum by another participant when engaging in short term activities (as defined above);~~.~~
   c. Systems of monitoring, (ex. use of two-way communication devices) shall be in place; and~~.~~
   d. Staff shall ~~make contact with~~contact the participant at least every ten (10) minutes. If the participant is anticipated being gone longer than ten (10) minutes, prior to releasing the participant~~-~~, staff should ~~make contact with~~contact the responsible adult (ex. teacher) that will provide supervision during this extended time to ensure that adequate supervision provisions are in place.

4. ~~DDS (~~Developmental Disabilities Services (DDS) staff to ~~/~~participant ratios shall be maintained in all facilities that are licensed or certified by both Child Care Licensing and DDS.

5. Additional staff provisions shall be made for enrollment of participants with disabilities, or participants who require individual attention.

302 Maximum Group Size

1. Maximum group size limitations do not apply during meal times, rest times, transitions, outdoor time periods, field trips, or the length of a special occasion, including but not limited to celebrations or visits from guest speakers.

2. Group size shall be limited to two (2) times the number of children allowed with one (1) staff member. This does not apply to periodic or special group activities. Existing structures licensed prior to November 1, 2002 are exempt from this requirement. However, any expansions, additions or any newly licensed structures effective November 1, 2002 shall be in compliance.

303 Director

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1. There shall be a Director or ~~/~~Site Supervisor who shall be responsible for:

   a. Administering, planning, managing, and controlling the daily activities of the Out-of-School Time (OST) Facility;
   b. Ensuring that the facility meets licensing requirements;
   c. Ensuring the health and safety of participants; and
   d. Providing prudent supervision of all staff and volunteers.

2. Directors shall be age twenty-one (21) or older, and provide documentation of one (1) of the following educational levels:

   ~~a.~~ Bachelor's Degree or higher Degree in Early Childhood, Elementary Education, Child or ~~/~~Youth Development, or a related field from a regionally accredited college or university. (Determination of "related field" shall be made by the Division of Child Care

   ~~b.~~a. ~~&~~ and Early Childhood Education~~.~~);

   ~~c.~~b. Bachelor's Degree in a non-related field from a regionally accredited college or university plus one (1) of the following:
      - Four (4) years of experience in early childhood education or elementary education.
      - Child Development Associate Credential (CDA) or Out of School Time Credential. Or,
      - Nine (9) college hours of credit in child/youth development.

   ~~d.~~c. Associate~~'s~~ Degree in Early Childhood, Child or Youth Development or a related field, plus six (6) years of experience in Early Childhood Education or Elementary Education; and

   ~~e.~~d. Eight (8) years of experience in Early Childhood or Elementary Education and completion of one (1) of the following, within two (2) years of employment:
      - Out of School Time Credential;~~.~~
      - Child Development Associate Credential;
      - Director's Credential or the equivalent; or
      - Technical Certificate in Early Childhood Education.

   ~~Individuals who have been employed in the position of Director prior to implementation of this rule will not be required to meet the new director's qualifications. These individuals may change employers after this date and still qualify as director.~~

3. A director or assistant director and ~~/~~site supervisor, who meets director qualifications, must be present at each licensed site a minimum of fifty percent (50%) of the center's primary operational day, on a routine basis.

4. When the director and assistant director/site supervisor are away from the center, there shall be a person in charge who shall have the ability and authority to carry out daily operations. The person in charge shall be age twenty-one (21) or older.

5. All new directors and assistant directors/site supervisors shall attend New Director's Orientation, ~~PAS (~~Program Administration Scale (PAS) or Youth Program Quality Assessment (YPQA) form B, and ~~ERS (~~Environment Rating Scale (ERS) training or introduction to YPQA ~~(Youth Program Quality Assessment)~~ within six (6) months of

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employment. Programs operating seasonally (ninety (90) days or less within a calendar year) must, at a minimum, have Directors~~/~~ and Site Directors attend OST Director's "Essentials" within the first thirty (30) days. This is an orientation class sponsored by the Division. Proof of attendance shall be maintained in the director's file.

6. The director and assistant director/site supervisor shall obtain fifteen (15) clock hours in early childhood education or child/youth development each year. Training shall be registered with the Division of Child Care and Early Childhood Education (DCCECE) Professional Development Registry or Department of Education or Department of Higher Education approved. Documentation of training shall be maintained and available for review.

7. Topics appropriate for continuing early childhood education or child~~/~~ and youth development shall include, but are not limited to the following:

   a. Child growth and development;
   b. Nutrition and food service;
   c. Family communication and involvement;
   d. Curriculum development and implementation;
   e. Developmentally appropriate practice and learning environments;
   f. Behavior guidance and positive interaction;
   g. Emergency care and first aid;
   h. OST Program planning, management, and leadership of early childhood and ~~/~~OST programs;
   i. Building partnerships with schools and the larger community; and
   j. Creating a culturally competent OST Program.

8. The Licensee shall notify the Licensing Unit of any change in the person named as director, ~~and/or~~ assistant director, or ~~/~~site supervisor within five (5) calendar days.

304 Staff Requirements

1. A person shall be considered a staff member if they have disciplinary or supervisory control over participants, is left alone with participants at any time, or is counted in staff to~~and/~~ participant ratio, regardless if they are paid by the facility or not.

2. Staff members in an Out-of-School Time (OST) Facility shall be age eighteen (18) years or older. Exceptions may be allowed for individuals sixteen (16) or seventeen (17) years of age to work in an OST Facility if they meet all of the following criteria:

   a. The individual shall not have disciplinary control over participants;~~.~~
   b. The individual shall not be left alone with participants at any time;~~.~~
   c. The individual shall be under the direct supervision of an adult (eighteen (18) years of age or older) staff member at all times;~~.~~
   d. The individual shall meet all other requirements; and~~.~~
   e. The individual shall be a high school graduate, have a General Education Diploma (GED) or be enrolled in a high school or GED curriculum.

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3. All staff members who work directly with participants shall have a high school diploma or GED or shall be enrolled in a high school or GED curriculum and complete the curriculum within one (1) year of hire.
4. All staff members who work directly with participants shall obtain at least fifteen (15) hours of training registered with the Division of Child Care and Early Childhood Education (DCCECE) Professional Development Registry or Department of Education or Department of Higher Education approved training each year in continuing Early Childhood Education or child/ and youth development. This training shall be appropriate for working with school age children and /youth.
5. All staff members caring for participants shall be able to perform necessary job functions.
6. Staff shall not engage in behavior that could be viewed as sexual, dangerous, exploitative, or physically harmful to participants. A caregiver shall not use profanity or speak in an abusive manner when participants are present.
7. No caregiver shall consume or be under the influence of illegal drugs. (A drug test may be required if there is reasonable cause to suspect violation of this requirement and the issue cannot otherwise be resolved.) No caregiver shall consume or be under the influence of alcohol while delivering care. No caregiver shall consume or be under the influence of medications (prescription or non-prescription) which impair their ability to provide care.

305 Volunteer Requirements

1. Volunteers are those individuals who have routine contact with participants and assist staff in the facility. If they are left alone with participants considered in the staff to /participant ratios or given supervisory and /disciplinary control over participants, they shall be considered staff and must meet the requirements for personnel (Section 300) and staff requirements (Section 303).
2. All volunteers in an Out-of-School Time (OST) Facility shall be eighteen (18) years or older unless the volunteer is under the direct supervision of the director or site supervisor 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 child maltreatment Central Registry check. An exception shall be given to parents who volunteer to assist on field trips, but are not left alone with participants. Child maltreatment Central Registry checks for volunteers under age eighteen (18) must include a parent's signature.
4. Volunteers who are left alone with children must have an orientation regarding program policies and practices that are related to the scope of the services they will be providing at the facility.
5. Individuals who provide health services or program enrichment activities on a limited basis are not considered volunteers. The facility shall retain a register of such persons listing name, organization, address, telephone number, date, and time in the center.

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(Note: This section does not apply to therapists or others who have routine contact with participants. Therapists who are not left alone with participants are required to have child maltreatment background checks. Therapists who are left alone with participants at any time are subject to all background check required for personnel. The therapist is entitled to a copy of the initial background/ and maltreatment check results, and may share a copy with other facilities the therapist may be working in.)

306 Student Observers

1. Students visiting the Out-of-School Time (OST) Facility on a regular or periodic basis to **observe** program activities, or for similar purposes, shall not be counted in the staff to /participant ratio, shall not have disciplinary control over participants and shall not be left alone with participants. These individuals shall have a Child Maltreatment background check on file.

2. Students that are conducting practicum, student teaching, or working in the same capacity as a staff member or volunteer must meet the criteria in the appropriate section. (Sections 304 and 305)

307 Professional Development

1. All directors, site supervisors, and staff who provide direct care to participants shall be registered with the Division of Child Care and Early Childhood Education (DCCECE) Professional Development Registry within thirty (30) days of hire and all training shall be registered with the Division of Child Care and Early Childhood EducationDCCECE Professional Development Registry or Department of Education or Department of Higher Education approved.

2. All new staff shall have a probationary period of at least thirty (30) days, but no more than six (6) months, during which they are closely supervised, mentored, and evaluated. Evaluations shall be documented and maintained in the employee file.

3. All new staff members who provide direct care to children shall receive a basic orientation to facility management policies, center schedules, The Minimum Licensing Standards, and emergency procedures prior to providing care. This shall be documented in the employee file.

4. All new staff, 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.

   a. Introduction (eight (8) clock hours)-:

   - Proper supervision of participants.
   - Behavioral guidance practices.
   - Shaken baby syndrome; which includes prevention (Carter's Law, Act 1208).
   - Emergency procedures in the event of severe weather, or fire, including

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evacuation procedures and routes, and location and use of fire extinguishers.
- Mandated reporter training.
- Administering medication.
- Caring for participants with special needs or /care plans.
- Transportation and car seat safety.
- Policies regarding release of participants to authorized individuals.
- Prevention and control of infectious diseases.
- Building and physical premises safety, including the identification of, and protection from, hazards, bodies of water, and vehicular traffic.
- Nutrition and physical activities.
- Prevention and response to food sensitivities and allergic reactions.
- Basic child development.
- The handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

See Division Website for a list of courses that The Division maintains contracts for which meet the above requirements.

b. All staff shall have fifteen (15) hours of job specific training each calendar year, including child development training, for the ages of participants they work with. This shall be training focused on their job responsibilities.

See Division Website– for a list of courses that The Division maintains contracts for which meet the above requirements.

5. The director, assistant director or /site supervisor, and fifty percent (50%) of the facility staff that are on site at any given time shall have a certificate of successful completion of first aid and Cardiopulmonary Resuscitation (CPR) from an approved organization.

a. The curriculum shall conform with 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; and.
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.)

400 PROGRAM

401 Program Requirements

1. The Out-of-School Time (OST) Program shall develop a written weekly routine listing developmentally appropriate activities for participants and provide a copy of the routine of weekly activities to parents when they enroll the participants.

2. Each OST Program shall be equipped with supplies, resources, and equipment to take

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care of the needs of the total group and to provide each participant with a variety of activities during program operations.

3. The OST Program shall post a daily schedule in each program space that reflects activities that promote physical, social, emotional, cognitive language and literacy, and cultural. Activities shall:

   a. Organize the environment so that participants may participate in activities individually and in small groups, so that the development of each participant is supported (The program shall be flexible and shall provide some opportunities for a participant to choose how to spend their time.);
   b. Provide a variety of activities suitable to the ages and interests of the participants;
   c. Be age and skill level appropriate;
   d. Offer project-based, experiential activities that promote creativity and youth self-expression;
   e. Offer short- and long-term projects;
   f. Offer opportunities for alternating periods of indoor and outdoor activities, weather permitting;
   g. Offer alternating periods of active and quiet activities;
   h. Offer a balance of large and small muscle activities; and
   i. Offer more than one (1) option for an activity including individual, small group or large group activities.

4. The OST Program shall offer activities that target life skill development that:

   a. Encourage development of critical thinking skills; and
   b. Offer a progression of skill levels within activities.

5. The OST Program shall offer activities that integrate opportunities throughout the program for the participants to develop personal responsibility, self-direction, and leadership by providing opportunities to:

   a. Work on self-directed projects;
   b. Make content choices;
   c. Plan and conduct activities;
   d. Offer opportunities for leadership roles throughout the program;
   e. Support participant leadership through the policies and engagement strategies of the program;
   f. Form special clubs and groups within the program; and
   g. Plan and participate in community service.

6. The OST Program shall provide activities that provide recognition of achievement and participation that:

   a. Promote diversity in cultures, religion, ethnicities, abilities, etc.;
   b. Are representative of the varying ages, cultures, and abilities of the participants; and
   c. Are adaptable for different levels of ability.

7. School age participants who leave the OST Program to participate in other activities

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shall have written permission from the parents naming the activity, date, time of leaving and returning, and method of transportation.

8. Each facility is required to provide at least four Division approved opportunities to increase parental and ~~/~~family involvement. Examples of approved activities are listed below. (See Better Beginnings website for resources. www.arbetterbeginnings.com)

    - Parents are allowed to observe, eat meals or snacks with a participant, or volunteer in the program.
    - Conferences are held at least once a year and at other times as needed to discuss participant's progress, accomplishments, and difficulties.
    - A parent resource area is available with books, pamphlets, or articles on parenting and child and ~~/~~youth development.
    - Parent meetings are held with guest speakers or special events, for example, open house or participant's programs.
    - Parents are informed of the facilities programs and activities through a parent's bulletin board or regular newsletter.
    - Parents participate in program and policy development through board involvement, planning meetings, or questionnaires.

9. There shall be sufficient lighting to provide adequate supervision of the participants.

10. Parents shall not be denied access to their child and ~~/~~youth at any time during hours of operation. **(Clarification: The intent of this rule is to ensure that the parent(s) or guardian(s) is able to have contact with their child during hours of care. It is not intended to be a determining factor in child custody and ~~/~~visitation matters, nor should it be used to circumvent court ordered custody and ~~/~~visitation rights or schedules. Facilities should encourage parents to resolve custody and ~~/~~visitation issues outside of the care environment. Parents should be informed that continuing problems could result in the dismissal of their child.)**

11. Staff shall not release a participant to anyone who is not immediately recognized as the participant's parent or as someone on the authorized pick-~~-~~up list unless:

    a. The individual can provide an official picture identification (ID) ~~AND~~and;
    b. The person in charge can match the ID to the individual named on the participant's data sheet.

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

13. Photos or video recordings shall not be made of any participant without prior written permission from the parent or guardian.

14. Photos or video recordings of participants shall not be placed on social media or other websites without prior written parental permission.

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402 Outdoor Time

1. For full time programs, there shall be a total of at least one (1) hour of outdoor activity time per day in suitable weather. For programs operating part day schedules (five (5) hours per day or less) a minimum of thirty (30) minutes of outdoor activity shall be provided in suitable weather. Such time shall be under the supervision of an adult to encourage physical activity and the promotion of gross motor skills.

2. When making a determination if participants should have outdoor time, 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 time be scheduled during early morning hours or the length of time spent outdoors should be reduced to avoid heat stress;~~.~~
   b. When outdoor time occurs during the hotter part of the day, it is recommended that participants have shaded area, an ample supply of water, and should be monitored closely for signs of heat stress; and~~.~~
   c. When outdoor time occurs during the winter months and when temperatures are extremely cold, it is recommended that the time scheduled for outdoor time be reduced or suspended depending on the temperature and other weather conditions.

403 Screen Time

1. An Out-of-School Time (OST) Program shall ensure that their weekly schedules are constructed in a way that no more than twenty-five percent (25%) of the program's total weekly program hours of operation allow participants to engage or use electronic media solely for recreational purposes. (Participants who require use of electronic devices for communication or navigational purposes shall be exempt.)

2. If television programming, videos, Digital Versatile Disc (DVDs)~~(DVD)s~~, or computer programs are built into an OST Program as an activity option, the content shall be age-appropriate, non-violent, and should have educational value.

3. Television and software rating systems shall be used to determine appropriate use.

4. Participants shall not be required to participate in recreational screen time activities and shall be offered other choices.

404 Field Trips

1. The safety and welfare of participants during field trips is in the hands of the staff on the trip. The following shall be met:

   a. Safety risks, field trip rules, and behavior expectations shall be discussed with participants prior to field trip departure;~~.~~
   b. Accountability of children is tightly controlled and frequent "head counts" shall be conducted while on the trip, including loading and unloading upon arrival and departure, and during periods of transition;~~.~~
   c. Regardless of which mode of transportation is used, all vehicles shall be kept in

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proper operating conditions at all times; and.

d. Ratios shall be adjusted to a 1:9 depending on the risk associated with the field trip activity orand/or to maintain proper supervision of all participants in attendance on the field trip. Risky activities include but are not limited to rock/ and mountain climbing, horseback riding, canoeing, etc.

2. Written permission from parents shall be on file for each field trip. If the facility has a scheduled, routine activity planned to the same location a single permission form may be used for each program year. The written permission shall include:

   a. Name and description of activity;
   b. Date and time of leaving and returning; and
   c. Method of transportation to the facility.

500 BEHAVIOR GUIDANCE

501 Behavior Guidance Requirements

1. Behavior guidance shall be:

   a. Individualized and consistent for each participant;
   b. Appropriate to the participant's level of understanding; and
   c. Directed toward teaching the participant acceptable behavior and self-control.

2. Physical punishment shall not be administered to participants.

3. The Out-of-School Time (OST) Program shall offer a nurturing, respectful, supportive, and responsive environment that supports frequent interactions between the participants and staff. Staff shall:

   a. Support participants in developing an understanding of self and others by assisting the participants in sharing ideas, experiences, and feelings;
   b. Provide participants age-appropriate opportunities for growth and development of their social and communication skills;
   c. Assist the participants in solving problems;
   d. Foster creativity and independence in routine activities that shall include tolerance for mistakes;
   e. Treat and model equality of all participants regardless of race, religion, culture, gender, and ability;
   f. Offer verbal encouragement to the participants during the course of an activity;
   g. Use respectful voice tone and positive guidance practices; and
   h. Promote teamwork among participants.

4. For behavior guidance practices used by the OST Program, the program shall:

   a. Discuss the behavior guidance practices of the OST Program with the parents of each participant at the time of enrollment;
   b. Provide a copy of the behavior guidance practices in writing to the parents;
   c. Have each parent verify in writing their receipt of a copy of the behavior guidance practices; and

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d. Maintain the signed verification in the participant's record.

5. The OST Program shall guide the behavior of the participants based on an understanding of the participant's individual needs and stages of development by:

   a. Supporting the participant's developmentally appropriate social behavior, self-control, and respect for the rights of others;
   b. Ensuring that the behavior management and discipline practices are fair, reasonable, consistent, and related to the participant's behavior;
   c. Ensuring that staff are responsible for implementing the behavior management and discipline practices of the OST Program; and
   d. Ensuring that staff do not administer discipline that is cruel, unusual, hazardous, frightening, or humiliating.

6. Acceptable behavior guidance techniques include:

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

7. The following activities or threats of such activities are unacceptable as behavior guidance measures and shall not be used for participants. These include, but are not limited to the following:

   a. Using physical punishment such as biting, or biting back, jerking, swatting, pulling hair, twisting arms, shaking, spanking, slapping, hitting, striking, kicking, or exercising other means of inflicting physical or emotional pain or causing bodily harm;
   b. Using a physical restraint method that may cause injury to the participant;
   c. Using mechanical restraint, locked time-out room or closet;
   d. Washing mouth with soap;
   e. Taping or obstructing a participant's mouth;
   f. Placing unpleasant or painful tasting substances in mouth, on lips, etc.;
   g. Profane or abusive language;
   h. Isolation without supervision;
   i. Placing participant in dark area;
   j. Yelling (This does not include a raised voice level to gain a child's attention to protect the participant from risk of harm);

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k. 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.);
l. Associating punishment with rest, toilet training, or illness;
m. Denying food (lunch or snacks) as punishment or punishing participants for not eating. Participants shall not be forced or bribed to eat;.
n. Shaming, humiliating, frightening, physically, or mentally harming participants or labeling participants; and
o. Covering the faces of participants with blankets or similar items.

600 RECORDS

601 Record Requirements

1. All staff, participant, and facility records shall be kept and made available to the Child Care Licensing Unit on request. The records shall be maintained for three (3) years unless otherwise indicated.

2. Licensing compliance forms (DCC-521) shall be available at the facility for three (3) years. The facility shall advise parents in writing that the compliance forms are available for review upon request.

3. The facility shall maintain daily attendance records on all participants as follows:

   a. Participants shall be signed in and out daily by a parent, guardian, or designee. Electronic sign in and out systems will satisfy this requirement; and.
   b. The record shall include the date and time of arrival and departure.

602 Facility Records

1. Facility Records shall be maintained on site and include:

   a. Attendance records on all participants;
   b. Transportation rosters, if applicable (maintained for one (1) year);
   c. Verification of current vehicle registration, if applicable;
   d. Verification of required commercial vehicle insurance coverage, if applicable;
   e. Verification of required Child Care Liability Insurance;
   f. Verification of current pet vaccinations, if applicable;
   g. Verification of annual fire department approval;
   h. Verification of annual health department approval;
   i. Verification of zoning approval (maintained as part of permanent record);
   j. Verification of annual approval by the Boiler Inspector Division of the Department of Labor;
   k. Mobile Home Commission approval for double wide manufactured homes, if applicable (maintained as part of permanent record);
   l. Record of emergency drills;
   m. Plans and procedures of Emergency Preparedness;
   n. Procedures for reporting allegations of child maltreatment;

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o. Procedures for reporting suspected licensing violations;
p. Licensing compliance forms;
q. Log of Product Recall and Safety Notices from Consumer Product Safety Commission (CPSC) or Attorney General's Office;
r. Articles of Incorporation, if applicable (maintained as part of permanent record); and
s. Current list of names, addresses, and phone numbers of the Board of Directors, if applicable.

603 Staff Records

1. Staff records may be maintained off site, unless otherwise noted, and shall contain the following:

   a. Name, date of birth, address, and telephone number;
   b. Education, training and experience, including a copy of the General Education Diploma (GED) or high school diploma (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 facility's operating schedule if they do not operate year- -round.);
   c. Employment related information for previous six (6) years, with written documentation of verification of employment and reference checks;
   d. Attendance record, listing days, and hours worked;
   e. Date of employment and date of separation;
   f. Documented training or continuing education; i.e., orientation, in-service training, and workshop documentation, which shall include title of workshop, presenter, hours of training, and date;
   g. Initiation of Criminal Record Checks and Central Registry Checks and the results obtained when received;
   h. Verification of completion of the required transportation training and a readable, current copy of the driver's license for all staff who transport participants (copy must be on site);
   i. Verification of First Aid and/or Cardiopulmonary Resuscitation (CPR) for applicable staff (copy must be on site); and
   j. Documentation of new employee evaluations.

604 Participants' Records

1. The Out-of-School Time (OST) Program shall maintain a record for each participant in care which shall be on site. Records for participants no longer enrolled may be maintained off site. Participants' records shall contain the following information:

   a. Application form which includes participant's name, date of birth and address, name of parent or guardian, telephone numbers (home and business), work hours of parents or guardians, and date of enrollment in facility;
   b. The name, address, and telephone number (home and business) of a responsible person to contact in an emergency if the parent or guardian cannot be located promptly;
   c. Name, address, and telephone of participant's physician or emergency care facility;
   d. Written permission of parent or guardian authorizing emergency medical care

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and transportation of participant for emergency treatment (This authorization shall accompany participants anytime they are transported.);

e. Name(s) of persons authorized to pick up participant;
f. Permission slips signed by parent or guardian authorizing the participant to be taken on specific field trips;
g. Pertinent medical history on the participant;
h. A record of all 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.);
i. Any legal or medical documentation that has been given to the facility, by the parent or legal guardian, regarding the care of the participant;
j. Written permission for the facility to photograph or video tape their child, if applicable;
k. Written permission for the facility to place photos and video recordings of their child on social media websites, if applicable; and
l. An authorized record of up-to-date immunizations or documentation of a religious, medical, or philosophical exemption from the Arkansas Department of Health (ADH).

700 NUTRITION

701 Nutrition Requirements

1. The Out-of-School Time (OST) Program shall ensure that during all day program operations a lunch and a mid-morning and mid-afternoon snack is served to each participant.

2. Breakfast, lunch, snacks, and evening meals shall each meet current U.S. Department of Agriculture guidelines, including portion size. (See Appendix C) Menus for all food service shall be posted. If sack lunches are utilized, the facility shall ensure that they also meet these requirements by supplementing the lunches if necessary. Milk shall be served to each participant during the day. Exceptions may be made for participants who suffer allergies to milk. The facility shall obtain written instructions for allergy substitutions.

3. Breakfast may be served to all participants rather than a morning snack provided there is no more than three (3) hours between the beginning of breakfast and the beginning of lunch.

4. All food service surfaces shall be kept sanitary.

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

6. Food and drinks which are not available to the participants shall not be consumed by staff in the participants' presence.

7. All food brought in from outside sources shall come from Health Department approved kitchens and shall be transported as per Health Department requirements, or the food shall be in an individual, commercially pre-packed container. (This does not include individual sack lunches brought from home.)

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8. All refrigerators used for food storage shall be maintained at a temperature of forty-one (41) degrees or below, and all freezers used for food storage shall be maintained at a temperature of zero (0) degrees or below.

9. Vending machines are acceptable provided they are not the only source of snacks ~~/~~or beverages.

10. Staff shall provide supper to participants during the evening meal hours.

11. Staff shall provide snacks to participants in attendance for more than two and a half (2 ½) hours prior to bedtime.

800 BUILDINGS

801 Building Requirements

1. Out-of-School Time (OST) Facilities shall comply with the Minimum Requirements of the currently adopted Arkansas Fire Prevention Code as administered by local fire department or by the State Fire Marshal, who has final authority. Written verification of annual approval shall be maintained on file. **(Note that the State and Local Fire Codes may not allow the use of basements or floors above ground level by participants, first grade and younger, unless there is a ground level exit.)**

2. State Health Department requirements shall be met. Written verification of annual approval shall be maintained on file.

3. Department of Labor, Boiler Inspection Division requirements shall be met. All water heaters and any other boilers in licensed OST Facility settings shall be inspected on an annual basis and~~/or~~ upon installation. Verification that initial inspection has been scheduled and annual approval shall be maintained on file. ~~-~~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.)

4. All space used by the OST Program shall be kept clean and free of hazardous or potentially hazardous objects. (These objects include, but are not limited to, poisonous substances, firearms, explosives, broken toys~~/~~ and equipment, or other objects that could be harmful or dangerous, if they are determined to be accessible to participants.)

5. Twenty-five (25) square feet per participant of usable floor space shall be required for indoor activities. This does not include bathrooms, kitchen, and hallways. Usable space in the OST Program shall include areas in the program used for storage of programmatic materials which are accessible to participants. This does not include closets or storage space for equipment that is not in use.

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6. If a facility utilizes the out-of doors as its major program component for school-age participants, covered pavilions and other roofed structures shall provide twenty-five (25) square feet per participant.

7. Separate space shall be provided for the isolation of participants who become ill and shall be located in an area that can be supervised at all times by a staff member.

8. All parts of the OST Facility used by the participants shall be well heated, air conditioned, lighted, and ventilated, and maintained at a comfortable temperature. Glass doors shall be clearly marked. When windows and doors are used for ventilation, they shall be screened and shall not present a safety hazard.

9. Floor furnaces, gas heaters, electric heaters, hot radiators, water heaters, air conditioners, and electric fans shall have guards and shall not present a safety hazard. Portable fuel fired heaters shall not be used.

10. It is recommended that if natural gas or propane is used, the facility's heating and& ventilation systems shall be inspected and cleaned (if necessary) before each heating season by a qualified Heating, Ventilation, and Air Conditioning (HVAC) technician.

11. Carbon monoxide detectors shall be placed in facilities according to manufacturer's recommendations if one (1) of the following situations applies:

    a. Facilities using wood, propane, natural gas, or any other product as a heat source that can produce carbon monoxide indoors or in an attached garage; or.
    b. Any situations where carbon monoxide detectors are required by state or local law.

12. Floors, ceilings, and walls shall be in good repair and kept clean. Paints used at the facility shall be lead free.

13. An OST Facility shall have an operable telephone on site all hours participants are in care. The Licensee shall provide the phone number to the Licensing Unit and to the parents.

14.13. (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.)

15.14. The following structures shall not be used as OST Facilities:

    a. Manufactured homes constructed prior to June, 1976;
    b. Manufactured homes constructed with metal roofs and outside walls;
    c. Single-wide manufactured homes; and
    d. Portable storage type buildings.

16.15. Double-wide manufactured homes may be considered provided they are tied down in accordance with the manufacturer's tie down specifications manual. Any new applicant for an OST Facility that requests the use of a manufactured home shall obtain an inspection at the applicant's expense from the Arkansas Manufactured Home Commission.

17.16. Manufactured homes currently licensed as child care facilities shall be

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tied down as recommended by the Arkansas Manufactured Home Commission.

~~18.~~17. Portable classroom buildings are not considered manufactured homes~~,~~ but do require Fire Department approval. Portable classroom buildings installed after ~~11-1-2002~~November 1, 2002 shall have Fire Department approval prior to purchase and installation.

900 PLAYGROUNDS and ~~/~~OUTDOOR LEARNING ENVIRONMENT

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."~~.~~ However, the following are minimum requirements and shall be met.

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 ~~&~~ and games;
- Play houses;
- Nature walks; and
- Use of the approved natural environment for outdoor learning.

The use of public playgrounds and other play environments away from the facility is not recommended as these environments may not meet acceptable safety standards. If these playgrounds are used staff should provide close supervision and not allow children to use any equipment that appears unsafe, e.g. broken equipment, sharp objects, strangulations hazards, etc. Using playgrounds and other play environments away from the facility is considered a field trip and all field trip requirements shall be followed.

901 Layout ~~&~~ and Design

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 from an internet site such as Google Maps, or a diagram if a satellite photo is not available.

2. Any changes in the playground area boundaries or~~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.

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

5. There shall be an outside exit from the play area.

6. The area shall be well drained.

7. There shall be equipment and activities appropriate for the age and number of participants enrolled in the facility.

8. Separate play areas or time schedules shall be provided if infants and toddlers share playgrounds with older participants.

9. All outdoor areas used by participants shall be properly maintained.

902 General Hazards

1. The area shall be free of hazards or potentially hazardous objects.

2. Equipment that has been determined by the Division to be unsafe for the participants in the licensed facility to use shall be removed from the play area or enclosed by a fence or other suitable barrier so the participants will not have access to it.

3. All newly purchased playground equipment designed for participants to play or climb on such as slides, swings, composite structures, etc., shall be commercially manufactured and certified to meet American Society for Testing and Materials (ASTM) or Consumer Product Safety Commission (CPSC) standards for public playgrounds. Equipment in place prior to January 1, 2014 may continue to be used provided it meets all other licensing requirements.

4. Equipment which is designed to be anchored shall be properly anchored so that the anchoring devices are below ground level.

5. Sand for playing shall be kept safe and clean.

6. Paint on equipment shall be lead free.

7. All fasteners, including S-hooks, shall be securely tightened or closed.

8. There shall be no sharp points, corners, edges, or splinters.

9. Equipment shall not have protrusion hazards. (A protrusion is a projection which, when tested, is found to be a hazard having the potential to cause bodily injury to a user who impacts it.)

10. Equipment shall not have entanglement hazards. (An entanglement is a condition in which the user's clothes or something around the user's neck becomes caught or

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entwined on a component of playground equipment.)

11. Trampolines shall not be used. (Therapeutic use of trampolines is acceptable if supervised by the therapist on a one-on-one basis.)

12. 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.)

13. Wading pools shall not be used. This does not prohibit the use of sprinklers and water play.

14. To prevent entrapment, there shall be no opening(s) between any interior opposing surfaces between three and five-tenths inches (3.5") and nine inches (9") ~~inches~~. (Openings in equipment that might allow a child's body to pass through, but not their head.) Ground bounded openings are exempt.

15. Providers and ~~/~~caregivers shall be aware of and remove when possible any hazardous items children may wear on play equipment such as helmets, drawstrings, and other accessories around the neck that may cause a strangulation or ~~/~~entanglement hazard.

16. All participants shall wear properly fitted and approved helmets while riding on bicycles and when using roller skates, skate boards, roller blades, and scooters. Helmets shall be removed as soon as participants stop riding this equipment. Helmets shall meet CPSC standards.

17. All soccer goals shall be commercially manufactured and installed and anchored according to manufacturer's guidelines.

903 Balance Beams

1. Balance beams shall not be higher than twelve inches (12") ~~inches~~.

2. Balance beams shall have use zones with protective surfacing.

904 Slides

1. Slides shall not have any spaces or gaps between the platform and the slide surface.

2. Slides shall have a transition platform of at least fourteen inches (14") ~~inches~~ deep for school age participants.

905 Swings

1. The following swings shall not be used for any ages:

    a. Multi-occupancy swings designed to hold more than one (1) participant, except tire swings;

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b. Heavy molded swings such as animal figure swings;
c. Free swinging rope (Tarzan ropes);
d. Swinging exercise rings;
e. Trapeze bars; and
f. Swings attached to a composite structure (Composite Structure is defined by Consumer Product Safety Commission (CPSC) as, "Two or more play structures attached or functionally linked to create one integral unit that provides more than one play activity.")

2. There shall be no wood or metal swing seats.

906 Climbing Equipment

1. Flexible grid climbing devices, such as rope or chain ladders, climbing ropes, etc., shall be securely anchored at both ends.

2. Sliding poles shall have no protruding welds or seams along the sliding surface and the pole shall not change directions.

907 Merry Go Rounds

1. The only merry-go-rounds allowed are portable merry-go-rounds not designed to be anchored.

2. Merry-go-rounds shall have handgrips or other secure means of holding on.

908 Seesaws

1. Seesaws without spring centering devices shall have shock absorbing materials, such as partial tires embedded in the ground underneath the seats or secured to the underside of the seats.

2. Hand holds shall be provided for both hands at each seating position and shall not turn when grasped.

3. Hand holds shall not protrude beyond the sides of the seat on seesaws.

909 Protective Surfacing

1. There shall be use zones and protective surfacing under and around all equipment that is over eighteen inches (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 participants will sit or stand when the equipment is used as intended. Use zones shall extend a minimum of six feet (6') ~~'~~ in all directions (unless otherwise specified) from the perimeter of the equipment. (Playground equipment that is between eighteen inches (18") ~~inches~~ and twenty-four inches (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

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requirements.)

2. Swings require use zones and protective surfacing regardless of height.

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

4. Shock absorbent material such as sand, pea gravel, wood chips, wood mulch, shredded tires, etc., shall be used in use zone areas under and around playground equipment which requires a use zone.

   a. When purchasing gravel, care should be taken prior to purchase to ~~insure~~ ensure that the gravel is actually pea gravel that is smooth and rounded, and not crushed rock or gravel with sharp edges. Crushed rock and sharp gravel will not be approved;~~.~~
   b. Pea gravel used for use zones shall not be over one-half inch (½") ~~inch~~ in diameter; and~~.~~
   c. Different types of protective surfacing materials shall not be combined within the same use zone area.

5. Hard surface materials, such as asphalt and concrete shall not be used as base surfaces in the use zones except under commercial matting or other systems and ~~/~~products designed to be installed over hard surfaces as directed by the manufacturer.

6. SLIDES: The use zone for slides measuring six feet (6') ~~feet~~ or over, measured from the slide platform to the ground, shall extend eight feet (8') ~~feet~~ from the exit end of the slide. Use zones for slides measuring under six feet (6') ~~feet~~ from the platform to the ground shall extend six feet (6') ~~feet~~ from the exit end of the slide.

7. SWINGS: The use zone for single-axis swings (standard swings) (except toddler swings) shall extend to the front and to the rear of the swing a minimum distance of two (2) times the height of the pivot point (where the chain attaches to the frame) above the playing surface. The use zone for toddler swings shall extend to the front and rear of the swing a minimum of two (2) times the distance from the pivot point to the swing seat. Use zones shall also extend six feet (6') ~~feet~~ to the sides of the swing set.

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8. SWINGS: The use zone for multi-axis swings (such as tire swings or others with three (3) or more suspending chains) shall extend in all directions a minimum of six feet (6') ~~feet~~, plus the height of the suspending rod or chain. The use zone from the end of the structure must also extend a minimum of six feet (6') ~~feet~~ in all directions.

9. Use zones shall be free of obstacles onto which participants may fall.

1000 FURNITURE ~~&~~ and EQUIPMENT

1001 Furniture ~~&~~ and Equipment Requirements

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

2. All equipment shall be sturdy, clean, and safe.

3. Paint on toys, equipment, and other materials shall be lead free.

4. Chairs and tables shall be size-appropriate for participants.

5. The Out-of-School Time (OST) Program shall provide individualized space for storing personal belongings.

6. There shall be storage space for extra materials and other equipment when not in use.

7. Outdoor equipment that requires use zones and protective surfacing shall require the same use zones and protective surfacing if used inside the facility. (This does not apply to equipment specifically designed for indoor use only.)

1002 Sleeping Equipment

1. There shall be a labeled individual cot or mat, bottom sheet, and adequate cover for each participant in care during rest time.

2. The use of mats shall be acceptable if they are at least two inches (2") ~~inches~~ thick, washable, waterproof, and size-appropriate for participants.

~~3.~~ All sleeping equipment shall be kept at least one foot (1') ~~foot~~ apart to prevent cross-contamination
~~4.~~3. and ease of access in an emergency.

~~5.~~4. Sheets and covers shall be washed at least once a week. Once a sheet, ~~/~~ cover, and ~~/~~ blankets has ~~has~~ been used by a participant, it shall not be used by another participant until it has been washed.

1100 HEALTH

1101 General Health Requirements

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

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

3. The caregiver should determine if the illness prevents the participant 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 participants, or poses a risk of spread of harmful diseases to others.

4. The caregiver shall temporarily exclude the participant from care if the participant 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 one hundred and one (101) degrees ~~and /~~oral, one hundred (100)~~-and/~~ axillary (or equivalent method) in a participant who also has pain, behavior changes, or other symptoms of illness;
   c. Diarrhea, defined as watery and ~~/~~runny stools, if frequency exceeds two (2) or more stools above normal for that participant, and is not related to a change in diet or medication (Exclusion from the Out-of-School Time (OST) program is required if diarrhea cannot be contained in the diaper or if diarrhea is causing soiled clothing in toilet-trained participants~~.~~);
   d. Blood or mucus in stools (unless caused by hard stools);
   e. Vomiting illness (two (2) or more episodes of vomiting in the previous twenty-four (24) hours);
   f. Abdominal pain which lasts more than two (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 participant has:
      - Fever;~~,~~
      - eye pain;
      - redness ~~and/~~or swelling of the skin around the eyes; or~~, or~~
      - if more than one (1) participant in the program has symptoms.
   j. Pediculosis (head lice), until after the first treatment;
   k. Active tuberculosis, until a health care provider or health official states that the participant is on appropriate therapy and can attend the OST program;
   l. Impetigo, until treatment has been started;
   m. Strep throat, until twenty-four (24) hours after antibiotic treatment has been started;
   n. Chicken pox, until all lesions have crusted (usually six (6) days after the rash appears);
   o. Rubella, until six (6) days after onset of rash;
   p. Pertussis (whooping cough); until five (5) days of antibiotic treatment;
   q. Mumps, until five (5) days after onset of gland swelling;
   r. Measles, until four (4) days after onset of rash; and
   s. Hepatitis A, until one (1) week after onset of illness or as directed by the health

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department.

5. Any participant who is injured shall have immediate attention. Parents shall be notified of all injuries. Injuries that require the attention of medical personnel shall be reported to the parent immediately and to the Licensing Unit within one (1) business day.

6. Parents or guardians of all participants shall be notified of contagious illness as soon as possible.

7. If the policy of an OST Program authorizes staff to administer prescription medications, staff shall do so only as directed by the participant's physician.

8. Medication shall be given to participants only with signed parental permission which includes date, type, drug name, time, and dosage, length of time to give medication, and what the medication is being given for. It shall be in the original container with a child resistant cap, not have an expired date, and be labeled with the participant's name. (Aspirin substitutes, such as ibuprofen and acetaminophen, may be provided by the facility if parental permission has been granted. These medications shall be in the original container.) Staff shall not dispense medications in dosages that exceed the recommendations stated on the –medication bottle.

9. Participants 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.

10. The facility shall share information with families regarding medical homes for participants.

11. The staff person who administers the medication shall initial the permission slip and record the date, time, and dosage the medication was administered.

12. Medication shall be returned to the parent or disposed of properly when a participant withdraws from the program or when the medication is out of date.

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

14. A first aid supply shall be kept out of reach of the participant. A first aid kit containing medications shall be locked. This kit shall include the following:

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

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i. Tweezers.

15. Medicine shall be kept out of the reach of the participants when dispensing and shall be stored in a locked area at all other times.

16. Facilities shall comply with the Clean Indoor Air Act of 2006. Smoking in an OST Program is prohibited at all times. This includes:

    a. All areas of the facility, regardless of whether participants 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(s);
    c. Other outdoor areas when participants are present; and
    d. In any vehicle used to transport participants, whether participants are present in the vehicle or not.

17. The facility shall follow any health or medical care plans or~~and/or~~ medical documentation as provided by the participant's physician, parent, or guardian.

18. 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.) 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.

19. Garbage shall be kept in closed containers. Garbage and trash shall be removed from the program daily and from the grounds at least once a week.

20. The facility shall be free of insects, rodents, and pests.

21. There shall be no pets or animals allowed that present a health and safety threat. Certification from a licensed veterinarian shall be maintained on site verifying that dogs and cats have a current vaccination against rabies.

22. The communicable diseases listed in Appendix B, whether suspected in a participant or an adult, shall be reported within twenty-four (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 and~~&~~ RUBELLA);
    c. WHOOPING COUGH (pertussis);
    d. MENINGITIS;
    e. MUMPS;
    f. Tuberculosis;
    g. Salmonellas (including typhoid); and
    h. E-coli.

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23. Reporting data should include:

    a. The reporter's name, location, and phone number;
    b. The name of the disease reported and the date of onset;
    c. The patient's name, address, phone number, age, sex, and 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); and
    f. Any treatment information, if known.

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

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

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

27. Participants shall be protected from overexposure to the sun. Sunscreen shall be used if needed and as directed by the parent. OST participants may apply sunscreen to themselves with supervision. A blanket permission may be obtained annually.

28. It is recommended that the facility have an automated external defibrillator on site and have a staff member(s) on-site who is trained in the proper use of this device.

1102 Hand Washing

1. Individual towels, paper towels, or forced air dryers shall be within the reach of participants.

2. A liquid soap shall be accessible in the hand washing area and used by caregivers and participants.

3. Running water shall be available in all lavatories.

4. All staff and participants shall wash their hands with soap and water at the following times:

    a. Before meals and snacks;
    b. Before preparing meals;
    c. After toileting;
    d. After each diaper change (if applicable);
    e. After contact with bodily fluids;
    f. After outdoor time;
    g. After coming in contact with animals; and
    h. Other times as needed.

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5. Alternative methods of hand washing shall be provided if running water is not available.

6. The use of hand sanitizer shall not be a replacement for soap and running water.

7. A wash-cloth or towel shall not be used more than one (1) time before laundering.

1103 Drinking Facilities

1. The water supply shall be approved by the Arkansas Department of Health.

2. Drinking water shall be provided to the participants.

3. Drinking water shall not be obtained from the hot water supply.

1104 Toilet Facilities

1. There shall be one (1) toilet and one (1) sink available for each group of thirty (30) participants.

2. Separate toilet facilities for boys and girls shall be provided.

3. Clean clothes shall be available for participants who might soil themselves.

4. Each Out-of-School Time (OST) Program licensed or approved for more than thirty (30) participants shall have a separate rest room for staff.

5. Toilet tissue shall be located within reach of the participants when toileting.

6. Staff shall assist participants in toilet routines and hygiene practices as needed.

7. Toileting equipment shall be safe and sanitary.

1105 Diaper Changing

1. When participants require diapering, there shall be a safe diaper changing area which meets the following criteria:

   a. Impervious (non-absorbent) smooth surfaces that do not trap soil and are easily disinfected; and
   b. There shall be a changing pad capable of being sanitized used as a cushion between the child and the changing surface.

2. Participants shall always be attended during diapering.

3. Soiled or wet diapers shall be removed and replaced with clean and, dry diapers. The caregiver shall ensure that participants are properly cleaned and dried.

4. Soiled cloth diapers or clothing shall not be rinsed. If a participant's own diapers are used, they shall be sanitarily bagged to be taken home daily.

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5. Diaper covers or plastic pants shall be handled in the same manner as cloth diapers.

6. All diapering preparations shall be placed out of the reach of participants. The use of all diapering preparations shall be agreed upon by the caregiver and parent.

1200 SAFETY

1201 Safety Requirements

1. Within thirty (30) days of licensure 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; and
   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.

2. The Out-of-School Time (OST) Facility 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 participants and staff. This plan shall include provisions for "sheltering in place" or "lock down", in the event of situations that warrant these 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 participants, including participants 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 staff and volunteers are familiar with the components of the plan.

4. The facility shall coordinate with local emergency management officials to plan for emergencies.

5. The facility shall maintain, on site, a current copy of the Arkansas Comprehensive Emergency Management Plan issued by the Arkansas Division

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of Emergency Management. This plan shall be reviewed by the facility Director and signed and dated, indicating that they have reviewed the current plan and agree to comply with the provisions of the plan.

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6. Written procedures and evacuation diagrams for emergency drills shall be posted in each program space.

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. Everyone in the facility, at the time of the drill shall participate;.
   d. Staff, including volunteers and substitutes, shall be trained in emergency drill procedures; and.
   e. Drills shall be conducted during all hours when participants are in care (evenings, nights, weekends, etc.).

8. The facility 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 participants participating in the drill;
   e. Length of time taken to reach safety; and
   f. Notes regarding things that need improved upon.

9. The OST Facility shall maintain an evacuation pack that shall be taken on all drills and during actual emergency evacuations. The pack shall be easily accessible in an emergency and all staff 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 participants;
   c. List of all emergency and contact information for staff;
   d. First aid kit (requirement 1101.6) 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/ or pencils;
   j. Whistle;
   k. Disposable cups;
   l. Wet wipes; and
   m. Emergency survival blanket.

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

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

12. There shall be no alcoholic beverages in any part of the facility during hours of care. Illegal drugs or /paraphernalia shall not be in any part of the facility or on the premises, regardless if participants are present or not.

13. All medications and poisonous substances shall be kept in separately locked areas.

14. Rescue medications such as inhalers or EpiPen's shall be inaccessible to children (kept in a cabinet with a child proof type safety latch or carried by a staff member.)

15. All detergents and cleaning supplies shall be kept out of the reach of participants. (This does not include hand soap in participants' or staff bathrooms.)

16. Supplies used for participants' activities shall be carefully supervised.

17. All bags belonging to participants shall be checked on arrival to eliminate possible hazards. Purses and bags belonging to staff shall be stored out of reach of participants.

18. Balloon use shall be carefully supervised.

19. Staff shall be instructed in the use of fire extinguishers.

20. The facility shall maintain smoke detectors and /fire extinguishers as required by the Fire Department. Smoke detectors shall be kept in working order at all times.

21. Chemicals and toxins shall not be stored in the food storage area.

1202 Swimming Pools

1. Swimming pools and natural pools of water may be used for water play if the following requirements are met:

   a. Health Department approval where applicable;
   b. Written parental permission; and
   c. One (1) person present at all times who has current certification in Red Cross Life Saving,
   d. c. Y.M.C.A. aquatic instruction or other industry recognized certification entity.

2. Adult supervision of the children shall be provided at all times, with grouping based on a

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1:8 staff to participant ratio. (Unless participants are participating in an authorized swimming instruction program.)

3. Lifeguards, swimming instructors, or any other swimming pool staff may be counted in the ratio when the Out-of-School Time (OST) Facilities' participants are the only occupants of the pool and these persons have completed criminal and child maltreatment background checks and have a current health card.

4. Swimming pools located within the play area of the OST Facility shall be enclosed. The enclosure shall consist of a locked gate and a fence that is at least four feet (4') high.

1300 TRANSPORTATION

1301 Transportation Requirements

1. The requirements in this section apply to all transportation provided by the Licensee, including transportation provided by any person on behalf of the Licensee, regardless of whether the person is employed by the Licensee. 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 participants are transported, emergency contact information shall be maintained on the vehicle at all times.

3. Staff transporting participants shall meet the following requirements:

   a. Be at least twenty-one (21) years old or the minimum age required by the Licensee'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 staff's record; and
   c. s Successfully completed the training course in Driver Safety that is offered or approved by the Division prior to transporting participants. Verification of the completed course in Driver Safety (when available) shall be maintained on site in the staff's record.
   d. At least one (1) adult on the vehicle shall be certified in Cardiopulmonary Resuscitation (CPR) and First Aid.

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

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 participants. (Facilities licensed prior to the effective date of these regulations shall obtain required coverage

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~~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); and
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).

Exception: State institutions, political subdivisions or other entities entitled to immunity from liability under § 21-9-301, are not required to meet this requirement in order to be (Act 23 of 2015)

7. During routine transporting of participants to and from an Out-of-School Time (OST) Program, a ratio of 1:18 does not need to be maintained as long as there is one (1) additional adult present in the vehicle besides the driver. ~~-~~When transporting participants for non-routine purposes (ex. field trip) a ratio of 1:18 needs to be maintained at all times. The driver may be counted in staff to ~~/~~participant ratio.

8. Any participant who is less than six (6) years old or weighs less than sixty pounds (60 lbs.) ~~pounds~~ shall be restrained in a child passenger safety seat. Any participant who is at least six (6) years or weighs at least sixty pounds (60 lbs.) ~~pounds~~ must be restrained by a safety belt. ~~-~~(Act 470 of 2001). Conventional school busses are exempt from this requirement except for the transportation of infants and ~~/~~toddlers. (See#1302.2)~~-~~ Child passenger safety seats shall be used in accordance with manufacturer's guidelines.

9. There shall be a seating space and an individual, appropriate restraint system provided for each participant transported.

10. Rosters listing the date, the names, and ages or ~~/~~dates of birth of all participants 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 participants 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 facility. Transportation rosters shall be kept by the facility and available for review for one (1) year.

11. To ~~insure~~ ensure that no participants are left on the vehicle, the driver or a staff member must walk through the vehicle and physically inspect each seat before leaving the vehicle. ~~-~~The driver or the staff member who conducted the walk~~-~~-through inspection must sign the transportation roster to verify that all participants have exited the vehicle.

12. To ~~insure~~ ensure that participants have safely arrived in the appropriate program space, the

    transportation roster shall be reviewed by the Director or designee and compared with attendance records. ~~-~~The Director or designee shall sign off on the transportation roster to verify that all participants have safely transitioned from the vehicle to the program.

13. Any vehicles designed or used to transport more than seven (7) passengers and one

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(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 system may be installed by any certified technician or mechanic employed by a recognized electronics or automotive business in accordance with the device's~~devices~~ manufacturer's recommendations.

- The time delay from activation of the alarm until the alarm sounds shall be no longer than one (1) minute. **Any of the following three (3) options are acceptable to meet the intent of Act 1979 when participants are being delivered at the facility. Other options must be approved by the Licensing Unit.**

  Options

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

  2. Upon arrival, have one (1) 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 participants have been unloaded to ensure that no participant is left on board. (This option will require at least two (2) staff members, one (1) to supervise the participants and one (1) to remain inside the vehicle.)

  ~~3.~~ Upon arrival, deactivate the alarm and unload the participants. Immediately after unloading, start the vehicle and move it to a different location for final parking.

  ~~4.~~3. (This will reactivate the alarm and require a final walk through.)

1400 SPECIAL NEEDS

1. Participants with disabilities should be included in the same general activities as their same-~~-~~age peers. ~~-~~Certain accommodations for their disability and some modifications to activities may be necessary. These accommodations should be determined on an individual basis and be related to the specific needs of the individual. ~~-~~Out-~~-~~of-~~-~~School Time providers are encouraged to make available additional staff training in the area of ~~disability~~ (OST) awareness. Such training would ~~/~~may~~might~~ encompass the use of people-first language, general communication strategies, and disability etiquette. ~~-~~In general, it is desirable to treat an individual with a disability in the same way one (1) would treat an individual of the same age but without a disability.

2. Additional information from the parent and ~~/~~caregiver of a child with a disability may be necessary. ~~-~~Questions that cover usual routines, special instructions for care and interaction, the child's interests, and things or situations to avoid are important; as is determining what kinds of things will motivate the child. ~~-~~If there are individualized requirements for rest, nutrition, hydration, etc., these should be noted. Emergency contact information—with back up contacts—may be essential.

3. Consideration should be given to special needs related to medical as well as developmental, social and ~~/~~emotional, and mental health and ~~/~~behavioral concerns.

4. While Individuals with Disabilities Education Act (IDEA) is specific to educational needs, consideration should also include cooperation with 504 and Medical Plans to best meet the needs of the individual child.

PROGRAM SPECIFIC VARIATIONS

PROGRAM-SPECIFIC VARIATIONS ARE NUMBERED ACCORDING TO THE REGULATION WITH WHICH IT VARIES. UNLESS A VARIANCE IS LISTED BELOW, ALL BASIC REQUIREMENTS APPLY.

1500 DAY CAMP

401 Program Requirements

1. If hazardous items (ex. archery equipment) are used during activities offered, such equipment must be used under close supervision and must be safely stored.

2. If specialized activities take place such as, but not limited to, horseback riding, water activities, rock climbing, and other adventure based activities, supervision of such activities must be provided by qualified staff that have received the proper training in the activity's guidelines, safety regulations, and emergency procedures.

603 Participants' Records

1. Permission for specialized summer activities shall be maintained.

Mark Up

2. Emergency information and medical permission sheet shall be maintained at day camp site.

701 Nutrition Requirements

1. Milk is not required to be served in day camp settings.

901 Playgrounds and ~~/~~Outdoor Learning Environment

1. Outdoor day camps need to have a shelter or permanent building for protection from inclement weather.

2. An outdoor day camp shall perform daily visual inspections of the outdoor space and facilities prior to the arrival of participants to ensure all buildings, structures, and activity areas are in good repair and free of hazards.

1104 Drinking Facilities

~~1.~~ Water that is transported to the camp sites for drinking purposes shall be in enclosed containers. Fresh water shall be provided each day.

1600 EVENING ~~&~~ and NIGHT CARE VARIATIONS

Night care is any care provided after midnight.

301 Staff to ~~/~~Participant Ratio

~~1.~~ Staff members shall be awake at all times and shall have participants in view at all times.

401 Program Requirements

~~1.~~ Evening quiet time activity shall be provided to each participant arriving before bedtime.

701 Nutrition Requirements

1. Participants who are in care overnight shall be provided with a breakfast prior to leaving for school or other activities.

2. Snacks meeting the current U.S. Department of Agriculture guidelines shall be provided to participants in attendance for more than two and one-half (2 ½) hours prior to bedtime.

1002 Sleeping Arrangements

1. Bedtime schedules shall be established for participants in consultation with the participant's parent(s).

Mark Up

2. Storage space for clothing and personal belongings shall be provided within easy reach of the participant.

3. Individual beds or cots equipped with comfortable mattresses, sheets, pillows, ~~pillow-cases~~pillowcases, and blankets shall be provided for participants in all-night care. Bed linens shall be changed at least once a week or daily when wet or soiled.

4. Mats may be used for participants in evening care.

5. The upper level of double deck beds shall be allowed for participants ten (10) years or older if a bed rail and safety ladder are provided.

6. Participants shall have clean and comfortable sleeping garments for their individual use.

1105 Toilet Facilities

1. There shall be age appropriate bathing facilities available for all participants including a bathtub or shower available. ~~-~~Bathtubs and showers shall be equipped to prevent slipping.

2. Bathrooms shall be located near the sleeping areas.

3. No participant under six (6) years of age shall be left alone or with another participant while in the bathtub or shower.

1700 PART-TIME PROGRAM VARIATIONS

701 Nutrition Requirements

1. Facilities in operation for more than three (3) hours per day shall provide a snack that meets current U.S. Department of Agriculture Guidelines.

1800 SICK CARE COMPONENT

301 Staff to ~~/~~Participant Ratio

1. The following ratios shall be maintained at all times:
   a. Out-of-School Time (OST) Participant 1:5, Maximum group size ten (10).

2. Staff shall be separated in the same manner participants are separated to prevent cross infection.

302 Director

1. If the component is part of an Out-of-School Time (OST) Facility, the program director shall be accountable to the facility director. If the component is an entity unto itself the program director may also be the facility director.

Mark Up

2. The program director shall have completed the following training:

   a. Communicable disease control;
   b. Recognition and care of usual childhood illness;
   c. Cardiopulmonary Resuscitation (CPR) certification; and
   d. First Aid certification.

401 Program Requirements

1. Participants shall be provided with quiet activities according to their age and abilities.

2. Caregivers shall:

   a. Administer medicine according to prescribed instructions;
   b. Take temperature frequently or as needed;
   c. Monitor any changes in condition;
   d. Record necessary medical or physiological data or changes; and
   e. Notify parents immediately if their child's condition changes significantly for the worse, especially if the condition meets one (1) of the excludable diseases or symptoms.

3. The participant shall be removed immediately from sick care when his or ~~/~~her condition meets one (1) of the excludable diseases or symptoms.

4. Participants may be returned to the regular Out-of-School Time (OST) Program when a doctor's statement has been obtained or when the participant is free of symptoms for twenty-four (24) hours.

603 Participants' Records

1. The record shall contain information on the specific condition or illness placing the participant in sick care.

2. The record shall contain any recommendations for needed medical treatment and~~/or~~ program or environment modifications that the participant needs.

801 Building Requirements

1. If located in the same facility as an Out-of-School Time (OST) Program, sick care shall be separate with a separate entrance and separate ventilation system.

2. Participants with respiratory illnesses shall be cared for in separate space from participants with gastrointestinal illness. Any participant with an undiagnosed condition shall be separated from other participants to prevent cross infection. ~~-~~A separate area can be defined by curtains; partitions etc. if airborne transmission is not likely.

3. A hand-washing sink shall be available in each room.

4. To prevent cross contamination, a designated toilet shall be available to each sick care

Mark Up

room.

5. The facility shall be self-contained, i.e., food, water, bedding, toileting (no potty chairs), etc.

1001 Furniture ~~&~~ and Equipment Requirements

1. No furniture, fixtures, equipment, and supplies designated for use in the sick care component shall be used or shared by well participants.

2. All laundry shall be washed each day. The items shall be placed in a plastic bag and labeled "contaminated" so necessary precautions can be taken.

3. All toys and equipment shall be disinfected after every use.

1101 General Health Requirements

TABLES OF COMMUNICABLE DISEASES AND SYMPTOMS THAT EXCLUDE CHILDREN FROM SICK CARE: (asterisk denotes reportable diseases)

1. Communicable Diseases:

a. RESPIRATORY ILLNESS	b. GASTROINTESTINAL ILLNESS	c. CONTACT
Chicken Pox	Giardia Lamblia*	Impetigo
German Measles	Hepatitis A*	Lice
Hemophilus influenza	Salmonella*	Scabies
Measles*	Shigella*	
Meningococcus*		
Mumps*		
Strep throat		
Tuberculosis*		
Whooping Cough*		

2. Symptoms that Exclude Participants from Sick Care:

A symptom is a condition that indicates an illness that may not be identifiable by one (1) of the above listed names but presents a situation where the participant shall not be admitted to or remain in sick care and should be seen by the family physician.

a. Diarrhea:

- Accompanied by evidence of dehydration for excessive fluid loss.
- Accompanied by history of poor fluid intake ~~and/~~or marked lethargy.
- With blood or mucous in the stool unless at least one (1) stool culture shows the absence of Salmonella, Shigella, Campylobacter, or E-Coli.
- That exceeds five (5) bowel movements in an eight (8) hour period of is continued over three (3) or four (4) days unless the participant is under the supervision of a physician with written documentation.

b. Vomiting for over a six (6) hour period;

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c. Difficult or rapid breathing;

d. Severe coughing: episodes of coughing which may lead to gagging, vomiting, or difficulty breathing;

e. Mucous (phlegm) that is foul smelling, yellow, or green, and the participant has a fever over one hundred and two (102) degrees;

f. Asthmatics with severe upper respiratory infections who have not been seen by a physician or whose distress is not controlled by medication;

g. Sore throat and fever greater than one hundred and three (103) degrees or confirmed Strep throat until treated with antibiotics for over twenty-four (24) hours;

h. Skin conditions that have not been diagnosed as noncontiguous by a physician, including but not limited to:

- Yellow (jaundiced) eyes or skin.
- Child in contagious stages of chicken pox, measles, mumps, or rubella.
- Untreated impetigo.
- Untreated scabies or head lice.
- Blood-red rashes and skin conditions with spontaneous bruising.

i. Participants who are in the contagious states of pertussis, diphtheria, or tuberculosis;

j. Pink or red eye(s) which may be swollen with white or yellow discharge until on antibiotics for over twenty-four (24) hours;

k. Abdominal pain that is intermittent or persistent; and

l. Fever over one hundred and two (102) degrees for greater than twenty-four (24) hours, or any fever over one hundred and three (103) degrees unless the participant has been evaluated and treated by a physician and does not have other exclusion criteria.

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APPENDIX A: DEFINITIONS

1. **"Act"** means the Child Care Facility Licensing Act as amended.

2. **"Assistive electronic device"** means any electronic device that is used and ~~/~~needed by a child or youth with a disability. Such a device might be used for communication, for environmental manipulation, to keep a schedule or checklist of activities, or for other specific and generalized therapeutic activities that promote independence. The device may be used at all times or at the discretion of the user~~,~~ but has a functional application for the user.

3. **"Child Care Center"** means any Child Care Facility conducted under public or private auspices on a profit or nonprofit basis providing direct care and protection for children. ~~-~~Any facility that is open more than five (5) hours during any twenty-four (24) hour period or more than a total of ten (10) hours during a seven (7) day period is considered a Child Care Center and shall be subject to the provisions of the Child Care Facility Licensing Act. Those facilities meeting the above definitions but operating no more than three (3) weeks per calendar year are not required to comply with the licensing requirements, i.e.: ~~-~~Summer Bible Schools and Camps.

   For purposes of determining the need for a license, all care provided at the site of a licensed program is considered a part of the licensed program and therefore subject to licensing requirements. ~~-~~This includes separate buildings located on the same property or any other property under the same ownership. However, Mother's Day Out and other part time programs serving children not participating in the licensed program are exempt as long as they operate no more than five (5) hours per day or ten (10) hours per week.

   A public or private school which operates a Kindergarten (K5) in conjunction with grades one (1) and above, or for grades one (1) and above only and provides short-term custodial care (not to exceed twenty (20) hours weekly) prior to or~~and/or~~ following classes for those students, is not required to comply with licensing requirements for the short-term custodial care provided.

4. **"Child Care Licensing Unit"** means the unit within the Department of Human Services (DHS), Division of Child Care and Early Childhood Education (DCCECE), that inspects and investigates any proposed or operating Child Care Center and any personnel connected with the center to determine if the facility will be or is being operated in accordance with the Child Care Facility Licensing Act and the Licensing Requirements for the Child Care Centers.

5. **"Child Maltreatment Central Registry Check"** means a check of the Arkansas Child Maltreatment Central Registry for any record of founded child abuse and neglect or maltreatment.

6. **"Criminal Record Check"** means a statewide criminal record check conducted by the Identification Bureau of the Arkansas State Police.

7. **"Criminal FBI Check"** means a nationwide criminal record check conducted by the Federal

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Bureau of Investigation (FBI) that conforms to the applicable federal standards and includes the taking of fingerprints. Application for a nationwide criminal check shall be made to the Identification Bureau of the Department of the Arkansas State Police.

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8. **"Department"** means the Arkansas Department of Human Services (DHS).

9. **"Division"** means the Division of Child Care and Early Childhood Education (DCCECE).

10. **"Employee"** or **"Staff"** means all full or part-time employees or any person(s) who perform services under the direction and control of the Out-of-School Time (OST) Facility, regardless if they are paid or not. This includes any person(s) that has supervisory or disciplinary control over participants, is at any point left alone with participants, or is counted in staff to ~~/~~ participant ratios.

11. **"Evening and Night Care"** means participant ~~-~~care provided between 7:00 p.m. and 6:00 a.m.

12. **"Kindergarten"** means a school~~-~~-based program offered for children five (5) years of age **(K5)** during the school year prior to their entry into the first grade.

13. **"Medical Home"** is the Doctor that you and your child see for routine medical care. This is your "Primary Care Physician" (PCP).

14. **"Operator"** means any person or entity exercising any measure of supervision or control over an OST Facility.

15. **"Out-of-School Time Program"** means a child care and ~~/~~school-age or youth development program caring for children who are in kindergarten (K-5~~)~~ years of age) and above. OST care includes before and after school care, extended care during the school holiday, summer day camps, and youth development programs. OST Programs which operate with children arriving and leaving voluntarily for scheduled classes, activities, practice, games, and meetings are defined as recreational programs, and do not fall under the definition of requiring licensure as an OST Program.

    a. For purposes of determining the need for a license, all care provided at the site of a licensed OST program is considered a part of the licensed program and therefore subject to licensing requirements. ~~-~~This includes separate buildings located on the same property or any other property under the same ownership. Part time programs serving participants not participating in the licensed OST program are exempt as long as they operate no more than five (5) hours per day or ten (10) hours per week.

    b. A public or private school which operates a Kindergarten (K5) in conjunction with grades one (1) and above, or for grades one (1) and above only and provides short-term custodial care (not to exceed twenty (20) hours weekly) prior to or~~and/or~~ following classes for those students, is not required to comply with licensing requirements for the short-term custodial care provided.

16. **"Owner"** means any person who assumes the legal responsibility for operation of an OST Facility.

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17. **“Participant”** refers to a child who is enrolled in kindergarten or a higher grade. If the OST Program provides care to children over thirteen (13) years of age, the program must meet all regulatory standards in regard to such children just as if the children were under thirteen (13) years of age. Children may receive care through the conclusion of high school.

18. **"Part-time Care"** means care provided no longer than four (4) hours per day or not to exceed a maximum of twenty (20) hours per week.

19. **"Personnel"** is defined as the facility owner or operator, staff, or volunteer.

20. **"Program"** is defined as all activities that comprise the participant’s day at the center.

21. **“Screen time”** refers to the amount of time that a participant uses or is engaged with electronic media. Electronic media includes but it not limited to television, videos, Digital Versatile Disc (DVD)s, computers, portable electronic devices, etc.

22. **"Sick Care"** is defined as a separate service providing care for participants who are too sick to attend the OST Program as stated in Section 1000 but who do not exhibit any of the excludable diseases as defined in Section 1500. The primary objective of this service is to ~~insure~~ ensure that participants in care receive the required attention necessary for moderately ill participants.

23. **“Staff”** or **"Employee"** means all full or part-time employees and ~~/~~staff or any person(s) who perform services under the direction and control of the OST Facility, regardless if they are paid or not. This includes any person(s) that has supervisory or disciplinary control over participants, is at any point left alone with participant, or is counted in staff to ~~/~~participant ratios.

24. **"Substantial Compliance"** means compliance with all **essential standards** necessary to protect the health, safety, and welfare of the participants attending the OST Program. Essential standards include **but are not limited to** those relating to issues involving fire, health, safety, nutrition, discipline, staff to ~~/~~participant ratio, and space.

25. **"Swimming Pool"** means any pool of water in excess of twelve inches (12") ~~inches~~ deep. This does not include natural pools of water such as lakes, ponds, and rivers.

26. **"Volunteer"** means a person who provides services to an OST Program, but has no supervisory or disciplinary control over participants, is not left alone with participants, and is not counted in staff- to ~~/~~participant ratios.

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APPENDIX B: LIST OF REPORTABLE DISEASES

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

Gonorrhea
Measles (Rubeola)
Mumps
Salmonellosis (including Typhoid fever)
Syphilis
Whooping Cough (pertussis)
Hepatitis (A, B, C, or E) viruses
Meningitis (all types)
Rubella
Shigellosis
Tuberculosis

~~Gonorrhea~~
~~Hepatitis (A, B, Non-A, Non-B~~
~~Unspecified and results of serologies)~~
~~Rash illnesses (including~~
~~*MEASLES & RUBELLA)~~
~~*WHOOPING COUGH (pertussis)~~
~~MENINGITIS~~
~~Salmonellosis (including typhoid)~~
~~Shigellosis~~
~~Syphilis~~
~~Tuberculosis~~
~~MUMPS~~

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 Enteritis~~Interitis~~
Chancroid
CHOLERA
Coccidioidomycosis
*Congenital Rubella Syndrome
(Ornithosis) DIPHTHERIA
Encephalitis (all types)
FOOD POISONINGS (all types)
Giardiasis
Gonococcal Ophthalmia
Granuloma Inguinale
*Guillain - Barre Syndrome
Histoplasmosis
HIV [Human ~~Immuno~~Immunol Deficiency Virus by (name ~~&~~ and 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~~Psittacosis
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.

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

Reporting data shall include:

a) Name and 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); and
d) Name of patient's physician.

The following diseases are also of public health importance and should be reported whenever there is an unusual incidence or outbreak (including seasonal). It is necessary to report 1) the physician's name and location, 2) the suspected disease and 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
viral) Gastroenteritis
Herpangina
Hospital acquired infections
Infectious Mononucleosis
Influenza (estimate number)
Pediculosis
Pleurodynia
Pneumonia (bacterial, Mycoplasma,
Staphylococcal-Infections
Streptococcal-Infections

The following occupational diseases also shall be reported:

Asbestosis
Silicosis
Byssinosis
Mesothelioma
Coal Workers Pneumoconiosis

FOR FURTHER ASSISTANCE CONTACT THE LOCAL COUNTY HEALTH UNIT.

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APPENDIX C: 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

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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 (5) 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 thirteen (13) through eighteen (18) years old to meet their nutritional needs.

[3] Must be unflavored whole milk for children age one (1). Must be unflavored low-fat (one (1) percent) or unflavored fat-free (skim) milk for children two (2) through five (5) years old. Must be unflavored low-fat ~~(~~one percent (1%) ~~percent)~~, unflavored fat-free (skim), or flavored fat-free (skim) milk for children six (6) 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 twenty-three (23) grams of total sugars per six (6) ounces.

[6] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one (1) meal, including snack, per day.

[7] A vegetable may be used to meet the entire fruit requirement. When two (2) vegetables are served at lunch or supper, two (2) different kinds of vegetables must be served.

[8] At least one (1) serving per day, across all eating occasions, must be whole grain~~-~~ rich. Grain-based desserts do not count towards the grain's 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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one hundred (100) grams of dry cereal).

Mark Up

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

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Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup	¼ cup

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APPENDIX D
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 (one percent (1%) ~~percent)~~, unflavored fat-free (skim), or flavored fat-free (skim) milk. Six (6) ounces (weight) or three-forth (¾) cup (volume) of yogurt may be used to meet the equivalent of eight (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 (1) meal, including snack, per day.

[4] At least one (1) 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 (3) times a week. One (1) ounce of meat and meat alternates is equal to one (1) 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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one hundred (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 one and one-half (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 (5) components for a reimbursable meal. Offer versus serve is an option for adult participants.

[2] Must be unflavored low-fat (one percent (1%) ~~percent)~~, unflavored fat-free (skim), or flavored fat-free (skim) milk. Six (6) ounces (weight) or three-forth (¾) cup (volume) of yogurt may be used to meet the equivalent of eight (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 twenty-three (23) grams of total sugars per six (6) ounces.
[6] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one (1) meal, including snack, per day.
[7] A vegetable may be used to meet the entire fruit requirement. When two (2) vegetables are served at lunch or supper, two (2) different kinds of vegetables must be served.
[8] At least one (1) serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts
do not count towards the grain's 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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one hundred (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 (2) of the five (5) components for a reimbursable snack. Only one of the two (2)

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components may be a beverage.

[2] Must be unflavored low-fat (one (1) percent), unflavored fat-free (skim), or flavored fat-free (skim) milk. Six (6) ounces (weight) or three-forth (¾) cup (volume) of yogurt may be used to meet the equivalent of eight (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 twenty-three (23) grams of total sugars per six (6) ounces.

[5] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one (1) meal, including snack, per day.

[6] At least one (1) 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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one hundred (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 one and one-half (1 ½) cups for adults.

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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 501-682-8590
CLEANING and /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 and /AIR CONDITIONING		
INSURANCE AGENT AND POLICY NUMBER		
LICENSING SPECIALIST		
LOCKS		
NATIONAL EMERGENCY FAMILY REGISTRY AND LOCATOR PLUMBER		1-800-588-9822
POISON CONTROL		1-800-376-4766
POLICE		
POLICE- (Local Non-Emergency)		
RED CROSS (Local)		
SHERIFF		
TRASH REMOVAL		
WATER DEPARTMENT		

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IMMUNIZATION REQUIREMENTS

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 one (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 one (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 or after the child's 4th birthday. Interval between 4th DTaP/DTP/DT and 5th DTaP/DTP/DT should be at least six (6) months. If a child is currently ≥ forty-nine (49) months of age and does not meet the above criteria or is in process within fifteen (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 seven (7) months or older require fewer doses to complete the series.

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

**** Vaccine doses administered up to four (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 twenty-eight (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.

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TABLE II: KINDERGARTEN THROUGH GRADE TWELVE (12) 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

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

**An alternative two (2)- dose hepatitis B schedule for eleven (11) -– fifteen (15) year-old children may be substituted for the three (3)- dose schedule. Only an FDA-approved alternative regimen vaccine for the two (2)- dose series may be used to meet this requirement. If you are unsure if a particular child's two (2)- dose schedule is acceptable, please contact the Immunization Section for assistance at 501-661-2169.

*** 3rd~~3rd~~ dose of hepatitis B should be given at least eight (8) weeks after the 2nd ~~2nd~~ dose, at least sixteen (16) weeks after the 1st~~1st~~ dose, and it should not be administered before the child is twenty-four (24) weeks (one hundred and sixty-eight (168) days) of age. (All 3rd ~~3rd~~ doses of hepatitis B vaccine given earlier than six (6) months of age before 06/21/1996 are valid doses and should be counted as valid until 06/21/2014.)

**** 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 (2) doses of measles, one (1) dose of mumps and one (1) dose of rubella before January 1, 2010, the doses will be accepted as compliant to immunization requirements and two (2) MMRs are not required.

******A medical professional is a M~~m~~edical D~~d~~octor (MD), A~~a~~dvanced P~~p~~ractice ~~n~~Nurse (APN), D~~d~~octor of O~~o~~steopathy (DO), or P~~p~~hysician A~~a~~ssistant (PA). No self or parental history of disease will be accepted.

******* For unvaccinated persons seven (7) years of age and older (including persons who cannot document prior vaccination), the

primary series is three (3) doses. The first two (2) doses should be separated by at least four (4) weeks, and the third dose at least six (6) months after the second. One (1) of these doses (preferably the first) should be administered as Tdap and the remaining two (2) doses administered as Td.

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MINIMUM LICENSING REQUIREMENTS FOR

Registered Child Care Family Homes

ARKANSAS DEPARTMENT HUMAN SERVICES
DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION
CHILD CARE LICENSING UNIT
P. O. BOX 1437, SLOT S150
LITTLE ROCK, ARKANSAS 72203-1437
(501) 682-8590

PUB-003 (REV. ~~01~~12/01/2020)

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 (DCCECE) (referred to hereafter as the Division) under the Department of Human Services (DHS) 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; and
   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.

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7. The registrantRegistrant 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 ensureinsure 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 or /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);

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d. marriage license of the caregiver (if last name has changed); and
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 (1) registration issued per home or ~~/~~structure. (This does not apply to situations such as duplexes where two (2) registrations could be issued to two (2) separate

~~5.~~4. applicants.) An individual shall be eligible to hold only one (1) registration, which shall be issued for one (1) specified location.

~~6.~~5. Home with only one (1) caregiver shall limit care to no more than two (2) shifts (eighteen (18) hours) per twenty-four (24) hour period. Homes offering twenty-four (24) hour care shall provide a schedule verifying that they have made provisions for a secondary caregiver to provide relief for one (1) shift. (Alternative compliance may be requested by caregivers who provide twenty-four (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.)

~~7.~~6. The holder(s) of the registration shall be the primary caregiver(s) and at least one (1) 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.)

~~8.~~7. If at any time care is provided to six (6) or more children from more than one (1) 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.

~~9.~~8. Any home that has not provided care to children for a period of one (1) year shall have the registration closed unless a written request is made by the registrant~~Registrant~~ stating why closure should not take place.

~~10.~~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

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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/ and Child Maltreatment Central Registry Check Form (Everyone living in the home age eighteen (18) and older must complete and sign this form. A check or money order for $10.00 made out to Department of Human Services (DHS) must be attached to each form. Children under age eighteen (18) only need to be listed where applicable. This form must be notarized.);

f. Criminal Record Check Form(s) (Everyone in the home age eighteen (18) and older must complete a form. The form(s) must be notarized.);

g. The registrant'sRegistrant's Social Security nNumber (SSN) or Tax Identification number (TIN) (Tax Identification Number) shall be listed

h.g. 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 (IRS), Memphis, Tennessee 37501. It takes approximately four (4) weeks to receive the TIN.);

i.h. Boiler inspection, or verification that inspection has been scheduled; and

j.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 registrantRegistrant 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. New Provisional Registration - 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

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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~~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; and
   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~~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~~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; or
   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

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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 registrantRegistrant 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 registrantRegistrant 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 registrantRegistrant 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 or /Registrant registrant shall submit the request for alternative compliance in writing; and.
   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 or /registrantRegistrant 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.

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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 or~~/Registrant~~ registrant.

7. The Division reserves the right to deny requests for alternative compliance when it finds that such a 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

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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

1. 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.

2. All caregiver(s) are mandated reporters under the Child Maltreatment Act. The caregiver shall notify the Child Maltreatment HotlineHot 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 registrantRegistrant by parents, staff members, or the general public. It is recommended that the Registrant registrant call the Child Care Licensing Specialist for guidance if there is any question about whether- the HotlineHot Line should be called regarding any situation where potential child maltreatment is involved.

   If a complaint of child maltreatment is filed against any registrantRegistrant 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.

3. 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 Federal Bureau of Investigation (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	At initial application and every five (5) years

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	Registered Home and all household members age eighteen (18) and up	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

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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

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3. Criminal records will be returned to the division for review. Any charge or 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 and 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 wWelfare of an iIncompetent person 1st in the first degree,	§ 5-27-201;
05. Kidnapping,	§ 5-11-102;
06. Murder in the fFirst degree,	§ 5-10-102;
07. Murder in the sSecond degree,	§ 5-10-103;
08. Rape,	§ 5-14-103;
09. Sexual aAssault in the fFirst degree,	§ 5-14-124;
10. Sexual aAssault in the sSecond 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 or continual basis, if that person has pleaded 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 aAttempt to commit any offenses in MLR Section	§ 5-3-201;
02. Criminal cComplicity to commit any offenses in MLR Section	§ 5-3-202;
03. Criminal cConspiracy to commit any offenses in MLR Section	§ 5-3-401;
04. Criminal sSolicitation, to commit any offenses in MLR Section	§ 5-3-301;
05. Assault in the fFirst, Ssecond, or tThird degree;	§§ 5-13-205 to § 5-13 -207;
06. Assault, Aggravated assault;	§ 5-13-204;
07. Assault, Aggravated assault on a fFamily or hHousehold mMember,	§ 5-26-306;
08. Battery in the fFirst, sSecond, or tThird dDegree,	§§ 5-13-201 -to § 5-13-203;
09. Breaking or eEntering,	§ 5-39-202;
10. Burglary,	§ 5-39-201;
11. Coercion,	§ 5-13-208;
12. Computer cCrimes Aagainst mMinors,	§ 5-27-601 et. seq.;
13. Contributing to the dDelinquency of a jJuvenile,	§ 5-27-220;
14. Contributing to the dDelinquency of a mMinor,	§ 5-27-209;
15. Criminal iImpersonation,	§ 5-37-208;
16. Criminal uUse of a pProhibited wWeapon,	§ 5-73-104;
17. Communicating a dDeath Tthreats cConcerning a sSchool eEmployee or sStudents;	§ 5-17-101;

18. Domestic bBattery in the fFirst, sSecond, or tThird dDegree,	§§ 5-26-303 to- § 5-26 -305;
19. Employing or cConsenting to the uUse of a cChild in a sSexual pPerformance,	§ 5-27-401;2
20. Endangering the wWelfare of a mMinor in the fFirst or Ssecond dDegree,	§§ 5-27-205 andto § 5-27- -206;
21. Endangering the wWelfare of an iIncompetent pPerson in the – First or sSecond dDegree,	§ 5-27-201 and § 5-27- 2022;
22. Engaging cChildren in sSexually eExplicit cConduct for uUse in vVisual or pPrint mMedia,	§ 5-27-303;
23. False iImprisonment in the fFirst or sSecond dDegree,	§ 5-11-103 and to § 5-11--104;
24. Felony aAbuse of an eEndangered or iImpaired pPerson,	§ 5-28-103;
25. Felony iInterference with a lLaw eEnforcement oOfficer,	§ 5-54-104;
26. Felony vViolation of the Uniform Controlled Substance Act,	§ 5-64-101 - § 5-64-508 et. seq.;
27. Financial iIdentity Ffraud,	§ 5-37-227;
28. Forgery,	§ 5-37-201;
29. Incest,	§ 5-26-202;
30. Interference with cCourt oOrdered cCustody,	§ 5-26-502;
31. Interference with vVisitation,	§ 5-26-501;
32. Introduction of cControlled Ssubstance into bBody of Aanother pPerson,	§ 5-13-210;
33. Manslaughter,	§ 5-10-104;
34. Negligent hHomicide,	§ 5-10-105;
35. Obscene pPerformance at a lLive pPublic sShow,	§ 5-68-305;
36. Offense of cCruelty to aAnimals,	§ 5-62-103;
37. Offense of aAggravated cCruelty to dDog, cCat, or hHorse,	§ 5-62-104;
38. Pandering or pPossessing vVisual or pPrint mMedium dDepicting sSexually eExplicit cConduct iInvolving a cChild,	§ 5-27-304;
39. Patronizing a ProstituteSexual solicitation,	§ 5-70-103;
40. Permanent dDetention or rRestraint,	§ 5-11-106;
41. Permitting aAbuse of a mMinor,	§ 5-27-221;
42. Producing, dDirecting, or pPromoting a sSexual pPerformance by a cChild,	§ 5-27-403;
43. Promoting oObscene mMaterials,	§ 5-68-303;
44. Promoting oObscene pPerformance,	§ 5-68-304;
45. Promoting pProstitution in the fFirst, sSecond, or tThird dDegree,	§ 5-70-104 to- §5-70 -106;
46. Prostitution,	§ 5-70-102;
47. Public dDisplay of oObscenity,	§ 5-68-205;
48. Resisting aArrest,	§ 5-54-103;
49. Robbery,	§ 5-12-102;
50. Robbery (Aggravated rRobbery,)	§ 5-12-103;
51. Sexual Offenses (any),	§ 5-14-101 et. seq.;
52. Simultaneous pPossession of dDrugs and Ffirearms,	§ 5-74-106;
53. Soliciting mMoney or pProperty from iIncompetents,	§ 5-27-229;

54. Stalking,	§ 5-71-229;
55. Terroristic aAct,	§ 5-13-310;
56. Terroristic tThreatening,	§ 5-13-301;
57. Theft of public benefits,	§ 5-36-202;
58 7. Theft by rReceiving,	§ 5-36-106;
58 9. Theft of pProperty,	§ 5-36-103;
60 59. Theft of sServices,	§ 5-36-104;
61 0. Transportation of mMinors for pProhibited sSexual cConduct,	§ 5-27-305;
61 2. Unlawful dDischarge of a fFirearm from a vVehicle,	§ 5-74-107; and
62 3. Voyeurism,	§ 5-16-102.

6. If the registrantRegistrant 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; and
   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 pleaded 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; or-

    a.b. The date of the conviction, plea of guilty, or nolo contendere for a felony offense is at

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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, Church Operated Exempt (COE) center, Licensed Child Care Family Home, or a Registered Child Care Family Home prior to 09/01/2009 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 09/01/2009.

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, or~~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.

~~1. 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.)~~

3. ~~3.~~ Falsification of any document and submission of false information to the Division of Child Care and Early Childhood Education (DCCECE) may constitute grounds for revocation of the license. (Falsification means the submission of untrue information, whether by statement or omission.)

~~3.~~ ~~4.~~ Any individual and related parties, on the Department of Human Services (DHS) Exclusion List pursuant to DHS Exclusion Policy 1088 shall not be eligible to be an owner, member of the Board of Directors, Director, Assistant Director, or Person in Charge of any licensed child care facility.

4.

~~4.~~

~~5.~~

~~6.~~ ~~5.~~ All applicable health and fire regulations shall be met.

5.

~~7.~~

~~8.~~6. ~~Th~~The Registered Home shall not care for more than five (5) children at any time including their own pre-school children.

~~9.~~7. The caregiver shall provide prudent supervision of the other persons in the Registered Home,

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and is responsible for the health, welfare, and safety of the children in care.

~~10.~~8. The caregiver shall provide a copy of the list of Kindergarten Readiness skills, prepared by the Arkansas Department of Education (ADE), to parents of all three (3) and four (4) 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.

~~11.~~9. 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 Identification (ID); ~~AND~~and
b. The person in charge can match the ID to the individual named on the child's data sheet.

~~12.~~10. Verification of permission for persons not on the authorized pick-up list 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 General Education Diploma~~General~~ (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 to 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~~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 (DCCECE)~~ 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:

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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; and
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.

Introduction (eight (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 or /fussy infant or /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 or / 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; and
q. The handling and storage of hazardous materials and the appropriate disposal of bio contaminants.

10. At least one (1) caregiver who has a current certificate of successful completion of first aid and Cardiopulmonary Resuscitation (CPR) from an approved organization shall be on site at all times. If the home serves infants and toddlers, this training shall include infant/ and child CPR. (Infant and /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; and
c. The instructor shall be qualified and authorized to teach the curriculum and shall be

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certified by a nationally recognized organization. (Including but not limited to: Health and Safety Institute; Emergency Medical Services (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 (BAS) 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 and~~&~~ 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 eighteen (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 to ~~/~~child ratios or given supervisory and ~~/~~disciplinary control over children, they shall be considered staff and must meet caregiver qualifications and responsibilities. (Section 301)

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2. All volunteers in a Registered Child Care Family Home shall be eighteen (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 eighteen (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 and ~~/~~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~~ ensure 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 and ~~/~~emotional, creative and ~~/~~aesthetic, cognitive and ~~/~~intellectual, and language, found in Arkansas's ~~Arkansas'~~ Early Learning Standards (Experiences that promote self-concept development for infants~~/~~ and toddlers shall also be provided if that age group is in care.)

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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 and ~~/~~guardians; and~~.~~
   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 (2) 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~~deciding 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; and~~.~~
   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 thirty (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~~/~~ and Gross Motor activities (such as climbing and running); and
    b. Manipulative and ~~/~~Fine Motor activities (such as things done with the hands: puzzles, drawing, modeling clay).

12. The use of television, Digital Versatile Disc (DVD), video cassette viewing, and computer~~/~~ or video games and other screen time activities shall meet the following requirements:

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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 (1) hour in length.); and
c. Computer learning periods for children below age five (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 and & 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 and /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/ and guardians by greeting them warmly and exchanging information that promotes continuity between the center and the child's home; and.
   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

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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 twelve (12) months and below) shall be placed flat on their backs to sleep to lessen the risk of suffocation and Sudden Infant Death Syndrome (SIDS). (If a child rolls over on his or /her own, the facility is not required to reposition the child.) If there is a medical reason a child cannot sleep on his or /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 a 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 and /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.

10.11.11.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; and.
   b. Permission for regular activities such as scouting may be given for the entire school term.

404 Evening and & Night Care Program- Requirements Night care is any care provided after midnight.

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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; and~~.~~
   c. Beds or cots shall be arranged at least one foot (1') ~~foot~~ apart.

8. Homes with only one (1) caregiver shall limit care to no more than two (2) shifts (eighteen (18) hours) per twenty-four (24) hour period. Homes offering twenty-four (24) hour care shall provide a schedule verifying that they have made provisions for a secondary caregiver to provide relief for one (1) shift. ~~(~~Alternative Compliance may be requested by caregivers who provide twenty-four (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

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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; and.
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 (1) minute per year of the 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; and
   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 & and 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.)

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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 three (3) years. (This includes records on children no longer enrolled.)

   a. Licensing and /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; and
   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 persons 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; and.
   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;

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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; and
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; and
   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; and
   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 forty-one (41) degrees Fahrenheit or below. Freezer thermometers shall be maintained at zero (0) thirty-two (32) degrees Fahrenheit 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; and
   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

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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; and~~.~~
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 three (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 ~~&~~ and Toddler Nutrition Requirements

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

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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 (6) months of age shall be held while being fed. Bottles shall not be propped. Infants six (6) 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~~highchairs with wide bases. Safety straps shall be used.

10. Children under two (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~~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.

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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 Heating, Ventilation, and Air Conditioning (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; or~~.~~
   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 ~~&~~ and games;
- Play houses;
- Nature walks; and
- 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

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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 or~~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 or ~~/~~outdoor learning area shall be fenced or otherwise enclosed and provide at least seventy-five (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 eighteen (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 eighteen inches (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 six feet (6') ~~'~~ in all directions (unless otherwise specified) from the perimeter of the equipment. (Playground equipment that is between eighteen inches (18") ~~inches~~ and twenty-four inches (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~~/~~ and 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~~/~~ and recycled rubber loose-fill protective surfacing does not compress in the same manner as other loose-fill materials. ~~-~~However, it is recommended that~~,~~ care be taken to maintain a constant depth as displacement may still occur.

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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 one inch (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; and~~.~~
   f. Baby beds shall have slats ~~slats~~ no greater than two and three-eighth inches - (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 (1') ~~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 inches – (2") ~~inches~~ thick shall be placed on carpet.

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

8. Infants ~~&~~ and 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 (3) months.

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

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

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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 (ADH). 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 or~~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; and
   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;

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h. Tweezers; and
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 one hundred and one (101) degrees~~ or /~~oral or~~,~~ one hundred (100) degrees~~or/~~ axillary (or equivalent method) in a child who also has pain, behavior changes, or other symptoms of illness;
      - An infant younger than two (2) months with any increased temperature shall get urgent medical attention, within an hour.
      - An infant younger than six (6) months with any increased temperature shall be medically evaluated.
   c. Diarrhea, defined as watery or~~and /~~runny stools, if frequency exceeds two (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 (two (2) or more episodes of vomiting in the previous twenty-four (24) hours);
   f. Abdominal pain which lasts more than two (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~~. 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

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appropriate therapy and can attend child care;

l. Impetigo, until treatment has been started;
m. Strep throat, until twenty-four (24) hours after antibiotic treatment has been started;
n. Chicken pox, until all lesions have crusted (usually six (6) days after the rash appears);
o. Rubella, until six (6) days after onset of rash;
p. Pertussis (whooping cough); until five (5) days of antibiotic treatment;
q. Mumps, until five (5) days after onset of gland swelling;
r. Measles, until four (4) days after onset of rash; and
s. Hepatitis A, until one (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 to 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 (1) 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; and
   b. Any injury incurred by a child.

8. The communicable diseases listed in Appendix D~~C~~, whether suspected in a child or adult, shall be reported within twenty-four (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 ~~&~~ and rubella);
   c. Whooping cough (Pertussis);
   d. Meningitis;
   e. Mumps;
   f. Tuberculosis;
   g. Salmonellas (including typhoid); and
   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); and
   f. Any treatment information, if known.

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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 fifteen (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 and ~~/~~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 and ~~/~~teachers; and~~.~~
   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 ensure~~insure~~ that children are properly cleaned and dried.

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

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

   a. Placing the child on a 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; and
   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;

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g. The Child Care Licensing Central Office ~~number~~: 501-682-8590 or toll free 1-800-445-3316; and
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; and
   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; and

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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; and
   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; and
   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 or pencils;
   j. Whistle;
   k. Disposable cups;
   l. Wet wipes; and
   m. Emergency survival blanket.

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10. The registrantRegistrant 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 Consumer Product Safety Commission (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 or /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.

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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 five pound (5 lb.) ~~lb.~~ ABC rating shall be installed in the kitchen area of

~~2.~~1. 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.)

~~3.~~2. A working smoke detector shall be installed near the kitchen area and in children's sleeping areas.

~~4.~~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.

~~5.~~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 (1) level shall have second exits on all levels used by children;~~.~~
b. A Registered Home shall have at least two (2) 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; and~~.~~
e. Doors and pathways shall be clear of equipment that blocks the movement of children and caregiver(s).

~~6.~~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.

~~7.~~6. Cooking stoves or ovens shall not be used as a heating source in the home.

~~8.~~7. Portable heaters shall not be placed within reach of children and shall be approved UL listed products.

~~9.~~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 shall apply to all transportation provided by the

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registrantRegistrant, including transportation provided by any person on behalf of the registrantRegistrant, regardless of whether the person is employed by the registrantRegistrant. 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

2.1. covered by these requirements, whether a fee is charged for this service or not.

3.2. When children are transported, emergency contact information shall be maintained oin the vehicle at all times.

4.3. 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'sRegistrant'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.); and
d. Be certified in Cardiopulmonary Resuscitation (CPR) and First Aid.

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

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

7.6. 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); and
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).

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

9.8. 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 pounds (60 lbs.) 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 pounds (60 lbs.) 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.

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

11.10. There shall be a seating space and an individual, appropriate restraint system provided for

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each child being transported.

~~12.~~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.

~~13.~~12. To ~~insure~~ ensure that no children are left i~~o~~n 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.

~~14.~~13. To ~~insure~~ ensure that children have safely arrived in the home, the transportation roster shall be reviewed by the registrant~~Registrant~~ and compared with attendance records. The registrant~~Registrant~~ shall sign off on the transportation roster to verify that all children have safely transitioned from the vehicle to the classroom.

~~15.~~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 (1) minute. **Any of the following three (3) 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 (1) minute.)

2. Upon arrival, have one (1) staff member immediately walk through the vehicle to deactivate

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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 (2) staff members, one (1) to supervise the children and one (1) 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 ~~&~~ and Toddler Transportation Requirements

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 (IFSP) or ~~IEP (~~Individual Education Plan (IEP) 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; and~~.~~
  - 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 Individual with Disabilities Education Act (IDEA):

   a. The facility shall enroll children with special needs without regard to disability. **(Programs**

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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 or ~~/~~individual family service plan;~~.~~
d. Facility staff (regular classroom staff) shall be a partner in the IFSP and~~/~~ Individual Education Plan (IEP) plan process;~~.~~
e. The facility shall allow service providers who are representatives of the Department of Human Services (DHS), the Division of Developmental Disability Services (DDS), or the Arkansas Department of Education (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 or ~~/~~ 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~~ADE and~~/or~~ the ~~Arkansas Department of Human Services~~DHS, ~~Developmental Disabilities Services~~DDS, shall identify the needed special services on the IFSP/IEP; and~~.~~
i. Classroom staff shall reinforce the specified goals and objectives as part of the daily routine of the classroom.

1402 Infant ~~&~~ and Toddler Special Needs Requirements

1. To the maximum extent appropriate, children ages zero (0) – two (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.

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APPENDIX A
CHILD CARE MEAL PATTERN

When children over age one (1) 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 twelve (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 six (6) through twelve (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 (3) 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 thirteen (13) through eighteen (18) years old to meet their nutritional needs.
3 Must be unflavored whole milk for children age one (1). Must be unflavored low-fat (one percent (1%) ~~percent~~) or unflavored fat-free (skim) milk for children two (2) through five (5) years old. Must be unflavored low-fat (one percent (1%) ~~percent~~), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six (6) years old and older.
4 Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one (1) meal, including snack, per day.
5 At least one (1) 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 (3) times a week. One (1) ounce of meat and meat alternates is equal to one (1) 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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one hundred (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 one-fourth (¼) cup for children ages one (1) ~~-~~– two (2); one-third (1/3) cup for children ages three (3) ~~-~~– five (5); and three-forth (¾) cup for children ages six (6) ~~-~~– twelve (12).

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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

Mark Up

1 Must serve all five (5) 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 thirteen (13) through eighteen (18) years old to meet their nutritional needs.
3 Must be unflavored whole milk for children age one (1). Must be unflavored low-fat (one (1) percent) or unflavored fat-free (skim) milk for children two (2) through five (5) years old. Must be unflavored low-fat (one percent (1%) ~~percent~~), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six (6) 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 twenty-three (23) grams of total sugars per six (6) ounces.
6 Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one (1) meal, including snack, per day.
7 A vegetable may be used to meet the entire fruit requirement. When two (2) vegetables are served at lunch or supper, two (2) different kinds of vegetables must be served.
8 At least one (1) serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grain's 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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one hundred (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

Mark up

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 eleven (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 eleven (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 twenty-three (23) grams of total sugars per six (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.

Mark Up

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 eleven (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 twenty-three (23) grams of total sugars per six (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 eleven (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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one hundred (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.

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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 (3) components for a reimbursable meal. Offer versus serve is an option for adult participants.
2 Must be unflavored low-fat (one percent (1%) ~~percent)~~, unflavored fat-free (skim), or flavored fat-free (skim) milk. Six (6) ounces (weight) or three forth (¾) cup (volume) of yogurt may be used to meet the equivalent of eight (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 (1) meal, including snack, per day.
4 At least one (1) 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 (3) times a week. One (1) ounce of meat and meat alternates is equal to one (1) 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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one hundred (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 one and one-half (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

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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 (5) components for a reimbursable meal. Offer versus serve is an option for adult participants.
2 Must be unflavored low-fat (one (1) percent), unflavored fat-free (skim), or flavored fat-free (skim) milk. Six (6) ounces (weight) or three forth (¾) cup (volume) of yogurt may be used to meet the equivalent of eight (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 twenty-three (23) grams of total sugars per six (6) ounces.
6 Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one (1) meal, including snack, per day.
7 A vegetable may be used to meet the entire fruit requirement. When two (2) vegetables are served at lunch or supper, two (2) different kinds of vegetables must be served.
8 At least one (1) serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grain's requirement.
9 Beginning October 1, 2019, ounce equivalents are used to determine the quantity of the creditable grain. Ten (10) Breakfast cereals must contain no more than six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one hundred (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

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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 (2) of the five (5) components for a reimbursable snack. Only one (1) of the two (2) components may be a beverage.
2 Must be unflavored low-fat (one percent (1%)~~ percent)~~, unflavored fat-free (skim), or flavored fat-free (skim) milk. Six (6) ounces (weight) or three forth (¾) cup (volume) of yogurt may be used to meet the equivalent of eight (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 twenty-three (23) grams of total sugars per six (6) ounces.
5 Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one (1) meal, including snack, per day.
6 At least one (1) 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 six (6) grams of sugar per dry ounce (no more than twenty-one and two-tenths (21.2) grams sucrose and other sugars per one hundred (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 one and one-half (1 ½) cups for adult.

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APPENDIX D
LIST OF REPORTABLE DISEASES

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

Gonorrhea
Measles (Rubeola)
Mumps
Salmonellosis (including Typhoid fever)
Syphilis
Whooping Cough (pertussis)
Hepatitis (A, B, C, or E) viruses
Meningitis (all types)
Rubella
Shigellosis
Tuberculosis

~~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~~ Enteritis
Chancroid
CHOLERA
Coccidioidomycosis
*Congenital Rubella Syndrome
(Ornithosis) DIPHTHERIA
Encephalitis (all types)
FOOD POISONINGS (all types)
Giardiasis
Gonococcal Ophthalmia
Granuloma Inguinale
*Guillain - Barre Syndrome
Histoplasmosis
HIV [Human ~~Immuno~~Immunol Deficiency Virus by (name ~~&~~ and 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~~Psittacosis
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 and~~&~~ location of reporting person;

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b. Disease or suspected disease and date of onset;
c. Name, age, sex, address, and phone number of patient (please spell patient's name); and
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.

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APPENDIX E
DISASTER and ~~/~~EMERGENCY PREPAREDNESS

DISASTER and ~~/~~EMERGENCY NUMBERS	CONTACT/TOWN	TELEPHONE NUMBER
AMBULANCE		
APPLIANCE REPAIR		
BUILDING INSPECTOR		
CHILD ABUSE ~~HOT LINE~~Hotline		1-800-482-5964
CHILD CARE LICENSING UNIT	Little Rock	1-800-445-3316 or 501-682-
CLEANING~~/~~ AND 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 AND ~~/~~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 one (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 one (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 or ~~/~~after the child's 4th birthday. Interval between 4th DTaP/DTP/DT and 5th DTaP/DTP/DT should be at least six (6) months. If a child is currently ≥ forty-nine (49) months of age and does not meet the above criteria or is in process within fifteen (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 seven (7) months or older require fewer doses to complete the series.

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

**** Vaccine doses administered up to four (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 twenty-eight (28) days.

*****A M~~m~~edical P~~p~~rofessional is a M~~m~~edical D~~d~~octor (MD), A~~a~~dvanced P~~p~~ractice N~~n~~urse (APN),

Ddoctor of Oosteopathy (DO), or Pphysician aAssistant (PA). –No self or parental history of disease will be accepted.

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Table ~~I~~I: Kindergarten through Grade Twelve (12) 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

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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

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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 (2)- dose hepatitis B schedule for eleven (11) -– fifteen (15) year-old children may be substituted for the three (3)- dose schedule. Only a—FDA-approved alternative regimen vaccine for the two (2) -dose series may be used to meet this requirement. If you are unsure if a particular child's two (2)- dose schedule is acceptable, please contact the Immunization Section for assistance at 501-661-2169.

*** 3rd 3rd dose -of hepatitis B should be given at least eight (8) weeks after the 2nd2nd dose, at least sixteen (16) weeks after the 1st 1st dose, and it should not be administered before the child is twenty-four (24) weeks (one hundred and sixty-eight (168) days) of age. (All 3rd 3rd doses of hepatitis B vaccine given earlier than six (6) months of age before 06/21/1996 are valid doses and should be counted as valid until 06/21/2014.)

**** 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 (2) doses of measles, one (1) dose of mumps and one (1) dose of rubella before January 1, 2010, the doses will be accepted as compliant to immunization requirements and two (2) MMRs are not required.

******A medical professional is a Mmedical Ddoctor (MD), Aadvanced Ppractice Nnurse (APN), Ddoctor of Oosteopathy (DO), or Pphysician Aassistant (PA). No self or parental history of disease will be accepted.

******* For unvaccinated persons seven (7) years of age and older (including persons who cannot document prior vaccination), the primary series is three (3) doses. The first two (2) doses should be separated by at least four (4) weeks, and the third dose at least six (6) months after the second. One (1) of these doses (preferably the first) should be administered as Tdap and the remaining two (2) doses administered as Td.

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