

**MINIMUM LICENSING
REQUIREMENTS
FOR
CHILD CARE
CENTERS**

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MINIMUM LICENSING REQUIREMENTS FOR CHILD CARE CENTERS

100 CHILD CARE LICENSING

The "Child Care Facility Licensing Act" Ark. Code Ann. §20-78-201-220, as amended, is the statutory authority for licensing child care facilities. This Act created the Division of Child Care and Early Childhood Education and authorized the Division to establish rules and regulations 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 and regulations for Child Care Centers.

The Child Care Facility Licensing Act designates the Arkansas Department of Health & Human Services, Division of Child Care and Early Childhood Education 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.

The licensing requirements contained in this manual apply to group child care. (Refer to the Minimum Licensing Requirements for Day Care Family Homes for the requirements that apply to child care provided in a day care family home.)

The owner should be aware of applicable federal laws which may affect the operation of the facility. Child care programs are among the public accommodations that must comply with the Americans with Disabilities Act. (ADA)

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

The Child Care Licensing Unit will notify the applicable federal agency at any time they become aware of or are advised of violations of the federal Civil Rights Act or the Americans with Disabilities Act.

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

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 works in coordination with the local and state Health departments, Fire Departments and City Planning or Zoning Departments. Persons considering opening or expanding a child care facility shall immediately contact these individual departments for inspection and information on their separate regulations. Clarification or questions shall be directed to the appropriate departments.

101 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/child ratio and space.

Failure to comply with any of the licensing requirements for 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
- c. Issuance of a provisional license or church exempt status
- d. Imposition of penalties

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

Willingness/ability to correct violations

2. 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. Denial of access to the facility or to interview children may result in any of the adverse action described above. 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 visits.
3. Any facility that has not provided care to children for a period of one year shall be closed unless a written request is made by the licensee stating why closure should not take place.
4. Falsification of any document or the submission of false information to the Child Care Licensing Unit or any other unit of the Division may constitute grounds for revocation of the license. (Falsification means the submission of untrue information, whether by statement or omission.)

102 Licensing Procedures

1. Application -- An application shall be obtained from the Child Care Licensing Unit. The completed application shall be submitted to the Child Care Licensing Unit for review and approval. A completed application 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. A description of the services that will be provided to the children
 - d. Verification that criminal record checks and child maltreatment central registry checks have been initiated on all owners, operators and employees of the Child Care Center
 - e. Health department, fire department, and zoning approval
 - f. Floor plan
 - g. Clear written guidelines of responsibility for the board and administrator, if the facility has a governing board
2. Time for processing: The Licensing Specialist has sixty days to submit a recommendation to the Division.
3. Licensing fees

- a. Each facility shall submit an annual license fee as long as the facility is in compliance with the Minimum Licensing Requirements for Child Care Facilities. A facility license fee is determined by combining the maximum license capacity of all licenses located within the same premises.
 1. Facilities serving up to 17 children - \$15 per year
 2. Facilities serving 17 to 99 children - \$50 per year
 3. Facilities serving 100 or more children -- \$100 per year
- b. 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.
- c. The Division shall not issue a license unless the required license fee has been paid.
- d. A copy of the license fee notice shall be submitted at the time of licensure recommendation.
- e. The fee schedule shall apply to all child care facility recommendations for licensure as follows:
 1. New Provisional License – (Provisional License for new operation to be issued for a period of twelve months.) A one-year license fee shall be paid prior to the issuance of a provisional license.
 2. New Regular License or Conversion from provisional to regular status - A license fee shall be paid prior to the issuance of a new license.
 3. Conversion to Provisional Status - No license fee is due for licenses converted to provisional status during the term of a regular license.
- f. 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 20 days after the initial notice of fee due. Failure to submit a license fee within 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.

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.

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. Funds to cover the cost of statewide criminal checks shall not exceed the total fees collected and deposited in the fund.

4. A pre-application 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 within 30 days of the receipt of the application.
5. 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 facility

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

6. License -- Non-transferable -- A license for a Child Care Facility or approval for 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 holder of the license or approval to another or from one 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.

7. 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 standards. The Child Care Licensing Unit shall have the authority to make both scheduled and unscheduled visits throughout the license to determine continued compliance with the requirements and to offer consultation and technical assistance.

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
- c. A date of expected corrections

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

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 24 hours in order to insure the health, safety and welfare of the children in care. If a Child Care Center violates an administrative standard or a 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.

8. License - Provisional --The Child Care Licensing Specialist shall recommend a provisional license when the facility is newly opened, a facility has been acquired by new owners whose compliance history has not been determined, or the facility is not operating in substantial compliance, but the deficiencies are not so numerous, frequent or severe as to jeopardize the health, safety, and welfare of children. A 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

- d. Issue a successive provisional license in conjunction with the imposition of a civil penalty
9. License Suspension—The Division may suspend a license when the CCLS 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 (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.
10. License Revocation- 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
 - c. The facility fails to insure the health, safety and welfare of children in care

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 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 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.

103 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
 - d. Cited noncompliance with the published standards

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.)**

104 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 alternative compliance was sought.
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:
 - a. The applicant/licensee shall submit the request for alternative compliance in writing.
 - b. The request shall include:
 1. The specific standards for which alternative compliance is sought
 2. An explanation of how the alternative form of compliance is equal to or exceeds the stated requirements
 3. 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
 4. The applicant/licensee shall provide clear and supportive evidence and, upon request of the Division, an expert's opinion on the effect of the request on health, safety and welfare of the children.
4. A separate written request shall be submitted for each requirement of which alternative compliance is sought. The approved alternative compliance is effective for the duration of the license unless a shorter time frame is specified.
5. 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.
6. The Division shall have the right to obtain an expert opinion to corroborate expert opinions provided by the applicant/licensee.
7. 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.
8. All requests for alternative compliance shall be answered in writing by the Division.

105 Church-Operated Exemption

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 exemption from State Income Tax
 - 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
 - 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 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 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 or curriculum 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 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.

106 Licensing Investigations

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

107 Child Maltreatment Record Checks

1. The following persons shall be required to have their background reviewed through an Arkansas Child Maltreatment Central Registry Check. A check or money order for \$10.00 made out to Central Registry must be attached to each form.
 - a. Each applicant to own or operate a child care facility at application and every two years thereafter
 - b. Employees and applicants for employment in a child care facility at application or within 10 days of hire and every two years thereafter

- c. All volunteers who have supervisory and/or disciplinary control over children or who have routine contact with children at application and every two years thereafter
 - d. Members of Boards of Directors who have supervisory and/or disciplinary control over children or who have routine contact with children at application and every two years thereafter
2. If a complaint of child maltreatment is filed against any owner/operator, employee 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 employees 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 "Hot Line" and the Child Care Licensing Central Office number shall be posted in a conspicuous place in the child care facility. The "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.

108 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 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 for \$24.00)
 - a. Each applicant to own or operate a child care facility initial application only
 - b. Each employee who has not been a resident of the State of Arkansas for the six preceding years within 10 days of hire
 - c. Volunteers who have supervisory or disciplinary control over children or are left alone with children if the person has not been a resident of Arkansas for 6 years
2. The following persons shall be required to have their background reviewed through Criminal Records check conducted by the Arkansas State Police.

Each applicant to own or operate a child care facility	at application and every 5 years thereafter
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Employees and applicants for employment in a child care facility	within 10 days of hire and every 5 years thereafter
c. Volunteers who have supervisory and/or disciplinary control over children	within 10 days of hire and every 5 years thereafter.

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:

1. Capital murder
 2. 1st/2nd degree murder
 3. Manslaughter
 4. 1st/2nd degree battery
 5. Aggravated assault
 6. 1st degree terroristic threatening
 7. Kidnapping
 8. 1st degree false imprisonment
 9. Permanent detention or restraint
 10. 1st/2nd degree rape or carnal abuse
 11. 1st/2nd degree sexual abuse
 12. 1st/2nd degree violation of a minor
 13. Incest
 14. 1st degree endangering of a minor
 15. Permitting child abuse
 16. Engaging children in sexually explicit conduct for use in a visual or print medium, transportation of minors for prohibited sexual conduct, use of a child or consent to use a child in sexual performance, by producing, directing or promoting sexual performance by a child
 17. Criminal attempt, criminal solicitation or criminal conspiracy to commit any of the above named offenses
 18. Distribution to minors (of any controlled substance)
 19. Manufacture, delivery, or possession with intent to deliver, or manufacture any controlled substance
 20. Carnal abuse in the third degree
 21. Sexual solicitation of a child
 22. Pandering or possessing visual or print medium depicting sexually explicit conduct involving a child
 23. Negligent homicide
 24. Assault in the first degree
 25. Coercion
 26. Sexual misconduct
 27. Public sexual indecency
 28. Indecent exposure
 29. Endangering the welfare of a minor in the second degree
 30. Any felony or any misdemeanor involving violence or sexual misconduct
4. Any person who has pled guilty, nolo contendere, or who has been found guilty of any one of the offenses listed above may apply to the Division to demonstrate rehabilitation, if more than five (5) years have passed since that person was convicted and they have completed their sentence. (confinement, parole and/or probation.). The Division is authorized to determine whether rehabilitation is sufficient for the person to be a child care owner, operator, or employee.

200 ORGANIZATION AND ADMINISTRATION

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 allegations of child maltreatment and suspected licensing violations. This procedure shall be followed and a call made to the Hot Line whenever there is a suspicion of child maltreatment (1-800-482-5964). **(Clarification** – 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 Hot Line should be called regarding any situation where potential child maltreatment is involved.)

The facility shall provide a written procedure for reporting suspected licensing violations. **(Clarification** – 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/child ratio violations or any other violation that could imminently effect the health and safety of children.)
3. Parents shall be informed in writing upon enrollment of their child that children may be subject to interviews by licensing staff, child maltreatment investigators and/or law enforcement officials for the purpose of determining licensing compliance or for investigative purposes. (Child interviews do not require parental notice or consent.)
4. The facility shall provide a copy of the list of Kindergarten Readiness Skills, prepared by the Arkansas Department of Education, to the parents of all three and four year old children enrolled. (Act 825 of 2003) A statement, signed by the parent, that they have received a copy of the list shall be maintained in the child's record.

300 PERSONNEL

301 Staff/Child Ratio

1. A licensee shall not have more children in care at any one time than the maximum specified on the license.
2. The following staff child ratios shall be maintained:
 - a. Ages 2 1/2 through 3 years - 1 caregiver per 12 children
 - b. 4 years - 1 caregiver per 15 children
 - c. 5 years to kindergarten - 1 caregiver per 18 children
 Kindergarten and above - 1 caregiver per 20 children
3. 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:

# STAFF	# CHILDREN	AGES
a. 1	6	No more than 3 under age of 2 years
b. 1	7	No more than 2 under age of 2 years
c. 1	8	No more than 1 under age of 2 years

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

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

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.

7. DDS (Developmental Disabilities Services) staff/child ratios shall be maintained in all facilities that are licensed by both Child Care Licensing and DDS.
8. Additional staff provisions shall be made for enrollment of children with disabilities who require individual attention.
9. During naptime for children age 2 1/2 and above, a minimum of 50% of the staff shall remain with the children, with a total of 75% of the staff remaining in the building.
10. Group size shall be limited to 2 times the number of children allowed with one staff member. This does not apply to periodic or special group activities or to school age children, K5 and above. 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.
11. For ages 2 ½ and above, ratios may be exceeded momentarily as long as children are never left unattended and at least one 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.)

301.10 Infants/Toddlers

1. The following staff/child ratios shall be maintained at all times: (This includes naptime.)
 - a. Birth to 18 months - 1 caregiver per 6 children
 - b. 18 months to 36 months - 1 caregiver per 9 children
2. Infants and toddlers shall not be mixed with day care children except as provided in Section 301.3. However, children ages 30 to 36 months may be placed in the group most suited to their social, emotional and developmental maturity.

302 Director

1. There shall be a director who shall be responsible for administering, planning, managing, and controlling the center's daily activities and for ensuring that the licensing requirements are met.
2. Directors shall be age 21 or older, have a high school diploma or GED and have four (4) program years experience in child care or elementary education programs.
3. The following educational levels may be substituted for experience:

A Bachelors or higher Degree in Early Childhood, Child Development or a related field. Persons with a Bachelors Degree in a non-related field shall obtain a Child Development Associate (CDA) within their first year of employment. Directors previously qualified are exempt. (Determination of "related field" will be made by the Child Care Licensing Unit.)

AA Degree with an emphasis in Early Childhood or Child Development

- c. A one-year technical certificate in Child Development
 - d. Child Development Associate (CDA)-a child care credential from an approved program.
4. When the director is away from the center, there shall be a person in charge who shall have the authority to carry out daily operations. The person in charge shall be age twenty-one (21) or older.

All new directors shall attend New Director's Orientation_within six months of employment. (This is an orientation class conducted by the Division)

6. The director shall obtain 10 clock hours in early childhood education each year as approved by the Division. 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 and curriculum development
 - e. Developmentally appropriate practice and learning environments
 - f. Behavior management
 - g. Emergency care and first aid

Administration and management of early childhood programs

8. The Licensee shall notify the Licensing Unit of any change in the person named as director within five (5) calendar days.

303 Employee Requirements

1. All employees in a child care center shall be age 18 years or older unless approved by the Child Care Licensing Unit. Prospective employees younger than 18 years shall be approved on an individual basis by the Licensing Unit and shall be under the direct supervision of the director or person in charge.
2. All employees hired after January 1, 1990, to work directly with children shall have a high school diploma or GED or shall be enrolled in a GED curriculum and complete the curriculum within one year of hire.

3. All employees who work directly with children shall obtain at least 10 hours of in-service training or outside workshop training each year in continuing early Childhood education. This training shall be approved by the Division.
4. At least one adult member of the staff who is certified in infant/child cardiopulmonary resuscitation (CPR) shall be present within the physical confines of the child care center while children are in care. Adult CPR is also required when school age children are in care. Certification shall be current.
5. Prior to providing direct child care, staff shall receive an orientation in basic health & safety, facility behavior management policies, center schedules, and shall be advised that they are mandated reporters under the Child Maltreatment Reporting Act.
6. All employees working in a child care center, in any capacity, shall obtain a health card or physician's statement showing the absence of contagious Tuberculosis. This shall be renewed on a yearly basis.
7. All employees caring for children shall be able to perform necessary job functions.
8. Staff shall not engage in behavior that could be viewed as sexual, dangerous, exploitative or physically harmful to children.
9. 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.

Volunteers

1. All volunteers in a child care center shall be 18 years or older unless the volunteer is under the direct supervision of the director or person in charge and has been approved on an individual basis by the Child Care Licensing Unit.
2. Volunteers who are considered in the staff/child ratios or given disciplinary control over children shall meet the requirements for personnel (Section 300) and employee requirements (Section 303).
3. Volunteers who are not considered in the staff child ratio and who are not given disciplinary control over children, but who have routine contact with children, shall have on file a physician's statement or health card and a child-maltreatment Central Registry check. An exception shall be given to parents who volunteer to assist in field trips. (Child maltreatment Central Registry checks for volunteers under age 18 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.

400 PROGRAM

There shall be a written daily routine listing developmentally appropriate activities for children. The program shall offer alternating periods of active play and quiet times throughout the day.

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

3. There shall be an opportunity for a supervised rest period of at least one hour but not more than two hours.
4. Parents shall not be denied access to their child at anytime during hours of operation.
5. There shall be a total of at least one hour of outdoor play per day in suitable weather. **(Recommended precautions** - When the heat index is forecast to be 90 degrees 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. If outdoor play occurs during the hotter part of the day, children should have shaded areas, an ample supply of water and should be monitored closely for signs of heat stress. During winter months on days when temperatures are extremely cold, the time scheduled for outdoor play should be reduced or suspended, depending on the temperature and other weather conditions.)

400.10 Infants/Toddlers

1. Sleeping children shall be visually monitored at all times and physically checked regularly for breathing.
2. Each infant/toddler shall be given opportunity during the day to explore the area outside the crib or baby bed.
3. Infants/toddlers shall be placed in age appropriate cribs, cots, or mats when they fall asleep.
4. Infants and toddlers shall be taken outside for a period of time every day, unless prevented by weather or special medical conditions.
5. Infants/toddlers, when awake, may remain in the crib/playpen as long as he or she is content, but never for periods longer than one (1) hour.

Infants shall be held, and played with by the caregiver at times other than diapering and feeding.

500 BEHAVIOR GUIDANCE

1. Behavior guidance shall be individualized and consistent for each child; it shall be appropriate to the child's level of understanding and be directed toward teaching the child acceptable behavior and self-control.
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 minute per year of the child's age.
4. 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 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 positive steps rather than waiting until the child has behaved for a long period of time.
 - f. Attend to the children who are behaving appropriately and other children will follow their example in order to obtain your attention.
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 areas
- Inflicting physical pain, hitting, pinching, pulling hair, slapping, kicking, twisting arms, biting or biting back, spitting, swatting, etc.
- Yelling (This does not include a raised voice level to gain a child's attention to protect the child from risk of harm.)
- 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. Shaming, humiliating, frightening, physically or mentally harming children or labeling children.
6. Behavior charts, if used, should be used to encourage positive behavior. Behavior charts shall record only the child's behavior for the current day and shall not be punitive. (Behavior charts used to record only positive behavior may be maintained on a weekly basis.) The child's age and level of understanding should be considered when using behavior charts.
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.

500.10 Infants/Toddlers

Time-out shall not be used for children under two years of age. (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 staff attend to the

situation. Example: A child who has bitten another child would be removed from the group, briefly, while staff attends to the bitten child.)

600 RECORDS

1. All employee, child and facility records shall be kept and made available to the Child Care Licensing Unit on request. Employee records may be kept at another location away from the licensed site as long as they are available for review upon request wherever they are maintained.
2. All required records shall be maintained for 3 years. (This includes records on children no longer enrolled.)

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

601 Employee Records

Employee records shall contain the following:

1. Name, date of birth, address and telephone number
2. Education, training and experience
3. Health record, including current health card and/or physician's statement verifying the employee is free of contagious tuberculosis
4. Employment related information for previous six years, with written documentation, that contact or attempt to contact has been made.
5. Attendance record, listing days and hours worked
6. Date of employment and date of separation

Document 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

Initiation of Criminal Record Checks and Central Registry Checks and the results obtained when received

Child Records

1. The child care facility shall maintain a record for each child in care which 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

- 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 or medical exemption from the Arkansas Department of Health and Human Services (Updated immunization schedules will be provided as changes are received from the Arkansas Department of Health and Human Services.)
 - i. A record of all accidents or injuries indicating the location, time of day, area or piece of equipment where the incident occurred
2. The child care facility shall maintain the following records on all children in care:
- a. Attendance records on all children
 - b. Roster(s) of children's names of those going on a field trip shall be checked upon boarding for departure, upon boarding for the return trip and upon arriving back at the facility

700 NUTRITION

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

Breakfast, lunch, snacks and evening meals shall each meet *current* U.S. Department of Agriculture guidelines, including portion size. (See Appendix C) 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 3 hours between breakfast and lunch.
- 4. Meals shall be served at tables. All food service surfaces shall be kept sanitary.
- 5. Food and drinks which are not available to the children shall not be consumed by staff in the children's presence.
- 6. Mid-morning snacks or breakfast, and mid-afternoon snacks shall be provided for all children.

700.10 Infants/Toddlers

- 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 change area.
4. 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 which could be harmful to small children.)
5. Children shall not share the same bottle or eating utensils. The facility shall practice a sanitary method of cleansing baby bottles, cups, and utensils.
6. Bottles shall not be propped. Infants under six months of age shall be held while being bottle-fed. If needed, infants six months of age or older shall be held while being bottle-fed.
7. Bottles and “sippy cups” shall be labeled with the child's name and shall be refrigerated.
8. Safety straps shall be used in high chairs at all times.

800 BUILDINGS

Child care centers shall comply with the Minimum Requirements of The National Fire Safety Code 101 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.

Please note that National Fire Safety Code 101 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. Waivers or exceptions to this code requirement must be obtained in writing from the State Fire Marshal’s Office prior to using these spaces.

2. State Health Department requirements shall be met. Written verification of annual approval shall be maintained on file.
3. All space used by a center shall be kept clean and free of hazardous or potentially hazardous objects.
4. Thirty-five 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.
5. 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.
6. All parts of the center used by the children shall be well heated, lighted and ventilated. 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.
7. Floor furnaces, gas heaters, electric heaters, hot radiators, hot water heaters, air conditioners and electric fans shall have guards and shall not present a safety hazard.
8. Floors, ceilings and walls shall be in good repair and kept clean. Paints used at the facility shall be lead free.
9. A child care center shall have an operable telephone.

10. The following manufactured homes 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
11. 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.
12. Manufactured homes currently licensed as child care facilities shall be tied down as recommended by the Arkansas Manufactured Home Commission.
13. Portable classroom buildings are not considered manufactured homes, but do require Fire Department approval. Portable classroom buildings installed after 11-1-2002 shall have Fire Department approval prior to purchase and installation.

800.10 Infants/Toddlers

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

900 GROUNDS

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 large and/or permanently anchored pieces of playground equipment that would require fall zones and surfacing. Numerous options for suitable playground environments are available and acceptable. For information on playground options, contact your Licensing Specialist.

901 Layout and Design

1. The play area shall be enclosed and provide at least 75 square feet per child present on the playground at anytime.

There shall be an outside exit from the play area.

The area shall be well drained.

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

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

902 General Hazards

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

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

Sand for playing shall be kept safe and clean.

Paint on equipment shall be lead free.

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

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

The only trampolines allowed shall be mini-tramps used under direct supervision.

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

Balance beams higher than 12 inches shall have fall zones.

903 Slides

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

904 Swings

1. The following swings shall not be used for any ages:
 - a. Multi-occupancy swings designed to hold more than one child, except tire swings
 - b. Animal figure swings
 - c. Free swinging rope (Tarzan ropes)
 - d. Swinging exercise rings
 - e. Trapeze bars

2. There shall be no wood or metal swing seats
- 3.
3. Toddler swings shall provide support on all sides, if seat is above 12” from ground.

905 Climbing Equipment

Free standing arch climbers exceeding 4 feet in height shall not be used for pre-schoolers.

2. Flexible grid climbing devices, such as rope or chain ladders, climbing ropes, etc., shall be securely anchored at both ends.
3. Pre-schoolers shall not use sliding poles.
4. Sliding poles shall have no protruding welds or seams along the sliding surface and the pole shall not change directions.

906 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.

907 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.

908 Fall Zones/Surfacing

1. There shall be fall zones and surfacing under and around equipment that is over 24” 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.) Fall zones shall extend a minimum of 6’ in all directions (unless otherwise specified) from the perimeter of the equipment. Exceptions may be granted for structures that have protective barriers in place.

Swings require fall zones and surfacing regardless of height. (Toddler swings equipped with safety straps are exempt from this requirement, provided their use is closely

supervised.)

- a. Structures over 2' and under 3 ½" at the highest accessible point shall have a minimum surfacing material depth of 6"
- b. Structures 3 ½' up to 5' at the highest accessible point shall have a minimum surfacing material depth of 9" (shredded tires or other shredded or chopped rubber products shall have a minimum depth of 6")
- c. Structures 5' and taller at the highest accessible point shall have a minimum surfacing material depth of 12" (shredded tires or other shredded or chopped rubber products shall have a minimum of 6" depth).

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

When purchasing gravel, care should be taken prior to purchase to insure 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.

Pea gravel used for fall zones shall not be over ½ inch in diameter.

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

SLIDES: The fall zone for slides measuring 6 feet or over, measured from the slide platform to the ground, shall extend 10 feet from the exit end of the slide. Fall zones for slides measuring under 6 feet from the platform to the ground shall extend 6 feet from the exit end of the slide.

SWINGS: The fall 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 times the height of the pivot point (where the chain attaches to the frame) above the playing surface. The fall zone for toddler swings shall extend to the front and rear of the swing a minimum of two times the distance from the pivot point to the swing seat. (Note exemption listed in #1 above.) Fall zones shall also extend six feet to the sides of the swing set.

SWINGS: The fall zone for multi-axis swings (such as tire swings or others with three or more suspending chains) shall extend in all directions a minimum of six feet, plus the height of the suspending rod or chain.

7. Fall zones shall be free of obstacles onto which children may fall.

1050 FURNITURE AND EQUIPMENT

1. Each child care center shall be equipped with toys, books 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. 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 the size-appropriate for children.
5. The center shall provide individualized space for storing personal belongings.
6. There shall be storage space for extra materials and other equipment when not in use.

1051 Sleeping Arrangements

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 2 inches thick, washable, waterproof, and size-appropriate for children.
3. Sleeping equipment shall be kept at least one foot apart for napping.
4. Sheets and covers shall be washed at least once a week. Once a sheet/cover/blanket has been used by a child, it shall not be used by another child until it has been washed.
4. There shall be sufficient lighting during nap time to provide adequate supervision of the children.

Infants/Toddlers

1. An individually labeled crib or safe playpen with a waterproof mattress shall be provided for each child under 12 months of age. A bassinet shall not be used.
2. The following guidelines shall be required for cribs:
 - a. Slats shall be no greater than 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. The space between crib and mattress shall measure no more than 1 inch
 - d. Corner posts shall be the same height as end panels
 - e. End panels shall extend below mattress at the lowest position of the mattress
3. Crib bedding shall be changed daily or more frequently when wet or soiled.

Recommendation: Care should be taken to ensure that loose bedding materials, such as pillows, blankets, etc., are kept away from the faces of sleeping infants. Infants should be placed on their backs to sleep unless there is a medical reason not to do so. These precautions are intended to lessen the risk of suffocation and Sudden Infant Death Syndrome.

1100 HEALTH

1101 General

1. No child or staff shall be admitted who has a contagious or infectious disease. Parents and guardians shall be notified to pick up the child if the child exhibits any of the symptoms listed below:

Fever: A body temperature of 101 or greater (Recommendation-Infants, six months of age or under, who have a temperature of 100 or greater should be excluded.)

Diarrhea: three (3) or more watery stools in a 24-hour period

- c. Vomiting: Vomiting on two or more occasions within the past 24-hour period
- d. Rash: Body rashes, not obviously associated with diapering, heat or allergic reactions to medications
- e. Sore Throat: if associated with fever or swollen glands in the neck
- f. Severe Coughing: Episodes of coughing which may lead to repeated gagging, vomiting or difficulty breathing
- g. Pink Eye: Pink or red eye(s) which may be swollen with white or yellow discharge, until on antibiotics for 24 hours
- h. Untreated Scabies, Head Lice or the presence of nits: May return after treatment and removal of nits.
- i. Multiple Sores inside mouth with drooling: unless health care provider determines the condition is non-infectious.
- j. Ring Worm: a fungal infection of the scalp or skin: may return after evaluation and under treatment by a health care provider

Impetigo: may return 24 hours after treatment is initiated.

2. Any child who becomes ill and unable to participate in daily activities shall be separated from other children, supervised, and parents shall be called to pick up the child.
3. 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 business day.
4. Parents or guardians of all children shall be notified of contagious illness as soon as possible.
5. Medication shall be given to children only with signed parental permission which includes date, type, drug name, time and dosage. It shall be in the original container, 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.
6. 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
 - i. Tweezers
7. 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.
 8. Smoking is prohibited within the physical confines of the child care center.
 9. Smoking outside the facility shall be limited to a designated area out of the presence of children.
 10. 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.
 11. There shall be no pets or animals allowed that present a health and safety threat.
 12. The communicable diseases listed in Appendix B, whether suspected in a child or adult, shall be reported within 24 hours to either the local County Health Unit or the toll free Reporting System (800-482-8888). Immediate notification is recommended for the following:

Hepatitis
 Rash illness (including MEASLES & RUBELLA)
 WHOOPING COUGH (pertussis)
 MENINGITIS
 MUMPS

- f. Tuberculosis
- g. Salmonellas (including typhoid).
- h. E-coli

13. Reporting data should include:

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

14. A roster shall be maintained on infants and toddlers who have not completed the minimum immunization requirements and parents notified of the needed immunization(s).
15. Within 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 and Human Services 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).
16. 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 infants/toddlers and preschool children shall be kept out of the children's reach and shall be administered only with written parental permission. (A blanket permission may be obtained annually.)

1101.10 Infants/Toddlers

1. 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.

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.
5. A wash cloth shall not be used more than one time before laundering.
6. A hand-washing sink shall be available for the staff within the diaper change areas.

1102.10 Infants/Toddlers—Hand-washing

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

1103 Drinking Facilities

1. The water supply shall be approved by the Arkansas State Department of Health and Human Services.
2. Drinking water shall be provided to the children.
3. Drinking water shall not be obtained from the hot water supply.

1104 Toilet Facilities

1. There shall be 1 toilet and 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 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.
4. Toilet tissue shall be located within reach of the children when toileting.

1104.10 Infants/Toddlers--Toilet Facilities

1. There shall be at least one toilet and one sink available to each infant/toddler center. For every fifteen (15) children 18 months age and above, there shall be an additional toilet and sink.

2. The child care center shall either provide a bathroom that opens directly into the room where toddlers are located or the facility shall provide additional staff for assisting children with toileting.
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.

1105 Diaper Changing

1. When infants and toddlers are in care, there shall be a safe diaper changing area which shall be sanitized after every use and equipped with necessary supplies and cleaning materials.
2. Soiled or wet diapers shall be removed and replaced with clean, dry diapers. The caregiver shall ensure that children are properly cleaned and dried.
3. 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.
4. Diaper covers or plastic pants shall be handled in the same manner as cloth diapers.

1106 Toilet Learning

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

The following methods shall not be used in toilet learning:

Placing child on toilet or potty chair for prolonged time periods

Using harsh language

- c. Punishing or berating in any way for soiling clothing
- d. Using physical force to place child on a toilet or potty chair against their will
- e. Leaving child unsupervised on toilet

1200 SAFETY

1. Procedures and diagrams for emergency drills shall be posted in each room and the following practices shall be followed:
 - a. Both fire and tornado drills shall be practiced each month
 - b. Staff, including volunteers and substitutes, shall be trained in safety drill procedures
 - c. Everyone in the facility at the time of the drill shall participate in the drill
 - d. The facility shall maintain a record of emergency drills, noting the date, time of the drill, the number of children participating in the drill and the length of time taken to reach safety.

Child care centers shall maintain a log of all child product recall and safety notice issued by the Attorney General's Office and shall post or otherwise make these notices available for parents to review. 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)

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

4. 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.)
5. Supplies used for children's activities shall be carefully supervised.
6. All bags belonging to children shall be checked on arrival to eliminate possible hazards. Purses and bags belonging to staff shall be stored out of reach of children.
7. Electrical outlets shall be guarded.
8. Balloon use shall be carefully supervised.
9. Staff shall be instructed in the use of fire extinguishers.
10. The facility shall maintain smoke detectors/fire extinguishers as required by the Fire Department. Smoke detectors shall be kept in working order at all times.

1200.10 Infants/Toddlers

1. Balloon use shall not be allowed in infant/toddler areas.

1201 Transportation

1. Staff transporting children shall have a current valid driver's or commercial driver's license as required by state law.
2. The vehicle shall be licensed, insured and maintained in proper working condition, and in compliance with Arkansas state laws on transportation of children.
3. Driver may be counted in staff/child ratio, but shall not be the only adult when more than 12 children over the age of three are transported.
4. For transporting children kindergarten and above only, a ratio of 1:20 shall be maintained. Driver may be counted in staff/child ratio.
5. Any child who is less than 6 years old and weighs less than 60 pounds shall be restrained in a child passenger safety seat. Any child who is at least 6 years or weighs at least 60 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/toddlers. (See # 1201.10.2)
6. There shall be a seating space and an individual, appropriate restraint system provided for each child transported.
7. Rosters listing the date, the 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 facility. Transportation rosters shall be kept by the facility and available for review for one year.
8. To insure 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.

9. To insure 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 to the classroom.
10. 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 devices manufacturer's recommendations.
- The time delay from activation of the alarm until the alarm sounds shall be no longer than one minute. **Any of the following three options are acceptable to meet the intent of Act 1979 when children are being delivered at the facility. Other options must be approved by the Licensing Unit.**

Options

1. Unload all of the children, walk through the vehicle to ensure that no children remain on board and deactivate the alarm. (This option will only work if you are able to unload all children in less than one minute.)
2. Upon arrival, have one staff member immediately walk through the vehicle to deactivate the alarm system. That staff member will remain near the alarm switch at the back of the vehicle until all children have been unloaded to ensure that no child is left on board. (This option will require at least two staff members, one to supervise the children and one to remain inside the vehicle.)
3. Upon arrival, deactivate the alarm and unload the children. Immediately after unloading, start the vehicle and move it to a different location for final parking. (This will reactivate the alarm and require a final walk through.)

1201.10 Infants/Toddlers--Transportation

1. In a vehicle transporting infants and toddlers, the driver may be counted in staff/child ratio but shall not be the only adult. A ratio of one adult for each three infants/toddlers shall be maintained.
2. Infants and toddlers shall not be transported on school buses that are not equipped to accommodate required child safety seats.

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
 - c. One person present at all times who has received certification in Red Cross Life Saving or 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/child ratio: (unless children are participating in an authorized swimming instruction program)

a. Kindergarten & up	1:8
b. 5 years	1:5
c. 4 years	1:3
d. 2 1/2 - 3 years	1:2
3. When children of different ages are swimming in a group, the staff/child ratio shall be based on the youngest child within the group. 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.
4. 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 high.

1202.10 Infants/Toddlers--Swimming Pools

1. Swimming pools, wading pools, and natural pools of water shall not be used for children in this age child. This does not prohibit the use of sprinklers and water play for

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.

1300 SCHOOL AGE/SUMMER DAY CAMP

301 Staff/Child Ratio

1. Kindergarten and above, 1 worker per 20 children.

400 Program

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.

602 Child'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.

700 Nutrition

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 3 hours prior to lunch. Mid afternoon 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.

800 Buildings

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 25 square feet per child.
3. If preschool children are not present, electrical outlets need not be plugged.

900 Grounds

1. The requirements for an enclosure of the outdoor play area shall be met if there are health, safety, or fire hazards present.

1051 Sleeping Arrangements

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

1100 Health

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.

1103 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.

1104 Toilet Facilities

1. There shall be one toilet and one sink for each 30 children. Separate toilet facilities for boys and girls shall be provided.

1201 Transportation

1. Driver may be counted in staff/child ratio.
2. There shall be a minimum of two staff members present whenever more than 20 children are transported.

1202 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.

1400 EVENING & NIGHT CARE VARIATIONS

Night care is any care provided after midnight.

301 Staff/Child Ratio

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

400 Program

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

700 Nutrition

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 the evening meal hours.
3. Snacks meeting the current U.S. Department of Agriculture guidelines shall be provided to children in attendance for more than 2 1/2 hours prior to bedtime.

1051 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.
5. The upper level of double deck beds shall be allowed for children 10 years or older if a bed rail and safety ladder are provided.
6. Children shall have clean and comfortable sleeping garments for their individual use.

1103 Toilet Facilities

1. There shall be age appropriate bathing facilities available for all children. For children aged 2 1/2 years 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 6 years of age shall be left alone or with another child while in the bathtub or shower.

1500 PART-TIME PROGRAM VARIATIONS

400 Program

1. A rest period is not required for children who are in care for less than 4 hours per day or arrive shortly after lunch.
2. Outside play may be scheduled for periods of less than 1 hour daily.

700 Nutrition

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

1600 SICK CARE COMPONENT

300 Staff/Personnel

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
 - c. CPR certification
 - d. First aid certification

301 Staff/Child Ratio

1. Infant/Toddler 1:3; Maximum group size = 6
2. Preschool/School age 1:5 Maximum group size = 10
3. Staff shall be separated in the same manner children are separated to prevent cross infection.

400 Program

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

- e. Notify parents immediately if their child's condition changes significantly for the worse, especially if the condition meets one of the excludable diseases or symptoms
- 3. The child shall be removed immediately from sick care when his/her condition meets one 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 24 hours.

600 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.

800 Buildings

- 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.

1050 Furniture & Equipment

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

1100 Health

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

1. Communicable Diseases:

a. RESPIRATORY ILLNESS

Chicken Pox
German Measles
Hemophilus influenza
Measles*
Meningococcus*
Mumps*
Strep throat
Tuberculosis*
Whooping Cough*

b. GASTROINTESTINAL ILLNESS

Giardia Lamblia*
Hepatitis A*
Salmonella*
Shigella*

c. CONTACT

Impetigo
Lice
Scabies

2. Symptoms that Exclude Children from Sick Care:

A symptom is a condition that indicates an illness that may not be identifiable by one 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.

1. Diarrhea

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

2. Vomiting for over a 6 hour period

3. Difficult or rapid breathing

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

5. Mucous (phlegm) that is foul smelling, yellow or green and the child has a fever over 102

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

7. Sore throat and fever greater than 103 or confirmed Strep throat until treated with antibiotics for over 24 hours

PROGRAM-SPECIFIC VARIATIONS

8. Skin conditions that have not been diagnosed as noncontagious by a physician; including but not limited to:
 - a. Yellow (jaundiced) eyes or skin
 - b. Children in contagious stages of chicken pox, measles, mumps or rubella
 - c. Untreated impetigo
 - d. Untreated scabies or head lice
 - e. Blood-red rashes and skin conditions with spontaneous bruising
9. Children who are in the contagious stages of Pertussis, diphtheria, or tuberculosis
10. Pink or red eye(s) which may be swollen with white or yellow discharge until on antibiotics for over 24 hours
11. Abdominal pain that is intermittent or persistent
12. Fever over 102 for greater than 24 hours, or any fever over 103 unless the child has been evaluated and treated by a physician and does not have other exclusion criteria

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 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 weeks are not required to comply with the licensing requirements, i.e.: Summer Bible Schools and Day 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 5 hours per day or 10 hours per week.

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

"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 of Child Care and Early Childhood Education, 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 Bureau of Investigation 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 2 1/2 or 30 months and above.
9. **"Department"** means the Arkansas Department of Human Services.
10. **"Division"** means the Division of Child Care and Early Childhood Education.

11. **"Employee"** means all full or part-time employees who perform services under the direction and control of the Child Care Facility.
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 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. **"Operator"** means any person or entity exercising any measure of supervision or control over a Child Care Facility.
16. **"Owner"** means any person who assumes the legal responsibility for operation of a child care facility.
17. **"Part-time Care"** means child care provided no longer than four (4) hours per day or not to exceed a maximum of 20 hours per week. These types of programs may include, but are not limited to, half day kindergarten, mother's day out programs, play schools and some nursery schools.
18. **"Personnel"** is defined as the facility owner or operator, employee or volunteer.
19. **"Program"** is defined as all activities that comprise the child's day at the center.
20. **"Toddler Center"** means child care for ages 18 to 36 months.
21. **"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.
22. **"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 that children in care receive the required attention necessary for moderately ill children.
23. **"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/child ratio and space.
24. **"Swimming Pool"** means any pool of water in excess of 12 inches deep. This does not include natural pools of water such as lakes, ponds and rivers.
25. **"Volunteer"** means a person who provides services to a Child Care Facility at no cost to the facility.

APPENDIX B: LIST OF REPORTABLE DISEASES

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

Gonorrhea	Salmonellosis (including typhoid)
Hepatitis (A, B, Non-A, Non-B unspecified and results of serologies)	Shigellosis
Rash illnesses (including *MEASLES & RUBELLA)	Syphilis
*WHOOPING COUGH (pertussis)	Tuberculosis
MENINGITIS	MUMPS

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

*AIDS (Acquired Immune Deficiency Syndrome)	* Leprosy
Amebiasis	* Leptospirosis
ANTHRAX	* Lyme Disease
*Aseptic Meningitis	Lymphogranuloma Venereum
Blastomycosis	* Malaria
BOTULISM	* Meningitis, <u>Hemophilus</u>
*Brucellosis	Influenza Type B
Campylobacter Interitis	* Meningococcal infection
Chancroid	Mumps
CHOLERA	Pesticide Poisoning
Coccidioidomycosis	PLAGUE
*Congenital Rubella Syndrome	* POLIOMYELITIS
DIPHTHERIA	* Psittacosis (Ornithosis)
Encephalitis (all types)	Q Fever
FOOD POISONINGS (all types)	RABIES
Giardiasis	* Relapsing Fever
Gonococcal Ophthalmia	* Reyes Syndrome
Granuloma Inguinale	Rheumatic Fever
	* Rocky Mountain Spotted
Fever	
*Guillain - Barre Syndrome	SMALL POX
Histoplasmosis	* Tetanus
HIV [Human Immuno Deficiency Virus by (name & address)]	* Toxic Shock Syndrome
**Influenza	Toxoplasmosis
*Kawasaki Disease	* Trichinosis
*Legionellosis	* 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 name)
- 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	Hospital acquired infections
Chicken pox	Infectious Mononucleosis
Conjunctivitis	Influenza (estimate number)
Dermatophytosis (ringworm)	Pediculosis
Enteropathogenic E. Coli Diarrhea	Pleurodynia
Epidemic Diarrhea of unknown cause	Pneumonia (bacterial, Mycoplasma, viral)
Gastroenteritis	Staphylococcal-Infections
Herpangina	Streptococcal-Infections

The following occupational diseases also shall be reported:

Asbestosis	Mesothelioma
Silicosis	Coal Workers Pneumoconiosis
Byssinosis	

FOR FURTHER ASSISTANCE CONTACT THE LOCAL COUNTY HEALTH UNIT.

APPENDIX C

U.S. DEPARTMENT OF AGRICULTURE CHILD CARE MEAL PATTERN

Children age 12 and up may be served adult-size portions based on the greater food needs of older children, but shall be served not less than the minimum quantities specified in this section for children age 6 through 12 years.

For purposes of the requirements outlined in this paragraph, a cup means a standard measuring cup.

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

Breakfast	Children 1 and 2 years	Children 3 through 5 years	Children 6 through 12 years
Milk, fluid	1/2 cup (4 ounces)	3/4 cup (6 ounces)	1 cup (8 ounces)
Juice or fruit or vegetable	1/4 cup	1/2 cup	1/2 cup
Bread, bread alternate**** and/or cereal enriched or whole grain	1/2 slice (1/2 ounce)	1/2 slice (1/2 ounce)	1 slice (1 ounce)
Bread or	1/4 cup*	1/3 cup**	3/4 cup***
Cereal: Cold dry or Hot cooked	1/4 Cup	1/4 cup	1/2 cup
AM or PM snack (supplement)			
(select 2 of these 4 components)			
Milk, fluid	1/2 cup (4 ounces)	1/2 Cup (4 ounces)	1 cup (8 ounces)
Meat or meat alternate	1/2 ounce	1/2 ounce	1 ounce
Juice or fruit or vegetable	1/2 cup	1/3 cup	3/4 cup
Bread, bread alternate**** and/or cereal enriched or whole (grain)	1/2 slice (1/2 ounce)	1/2 slice (1/2 ounce)	1 slice (1 ounce)
Bread or	1/4 cup*	1/3 cup**	3/4 cup***
Cereal: Cold dry or hot cooked	1/4 cup	1/4 cup	1/2 cup
Lunch or Supper			
Milk, fluid	1/2 CLIP (4 ounces)	3/4 cup (6 ounces)	1 cup (8 ounces)
Meat or meat alternate (lean meat or poultry or fish)	1 ounce	1 " ounces	2 ounces
Cheese	1 ounce	1 '1 ounces	2 ounces
Egg	1 large egg	1 large egg	1 large egg
Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
Peanut butter	2 tbsps.	3 tbsps.	4 tbsps.
Yogurt (plain or flavored) (Or an equivalent quantity of any combination of the above meat/meat alternates)	1/2 Cup	3/4 cup	1 cup
Vegetable and/or fruit (total of two or more)	1/4 cup	1/2 cup	3/4 cup
Bread or bread alternate**** enriched or whole grain	1/2 slice (1/2 ounce)	1/2 Slice (1/2 ounce)	1 slice (1 ounce)

1/4 cup (volume) or 1/3 ounce (weight)

1/3 CLIP (volume) Or 1/2 ounce (weight)

3/4 Cup (volume) or 1 ounce (weight)

Refer to Food Buying Guide "Grains and Breads" for equivalent quantities

(CASA-1)

APPENDIX D

U. S. DEPARTMENT OF AGRICULTURE INFANT CARE MEAL PATTERN

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

Age	Breakfast	Lunch or Supper	Snack
Birth through 3 months	4-6 fluid ounces breast milk* or formula**	4-6 fluid ounces breast milk* or formula**	4-6 fluid ounces breast milk* or formula**
4 months through 7 months	4-8 fluid ounces breast milk* or formula** 0-3 tablespoons infant cereal***	4-8 fluid ounces breast milk* or formula** and 0-3 tablespoons infant cereal*** and 0-3 tablespoons fruit Or vegetable or both	4-6 fluid ounces breast milk* or formula**
8 months up to first birthday	6-8 fluid Ounces breast milk* Or formula* and 2-4 tablespoons infant cereal and 1-4 tablespoons fruit and/or vegetable or both	6-8 fluid Ounces breast milk* or formula and 2-4 tablespoons infant cereal*** and/or 1-4 tablespoons meat, fish poultry, egg yolk, or cooked dry beans or peas, or ½ -2 ounces cheese, or 1-4 tablespoons cottage cheese. cheese food. or cheese spread and 1I-4 tablespoons fruit or vegetable or both	2-4 fluid ounces breast milk* or formula** Or fruit juice**** and 0- 1/2 slice bread or 0-2 crackers*****

**

It is recommended that breast milk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry

Iron-fortified infant formula

Iron-fortified dry infant cereal

Full-strength fruit juice

Made from whole-rain or enriched meal or flour

(CASA-1)

IMMUNIZATION REQUIREMENTS

Recommended by Arkansas Department of Health and Required by the
Department of Human Services, Division of Child Care and Early Childhood Education, Licensing Division

Age	DtaP DTP/DT	Polio	Hib	Hepatitis B	MMR *,**	Varicella
0-2 months	None	None	None	None 1-2 <u>possible</u>)	None	None
3-4 months	1 dose	1 dose	1 dose	1 dose 2 doses <u>possible</u>)	None	None
5-6 months	2 doses OR 1 1 dose within last 2 months	2 doses OR 1 dose within last 2 months	2 doses OR 1 dose within last 2 months	2 doses OR 1 dose within last 2 months	None	None
7-12 months	3 doses OR 1 dose within last 2 months	2-3 doses OR 1 dose within last 2 months	2-3 doses OR 1 dose within last 2 months	2 doses OR 1 dose within last 2 months	None	None
13-15 months	3 doses OR 1 dose within last 2 months	2-3 doses OR 1 dose within last 2 months	2-3 doses OR 1 dose within last 2 months	2 doses OR 1 dose within last 2 months	None (1 dose possible)	None (1 dose possible OR History of disease)
16-18 months	3 doses OR 1 dose within last 2 months	2-3 doses OR 1 dose within last 2 months	3-4 doses with last dose on/after 1 st birthday	2 doses OR 1 dose within last 2 months I	1 dose	None' (1 dose possible OR History of disease)
19-48 months	4 doses OR 3rd dose within last 6 months OR 1 dose within last 2 months	3 doses OR 1 dose within last 2 months	3-4 doses with last dose on/after 1 st Birthday or 1 dose On/after 15 months	3 doses ^{****} OR 2 doses with 3rd dose due 5 months after 2 nd dose OR 1 dose within last 2 months (Child must be at least 24 weeks of age for 3rd dose)	1 dose	1 dose OR History of disease
49-72 months	5 doses' OR 4 th dose within last 6 months' OR 1 dose within last 2 months OR 4 doses with last dose on/after 4 th birthday	4 doses ^{''} OR 1 dose within last 2 months OR 3 doses with last dose on/after 4th birthday	3-4 doses with last dose on/after 1 st birthday OR 1 dose on/after 15 months of age (not required on/after 5th birthday)			

FOOTNOTES:

5th DtaP/DTP/DT (Pre-school dose) must be given on/after the 4th birthday and may be given at anytime from 49 to 72 months of age.

Interval between 4th DtaP/DTP/DT and 5th DtaP/DTP/DT should be at least 6 months

^{''} If 3rd polio primary dose administered on/after the child's 4th birthday, no pre-school dose needed. The 4th polio may be given anytime from 49 to 72 months of age.

3rd dose of Hepatitis B should be given at least 4 months after 1st dose and child must be at least 6 months of age. (All

2^{****} doses of Hepatitis B vaccine given earlier than 6 months of age before 6/21/96 are valid doses)

""MMR must be given on/after the child's 1st birthday

""All children are required to have received a dose of varicella (chickenpox) vaccine on or after their 1st birthday or a history of disease obtained from the parent/guardian or a physician documented in the child's file.