

## FREQUENTLY ASKED QUESTIONS

### LICENSING PROCEDURES – ACCESS TO NON-CHILD CARE AREAS

**Question:** The proposed changes include a clarification that Licensing Staff shall have access to all areas of the structure/home to ensure that there are no possible hazards. Does this mean that the Licensing Specialist will monitor these areas/rooms the same as they do the areas/rooms used for care?

**Answer:** No. When viewing areas/rooms that are kept locked and not used for care, the specialist will only briefly view the space to ensure that there are no fire or other health and safety hazards that could impact the entire structure and therefore the children in care. These non-care areas will not be monitored for compliance with the full licensing requirements and staff will be sensitive to the fact that these areas are often bedrooms or other personal use areas.

### CHILD MALTREATMENT CHECKS – THERAPISTS

**Question:** The new rules clarify that therapists are included in the definition of those having routine contact with children and therefore needing child maltreatment background checks. If therapists are reluctant to leave copies of their maltreatment background checks with the facilities they serve, are there any viable options?

**Answer:** Yes. The therapist could “black out” any sensitive personal information on their background check result form such as SSN and home address, before leaving a copy with the facility. Or, the therapist could elect to keep the result form with them when they visit facilities and allow the facility Director to view the form. The Director would not have to keep a copy but would document that she/he had seen the result form.

### PROGRAM REQUIREMENTS – REST PERIOD

**Question:** One of the new proposals states that children shall not be forced to remain on their cot or mat during naptime. Does this mean that we cannot require children to remain on their mat/cot during naptime?

**Answer:** No. This requirement simply means that a caregiver could not use physical force to keep a child on a mat or cot during naptime. The intent is that, before the situation escalates to

the point where physical force would be required to keep the child on the mat or cot, the caregiver would find better solutions, such as a quiet activity for the child. This could involve giving a child a book to look at or read while they are on their mat or relocating them to a quiet corner of the room for some activity.

### **PROGRAM REQUIREMENTS – ‘BACK TO SLEEP’**

**Question:** Why is the Division going to require that infants be placed on their backs to sleep?

**Answer:** Support for “back to sleep” licensing requirements comes from The Surgeon General’s Office, The American Academy of Pediatrics, The Arkansas Academy of Pediatrics, The March of Dimes, The Infant Mortality Work Group, The Injury Prevention Department of Arkansas Children’s Hospital, The Arkansas Department of Health, The Natural Wonders Partnership Council, and the National Association of Child Care Resource and Referral Agencies. These groups base their support on nationally recognized and accepted research that shows a reduction in SIDS deaths when infants are placed on their backs to sleep.

**Question:** What if my child has a medical condition that requires a different sleep position?

**Answer:** The new requirement allows for different sleep positions if a doctor’s statement is provided, indicating the medical need for a different position.

### **PROGRAM REQUIREMENTS – ‘Screen Time’**

**Question:** Why is the Division setting limits on screen time?

**Answer:** Setting screen time limits for children is supported nationally by the Centers of Disease Control (CDC) and American Academy of Pediatrics (AAP). There are numerous reasons why this has become an issue. One reason is that long periods of watching television and playing video games are not developmentally appropriate. There are many other activities that are developmentally appropriate that will interest the child, as well as help them learn in a variety of ways. Another reason is that it ties into childhood obesity. Research shows that children who spend more time in front of a television or computer have an increased risk of childhood obesity.

**Question:** What about times we may want children to watch a movie that is longer than one hour?

**Answer:** The regulation allows for exceptions on occasional or periodic viewing for children 19 months and older, as long as it is age and developmentally appropriate.

**Question:** I have videos geared towards infants and toddlers. Why could these not be used?

**Answer:** In the latest information from the National Association of Education for Young Children, they remind us, “During the earliest years, infants and toddlers need interactions primarily with human beings.” They go on to say, “Although many parents claim that baby videos calm an otherwise fussy child, there is little research to suggest that infants and toddlers learn from watching videos. If they are distressed, they need the comfort of a caring adult not an electronic toy.” The American Academy of Pediatrics recommend no screen time for children under two years of age, and explain that “any positive effect of television on infants and toddlers is still open to question, but the benefits of adult-child interactions are proven. Under age two, talking, singing, reading, listening to music or playing are far more important to a child's development than any TV show.”

### **SAFETY - EMERGENCY PREPAREDNESS**

**Question:** There is a proposal to require emergency plans to deal with a wide range of emergency situations. Would providers have to have a separate plan for every possible type of emergency?

**Answer:** No. Most emergency situations would fall into two major categories; those that would call for “sheltering in place” and those that call for evacuation of the facility. Your plans can be based on these two scenarios and would be expanded to cover the types of potential emergency situations that you have identified. This would include identifying major potential hazards/dangers that might be unique to your area as well as the more widely recognized emergency situations such as fires and tornados. We realize that there will always be unanticipated situations to deal with. The required emergency plans are intended to be flexible to accommodate the unexpected and to help prepare you and your staff to better handle any emergency situation you may face.

**Question:** Why would DCCECE not require items such as food, water, formula, or diapers for the emergency pack?

**Answer:** The Division realizes that not all facilities can afford to immediately purchase the amount of stock this would require. The Federal Emergency Management Agency (FEMA), the Arkansas Department of Emergency Management (ADEM), and other disaster preparedness authorities all recommend that you have these items. So, while we will not require it, we DO encourage facilities to have food, water, infant formula, diapers, etc., on hand in case of a disaster. You can find more information at [www.FEMA.gov](http://www.FEMA.gov) and at [www.ADEM.arkansas.gov](http://www.ADEM.arkansas.gov).

**Question:** I know that we are not required to have training for emergency preparedness, but where can we find training?

**Answer:** You can always look in the TAPP registry for training specific to child care and disaster preparedness. Some other options can be found at [www.ADEM.arkansas.gov](http://www.ADEM.arkansas.gov), or at <http://training.fema.gov/IS/crslst.asp>. Some of the courses from the FEMA Emergency Management Institute that would have good information would be:

<b>Course Number</b>	<b>Title</b>
IS 100.b	Introduction to Incident Command System, ICS-100
IS 106.11	Workplace Violence Awareness Training 2011
IS 197.SP	Functional needs Planning Considerations for Service and Support Providers
IS 200.b	ICS for Single Resources and Initial Action Incidents
IS 22	Are you ready? An in-depth guide to citizen preparedness
IS 366	Planning for needs of children in disasters
IS 393.a	Intro to Hazard Mitigation
IS 394.a	Protecting your home or small business from disaster
IS 55	Households Hazardous Materials-A Guide For Citizens
IS 700	National Incident Management System (NIMS)
IS 800.b	National Response Framework (NRF)
IS 901	Section 508 Awareness
IS 906	Workplace Security Awareness
IS 907	Active Shooter: What you can do

## **TRANSPORTATION**

**Question:** The new transportation requirements state that all drivers who transport children must successfully complete a driver safety course. What types of training will meet this requirement?

**Answer:** An on-line training will be available from the Division and will also be available on a disc that could be used on a computer by those who may not have internet access. The Division will also consider approval of driver safety training courses from other sources, particularly from trainers listed on the TAPP Registry.

**Question:** What if I cannot find coverage for Child Care Liability Insurance?

**Answer:** There are several options to find out more information. You can talk to your local insurance agent, Child Care Resource and Referral Agencies in your area, other providers, and check on the internet. If you are having difficulty finding coverage or have a complaint regarding an insurance company, you may contact the Insurance Consumer Services Division at 501-371-2640 and 800-852-5494 or on the web at <http://insurance.arkansas.gov/Consumers/divpage.htm>.

## **SPECIAL NEEDS**

**Question:** Can I accept payment or charge for providers (therapists) to come to our center and provide services?

**Answer:** No

**Question:** Do I have to pay for special education services or a child?

**Answer:** No, you must allow the therapists to come into the center to provide services approved by to work with a specific child and are representatives of the Arkansas Department of Education, Department of Human Services, Division of Developmental Disabilities, or therapists assigned by the parent.