

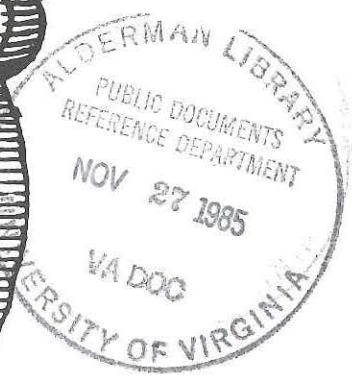
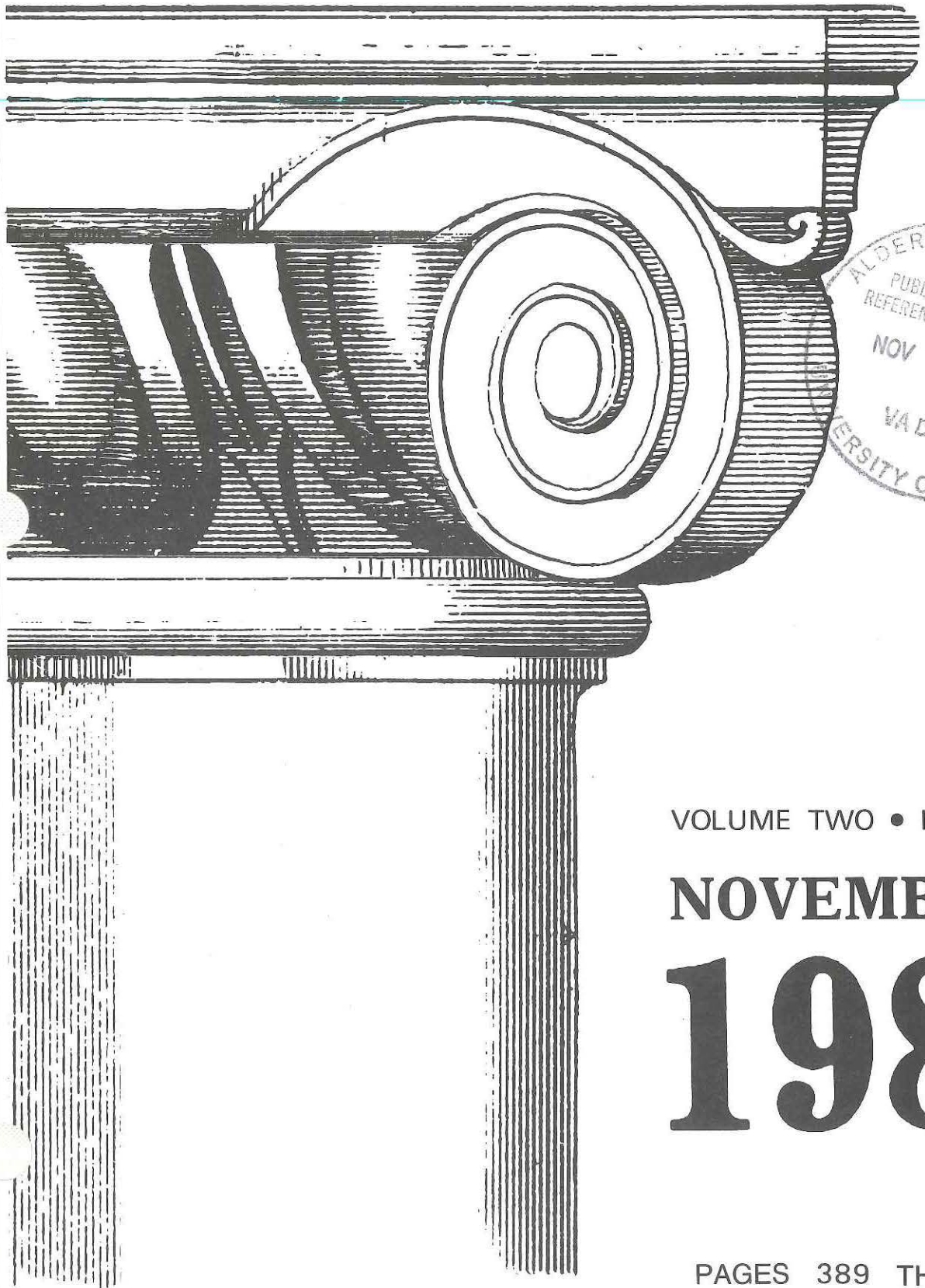
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VIRGINIA REGISTER

OF REGULATIONS



VOLUME TWO • ISSUE FOUR

NOVEMBER 25

1985

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INFORMATION ABOUT THE VIRGINIA REGISTER OF REGULATIONS

VIRGINIA REGISTER

The *Virginia Register* is an official state publication issued every other week throughout the year. Indexes are published quarterly, and the last index of the year is cumulative.

The *Virginia Register* has several functions. The full text of all regulations, both as proposed and as finally adopted or changed by amendment are required by law to be published in the *Virginia Register of Regulations*.

In addition, the *Virginia Register* is a source of other information about state government, including all Emergency Regulations issued by the Governor, and Executive Orders, the Virginia Tax Bulletin issued monthly by the Department of Taxation, and notices of all public hearings and open meetings of state agencies.

ADOPTION, AMENDMENT, AND REPEAL OF REGULATIONS

An agency wishing to adopt, amend, or repeal regulations must first publish in the Virginia Register a notice of proposed action; a basis, purpose, impact and summary statement; a notice giving the public an opportunity to comment on the proposal, and the text of the proposed regulations.

Under the provisions of the Administrative Process Act, the Registrar has the right to publish a summary, rather than the full text, of a regulation which is considered to be too lengthy. In such case, the full text of the regulation will be available for public inspection at the office of the Registrar and at the office of the promulgating agency.

Following publication of the proposal in the *Virginia Register*, sixty days must elapse before the agency may take action on the proposal.

During this time, the Governor and the General Assembly will review the proposed regulations. The Governor will transmit his comments on the regulations to the Registrar and the agency and such comments will be published in the *Virginia Register*.

Upon receipt of the Governor's comment on a proposed regulation, the agency (i) may adopt the proposed regulation, if the Governor has no objection to the regulation; (ii) may modify and adopt the proposed regulation after considering and incorporating the Governor's suggestions, or (iii) may adopt the regulation without changes despite the Governor's recommendations for change.

The appropriate standing committee of each branch of the General Assembly may meet during the promulgation or final adoption process and file an objection with the *Virginia Registrar* and the promulgating agency. The objection will be published in the *Virginia Register*. Within twenty-one days after receipt by the agency of a legislative objection, the agency shall file a response with the Registrar, the objecting legislative Committee, and the Governor.

When final action is taken, the promulgating agency must again publish the text of the regulation, as adopted, highlighting and explaining any substantial changes in the final regulation. A thirty-day final adoption period will commence upon publication in the *Virginia Register*.

The Governor will review the final regulation during this time and if he objects, forward his objection to the Registrar and the agency. His objection will be published in the *Virginia Register*. If the Governor finds that changes made to the proposed regulation are substantial, he may suspend the regulatory process for thirty days and

require the agency to solicit additional public comment on the substantial changes.

A regulation becomes effective at the conclusion of this thirty-day final adoption period, or at any other later date specified by the promulgating agency, unless (i) a legislative objection has been filed, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall be after the expiration of the twenty-one day extension period; or (ii) the Governor exercises his authority to suspend the regulatory process for solicitation of additional public comment, in which event the regulation, unless withdrawn, becomes effective on the date specified which date shall be after the expiration of the period for which the Governor has suspended the regulatory process.

Proposed action on regulations may be withdrawn by the promulgating agency at any time before final action is taken.

EMERGENCY REGULATIONS

If an agency determines that an emergency situation exists, it then requests the Governor to issue an emergency regulation. The emergency regulation becomes operative upon its adoption and filing with the Registrar of Regulations, unless a later date is specified. Emergency regulations are limited in time and cannot exceed a twelve-months duration. The emergency regulations will be published as quickly as possible in the *Virginia Register*.

During the time the emergency status is in effect, the agency may proceed with the adoption of permanent regulations through the usual procedures (See "Adoption, Amendment, and Repeal of Regulations," above). If the agency does not choose to adopt the regulations, the emergency status ends when the prescribed time limit expires.

STATEMENT

The foregoing constitutes a generalized statement of the procedures to be followed. For specific statutory language, it is suggested that Article 2 of Chapter 1.1:1 (§§ 9-6.14:6 through 9-6.14:9) of the Code of Virginia be examined carefully.

CITATION TO THE VIRGINIA REGISTER

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VIRGINIA REGISTER OF REGULATIONS

PUBLICATION DEADLINES AND SCHEDULES

PUBLICATION DATE	MATERIAL SUBMITTED BY 12 noon Wednesday
July 8	June 21
Index	
July 22	July 3
Aug. 5	July 17
Aug. 19	July 31
Sept. 2	Aug. 14
Sept. 16	Aug. 28
Sept. 30	Sept. 11
Final Index - Volume I	
Oct. 14	Sept. 25
Oct. 28	Oct. 9
Nov. 11	Oct. 23
Nov. 25	Nov. 6
Dec. 9	Nov. 20
Dec. 23	Dec. 4
Index	
Jan. 6 1986	Dec. 18
Jan. 20	Dec. 31 (Tuesday)
Feb. 3	Jan. 15
Feb. 17	Jan. 29
Mar. 3	Feb. 12
Mar. 17	Feb. 26
Index	
Mar. 31	Mar. 12
Apr. 14	Mar. 26
Apr. 28	Apr. 9
May 12	Apr. 23
May 26	May 7
June 9	May 21
June 23	June 4
Index	
July 7	June 18
July 21	July 2
Aug. 4	July 16
Aug. 18	July 30
Sept. 1	Aug. 13
Sept. 15	Aug. 27
Sept. 29	Sept. 10
Final Index - Volume II	

TABLE OF CONTENTS

PROPOSED REGULATIONS

VIRGINIA FIRE BOARD AND THE DEPARTMENT OF FIRE PROGRAMS

Guidelines for Public Participation in Regulation Development and Promulgation (VR 310-01-1) 391

VIRGINIA HOUSING DEVELOPMENT AUTHORITY

Procedures, Instructions and Guidelines for Home Rehabilitation Loans (VR 400-02-0004) 392

DEPARTMENT OF SOCIAL SERVICES

Grant Diversion (VR 615-48-01) 396

FINAL REGULATIONS

VIRGINIA BOARD OF AGRICULTURE AND CONSUMER SERVICES

Rules and Regulations for Enforcement of the Virginia Seed Law (Reprint) 399

VIRGINIA MARINE RESOURCES COMMISSION

Open Public Oyster Rocks, Pocomoke Sound (VR 450-01-8508) 400

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Criteria for Intermediate Care for Mentally Retarded Persons (VR 460-04-8.2) 401

DEPARTMENT OF SOCIAL SERVICES

Protective Payments in the Aid to Dependent Children (ADC) and Refugee Other Assistance Programs (VR 615-01-6) 417

Definition of a Home in the Aid to Dependent Children (ADC) Program (VR 615-01-9) 417

Minimum Standards for Licensed Child Care Centers (VR 615-23-02) 418

Elimination of Financial Eligibility Criteria for Direct Social Services (VR 615-50-2) 463

STATE WATER CONTROL BOARD

Water Quality Standards § 2.02. Fecal Coliform Bacteria - Other Waters 463

STATE CORPORATION COMMISSION

Bureau of Insurance

Administrative Letter 1985-17 - All Companies Licensed to Write Property and Casualty Insurance in Virginia: Appraisal Conditions 465

Rules Governing New Annuity Mortality Tables for Use in Determining Reserve Liabilities for Annuities (Case No. INS850208) 465

Rules Governing Health Maintenance Organizations (Order No. INS850209) 466

GOVERNOR

DEPARTMENT FOR THE AGING

Regulations Concerning Area Plans for Aging Services (Repealed) 480

DEPARTMENT OF CORRECTIONS

Public Participation Guidelines (VR 230-01-001) 480

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Criteria for Intermediate Care for the Mentally Retarded (VR 460-04-8.2) 480

DEPARTMENT OF SOCIAL SERVICES

Rules of the Interdepartmental Committee on Rate-Setting: The Joint Regulations on Rate-Setting for Children's Facilities of the Board of Education (VR 270-01-0005), the Board of Social Services (VR 615-52-11) and the Board of Corrections (VR 230-40-002) 480

Table of Contents

GENERAL NOTICES/ERRATA

Notices of Intended Regulatory Action 481

GENERAL NOTICES

Notice to State Agencies 484
Notice to Trade Organizations and Associations .. 484

ERRATA

Department of Agriculture and Consumer Services

Rules and Regulations for Enforcement of the
Virginia Seed Law 484

Department of Social Services

Emergency Regulation Pertaining to Criminal
History Record Checks for all Personnel of
Licensed Child Care Centers and Child Caring
Institutions (VR 615-31-01) 485
Application Fee Scale (VR 615-70-2) 485

CALENDAR OF EVENTS

EXECUTIVE

Open Meetings and Public Hearings 486

LEGISLATIVE

Open Meetings and Public Hearings 500

CHRONOLOGICAL LIST

Open Meetings 501
Public Hearings 502

PROPOSED REGULATIONS

For information concerning Proposed Regulations, see information page.

Symbol Key

Roman type indicates existing text of regulations. *Italic type* indicates proposed new text. Language which has been stricken indicates proposed text for deletion.

VIRGINIA FIRE BOARD AND THE DEPARTMENT OF FIRE PROGRAMS

Title of Regulation: VR 310-01-1. Guidelines for Public Participation in Regulation Development and Promulgation.

Statutory Authority: § 9-155 of the Code of Virginia.

Public Hearing Date: January 31, 1986 - 9:30 a.m.
(See Calendar of Events Section
for additional information)

Summary:

The Virginia Fire Board proposes to promulgate public participation guidelines to be adopted pursuant to the authority of § 9-155 of the Code of Virginia.

The purpose of the guidelines is to establish, in writing those procedures which the board and department will use to solicit input from interested individuals, groups and organizations prior to and during the preparation and adoption of proposed regulations and amendments to existing regulations.

In addition, the guidelines specify how interested individuals, groups and organizations will be identified and notified, and establishes procedures for soliciting public participation prior to and during the regulation development and promulgation process.

VR 310-01-1. Guidelines for Public Participation in Regulation Development and Promulgation.

§ 1. Introduction.

The Virginia Fire Board and the Department of Fire Programs are committed, as they have been in the past, to soliciting comments and suggestions from interested individuals, groups and organizations concerning development of new regulations and amendments to existing regulations. Such comments and suggestions shall be actively solicited by the board and the department.

Persons, organizations and associations interested in participating in the regulation development process should immediately notify the department in writing. Such notification of interest should be sent to the Executive Director, Department of Fire Programs, 17th Floor, James Monroe Building, 101 N. 14th Street, Richmond, Virginia 23219.

§ 2. Identification of interested parties.

Prior to the development of any new regulation or amending any existing regulation, the department shall identify any individuals, groups and organizations whom it believes would be interested in or affected by the proposal. The methods for identifying interested parties shall include, but not be limited to, the following:

A. *Request from the Secretary of the Commonwealth, on an annual basis, the list of all persons, groups, associations or others who have registered as lobbyists for the General Assembly session. This list will then be used to identify parties, at the discretion of the department, who may be interested in the subject matter of the proposed or amended regulation.*

B. *Utilize department mailing lists of known individuals, groups and organizations who have a vested interest in or are the subject of the cause of the regulation.*

C. *Prepare and utilize a list, compiled by the department, of persons who have previously participated in similar public proceedings on a regular basis.*

§ 3. Notification of interested parties.

A. Notice of intent.

The department shall prepare a notice of intent to develop or amend a regulation prior to the development or amendment of any regulation. The notice shall identify the subject matter and purpose for the development of a new regulation or amendment of an existing regulation and shall specify a time deadline for receipt of responses from persons interested in participating in the development or amending process.

B. Dissemination of notice.

The notice of intent to develop or amend a regulation shall include, but not be limited to the following steps:

1. *Notice shall be sent to those individuals, groups and organizations, as identified in § 2 of this regulation who may have an interest in the regulation;*

2. *The notice shall be published in the Virginia Register of Regulations; and*

3. *Persons, organizations, and associations to whom the notice is sent are further requested to advertise such notice in any newsletters or publications to their membership or constituents.*

Proposed Regulations

§ 4. Public participation.

A. Development of regulations.

Upon receiving the comments and suggestions from the interested parties as a result of the notice, the department will analyze the results and determine the level of interest. If sufficient interest exists, the department may schedule informal meetings prior to the development or amendment of any regulation to determine the specific area(s) of concern or level(s) of interest of the subject matter of the regulation. As an alternative the department may, at its discretion, establish advisory or ad hoc committees to assist in analyzing the input received from any interested parties and make certain recommendations.

B. Preparation of draft regulations.

Following receipt of the public input as outlined above, the department shall prepare the "draft regulations" or "draft amendments to regulations," whichever is applicable. A copy of the "draft regulations" or "draft amendments to regulations" will then be mailed to those interested parties identified in § 2 (A, B and C) of these guidelines. Persons who receive a copy of the "draft regulations" or "draft amendments to regulations" will be invited to submit written comments on the draft. If response warrants a further examination of the draft, the department may schedule additional informal meetings or request the advisory or ad hoc committees to review the responses received.

C. Preparation for adopting proposed regulations.

Following completion of the development process as outlined above, the department shall prepare the regulation for compliance with the Administrative Process Act (APA). The department shall furnish a copy of the proposal as submitted for compliance with the APA to all parties who received a copy of the "draft regulations" or "draft amendments to regulations" as identified in § 4 B of this regulation. Along with a copy of the proposal, a copy memorandum will be provided to all interested parties identified, setting forth a notice of scheduled public hearings. The cover memorandum will clearly specify the date, time and location of the public hearing as well as the date by which persons intending to participate in the public hearing should notify the department of their intentions and interest. Persons who have indicated a desire to participate in the public hearing will be encouraged to submit their comments in writing prior to, or at the public hearing, to ensure an accurate reflection of their comments in the official transcript of the public hearing. If a nonsubstantive regulation is being adopted or amended, the department may restrict public comment to written submittals instead of conducting a public hearing. If public comment will be restricted to written submittals, the cover memorandum will clearly specify the date and place to which such submittals should be forwarded.

D. Adoption and publication of a regulation.

The department shall print and distribute the final adopted regulation. Such regulation shall also be available to any interested persons. Dissemination of the regulation will be made to assist in advising all interested parties of current requirements and soliciting voluntary compliance.

VIRGINIA HOUSING DEVELOPMENT AUTHORITY

Note: The Virginia Housing Development Authority is exempted from the Administrative Process Act (§ 9-6.14:4 of the Code of Virginia); however, under the provisions of § 9-6.14:22, it is required to publish all proposed and final regulations.

Title of Regulation: VR 400-02-0004. Procedures, Instructions and Guidelines for Home Rehabilitation Loans.

Statutory Authority: § 36-55.30:3 of the Code of Virginia.

Public Hearing Date: N/A

Effective Date: December 12, 1985

Summary:

The proposed amendment to existing regulation will provide that the applicable limits for adjusted family income under the Home Rehabilitation Loan Program shall be 120% of the median incomes adjusted for family size as established from time to time by the U.S. Department of Housing and Urban Development.

VR 400-02-0004. Procedures, Instructions and Guidelines for Home Rehabilitation Loans.

§ 1.1. Purpose and applicability.

The following procedures, instructions and guidelines will be applicable to mortgage loans which are made or are proposed to be made by the authority to low and moderate income persons and families for the purpose of financing certain rehabilitation improvements to eligible residences owned and occupied by such persons and families. Such mortgage loans are referred to herein as "home rehabilitation loans".

Notwithstanding anything to the contrary herein, the executive director is authorized with respect to any home rehabilitation loan to waive or modify any provisions herein where deemed appropriate by him for good cause, to the extent not inconsistent with the authority's act, rules and regulations, and any applicable covenants and agreements with the holders of its notes or bonds.

"Executive director" as used herein means the executive director of the authority or any other officer or employee of the authority who is authorized to act on behalf of the authority pursuant to a resolution of the board.

Proposed Regulations

All reviews, analyses, evaluations, inspections, determinations and other actions by the authority pursuant to the provisions of these procedures, instructions and guidelines shall be made for the sole and exclusive benefit and protection of the authority, and shall not be construed to waive or modify any of the rights, benefits, privileges, duties, liabilities or responsibilities of the authority or the borrower under the agreements and documents executed in connection with the home rehabilitation loan.

The procedures, instructions and guidelines set forth herein are intended to provide a general description of the authority's processing requirements and are not intended to include all actions involved or required in the processing and administration of mortgage loans under the authority's Home Rehabilitation Loan Program. These procedures, instructions and guidelines are subject to change at any time by the authority and may be supplemented by policies, procedures, instructions and guidelines adopted by the authority from time to time with respect to the Home Rehabilitation Loan Program.

Notwithstanding anything to the contrary herein, all home rehabilitation loans must comply with (i) the authority's act and rules and regulations, (ii) the applicable federal laws, rules and regulations governing the federal tax exemption of any notes or bonds issued by the authority to finance such home rehabilitation loans, (iii) in the case of home rehabilitation loans subject to federal mortgage insurance or other assistance, all applicable federal laws, rules and regulations relating thereto and (iv) the requirements set forth in the resolutions pursuant to which the notes or bonds, if any, are issued by the authority to finance the home rehabilitation loans. Copies of the authority's note and bond resolutions shall be available upon request.

§ 1.2. Terms of home rehabilitation loans.

The amortization period and principal amount of each home rehabilitation loan shall be established by the executive director based upon his review and analysis of the application for such loan; provided, however, that the amortization period shall not exceed 30 years and the principal amount shall not exceed the total cost of the rehabilitation to be financed. Furthermore, in no event shall the principal amount of a home rehabilitation loan be less than \$1,000 nor shall the scheduled monthly payment of principal and interest for any home rehabilitation loan be less than \$10 per month. The interest rate or rates to be charged on home rehabilitation loans shall be determined by the executive director in accordance with applicable provisions of the authority's act and rules and regulations. If a home rehabilitation loan is subject to federal mortgage insurance or assistance, the terms of such home rehabilitation loan shall comply with all applicable federal law, rules and regulations.

§ 1.3. Eligibility of applicant.

In order to be eligible for a home rehabilitation loan,

the person or family applying for such loan must have an adjusted family income (as defined in the authority's rules and regulations) which does not exceed the applicable limit 120% of the median income adjusted for family size as established from time to time by the Authority's Board of Commissioners U.S. Department of Housing and Urban Development for the jurisdiction in which the residence is located. In the case of Home Rehabilitation Loans which are subject to federal mortgage insurance or assistance, federal rules and regulations may establish lower income limitations which in effect supersede the Authority's income limits. The applicant must also satisfy such underwriting criteria and standards as the executive director may from time to time establish and modify in order to determine the financial capacity and creditworthiness of the applicant.

§ 1.4. Eligibility of residence.

The applicant must own and occupy the residence to which the improvements are to be made. The residence must be the principal residence of the applicant and must have been completed and occupied for at least 90 days prior to the submission of the application for a home rehabilitation loan. However, the requirements set forth in the preceding sentence shall not apply to a nonresidential structure which is being converted to residential use with the proceeds of a home rehabilitation loan and is intended to be used as the principal residence of the applicant upon completion of the rehabilitation. The residence must be located in the Commonwealth of Virginia.

§ 1.5. Eligibility of improvements.

Proceeds of a home rehabilitation loan may be used to finance the purchase and installation of eligible improvements. Improvements which are eligible for financing are structural alterations, repairs, additions to the residence itself, or other improvements upon or in connection with the residence. In order to be eligible, such improvements must substantially protect or improve the basic liveability or utility of the residence. Improvements which are physically removed from the residence but which are located on the property occupied by the residence may be eligible for financing if these improvements substantially protect or improve the basic liveability or utility of the residence (i.e., installation of a septic tank or the drilling of a well). The costs of the improvements to be financed with the proceeds of the home rehabilitation loan shall be reasonable. The executive director may review such costs and may require that the principal amount of the home rehabilitation loan not exceed such amount as he shall determine to be reasonable for the proposed improvements. Such review shall be conducted for the sole and exclusive benefit and protection of the authority and shall not constitute any assurance or representation to the applicant as to the validity, propriety or reasonableness of the costs.

Improvements which, in the determination of the executive director, are deemed to be luxury items (such

Proposed Regulations

as swimming pools and spas) shall not be eligible for financing hereunder.

If the home rehabilitation loan is to be subject to any federal mortgage insurance or assistance, the improvements to be financed must also satisfy the requirements of any applicable federal law, rules or regulations.

Home rehabilitation loan proceeds may not be used to finance any improvements which have been completed at the time the application is submitted to the authority.

All work financed with the proceeds of a home rehabilitation loan shall be performed pursuant to a duly issued building permit, if required, and shall comply with all applicable state and local health, housing, building, fire prevention and housing maintenance codes and other applicable standards and requirements. Compliance with the foregoing shall be evidenced by such documents and certifications as shall be prescribed by the executive director.

All work financed with the proceeds of a home rehabilitation loan shall be covered by a warranty for workmanship and materials. The warranty shall be in such form and shall contain such terms and conditions as the executive director may require.

§ 1.6. Lien requirement.

The home rehabilitation loan shall be secured by a duly recorded deed or trust creating a valid, binding and enforceable lien on the residence.

§ 1.7. Origination of home rehabilitation loans by mortgage lenders.

The origination of home rehabilitation loans (i.e. the processing of applications and the disbursement of proceeds) may be performed through commercial banks, savings and loans associations, mortgage bankers, and state and local governmental agencies and instrumentalities (the foregoing are collectively referred to herein as "mortgage lenders") approved by the authority pursuant to this section. The authority may originate home rehabilitation loans directly utilizing its own staff, and in such event, the following provisions of this section shall be inapplicable.

Interested mortgage lenders may submit to the authority a loan origination application for participation in the Home Rehabilitation Loan Program. This application must be completed on such forms and shall contain such information and documents as the executive director may prescribe. The executive director shall review each loan origination application and may accept or reject such application after an analysis of relevant factors which may include the mortgage lender's net worth, financial and corporate history, experience in originating home improvement loans, capability in terms of personnel and facilities to originate home rehabilitation loans, and

accessibility to the public. If the loan origination application is approved, the executive director is empowered to execute on behalf of the authority a loan origination agreement with the mortgage lender authorizing such mortgage lender to originate home rehabilitation loans. The loan origination agreement shall contain the terms under which the mortgage lender may originate home rehabilitation loans on behalf of the authority, including:

1. Covenants and warranties by the mortgage lender that it will comply with the authority's act and rules and regulations, these procedures, instructions and guidelines, and all applicable federal and state laws, rules and regulations with respect to the origination of home rehabilitation loans;
2. Agreements to maintain in force such bonds, insurance policies, and qualifications as the executive director may specify;
3. Fees and reimbursements payable to the mortgage lender;
4. Documentation required in order to originate home rehabilitation loans;
5. Provisions for termination of the loan origination agreement; and
6. Such other terms and conditions as shall be deemed by the executive director to be necessary or appropriate for the origination of the home rehabilitation loans.

§ 1.8. Allocation of funds.

The executive director shall allocate funds for the making of home rehabilitation loans hereunder in such manner, to such persons and entities, in such amounts, for such periods, and subject to such terms and conditions as he shall deem appropriate to best accomplish the purposes and goals of the authority. Without limiting the foregoing, the executive director may allocate funds (i) to applicants for home rehabilitation loans on a first-come, first-serve or other basis and/or (ii) to mortgage lenders (who have been approved by the authority pursuant to § 1.7.) for the origination of home rehabilitation loans to qualified applicants. In determining how to so allocate the funds, the executive director may consider such factors as he deems relevant, including any of the following:

1. The need for the expeditious commitment and disbursement of such funds for home rehabilitation loans;
2. The need and demand for the financing of home rehabilitation loans with such funds in the various geographical areas of the Commonwealth;
3. The cost and difficulty of administration of the

Proposed Regulations

allocation of funds;

4. The capability, history and experience of any mortgage lenders who are to receive an allocation;

5. Housing conditions in the Commonwealth;

6. Any financial contribution to be made to the authority by state and local governmental agencies and instrumentalities in order to provide funds for the Home Rehabilitation Loan Program; and

7. Requirements of federal or state law.

The executive director may from time to time take such actions as he may deem necessary or proper in order to solicit applications for allocation of funds hereunder. Such actions may include advertising in newspapers and other media, mailing of information to perspective applicants and other members of the public, and other methods of public announcements which the executive director may select as appropriate under the circumstances. The executive director may impose requirements, limitations and conditions with respect to the submission of applications as he may consider necessary or appropriate. The executive director may cause market studies and other research and analyses to be performed in order to determine the manner and conditions under which funds of the authority are to be allocated and such other matters as he shall deem appropriate relating thereto. The authority may also consider and approve applications for allocations of funds submitted from time to time to the authority without any solicitation therefor on the part of the authority.

§ 1.9. Application and processing.

The applicant shall submit such forms, documents, and information as the authority may require in order to apply for a home rehabilitation loan.

If the home rehabilitation loan is to be originated through a mortgage lender, the application shall be initially reviewed by the mortgage lender for compliance with the authority's act and rules and regulations, these procedures, instructions and guidelines, and any applicable federal law, rules and regulations. If the mortgage lender determines that the application so complies, the application shall be forwarded to the authority for its review and approval.

The executive director shall review the application, and if he determines that the application complies with the authority's act and rules and regulations, these procedures, instructions and guidelines, and any applicable federal law, rules and regulations, he may issue on behalf of the authority a commitment to the applicant with respect to such home rehabilitation loan, subject to the ratification thereof by the board of the authority. The principal amount, amortization period and interest rate on the home rehabilitation loan, and such other terms, conditions and

requirements as the executive director deems necessary or appropriate shall be set forth in the commitment. The closing of the home rehabilitation loan shall be consummated in accordance with the terms of the commitment. The improvements to be financed by the home rehabilitation loan shall be completed in accordance with the agreements and documents executed and submitted at the closing and within such period of time as the executive director may deem necessary therefor. The authority shall have the right from time to time to enter upon the property on which the residence is located in order to inspect the improvements. Any such inspections shall be made for the sole and exclusive benefit and protection of the authority.

The executive director may, in his discretion, delegate to any mortgage lenders the responsibility for issuing commitments for home rehabilitation loans and disbursing the proceeds thereof without prior review and approval by the authority. The issuance of such commitments shall be subject to ratification thereof by the board of the authority. If the executive director determines to make any such delegation, he shall establish criteria under which mortgage lenders may qualify for such delegation. If such delegation has been made, the mortgage lender shall submit all required documentation to the authority after closing of the home rehabilitation loan. If the executive director determines that the home rehabilitation loan does not comply with the authority's act or rules and regulations, these procedures, instructions and guidelines, or any applicable federal law, rules or regulations, he may require the mortgage lender to purchase the home rehabilitation loan, subject to such terms and conditions as he may prescribe.

§ 1.10. Loan servicing procedures.

A. The executive director may contract with one or more mortgage lenders to service home rehabilitation loans. Interested mortgage lenders may submit a loan servicing application which shall be on such form and shall contain such information as the executive director may require. The executive director shall review each loan servicing application and may accept or reject such application after an analysis of relevant factors which may include the mortgage lender's net worth, financial and corporate history, experience in servicing home improvement loans, capability in terms of personnel and facilities to service home rehabilitation loans, and accessibility to the public. Upon approval of a loan servicing application, the mortgage lender and the authority shall execute a servicing agreement which shall specify the mortgage lender's duties and responsibilities, the compensation which the mortgage lender will receive from the authority for such services, and all other terms and conditions pursuant to which the home rehabilitation loans will be serviced.

B. The mortgage lender's duties and responsibilities may include any of the following:

Proposed Regulations

1. Collection, when due, of all payments on home rehabilitation loans;

2. Deposit of payments collected with respect to home rehabilitation loans into such accounts as the authority may direct;

3. Safekeeping and retention of all documents;

4. Delivery of payment schedules to the borrowers;

5. Accounting to the authority at such times and in such manner as the authority may direct; and

6. Such other duties as the executive director may deem necessary and appropriate with respect to the servicing of home rehabilitation loans.

C. The mortgage lender shall maintain adequate insurance and bonding coverage in such amounts as may be deemed necessary by the executive director and as shall be set forth in the servicing agreement.

D. The mortgage lender shall maintain adequate procedures to monitor delinquent home rehabilitation loans, shall use diligence to obtain payment of installments due on home rehabilitation loans, and shall promptly inform the authority of any delinquencies.

E. The authority may service home rehabilitation loans directly with its own staff and perform any or all of the above duties and responsibilities in connection therewith.

DEPARTMENT OF SOCIAL SERVICES

Title of Regulation: VR 615-48-01. Grant Diversion.

Statutory Authority: § 63.1-25 of the Code of Virginia and the Deficit Reduction Act of 1984 (P.L. 98-369) § 414 of the Social Security Act.

Public Hearing Date: N/A

Summary:

Grant diversion is a mechanism which permits states to convert public assistance grants into employer incentives. Employers who hire eligible recipients of Aid to Dependent Children (ADC) assistance can receive a cash incentive. The incentive is paid from funds that would normally have been paid to the ADC recipients participating in the program. The job must be a permanent, full-time position.

This is a new regulation and will be operated as a part of the Employment Services Program currently operated in each of the local welfare jurisdictions. Operation of this component of the program will be a local option.

VR 615-48-01. Grant Diversion.

PART I. INTRODUCTION.

§ 1.1. Definitions.

The following words and terms, when used in these regulations, shall have the following meaning, unless the context indicates otherwise:

"ADC" means Aid to Dependent Children Program established by Title IV-A of the Social Security Act and authorized in Virginia by Chapter 6 (§ 63.1-86 et seq.) of the Code of Virginia.

"Annual plan" means Employment Services Plan. It is prepared annually by each local agency and submitted to the department for approval. It contains a brief description of, among other things, the component activities offered by the local agency.

"Component" means one of several activities in which a person may participate while in the Employment Services Program.

"Department" means the Department of Social Services hereinafter referred to as the department.

"Earned income disregards" means the amount of money an employed ADC recipient earns which is not considered when the amount of the ADC grant is determined.

"Employment Services Program" means a program operated by the Department of Social Services which helps ADC recipients in securing employment or the training or education needed to secure employment as required by Chapter 6.2 (§ 63.1-133.12:1) of the Code of Virginia.

"ESP" means the Employment Services Program.

"Grant" means the check paid to an ADC recipient. The amount of the check is based on the standard of assistance.

"Grant diversion" means the mechanism by which the department will convert all or part of the ADC grants of participating recipients into wage subsidies for employers. Grant diversion and work supplementation are terms that are used interchangeably.

"Job Training Partnership Act" means the federally legislated program which was passed in response to the high structural unemployment among youths and adults, including ADC recipients and displaced workers.

"JTPA" means the Job Training Partnership Act.

"Local agency" means any one of the local social services or welfare agencies which administer the

Proposed Regulations

Employment Services Program.

"Participant" means an ADC recipient who is registered with the Employment Services Program and is participating in the grant diversion component.

"Recipient job search" means those structured activities in the Employment Services Program which guide ADC recipients in seeking employment.

"Registrant" means an ADC recipient who has registered with the Employment Services Program either because he was required to do so or because he volunteered.

"Service delivery area" means the 14 areas within the state designated by Governor Robb to operate the programs legislated by the Job Training Partnership Act.

"SDA" means service delivery area.

"Wage pool" means (i) the method by which the department combines the diverted ADC grants of every participant in the program in order to pay employers the subsidy and (ii) the method by which money paid to employers is tracked.

"Wage subsidy" means money paid to employers as an incentive for hiring ADC recipients.

§ 1.2. Program description.

Grant diversion is a new component of the existing employment services program operated by the Department of Social Services. Grant diversion expands the job opportunities of persons receiving aid to dependent children assistance (ADC) by utilizing cash subsidies to encourage employers to hire these individuals. The source of the subsidy is all or part of the ADC grant the person receives. The ADC grant is converted into a time-limited employer subsidy. This component is an effort to open new, full-time employment opportunities to ADC recipients.

PART II. POLICY.

§ 2.1. Local agency option.

A. Each local agency has the option to operate a grant diversion program as a component of the Employment Services Program. Each local agency interested in implementing grant diversion shall submit a supplement to the annual plan.

B. The format and contents of this supplement to the annual plan will be developed by the department.

§ 2.2. Participation requirements.

A. Participants in the grant diversion component shall meet the following requirements:

1. The participant shall be an ADC recipient.

2. The participant shall be registered with the Employment Services Program.

3. The participant shall have attempted to find unsubsidized employment by completing the recipient job search requirements of the Employment Services Program.

4. The participant shall have volunteered to accept a job through participation in the grant diversion component.

§ 2.3. Wage subsidy.

A. The length of time the employer receives the subsidy is up to nine months. If the job terminates prior to the end of the contract period, the subsidy ends.

B. The amount of employer subsidy is a fixed amount statewide. The department may increase the monthly subsidy to a higher fixed amount if an individual ADC recipient is hired in a position paying more than the minimum wage.

C. The subsidy paid shall not exceed the statewide average ADC grant amount. The subsidy shall be adjusted for new contracts effective October 1 of each year. The adjustment shall be based on the average grant amount as of July 1.

D. The subsidy shall be paid to either public or private employers.

E. The subsidy shall be paid only for full-time jobs.

§ 2.4. Employer contract.

A. In order to receive a wage subsidy, employers shall be required to sign a contract.

B. The contract shall specify that the employment is full-time.

C. The contract shall specify the position title and duties, the salary, and the employee benefits.

D. The contract shall certify that the employee will not be terminated without notice to the local agency.

E. The contract shall state that normal personnel policies and procedures applicable to all other employees shall be followed. This includes termination policy.

§ 2.5. Coordination with JTPA.

A. Local agencies are encouraged to work jointly with the local service delivery area to pool ADC and JTPA funds in order to provide larger employer incentives.

Proposed Regulations

B. If the local agency operates grant diversion in conjunction with the local service delivery area operating JTPA programs, a contractual agreement is required. State approval of the contract prior to being operationalized is required.

§ 2.6. Medicaid coverage.

To the extent permitted by federal regulations and approved by the State Department of Medical Assistance, medicaid coverage shall continue for the duration of the subsidy unless the employer pays family medical coverage as an employee benefit.

§ 2.7. Food stamp eligibility.

For the purpose of food stamp eligibility, wages obtained from participation in grant diversion are treated as other wages when calculating the amount of food stamp benefits the grant diversion participant is eligible to receive.

§ 2.8. Earned income disregard.

The same earned income disregards apply to the income of grant diversion participants as those that apply to all ADC recipients who obtain employment.

§ 2.9. Child day care services.

Participants in grant diversion are eligible to receive child day care services for the duration of their participation.

FINAL REGULATIONS

For information concerning Final Regulations, see information page.

Symbol Key

Roman type indicates existing text of regulations. *Italic type* indicates new text. Language which has been stricken indicates text to be deleted. [Bracketed language] indicates a substantial change from the proposed text of the regulations.

VIRGINIA BOARD OF AGRICULTURE AND CONSUMER SERVICES (Reprint)

STATEMENT OF ACTION

THE VIRGINIA BOARD OF AGRICULTURE AND CONSUMER SERVICES

AUGUST 7, 1985

TO REINSTATE RULES AND REGULATIONS PERTAINING TO THE LISTING OF PROHIBITED AND RESTRICTED NOXIOUS WEED SEEDS IN AGRICULTURAL SEED AND LAWN/TURF SEEDS OR MIXTURES THEREOF

Basis: On September 28, 1982, the board amended the rules and regulations under the Virginia Seed Law to establish separate listings of noxious weed seeds for agricultural crops and lawn and turfgrass mixtures. The amended regulations listed 10 restricted noxious weed seeds when they occurred in turfgrass seeds or mixtures thereof and required that they be named in the product labeling and rate of occurrence shown. Additionally, two restricted noxious weeds, annual bluegrass and bermudagrass, were removed from the list related to agricultural seed and made restricted noxious weeds only in turfgrass seed. Also, two new prohibited noxious weeds, sicklepod and ballonvine, were added to the list for agricultural seeds.

These amended regulations were the subject of a court case Michael Leonard Inc. v. Virginia Board of Agriculture and Consumer Services in which the Circuit Court of the City of Richmond ruled the amended regulations null and void because of procedural and substantive errors committed by the board under the Administrative Process Act.

Pursuant to the order of the court, the board retained those parts of the regulations not challenged in the case and reinstated those regulations which were in effect prior to September 28, 1982.

The reinstated regulations are as follows:

Title of Regulation: Rules and Regulations for Enforcement of the Virginia Seed Law.

Statutory Authority: § 3.1-271 of the Code of Virginia

Effective Date: December 24, 1985

Rules and Regulations for Enforcement of the Virginia

Seed Law.

Pursuant to authority in Chapter 702 of the Acts of Assembly of 1966, Chapter 16, Title 3.1, §§ 3.1-262 through 3.1-275.1 of the Code of Virginia, the Board of Agriculture and ~~Immigration~~ *Consumer Services* hereby adopts the following *amendments* to rules and regulations for enforcement of the Virginia Seed Law.

~~Regulation No. § 1.~~ *§ 1.* – Methods of inspecting, sampling and testing, and the application of tolerances. Methods of inspecting, sampling and testing, and the application of tolerance shall be according to the "Rules for Testing Seeds" adopted by the Association of Official Seed Analysis except:

(a) 1. For those kinds of tree and shrub seed not included in the "Rules for Testing Seeds," Association of Official Seed Analysts, the testing procedures used shall be those recommended by the ~~Eastern~~ *National* Tree Seed Laboratory.

(b) 2. That tolerances are not allowed on prohibited noxious weed seeds.

(c) For those kinds for which minimum germination standards are established by regulation, ~~no testing tolerances shall be applicable to such standards.~~

3. *Tolerance shall apply to Flower and Vegetable Germination Standards only as specified in §§ 9 and 12.*

(d) For grass seed the size of Kentucky Bluegrass or smaller, and for mixtures containing such seeds, the ~~examination for Annual Bluegrass shall be made on five grams of the small seeded kinds.~~

(e) 4. *For seed peanuts the testing tolerances will be five of the minimum germination standard.*

~~Regulation No. § 2.~~ *§ 2.* – Noxious weed seeds.

Noxious weed seeds as defined in the law are divided into two classes:

(a) 1. Prohibited noxious weed seeds are as follows:

Balloonvine - *Cardiospermum halicacabum*

Canada thistle - *Cirsium arvense*

Field bindweed - *Convolvulus arvensis*

Final Regulations

Johnsongrass, Sorgrass and Sorghum Aluum - Sorghum spp. Perennial

Plumeless thistle, which include Musk thistle, and Curled thistle - Carduus spp.

Quackgrass - Agropyron repens

Sicklepod - Cassia tora

(b) 2. Restricted noxious weed seeds: Agricultural and vegetable seed containing such noxious weed seeds shall be prohibited from sale for seeding purposes (except as indicated below), if the number per ounce or per pound of such noxious weed seed found exceeds the limitation allowed for each. Such weed seeds and limitations shall be as follows:

KIND	LIMITATION
Wild onion bulblets & wild garlic bulblets - Allium spp.	5 per ounce or 80 per pound for orchardgrass; 2 per ounce or 32 per pound for other kinds.
Dodder - Cuscuta spp.	4 per ounce or 64 per pound
Bermudagrass - Cynodon dactylon	2 per ounce or 32 per pound
Giant Bermudagrass - Cynodon sp., (limitation: 2 per ounce or 32 per pound, singly or collectively); provided, however, that either may be sold as such, and when seed of one is present in seed of the other, both types shall be classified as agricultural seed. Provided further, either may be sold in grass seed mixtures if it is claimed in the labeling as an ingredient.	
Wild mustard - Brassica spp. - includes all species when incidentally occurring in agricultural seeds, provided that species listed in §§ 5 and 9 may be sold as such when labeled as required.	5 per ounce or 80 per pound
Giant foxtail - Setaria faberi	4 per ounce or 64 per pound
Wild Radish - Raphanus raphanistrum	1 per ounce or 16 per pound

Annual Bluegrass - Poa annua 16 per ounce or 256 per pound

Regulation No. § 5. - Agricultural seeds - (additions)

Canarygrass, reed - Phalaris arundinacca

Crambe - Crambe abyssinica

Fescue:

Hard - Festuca trachyphylla

Ryegrass, intermediate - Lolium X hybridum

Sunflower - Helianthus annus

Vetch, hairy - Vicia villosa sub. sp. villosa

Triticale - Triticosecale

Regulation No. § 17. - Maximum percentage of inert matter.

Seed or seed mixtures as defined by § 3.1-263 shall not contain more than 15 percent % by weight of inert matter, excluding coating material which has been added to enhance the planting value.

VIRGINIA MARINE RESOURCES COMMISSION

Effective July 1, 1984, the Marine Resources Commission was exempted from the Administrative Process Act for the purposes of promulgating regulations. However, they are required to publish the full text of final regulations.

Title of Regulation: VR 450-01-8508. Open Public Oyster Rocks, Pocomoke Sound.

Statutory Authority: § 28.1-128.1 of the Code of Virginia.

Effective Date: October 23, 1985.

PREAMBLE

This order of the Virginia Marine Resources Commission opens to the taking of oysters designated areas within the Pocomoke Sound management area which were previously closed by the Virginia Marine Resources Commission Order Number VR 450-01-8411.

These areas were closed in December, 1984, as a result of a survey by staff that showed the number of large, marketable oysters was not sufficient to allow continued harvesting by watermen. A recent survey by staff has determined that the larger, marketable oysters are now in sufficient quantity and size to support harvesting.

VR 450-01-8508. Open Public Oyster Rocks, Pocomoke

Final Regulations

Sound.

§ 1. Authority, prior regulation, effective date.

A. This order is promulgated pursuant to the authority contained in § 28.1-128.1 of the Code of Virginia.

B. This order repeals Virginia Marine Resources Commission Order Number VR 450-01-8411 which was promulgated and made effective December 31, 1984.

C. The effective date of this order is October 23, 1985.

§ 2. Purpose.

The purpose of this order is to rescind prior Order Number VR 450-01-8411, thereby, opening to the taking of oysters certain designated areas in the Pocomoke Sound management area.

§ 3. Designated areas.

The following areas in Public Ground 16 in Deep Creek Channel on the east side of Pocomoke Sound are opened to the taking of oysters:

A. That area between buoy 3 and buoy 4 on the south side of Deep Creek Channel.

B. That area on the west side of Buoy 7 in Deep Creek channel.

§ 4. Rescinded order.

Virginia Marine Resources Commission Order Number VR 450-01-8411 is hereby rescinded.

§ 5. Penalty.

Pursuant to § 28.1-23 of the Code of Virginia, any person who violates any regulations adopted and promulgated by the commission shall be guilty of a Class I misdemeanor.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Title of Regulation: VR 460-04-8.2. Criteria for Intermediate Care for [the] Mentally Retarded [Persons].

Statutory Authority: § 32.1-325 of the Code of Virginia.

Effective Date: December 26, 1985

Summary:

For the regulations entitled Intermediate Care Criteria for Mentally Retarded, there were no substantial changes from the proposed to the final regulations. The regulation title was changed from Intermediate

Care Criteria for the Mentally Retarded to Intermediate Care Criteria for Mentally Retarded Persons. These regulations establish intermediate care criteria for mentally retarded persons that can be applied to all recipients for Medicaid payment which has been requested for institutional or noninstitutional services.

VR 460-04-8.2. Criteria for Intermediate Care for [the] Mentally Retarded [Persons].

§ 1. Introduction.

A. Utilization control regulations require that the level of care criteria be formulated for guidance for appropriate levels of care. Traditionally, intermediate care for the mentally retarded has been institutionally based; however, this level of care need not be confined to a specific setting. The habilitative and health needs of the client are the determining issues.

B. The purpose of these regulations is to establish [a] standard criteria to measure eligibility for Medicaid payment. Medicaid can pay for care only when the client is in the appropriate level of care and when "active treatment" is being provided. [A synopsis of active treatment is included with these criteria.] An individual's need for care must meet these criteria before any authorization for payment by Medicaid will be made for either institutional or waived rehabilitative services for the mentally retarded.

C. Intermediate care for the mentally retarded requires planned programs for habilitative needs and/or health related services which exceed the level of room, board, and supervision of daily activities. Intermediate care is a combination of habilitative, rehabilitative, and health services directed toward increasing the functional capacity of the retarded person. Examples of services will include training in the activities of daily living, task-learning skills, socially acceptable behaviors, basic community living programming, or health care and health maintenance. The overall objective of programming shall be the attainment of the optimal physical, intellectual, social, or task learning level which the person can presently or potentially achieve.

D. The evaluation and reevaluation for intermediate care are based on the needs of the person, the reasonable expectations of the resident's capabilities, the appropriateness of programming, whether progress is demonstrated from the training and, in an institution, whether the services could reasonably be provided in a less [restricted restrictive] environment.

E. The final determination of a person's need for intermediate level of care is a professional decision based on total needs. Mentally retarded persons as individuals present an infinite variety of needs, making it virtually impossible to establish an evaluation system that will eliminate the need for professional judgement within the

Final Regulations

confines of program criteria.

F. The following criteria are divided into broad categories of needs, or services provided. These must be evaluated in detail to determine the abilities/skills which the client has acquired. The evaluation will then identify training needs/skills which will be the basis for the development of a plan of care.

§ 2. Definitions.

The following words and terms, when used in these criteria, shall have the following meaning, unless the context clearly indicates otherwise:

"No assistance" means no help is needed.

"Often" means occurs 2 - 3 times a month.

"Prompting/structuring" means prior to the functioning, some verbal direction and/or some rearrangement of the environment is needed.

"Rarely" means occurs quarterly or less.

"Regularly" means occurs weekly or more.

"Some direct assistance" means helper must be present and provide some physical guidance/support (with or without verbal direction).

"Sometimes" means occurs once a month.

"Supervision" means helper must be present during function and provide only verbal direction, gestural prompts, and/or guidance.

"Total assistance" means helper must perform all or nearly all of the functions.

§ 3. Patient assessment criteria.

A. The evaluation process will demonstrate a need for programming an array of skills and abilities or health care services. These have been organized into seven major categories. The level of functioning in each category is graded from the most dependent to the least dependent. In some categories, the dependency status is rated by the degree of assistance required. In other categories, the dependency is established by the frequency of a behavior or ability to perform a given task.

The resident must meet the indicated dependency level in [2 or more TWO OR MORE] of categories 1 through 7.

1. Health Status - To meet this category:

- a. Two or more questions must be answered with a 4, OR
- b. Question 10 must be answered "yes".

2. Communication Skills - To meet this category:

- a. Three or more questions must be answered with a 3 or 4.

3. Task Learning Skills - To meet this category:

- a. Three or more questions must be answered with a 3 or 4.

4. Personal Care - To meet this category:

- a. Question No. 1 must be answered with a 4 or 5, OR
- b. Question No. 2 must be answered with a 4 or 5, OR
- c. Questions No. 3 and No. 4 must be answered with a 4 or 5.

5. Mobility - To meet this category:

- a. Any one question must be answered with a 4 or 5.

6. Behavior - To meet this category:

- a. Any one question must be answered with a 3 or 4.

7. Community Living - To meet this category:

- a. Any 2 of the questions No. 2, No. 5, or No. 7 must be answered with a 4 or 5, OR
- b. Three or more of questions No. 1 - No. 8 must be answered with a 4 or 5.

§ 4. Directions for applying the criteria.

A. The references under the questions in the following categories indicate those items which are on the Behavior Development Survey (DMH 71 Revised 6/80). The absence of a reference indicates this question is not addressed on the BDS form. Some categories on the Behavior Development Survey are not incorporated since the information in that area of the evaluation will be reflected elsewhere in the criteria or the condition is not indicative of a functional deficit justifying a need for intermediate care.

1. HEALTH STATUS - To meet this category:

- a. Two or more questions must be answered with a 4, OR
- b. Question #10 must be answered "yes".

	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Regularly</u>
<p>a. <u>How often is nursing care or nursing supervision by a licensed nurse required for the following</u></p>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<p>1. <u>Medication administration and/or evaluation for effectiveness of a medication regime?</u> <u>((70) Receiving Medications and History of Seizures pg. 4)</u></p>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<p>2. <u>Direct services: i.e care for lesions, dressings, treatments, (other than shampoos, foot powder, etc.)?</u></p>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<p>3. <u>Seizures control?</u> <u>((68) History of seizures pg. 4)</u></p>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<p>4. <u>Teaching diagnosed disease control and care, including diabetes?</u></p>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>

Final Regulations

	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Regularly</u>
<p><u>5.</u> <u>Management of care of</u> <u>diagnosed circulatory or</u> <u>respiratory problems?</u></p>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<p><u>6.</u> <u>Motor disabilities which</u> <u>interfer[s] with all</u> <u>activities of Daily Living -</u> <u>Bathing, Dressing, Mobility,</u> <u>Toileting, etc?</u></p>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<p><u>7.</u> <u>Observation for choking/</u> <u>aspiration while eating,</u> <u>drinking?</u></p>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<p><u>8.</u> <u>Supervision for use of</u> <u>adaptive equipment, i.e.</u> <u>special spoon, braces,</u> <u>etc.? (physical aids</u> <u>pg. 4)</u></p>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<p><u>9.</u> <u>Observation for nutritional</u> <u>problems (i.e. undernourish-</u> <u>ment, swallowing difficulties,</u> <u>obesity)?</u></p>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<p><u>10.</u> <u>Is age 55 or older, has a</u> <u>diagnosis of a chronic</u> <u>disease and has been in an</u> <u>institution 20 years or more?</u></p>	<u>yes</u>		<u>no</u>	

Final Regulations

2. COMMUNICATION - To meet this category:

- a. Three or more questions must be answered with a 3 or a 4.

<u>How often does this person</u>	<u>Regularly</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>
<u>1. Indicate wants by pointing, vocal noises, or signs?</u> <u>((62) (C) Preverbal Expression pg. 2)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>2. Use simple words, phrases short sentences?</u> <u>((67) Sentences pg. 2)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>3. Ask for at least ten things using appropriate names?</u> <u>((67) Vocabulary pg. 1)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>4. Understand simple words, phrases or instructions containing prepositions: i.e. "on" "in" "behind"?</u> <u>((27) Complex Instructions pg. 3)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>5. Speak in an easily understood manner? ((66) Speech pg. 1)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>6. Identify self, place of residence, and significant other, ((47) Awareness of Others, pg. 3)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>

Final Regulations

3. TASK LEARNING SKILLS - To meet this category:

a. Three or more questions must be answered with a 3 or a 4.

<u>a. How often does this person</u>	<u>Regularly</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>
1. <u>Pay attention to purposeful activities for 5 minutes?</u> <u>((42) (2) Attention pg. 3)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
2. <u>Stay with a 3 step task for more than 15 minutes</u> <u>((42) (5) Attention pg. 3)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
3. <u>Tell time to the hour and understand time intervals?</u> <u>((33) (b) Time pg. 3)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
4. <u>Count more than 10 objects?</u> <u>((31) (5) Numbers pg. 3)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
5. <u>Do simple addition, subtraction</u> <u>((31) (6) Numbers pg. 3)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
6. <u>Write or print ten words?</u> <u>((59) (3) Writing pg. 2)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
7. <u>Discriminate shaps, sizes, or colors?</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
8. <u>Name people or objects when describing pictures?</u> <u>((67) (4) Vocabulary pg. 1)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
9. <u>Discriminate between "one," "many, "lot"?</u> <u>((31) (2) Numbers pg. 3)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>

4. PERSONAL/SELF CARE - To meet this category:

- a. Question #1 must be answered with a 4 or a 5, OR
- b. Question #2 must be answered with a 4 or a 5, OR
- c. Questions #3 AND #4 must be answered with a 4 or a 5.

NOTE: The "yes" or "no" questions are for the purpose of identification of needs to be included in the plan of care. Questions answered "yes" or "no" are not part of the scale.

<u>a. With what type of assistance can this person currently</u>	<u>No Assistance</u>	<u>Prompting/ Structuring</u>	<u>Supervision</u>	<u>Some Direct Assistance</u>	<u>Total Assistance</u>
<u>1. Perform toileting functions: i.e maintain bladder and bowel continence, clean self? etc. (31) (5) Toilet Training pg. 1)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>(a) has toileting "accidents" more than twice a day? (31) (2) Toilet Training pg. 1)</u>			<u>yes</u>	<u>no</u>	
<u>(b) has toileting "accidents" at night?</u>			<u>yes</u>	<u>no</u>	
<u>(c) Flushes toilet, pulls up clothes? (36) Self Care at Toilet pg. 2)</u>			<u>yes</u>	<u>no</u>	

Final Regulations

	<u>No Assistance</u>	<u>Prompting/ Structuring</u>	<u>Supervision</u>	<u>Some Direct Assistance</u>	<u>Total Assistance</u>
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>2. Perform[§] eating/feeding functions: i.e. drinks liquids and eats with spoon or fork, etc.?</u> <u>((28) (3) Use of Table Utensils pg. 1)</u>					
<u>(a) Feeds self with spoon - neatly?</u> <u>((28) (3) Use of Table Utensils)</u>	<u>yes</u>		<u>no</u>		
<u>(b) spilling?</u> <u>((3) (3) Drinking pg.1)</u>	<u>yes</u>		<u>no</u>		
<u>3. Perform[§] bathing functions (i.e. bathe, runs bath, dry self, etc.)?</u> <u>((44)(5) Bathing pg.2)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>(a) washes hands and face with soap?</u> <u>((39) (40) Wahes Hands and Face pg.2)</u>	<u>yes</u>		<u>no</u>		
<u>(b) dries hands and face?</u> <u>((42) Washes Hands and Face pg. 2)</u>	<u>yes</u>		<u>no</u>		
<u>(c) care for hair, nails, beard?</u>	<u>yes</u>		<u>no</u>		

Final Regulations

	No Assistance	Prompting/ Structuring	Supervision	Some Direct Assistance	Total Assistance
4. <u>Dress self completely</u>	1	2	3	4	5
<u>i.e. including fastening,</u>					
<u>putting on clothes, etc.</u>					
<u>((5)(6) Dressing pg.2)</u>					
<u>(a) dresses upper body, but</u>	<u>yes</u>		<u>no</u>		
<u>needs help with fastening?</u>					
<u>(b) dresses self but needs</u>	<u>yes</u>		<u>no</u>		
<u>assistance with pulling, or</u>					
<u>(c) putting on most clothing,</u>	<u>yes</u>		<u>no</u>		
<u>fastening, shoes?</u>					
<u>((50)(3) Dressing</u>					
<u>(52) Shoes pg. 2)</u>					

Final Regulations

5. MOBILITY - To meet this category:

a. Any one question must be answered with a 4 or a 5.

NOTE: The "yes" or "no" questions are for the purpose of identification of needs to be included in the plan of care. Questions answered "yes" or "no" are not part of the scale.

<u>a. With what type of assistance can this person currently</u>	<u>No Assistance</u>	<u>Prompting/ Structuring</u>	<u>Supervision</u>	<u>Some Direct Assistance</u>	<u>Total Assistance</u>
<u>1. Move (walking, wheeling) around environment? (59) Ambulation pg. 1 (79) Physical Aids pg. 4)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>(a) Walk with assistive device, person? (59 Ambulation pg 1 (Physical Aids pg 4)</u>	<u>yes</u>		<u>no</u>		
<u>(b) Walk on level ground for 50 yards with or without assistive device? (73), (74), (76) Physical Aids, pg. 4)</u>	<u>yes</u>		<u>no</u>		
<u>(c) Transfer to/from a wheelchair? (75) Physical Aids pg. 4)</u>	<u>yes</u>		<u>no</u>		
<u>2. Rise from lying down to sitting positions, sits without support? (27) Body Balance pg. 1)</u>		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u> <u>5</u>
<u>3. Turn and position in bed, roll over?</u>		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u> <u>5</u>

6. BEHAVIOR - To meet this category:

a. Any one question must be answered with a 3 or a 4.

<u>a) How often does this person</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Regularly</u>
<p><u>1. Engage in self destructive behavior?</u> <u>((61) Maladaptive Behavior pg. 4)</u></p>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<p><u>2. Threaten or do physical violence to others</u> <u>((52) Maladaptive Behavior pg. 4)</u></p>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<p><u>3. Throw things, damage property, have temper outbursts?</u> <u>((53) (55) Maladaptive Behavior pg. 4)</u></p>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<p><u>4. Respond to others in a socially unacceptable manner - (without undue anger, frustration or hostility)</u> <u>((50) Interactions with Others pg. 3)</u></p>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>

Final Regulations

7. COMMUNITY LIVING SKILLS - To meet this category:

- a. Any two of the questions #2, #5, or #7 must be answered with a 4 or a 5, OR
- b. Three or more of questions #1 through #8 must be answered with a 4 or a 5.

<u>a. With what type of assistance would this person currently be able to</u>	<u>No Assistance</u>	<u>Prompting/Structuring</u>	<u>Supervision</u>	<u>Some Direct Assistance</u>	<u>Total Assistance</u>
<u>1. Prepare simple foods requiring no mixing or cooking? ((38) Food Preparation pg. 3)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>2. Take care of personal belongings, room (excluding vacuuming, ironing, clothes washing/drying, wet mopping)? ((43) Personal Belongings pg. 3)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>3. Add coins of various demonina- nations up to one dollar? ((57) Money Handling pg. 2)</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>4. Use the telephone to call home, doctor, fire, police?</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>

Final Regulations

	<u>No Assistance</u>	<u>Prompting/ Structuring</u>	<u>Supervision</u>	<u>Some Direct Assistance</u>	<u>Total Assistance</u>
<p><u>5. Recognize survival signs/ words: i.e. stop, go, traffic lights, police, men, women, restrooms, danger. etc.? (68) Reading pg. 2)</u></p>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<p><u>6. Refrain from exhibiting unacceptable sexual behavior in public? (63), (64), (65) Maladaptive Behavior pg.)</u></p>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<p><u>7. Go around cottage, ward, building, without running away, wandering off, or lost? (56) Sense of Direction pg. 2) ((57) Maladaptive Behavior pg. 4)</u></p>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<p><u>8. Make minor purchases i.e. candy, soft drink, etc? (58)(4) Purchasing pg. 2)</u></p>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>

Ray T. Sorrell, Director
Department of Medical Assistance Services

Date

Final Regulations

Public Comment and Staff Response
Criteria for Intermediate Care for the Mentally Retarded

Written, Oral, and Public Hearing Comments Party Making Comments Department of Medical Assistance Staff Response

Positive Comments

- | | | |
|--|--|---|
| a) Acceptable, appear to take into consideration most of the needs of the retarded while providing service flexibility. | Department of the Rights of the Disabled | |
| b) Support the adoption of the Criteria. Guidelines are fair, appropriate, easy to administer and should be adequate as to interater reliability between DMAS and the ICF/MR. | Mount Rodgers
Community Services Board | |
| c) Support criteria and its adoption. Follows generally the technical assistance previously provided by DMAS staff. | Charlottesville Community Services Board and
ICF/MR Roundtable
Representatives | (This group is composed of representatives all 11 Community based facilities in the State.) |
| d) "Acceptable" | Central Virginia Training School | |
| e) There has been considerable cooperation between the two agencies in developing this criteria. Draft copies have been distributed to all ICF/MR facilities in the State. No negative comments have been received by this Department other than the concerns of the small facilities regarding the latest interpretation of the Life Safety Code. (#4 and #6) | Director, Office of M.R.
Department of Mental Health and Mental Retardation | |
| f) Good criteria, feed back has been good, considered workable | M.R. Consultant
Department of Mental Health and Mental Retardation | |

OTHER COMMENTS:

- | | | |
|---|---|--|
| 1. Change name of Criteria to "Criteria for Intermediate Care for Mentally Retarded Persons" | Director
Community Residential Services, Mount Rodgers
Community Services Board | <u>Accept recommendation</u>
This noun is an appropriate addition and is preferred by many professionals. |
| 2. Suggestion that some mechanism to assure that the actual selection of service providers is tailored closely to identified needs. | Department for the Rights of the Disabled. | Do not accept. Providers are required by regulations to "only admit those persons for whom they can provide adequate services." The criteria indicates those programmatic needs for which Medicaid will reimburse the provider. The selection of a provider among those qualified to receive Medicaid payment is legally the right of the recipient. |
| 3. Use "rarely," "sometimes," "often" and "regularly" in the same order for categories #1, #2, #3, and #6. | CVIC | Do not accept. It is our intention to computerize this information. Therefore, it is necessary for the higher number to reflect the most dependent status. This reversal will be emphasized in training sessions to assure accurate evaluations. |

Final Regulations

Written, Oral, and Public Hearing Comments	Party Making Comments	Department of Medical Assistance Staff Response
4. Supported criteria and its adoption, but expressed concern that a person with the retardation level which would meet this criteria, would tend not be able to meet the latest interpretation of the Life Safety Code for small facilities. i.e. exit from building with verbal prompt. The small facilities will have to meet the requirements for the Institutional Life Safety Code.	Charlottesville Community Services Board	Do not accept. These are 2 separate issues. The Life Safety Code is a requirement for participation in Medicaid and is a part of the certification process. A facility elects to become a Medicaid provider and therefore must meet the Standards for Certification. The ability of a facility to meet these Standards is not at issue. This level of care criteria is not directed toward a degree of retardation. It is a guideline for resident's needs for which Medicaid payment can be made.
5. Definitions on page 4 (A)(2) "prompting/structuring" is "in fact instruction prior to the activity and requires the presence of the activity" so should be omitted or put under "supervision."	Arlington Community Residence, INC (ACRI)	Do not accept. A verbal or gestural prompt can be given for an activity to be performed other than in the presence of the trainer. Rearrangement of the environment may be needed before a resident is able to perform an activity but again the presence of the helper is not required after the rearrangement. Verbal prompting is a frequently used method in the implementation of rehabilitative programs.
6. The criteria for level of functioning are incompatible with the requirements of the Life Safety Code for small ICF/MR facilities.	ACRI	See response to #4.
7. The criteria are directed toward health care facilities serving individuals usually found in nursing homes or other institutional environments.	ACRI	Do not accept. Only one category of the criteria focuses on health needs. The others are functional areas of life in which any person requires a degree of skill.
8. Eliminates services for the vast majority of mentally retarded clients particularly those in community based facilities and services to, "at the most" 1% of the M.R. population.	ACRI	Do not accept. Medicaid is not intended as a payment source for all mentally retarded persons. One small ICF/MR in Northern Virginia tested the criteria and indicated that all residents presently in their ICF/MR would meet the criteria. Additionally, more than 70% of the residents in their group home would also meet the criteria. A test was also conducted in all areas at CVIC and 95% of the tested residents met the criteria.
9. Page 9 #4 To whom is the teaching (nursing) extended? Staff or clients?	ACRI	All areas of the criteria are directed toward the person who is mentally retarded. Staff training is covered under the Standards of Participation.
10. Category 1 (Health Status) is very restrictive and "limits services to the severe and profound with major medical and physical problem."	ACRI	Do not accept. The degree of retardation is unrelated to the nursing needs of a recipient and is not effected by the degree of retardation. Any recipient may need direct nursing services such as dressings, require observation for seizure activity, require nursing intervention because of motor disabilities, or care for the other areas of care included in this category.
11. Category 2 (Communication) is very restrictive and narrowly defined "to include only the severe and profound."	ACRI	Do not agree. This category covers the ability to communicate from preverbal to self and significant other identification. The ability to speak in short sentences is also included.
12. Category 4 (Personal/Self Care) eliminates to vast majority of MR clients currently served in ICF/MR's The criteria are "more appropriate to severe and profound and those more usually served in institutions and chronic care facilities."	ACRI	Do not agree. Many residents in ICF/MR's are receiving programming for self help skills. The Code of Federal Regulations is very specific that these areas be addressed. Again, the skill is not necessarily related to a degree of retardation. Also see response to #8.

Final Regulations

<u>Written, Oral, and Public Hearing Comments</u>	<u>Party Making Comments</u>	<u>Department of Medical Assistance Staff Response</u>
13. Category 5 (Mobility) Criteria in this category "most appropriate for severe and profound MR with major and physical deficits."	ACRI	<u>Do not agree.</u> Many persons with major physical deficits are not retarded to any degree. The respondent seems to have overlooked the necessity of only meeting 2 of the 7 categories contained in the criteria.
14. Category 7 (Community Living Skills) a) The rating is unclear and is not meaningful in describing types of assistance useful in training this population. There are problems in using levels two and three descriptions in evaluating level of functioning.	ACRI	<u>Do not accept.</u> We feel the ratings are clear. In evaluating the residents' ability to perform a certain task, the degree of staff assistance necessary is the issue. For instance, under "supervision" the trainer would need to be physically present and provide verbal and gestural prompts. "Some direct assistance" means the trainer must be physically present and provide "hands-on" help with or without verbal and gestural prompts. See #5 for explanation of "prompting/structuring."
b) Question #7 is totally inappropriate for community based facilities. This predictor is obviously only useful in a large institutional ICF.	ACRI	<u>Do not agree.</u> A resident of a community based care facility may not be able to move freely throughout the facility without supervision/assistance to prevent running away or going outside and getting lost. Since only 2.8% of the present population being served by Medicaid are community based care facilities, some individual questions may seem more appropriate for one facility than another. However, the criteria was developed to identify skill and functional deficits of an individual who is mentally retarded regardless of the location in which the services are provided.

Final Regulations

DEPARTMENT OF SOCIAL SERVICES

Title of Regulation: VR 615-01-6. Protective Payments in the Aid to Dependent Children (ADC) and Refugee Other Assistance Programs.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Effective Date: April 1, 1986

Summary:

This amended regulation allows continuation of assistance payments payable to the sanctioned caretaker relative for the remaining eligible assistance unit members if, after making reasonable efforts, the local agency is unable to locate an appropriate protective payee.

Due to the overwhelming support for the regulation as proposed and the projected positive impact with regard to reducing local administrative costs, the final regulation is identical to that which was published on July 8, 1985, and was approved for final action on October 17, 1985, by the board.

VR 615-01-6. Protective Payments in the Aid to Dependent Children (ADC) and Refugee Other Assistance Programs.

PART I.

§ 1.1. The following words and terms, when used in these guidelines, shall have the following meaning, unless the context clearly indicates otherwise:

"Caretaker relative" means the natural or adoptive parent or other relative of specified degree (i.e. aunt, uncle, grandparent, etc.) with whom the children reside who is responsible for supervision and care of the needy children and is the individual to whom the assistance payment is made.

"Employment Services Program" means a program operated by each locality which is designed to enhance employment, education and training opportunities for Aid to Dependent Children and Refugee Other Assistance recipients.

"Payee" means the person to whom the assistance payment is made payable. In most situations, the caretaker relative is the payee.

"Protective payee" means an appropriate individual to act for the caretaker relative in receiving and managing the total assistance payment. The protective payee should be someone who is interested and concerned with the welfare of the caretaker relative and his/her children.

"Sanctioned caretaker relative" means a caretaker relative whose needs are removed from the grant and who is ineligible for an assistance payment because he/she

failed to participate in the Employment Services Program, or who failed to assign rights to child/spousal support or cooperate in establishing paternity and securing such support.

PART II.

§ 2.1. When a caretaker relative fails to participate in the Employment Services Program, or fails to assign rights to child/spousal support or cooperate in securing support or determining paternity, that individual's needs must be removed from the assistance grant and a protective payee appointed to receive and manage the financial assistance payment. At least every six months, the local agency must review the way in which the protective payee's responsibilities are being carried out. In situations where no other suitable protective payee can be found, it may be necessary for a staff member of a private agency, the local agency, the local department of social services, or other appropriate organization to serve as protective payee. If a staff member is designated protective payee, provisions for bonding this employee must be made the local agency cannot, after reasonable efforts, locate an appropriate individual to act as a protective payee, the sanctioned caretaker relative may continue to receive the assistance payment on behalf of the remaining assistance unit members. The final authority for determining that reasonable efforts to locate a protective payee have been made rests with the superintendent/director of each locality or may be delegated as deemed appropriate.

Title of Regulation: VR 615-01-9. Definition of a Home in the Aid to Dependent Children (ADC) Program.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Effective Date: January 1, 1986

Summary:

The 1985 Session of the Virginia General Assembly enacted legislation (SB 605 and HB 473) which amended § 32.1-325 of the Code of Virginia to mandate the Department of Medical Assistance Services disregard from resource evaluation property contiguous to that which is currently disregarded as the home, as long as the value does not exceed \$5,000 in the determination of eligibility for medical assistance. A provision in the 1985 Appropriations Act specifies that the State Board of Social Services must modify the restriction on eligibility for Aid to Dependent Children to be consistent with the requirements of SB 605 and HB 473.

This regulation was not published for public comment as it is being made in response to a state law change. The Attorney General's office has advised that, pursuant to Article 2 of the Administrative Process Act, regulations intended to conform to a basic state

Final Regulations

law where no agency discretion is involved are exempt from the requirements of the public participation guidelines adopted by each agency.

VR 615-01-9. Definition of a Home in the Aid to Dependent Children (ADC) Program.

PART I.

§ 1.1. The following words and terms, when used in these guidelines, shall have the following meaning, unless the context clearly indicates otherwise:

"Allowable reserves" means all nonexempt real and personal property, including cash and other assets owned by an applicant/recipient, the combined value of which does not exceed \$600.

"Home" means the house and lot owned by an applicant/recipient in which he is currently living, including adjoining land used for a vegetable garden and/or outbuildings essential to the dwelling.

PART II.

§ 2.1. In determining financial eligibility for assistance in the Aid to Dependent Children (ADC) Program, all resources of an applicant/recipient must be considered in relation to the allowable reserves. The home in which the applicant/recipient lives and property contiguous to the home, the value of which does not exceed \$5,000 is exempt and not considered in relation to the allowable reserves.

* * * * *

Division of Licensing Programs.

Title of Regulation: VR 615-23-02. Minimum Standards for Licensed Child Care Centers.

Statutory Authority: Chapter 10, (§ 63.1-195 et seq.), of Title 63.1 of the Code of Virginia.

Effective Date: April 1, 1986

Summary:

The regulation addresses the following topics essential to the protection of children: center administration, personnel, supervision, physical environment, emergency procedures, admission policies, health care, management of behavior, nutrition, food service, and activities.

Revisions were made in the directions indicated by the public comment period including strengthened educational/experiential qualifications for program staff and required staff-to-child ratios during transition periods and children's naptime. Items were also

revised to comply with recent legislative changes. Unnecessarily burdensome or redundant requirements were eliminated. Similar requirements were consolidated. Requirements identified as unclear or subjective by public comment were clarified through editorial changes or deletions of subjective wording.

Sections on equipment and nutrition were reorganized for clarity. Several topic headings were revised to assist the reader in locating requirements addressing similar topics.

VR 615-23-02. Minimum Standards for Licensing Child Care Centers.

TABLE OF CONTENTS

PART I - INTRODUCTION

- Article 1. Definitions.
- Article 2. Legal Base.
- Article 3. Purpose.
- Article 4. Applicability.

PART II - ADMINISTRATION

- Article 1. Sponsorship.
- Article 2. Operational Responsibilities.
- Article 3. Financial Responsibilities.
- Article 4. Record Keeping Responsibilities.

PART III - PERSONNEL

- Article 1. General Qualifications.
- Article 2. Personnel Records.
- Article 3. Health Requirements.
- Article 4. Staff Training.
- Article 5. Administrative Staff.
- Article 6. Program Staff.
- Article 7. [~~Volunteer Staff. Volunteers and Volunteer Personnel.~~]

PART IV - SUPERVISION

- Article 1. General Supervision.
- Article 2. Staff to Children [~~Ratio~~ Ratio Requirements].
- Article 3. Ratio During Rest Periods.
- Article 4. Supervision During Swimming and Wading.

PART V - PHYSICAL ENVIRONMENT

- Article 1. Safety, Health and Comfort.
 - [§ 5-2: § 5.3.] Building Construction and Maintenance.
 - [§ 5-3: ~~Equipment and Materials.~~]
 - § 5.4. Grounds.
 - § 5.5. Sanitation.
 - § 5.6. Lighting.
 - § 5.7. Temperature and Ventilation.
 - [§ 5.8. ~~Equipment and Materials.~~]
- Article 2. Space, Furnishings, Equipment, and Materials.
 - [§ 5-8: § 5.9.] Group Activity [Areas].
 - [§ 5-9: § 5.10.] Areas for Sleep and Rest.
 - [§ 5.11. Quiet, Private Area.]

Final Regulations

- [§ 5-10. § 5.12.] Bathroom Facilities.
[§ 5-11. § 5.13.] Food Services Areas.
[§ 5-12. § 5.14.] Storage.

PART VI - PROGRAMS AND SERVICES

- Article 1. Admission Policies and Procedures.
§ 6.1. Identifying Information for Each Child.
§ 6.2. Agreements/Authorizations.
§ 6.3. Assessment and Initial Plan of Care.
§ 6.4. Physical Examinations/Immunizations.
Article 2. Health Care.
§ 6.5. Medical Reports After Admission.
§ 6.6. Medication.
§ 6.7. Special Care Provisions [to Prevent the Spread of Disease].
Article 3. Communication with Parents.
Article 4. Management of Behavior.
Article 5. Nutrition and Food Services.
§ 6.24. Meals and Snacks.
§ 6.25. Special Food Service Needs.
§ 6.26. Infant and Toddler Food Service Needs.
§ 6.27. Contract Food Services.
Article 6. Activities.
[Article 7. Resting.]

PART VII - EMERGENCIES

- Article 1. [Specialized] Staff Training.
Article 2. [Buildings and] Equipment [for Emergencies].
Article 3. Procedures [for Emergencies].

PART I. INTRODUCTION.

Article 1. Definitions.

§ 1.1. The following words and terms when used in these regulations shall have the following meanings unless the context indicates otherwise:

"Administrator" means the staff person responsible for the day-to-day operation and management of a child care center.

"Adult" means any individual 18 years of age or over.

"Age of eligibility to attend public school" means five years old by [December 31, November 30, 1985] as determined on the first day of the fall term of each school year.

[NOTE: In 1986, this date changes to October 31. In 1987, and thereafter, this date changes to September 30. (§ 22.1-199 of the Code of Virginia.]

"Age groups"

"Aide" means the individual responsible for assisting the child care supervisor in program implementation and supervision of children. [Aides are under 18 but must be

at least 14 years of age.]

[NOTE: Position titles used in these standards are descriptors only and do not preclude the use of other titles by centers.]

"Character and reputation" means that findings have established [both: (i) the absence of evidence of bad character or conduct, and (ii)] that knowledgeable and objective people agree that the subject maintains [responsible and ethical] business/professional [, family,] and community relationships which are characterized by honesty, fairness, truthfulness, and a concern for the well-being of others to the extent that the subject is considered suitable to be entrusted with the care, guidance, and protection of children.

"Child" means any individual under 18 years of age. (§ 63.1-195 of the Code of Virginia)

"Child care supervisor" means the individual responsible for assisting in program implementation and supervision of children.

"Commissioner" means the Commissioner of Social Services, also known as the Director of the Virginia Department of Social Services.

"Department" means the Virginia Department of Social Services.

"Department's representative" means an employee [or designee] of the Virginia Department of Social Services, acting as the authorized agent of the commissioner in carrying out the responsibilities and duties specified in Chapter 10 of Title 63.1 of the Code of Virginia.

"Evening care" means care provided in a center between the hours of seven p.m. and one a.m., inclusively.

"Infant" means children from birth up to 16 months.

"Licensee" means any individual, partnership, association, or corporation to whom the license is issued.

"Overnight care" means care provided in a center between the hours of one a.m. and six a.m., inclusively.

"Parent" means the biological or adoptive parent(s) or legal guardian(s) of a child enrolled or in the process of being enrolled in a child care center.

"Physician" means an individual licensed to practice medicine in any of the 50 states or the District of Columbia.

"Preschool" means children from two years up to the age of eligibility to attend public school.

"Program director" means the person responsible for programmatic functions and supervision of all staff who

Final Regulations

work directly with children.

"School age" means children from the age of eligibility to attend public school and older.

"Sponsor" means an individual, partnership, association, or corporation responsible for the operation of a child care center subject to licensure.

"Staff or center staff" means administrative, program, service, and volunteer personnel including the licensee when the licensee is an individual.

"Toddler" means children from 16 months up to two years.

["Volunteer personnel" means persons who work at the center once a week or more often or who are counted in the required ratio of staff to children.]

Article 2. Legal Base.

§ 1.2. [~~Sections Section~~] 63.1-195 [~~through 63.1-219~~ et seq.] of the Code of Virginia describes the responsibility of the Department of Social Services for the regulation of residential and day care programs for children, including child care centers.

§ 1.3. Section 63.1-202 of the Code of Virginia requires the State Board of Social Services to prescribe standards for certain activities, services, and facilities for children, including child care centers.

Article 3. Purpose.

§ 1.4. The purpose of these Minimum Standards for Licensed Child Care Centers is to protect children who are separated from their parents or guardians during a part of the day by:

1. Ensuring that the activities, services, and facilities of child care centers are conducive to the well-being of children; and
2. Reducing risks in the caregiving environment.

Article 4. Applicability.

§ 1.5. These Minimum Standards for Licensed Child Care Centers apply to a private home wherein group care is provided to 10 or more children and to any place other than a private family home wherein group care is provided to any number of children.

§ 1.6. Section 63.1-195 of the Code of Virginia defines a child care center subject to licensure as "any facility operated for the purpose of providing care, protection, and guidance to a group of children separated from their

parents or guardian during a part of the day only."

EXCEPTIONS: (As set forth under the definition of "child care center" in § 63.1-195 of the Code of Virginia.)

1. "A facility required to be licensed by the Health Department as a summer camp";

2. "A public or private school unless the commissioner determines that such private school is operating a child care center outside the scope of regular classes";

3. "A school operated primarily for the educational instruction of children from two to five years of age at which children two through four years of age do not attend in excess of four hours per day, and children five years of age do not attend in excess of six and one-half hours per day";

[4. "A facility which provides child care on an hourly basis which is contracted for by a parent occasionally only";]

[5. 4.] "A facility operated by a hospital on the hospital's premises, which provides care to the children of the hospital's employees, while such employees are engaged in performing work for the hospital;"

[6. 5.] "A Sunday school conducted by a religious institution or a facility operated by a religious organization where children are cared for during short periods of time while persons responsible for such children are attending religious services";

[7. 6.] Exception as set out in § 63.1-196 of the Code of Virginia: A facility operated by an agent of the Commonwealth, county, town, or city, acting within the scope of his authority as such;

[8. 7.] Exception as set out in § 63.1-196.3 of the Code of Virginia: A child care center operated or conducted under the auspices of a religious institution may be exempted from licensure by filing specified information with the department. (Such a child care center is not statutorily prohibited from applying for a license from the department.)

PART II. ADMINISTRATION.

Article 1. Sponsorship.

§ 2.1. Each center shall have a clearly identified sponsor.

§ 2.2. [~~One of the following four types of sponsorship shall apply:~~ Sponsorship.]

A. [~~Individual proprietorship.~~]

Final Regulations

When [an individual sponsors a the] center [is sponsored by an individual proprietorship], the individual shall be the licensee.

B. [Partnership:]

[The When the center is sponsored by a partnership, the] partnership shall [: serve as the license and]

[1.] develop a written agreement (articles of partnership) [to operate and maintain which allows operation and maintenance of] a child care center [; and]

[2. Serve as the licensee.]

C. [Unincorporated association:]

[The When the center is sponsored by an unincorporated association, the] association shall [: have a governing board which serves as the licensee and]

[1.] have a written set of by-laws and/or a written constitution which [establishes that the purpose of the association includes allows] the operation and maintenance of a child care center [; and]

[2. Have a governing board which serves as the licensee.]

D. [Corporation:]

The When the center is sponsored by a corporation, the] corporation shall [: have a governing board which serves as the licensee and]

[1.] have a charter or certificate of authority to transact business in the Commonwealth of Virginia, which [includes allows] operation and maintenance of a child care center [; and]

[2. Have a governing board which serves as the licensee.]

§ 2.3. The sponsor, represented by the individual proprietor or by the officers and agents of a partnership, association, or corporation, shall be of good character and reputation; and shall not have been convicted of a felony or a misdemeanor related to abuse, neglect, or exploitation of children or adults.

§ 2.4. Posting of the license. (§ 63.1-196(c) of the Code of Virginia)

The license shall be posted in a place conspicuous to the public, near the main entrance of the building(s), or the main office.

§ 2.5. Deceptive representation or advertisement. (§ 63.1-196(d) of the Code of Virginia)

No child care center "shall make, publish, disseminate, circulate, or place before the public, or cause, directly or indirectly, to be made.....an advertisement of any sort regarding services or anything so offered to the public, which.....contains any promise, assertion, representation, or statement of fact which is untrue, deceptive, or misleading."

Article 2.

Operational Responsibilities.

§ 2.6. The operational responsibilities of the licensee shall include, but not be limited to, the following:

1. To develop prior to acceptance of children a written statement of the purpose and scope of the services to be provided by the center and written policies under which the center will operate (Note: This requirement applies only to initial applications for licensure [unless there is a significant change]);

[2. To revise the written statement of the purpose and scope of services provided by the center and the written policies for its operation as needed to keep the information current;

3. To ensure that the center functions according to its defined purpose;]

[4. 2.] To ensure that the center's activities, services, and facilities are maintained in compliance with the Minimum Standards for Licensed Child Care Centers; with the terms of the current license issued by the department; [and] with other relevant federal, state, or local laws and regulations; [and with the center's own policies which are required by these standards;]

[5. 3.] To appoint and identify in writing an administrator to be responsible for the day-to-day operation and management of the center, except when the sponsor is an individual who serves as the administrator or a partnership in which a partner serves as the administrator.

Article 3.

Financial Responsibilities.

§ 2.7. Section 63.1-198 of the Code of Virginia: With an initial application for licensure, the applicant shall provide the department with the following evidence of financial responsibility:

1. A projected budget detailing expected income and expenses of the proposed center for the first year of operation; [and]

2. A complete balance sheet showing separately the current assets committed to, and current liabilities charged against, the proposed center.

[NOTE: Financial records may be requested pursuant to

Final Regulations

§ 63.1-210 of the Code of Virginia.]

[~~§ 2.8. Section 63.1-210 of the Code of Virginia: Should noncompliance which directly affects the safety and health of children be found during an investigation based on a renewal application, the Department may direct the licensee to provide documentation of financial responsibility in order to give reasonable assurance of the continued maintenance of the center. If so directed, the licensee shall submit at a minimum:~~

~~1. A statement of the center's operating expenses and income for the most recent fiscal year; and~~

~~2. A complete balance sheet showing separately the current assets committed to, and liabilities charged against the center.]~~

[~~§ 2.9. § 2.8.] The center shall maintain public liability insurance for bodily injury with a minimum limit of at least \$500,000 each occurrence/\$500,000 aggregate. [A copy of the insurance policy Evidence of insurance coverage] shall be made available to the department's representative upon request.~~

[~~§ 2.9. A plan of accident and/or school insurance shall be available to the parent. The center may designate whether the parent's participation in the plan is optional or mandatory.]~~

Article 4. Record Keeping Responsibilities.

§ 2.10. The licensee shall ensure that the center maintains [~~an adequate a] system of record keeping [to comply] which complies] with these standards.~~

§ 2.11. All children's records shall be treated confidentially.

[~~EXCEPTION: Records shall be made available to the custodial parent or legal guardian upon request.]~~

§ 2.12. Records shall be kept current.

§ 2.13. All records required by these standards for both children and personnel shall be retained at the center for one year after termination of enrollment or termination of employment, respectively, unless specified otherwise.

PART III. PERSONNEL.

Article 1. General Qualifications.

§ 3.1. The following standards shall apply to all staff:

1. No staff shall have been convicted of a felony or a misdemeanor related to abuse, neglect, or exploitation of children or adults.

[~~2. All staff shall be of good character and reputation.]~~

[~~3. 2.] All staff shall understand and be sensitive to the varying capabilities, interests, needs, and problems of children in care.~~

[~~3. All staff shall be:~~

a. ~~Of good character and reputation;]~~

[~~4. b. All staff shall be] Capable of carrying out assigned responsibilities [; ;]~~

[~~5. c. All staff shall be] Willing and able to accept training and supervision [; ;]~~

[~~6. d. All staff shall be] Able to communicate effectively both orally and in writing as applicable to the job responsibility [; ; and]~~

[~~7. e. All staff shall be] Able to understand and apply those standards in the Minimum Standards for Licensed Child Care Centers which relate to their respective responsibilities.~~

§ 3.2. All staff who work directly with children shall have the [~~following qualifications and] abilities [to] :~~

[~~1. Education related to child care or successful experience in caring for children;]~~

[~~2. 1. Ability to] Communicate effectively and appropriately with the age group to whom the staff person is assigned;~~

[~~3. 2. Ability to] Provide a stimulating and safe environment for the age group to whom the staff person is assigned; [and]~~

[~~4. 3. Ability to] Use materials, activities, and experiences to encourage exploring, experimenting, and questioning.~~

§ 3.3. All staff who work in multiple positions within the center shall meet the qualifications of each position.

[~~NOTE: Personnel titles used in the standards are description only. Centers are not required to use the same titles.]~~

§ 3.4. All staff who work directly with children shall be 18 years of age or over.

[~~EXCEPTIONS EXCEPTION]: Aides may be under 18 but must be at least 14 years of age.~~

Article 2. Personnel Records.

§ 3.5. Personnel records shall be kept for [~~each of the~~

Final Regulations

following paid staff and volunteer personnel] who begin work subsequent to [(effective date of these standards): April 1, 1986.]

[1. Paid staff persons; and

2. Volunteer staff persons who come to the center once a week or more often or who are counted in the required ratios of staff to children.]

§ 3.6. Personnel records shall include the following:

1. The original application for employment or other written material providing:

a. Identifying information including name of staff person, beginning date of employment/volunteering, and job title;

b. [Any other] Information needed to demonstrate that the individual possesses the qualifications contained in §§ 3.1 and 3.2 [; such as, but not limited to, interviews; observations; references; experience; and education related to the position; description and previous employment.]

2. Written documentation that references as to character and reputation as well as competency were checked with previous employers, if any, and/or other knowledgeable and objective sources prior to employment or volunteering (e.g., letters of reference; notations of telephone reference checks including the name of the person(s) contacted, the date(s) of contact, the firm(s) contacted, and the results);

3. Documentation of [dates and] participation in orientation, training [,] and staff development activities; and

4. Date of termination, when applicable.

Article 3. Health Requirements.

§ 3.7. Health information [required by these standards shall be maintained] for [all staff including] the licensee, the administrator, [and for all other staff and volunteer personnel] who come in contact with children or who handle food [shall be maintained as follows:]

A. Initial tuberculosis examination and report.

1. Within [one month of 30 days before or 30 days after] employment or contact with children, each staff person shall obtain an evaluation indicating the absence of tuberculosis in a communicable form.

EXCEPTION: [Tuberculosis screening is not required for volunteers who provide supplemental services on an occasional basis and who are not counted in the required ratio of staff to children. When a staff person terminates

work at one licensed facility and begins work at another licensed facility with a gap in service of six months or less, the previous statement of tuberculosis screening may be transferred to the second facility].

2. Each staff person shall submit a statement that he is free of tuberculosis in a communicable form [including the type(s) of test(s) used and the result(s)]. [This statement shall include the following:

a. The type(s) of test(s) used and the test result(s),

b. The date of the statement, and

3. c. The statement shall be signed by a The signature of the] physician, the physician's designee, or an official of a local health department.

[4. The statement shall be dated.]

B. Subsequent evaluations.

[1. A staff person who had a significant (positive) reaction to a tuberculin skin test and whose physician certifies the absence of communicable tuberculosis must obtain chest x-rays on an annual basis for the following two years.

a. The staff person shall submit statements documenting the chest x-rays and certifying freedom from tuberculosis in a communicable form.

b. The statements shall be signed by a physician, the physician's designee, or an official of a local health department.

e. The statements shall be dated.]

[2.] Any staff person who comes in contact with a known case of tuberculosis or who develops chronic respiratory symptoms shall within one month after exposure/development receive an evaluation in accordance with [subsection A of] § 3.7.

[NOTE: Additional screening is not required for a staff person who had a nonsignificant (negative) reaction to an initial tuberculin skin test.

Screening beyond two years is not required for a staff person who had a significant (positive) reaction to a tuberculin skin test and whose physician certifies the absence of communicable tuberculosis.]

§ 3.8. At the request of the licensee/administrator of the facility or the Department of Social Services, a report of examination by a physician shall be obtained when there are indications that the safety of children in care may be jeopardized by the physical or mental health of a specific staff person.

§ 3.9. Any staff person who, upon examination or as a

Final Regulations

result of tests, shows indication of a physical or mental condition which may jeopardize the safety of children in care or which would prevent performance of duties:

1. Shall be removed immediately from contact with children or food served to children [;] and
2. Shall not be allowed contact with children or food served to children until the condition is cleared to the satisfaction of the examining physician as evidenced by a signed, dated statement from the physician.

Article 4. Staff Training.

§ 3.10. [All staff must be trained in the center's procedures for handling emergencies and such training shall take place before Prior to] assuming job responsibility [and shall include at least the following topics all staff shall receive training in]:

1. Their individual responsibilities in the event of fire, including the location and operation of any fire extinguishers and fire alarm boxes;
2. Their individual responsibilities in the event of a child's illness or injury, including the location and use of the first aid kit.

§ 3.11. Orientation.

[Before assuming job responsibility all staff shall receive job orientation training. Items not covered in the training prior to beginning employment shall be completed within one week of starting date of employment. For staff who work with children, job orientation training shall include, but not be limited to the following topics Staff who work with children shall receive training in the following topics no later than one week after starting employment or volunteer work]:

1. The purpose and services provided by the center;
2. The policies and procedures of the center as these relate to the staff person's responsibilities;
3. [Section 62.1-248.3 of the Code of Virginia:] Procedures for reporting suspected child abuse or neglect to the appropriate local department of social services (Note: § 63.1-248.3 of the Code of Virginia requires any person providing full or part-time child care for pay on a regularly planned basis to report suspected child abuse or neglect.);
4. Confidential treatment of personal information about children in care and their families;
5. The Minimum Standards for Licensed Child Care Centers as related to the staff person's responsibilities.

§ 3.12. Staff development.

[For staff who work directly with children, the center shall assure that:]

[±. A. On an annual basis Such employed] staff [who work directly with children] shall attend at least [two eight hours of] staff development activities [annually; which shall consist of in-service training programs, work shops, or conferences closely related to group care of children.]

[2. Verification of attendance at a staff development activity is made available to the Department's representative, upon request;

3. Staff development activities shall consist of in-service training programs, workshops, or conferences;]

[4. B.] There shall be at least one staff person on duty at all times who has obtained instruction in performing the daily health observation of children from a physician, registered nurse, or health department medical personnel. This instruction shall be obtained at three year intervals.

EXCEPTION: At least one staff person must receive this instruction prior to the initial opening of a center. Within six months of initial licensure, the new center shall comply fully with [paragraph 4 subsection B] of § 3.12.

Article 5. Administrative Staff.

§ 3.13. During the center's hours of operation, one adult on the premises shall be in charge [and responsible for of] the administration of the center. This person shall be either the administrator or an adult appointed by the licensee or designated by the administrator.

Article 6. Program Staff.

§ 3.14. Each person serving in the position of program director, assistant program director, or child care supervisor shall not be responsible for the individual supervision of more than two aides.

§ 3.15. Program director and assistant program director.

A. [Responsibilities.]

There shall be one person responsible for the [center's] program [of the center who shall have the following qualifications:

1. The equivalency of 15 semester hours or 22-1/2 quarter hours of college credits. A maximum of nine Continuing Education Units (C.E.U.'s) will be accepted in lieu of six semester hours or nine quarter hours of college credit. The Child Development Associate (C.D.A) credential may be substituted for 15 semester hours or 22-1/2 quarter hours of college credits.

Final Regulations

Verification of this attainment shall be available to the Commissioner's representative upon request.

2. Ability to provide program planning and implementation which encourages and hastens cognitive growth through creative expression and opportunities for problem solving.

3. Ability to create an environment for the children that facilitates learning, experimentation, curiosity, interest, and exploration while protecting the health and safety of children.

4. Knowledge of supervisory techniques relative to motivation; staff development sufficient to accomplish day-to-day work; to train, support, and develop staff; and to plan responsibilities for auxiliary staff; to ensure that services are provided to children.

B. The program director shall be responsible for: which shall include but not be limited to the following areas:]

1. The content of the program offered to the children in care;

2. Programmatic functions, including orientation, training, and scheduling of all staff who directly supervise children, whether or not the program director personally performs these functions; and

3. Management of the supervision provided to all staff who directly supervise children, whether or not the program director individually supervises such staff.

[B. Qualifications.

1. All program directors hired or promoted after April 1, 1986 shall meet one of the following sets of qualifications:

a. Forty-eight semester hours or 72 quarter hours of college credits of which 12 semester hours or 18 quarter hours are in Early Childhood Education, Child Development, or other subjects relating to group care of children and one year of programmatic experience in a child care center or nursery school; OR

b. Forty-eight semester hours or 72 quarter hours of college credits and two years of programmatic experience in a child care center or nursery school.

c. Allowable substitutions.

(1) A maximum of nine Continuing Education Units (C.E.U.'s) will be accepted in lieu of six semester hours or nine quarter hours of college credits.

(2) The Child Development Associate Credential (C.D.A.) may be substituted for 12 semester or 18 quarter hours of college credits or the C.D.A. may

be substituted for the required courses.

d. Verification of qualifications shall be available to the commissioner's representative upon request.]

C. If the program director is present in the center less than four hours per day, there shall be an officially designated assistant program director who shall assume responsibility in the absence of the program director. [In this situation the assistant program director shall meet the qualifications described in paragraph one of such section B of § 3.15.]

§ 3.16. Child care supervisor.

Individuals working in this capacity are responsible for program implementation and direct supervision of children. [Child care supervisors hired or promoted after April 1, 1986 shall have on of the following qualifications:]

[1. C.D.A. (Child Development Associate Credential); or

2. High school diploma or G.E.D. and one year of programmatic experience in group care for children; or

3. Three years programmatic experience in a child care center or nursery school.]

§ 3.17. Aides.

A. Aides [are may be] under 18 but must be at least 14 years of age.

B. Individuals working in this capacity are assigned to assist the child care supervisor in program implementation and supervision of children.

C. An aide who is under the age of 16 years may work with a group of children only under the direct individual supervision and in the presence of a [staff member who meets the qualifications of the] program director [; assistant program director,] or child care supervisor. An aide under the age of 16 shall not be left in charge of a group of children.

Article 7.

[Volunteer Staff Volunteers and Volunteer Personnel].

[~~3.18~~: NOTE:] Volunteers [are persons who come to the center less than once a week and are not counted toward the required number of staff. Volunteer personnel are persons] who come to the center once a week or more often or who are counted [in toward] the required [ratios of staff to children number of staff in §§ 4.1, 4.2, or 4.7. Volunteer personnel] shall meet the personnel and health requirements for the applicable position.

[~~§ 3.18~~: § 3.18.] All volunteers [and volunteer personnel] shall be under the individual supervision of an [

Final Regulations

~~administrator~~, individual who meets the qualifications of a] program director, [~~assistant program director~~,] or child care supervisor.

[~~§ 3-20.~~ § 3.19.] The duties of volunteers shall be clearly defined.

PART IV. SUPERVISION.

Article 1. General Supervision.

§ 4.1. There shall be at least two [~~adult~~] staff at the center [and on field trips] at all times when one or more children are present. One of these shall [~~be meet~~ the qualifications of] the [~~administrator~~,] program director [; ~~assistant program director~~,] or child care supervisor.

[~~§ 4.2.~~ § 4.2.] When the outdoor activity area is not adjacent to the center, there shall be at least two staff on the outdoor activity area whenever one or more children are present.]

[~~§ 4-2.~~ § 4.3.] A child shall be greeted upon arrival at the center each day by a staff person. If possible, the same staff person shall greet the child each day.

[~~§ 4-2.~~ § 4.4.] A [~~daily~~] written record of children in attendance [each day] shall be [~~kept maintained~~] at the center [and retained for one year] .

[~~§ 4-4.~~ § 4.5.] One staff person shall be able to see and hear each child in the center's care Children shall be supervised (i.e., within sight and sound.)] at all times, except that staff need only be able to hear a child who is using the bathroom. Staff shall check on a child who has not returned from the bathroom after five minutes.

Article 2. Staff to Children Ratio Requirements.

[~~§ 4-5.~~ § 4.6.] Staff shall be counted in the required staff to children ratios only for periods of time when they are directly supervising children.

EXCEPTION: Aides who are under the age of 16 years shall not be counted in determining the required ratios of staff to children.

[~~§ 4-6.~~ § 4.7.] The following ratios of staff to children are required whenever children are on the premises of the center, [or] on the outdoor activity area, and during all field trips provided by the center:

1. For children from birth to the age of 16 months: one staff person for every four children;
2. For children 16 months old to two years: one staff person for every five children;

3. For children from two years to four years: one staff person for every ten children;

4. For children from four years to the age of eligibility to attend public school: one staff person for every 12 children;

5. For children from the age of eligibility to attend public school and older: one staff person for every 20 children.

[~~§ 4-7.~~ § 4.8.] When children are regularly in ongoing mixed age groups, the staff to children ratio applicable to the youngest child in the group shall apply to the entire group.

NOTE: [~~The For children over the age of two, the] transition period up to one hour after opening and one hour before closing is not considered a regular and ongoing mixed age group period. A ratio [applicable to the oldest child in the group of one staff person to every 24 children with each preschool age child counting as two children] shall apply during the transition period [provided that adequate attention to the safety of the group can be maintained. A protected area shall be provided for infants and toddlers in a mixed age group] .~~

[~~§ 4-8.~~ Whenever one or more children are in the outdoor activity area, only staff who are outside with the children shall be counted in meeting the requirements of § 4.6.]

Article 3. Ratio During Rest Periods.

§ 4.9. During designated rest or sleeping periods for [preschool age] children [aged two years or older], the [~~overall~~] ratio of staff to children is permitted to be [~~one staff to every 25 children~~ double the number of children to each staff required in subsection C and D of § 4.7.] , provided that:

1. A staff person is [able to see and hear within the room and within sight and sound of] the resting/sleeping children;

2. All staff counted in the overall [naptime] ratio shall be [in the immediate proximity within the center] and available to assure safe evacuation in an emergency; and

3. An additional person is present at the center to assist, if necessary.

[EXCEPTION: In an mixed age group of preschoolers, double the number of children to each staff applicable to the youngest child shall apply.]

Article 4. Supervision of Children During Swimming & Wading Activities.

Final Regulations

§ 4.10. The staff ratios required by Article 2 shall be maintained while children are using the swimming and wading pools.

§ 4.11. If a pool exceeds two feet of water in depth, a Water Safety Instructor or Senior Life Saver holding a current certificate by an organization such as, but not limited to the Red Cross, shall be on duty supervising the children at the pool at all times when one or more children are in the pool.

§ 4.12. A minimum of two people employed by the center must be on duty supervising the children at the pool at all times when one or more children are in the pool.

PART V. PHYSICAL ENVIRONMENT.

A center must provide an environment which protects the children from physical harm but is not so restrictive as to inhibit physical, intellectual, emotional, or social development.

Article 1. Safety, Health and Comfort.

§ 5.1. No child care center shall be located where conditions exist that would be hazardous to the physical health and safety of children.

[§ 5.2. All equipment and areas inside and outside the center including the grounds shall be well maintained, in safe condition, and free from safety hazards.]

[~~§ 5.2.~~ § 5.3.] Building construction and maintenance.

A. If space used or planned for use by the center is renovated or altered, the plans shall be submitted to the department for review prior to the expected change.

B. Prior to beginning operation and prior to use of newly constructed, renovated, remodeled, or altered buildings or sections of buildings, written documentation of the following shall be provided:

1. Inspection and approval of the building(s) from the local building official [; if applicable, or approval subject to a plan of correction; OR]

[2. Inspection and approval of the building(s) from or] the Office of the State Fire Marshal, [if whichever is] applicable, or approval [subject to of] a plan of correction; [AND]

[3. 2.] Inspection and approval from the local health department, or approval [subject to of] a plan of correction, for meeting:

- a. Sanitation and health;
- b. Water supply;
- c. Sewerage system;

d. Food service [; .]

[4. 3.] Inspection and approval from the local fire department that the center is free from fire hazards or approval [subject to of] a plan of correction; and

[5. 4.] Inspection and approval from the administrator of local child care ordinances, or approval [subject to of] a plan of correction.

C. At the time of a renewal application, written documentation of annual approval, or approval [subject to of] a plan of correction, shall be provided from:

1. The Office of the State Fire Marshal, if applicable;
2. The local health department;
3. The local fire department; and
4. The local administrator of any applicable child care ordinance.

[D. All areas of the center used by children shall be maintained in good repair and in safe condition.

§ 5.3. Equipment and materials:

A. All equipment inside and outside the center shall be maintained in good repair and in safe condition.

B. Equipment and play materials shall be durable and free from characteristics that may be hazardous or injurious to children such as, but not limited to sharp, rough edges; toxic paint; and objects small enough to be swallowed.

C. Steps used by the children and consisting of three or more risers shall be equipped with handrails within the normal handgrasp of the children or a banister with vertical posts, between the handrail and each step, which can be safely grasped by the children.

D. Windows, doors, stairways, walkways, and openings, such as cellars and window wells, or other potential sources of injury or harm to children shall be equipped with safeguards such as, but not limited to screens, gates, and/or handrails.

E. Except in the case of jalousied windows which open both into and out of the window frame, and windows or doors used for fire exits, screens shall cover any windows or doors opened for ventilation.

F. All electrical outlets in rooms used by children shall have protective caps or other equivalent, protective devices approved by an electrical safety authority recognized by the Department.

G. Cleaning fluids and other harmful household agents:

1. Such substances shall be stored in containers that clearly indicate their contents.

Final Regulations

~~2. If such substances are not kept in original containers, the substitute containers shall not resemble food or beverage containers.~~

~~3. Such substances shall be kept in a locked place using a combination or key lock.~~

~~4. If a key is used, the key shall be placed out of the reach of children.]~~

§ 5.4. Grounds.

[~~A. The grounds shall be well maintained and free from safety hazards.]~~

[~~B. A.] There shall be a safe area for [~~parents to pick up and discharge~~ arrival and departure of] children.~~

[~~EXCEPTION: Centers licensed prior to April 1, 1986, which are unable to provide the safe area shall provide parents with procedures for protecting children from traffic and other hazards during arrival and departure.]~~

[~~C. B.] There shall be outside lighting at entrances and exits used by children to protect against injuries when the center operates before sunrise or after sundown.~~

[~~D. C.] Outside sand in [self-contained] boxes [with bottoms which prevent drainage] shall be covered when not in use.~~

§ 5.5. Sanitation.

A. Cleanliness of the facility and all of its furnishings and equipment shall be maintained.

B. The facility shall be free from insects, rodents, and other pests.

C. Drinking water shall be available at all times.

D. Drinking fountains, if used, shall be of a type approved by the local health department.

E. Individual disposable cups shall be provided for drinking water when fountains are not used.

[~~F. There shall be a separate area for isolation of children who are ill, injured, or emotionally upset.~~

F. All disposable products shall be used at once and discarded.

G. Personal articles. If combs, toothbrushes, wash clothes, or cloth towels are used, they shall be individually assigned.]

§ 5.6. Lighting.

Areas used by children shall be adequately lighted for safety and for the activity taking place.

§ 5.7. Temperature and ventilation.

A. Areas used by children shall be well ventilated and dry.

[~~B. Except for windows or doors used for fire exits, screens shall cover any windows or doors opened for ventilation.~~

~~EXCEPTION: For centers licensed prior to April 1, 1986, this requirement does not apply to jalousied windows which open into and out of the window frame at such a depth that they cannot be screened.]~~

[~~C.] Fans shall be placed at a height out of the reach of children or shall be placed in a room to which children do not have access.~~

[~~D.] The center shall use a portable thermometer for measuring temperature in areas used by children.~~

[~~E.] In areas used by children, [~~heat~~ temperature] shall be maintained [~~at a temperature~~] no lower than 68 degrees Fahrenheit.~~

[~~F.] In centers or areas of centers serving infants, toddlers, or preschoolers, the temperature maintained shall be based on a measurement at one to two feet from the floor.~~

[~~2. In centers or areas of centers serving school age children, the temperature maintained shall be based on a measurement at four to five feet from the floor.]~~

[§ 5.8. Equipment and materials.

A. Equipment and play materials shall be durable and free from characteristics that may be hazardous or injurious to children such as, but not limited to, sharp, rough edges; toxic paint; and objects small enough to be swallowed.

B. Steps used by the children and consisting of three or more risers shall be equipped with handrails within the normal handgrasp of the children or a banister with vertical posts, between the handrail and each step, which can be safely grasped by the children.

C. Windows, exterior doors, stairways, walkways, and openings, such as cellars and window wells, or other potential sources of injury or harm to children shall be equipped with safeguards such as, but not limited to, screens, gates, and/or handrails.

D. All electrical outlets in areas used by children shall have protective caps or other equivalent, protective devices approved by an electrical safety authority recognized by the department.

E. Cleaning fluids and other harmful household agents.

Final Regulations

1. Such substances shall be stored in containers that clearly indicate their contents.

2. If such substances are not kept in original containers, the substitute containers shall not resemble food or beverage containers.

3. Such substances shall be kept in a locked place using a safe locking method that cannot be unlocked by children.

4. If a key is used, the key shall be placed out of the reach of children.]

Article 2.

Space, Furnishings, Equipment [,] and Materials.

[§ 5.8: § 5.9.] Group activity areas.

A. Calculation of activity space.

1. Centers shall have a minimum of 25 square feet of available activity space per child and 200 cubic feet of air space per child. [Space in areas used by infants and toddlers shall be calculated separately from space for older children.]

[2. NOTE:] Activity space includes equipment used during activities.

[3. 2.] Areas not routinely used for children's activities shall not be calculated as available activity space. Space not calculated shall include, but not be limited to offices; hallways; bathrooms; kitchens; storage rooms/closets; and space occupied by [cribs, changing tables, or] equipment which is not used in or does not contribute to the children's activities.

[4. In centers serving children under the age of 16 months, space occupied by, but not limited to the following basic equipment shall not be calculated as available activity space: cribs, changing tables, high chairs, rocking chairs, feeding tables, playpens.]

B. Centers shall have equipment and materials which are suitable, [age- and] appropriate [; to the developmental stages of the children,] in sufficient supply, and accessible to children for activities required by these standards.

C. Areas shall be provided where equipment and materials can be readily used by children during active play periods.

[D. When children are crawling on the floor, walls or sturdy dividers shall separate them from children who are walking or learning to walk.]

[E. D. A protected area shall be provided for children who are learning to walk separate from children who are already walking. When playing on the floor, children at

each developmental stage shall be protected from children at more advanced developmental stages.]

[F. Sturdy work tables and chairs that are not of inappropriate height shall be available for children over 16 months of age, so that they may engage in activities standing or sitting.]

[G. E.] Tables and chairs in a quiet area shall be available for school age children who wish to study.

[H. F.] An activity area shall be available for school age children which is separate from that assigned for the use of younger children.

[I. G.] Outdoor activity space.

1. Centers shall use a clean, safe outdoor activity area, either adjoining or accessible to the center, which shall provide a minimum of 75 square feet of space per child on the outdoor area at any one time.

2. The outdoor activity area for children shall include an unpaved space such as, but not limited to [,] grass or indoor/outdoor carpet.

3. Sufficient, suitable, age-appropriate outdoor play equipment shall be provided for children using the outdoor activity area and shall be safely maintained.

[J. H.] Swimming and wading pools.

1. When permanent swimming or wading pools are located on the premises of the center the following standards shall apply:

a. All pools constructed, renovated, or remodeled after July, 1976 shall have a statement of their inspection and approval from the State Health Department and the local administrator.

b. All pools constructed, renovated, or remodeled after [..... (the effective date of these standards) April 1, 1986,] shall have a statement in writing of their inspection and approval from the local building official.

c. Outdoor swimming pools shall be enclosed by safety fences and gates which shall be kept locked when the pool is not in use.

d. Entrances to indoor swimming pools shall be locked when the pool is not in use.

e. Written safety rules shall be posted at the pool.

2. When swimming or wading is provided as a part of the center program in either on-site or off-site pools, the following standards apply:

a. [There shall be maintained on file in the center

Final Regulations

The center shall maintain] written, signed permission from the parent of each child who participates in swimming or wading.

b. [~~Written~~ The center shall distribute written] safety rules [~~shall be developed and distributed~~] to center staff and to parents of participating children.

c. If portable wading pools are used, they shall be emptied of dirty water and filled with clean water for each day's use, and more frequently if necessary.

[~~§ 5.9.~~ § 5.10.] Areas for sleep and rest.

A. No more than one child at a time shall use a crib, cot, mat, or bed.

B. A separate crib, cot, bed, or mat, according to the age of the child, shall be assigned to each child who is regularly in attendance at naptime or bedtime.

C. Cribs, cots, mats, and beds shall be marked or identified in some way for use by a specific child.

D. Double decker cribs, cots, or beds shall not be used.

E. Children under the age of [~~16~~ 24] months shall be provided separate sleeping areas from those children [~~16~~ 24] months and over.

F. Cribs.

1. Cribs must be used for children under the age of 12 months of age and for children over 12 months of age who are not developmentally ready to sleep on a cot.

2. Crib sides shall always be up and the fastenings secured when a child is in the crib, except when staff is giving the child immediate attention.

3. When cribs with slats are used by the center, there shall be no more than six centimeters or 2-3/8 inches of space between slats.

G. Mats may be used by school age children only.

1. Mats shall be at least 22 inches wide and 39 inches long and shall be covered with a waterproof material that is readily cleanable, such as vinyl.

2. Mats shall be at least one inch thick.

H. [~~Evenings~~ Evening] and overnight.

1. For evening care, beds with mattresses or cots with at least a one inch foam rubber pad shall be provided for children not required to sleep in cribs.

2. For overnight care, beds with mattresses or cots

with at least a two inch foam rubber pad shall be required for children not required to sleep in cribs.

3. For overnight care which occurs for a child on a regular and ongoing basis, beds with mattresses shall be required.

4. For [~~evenings~~ evening] and overnight care, separate sleeping areas shall be provided for children of the opposite sex 10 years of age and older.

5. When sleeping garments are used, they shall be clean, comfortable, and plainly marked for individual use.

I. [Required] bed linens.

1. Required bed linens for cribs, cots, mats, or beds shall consist of a top cover and a bottom cover or a one-piece covering which is open on three edges.

2. Mattresses, when used, shall be covered with a waterproof material which can be easily sanitized such as, but not limited to [,] vinyl or a nonfilm type polyethylene material.

J. Pillows.

1. When used, pillows shall be assigned for individual use and covered with pillow cases.

2. Pillows shall not be used by children under two years of age.

K. Arrangement of cribs, cots, mats, and beds.

1. When one or more children are scheduled to enter or leave the center while other children are resting or sleeping, the cribs, cots, mats, or beds shall be placed so that the resting or sleeping children are not disturbed by the arriving or departing children.

2. Occupied cribs, cots, mats, and beds shall be at least 2-1/2 feet from radiators in use.

[3. There shall be at least 30 inches of space between service sides of occupied cribs and other furniture when that space is the walkway for staff to gain access to any child in any crib.]

[~~3.~~ 4.] There shall be at least 12 inches of space between the sides and ends of occupied cribs except where they touch the wall.

[4. The service side of each crib shall be fully accessible to staff by at least 30 inches.]

5. Cots, beds, or mats shall be placed so that children can get on and off their cots, beds, or mats without being hampered in their movement.

Final Regulations

a. There shall be at least 15 inches of space between sides and ends of occupied cots, beds, and mats.

b. Fifteen inches of space are not required where cots, beds, or mats touch the wall or where screens are placed between cots or beds as long as one side is open at all times to allow for passage.

[§ 5.11. Quiet, private area.

There shall be a separate area for children who are ill, injured, or emotionally upset.]

[§ 5.10. § 5.12.] Bathroom facilities.

A. Bathroom areas shall be equipped with sinks with [~~hot~~ heated] and cold running water, soap, paper towels, toilets, and toilet paper.

B. All toilets counted for children shall be the standard flush type, accessible and within the same building as the children.

C. Urinals may be substituted for not more than one-half the required number of toilets, provided the center has at least two toilets.

D. Adult size toilets with privacy shall be provided for staff use. Staff toilets may be counted in the number of required toilets for children [only] if children [use them] on a routine basis.

E. When child size toilets, urinals, and low sinks are not available in bathrooms used by preschool children, at least one platform or set of steps will be available so that preschool children may use adult size toilets and sinks without assistance or undue delay.

F. In [evening and] overnight care, [a an operational] tub or shower shall be provided for children over [16 24] months to bathe.

G. [Ratios: Required number of toilets and sinks.]

1. The center shall have one toilet and one sink for every 15 preschool children and one toilet and one sink for every 30 school age children.

[2. In centers or portions of centers licensed for school age children, at least one toilet shall be individually enclosed for privacy in any bathroom which contains more than one toilet.]

[3.] For centers licensed for 30 or fewer school age children, [the following standards shall apply:]

[a.] only school age children of the same sex may occupy the bathrooms at the same time.

[b. If the bathroom contains more than one toilet, at least one toilet shall be individually enclosed for privacy.]

[4.] For centers licensed for more than 30 school age children, [the following standards shall apply:]

[a.] separate bathrooms shall be provided for school age children of the opposite sex.

[b. In bathrooms with more than one toilet, at least one toilet shall be individually enclosed for privacy.]

H. Diapering and toilet training [areas] .

[1.] In centers serving children who are not completely toilet trained, [the following requirements apply:]

[1.] there shall be a diapering [area center] in each [room area] or [in an adjacent room which opens into immediately accessible to] each area designated for children not toilet trained. [To be considered immediately accessible, the diapering center must be located in a room which opens directly into the area for children.] The diapering [area center] shall contain:

a. A sink with [~~hot~~ heated] and cold running water and a nonabsorbent changing surface;

b. A step-on diaper pail with leakproof disposable liners or equivalent equipment which does not require the top of the pail to be touched by hand when discarding diapers. If both cloth and disposable diapers are used, there shall be one such pail for each type; [and]

c. A covered receptacle for soiled bed linens and nondisposable wash cloths.

[2. When toilet chairs are used, they shall be located in each room or in the bathroom adjacent to each room designated for children not toilet trained.

3. There shall be one toilet chair and one adapter seat or two toilet chairs for each twenty children between the ages of 20 months and 32 months. Child size toilets located in or adjacent to any room used for the majority of the day by children being toilet trained may substitute for or supplement the required number of toilet chairs.

4. There shall be a toilet in or immediately adjacent to each room used for the majority of the day by children being toilet trained.

2. For every 10 children in the process of being toilet trained there shall be one toilet chair, OR one child-sized toilet, OR one adult sized toilet with a

Final Regulations

platform or steps and an available adapter seat. These items shall either be located in the area used for the majority of the day by the children being toilet trained OR the immediately accessible area (see § 5.10.H.1).

3. When only toilet chairs are used, there shall be a toilet located in an area or room in which the door is not more than 10 feet from the area used for the majority of the day by the children being toilet trained.]

[I. Personal articles:

~~Combs, toothbrushes, wash cloths, and cloth towels, if used, shall be individually assigned.]~~

[§ 5.11. § 5.13.] Food service areas.

A. Eating utensils and dishes shall [~~not~~] be [~~inappropriate for appropriate to~~] the [~~age, size, sizes, developmental stages,~~] and physical dexterity of the children served.

B. Disposable dishes [and utensils] shall be sturdy enough to contain food without leakage [and to prevent harm and injury to children] .

[~~C. Disposable utensils shall be sturdy enough to prevent injury or harm to children.]~~

[~~D. C.] High chairs, infant carrier seats, or feeding tables shall be used for children under 12 months who are not held while being fed.~~

[~~E. D.] Sturdy chairs and tables [~~of~~] appropriate [~~height and size for to the sizes of~~] the children [~~served~~] shall be used at mealtime [~~for children 16 months and over~~] .~~

[§ 5.12. § 5.14.] Storage.

A. There shall be individual storage space such as, but not limited to, lockers or cubbies for each child's clothing and personal items.

B. There shall be storage space accessible to the children for equipment and materials used by them.

PART VI. PROGRAMS AND SERVICES.

Article 1. Admissions Policies and Procedures.

§ 6.1. Identifying information for each child.

A. Each center shall maintain and keep at the center a separate record for each child.

B. Each child's record shall contain the following

identifying information:

1. Name, nickname (if any), sex, and birthdate of the child;
2. Name, home address, and home telephone number of each parent who has custody;
3. Work telephone number and place of employment of each parent who has custody;
4. Name and telephone number of child's physician;
5. Name, address, and telephone number of a designated person to call in an emergency if a parent cannot be reached;
6. Names of persons authorized to pick up the child, as well as those not permitted to pick up the child;
7. Admission date;
8. Enrollment termination date;
9. The child's grade level and the name of his [~~her~~] school, where applicable.

C. Children under 12 months of age shall have their name identified on some item attached to their person or their clothing. Necklaces and pins shall not be used.

§ 6.2. Agreements/authorizations.

A. [~~The following A~~] written [~~agreements agreement~~] between the parent and the center shall be in the child's record at the time of the child's admission [~~and shall be retained for one year after the child's enrollment ends.~~]. The agreement shall include:]

1. An [~~agreement authorizing~~ authorization for] emergency medical care if an emergency occurs when the parent cannot be located immediately;
2. [~~An agreement A statement~~] that the center will notify the parent when the child becomes ill and that the parent will arrange to have the child picked up as soon as possible.

B. Written permission from the parent authorizing the child's participation in center field trips shall be in the child's record.

C. One of the following two methods of obtaining permission for field trip participation shall be used:

1. Separate written permission shall be secured for each field trip [~~and retained in the child's record for one year~~] .

OR

2. Written permission for [~~any all~~] center field trips

that occur while the child is enrolled in the center shall be secured [~~and retained for one year after the child's enrollment ends~~]. In addition, the parent must be informed in advance of each planned field trip and be given the opportunity to withdraw his child(ren) from a field trip.

D. If a parent wishes a child to leave the center unaccompanied, written permission from the parent authorizing the child to leave the center shall be secured [~~and retained in the child's record for one year or for as long as it applies, whichever is longer~~] .

E. The center shall not release a child to any person without the parent's consent.

§ 6.3. Assessment and initial plan of care.

A. Prior to the child's admission there shall be a personal interview at the center with a staff person, the parent, and the child unless there are unusual circumstances which preclude having the child present for the initial interview.

[{ NOTE: } The purpose of the interview is to provide the opportunity for the parent and staff and exchange information [~~to~~ and] arrive at a joint decision about the admission of the child. [}]

B. Prior to the child's admission, the center shall inform the parent of:

1. Fees [;] and [tuition, and]
2. The program and activities provided.

C. Prior to the child's admission, the center shall provide written information to the parent regarding the following:

1. Admission and enrollment termination policies;
2. Hours and days of operation, including holidays and other closures;
3. The center's definition of acceptable and unacceptable discipline methods;
4. Transportation safety policies, when transportation is provided;
5. Food policies.

§ 6.4. Physical examinations/immunizations.

A. Timing and frequency of medical reports.

1. Immunizations.

Section 22.1-271.2 of the Code of Virginia requires that documentation of all immunizations received be

obtained prior to each child's admission to a child care center required to be licensed by this Commonwealth.

EXCEPTION (§ 22.1-271.2 C of the Code of Virginia): Documentation of immunizations is not required for any child whose parent submits an affidavit to the center, on the form entitled "Certificate of Religious Exemption", stating that the administration of immunizing agents conflicts with the parent's or child's religious tenets or practices.

2. Physical examination.

Each child shall have a physical examination by or under the direction of a physician, prior to admission or within one month after admission. The schedules for examinations prior to admission for different age groups are listed below:

- a. Within two months prior to admission for children six months of age and younger;
- b. Within three months prior to admission for children aged seven months through 18 months;
- c. Within six months prior to admission for children aged 19 months through 24 months;
- d. Within 12 months prior to admission for children two years of age through five years of age;
- e. Within two years prior to admission for children six years of age and above.

EXCEPTIONS: (1) Children transferring from a facility licensed by the Virginia Department of Social Services, certified by a local department of public welfare/social services, or approved by a licensed family day care system:

If the initial report or a copy of the initial report of immunizations is available to the admitting facility, no additional examinations is required. If the initial report or a copy of the initial report is not available, a report of physical examination and immunizations is required in accordance with [~~§ 6.4.A and § 6.4.B~~ subsections A and B of § 6.4] .

(2) (§ 22.1-270 D of the Code of Virginia): Physical examinations are not required for any child whose parent objects on religious grounds. The parent must submit a signed statement noting that the parent objects on religious grounds and certifying that to the best of the parent's knowledge the child is in good health and free from communicable or contagious disease.

B. Form and content of medical reports.

1. The current form required by the Virginia Department of Health shall be used to report

Final Regulations

immunizations received and the results of the required physical examination.

EXCEPTION: When the current Health Department form has not been used such as, but not limited to when a child transfers from another state, other documentary proof of the child having received the required examination and [~~immunization~~ immunizations] shall be accepted. Documentary proof may include, but not be limited to an International Certificate of Immunization, another state's immunization form, or a physician's letterhead.

2. Each report shall include the date of the physical examination and dates immunizations were received.

3. Each report shall be signed by a physician, his [~~her~~] designee, or an official of a local health department.

4. Each report shall be filed at the center during the child's enrollment.

Article 2. Health Care.

§ 6.5. Medical reports after admission.

A. Updated information on immunizations received shall be obtained once every six months for children under the age of two years.

B. Updated information on immunizations received shall be obtained once between each child's fourth and fifth birthdays.

C. These medical reports shall meet the form and content requirements under [§ 6-4-B subsection B of § 6.4] .

§ 6.6. Medication.

A. Prescription and nonprescription [~~medications~~ medication] shall be given to a child only with written authorization from the parent.

B. The authorization for administering any medications shall be effective for a limited time period not to exceed ten work days, unless otherwise prescribed by a physician, and shall be retained on file at the center during the effective period.

C. All medication shall be labeled with the child's name, the name of the medication, the dosage amount, and the time(s) to be administered.

D. Prescription medication shall be in the original container with the prescription label affixed.

E. All [~~medications~~ medication] shall be kept in a designated locked place or a refrigerator inaccessible to

children.

F. Prescription and nonprescription [~~medications~~ medication] shall be returned to the parent as soon as the [~~medications are medication is~~] no longer being administered.

§ 6.7. Special care provisions [to prevent the spread of disease] .

A. [~~Trained staff~~ Staff with training as required in subsection B of § 3.12] shall observe each child daily for signs and symptoms of illness.

B. If a child has signs or symptoms of a communicable disease or has a diagnosed communicable disease, arrangements shall be made for the child to leave the center as soon as possible after the signs or symptoms are noticed.

C. A child showing signs or symptoms of a communicable disease shall remain in the designated [~~isolation~~ quiet, private] area until leaving the center.

D. When a child has been exposed to a communicable disease while attending the center, the parent shall be notified at the end of the day.

E. The current edition of the communicable disease chart, available from the State Department of Health or Department of Social Services, shall be posted in the center.

F. The current Communicable Disease Chart recommendations for the exclusion of sick children from the center shall be followed. (Refer to Communicable Disease Chart in Appendix).

G. If a child's clothing becomes wet or soiled, it shall be changed immediately.

H. Children's hands shall be washed with soap and [warm] water prior to eating meals or snacks and after toileting.

[~~I. A plan of accident and/or school insurance shall be available to the parent. The center may designate whether the parent's participation in the plan is optional or mandatory.~~

J. There shall be a posted daily record which can be easily seen by both the parent and by the staff working with the children. The record shall be maintained on each child under 18 months and shall include the following information:

1. The amount of time the child slept;

2. The amount of food taken and the time;

3. A description and the time of irregular bowel

movements;

4. Developmental milestones.

K. Parents shall be informed of exceptional behavior.]

[~~L.~~ I. Staff procedures for] diapering and toileting.

1. Diapers shall be changed [in the child's crib or] on a nonabsorbent changing surface which shall be washed with soap and warm water after each use. A disposable paper sheet which is discarded after each diapering may be used in lieu of washing the nonabsorbent changing surface after each use.

[2. A child's diapers shall not be changed in a crib.]

[~~2.~~ 3.] The child's genital area shall be thoroughly cleaned during each diapering.

[~~3.~~ 4.] Staff shall wash their hands with soap and warm water after each diaper change and after helping a child with toileting.

[4. Disposable wash cloths used in diaper changes shall be used once and discarded.]

5. Cloth wash cloths used in diaper changes shall be used once and laundered before being used again.

6. Toilet chairs shall be emptied promptly after each use.

[7. Paper towels shall be used once and discarded.]

[~~M.~~ J. Laundering of] bed linens.

1. Crib sheets for children under 12 months of age shall be changed at least once a day and whenever soiled.

2. Bed linens for children 12 months of age and older shall be changed at least once per week and whenever soiled.

3. Bed linens shall be assigned for a child's individual use and shall be laundered before being used by another child.

4. Pillow cases shall be assigned for individual use. Pillow cases shall be laundered before being used by another child and changed at least weekly and whenever soiled.

Article 3.

Communication with Parents.

§ 6.8. There shall be regular, planned communication between the center and the parent [about the progress, adjustment, and needs of the child] .

[§ 6.9. Evaluations shall be made continuously by the center to determine the effectiveness of service and the needs of the child and his family in regard to child care.]

[§ 6.10. § 6.9.] When a center decides to terminate the enrollment of a child, the center shall inform the parent of the reason(s) for termination.

[§ 6.11. § 6.10.] The center shall encourage parental involvement on a volunteer basis in any appropriate center activities.

[§ 6.12. § 6.11. The center shall be open for] parents [shall be free] to visit and observe [their] children [at the center] at any time. [Section 63.1-210.1 of the Code of Virginia.]

[§ 6.12. Parents shall be informed of exceptional behavior which is unusual for the child or for the chronological age of the child.

§ 6.13. For each child under 18 months, the center shall post a daily record which can be easily seen by both the parent and by the staff working with the children. The record shall include the following information:

1. The amount of time the child slept;
2. The amount of food consumed and the time;
3. A description and the time of irregular bowel movements;
4. Developmental milestones.]

Article 4.

Management of Behavior.

[§ 6.13. § 6.14.] Acceptable and unacceptable methods of discipline shall be defined in a written policy.

[§ 6.14. § 6.15.] Staff shall know and adhere to the center's policy on acceptable and unacceptable discipline methods.

[§ 6.15. § 6.16.] Expected behavior shall be on the child's developmental level.

[§ 6.16. § 6.17.] Limits or rules shall be appropriate and understandable to the children to whom they apply.

[§ 6.17. § 6.18.] Discipline shall be fair and consistently applied.

[§ 6.18. § 6.19.] Discipline shall be appropriate to the infraction and timely.

[§ 6.19. § 6.20.] There shall be no physical punishment [or disciplinary action] administered to the body [such as, but not limited to, spanking; forcing a child to assume an

Final Regulations

uncomfortable position (e.g., standing on one foot, keeping arms raised above or horizontal to the body); restraining to restrict movement through binding or tying; enclosing in a confined space, box, or similar cubicle; or using exercise as punishment] .

[~~§ 6.20.~~ § 6.21.] Children shall not be shaken [at any time] .

[~~§ 6.21.~~ A child shall not be forced to assume an uncomfortable position such as, but not limited to, standing on one foot; keeping arms raised above or horizontal to the body; restraining to restrict movement through binding or tying; enclosing in a confined space, box, or similar cubicle.]

§ 6.22. [Discipline shall not be verbally abusive nor be associated with food, rest/sleep, or toileting. The center shall neither force nor withhold food, neither force nor withhold naps, nor punish toileting accidents in disciplining the child] .

§ 6.23. Staff shall not [make threats to or derogatory remarks about any children or their families be verbally abusive which would include but not be limited to threats or belittling remarks about any child or the family] .

Article 5. Nutrition and Food Services.

§ 6.24. Meals and snacks.

A. Meals and snacks shall be provided by the center or catered, according to the following requirements:

1. Centers open morning through afternoon shall serve a morning snack, a midday meal, and an afternoon snack.

2. Centers open part of the day shall serve appropriate snacks and/or meals, based on their hours of operation; e.g., a center open only for after school care must serve an afternoon snack; a center open from seven a.m. to one p.m. must serve a morning snack and a midday meal [; etc. ; a center offering evening or overnight care shall serve a snack.]

[~~3.~~ Meals and snacks shall provide opportunities for children to learn to eat and enjoy a variety of nutritious foods:

4. A menu listing all meals and snacks to be served by the center during the current one week period shall be dated and posted in a location conspicuous to parents or distributed to parents:

5. Posted menus shall reflect substitutions.

6. Menus shall be retained at the center for one month.

3. Children who have not eaten an evening meal before they are admitted to the center for evening and/or overnight care shall be served one.

4. Children shall be served any meals or snacks scheduled for the period during which they are present in the center.

5. There shall be a period of at least 1-1/2 hours between each meal or snack service.]

[~~7.~~ 6.] Meals and snacks shall meet the nutritional needs of children [and shall be equivalent to dietary allowances as] established by [the following a] recognized authority [; such as]

[a.] the Child Care Food Program of the U. S. Department of Agriculture [which states that other than for infants on formula, the main meal and snacks of the day served at the center shall be attractive in appearance and shall provide 1/3-2/3 of the child's daily food needs, and shall consist of: as listed in the charts found in Appendix II.]

[(1) Meat, eggs, cheese, poultry, fish, or peanut butter;

(2) Full strength natural vegetable or fruit juice, fruit;

(3) Enriched or whole grain bread or cereal such as, but not limited to dry boxed baby cereal, oatmeal, cream of wheat, rice, spaghetti, or macaroni;

(4) Butter or fortified margarine;

(5) Milk;

(6) A simple dessert, such as fruit or pudding;

(7) A vegetable such as, but not limited to green beans, peas, lima beans, turnips, cabbage, lettuce, beets, and potatoes; potatoes shall not be served more than three times a week; and

(8) Dark green, leafy vegetable or deep yellow vegetable (carrots, yams, pumpkin), tomatoes, cantaloupe, peaches (all sources of vitamin A) shall be served at least three times a week in addition to the vegetables listed above.

7. Meals and snacks shall provide opportunities for children to learn to eat and enjoy a variety of nutritious foods. Three sources of Vitamin A shall be served each week as listed in the chart found in Appendix II.]

8. [Children The center] shall not [be served serve] junk foods and empty calorie foods as part of a meal or [required] snack such as, but not limited to:

Final Regulations

a. Soda water and carbonated drinks [sweetened water based beverages, tea and coffee] ;

b. Candies - hard sugar, fondants, [i.e., caramels, chocolate, etc.] spun sugar;

c. Gum;

d. Caramel corn;

9. Potato chips, corn chips, cookies, cake may be served only [as a supplement to with] a nutritionally balanced meal [and may not be served alone as a required snack] .

[10. There shall be a period of at least 1-1/2 hours between each meal or snack service.

11. Children shall be served any meals or snacks scheduled for the period during which they are present in the center.]

[10. Menus.

a. A menu listing all meals and snacks to be served by the center during the current one week period shall be dated and posted in a location conspicuous to parents or distributed to parents.

b. Posted menus shall indicate substitutions.

c. Menus shall be retained at the center for one month.]

[12. 11. Children shall be served The center shall serve] portions appropriate for [their the] age, nutritional needs, and [stage stages] of development [of the children] . (Refer to USDA chart in Appendix)

[13. 12.] Children shall be permitted to have additional servings.

[14. Children who have not eaten an evening meal before they are admitted to the center for evening and/or overnight care shall be served one.

15. A snack shall be served to children in evening and/or overnight care.]

B. The center may choose to permit parents to provide any of the following categories of food:

1. Special diets [for religious and medical reasons] ;
2. Infant formulas;
3. Baby food;
4. Breakfasts;
5. Snacks;
6. Beverages and foods for celebrations and field trips;
7. Mid-day meals for school age children only.

C. If the center chooses to permit parents to provide

food, it shall [develop and] provide parents with a copy of written policies and procedures which shall address:

1. When and under what conditions food may be brought from home;

2. Procedures [of for stocking and] supplying food from the center [if to] a [child's child whose] food is lost or becomes inedible or is inadequate in nutrition or quantity;

3. Procedures used by both parents and the center to protect against food contamination and spoilage; [and]

4. procedures used by both parents and the center to prevent children from eating food brought by other children, unless the food is intended to be shared, such as food brought for a celebration;

[D. If the center permits parents to bring food from home, the center shall have food in stock which shall be offered to children to supplement any meals or snacks brought from home which are observably inadequate in nutrition or quantity, except for special occasions such as birthday parties.]

[E. D.] If the center permits parents to bring food from home, all unused portions shall be discarded or returned to parents at the end of each day.

§ 6.25. Special food service needs.

Special diets for individual children shall be provided by the center or brought from home.

§ 6.26. Infant and toddler food service needs.

A. Infants shall be fed on demand unless parents provide other written instruction.

B. Prepared infant formula shall be [refrigerated and] clearly labeled with the child's [full name and refrigerated first and last names] .

C. Bottle fed infants who cannot hold their own bottles shall be picked up and held when fed. Bottles shall not be propped.

D. No child shall be allowed to drink from a bottle while lying down [such as, but not limited to in a crib, playpen, or on a cot or mat.]

[E. Children shall not drink from a bottle or] while walking around.

[F. E.] Formula, bottled breast milk, and baby food not [taken consumed] by an infant may be used later in the same day, if dated and stored in the refrigerator; otherwise, it shall be discarded or returned to the parent at the end of the day.

Final Regulations

[~~G. F.~~] The record of each child on formula shall contain:

1. The brand of formula;
2. The child's feeding schedule; and
3. A statement signed by the parent noting any type(s) of commercial formula which may not be used in an emergency.

[~~H. G.~~] A one-day's emergency supply of disposable bottles, nipples, and commercial formulas appropriate for the children in care shall be maintained at the center.

[~~I. H.~~] Upon request, mothers shall be allowed to breastfeed their infants at the center.

[~~J. I.~~] Staff shall feed semi-solid food with a spoon [unless the parent requests otherwise].

[~~K. EXCEPTION:~~] Infant feeders such as, but not limited to, the plunger type feeding device shall not be used except with written authorization and instructions from the child's physician.

[~~L. J.~~] Children [six months of age and older] shall be encouraged to feed themselves [according to their developmental readiness].

[~~M. K.~~] Drinking water shall be offered at regular intervals to infants and toddlers.

[~~N. L.~~] Children using infant seats or high chairs shall be carefully supervised during snacks or meals. When a child is placed in an infant seat, the protective belt shall be fastened securely.

§ 6.27. Contract food services.

A. If a catering service is used, it shall be approved by the local health department.

B. A copy of the current contract shall be made available to the Department's representative upon request.

Article 6. Activities.

§ 6.28. The daily program for children shall provide experiences which promote [the individual child's] growth, well-being, and the age-appropriate development of gross and fine motor skills; language skills; cognitive skills; social and emotional skills; positive self-concept [; and encourage the child's] curiosity, interest, and exploration.

§ 6.29. There shall be a routine yet flexible schedule so that children have the security of knowing the sequence of daily activities.

A. The written schedule shall be available to parents

upon request.

B. The daily schedule shall be retained for one month.

§ 6.30. Activities shall be geared to the [age ages] and developmental [level levels] of the children served.

§ 6.31. A mix of materials and activities both group and individual, active and quiet shall be provided.

§ 6.32. Outdoor activity shall be provided daily, weather permitting.

A. Centers operating [at least] five hours [or more] per day shall have at least one hour of outdoor [activities activity] per day which shall be divided between morning and afternoon.

B. Centers operating less than five hours per day shall have a brief outdoor recess in the morning or afternoon.

EXCEPTION: Outdoor activity may be omitted on days when an [all-day all day] field trip will take place indoors, as in a visit to a museum.

§ 6.33. Infant and toddler activities.

A. For infants and toddlers, the center shall provide equipment and opportunities for sensory and perceptual experiences, and gross and fine motor development.

B. Infants and toddlers shall spend most of their waking hours outside of the crib, [highchair high chair], playpen, or other confining equipment.

C. There shall be periods of time each day when infants and toddlers shall be free to creep, crawl, toddle, and walk [as they are physically able.]

D. Stimulation shall be regularly provided for infants and toddlers in a variety of ways including being held, talked to, and played with by staff.

E. For awake infants or toddlers or other children who cannot move about unassisted, staff shall change the places and position of the child and the selection of toys or objects available to the child at least every 30 minutes.

§ 6.34. Preschool activities.

The following activities and experiences shall be accessible to preschool children on a daily basis:

[A. 1.] Creative Expression - For example: painting and drawing; use of scissors and paper; use of paste, clay, fingerpaints; socio-dramatic play using dolls, puppets, felt boards; use of collage materials.

[~~B. 2.~~] Rhythm and Music - For example: listening to, dancing to, singing along with records/tapes; use of instruments such as rattles, bells, shakers, sandpaper

Final Regulations

blocks, triangles, drums, horns; singing and reciting songs, rhymes, finger plays.

[~~C~~ 3.] Language and Communication Experiences - For example: book and story reading; story-telling; viewing film strips; listening to recorded stories; group discussion; show and tell; use of flannel boards.

[~~D~~ 4.] Sensory Experiences and Nature Exploration - For example: discussion and observation of plants, leaves, weather; observation [of] and caring [of] fish and marine life; water play; nature walks; use of toys that stimulate the sense of touch, sight, taste, hearing, and smell; use and observation of wood, soil, sand.

[~~E~~ 5.] Manipulation and Perceptual Experiences - For example: building with blocks [; ~~building with~~ ,] interlocking logs [; ~~building with~~ ,] wooden dowels, [~~blocks~~ ,] wheels with multiple holes; play with nesting and stacking toys, pyramid rings/squares; use of interlocking blocks, cubes, geometric shapes, rings.

[~~F~~ Home 6. Social] Living - For example: play [~~in~~ with] child-size [~~interest areas household items~~] ; imaginative play through the use of dress-up clothes; play with dolls and doll houses, block people, wooden zoo and farm animals; use of puppets and play store items.

[~~G~~ 7.] Tactile and Pre-Quantitative Experiences - For example: play in and measurement of water, sawdust, rice, beans, pebbles, soil, use of pails and shovels, measuring play in and measurement of water, sawdust, rice, beans, pebbles, soil; use of pails and shovels, measuring cups and spoons, funnels, pouring devices; availability of hose for siphoning; sponges.

[~~H~~ 8.] Fine Motor Activities - For example: use of puzzles, manipulatives, beads, peg boards, mosaics, parquetry boards, spools; play with small balls, lacing boards, sorting toys; building with dominoes; modeling with clay; use of an abacus.

[~~I~~ 9.] Gross Motor Activities - For example: climbing; balancing on steps, balance board; playing hopscotch; jumping rope; riding on or rolling transportation toys; throwing bean bags, rubber and non-toxic balls; play with punching bags; digging; reaching.

[NOTE: Many activities provide the opportunity to combine several of the interest areas above. For example, a center may make a collage of fall leaves combining 1 and 4. Many of the manipulative and fine motor activities could be the same, etc.]

§ 6.35. School age activities.

A. [~~If they so desire~~] Children in kindergarten and first grade may be allowed to participate in activities with

preschool children.

B. Activities for school age children shall include, but not be limited to arts, crafts, organized games or sports, reading, field trips, outdoor play.

§ 6.36. Evening and overnight care activities.

Activities for children in evening or overnight care shall include [(as time allows)] age-appropriate activities described in § 6.34. Quiet activities and experiences shall be available immediately prior to bedtime.

[Article 7. § ~~6.37~~.] Resting.

[~~A~~. § 6.37.] Children of all ages shall be allowed to rest or sleep as needed [on cots, beds, or mats] .

[~~B~~. § 6.38.] Resting or sleeping infants and toddlers shall be checked at least every 30 minutes.

[~~C~~. § 6.39.] Centers operating five or more hours per day shall have a designated rest period for preschool children in attendance at the time of the rest period.

[~~I~~. A.] The designated rest period shall be at least one hour but no longer than two hours unless children are actually sleeping.

[~~I~~. B.] Cots [; or] beds, [~~or mats~~] shall be used during the designated rest period.

PART VII. EMERGENCIES.

Article 1. [Specialized] Staff Training.

§ 7.1. There shall be at least one staff person on the premises during all hours of operation who has received within the past three years a basic certificate in standard first aid (Multi-Media, Personal Safety, or Standard First Aid Modular) [~~through~~ from a course approved by] the [American] Red Cross.

NOTE: Centers that have licenses in effect on [.....] (effective date of these standards) April 1, 1986,] shall comply with this standard by [.....] six months after [the effective date] the standards become effective for that facility] .

Article 2. [Buildings and] Equipment [for Emergencies] .

§ 7.2. Each building of the center shall have a first aid kit which shall include at a minimum:

1. Scissors;
2. Tweezers;
3. Gauze pads;

Final Regulations

4. Adhesive tape;
5. Band-aids, assorted sizes;
6. An antiseptic cleansing solution;
7. An anti-bacterial ointment;
8. Syrup or ipecac (to be used only upon the advice of the Poison Control Center);
9. Bee sting [swabs preparation] ;
10. Thermometer; and
11. Triangular bandages.

§ 7.3. The first aid kit shall be stored so that it is not accessible to children but is easily accessible to staff.

§ 7.3. A first aid instructional manual shall be kept with each first aid kit at all times.

§ 7.5. Heating units.

A. Gas stoves, coal stoves, wood stoves, oil stoves, portable electric heaters, kerosene heaters, and portable heating units of a similar nature shall not be used in [areas used by children, the center] except in an emergency such as a power outage in cold weather.

B. When any of the above heating sources are used, physical barriers shall be erected to protect children from injuries.

C. Any heating units used in an emergency shall have been previously inspected and approved by the appropriate fire safety official.

Article 3. Procedures [for Emergencies] .

§ 7.6. Emergency evacuation procedures shall be [:]

[±] posted in a location conspicuous to staff and children in each building of the center [; .]

[2. § 7.7. ~~Shall be implemented~~ The center shall implement these procedures] through monthly practice drills [; and]

[3. ~~The center~~] shall maintain a record of the dates of the monthly emergency evacuation drills for one year.

[§ 7.7. § 7.8.] The following telephone numbers shall be posted in a conspicuous place near each telephone:

1. A physician or hospital;
2. An ambulance or rescue squad service;
3. The local fire department;
4. The local police department;

[~~EXCEPTION:~~ NOTE:] If there is a generic emergency number such as, but not limited to, 911 operable in the locality, that number may be posted in addition to the above numbers.

5. A regional poison control center.

[§ 7.8. § 7.9.] The center will notify the parent immediately in the event of a serious accident or injury and will notify the parents of a minor accident or injury at the end of the day. Written documentation of the type of injury, date, and method of notifying parents shall be kept on file at the center for one year after the injury or accident.

[NOTE: Examples of a serious accident or injury might include unconsciousness; broken bones; deep cut requiring stitches; concussion; foreign object in eye, nose, or ear.

Examples of a minor accident or injury might include a small scratch, cut, or scrape, minor bruise or discoloration of the skin.]

APPENDIX I

COMMUNICABLE DISEASE REFERENCE CHART
FOR
SCHOOL PERSONNEL

Communicable Disease Reference Chart For School Personnel

<i>Disease</i>	<i>Incubation Period</i>	<i>Common Signs and Symptoms</i>	<i>Recommendations For Exclusion From School</i>
Chickenpox (<i>Varicella</i>)	From 2 to 3 weeks, usually 13 to 17 days.	Sudden onset with slight fever and itchy eruptions which become vesicular (small blisters) within a few hours. Lesions commonly occur in successive crops, with several stages of maturity present at the same time.	Communicable for as long as 5 days before eruption of vesicles and for not more than 6 days after the appearance of the first crop of vesicles. <i>Case:</i> Exclude from school for 7 days after eruption. Avoid exposure to women in early pregnancy. <i>Contacts:</i> On appearance of first sign or symptom, exclude from school for 7 days.
Fifth Disease (<i>Erythema Infectiosum</i>)	From 6-14 days.	Mild illness without fever. Rash characterized by a vivid reddening of the skin especially of the face which fades and recurs; classically, described as a "slapped cheek appearance."	<i>Case:</i> Exclusion from school not required. <i>Contacts:</i> School exclusion not indicated.
German Measles (<i>Rubella</i>)	From 14 to 21 days, usually 16 to 18 days.	Mild symptoms; slight fever, rash of variable character lasting about 3 days; enlarged head and neck lymph glands common. Joint pain may occur especially in older children and adults.	Communicable for 7 days before onset of rash and at least 4 days thereafter. <i>Case:</i> Exclude from school for 7 days after onset of symptoms. Avoid exposure to women in early pregnancy. Check immunization records. <i>Contacts:</i> Those who are pregnant and not immunized should be urged to seek medical advice.
Hepatitis A (<i>Infectious Hepatitis</i>)	From 15 to 50 days, usually 28-30 days.	Fever, loss of appetite, nausea, abdominal discomfort and weakness followed by jaundice. Many unrecognized mild cases without jaundice occur, especially in children.	Communicability greatest from 7 days before to several days after onset of jaundice. <i>Case:</i> Exclude from school until physician advises return. Convalescence may be prolonged. <i>Contacts:</i> School exclusion not indicated.
Impetigo Contagiosa	Unknown.	Multiple skin lesions usually of exposed areas (e.g., elbows, legs and knees), but may involve any area. Lesions vary in size and shape, and begin as blisters which rapidly mature into brown crusts on a reddened base. Healing from center outwards produces circular areas which may resemble ringworm.	<i>Case:</i> Exclude from school until physician advises return (usually 3-5 days). <i>Contacts:</i> Exclusion from school not indicated. Observe carefully for symptoms.
Meningitis, Haemophilus	Usually 2-4 days.	Sudden onset of fever, vomiting, lethargy and stiff neck. Progressive stupor or coma are common.	<i>Case:</i> Exclude from school until physician advises return. <i>Contacts:</i> School exclusion not indicated. Observe carefully for symptoms, especially fever. Parents of day care center/nursery school contacts should be advised to check with their children's physicians concerning prophylactic treatment with rifampin.
Meningitis, Meningococcal	From 2 to 10 days, usually 3 to 4 days.	Sudden onset of fever and intense headache. Delirium and coma often appear early; a characteristic (measles like) rash usually follows. Often fatal despite prompt diagnosis and treatment.	<i>Case:</i> Exclude from school during acute illness. (Non-communicable after 24 hours of appropriate drug therapy.) <i>Contacts:</i> School exclusion not indicated. Intimate (household) contacts should be urged to seek their physician's advice concerning prophylactic treatment with rifampin.
Infectious Mononucleosis (<i>Glandular Fever</i>)	Usually 4 to 6 weeks.	Fever, sore throat and enlarged lymph glands of the back of the neck. Generally mild illness and difficult to recognize in children.	<i>Case:</i> Exclude from school until physician advises return. <i>Contacts:</i> School exclusion not indicated.
Mumps (<i>Infectious Parotitis</i>)	From 2 to 3 weeks, usually 18 days.	Fever with swelling and tenderness of the parotid glands located below and in front of one or both ears. Unrecognized mild cases without swelling may occur.	Communicable from 6 days before swelling until 9 days after. <i>Case:</i> Exclude from school until swelling disappears (usually 9 days). <i>Contacts:</i> School exclusion not indicated.
Pediculosis (<i>Lice</i>)	Under optimum conditions, eggs hatch in 7 days and reach maturity in about 14 days.	Severe itching and scratching, often with secondary infection. Scalp, and hairy portions of body may be affected. Eggs of head lice (nits) attach to hairs as small, round, gray lumps.	<i>Case:</i> Exclude from school until treated by a physician. <i>Contacts:</i> Direct inspection of head, body, and clothing recommended. School exclusion not indicated in absence of infestation.

<i>Measles (Rubeola, Red Measles)</i>	From 8-13 days, usually 10 days.	Prodrome characterized by fever followed by reddened eyes, runny nose, and cough. Dusky-red blotchy rash appears on day 3 or 4 and lasts 4 to 7 days.	Communicable from beginning of prodromal period to 4 days after appearance of the rash. <i>Case:</i> Exclude from school until at least 4 days after appearance of the rash. <i>Contacts:</i> Check immunization records. Exclude from school immediately on signs of prodrome.
<i>Salmonellosis</i>	From 6 to 72 hours, usually 12 to 36 hours.	Sudden onset of fever, abdominal pain, diarrhea, nausea, and frequent vomiting. Dangerous dehydration may occur in younger children.	Stools usually positive for Salmonella for several days to several weeks; occasional patients positive for several months. <i>Case:</i> Exclude from school during acute illness (usually 5 to 7 days). <i>Contacts:</i> School exclusion and stool cultures not indicated in absence of symptoms.
<i>Scabies</i>	From 2 to 6 weeks.	Begins as itchy raised areas or burrows around finger webs, wrists, elbows, armpits, belt-line, and/or genitalia. Extensive scratching often results in secondary infection.	<i>Case:</i> Exclude from school until physician advises return. <i>Contacts:</i> Direct inspection of body. School exclusion not indicated in absence of infestation.
<i>Scarlet Fever</i>	Usually 1 to 3 days, rarely longer.	Fever, sore throat, exudative tonsillitis or pharyngitis. Rash appears most often on neck, chest, and skin folds of arms, elbows, groin and inner aspect of thighs.	<i>Case:</i> Exclude from school during acute illness (usually 7 to 10 days). Non-communicable after 24 hours of appropriate drug therapy. <i>Contacts:</i> Exclude from school on appearance of signs or symptoms. Culturing of school contacts and treatment of carriers not usually indicated.
<i>Shigellosis (Bacillary Dysentery)</i>	From 1 to 7 days, usually 3 days.	Diarrhea, fever and often vomiting and cramps. In severe cases the stools may contain blood.	Infected cases contagious as long as stools are positive. <i>Case:</i> Exclude from school during acute illness and until cultures of feces are negative. (Other children in the family should be cultured. Children who have positive cultures should be excluded until their cultures are negative). <i>Contacts:</i> School exclusion not indicated. Stool cultures indicated only in suspected school outbreaks.
<i>Whooping Cough (Pertussis)</i>	Usually 7 days, almost uniformly within 10 days, and not exceeding 21 days.	Catarrhal stage begins with upper respiratory symptoms and increasingly irritating cough. The paroxysmal stage usually follows within 1 to 2 weeks, and lasts 1 to 2 months. Paroxysmal stage is characterized by repeated episodes of violent cough broken by a highpitched inspiratory whoop. Older school children may not have whoop. Convalescence may require many weeks.	<i>Case:</i> Exclude from school while contagious (usually 2 to 3 weeks, less with antibiotic therapy) and until a physician advises return. <i>Contacts:</i> Search for missed or atypical cases. Exclude on first sign or symptom.

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NOTE: A more complete discussion of these conditions and other communicable diseases may be found in the book Control of Communicable Diseases in Man (1980) published by the American Public Health Association. Additional information and consultation are also available through your local health department.

UNITED STATES DEPARTMENT OF AGRICULTURE GUIDE
FOR
CHILD NUTRITION PROGRAMS

MEAL PATTERNS FOR CHILDREN IN CHILD CARE PROGRAMS

The Child Care Food Program gives Federal aid to child care centers and family and group day care homes. The goal of the program is to improve the diets of children providing them with nutritious, well-balanced meals. This publication is intended to assist large centers with the purchase and preparation of the correct quantities of food. It contains meal patterns, food components, can and jar sizes, and food yields. The following meal patterns contain the minimum food components which must be served in order to be reimbursed by USDA.

FOOD COMPONENTS	Children 1 up to 3 years	Children 3 up to 6 years	Children 6 up to 12 years
MILK			
Milk, fluid ¹	1/2 cup	3/4 cup	1 cup
Juice or fruit or vegetable	1/4 cup	1/2 cup	1/2 cup
Bread and/or cereal, enriched or whole grain: ²			
Bread.....	1/2 slice	1/2 slice	1 slice
Cereal:			
Cold dry.....	1/4 cup ³	1/3 cup ⁴	3/4 cup ⁵
Hot cooked.....	1/4 cup	1/4 cup	1/2 cup
MID-MORNING OR MID-AFTERNOON SUPPLEMENT (Snack)			
(Select 2 of these 4 components)			
Milk, fluid ¹	1/2 cup	1/2 cup	1 cup
Meat or meat alternate.....	1/2 ounce	1/2 ounce	1 ounce
Juice or fruit or vegetable.....	1/2 cup	1/2 cup	3/4 cup
Bread and/or cereal, enriched or whole grain: ²			
Bread.....	1/2 slice	1/2 slice	1 slice
Cereal:			
Cold dry.....	1/4 cup ³	1/3 cup ⁴	3/4 cup ⁵
Hot cooked.....	1/4 cup	1/4 cup	1/2 cup
LUNCH OR SUPPER			
Milk, fluid ¹ ⁶	1/2 cup	3/4 cup	1 cup
Meat or meat alternate:			
Meat, poultry, or fish, cooked ⁷ .	1 ounce	1½ ounces	2 ounces
Cheese.....	1 ounce	1½ ounces	2 ounces
Egg.....	1	1	1
Cooked dry beans or peas.....	1/4 cup	3/8 cup	1/2 cup
Peanut butter	2 tablespoons	3 tablespoons	4 tablespoons
Vegetable and/or fruit ⁸	1/4 cup	1/2 cup	3/4 cup
Bread, enriched or whole grain ² ..	1/2 slice	1/2 slice	1 slice

Final Regulations

MEAL PATTERNS FOR CHILDREN IN CHILD CARE PROGRAMS (Continued)

- 1 Includes whole milk, lowfat milk, skim milk, cultured buttermilk, or flavored milk made from these types of fluid milk which meet State and local standards.
- 2 Or an equivalent serving of an acceptable bread product made of enriched or whole grain meal or flour, or enriched or whole grain rice or pasta. See listing in FNS-64. A Planning Guide for Food Service in Child care Centers, for serving sizes of acceptable bread/bread alternates.
- 3 1/4 cup (volume) or 1/3 ounce (weight), whichever is less.
- 4 1/3 cup (volume) or 1/2 ounce (weight), whichever is less.
- 5 3/4 cup (volume) or 1 ounce (weight), whichever is less.
- 6 Or an equivalent quantity of any combination of foods listed under Meat or Meat Alternatives.
- 7 Cooked lean meat without bone.
- 8 Must include at least two kinds.

BREAKFAST

The minimum amount of food components to be served as breakfast are as follows:

FOOD COMPONENTS	AGE 1 to 3	AGE 3 to 6	AGE 6 to 12 ¹
MILK			
Milk, fluid	1/2 cup ²	3/4 cup	1 cup
VEGETABLES & FRUITS			
Vegetable(s) and/or fruit(s).....	1/4 cup	1/2 cup	1/2 cup
OR			
Full-strength vegetable or fruit juice or an equivalent quantity of any combination of vegetable(s), fruit(s) and juice.....	1/4 cup	1/2 cup	1/2 cup
BREAD AND BREAD ALTERNATES³			
Bread.....	1/2 slice	1/2 slice	1 slice
OR			
Cornbread, biscuits, rolls, muffins, etc. ⁴	1/2 serving	1/2 serving	1 serving
OR			
Cold dry cereal ⁵	1/4 cup or 1/3 oz.	1/3 cup or 1/2 oz.	3/4 cup or 1 oz.
OR			
Cooked cereal.....	1/4 cup	1/4 cup	1/2 cup
OR			
Cooked pasta or noodle products..	1/4 cup	1/4 cup	1/2 cup
OR			
Cooked cereal grains or an equivalent quantity of any combination of bread/bread alternative.	1/4 cup	1/4 cup	1/2 cup

¹ Children age 12 and up may be served adult-size portions based on the greater food needs of older boys and girls, but shall be served not less than the minimum quantities specified in this section for children age 6 up to 12.

² For purposes of the requirements outlined in this subsection, a cup means a standard measuring cup.

³ Bread, pasta or noodle products, and cereal grains shall be wholegrain or enriched; cornbread, biscuits, rolls, muffins, etc., shall be made with wholegrain or enriched meal or flour; cereal shall be wholegrain or enriched or fortified.

⁴ Serving sizes and equivalents to be published in guidance material by FNS.

⁵ Either volume (cup) or weight (oz.), whichever is less.

Final Regulations

LUNCH OR SUPPER

The minimum amounts of food components to be served as lunch or supper are as follows:

FOOD COMPONENTS	AGE 1 to 3	AGE 3 to 6	AGE 6 to 12 ¹
MILK			
Milk, fluid	1/2 cup ²	3/4 cup	1 cup
VEGETABLES & FRUITS			
Vegetable(s) and/or fruit(s)....	1/4 cup total	1/2 cup total	3/4 cup total
BREAD AND BREAD ALTERNATES³			
Bread.....	1/2 slice	1/2 slice	1 slice
OR			
Cornbread, biscuits, rolls, muffins, etc. ⁴	1/2 serving	1/2 serving	1 serving
OR			
Cooked pasta or noodle products..	1/4 cup	1/4 cup	1/2 cup
OR			
Cooked cereal grains or an equivalent quantity of any combination of bread/bread alternative.	1/4 cup	1/4 cup	1/2 cup
MEAT AND MEAT ALTERNATIVES			
Lean meat or poultry or fish ⁶	1 oz.	1 1/2 oz.	2 oz.
OR			
Cheese.....	1 oz.	1 1/2 oz.	2 oz.
OR			
Eggs.....	1 egg	1 egg	1 egg
OR			
Cooked dry beans or peas.....	1/4 cup	3/8 cup	1/2 cup
OR			
Peanut butter or an equivalent quantity of any combination of meat/meat alternate.....	2 tbsp.	3 tbsp.	4 tbsp.

¹ Children age 12 and up may be served adult-size portions based on the greater food needs of older boys and girls, but shall be served not less than the minimum quantities specified in this section for children age 6 up to 12.

² For purposes of the requirements outlined in this subsection, a cup means a standard measuring cup.

³ Bread, pasta or noodle products, and cereal grains shall be wholegrain or enriched; cornbread, biscuits, rolls, muffins, etc., shall be made with wholegrain or enriched meal or flour; cereal shall be wholegrain or enriched or fortified.

⁴ Serving sizes and equivalents to be published in guidance material by FNS.

⁵ Either volume (cup) or weight (oz.), whichever is less.

⁶ Edible portion as served.

SUPPLEMENTAL FOOD

The minimum amounts of food components to be served as supplemental food are as follows. Select two of the following four components. (Juice may not be served when milk is served as the only other component.)

FOOD COMPONENTS	AGE 1 to 3	AGE 3 to 6	AGE 6 to 12 ¹
MILK			
Milk, fluid	1/2 cup ²	1/2 cup	1 cup
VEGETABLES & FRUITS			
Vegetable(s) and/or fruit(s).....	1/2 cup	1/2 cup	3/4 cup
OR			
Full-strength vegetable or fruit juice or an equivalent quantity of any combination of vegetable(s), fruit(s) and juice.....	1/2 cup	1/2 cup	3/4 cup
BREAD AND BREAD ALTERNATES³			
Bread.....	1/2 slice	1/2 slice	1 slice
OR			
Cornbread, biscuits, rolls, muffins, etc. ⁴	1/2 serving	1/2 serving	1 serving
OR			
Cold dry cereal ⁵	1/4 cup or 1/3 oz.	1/3 cup or 1/2 oz.	3/4 cup or 1 oz.
OR			
Cooked cereal.....	1/4 cup	1/4 cup	1/2 cup
OR			
Cooked pasta or noodle products..	1/4 cup	1/4 cup	1/2 cup
OR			
Cooked cereal grains or an equivalent quantity of any combination of bread/bread alternative.	1/4 cup	1/4 cup	1/2 cup
MEAT AND MEAT ALTERNATIVES			
Lean meat or poultry or fish ⁶	1/2 oz.	1/2 oz.	1 oz.
OR			
Cheese.....	1/2 oz.	1/2 oz.	1 oz.
OR			
Eggs.....	1/2 egg	1/2 egg	1 egg
OR			
Cooked dry beans or peas.....	1/8 cup	1/8 cup	1/4 cup
OR			
Peanut butter or an equivalent quantity of any combination of meat/meat alternate.....	1 tbsp.	1 tbsp.	2 tbsp.

Final Regulations

SUPPLEMENTAL FOOD - Continued

- 1 Children age 12 and up may be served adult-size portions based on the greater food needs of older boys and girls, but shall be served not less than the minimum quantities specified in this section for children age 6 up to 12.
- 2 For purposes of the requirements outlined in this subsection, a cup means a standard measuring cup.
- 3 Bread, pasta or noodle products, and cereal grains shall be wholegrain or enriched; cornbread, biscuits, rolls, muffins, etc., shall be made with wholegrain or enriched meal or flour; cereal shall be wholegrain or enriched or fortified.
- 4 Serving sizes and equivalents to be published in guidance material by FNS.
- 5 Either volume (cup) or weight (oz.), whichever is less.
6. Edible portion as served.

APPENDIX III

VITAMIN A FOOD FOOD SERVICES

Final Regulations

APPENDIX III

SOME FOODS WITH VITAMIN A, VITAMIN C, AND IRON

Vitamin A		*Excellent Sources	
<u>Vegetables</u>		<u>Fruits</u>	<u>Meats</u>
Asparagus	Spinach	*Apricots	Liver
*Broccoli	*Squash-winter	*Cantaloupe	
*Carrots	*Sweetpotatoes	Cherries, red sour	
Chili peppers (red)	Tomatoes	Papaya	
Kale	Tomato juice,	Peaches, (not canned)	
*Mixed vegetables	paste or puree	Plums, purple (canned)	
*Peas and carrots	*Turnip greens	Prunes	
Pumpkin	Vegetable juices	Pumpkin	
		Watermelon	

Final Regulations

REQUIRED INFORMATION TO BE SUBMITTED WITH NEW APPLICATION
FOR A LICENSE TO OPERATE A CHILD CARE CENTER
(Attach additional sheets as needed)

I. IDENTIFYING DATA

A. Name of Child Care Center		B. Telephone Number (Area Code) ()	
C. Location of Center		D. Zip Code	
E. Mailing Address (If different from location address)		F. Zip Code	
G. Name of Administrator / Program Director			

(OPTIONAL)

H. Directions to the Center: _____

II. ADMINISTRATION

A. OPERATING HOURS (below)		B. REQUESTED LICENSED CAPACITY		
Opening Time:	Closing Time:	1. Requested capacity:	2. Age Range From:	Through:

032-05-515/5 (REV. 11/85)

Final Regulations

C. PROPOSED ENROLLMENT BY AGE GROUPS AND TYPE OF CARE OFFERED

AGE GROUP	Part Day Care	Full Day Care	Before and/or After School Care	Evening Care 7 pm - 1 am	Overnight Care 1 am - 6 am
Infant & Toddlers (0 - 16 Mos.)					
Infant & Toddlers (16 mos. - 2 yrs)					
Preschool (2 - 3 Yrs.)					
Preschool (4 - age of eligibility to attend school)					
School Age					
TOTALS					

D. Center is to be operated by: _____ Individual _____ Corporation
 _____ Partnership _____ Association

E. Name of Sponsor: _____
 Address _____
 Telephone # _____
 Name and Title of Contact Person (If applicable): _____

F. For centers sponsored by either corporations or unincorporated associations:

1. List all officers and members of the Board

President or Chairperson: _____ Telephone Number: () _____
 Address: _____ (City) _____ (State) _____ (Zip Code)

<u>OFFICE</u>	<u>NAME</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. FINANCIAL INFORMATION

1. Start Up Cost

Renovation of Property	\$ _____
Furniture	_____
Equipment	_____
Supplies (Initial Stock)	
Children's Art Supplies	_____
Cleaning and Maintenance	_____
Office	_____
Food	_____
Business and Legal Costs (EXAMPLES: Legal Fees, Business License, Fee for Use Permit or Occupancy Permit)	_____
Other Costs (EXAMPLES: Insurance, Utility Deposit, First Month's Rent or Mortgage Payment)	_____
Specify: _____	_____
_____	_____
_____	_____
_____	_____
	TOTAL COSTS \$ _____

Please indicate plan of financing these initial cash requirements:

Final Regulations

III. PERSONNEL

- A. List the names and addresses of three persons who are not related to the applicant(s) and who can knowledgeably and objectively certify to the applicant's(s') character and reputation. For centers sponsored either by corporations or unincorporated associations, provide three references for each Officer of the Board. Attach an extra page, if necessary.

Name of Individual Owner, Partner, or Officer of the Board:

<u>References</u>	<u>Addresses</u>
_____	_____ (City) (State) (Zip)
_____	_____ (City) (State) (Zip)
_____	_____ (City) (State) (Zip)

Name of Individual Owner, Partner, or Officer of the Board:

<u>References</u>	<u>Addresses</u>
_____	_____ (City) (State) (Zip)
_____	_____ (City) (State) (Zip)
_____	_____ (City) (State) (Zip)

Name of Individual Owner, Partner, or Officer of the Board:

<u>References</u>	<u>Addresses</u>
_____	_____ (City) (State) (Zip)
_____	_____ (City) (State) (Zip)
_____	_____ (City) (State) (Zip)

Final Regulations

Name of Individual Owner, Partner, or Officer of the Board:

<u>References</u>	<u>Addresses</u>
_____	_____ (City) (State) (Zip)
_____	_____ (City) (State) (Zip)
_____	_____ (City) (State) (Zip)

The following sections (III, B and C, and all of IV, Programs and Services) are optional requests for supplemental information and are not required to be completed now. Providing this information will expedite processing the application.

B. Describe proposed staff training for the orientation of your employees:

C. Describe how staff development opportunities will be provided annually:

Final Regulations

IV. PROGRAMS AND SERVICES

- A. State the purpose and scope of the center's services (*EXAMPLES: What will be the major goal of your center? What will be the emphasis and philosophy of your program to carry out this goal? What are the specific services to be provided as part of your program and how do the services vary according to the age groups in care?*):

- B. Describe the procedure, prior to a child's admission at the center, which provides the exchange of information with the staff, parent and child concerning the child's admission:

- C. Describe provision(s) for communication with parents. Submit copies of written information to be shared with parents, i.e., hours of operation, fees, admission and enrollment termination policies, discipline methods, transportation policies and food policies:

V. REQUIRED ATTACHMENTS

1. Attach the appropriate fee for processing of the application.
2. Balance Sheet (Form provided)
3. Operating Budget for First Year (Form provided)
4. Floor plans indicating exact dimensions of rooms to be used, including room length, width and ceiling heights; designating the functions of each room; showing toilet facilities, including number of basins and toilets; showing isolation arrangements and position of any fixed equipment and furniture.
5. A sketch of available outdoor play area including exact dimensions and the location of any fixed play equipment.

- | | <u>Attached</u> | <u>Not
Applicable</u> |
|--|--------------------------|---------------------------|
| 6. a) For centers operated by an association: | | |
| (1) Copy of Constitution, or | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Copy of By-Laws | <input type="checkbox"/> | <input type="checkbox"/> |
| b) For centers operated by a partnership: | | |
| Articles of partnership | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. A Staff Information Sheet. If staff is not yet hired, indicate positions to be used, anticipating hours of employment, etc. (Form provided) | | |

VI. SUPPLEMENTAL ATTACHMENTS

The following attachments are not required to be submitted with the initial application. However, all of this information must be examined prior to issuance of a license. Providing these attachments now will expedite the processing of the application. It will enable the specialist to review these documents along with this application and will save time during the on-site licensing study.

- 1.) A written statement regarding the sponsorship and organization of the child care center, with information showing who is responsible for policy making, operation and management decisions.
- 2.) Samples of all forms developed, such as application form, agreement form, etc., if different from the model forms provided by the Department of Social Services.
- 3.) Sample menu for one month.
- 4.) A list of indoor and outdoor play equipment, material and/or supplies available to children.
- 5.) A copy of the daily activity schedule(s) for the center program(s).
- 6.) A copy of all brochures.
- 7.) Evidence of insurance coverage.

Final Regulations

DEPARTMENT OF SOCIAL SERVICES
 REQUIRED INFORMATION TO BE SUBMITTED WITH APPLICATION FOR
 RENEWAL OF LICENSE TO OPERATE A CHILD CARE CENTER

I. IDENTIFYING DATA

A. Name of Child Care Center	B. Telephone Number (Area Code) ()
C. Location of Center	D. Zip Code
E. Mailing Address (If different from location address)	F. Zip Code
G. Name of Administrator/Program Director	

II. ADMINISTRATION

A. OPERATING HOURS (below) Opening Time: Closing Time:	B. REQUESTED LICENSED CAPACITY 1. Requested capacity: 2. Age Range From: Through:																																										
C. CURRENT ENROLLMENT BY AGE GROUPS AND TYPE OF CARE OFFERED																																											
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032-05-225/5 (11/85)

Final Regulations

Center is to be operated by: Individual Corporation
 Partnership Association

For centers sponsored by either corporations or unincorporated associations:

1. List all officers and members of the Board

President or Chairperson: _____ Telephone Number: () _____

Address: _____ (City) _____ (State) _____ (Zip Code)

<u>OFFICE</u>	<u>NAME</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. FOR CENTERS PRESENTLY LICENSED CONDITIONALLY OR PROVISIONALLY

State specifically which requirements listed as conditions of the license have been met and if unmet, what the plans are for meeting them:

The following sections are requests for supplemental information and are not required to be completed now. Providing this information will expedite in processing the renewal applicatio.

Final Regulations

IV. PROGRAMS AND SERVICES

A. Note any Change in the Purpose of the Facility: Purpose Unchanged

Review the following topics, note changes which have occurred or which are contemplated for the coming year and indicate "No Change" where appropriate:

B. Policies of Admission and Enrollment Termination: No Change

C. Provision for Communication with Parents: No Change

D. Provision for Staff Training: No Change

V. ATTACHMENTS

A. REQUIRED:

1. Building plans for any contemplated construction giving room dimensions, specifications, and use.

Attached Not applicable

2. Staff Information Sheet

B. SUPPLEMENTAL:

1. Sample Daily Activity Schedule. Attach only if there is a basic schedule change.

Attached Not Applicable

2. New or Revised Forms and/or Brochures.

Attached Not Applicable

3. A list of new Indoor and Outdoor Play Equipment, Material and/or Supplies available to children.

Attached Not Applicable

Final Regulations

Title of Regulation: VR 615-50-2. Elimination of Financial Eligibility Criteria for Direct Social Services.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Effective Date: December 26, 1985

Summary:

Current regulations for social services provided directly by local social services staff require financial eligibility determination for all persons needing employment services and certain individuals and families needing family and adult services. This regulation allows local service agencies the option of eliminating the financial eligibility determination for all social services when provided directly by agency staff except for services provided under the Employment Services Program.

VR 615-50-2. Elimination of Financial Eligibility Criteria for Direct Social Services.

PART I. DEFINITIONS.

§ 1.1. The following words and terms, when used in these regulations, shall have the following meaning, unless the context clearly indicates otherwise:

"Direct services" means services provided to clients directly by the local social services staff.

"Eligibility determination" means the process of deciding whether an individual or family meets the criteria for receiving a service.

"Purchased services" means services provided by a paid resource other than local social services staff.

"Universal access" means the provision of services without regard to income or membership in an income maintenance group.

PART II. INTRODUCTION.

§ 2.1. To receive services an individual or family must be found eligible in one of three categories. They are income maintenance, eligible based on income or universal access.

§ 2.2. Eligibility for services must be determined by a service worker or a volunteer under the supervision of a service worker.

PART III. ELIGIBILITY DETERMINATION PROCESS.

§ 3.1. Income maintenance.

Persons or families are eligible for service in this category because they receive Aid to Dependent Children, Supplemental Security Income or Auxiliary Grants.

§ 3.2. Eligibility based on income.

Eligibility in this category is determined by measuring the family income and number in the family unit against an income scale provided by the Department of Social Services.

§ 3.3. Universal access.

Certain services are available without regard to income or membership in an Income Maintenance group. Local social service agencies may choose one of two options in providing direct services on a universal access basis:

1. All persons needing direct services may be served on a universal access basis except for services delivered as a part of the Employment Services Program; or
2. Only persons needing the following services may be served on a universal access basis:
 - a. Intake services;
 - b. Family services; (preventive components, services provided to prevent child abuse and neglect, independent adoptions, and court activities;)
 - c. Adult protective services;
 - d. Child protective services;
 - e. Foster care/adoption services;
 - f. Adult services; (preventive components of APS services provided to elderly and incapacitated adults at risk of abuse, neglect, or exploitation .)

STATE WATER CONTROL BOARD

Title of Regulation: Water Quality Standards § 2.02. Fecal Coliform Bacteria - Other Waters.

Statutory Authority: § 62.1-44.15(3)(a,b) of the Code of Virginia.

Effective Date: December 24, 1985

NOTICE

Due to its length the Water Quality Standards, filed by the State Water Control Board, is not being published. However, in accordance with § 9-6.14:22 of the Code of Virginia, a summary, in lieu of the full text, explaining the amendments to the Water Quality

Final Regulations

Standards, is being published. The full text of the regulation is available for public inspection at the office of the Registrar of Regulations and the State Water Control Board.

Water Quality Standards § 2.02. Fecal Coliform Bacteria - Other Waters.

Summary:

The purpose of the amendment is to revise § 2.02 Fecal Coliform Bacteria - Other Waters of the Water Quality Standards to include a description of the protocol which must be followed in making a case-by-case determination of sewerage disinfection requirements, based on the actual and potential uses of the receiving waters, according to the board's Disinfection Policy. The current version of the standard allows for the case-by-case determination, but does not contain a standard protocol for conducting a site-specific beneficial use-attainability analysis on which decisions about sewerage disinfection would be based.

The protocol consists of the following nine steps which must be applied to each site specific case to assure that all beneficial uses of the water body in question have been considered in accordance with the board's Disinfection Policy before disinfection requirements are determined: (i) identify potential candidate for disinfection waiver, (ii) estimate the number of affected stream miles or surface acres (fecal coliform values 200/100 ml) if disinfection were waived, (iii) require the discharger to conduct preliminary assessment of beneficial use, (iv) require the State Water Control Board to collect quantifiable data through a site specific beneficial use-attainability analysis of the entire affected area and to record this data on an analysis sheet for verification of the discharger claim, (v) collect supplemental information on stream uses for contact recreation through interviews with the State Health Department, local game warden, agricultural agent, local recreation department, State Division of Parks and Recreation and other local recreational groups such as float fishermen or paddling groups and include this information in the site specific evaluation, (vi) submit use-attainability analysis to the Standards Division of Region III of the Environmental Protection Agency, allowing a minimum of 30 days review before going to public notice, (vii) ensure public participation and comment by including a description of the possible disinfection waiver in the public notice for NPDES permit action and by sending the public notice to property owners adjacent to the affected area, (viii) if significant public comment is received, either turn down the proposed disinfection exemption or go to public hearing, and (ix) have a combined State Water Control Board and State Department of Health review committee conduct a final review of the beneficial use-attainability analysis and recommend one of three

options (disinfection not needed, disinfection needed year round, or disinfection needed seasonally). If a disinfection waiver is granted, a follow-up beneficial use-attainability analysis will be required every three years.

STATE CORPORATION COMMISSION

STATE CORPORATION COMMISSION Bureau of Insurance

October 10, 1985

ADMINISTRATIVE LETTER 1985-17

TO: All Companies Licensed to Write Property
and Casualty Insurance in Virginia.

RE: Appraisal Conditions

The Bureau of Insurance has become aware that many companies have filed policy forms which contain appraisal conditions which may be construed as binding. Binding appraisal conditions are not permissible in Virginia according to case law. This applies to standard automobile and statutory fire policies as well.

Therefore, the Bureau of Insurance will not approve appraisal conditions in any property and casualty contract unless the policy form specifically states that the award is not binding. In addition, it is permissible to make compliance with an appraisal condition a condition precedent to filing suit. Companies should review all currently approved property and casualty forms and file the necessary amendments.

/s/ James M. Thomson
Commissioner of Insurance

COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

AT RICHMOND, OCTOBER 22, 1985

COMMONWEALTH OF VIRGINIA, ex rel.

STATE CORPORATION COMMISSION

CASE NO. INS850208

Ex Parte: In the matter of adopting
rules governing new mortality tables
for use in determining reserve
liabilities for annuities

ORDER SETTING HEARING ON PROPOSED REGULATION

WHEREAS, Virginia Code § 12.1-13 provides that the Commission shall have the power to promulgate rules and regulations in the enforcement and administration of all laws within its jurisdiction and Virginia Code § 38.1-456 provides that the Commission may approve by promulgation of a regulation certain mortality tables with respect to certain annuity contracts; and

WHEREAS, the Bureau of Insurance has submitted to the Commission a proposed regulation entitled "Rules

Governing New Annuity Mortality Tables for Use in Determining Reserve Liabilities for Annuities"; and

WHEREAS, said regulation concerns a subject appropriate for Commission regulation; and

WHEREAS, the Commission is of the opinion that notice of the proposed regulation should be given to every insurance company licensed to transact the business of annuities in the Commonwealth of Virginia and that a hearing should be held on the proposed regulation, at which hearing all persons in interest may appear and be heard,

IT IS ORDERED:

(1) That the proposed regulation entitled "Rules Governing New Annuity Mortality Tables for Use in Determining Reserve Liabilities for Annuities" be appended hereto and made a part hereof, filed and made a part of the record herein;

(2) That this matter be docketed and assigned Case No. INS850208, and that a hearing be held in the Commission's Courtroom, Jefferson Building, 13th Floor, Bank and Governor Streets, Richmond, Virginia at 10:00 a.m. on November 26, 1985, for the purpose of considering the adoption of the proposed regulation, at which time and place all interested persons may appear and be heard with respect to the proposed regulation;

(3) That an attested copy hereof together with a copy of the proposed regulation be sent by the Clerk of the Commission to Francis A. Sutherland, Jr., Chief Counsel, Law Department, The Life Insurance Company of Virginia, P.O. Box 27601, Richmond, Virginia 23261; Ronald L. Souder, Assistant General Counsel, American Council of Life Insurance, 1850 K Street, N.W., Washington, D.C. 20006; and The Bureau of Insurance in care of Deputy Commissioner Stephen J. Kaufmann who shall give further notice of the proposed regulation and hearing by mailing a copy of this order together with a copy of the proposed regulation to every insurance company licensed to transact the business of annuities in the Commonwealth of Virginia; and

(4) That the Bureau of Insurance cause to be filed with the Clerk of the Commission an affidavit of compliance with the notice requirements of paragraph (3) above.

/s/ George W. Bryant, Jr., Clerk

STATE CORPORATION COMMISSION
Bureau of Insurance

Title of Regulation: Rules Governing New Annuity
Mortality Tables for Use in Determining Reserve
Liabilities for Annuities

State Corporation Commission

Statutory Authority: §§ 12.1-13 and 38.1-456 of the Code of Virginia

Public Hearing Date: November 26, 1985 - 10 a.m.
(See Order)

Rules Governing New Annuity Mortality Tables for Use in Determining Reserve Liabilities for Annuities.

§ 1. Authority.

This regulation is issued pursuant to the authority vested in the Commission under §§ 12.1-13 and 38.1-456 of the Code of Virginia.

§ 2. Purpose.

The purpose of this regulation is to recognize new mortality tables, 1983 Table "a" and 1983 GAM Table, for use in determining the minimum standard of valuation for annuity and pure endowment contracts.

§ 3. Definitions.

A. As used in this regulation, "1983 Table 'a'" means that mortality table developed by the Society of Actuaries Committee to recommend a new mortality basis for individual annuity valuation and adopted as a recognized mortality table for annuities in June 1982 by the National Association of Insurance Commissioners.

B. As used in this regulation, "1983 GAM Table" means that mortality table developed by the Society of Actuaries Committee on Annuities and adopted as a recognized mortality table for annuities in December 1983 by the National Association of Insurance Commissioners.

§ 4. Individual annuity or pure endowment contracts.

A. The 1983 Table "a" is recognized and approved as an individual annuity mortality table for valuation and, at the option of the company, may be used for purposes of determining the minimum standard of valuation for any individual annuity or pure endowment contract issued on or after July 1, 1979.

B. The 1983 Table "a" is to be used for determining the minimum standard of valuation for any individual annuity or pure endowment contract issued on or after January 1, 1987.

§ 5. Group annuity or pure endowment contracts.

A. The 1983 GAM Table and the 1983 Table "a" are recognized and approved as group annuity mortality tables for valuation and, at the option of the company, either table may be used for purposes of valuation for any annuity or pure endowment purchased on or after July 1, 1979 under a group annuity or pure endowment contract.

B. The 1983 GAM Table is to be used for determining

the minimum standard of valuation for any annuity or pure endowment purchased on or after January 1, 1987 under a group annuity or pure endowment contract.

§ 6. Severability.

If any provision of this regulation or the application thereof to any person or circumstances is for any reason held to be invalid, the remainder of the regulation and the application of such provision to other persons or circumstances shall not be affected thereby.

§ 7. Effective date.

The effective date of this regulation is December 31, 1985.

COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

AT RICHMOND, OCTOBER 25, 1985

COMMONWEALTH OF VIRGINIA

At the relation of the

STATE CORPORATION COMMISSION

CASE NO. INS850209

Ex Parte: In the matter of adopting rules governing health maintenance organizations

ORDER SETTING HEARING ON PROPOSED REGULATION

WHEREAS, Virginia Code § 12.1-13 provides that the Commission shall have the power to promulgate rules and regulations in the enforcement and administration of all laws within its jurisdiction and Virginia Code § 38.1-882 provides that the Commission may, after notice and opportunity for all interested parties to be heard, issue regulations and orders necessary to carry out the provisions of Chapter 26 of Title 38.1 of the Code of Virginia (§ 38.1-863 et seq.); and

WHEREAS, the Bureau of Insurance has prepared and submitted to the Commission a proposed regulation entitled "Rules Governing Health Maintenance Organizations" which sets forth certain rules and procedures with respect to the laws concerning health maintenance organizations set forth in Chapter 26 of Title 38.1 of the Code of Virginia (§ 38.1-863 et seq.); and

WHEREAS, said regulation concerns a subject appropriate for Commission regulation; and

WHEREAS, the Commission is of the opinion that notice of the proposed regulation should be given to each

State Corporation Commission

licensed health maintenance organization in this Commonwealth and that a hearing should be held on the proposed regulation, at which hearing all persons in interest may appear and be heard,

IT IS ORDERED:

(1) That the proposed regulation entitled "Rules Governing Health Maintenance Organizations" be appended hereto and made a part hereof, filed and made a part of the record herein;

(2) That this matter be docketed and assigned Case No. INS850209, and that a hearing be held in the Commission's Courtroom, Jefferson Building, 13th Floor, Bank and Governor Streets, Richmond, Virginia at 10:30 a.m. on November 26, 1985, for the purpose of considering the adoption of the proposed regulation, at which time and place all interested persons may appear and be heard with respect to the proposed regulation;

(3) That an attested copy hereof together with a copy of the proposed regulation be sent by the Clerk of the Commission to the Bureau of Insurance in care of Stephen J. Kaufmann who shall forthwith give further notice of the proposed regulation and hearing by mailing a copy of this order together with a copy of the proposed regulation to every health maintenance organization licensed to transact the business in the Commonwealth of Virginia; and

(4) That the Bureau of Insurance cause to be filed with the Clerk of the Commission an affidavit of compliance with the notice requirements of paragraph (3) above.

/s/ George W. Bryant, Jr., Clerk

STATE CORPORATION COMMISSION
Bureau of Insurance

Title of Regulation: Rules Governing Health Maintenance Organizations.

Statutory Authority: §§ 12.1-13 and 38.1-882 of the Code of Virginia.

Public Hearing Date: November 26, 1985 - 10:30 a.m.
(See Order)

Rules Governing Health Maintenance Organizations.

§ 1. Authority.

This regulation is issued pursuant to the authority vested in the Commission under §§ 12.1-13 and 38.1-882 of the Code of Virginia.

§ 2. Purpose.

The purpose of this regulation is to set forth rules to carry out the provisions of Chapter 26 of Title 38.1 of the Code of Virginia (§ 38.1-863 et seq.) so as to provide reasonable standardization of terms and provisions contained in health maintenance organizations contracts and evidences of coverage, to assure the availability and accessibility of services provided by health maintenance organizations, and to establish minimum financial standards for the licensing and operation of health maintenance organizations.

§ 3. Effective date.

A. This regulation shall be effective on January 1, 1986.

B. No new contract or evidence of coverage shall be issued or put in force on or after July 15, 1986, unless it complies with this regulation.

C. No contract or evidence of coverage shall be reissued, renewed, or extended in this Commonwealth on or after July 15, 1986, unless it complies with this regulation. A contract of coverage written before July 15, 1986, shall be deemed to be reissued, renewed, or extended on the date the contract or evidence of coverage allows the health maintenance organization to change the terms of the contract or evidence of coverage or adjust the premiums charged.

§ 4. Applicability and scope.

This regulation shall apply to all health maintenance organizations and to all health maintenance organization contracts and evidences of coverage delivered or issued for delivery by a health maintenance organization established or operating in this Commonwealth on and after the applicable date as set forth in § 3 of this regulation. In the event of conflict between the provisions of this regulation and the provisions of any other regulation issued by the Commission, the provisions of this regulation shall be controlling as to health maintenance organizations.

§ 5. Definitions.

The following words and terms, when used in these regulations, shall have the following meanings, unless the context clearly indicates otherwise:

"Acceptable securities" means those securities that are legal investments in Virginia for public sinking funds and for other public funds as defined in §§ 2.1-327 through 2.1-329 of the Code of Virginia which are not in default as to principal or interest.

"Affiliated provider" means any provider that is employed by or has entered into a contractual agreement either directly or indirectly with a health maintenance organization to provide health care services to members of the health maintenance organization.

State Corporation Commission

"Basic health care services" means those health care services described in subsection B of § 10 of this regulation which are required to be provided by a health care plan to its enrollees, and which may be subject to a nominal copayment approved by the Commission.

"Conversion contract" means a contract that is issued by the health maintenance organization after a conversion option has been exercised.

"Copayment" means a nominal payment required of enrollees as a condition of the receipt of specific health care services.

"Emergency services" means covered health care services rendered by affiliated or nonaffiliated providers, whether in or out of the service area, under unforeseen conditions requiring services which are considered medically necessary for conditions which require immediate medical attention and which could reasonably be expected to worsen if left unattended.

"Enrollee" or "member" means an individual who is enrolled in a health care plan.

"Evidence of coverage" includes any certificate, individual or group agreement or contract, or identification card or related documents issued in conjunction with the certificate, agreement or contract, issued to a subscriber setting out the coverage and other rights to which an enrollee is entitled.

"Excess insurance," "stop loss insurance" or "reinsurance" means insurance issued by an insurer licensed in this Commonwealth, on a form approved by the Commission, or a risk assumption transaction acceptable to the Commission, providing indemnity or reimbursement against the cost of health care services provided by the health maintenance organization.

"Fully subordinated debt" means those debts that meet the requirements of subsection I of § 7 of this regulation.

"Group contract" means a contract for health care services issued by a health maintenance organization in this Commonwealth which by its terms limits the eligibility of subscribers and enrollees to a specified group.

"Health care plan" means any arrangement in which any health maintenance organization undertakes to provide, arrange for, pay for, or reimburse any part of the cost of any health care services. A significant part of the arrangement shall consist of arranging for or providing health care services, as distinguished from mere indemnification against the cost of the services, on a prepaid basis.

"Health care services" means the furnishing of services to any individual for the purpose of preventing, alleviating, curing, or healing human illness, injury or physical disability.

"Health maintenance organization" means any person who undertakes to provide or arrange for one or more health care plans.

"Insolvent" means (i) the condition of a health maintenance organization that has a negative net worth or (ii) the inability of a health maintenance organization to pay its obligations as they become due in the usual course of business.

"Medical necessity" or "medically necessary" means appropriate and necessary health care services which are rendered for any condition which, according to generally accepted principles of good medical practice, requires the diagnosis or direct care and treatment of an illness, injury, or pregnancy-related condition, and are not provided only as a convenience.

"Net worth" equals total admitted assets less total liabilities excluding fully subordinated debt.

"Out-of-area services" means the services that the health maintenance organization covers when its members are outside the geographical limits of the health maintenance organization's service area.

"Primary care physician" means a physician who provides initial and primary care to enrollees; who supervises, coordinates, and maintains continuity of patient care; and who initiates referrals for specialist care.

"Provider" or "health care provider" means any physician, hospital, or other person that is licensed or otherwise authorized in the jurisdiction in which services are rendered to furnish health care services.

"Service area" means a clearly defined geographic area in which the health maintenance organization has arranged for the provision of health care services to be generally available and readily accessible to enrollees.

"Specialist" means a licensed health care provider to whom an enrollee may be referred by his primary care physician and who is certified or eligible for certification by the appropriate specialty board, where applicable, to provide health care services in a specialized area of health care.

"Subscriber" means a contract holder, an individual enrollee or the enrollee in an enrolled family who is responsible for payment to the health maintenance organization or on whose behalf such payment is made.

"Supplemental health care services" means health care services which may be offered by a health maintenance organization in addition to the required basic health care services.

§ 6. Licensing requirements.

A. License required.

State Corporation Commission

No person shall establish or operate a health maintenance organization in Virginia without first obtaining a license from the Commission.

B. Application for initial license.

1. Any person desiring to establish and operate a health maintenance organization in Virginia may apply to the Commission for a license to operate a health maintenance organization.

2. Each application for a health maintenance organization license shall be on a form prescribed by the Commission and shall be verified by an officer or authorized representative of the applicant. Each application for a health maintenance organization license and all accompanying documents shall be submitted in triplicate.

3. Each application for a health maintenance organization license shall set forth or be accompanied by:

a. A copy of any basic organizational document of the applicant including, but not limited to, the articles of incorporation, articles of association, partnership agreement, or trust agreement, and all amendments to such documents.

b. A copy of the bylaws, rules and regulations, or any similar document regulating the conduct of the internal affairs of the applicant.

c. A list of the names, addresses, and official positions of each officer, each member of the governing body, and each employee holding a senior line or staff position, and a full disclosure in the application of (i) any financial interest between any such person or any provider, organization or corporation owned or controlled by such person and the health maintenance organization and (ii) the extent and nature of the financial arrangements between such person and the health maintenance organization.

d. A biographical summary for each person listed in paragraph c.

e. A copy or any contract made or to be made between any providers, sponsors or organizers of the health maintenance organization, or persons listed in paragraph c and the applicant, as required by subsection C of § 12 of this regulation.

f. A copy of the evidence of coverage form, as defined in subsection H of § 5 of this regulation, proposed to be issued to subscribers.

g. A copy of any group contract form, as defined in subsection K of § 5 of this regulation, proposed to be issued to employers, unions, trustees, or other

organizations.

h. A copy of any other pertinent forms proposed to be issued to subscribers, enrollees, or members, including but not limited to applications, enrollment forms, handbooks, provider lists, and explanations of service areas.

i. Proposed rates for coverages to be offered, and written actuarial justification for such rates and their method of calculation.

j. Financial statements showing the applicant's assets, liabilities, and sources of financial support or, if the applicant's financial affairs are audited by independent certified public accountants, a copy of the applicant's most recent regular certified financial statement unless the Commission directs that additional or more recent financial information is required for the proper administration of Chapter 26, (§ 38.1-863 et seq.) of Title 38.1 of the Code of Virginia.

k. A complete description of the health maintenance organization and its method of operation. This shall include: (i) the method of marketing the plan; (ii) a financial plan that includes a projection of the initial operating results extending at least one year beyond the anticipated breakeven point (subject to a minimum of three years), and in which all critical assumptions are documented. Critical assumptions include, but are not limited to, enrollment levels, premium rates, provider reimbursement, utilization rates, risk-sharing arrangements with providers, general and administrative expenses, excess and other insurance expenses and recoveries, coordination of benefits, costs of long-term financing, and inflation; (iii) a statement regarding the sources of working capital as well as any other sources of funding; and (iv) a description of any insurance (including, but not limited to, excess or stop loss, insolvency, medical malpractice, errors and omissions, and general liability coverage), reinsurance or alternative coverage arrangements proposed.

l. Pro-forma financial statements shall include (i) income statements on a quarterly basis, (ii) balance sheets on a quarterly basis, and (iii) cash flow statements on a quarterly basis.

m. A description of the geographical areas to be served including a map which clearly delineates the boundaries of the service area.

n. A description of the complaint system required pursuant to § 38.1-872 of the Code of Virginia.

o. A description of the procedures and programs established by the health maintenance organization to (i) assure both availability and accessibility of

State Corporation Commission

adequate personnel and facilities, and (ii) assess the quality of health care services provided.

p. A description of the mechanism by which enrollees will be given an opportunity to participate in matters of policy and operation as provided in subsection B of § 38.1-867 of the Code of Virginia.

q. Any and all such other information as the Commission may require to make the determinations required pursuant to § 38.1-865 of the Code of Virginia.

4. Each application for a health maintenance organization license shall be accompanied by the nonrefundable license fee required by § 38.1-883 of the Code of Virginia.

C. Amendments to filed information.

No health maintenance organization shall operate in a manner that is significantly in contravention of the information submitted under § 38.1-864 of the Code of Virginia. Any change in such information which would result in operational changes that are significantly in contravention of the information currently on file with the Commission shall be subject to the Commission's prior approval. If the Commission fails to act on a revised submission within 30 days of its filing the proposed changes shall be deemed approved. The following shall be deemed to result in operational changes that are significantly in contravention of the information on file with the Commission:

1. A change in the control, as defined in § 38.1-178.1 of the Code of Virginia, of the health maintenance organization;
2. A change in the health maintenance organization's geographic service area; and
3. A material change in the health maintenance organization's health care delivery system.

D. Filing of annual report.

Each applicant for a health maintenance organization license shall file with the Commission a financial statement on the form required by § 38.1-870 of the Code of Virginia prior to licensure.

E. Licensure does not imply approval of forms.

Approval of a health maintenance organization's license application shall not constitute approval of the forms submitted under subsection B, paragraphs 3 f, g, and h of this section. Approval of such forms shall be governed by § 12 of this regulation and § 38.1-869 of the Code of Virginia.

F. Renewal of license.

Each health maintenance organization licensed in Virginia shall renew its license annually pursuant to the requirements of § 38.1-883 of the Code of Virginia.

§ 7. Financial condition requirements.

A. Minimum net worth.

1. Applicants for a health maintenance organization license shall be required to establish a net worth that is at least equal to \$300,000 prior to licensure.

2. Each health maintenance organization licensed in Virginia shall maintain a net worth that is at least equal to the sum of all uncovered expenses as defined in subsection H of this section for the last three months reported on in paragraph 3 of this subsection. However, in no case shall a health maintenance organization licensed in Virginia maintain a net worth that is less than \$300,000 and in no case shall a health maintenance organization be required to maintain a minimum net worth in excess of \$2,000,000.

3. Each health maintenance organization licensed in Virginia shall report to the Commission on a form prescribed by the Commission all uncovered expenses, as defined in subsection H of this section, for the three month periods ending on December 31, March 31, June 30, and September 30 on or before March 1, May 15, August 15, and November 15 respectively of each year. When these reports are made each health maintenance organization shall also submit to the Commission a balance sheet for the last day of the period reported on. The balance sheet shall include the value of liabilities representing uncovered expenses that have not been paid.

4. Health maintenance organizations that were licensed prior to January 1, 1986, and that were not in compliance with the minimum net worth requirement, shall have until January 1, 1989, to comply with the minimum net worth requirements of this subsection. Each such health maintenance organization shall increase its net worth by at least one-third of the initial deficit before January 1, 1987, and by an additional one-third of the initial deficit before January 1, 1988. Such health maintenance organizations shall also implement a plan approved by the Commission to cover any increase in the health maintenance organization's minimum net worth between January 1, 1986, and January 1, 1989. However, in no case shall this paragraph be construed to require a health maintenance organization to maintain a net worth that is greater than the net worth otherwise required by this subsection.

B. Minimum deposit requirement.

1. Each health maintenance organization licensed in Virginia shall maintain a deposit of \$300,000 with the

State Corporation Commission

State Treasurer in cash or acceptable securities. Each new applicant for a health maintenance organization license shall make such deposit with the State Treasurer prior to licensure.

2. The Commission may increase the minimum deposit requirement whenever it determines that the financial condition of a health maintenance organization is such that it is hazardous to enrollees, creditors, or the public.

3. Health maintenance organizations that were licensed to January 1, 1986, and that were not in compliance with the minimum deposit requirement, shall have until July 1, 1986, to comply with the provisions of this subsection.

4. When securities are deposited with the State Treasurer, the value of such deposit shall be the market value of the securities. A health maintenance organization shall make good any deficit resulting from a decrease in market value within 10 days.

C. Additional deposit requirement.

1. Except as provided in subsection D of this section, each applicant for a health maintenance organization license shall deposit with the State Treasurer an amount in addition to that required by subsection B of this section in cash, acceptable securities, or surety equal to the sum of the health maintenance organization's projected uncovered health care expenses for the first three months of operation.

2. Except as provided in paragraph 5 of this subsection and subsection D of this section, each health maintenance organization licensed in Virginia that did not realize an operating profit on its most recent annual statement may at the discretion of the Commission be required to deposit with the State Treasurer an amount in addition to that required by subsection B of this section in cash, acceptable securities, or surety equal to the greater of (i) the sum of all uncovered health care expenses for the last three months reported on in subsection A, paragraph 3, of this section, or (ii) the value of liabilities representing uncovered health care expenses that have not been paid. Any deficiency in the deposit required by this subsection shall be eliminated within 10 days after filing the report required by subsection A, paragraph 3, of this section.

3. When securities are deposited with the State Treasurer, the value of such deposit shall be the market value of the securities. A health maintenance organization shall make good any deficit resulting from a decrease in market value within 10 days.

4. A health maintenance organization that has shown an operating profit on its two most recent annual statements filed with the Commission may petition the

Commission for the release of the deposit required by this subsection. Any such petition shall be made in accordance with subsection F of this section.

5. A health maintenance organization that has made deposits with the State Treasurer that are in excess of the total requirements of this section may petition the Commission for the release of such excess deposit. Any such petition shall be made in accordance with subsection F of this section. The Commission may permit the release of any excess deposit when the Commission is satisfied that the amount in question is in excess of that required by this section.

6. Health maintenance organizations that were licensed prior to January 1, 1986, and that were not in compliance with the additional deposit requirement, shall have until January 1, 1989, to comply with the requirements of this subsection. Each such health maintenance organization shall increase its additional deposit by at least one-third of the initial deficit before January 1, 1987, and by an additional one-third of the initial deficit before January 1, 1988. Such health maintenance organizations shall also implement a plan approved by the Commission to cover any increase in the health maintenance organization's additional deposit requirement between January 1, 1986, and January 1, 1989. However, in no case shall this paragraph be construed to require an additional deposit that is greater than the deposit otherwise required by this subsection.

D. Deposits with other states.

The Commission may reduce or eliminate the additional deposit requirement if the health maintenance organization shall deposit with the State Treasurer, Insurance Commissioner, or other official body of any state or the District of Columbia for the protection of all subscribers and enrollees of such health maintenance organization, cash, acceptable securities, or surety, and shall deliver to the Commission a certificate to such effect, duly authenticated by the appropriate state official holding the deposit.

E. Purpose of deposits; how deposits applied.

1. Any deposit held by the State Treasurer shall be for the exclusive benefit of the health maintenance organization's enrollees. The enrollees, without preference, shall have a lien on the deposits for the amounts due or which may become due as a result of any failure of the health maintenance organization to meet its obligations. If the deposits are not sufficient to discharge all obligations to enrollees, the obligations to the enrollees shall be satisfied ratably out of the proceeds of such deposits. Whenever any health maintenance organization becomes insolvent or bankrupt, or makes an assignment for the benefit of its creditors, any person given a lien by this section may file a bill in the Circuit Court of the City of

State Corporation Commission

Richmond for the benefit of himself and all others given a lien by this section to subject such deposits to the payment of the liens thereon. The State Treasurer shall be made a party to such suit, and a copy of such bill shall be served upon the Commissioner of Insurance as if he were a party to such suit. The funds shall be distributed by the court.

2. If any health maintenance organization fails to pay any of its obligations to enrollees after such obligations have been ascertained by (i) any agreement of the parties binding on the health maintenance organization, or by (ii) judgement, order or decree of a court of competent jurisdiction against the health maintenance organization, not appealed from, superseded or stayed, the State Treasurer shall, upon the application of the enrollee to whom the debt or money is due, but subject to the approval of the Commission and after giving notice as herein provided, proceed to sell at auction such amount of the securities on deposit as, with any interest in his hands, will pay the sums due and the expenses of the sale, and out of the proceeds of sale he shall pay such sums and expenses.

The State Treasurer shall give the health maintenance organization 10 days' notice, either by mail or personally, of the time and place of the sale, and the sale shall be advertised daily for 10 days in a newspaper of general circulation published in the City of Richmond.

The health maintenance organization shall make good any deficit in its deposit resulting from a sale of securities within 10 days. The State Treasurer shall report to the Commission in writing the amount and kind of securities sold in accordance with the provisions of this section, and the amount and kind of securities deposited to make good the deficit.

In lieu of selling securities, the State Treasurer may use any deposit of cash or surety made by the health maintenance organization to satisfy the health maintenance organization's liabilities to enrollees. The State Treasurer shall give the health maintenance organization 10 days' notice by mail or personally prior to the use of any such cash or surety. The health maintenance organization shall make good any deficit in the required deposit within 10 days.

F. Release of deposit.

A health maintenance organization may, in writing, petition the Commission for the release of any deposit held by the State Treasurer. Any such petition shall state the health maintenance organization's justification for requesting the release of deposit. No deposit held by the State Treasurer shall be released without the Commission's prior approval.

In considering a petition for release of deposit the

Commission shall give due consideration to the health maintenance organization's (i) net worth, (ii) historic and anticipated operating profits, (iii) risk sharing arrangements, (iv) financial guarantees with affiliates, (v) managerial expertise, (vi) level of covered and uncovered health care expenses, and (vii) any other relevant factors it deems appropriate.

G. Insurance coverage required.

Each health maintenance organization licensed in Virginia shall maintain adequate liability insurance coverages to protect the interests of all subscribers and enrollees. Such insurance may include, but is not limited to, excess or stop loss, insolvency, medical malpractice, errors and omissions, and general liability coverage.

H. Covered and uncovered expenses.

1. Any expense of a health maintenance organization that is owed or paid to a health care provider that is under contract with a health maintenance organization shall be considered a covered health care expense by that health maintenance organization (i) if the contract between the health maintenance organization and health care provider contains the hold harmless clause set forth below and (ii) such expense falls within the scope of the hold harmless clause.

Hold Harmless Clause.

(Provider) hereby agrees that in no event, including, but not limited to nonpayment by the health maintenance organization, health maintenance organization insolvency or breach of this agreement, shall (Provider) bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against subscribers or persons other than the health maintenance organization for services provided pursuant to this agreement. This provision shall not prohibit collection of any applicable copayments or deductibles billed in accordance with the terms of the health maintenance organization's subscriber agreement.

(Provider) further agrees that (i) this provision shall survive the termination of this agreement regardless of the cause giving rise to such termination and shall be construed to be for the benefit of the health maintenance organization's subscribers and that (ii) this provision supersedes any oral or written agreement to the contrary now existing or hereafter entered into between (Provider) and the subscriber or persons acting on the subscriber's behalf.

Any modifications, additions, or deletions to the provisions of this hold harmless clause shall become effective on a date no earlier than 15 days after the State Corporation Commission has received written notice of such proposed changes.

State Corporation Commission

2. If there is an intermediary organization between the health maintenance organization and the health care providers, the hold harmless clause shall be amended to include nonpayment by either the health maintenance organization or the intermediary organization and shall be included in any contract between the intermediary organization and health care providers and in any contract between the health maintenance organization and the intermediary organization before health care expenses owed or paid to the intermediary organization shall be considered covered expenses.

3. Health maintenance organizations that have substantially similar hold harmless agreements in effect prior to January 1, 1986, shall consider the expenses within the scope of such agreements to be covered health care expenses until December 31, 1986.

4. The interest expenses relating to the repayment of any fully subordinated debt shall be considered covered expenses.

5. A health maintenance organization may, in writing, request permission from the Commission to treat other types of expenses as covered expenses. Any such request shall state the health maintenance organization's justification for such treatment. In no case shall a health maintenance organization treat an expense, other than those set forth in paragraphs 1, 2, 3 and 4 of this subsection, as a covered expense without the prior approval of the Commission.

6. Any expense that is not a covered expense under this section shall be considered an uncovered expense.

I. Subordination of debt.

No debt shall be considered fully subordinated unless the subordination clause set forth below is executed by the health maintenance organization and the lender and the subordination agreement is otherwise acceptable to the Commission.

Subordination Clause.

The rights of (lender) to the principal sum and/or accrued interest thereon are and shall remain subject to and subordinate to all other liabilities of (health maintenance organization), and upon the dissolution or liquidation of (health maintenance organization), no payment upon this instrument shall be made until all other liabilities of the plan shall have been paid.

It is further agreed to by and between the parties hereto that written approval from the State Corporation Commission must be obtained prior to any repayment of principal or payment of interest.

J. Financial projections.

The Commission may require any health maintenance organization licensed in Virginia to submit to it periodic updates of the projection of operating results required by subsection B, paragraph 3 k of § 6 of this regulation. Each update shall also include a complete explanation of any significant variance between actual operating results and the operating results that were forecasted under the projection last submitted to the Commission.

The Commission may revise or request a revision of any financial projection that it deems to be unreasonable relative to the health maintenance organization's historic performance.

K. Impairment.

Any health maintenance organization that is found to have less than the minimum required net worth shall be deemed to be impaired and there shall be a presumption that an impaired health maintenance organization is not financially responsible and may reasonably be expected to be unable to meet its obligations to enrollees and prospective enrollees.

Whenever the Commission finds from a financial statement made by any health maintenance organization, or from a report of examination of any health maintenance organization, that the health maintenance organization is impaired, it shall determine the amount of such impairment and issue an order requiring the health maintenance organization to eliminate the impairment within such period of not more than 90 days as it shall designate. The Commission may by order entered of record and served upon the health maintenance organization prohibit the health maintenance organization from issuing any new subscriber contracts while such impairment exists. If at the expiration of the designated period the health maintenance organization has not satisfied the Commission that the impairment has been eliminated, an order for the rehabilitation or liquidation of the health maintenance organization may be entered as provided in Chapter 3 of Title 38.1 of the Code of Virginia.

L. Accounts, books and records.

Each health maintenance organization that is licensed in Virginia shall maintain proper accounting controls and shall keep adequate, correct and complete books and records of accounts. Such books and records shall be kept at one location and shall be made available to the Commission during normal business hours.

M. Nonadmitted assets.

1. The following assets shall be nonadmitted assets:

- a. Good will, trade names, and other intangible assets;
- b. Advances to officers, whether secured or not, and

State Corporation Commission

advances to employees, agents, and other persons on personal security only;

c. Stock of the health maintenance organization, owned by it, or any equity in it or loans secured by it, or any proportionate interest in the stock through the ownership by the health maintenance organization or an interest in another firm, corporation, or business unit;

d. The amount, if any, by which the aggregate book value of investments as carried in the ledger assets of the health maintenance organization exceeds the aggregate value thereof as determined by the values approved annually by the Securities Valuation Office of the National Association of Insurance Commissioners;

e. All assets of doubtful value or character included in any statement by an health maintenance organization to the Commission, or in any report of examination to the Commission.

N. Removal or transfer of property.

1. No health maintenance organization that is domiciled in Virginia shall remove from Virginia its entire property or business, or substantially all of its property or business, without the written approval of the Commission.

2. No health maintenance organization shall transfer or attempt to transfer substantially its entire property, or enter into any transaction the effect of which is to merge substantially its entire property or business in the property or business of any other company without having first obtained the written approval of the Commission.

§ 8. General requirements.

A. Conversion of coverage.

1. Each health care plan shall offer to its enrollees, upon termination of coverage under a group or individual contract, the right to convert coverage, within 31 days after such termination of coverage, to an individual contract. Such converted coverage:

a. Shall provide benefits which, at a minimum, meet the requirements set forth in subsection B of § 10 of this regulation; and

b. Shall not be refused on the basis that the enrollee no longer resides or is employed in the health maintenance organization's service area.

2. The conversion contract shall cover the enrollee covered under the group or individual contract as of the date of termination of the enrollee's coverage under such contract. Coverage shall be provided

without additional evidence of insurability, and no pre-existing condition limitations or exclusions may be imposed other than those remaining unexpired under the contract from which conversion is exercised. Any probationary or waiting period set forth in the conversion contract shall be deemed to commence on the effective date of coverage under the original contract.

3. A conversion contract shall not be required to be made available when:

a. The enrollee is covered by or is eligible for benefits under Title XVIII of the United State Social Security Act;

b. The enrollee is covered by or is eligible for substantially the same level of hospital, medical, and surgical benefits under state or federal law;

c. The enrollee is covered by substantially the same level of hospital, medical, and surgical benefits under any policy, contract, or plan for individuals in a group;

d. The enrollee has not been continuously covered during the three-month period immediately preceding that enrollee's termination of coverage;

e. The enrollee was terminated by the health care plan for any of the reasons stated in subsection B, paragraphs 1 a, b, c and f of § 9 of this regulation.

B. Coordination of benefits.

1. A health care plan may include in its group contract or individual contract a provision that the value of any benefit or service provided by the health maintenance organization may be coordinated with any other health insurance or health care benefits or services that are provided by any other policy, contract, or health care plan, including coverage provided under governmental programs, so that no more than 100% of the eligible incurred expenses is paid.

2. A health care plan shall not be relieved of its duty to provide a covered health care service to any enrollee because the enrollee is entitled to coverage under any other policy, contract, or health care plan. In the event that benefits are provided by both a health care plan and another policy, contract, or health care plan, the determination of the order of benefits shall in no way restrict or impede the rendering of services required to be provided by the health care plan. The health maintenance organization shall be required to provide or arrange for the service first and then, at its option, seek coordination of benefits with any other health insurance or health care benefits or services that are provided by any other policy, contract, or plan.

C. Copayments.

1. A health maintenance organization may require a copayment of enrollees as a condition for the receipt of specific basic health care services described in subsection B of § 10 of this regulation. Such copayments shall be shown in the evidence of coverage as a specified dollar amount for each specific basic health care service for which the health maintenance organization requires a copayment. The maximum amount of copayment the health maintenance organization may require shall be as follows:

a. For inpatient hospital and physician services, \$50 per inpatient hospital day up to a maximum of \$100 per stay regardless of the length of stay;

b. For outpatient medical services, \$5.00 for each specific service;

c. For diagnostic laboratory and diagnostic and therapeutic radiologic services, the maximum copayment which may be required shall be the applicable copayment for the other specific services listed in a, b, d, e, and f of this subsection;

d. For preventive health services, \$5.00;

e. For in and out of area emergency services, \$25;

f. For each enrollee for the calendar year, a total aggregate copayment of \$500.

2. A health maintenance organization may impose other copayments for supplemental health care services than those specified in this subsection.

D. Description of providers.

A list of the names and locations of all affiliated providers shall be required to be provided to subscribers by the health maintenance organization at the time of enrollment or at the time the contract or evidence of coverage is issued and shall be made available upon request or at least annually.

E. Description of service area.

A description of the service area within which the health maintenance organization shall provide health care services shall be required to be provided to subscribers by the health maintenance organization at the time of enrollment or at the time the contract or evidence of coverage is issued and shall be made available upon request or at least annually.

F. Extension of benefits.

1. Every group contract issued by a health maintenance organization shall contain a reasonable

extension of benefits upon discontinuance of the group contract with respect to members who become totally disabled while enrolled under the contract and who continue to be totally disabled at the date of discontinuance of the contract.

2. Upon payment of premium, coverage shall remain in full force and effect for a reasonable period of time not less than 180 days, or until such time as the member is no longer totally disabled, or until such time as a succeeding carrier elects to provide replacement coverage to that member without limitation as to the disabling condition.

3. Upon termination of the extension of benefits, the enrollee shall have the right to convert coverage as provided for in subsection A of § 8 of this regulation.

G. Freedom of choice.

1. At the time of enrollment each enrollee shall have the right to select a primary care physician from among the health maintenance organization's affiliated primary care physicians, subject to availability.

2. Any enrollee who is dissatisfied with his primary care physician shall have the right to select another primary care physician from among the health maintenance organization's affiliated primary care physicians, subject to availability. The health maintenance organization may impose a reasonable waiting period for this transfer.

H. Grievance procedure.

1. Each health maintenance organization shall establish and maintain a grievance or complaint system to provide reasonable procedures for the prompt and effective resolution of written complaints. A record of all written complaints shall be maintained for a period of at least three years.

2. Every health maintenance organization shall provide complaint forms and/or written procedures to be given to enrollees who wish to register written complaints. Such forms or procedures shall include the address and telephone number to which complaints must be directed and shall also specify any required time limits imposed by the health maintenance organization.

3. The grievance system shall provide for complaints to be resolved within a reasonable period of time, not more than 180 days from the date the complaint is registered. This period may be extended (i) in the event of a delay in obtaining the documents or records necessary for the resolution of the complaint, or (ii) by the mutual written agreement of the health maintenance organization and the enrollee registering the complaint.

4. Pending the resolution of a written complaint filed

State Corporation Commission

by a subscriber or enrollee, coverage may not be terminated for the subscriber or enrollee for any reason which is the subject of the written complaint, except where the health maintenance organization has, in good faith, made an effort to resolve the complaint and coverage is being terminated as provided for in subsection B of § 9 of this regulation.

5. Where enrollee complaints and grievances may be resolved through a specified arbitration agreement, the enrollee shall be advised in writing of his rights and duties under the agreement at the time the complaint is registered. No contract or evidence of coverage that entitled enrollee to resolve complaints and grievances through an arbitration agreement shall limit or prohibit such arbitration for any claims asserted having a monetary value of \$250 or more. If the enrollee agrees to binding arbitration his written acceptance of the arbitration agreement shall not be executed prior to the time the complaint is registered nor subsequent to the time an initial resolution is made, and the agreement must be accompanied by a statement setting forth in writing the terms and conditions of binding arbitration.

§ 9. Prohibited practices.

A. Exclusions for pre-existing conditions.

1. No health maintenance organization shall exclude or limit basic health care services for a pre-existing condition when the enrollee transfers coverage from one health care plan to another during open enrollment or when the enrollee converts coverage under his conversion option, except to the extent of a pre-existing condition limitation or exclusion remaining unexpired under the original contract. Any required probationary or waiting period is deemed to commence on the effective date of coverage under the original contract.

2. Except as provided in paragraph 1 above, nothing shall prohibit a health maintenance organization from including in its contract a provision setting forth reasonable exclusions or limitations of services for pre-existing conditions at the time of enrollment.

3. A pre-existing condition shall not be more restrictive than the following:

a. The existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within a two year period preceding the effective date of coverage under the health care plan; or

b. A condition for which medical advice or treatment was recommended by a physician or received from a physician within a two year period preceding the effective date of coverage under the health care plan.

B. Reasons for termination.

1. No health maintenance organization shall terminate an enrollee's coverage for services provided under a health maintenance organization contract except for one or more of the following reasons:

a. Failure to pay the amounts due under the contract, including failure to pay any premiums or copayments required by the contract as shown in the contract or evidence of coverage;

b. Fraud or deception in the use of services or facilities;

c. Violation of the terms of the contract;

d. Failure to meet the eligibility requirements under a group contract, provided that a conversion option is offered;

e. Termination of the group contract under which the enrollee was covered; or

f. Such other good cause as is agreed upon in the contract between the health care plan and the group or the subscriber, but in no case shall coverage be terminated on the basis of the status of the enrollee's health nor on the mere fact that the enrollee has exercised his rights under the plan's grievance system by registering a complaint against the health maintenance organization. Failure of the enrollee and the primary care physician to establish a satisfactory relationship shall not be deemed good cause unless the health maintenance organization has, in good faith, made an effort to provide the opportunity for the enrollee to establish a satisfactory patient-physician relationship, including assigning the enrollee to other primary care physicians from among the organization's affiliated providers.

2. No health maintenance organization shall terminate coverage for services provided under a contract without giving the subscriber written notice of termination which shall be effective at least 31 days from the date of mailing or, if not mailed, from the date of delivery, except that:

a. For termination due to nonpayment of premium, the grace period has required in subsection B paragraph 17 of § 11 of this regulation shall apply; and

b. For termination due to activities which endanger the safety and welfare of the health maintenance organization or its employees or providers, immediate notice of termination may be given.

C. Unfair discrimination.

1. No health maintenance organization shall unfairly discriminate against any enrollee on the basis of the age, sex, health status, race, color, creed, national origin, ancestry, marital status, or lawful occupation of the enrollee, or because of the frequency of utilization of services by the enrollee. However, nothing shall prohibit a health maintenance organization from setting rates or establishing a schedule of charges in accordance with relevant actuarial data.

2. No health maintenance organization shall unreasonably discriminate against physicians as a class or any class of providers listed in § 38.1-824 of the Code of Virginia when contracting for specialty or referral practitioners, provided the plan covers services which the members of such classes are licensed to render. Nothing contained herein shall prevent a health maintenance organization from selecting, in the judgment of the health maintenance organization, the number of providers necessary to render the services offered by the health maintenance organization. Nothing in this regulation shall be construed to unreasonably discriminate against any class of licensed health care providers listed in § 38.1-824 who provide health care services in accordance with the scope of their practice.

§ 10. Services.

A. Access to care.

1. Each health maintenance organization shall establish and maintain adequate arrangements to assure both availability and accessibility of adequate personnel and facilities providing health care services including:

a. Reasonable hours of operations and after-hours emergency health care;

b. Reasonable proximity to enrollees within the service area so as not to result in unreasonable barriers to accessibility;

c. Sufficient personnel, including health professionals, administrators, and support staff, to reasonably assure that all services contracted for will be accessible to enrollees on an appropriate basis without delays detrimental to the health of enrollees; and

d. Adequate arrangements to provide inpatient hospital services for basic health care.

2. Each health maintenance organization shall make available to each enrollee the services of specialists as part of the provision of basic health care services.

B. Basic health care services.

1. Each health maintenance organization shall provide, or arrange for the provision of, as a minimum, basic

health care services which shall include the following:

a. Inpatient hospital and physician services. Medically necessary hospital and physician services affording inpatient treatment to enrollees in a general hospital for a minimum of 90 days per contract or calendar year. Hospital services include room and board; general nursing care; special diets when medically necessary; use of operating room and related facilities; use of intensive care unit and services; x-ray, laboratory, and other diagnostic tests; drugs, medications, biologicals, anesthesia, and oxygen services; special duty nursing when medically necessary; short-term physical therapy, radiation therapy, and inhalation therapy; administration of whole blood and blood plasma; and short-term rehabilitation services. Physician services include medically necessary health care services performed, prescribed, or supervised by physicians within a hospital for registered bed patients;

b. Outpatient medical services. Medically necessary health care services performed, prescribed or supervised by physicians for enrollees which may be provided in a nonhospital based health care facility, at a hospital, in a physician's office, or in the enrollee's home, and shall include consultation and referral services. Outpatient medical services shall also include diagnostic services, treatment services, laboratory services, x-ray services, and outpatient surgery;

c. Diagnostic laboratory and diagnostic and therapeutic radiologic services;

d. Preventive health services. Services provided with the goal of protection against and early detection and minimization of the ill effects and causes of disease or disability, including well-child care from birth, eye and ear examinations for children age 17 and under to determine the need for vision and hearing correction, periodic health evaluations, and immunization; and

e. In and out of area emergency services, including medically necessary ambulance services, available on an inpatient or an outpatient basis 24-hours per day, 7-days per week.

2. Services not required to be provided as basic health care services, for the purpose of this regulation, include but are not limited to:

a. Services for the treatment of alcohol or drug abuse;

b. Mental health services;

c. Except as required as a basic health care service in subsection B, paragraph 1(d), of this section,

State Corporation Commission

services for routine eye examinations or refractions, including examinations for astigmatism, myopia, or hyperopia; and eye glasses or contact lenses resulting from routine eye examinations;

d. Dental services other than those which are medically necessary as a result of accidental injury which occurs while an individual is enrolled in the health care plan for which treatment is covered as a basic health care service;

e. Prescription drugs; and

f. Long-term physical therapy and rehabilitation.

C. Out-of-area benefits.

In addition to out-of-area emergency services required to be provided as basic health care services, a health maintenance organization may offer to its enrollees indemnity benefits covering out-of-area services. A description of the procedure for obtaining any out-of-area services shall be included in the evidence of coverage as well as a statement of any restrictions or limitations on out-of-area services and any requirements that the health maintenance organization be contacted before obtaining such services. Any health care plan that requires the enrollee to contact the health maintenance organization before obtaining out-of-area services shall provide for emergency telephone consultation on a 24-hour per day, 7-day per week basis.

D. Supplemental health care services.

In addition to the basic health care services required to be provided in subsection B of this section, a health maintenance organization may offer to its enrollees any supplemental health care services it chooses to provide.

Such services may be limited as to time and cost. Any copayment requirements provided for under subsection C of § 8 of this regulation shall not apply to supplemental health care services.

§ 11. Disclosure requirements.

A. Each subscriber shall be entitled to an evidence of coverage under a health care plan provided by a health maintenance organization established or operating in this Commonwealth, including any amendments thereto. Such evidence of coverage shall be delivered or issued for delivery within a reasonable period of time after enrollment, but not more than 60 days from the later of the effective date of coverage or the date on which the health maintenance organization is notified of enrollment.

B. No evidence of coverage shall be delivered or issued for delivery unless it contains the following:

1. The name, address, and telephone number of the health maintenance organization;

2. The health care services and any insurance or other benefits to which the enrollee is entitled under the health care plan;

3. Any exclusions or limitations on the services, kind or services, benefits, or kind of benefits to be provided, including any deductible or copayment feature;

4. Where and in what manner information is available as to how services may be obtained;

5. The effective date and the term of coverage;

6. The total amount of payment for health care services and any indemnity or service benefits that the enrollee is obligated to pay with respect to individual contracts, or an indication whether the plan is contributory or noncontributory for group certificates;

7. A description of the health maintenance organization's method of resolving enrollee complaints, including a description of any arbitration procedure if complaints and grievances may be resolved through a specified arbitration agreement;

8. A list of providers and a description of the service area which shall be provided with the evidence of coverage if such information is not given at the time of enrollment;

9. The right of an enrollee to convert to an individual contract issued by the health maintenance organization, including the terms and conditions under which coverage may be converted;

10. The terms and conditions under which coverage may be terminated;

11. Any coordination of benefits provisions;

12. Any assignment restrictions in the contract;

13. The health maintenance organization's procedure for filing claims, including any requirements for notifying the health maintenance organization of a claim and any requirements for filing proof of loss;

14. The health maintenance organization's eligibility requirements, including the conditions under which dependents may be added and the limiting age for dependents and subscribers covered under an individual or group contract;

15. An incontestability clause which states that, in the absence of fraud, all statements made by a subscriber shall be considered representations and not warranties and that no statement shall be the basis for voiding coverage or denying a claim after the contract has been in force for two years from its effective date.

State Corporation Commission

unless the statement was material to the risk and was contained in a written application;

16. A provision that the contract or evidence of coverage and any amendments thereto constitutes the entire contractual agreement between the parties involved and that no portion of the charter, by-laws, or other document of the health maintenance organization shall constitute part of the contract unless it is set forth in full in the contract; and

17. A provision for a 31 day grace period for the payment of any premium falling due after the first premium during which coverage remains in effect, including a statement that if payment is not received within the 31 days, coverage may be cancelled after the thirty-first day and the terminated members may be held liable for the cost of services received during the grace period.

§ 12. Filing requirements.

A. No contract, evidence of coverage, or any amendment thereto, shall be delivered, issued for delivery, or put into effect as to any person in this Commonwealth until a copy of such form or amendment thereto has been filed with and approved by the Commission pursuant to the filing requirements specified in § 38.1-869 of the Code of Virginia. If the Commission does not disapprove any form within 30 days of the filing of such form, it shall be deemed approved unless the filer is notified in writing that the waiting period is extended by the Commission for an additional 30 days.

B. No schedule of charges, or amendment thereto, may be put into effect in conjunction with any health care plan until a copy of such schedule or amendment thereto has been filed with the Commission pursuant to the filing requirements specified in § 38.1-869 of the Code of Virginia.

C. Any contracts, including any amendments thereto, made with health care providers enabling a health maintenance organization to provide health care services shall be filed with the Commission pursuant to § 38.1-875 of the Code of Virginia and may be used commencing 15 days after their filing. Individual provider contracts shall not be required to be filed with the Commission provided that:

1. Such contracts contain the same precise language as contained in a standard contract used by the health maintenance organization which has been filed with the Commission pursuant to § 38.1-875 of the Code of Virginia;

2. A list, current within 90 days, of the names and locations of the providers who have signed the standard contract, including any amendments to the list, has been filed with the Commission; and

3. The health maintenance organization maintains a complete file of all contracts made with health care providers which shall be maintained for a period of at least three years after their expiration and which shall be subject to examination by the Commission.

§ 13. Conformity with state law.

Any contract or evidence of coverage that contains any provision which conflicts with the requirements of this regulation or the provisions of Chapter 26, (§ 38.1-863 et seq.) of Title 38.1 of the Code of Virginia shall not be rendered invalid but shall be construed and applied as if it were in full compliance with the requirements of this regulation and Chapter 26 of Title 38.1 of the Code of Virginia.

§ 14. Penalties.

Any violation of this regulation shall be punished as provided for in § 38.1-886 of the Code of Virginia and any other applicable law of this Commonwealth.

§ 15. Controversies involving contracts.

The Commission shall have no jurisdiction to adjudicate controversies between a health maintenance organization and its enrollees, and a breach of contract shall not be deemed a violation of this regulation.

§ 16. Severability.

If any provision of this regulation or the application thereof to any person or circumstance is for any reason held to be invalid, the remainder of the regulation and the application of such provision to other persons or circumstances shall not be affected thereby.

GOVERNOR

GOVERNOR'S COMMENTS ON PROPOSED REGULATIONS

(Required by § 9-6.14:9.1 of the Code of Virginia)

DEPARTMENT FOR THE AGING

Title of Regulation: **Regulations Concerning Area Plans for Aging Services (Repealed).**

Governor's Comment:

I approve of the proposed repeal of this regulation.

/s/ Charles S. Robb
Date: October 23, 1985

DEPARTMENT OF CORRECTIONS

Title of Regulation: **Public Participation Guidelines (VR 230-01-001).**

Governor's Comment:

No objections to the proposed regulation as presented.
/s/ Charles S. Robb
Date: October 30, 1985

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Title of Regulation: **Criteria for Intermediate Care for the Mentally Retarded (VR 460-04-8.2).**

Governor's Comment:

No objections to the proposed regulation as presented.
/s/ Charles S. Robb
Date: October 23, 1985

DEPARTMENT OF SOCIAL SERVICES

Title of Regulation: **Rules of the Interdepartmental Committee on Rate-Setting: The Joint Regulations on Rate-Setting for Children's Facilities of the Board of Education (VR 270-01-0005), the Board of Social Services (VR 615-52-11) and the Board of Corrections (VR 230-40-002).**

Governor's Comment:

No objections to the proposed regulation as presented.

/s/ Charles S. Robb
Date: October 23, 1985

GENERAL NOTICES/ERRATA

Symbol Key †

† Indicates entries since last publication of the Virginia Register

NOTICES OF INTENDED REGULATORY ACTION

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Department of Agriculture and Consumer Services intends to consider promulgating regulations entitled: **Regulation Declaring *Iliamna corei*, Peter's Mountain Mallow, as an Endangered Plant.** *Iliamna corei* or Peter's Mountain Mallow, is a member of the Malvaceae plant family (mallow). There is only one known existing, naturally occurring population of this plant species in the world; in Giles County, Virginia. The population is very small, consisting of only five plants and is in danger of extinction due to pressures of competing vegetation, plant collecting, and low reproductive potential. The regulation would prevent the plants' collection and allow for a comprehensive recovery conservation program.

Statutory Authority: § 3.1-1025 of the Code of Virginia.

Written comments may be submitted to Raymond D. Vaughan, Secretary, Virginia Board of Agriculture and Consumer Services.

Contact: Raymond D. Vaughan, Secretary, Virginia Board of Agriculture and Consumer Services, P. O. Box 1163, 1100 Bank Street, Richmond, Va. 23209, telephone (804) 786-3501.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Department of Agriculture and Consumer Services intends to consider promulgating regulations entitled: **Rules and Regulations Governing Brucellosis Calftlood Vaccination.** The purpose of the proposed regulations is to require brucellosis calftlood vaccination of all female cattle four months of age or older which enter the Commonwealth of Virginia for feeding and breeding purposes, and to require the same vaccination for female cattle of similar age that are sold at Virginia livestock markets for placement on Virginia farms. Such vaccinations will enhance the prevention, control and eradication of brucellosis from the

cattle population within Virginia.

Statutory Authority: § 3.1-726 of the Code of Virginia.

Written comments may be submitted until December 31, 1985.

Contact: Dr. A. J. Roth, Chief, Bureau of Veterinary Services, Washington Bldg., Suite 600, 1100 Bank St., Richmond, Va. 23219, telephone (804) 786-2483.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Department of Agriculture and Consumer Services intends to consider promulgating regulations entitled: **Rules and Regulations Governing the Transportation of Companion Animals and Horses.** The purpose of the proposed regulations is to specify those requirements to be met when transporting live companion animals and horses that will preclude the inhumane treatment of these animals and foster handling and care practices that will enhance their well-being during periods of transit within the state.

Statutory Authority: § 29-213.37 of the Code of Virginia.

Written comments may be submitted until December 31, 1985.

Contact: Dr. Tonya Higgins, Animal Welfare Officer, Bureau of Veterinary Services, Washington Bldg., Suite 600, 1100 Bank St., Richmond, Va. 23219, telephone (804) 786-2483.

STATE AIR POLLUTION CONTROL BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Air Pollution Control Board intends to consider amending regulations entitled: **Regulations for the Control and Abatement of Air Pollution (VR 120-01).** The purpose of the intended amendments is to change the agency's regulations to provide the latest edition of referenced documents and to provide a consolidated list of referenced documents to facilitate easy location.

Statutory Authority: § 10-17.18(b) of the Code of Virginia.

General Notices/Errata

Written comments may be submitted until November 27, 1985, to Robert A. Mann, Director of Program Development, State Air Pollution Control Board, P. O. Box 10089, Richmond, Virginia 23240.

Contact: M. E. Lester, Division of Program Development, State Air Pollution Control Board, P. O. Box 10089, Richmond, Va. 23240, telephone (804) 786-7564.

BOARD OF AUDIOLOGY AND SPEECH PATHOLOGY

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Audiology and Speech Pathology intends to consider promulgating regulations entitled: "State Board of Examiners for Audiology and Speech Pathology." The board is considering a provision to its regulations which would allow individuals who have obtained both required education and experience to practice under direct licensed supervision pending results of initial examination. The board notes the need to allow services to be available to the public as a compelling reason to provide temporary permits.

Statutory Authority: § 54.1-28 (5) of the Code of Virginia.

Written comments may be submitted until December 11, 1985.

Contact: Geralde W. Morgan, Assistant Director, Commonwealth of Virginia, Department of Commerce, 3600 W. Broad St., Richmond, Va. 23230-4917, telephone (804) 257-8554 (toll-free number 1-800-552-3016).

STATE BOARD OF CORRECTIONS

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Board of Corrections intends to consider amending regulations entitled: **Minimum Standards for Jails and Lockups**. The purpose of the proposed amendments is to propose changes consistent with greater uniformity and interpretation for application thereof.

Statutory Authority: § 53.1-5 of the Code of Virginia.

Written comments may be submitted until December 1, 1985.

Contact: Vivian T. Toler, Confidential Secretary, State Board of Corrections, P. O. Box 26963, Richmond, Va.

23261, telephone (804) 257-6274.

VIRGINIA BOARD OF DENTISTRY

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Board of Dentistry intends to consider promulgating, amending and repealing regulations entitled: **Rules and Regulations Governing the Practice of Dentistry and Dental Hygiene**. The purpose of the proposed regulations is to regulate the practice of dentistry and dental hygiene.

Statutory Authority: § 54.1-163 of the Code of Virginia.

Written comments may be submitted until November 25, 1985.

Contact: Nancy T. Feldman, Executive Director, 517 W. Grace St., Richmond, Va. 23220, telephone (804) 786-0311.

BOARD OF EDUCATION

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Education intends to consider amending regulations entitled: **Regulations of the Board of Education of the Commonwealth of Virginia for Vocational Education**. These regulations govern the operation of all vocational education programs administered by the Department of Education.

Statutory Authority: §§ 22.1-16, 22.1-17, and 22.1-227 of the Code of Virginia.

Written comments may be submitted until December 13, 1985.

Contact: Dr. Ned K. Swartz, Supervisor, Vocational State Planning and Data Management, Virginia Department of Education, P.O. Box 6-Q, Richmond, Va. 23216-2060, telephone (804) 225-2100.

BOARD OF MENTAL HEALTH AND MENTAL RETARDATION

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's

public participation guidelines that the Board of Mental Health and Mental Retardation intends to consider promulgating regulations entitled: **Rules and Regulations for the Licensure of Private Psychiatric Hospitals, Mental Health, Mental Retardation, and Substance Abuse Treatment and Rehabilitative Facilities**. The purpose of the proposed regulations is to replace existing licensure regulations for private psychiatric hospitals, group homes, halfway houses and substance abuse facilities; and to revise existing regulations pursuant to regulatory review.

Statutory Authority: Title 37.1, Chapter 8 (§ 37.1-179.1) and Chapter 11

Written comments may be submitted until January 20, 1986.

Contact: Mary Dunn Conover, Director, Quality Assurance Support, Department of Mental Health and Mental Retardation, P. O. Box 1797, Richmond, Va. 23214, telephone (804) 786-0070.

DEPARTMENT OF MOTOR VEHICLES

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Motor Vehicles intends to consider promulgating regulations entitled: **Regulations for Titling and Registering Foreign Market Vehicles**. The Department of Motor Vehicles does not currently have formal, standardized policies or procedures for evaluating the safety features of vehicles manufactured outside the U. S. and not manufactured in accordance with U. S. safety standards, and regulations for processing title and registration applications are required to ensure compliance with applicable safety standards so that such vehicles do not endanger the public health and safety.

Statutory Authority: §§ 9-6.14:1 et seq., 46.1-26 and 46.1-56 of the Code of Virginia.

Written comments may be submitted until December 11, 1985.

Contact: Jerome L. Stein, Manager, Titles and Registration Division, Department of Motor Vehicles, P. O. Box 27412, Richmond, Va. 23269-0001, telephone (804) 257-0510.

BOARD OF REHABILITATIVE SERVICES

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's

public participation guidelines that the Board of Rehabilitative Services intends to consider promulgating regulations entitled: **Participation by Clients in Payment for Services**. The purpose of the proposed regulations is to develop a financial needs test to determine the amount, if any, that clients will be expected to contribute toward cost of services.

Statutory Authority: § 51.01-5 of the Code of Virginia.

Written comments may be submitted until December 11, 1985, to Dr. Leroy Smith, Department of Rehabilitative Services, 4901 Fitzhugh Avenue, P. O. Box 11045, Richmond, Virginia 23230.

Contact: George Meeks, Director, Legislative Services, 4901 Fitzhugh Ave., Richmond, Va. 23230, telephone (804) 257-0276 (toll-free number 1-800-552-5019)

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Rehabilitative Services intends to consider promulgating regulations entitled: **Rights of Clients**. The purpose of the proposed regulation is to ensure that equitable and fair treatment is provided to all individuals who receive services from the Department of Rehabilitative Services.

Statutory Authority: § 51.01-5 of the Code of Virginia.

Written comments may be submitted until December 11, 1985, to Dr. Leroy Smith, Department of Rehabilitative Services, 4901 Fitzhugh Avenue, P. O. Box 11045, Richmond, Virginia 23230.

Contact: George Meeks, Director, Legislative Services, 4901 Fitzhugh Ave., Richmond, Va. 23230, telephone (804) 257-0276 (toll-free number 1-800-552-5019)

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Rehabilitative Services intends to consider promulgating regulations entitled: **Establishing a Reimbursement System**. These regulations are required to institute a reimbursement system to maximize the collection of fees from persons receiving services and from responsible third party payors.

Statutory Authority: § 51.01-5 of the Code of Virginia.

Written comments may be submitted until December 11, 1985, to Dr. Leroy Smith, Department of Rehabilitative Services, 4901 Fitzhugh Avenue, P. O. Box 11045, Richmond, Virginia 23230.

Contact: George Meeks, Director, Legislative Services, 4901

General Notices/Errata

Fitzhugh Ave., Richmond, Va. 23230, telephone (804) 257-0276 (toll-free number 1-800-552-5019)

STATE WATER CONTROL BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Water Control Board intends to consider amending regulations entitled: **Regulation No. 6 - National Pollutant Discharge Elimination System (NPDES) Permit Program.** These regulations are being amended meet EPA requirements for obtaining State Delegation of the National Pretreatment Program.

Statutory Authority: § 62.1-44.15(3)(10) of the Code of Virginia.

Written comments may be submitted until December 4, 1985.

Contact: LaVern H. Corkran, Pretreatment Program Manager, 2111 N. Hamilton St., Richmond, Va. 23230, telephone (804) 257-6306.

GENERAL NOTICES

NOTICE TO STATE AGENCIES

RE: Forms for filing material on dates for publication in The Virginia Register of Regulations.

All agencies are required to use the appropriate forms when furnishing material and dates for publication in The Virginia Register of Regulations. The forms are supplied by the office of the Registrar of Regulations. If you do not have any forms or you need additional forms, please contact: Ann M. Brown, Assistant Registrar of Regulations, Virginia Code Commission, P. O. Box 3-AG, Richmond, Va. 23208, telephone (804) 786-3591.

FORMS:

PROPOSED (Transmittal Sheet) - RR01
FINAL (Transmittal Sheet) - RR02
NOTICE OF MEETING - RR03
NOTICE OF INTENDED REGULATORY ACTION - RR04
NOTICE OF COMMENT PERIOD - RR05
AGENCY RESPONSE TO LEGISLATIVE OR GUBERNATORIAL OBJECTIONS - RR06

NOTICE TO STATE AGENCIES

A list of major meetings of various trade associations and organizations is maintained in the office of the Registrar

of Regulations. Upon request, this list will be made available to you in order that you can avoid conflicts when setting up meetings and hearings.

NOTICE TO TRADE ASSOCIATIONS AND ORGANIZATIONS

The 1985-1986 listing of major meetings of certain organizations and associations is being updated. If you would like your organization's annual or semi-annual meeting listed, please advise the office of the Registrar of Regulations, Virginia Code Commission, P. O. Box 3-AG, Richmond, Virginia 23208, telephone (804) 786-3591.

ERRATA

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Title of Regulation: **Rules and Regulations for Enforcement of the Virginia Seed Law.**

Issue: 2:1 VA.R., pages 2 and 3, October 14, 1985. The full text of this regulation is reprinted in this issue because pages were reversed in drafted regulations.

Other specific corrections:

Page 2, column 2, subparagraph 3 of § 1.

replace the word:
Regulation

with:
§§

Page 3, column 1 *Wild Radish* - *Raphanum*

should read:
Wild Radish - *Raphanus*

Column 2, paragraph - "Wild mustard", 4th line down:

replace the word:
Regulations

with:
§§

DEPARTMENT OF SOCIAL SERVICES

Title of Regulation: **VR 615-31-01. Emergency Regulation Pertaining to Criminal History Record Checks for All Personnel of Licensed Child Care Centers and Child Caring Institutions.**

Issue: 2:1 VA.R., pages 9 through 11, October 14, 1985

Corrections to the emergency regulation are as follows:

Page 9, column 2, under § 1.1., "Applicants for Licensure", last line should read:

a license to operate a child care center or child caring institution.

Page 10, second column, § 2.8.B. NOTE, last line should read:

with § 2.3 of this emergency regulation.

* * * * *

Title of Regulation: **VR 615-70-2. Application Fee Scale.**

This Notice of Intended Regulatory Action was inadvertently omitted from publication in a previous issue.

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Social Services intends to consider promulgating regulations entitled: **Application Fee Scale (VR 615-70-2)**. The purpose of proposing a sliding scale for application fees is to allow people with a lesser income to better afford child support enforcement services.

Statutory Authority: § 63.1-250.2 of the Code of Virginia.

Written comments may be submitted until December 11, 1985, to Jean White, Director, Division of Child Support Enforcement, 8007 Discovery Drive, Richmond, Virginia 23288.

Contact: Jane Clements, Chief, Bureau of Program Operations, Division of Child Support Enforcement, Department of Social Services, 8007 Discovery Dr., Richmond, Va. 23288, telephone (804) 281-9074.

CALENDAR OF EVENTS

Symbol Key †

† Indicates entries since last publication of the Virginia Register

NOTICE: Only those meetings which are filed with the Registrar of Regulations by the filing deadline noted at the beginning of this publication are listed. Since some meetings are called on short notice, please be aware that this listing of meetings may be incomplete. Also, all meetings are subject to cancellation and the Virginia Register deadline may preclude a notice of such cancellation.

For additional information on open meetings and public hearings held by the Standing Committees of the Legislature during the interim, please call Legislative Information at (804) 786-6530.

THE VIRGINIA CODE COMMISSION

EXECUTIVE

STATE BOARD OF ACCOUNTANCY

† **December 2, 1985 - 10 a.m.** – Open Meeting
Department of Commerce, Travelers Building, 3600 West Broad Street, Richmond, Virginia. (Location accessible to handicapped.)

A meeting to (i) review the Governor's comments on proposed regulations; (ii) authorization of further response, if necessary; and (iii) the adoption of proposed regulations, if appropriate.

Contact: Jennifer S. Wester, Department of Commerce, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 257-8505 (toll-free number 1-800-552-3016)

STATE BOARD OF AGRICULTURE AND CONSUMER SERVICES

† **December 11-12, 1985 - 9 a.m.** – Open Meeting
Washington Building, 1100 Bank Street, Room 204, Richmond, Virginia. (Location accessible to handicapped.)

An official meeting of the State Board of Agriculture and Consumer Services.

Contact: Raymond D. Vaughan, Room 210, 1100 Bank St., Richmond, Va. 23218, telephone (804) 786-3501

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

December 11, 1985 - 10 a.m. – Public Hearing
Virginia Department of Agriculture and Consumer Services, Washington Building, 1100 East Bank Street, Board Room, Richmond, Virginia. (Location accessible to handicapped.)

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Department of Agriculture and Consumer Services intends to amend regulations entitled: **Rules and Regulations for Enforcement of The Virginia Pest Law - Cotton Boll Weevil Quarantine.** The Cotton Boll Weevil Quarantine declares *Anthonomus grandis* as a pest and provides rules and regulations to monitor for and eradicate this pest when found.

STATEMENT

Cotton boll weevil, *Anthonomus grandis*, has been described as the most costly insect in the history of American agriculture. It is thought to have crossed the Rio Grande at Brownsville, Texas in 1892, and was first detected in Virginia in 1922. The adult feeds on cotton bolls and leaves and the larva feeds only on the cotton bolls. Egg punctures on the bolls cause bolls to flare, turn yellow, and fall to the ground.

The regulations amend the current Cotton Boll Weevil Quarantine so Virginia can participate in a continued multistate cooperative effort to monitor and eradicate, if necessary, cotton boll weevil from Virginia, North Carolina, and South Carolina by requiring: (i) cotton growers to declare their intentions of acreage in cotton to be grown each year; and (ii) require a payment of \$10 per acre of cotton grown to defray the cost of the program.

The requested amendments were part of the original boll weevil quarantine adopted December 14, 1977, but were deleted on February 26, 1981, when eradication was achieved. Additional efforts are now needed to keep Virginia free of cotton boll weevil.

Statutory Authority: §§ 3.1-188.23 and 3.1-188.24 of the Code of Virginia.

Written comments may be submitted until December 10, 1985.

Contact: Raymond D. Vaughan, Secretary, Board of Agriculture and Consumer Services, P. O. Box 1163,

Calendar of Events

Richmond, Va. 23209, telephone (804) 786-3501

STATE AIR POLLUTION CONTROL BOARD

† November 25, 1985 - 9 a.m. - Open Meeting
General Assembly Building, Capitol Square, Senate Room B, Richmond, Virginia. (Location accessible to handicapped.)

A meeting to discuss a variance request from the Norfolk Naval Shipyard to operate two waste heat boilers and to hear status reports about TRS emissions from kraft pulp mills and a consent agreement with Reynolds Metals.

The board will also consider a report on the Newport News coal dust study, a report on the Northern Virginia nonattainment area and a carbon monoxide alert system.

Contact: Dick Stone, State Air Pollution Control Board, Ninth Street Office Bldg., Room 801, Richmond, Va. 23219, telephone (804) 786-5478

DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

December 3, 1985 - 9:30 a.m. - Open Meeting
December 17, 1985 - 9:30 a.m. - Open Meeting
2901 Hermitage Road, Richmond, Virginia. (Location accessible to handicapped.)

A meeting to receive and discuss reports on activities from staff members. Other matters not yet determined.

Contact: Larry E. Gilman, 2901 Hermitage Rd., Richmond, Va., telephone (804) 257-0616

BOARD OF ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS AND CERTIFIED LANDSCAPE ARCHITECTS

State Board of Architects

† December 6, 1985 - 9 a.m. - Open Meeting
Department of Commerce, Travelers Building, 3600 West Broad Street, 5th Floor, Richmond, Virginia. (Location accessible to handicapped.)

An examination review process and possible discussion of other business as needed.

Contact: Johnsie Williams, Asst. Director, 3600 W. Broad St., Richmond, Va. 23230-4917, telephone (804) 257-8506

BOARD OF BARBER EXAMINERS

December 9, 1985 - 9 a.m. - Open Meeting
Department of Commerce, Travelers Building, 3600 West Broad Street, Conference Room 3, Richmond, Virginia. (Location accessible to handicapped.)

A meeting to (i) review applications for reinstatement of licenses; (ii) review investigative reports of complaints and determine disposition; (iii) consider correspondence pertinent to the operation of the board; and (iv) confer with barber school owners.

Contact: Mrs. Gale G. Moyer, Assistant Director, Virginia Board of Barber Examiners, Department of Commerce, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 257-8509

DEPARTMENT OF CONSERVATION AND HISTORIC RESOURCES

Outdoor Recreation Advisory Board

† December 4, 1985 - 9:30 a.m. - Open Meeting
State Capitol, Capitol Square, House Room 2, Richmond, Virginia. (Location accessible to handicapped.)

A quarterly business meeting of the advisory board, and to review statewide recreation and state parks matters.

Contact: Art Buehler, Virginia Division of Parks and Recreation, 1201 Washington Bldg., Richmond, Va. 23219, telephone (804) 786-2446

Virginia Soil and Water Conservation Board

December 4, 1985 - 9 a.m. - Open Meeting
Fort Magruder Inn, U.S. Route 60 East, Williamsburg, Virginia. (Location accessible to handicapped.)
January 16, 1986 - 9 a.m. - Open Meeting
Farm Credit Office, 6526 Mechanicsville Turnpike, Mechanicsville, Virginia

A regular bi-monthly business meeting.

Contact: Donald L. Wells, 203 Governor St., Suite 206, Richmond, Va. 23219-2094, telephone (804) 786-2064

BOARD OF CORRECTIONS

December 11, 1985 - 10 a.m. - Open Meeting
4615 West Broad Street, Richmond, Virginia. (Location accessible to handicapped.)

Calendar of Events

A regular monthly meeting to consider such matters as may be presented to the Board of Corrections.

Contact: Vivian Toler, Secretary to the Board, 4615 W. Broad St., P. O. Box 26963, Richmond, Va. 23261, telephone (804) 257-6274

CRIMINAL JUSTICE SERVICES BOARD

Committee on Criminal Justice Information Systems

January 7, 1986 - 3 p.m. - Public Hearing
805 East Broad Street, 11th Floor Conference Room, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Criminal Justice Services Board intends to amend regulations entitled: **Regulations Relating to Criminal History Record Information - Part I; Criminal History Record Information Security - Part II.** The purpose of this amendment is to ensure the completeness, accuracy, privacy, and security of criminal history record information, and to allow criminal justice agencies to establish reasonable fees for search and copying of criminal records.

STATEMENT

Basis and Purpose: The purpose of the proposed amendment is to allow criminal justice agencies to charge a reasonable fee for copying and research time expended in disseminating criminal history record information to noncriminal justice agencies/individuals.

Subject and Substance: Criminal history record information is exempt from the Freedom of Information Act and the Privacy Protection Act. This amendment will provide criminal justice agencies with authority to charge for their record searches, as those agencies whose records are subject to FOIA and PPA now have.

Impact: An estimated 288 state and local criminal justice agencies will be authorized by regulations to establish reasonable fees for search time expended and copying when criminal history record information is requested by noncriminal justice agencies/individuals.

Compliance Cost: It is anticipated that there will be no compliance cost to those agencies who establish reasonable fees for search time expended and copying costs.

Implementation Costs: None.

Statutory Authority: §§ 9-170(1); 9-170 (20); 9-182 through 9-192 of the Code of Virginia

Written comments may be submitted until January 3, 1986

to J. W. Matthews, Department of Criminal Justice Services, 805 East Broad Street, Richmond, Virginia 23219

Contact: J. R. Marshall, Executive Assistant, Department of Criminal Justice Services, 805 E. Broad St., Richmond, Va. 23219, telephone (804) 786-8730

BOARD OF DENTISTRY

December 5-6, 1985 - 8:30 a.m. - Open Meeting
Hilton Inn, 8th and Oceanfront, Virginia Beach, Virginia

A regularly scheduled meeting to discuss board business.

Contact: Nancy T. Feldman, Executive Director, 517 W. Grace St., Richmond, Va. 23220, telephone (804) 786-3011

BOARD OF EDUCATION

December 5-6, 1985 - 9 a.m. - Open Meeting
General Assembly Building, Capitol Square, House Room D, Richmond, Virginia. (Location accessible to handicapped; interpreter for deaf provided if requested.)

This is the regularly scheduled meeting of the Board of Education. Business will be conducted according to an agenda, which is available upon request. The public is reminded that the Board of Vocational Education may be convened, if necessary.

† **January 16, 1985 - 8 a.m. - Open Meeting**
† **January 17, 1985 - 9 a.m. - Open Meeting**
James Monroe Building, 101 North 14th Street, Conference Rooms C and D, 1st Floor, Richmond, Virginia. (Location accessible to handicapped.)

A regularly scheduled business meeting. Business will be conducted according to items listed on the agenda which is available upon request. The public is reminded that the Board of Vocational Education may convene, if required.

Contact: Margaret N. Roberts, Department of Education, P. O. Box 6Q, Richmond, Va. 23216, telephone (804) 225-2540

STATE BOARD OF ELECTIONS

November 25, 1985 - 10 a.m. - Open Meeting
State Capitol Building, Capitol Square, Senate Room 4, Richmond, Virginia. (Location accessible to handicapped.)

Canvass of November 5, 1985 General Election.

Contact: M. Debra Mitterer, 101 Ninth Street Office Bldg.,

Richmond, Va. 23219, telephone (804) 786-6551

**VIRGINIA WHOLESALE FARMERS' MARKET
FEASIBILITY STUDY**

Steering Committee

† **December 10, 1985 - 1 p.m.** – Open Meeting
General Assembly Building, Capitol Square, House Room C,
Richmond, Virginia. (Location accessible to handicapped.)

A meeting to discuss publicly recommendations reached in the Feasibility Study. This Wholesale Farmers' Market Feasibility Study was mandated by H.J.R. No. 337 of the 1985 Session of the Virginia General Assembly.

Contact: R. Duke Burruss, P. O. Box 1163, Richmond, Va. 23209, telephone (804) 786-1949

**VIRGINIA FIRE BOARD AND THE DEPARTMENT OF
FIRE PROGRAMS**

† **January 31, 1986 - 9:30 a.m.** – Public Hearing
James Monroe Building, 101 North 14th Street, Richmond,
Virginia. (Location accessible to handicapped.)

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Fire Board and the Department of Fire Programs intends to adopt regulations entitled: **Guidelines for Public Participation in Regulation Development and Promulgation.** This regulation sets forth the manner in which the Virginia Fire Board and the Department of Fire Programs will obtain public input and participation in developing regulations. This regulation will affect training and services provided volunteer and paid fire departments in the state.

STATEMENT

Statement of Purpose: This regulation sets forth the manner in which the Virginia Fire Board and the Department of Fire Programs will obtain public participation and solicit the input of interested parties in the formation and development of its regulations.

Estimated Impact:

A. Numbers and types of entities or person affected:

This regulation will impact the 600 (approximate) fire departments/companies - paid, volunteer and combination - which exist in the state and the 25,000 firefighters who are members of those departments/companies.

B. Projected cost to regulated entities:

This regulation imposes no mandated costs on regulated entities or the public. If affected entities or persons comment or respond to this published regulation, there will be postage, telephone or travel costs depending on the method the individual elects to use to communicate comments. This agency received no response to its notice of intent to promulgate public participation guidelines. Little response is anticipated to the publication of the regulation for public review and comment.

C. Projected cost to agency:

Printing of regulations copies \$333.00
Mailing of regulations \$266.00
Advertising \$215.00

D. Source of funds:

Agency's general budget.

Need for proposed regulation:

To permit interested and affected parties to participate in developing regulations relative to fire service activities in the state.

Statutory Authority: § 9-155 of the Code of Virginia.

Written comments may be submitted until February 7, 1986.

Contact: Carl N. Cimino, Executive Director, James Monroe Bldg., 101 N. 14th St., 17th Floor, Richmond, Va. 23219, telephone (804) 225-2681

DEPARTMENT OF GENERAL SERVICES

Art and Architectural Review Board

December 6, 1985 - 10 a.m. – Open Meeting
Virginia Museum of Fine Arts, Boulevard and Grove Avenue, Main Conference Room, Richmond, Virginia. (Location accessible to handicapped.)

The board will advise the Director of the Department of General Services and the Governor on architecture of state facilities to be constructed and works of art to be accepted or acquired by the Commonwealth.

Contact: Dorothy E. Ivankoe, Department of General Services, 209 Ninth Street Office Bldg., Richmond, Va. 23219, telephone (804) 786-3311

Calendar of Events

Division of Consolidated Laboratory Services

December 5, 1985 - 2 p.m. - Public Hearing
James Monroe Building, 101 North 14th Street, Conference Room C, Richmond, Virginia. (Location accessible to handicapped.)

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of General Services, Division of Consolidated Laboratory Services intends to amend regulations entitled: **Regulations for Breath Alcohol Testing.** The proposed amendments prescribe methods for determining the alcohol content in the blood by chemical analysis of the breath of a person arrested or detained for suspicion of driving a motor vehicle while under the influence of alcohol, establish procedures for licensing persons to perform such analyses, and establish criteria for approval of breath test instruments.

STATEMENT

Subject, Substance, Issues, Basis, and Purpose: In accordance with §§ 18.2-267 and 18.2-268 of the Code of Virginia, the Department of General Services, Division of Consolidated Laboratory Services (DCLS) will amend its existing regulations for Breath Alcohol Testing.

The proposed amendments will add a requirement that licensed breath test operators use only equipment, supplies and accessories for breath testing which are approved or issued by DCLS; provide criteria for approval of breath test devices; and provide for monitoring breath test equipment. The amendments provide for publication of lists of approved breath test devices in the Virginia Register of Regulations. Other amendments clarify the intent of the regulations and conform the format to the requirements for publication in the Virginia Register of Regulations.

Statutory Authority: §§ 18.2-267 and 18.2-268 of the Code of Virginia.

Written comments may be submitted until December 5, 1985, to Dr. Paul Ferrara, 1 North 14th Street, Richmond, Virginia 23219.

Contact: Peter Marone, Breath Alcohol Test Coordinator, Department of General Services, Division of Consolidated Laboratory Services, 1 N. 14th St., Richmond, Va. 23219, telephone (804) 225-3192

State Insurance Advisory Board

December 12, 1985 - 9:30 a.m. - Open Meeting
College of William and Mary, Campus Center, Room C, Williamsburg, Virginia. (Location accessible to handicapped.)

Quarterly meeting of the State Insurance Advisory Board.

Contact: Charles F. Scott, Director, Department of General Services, Office of Risk Management, 805 E. Broad St., Room 117, Richmond, Va. 23219, telephone (804) 786-5968

STATE BOARD OF HEALTH

January 15, 1986 - 7 p.m. - Public Hearings
The Warren/Green Building, 10 Hotel Street, Meeting Room, Warrenton, Virginia

January 16, 1986 - 7 p.m. - Public Hearing
Harrisonburg Electric Commission, 89 West Bruce Street, Community Room, Harrisonburg, Virginia

January 20, 1986 - 7 p.m. - Public Hearing
Central Virginia Community College, Wards Road South (Route 29), Lynchburg, Virginia

January 21, 1986 - 7 p.m. - Public Hearing
Circuit Court Room, Park and Main Streets, 1st Floor, Marion, Virginia

January 23, 1986 - 7 p.m. - Public Hearing
Suffolk Council Chambers, 411 Market Street, Suffolk, Virginia

January 27, 1986 - 7 p.m. - Public Hearing
Henrico Government Center, Parham & Hungary Springs Roads, Henrico County Board Room, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Health intends to amend regulations entitled: **Sewage Handling and Disposal Regulations**. The Sewage Handling and Disposal Regulations specifies criteria by which sewage is handled and disposed of in a safe and sanitary manner.

STATEMENT

Basis and Authority: Section 32.1-164B of the Code of Virginia, authorizes the board to promulgate regulations governing sewage disposal. Sections 32.1-164.2 through 32.1-164.4 specifically authorize regulation of septage disposal.

Purpose: The purpose of these regulations is to ensure that all sewage is handled and disposed of in a safe and sanitary manner; to guide the State Health Commissioner in his determination of whether a permit for handling or disposing of sewage should be issued or denied; and to guide the owner in the requirements necessary to receive a permit for handling and disposing of sewage.

Summary and Analysis: The amendments are proposed to implement House Bill 1385 (Ch. 391 of the 1985 Acts of Assembly): Land Disposal of Septage in Certain Counties. The proposed amendments expand the options available for the proper handling and disposal of septage.

Namely, stabilization of septage through lime stabilizations will become an option which can then be followed by the application of the stabilized septage to suitable land. Another option outlined in the proposed amendments

includes the shallow injection of septage into suitable land.

Impact: There are approximately 280 septage handlers in Virginia. Current regulations require septage handlers to be permitted to handle septage and before permitting they must demonstrate that they have an approved site for the disposal of septage. Septage disposal sites currently approved include the use of sewage treatment plants and anaerobic lagoons. There are situations where the above options are not available and the proposed amendments were developed to allow other methods by which septage may be disposed.

Statutory Authority: § 32.1-164B of the Code of Virginia.

Written comments may be submitted until January 27, 1986.

Contact: Robert W. Hicks, Director, Division of Sanitarian Services, 522 James Madison Bldg., 109 Governor St., Richmond, Va. 23219, telephone (804) 786-3559

Bureau of Pharmacy Services

January 16, 1986 - 10 a.m. – Public Hearing
James Madison Building, 109 Governor Street, Main Floor Auditorium, Richmond, Virginia. (Location accessible to handicapped.)

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Health, Bureau of Pharmacy Services intends to amend regulations entitled: **Virginia Voluntary Formulary**. The purpose of the proposed amendment is to add and delete a list of drugs of accepted therapeutic value, commonly prescribed and available from more than one source of supply.

STATEMENT

Statement of Subject, Substance, Issues, Basis and Purpose: The purpose of the Virginia Voluntary Formulary is to provide a list of drugs of accepted therapeutic value, commonly prescribed within the state which are available from more than one source of supply, and a list of chemically and therapeutically equivalent drug products which have been determined to be interchangeable. Utilization of the Formulary by practitioners and pharmacists enables citizens of Virginia to obtain safe and effective drug products at a reasonable price consistent with high quality standards.

The proposed revised Virginia Voluntary Formulary adds and deletes drugs and drug products to the Formulary that became effective August 1, 1985. These additions and deletions are based upon recommendations of the Virginia Voluntary Formulary Council following its review of scientific data submitted by pharmaceutical manufacturers. The council makes its recommendations to the State Board of Health.

The Virginia Voluntary Formulary is needed to enable citizens of Virginia to obtain safe and effective drug products at a reasonable price consistent with high quality standards. Without the Formulary physicians, dentists, and pharmacists in Virginia would not have the assurance that those generic drug products that may be substituted for brand name products have been evaluated and judged to be interchangeable with the brand name products.

Statutory Authority: §§ 32.1-12 and 32.1-79 et seq. of the Code of Virginia.

Written comments may be submitted no later than 5 p.m., January 16, 1986.

Contact: James K. Thomson, Director, Bureau of Pharmacy Services, Department of Health, James Madison Bldg., 109 Governor St., Richmond, Va. 23219, telephone (804) 786-4326

Division of Solid and Hazardous Waste Management

December 27, 1985 - 10 a.m. – Public Hearing
Monroe Building, 101 North 14th Street, Meeting Room C, Richmond, Virginia. (Location accessible to handicapped.)

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Health intends to amend regulations entitled: **Regulations Governing the Transportation of Hazardous Materials**.

STATEMENT

Amendment 5 to the Regulations Governing the Transportation of Hazardous Materials.

Basis and Authority: Regulations Governing the Transportation of Hazardous Materials in the Commonwealth are based on the requirements of § 18.2-278.2 of the Code of Virginia. These statutory requirements reflect federal requirements contained in the Hazardous Materials Transportation Act of 1975 (PL 93-633, 49 USC 1801 et seq.), Federal Motor Carrier Safety Regulations contained in 49 USC 304, Interstate Commerce Act and 49 USC 1655, Department of Transportation Act. The proposed amendment is consistent with the Virginia statute and with the implementing federal regulations contained in Title 49, Code of Federal Regulation, Part 107, Subpart B, Parts 171-179 and Parts 390-397.

Purpose: The purpose of this amendment is to adopt changes made during 1984 in the federal regulations governing all modes of transportation of hazardous materials in commerce.

Summary and Analysis: This amendment revises the regulations adopted on May 4, 1981 governing the manner and method by which hazardous materials are loaded, unloaded, packed, identified, marked, placarded, stored,

Calendar of Events

and transported in Virginia. Changes reflected in this amendment deal with simplifying and clarifying requirements, correcting editorial errors and omissions, and extending dates for compliance with various sections of the regulations.

The major proposed changes include:

A clarification of § 1.04 to include all hazardous materials, hazardous substances and hazardous wastes transported in the Commonwealth as subject to the regulations.

An authorization that certain types of small arms ammunition used in rifles, shotguns and pistols be classed and offered for shipment as an ORM-D, a "consumer commodity," rather than a Class C Explosive. (49 FR No. 102 May 24, 1984, pp. 21933-21936).

A revision concerning the transportation of certain cryogenic liquids (49 FR No. 114 June 12, 1984, pp. 24306-24318).

An amendment to driver qualifications rules and the driving rules to prohibit the transportation, possession and use of drugs and other substances, such as opiates, hallucinogens, depressants, and stimulants (49 FR No. 215 November 5, 1984, pp. 44210-44216).

These proposed changes represent changes to U.S. Department of Transportation regulations proposed during 1984.

The amendment is necessary because compliance with federal regulations is accepted under the applicable Virginia statute (§ 18.278.7). Failure to maintain consistency with federal regulations would: (i) promote confusion in the regulated community, especially with regard to those persons engaged in interstate commerce; (ii) require enforcement officials to maintain provisions in two sets of regulations and (iii) undermine the development of standards for the safe transportation of hazardous materials, a situation which would have an adverse impact on emergency response activities.

Contact: Dr. Wladimir Gulevich, Director, Bureau of Hazardous Waste Management, James Monroe Bldg., 11th Floor, 101 N. 14th St., Richmond, Va. 23219, telephone (804) 225-2667 (toll-free number 1-800-552-2075)

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December 27, 1985 - 10 a.m. - Public Hearing
James Monroe Building, 101 North 14th Street, Meeting Room C, Richmond, Virginia. (Location accessible to handicapped.)

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Health intends to amend regulations entitled: **Virginia Hazardous Waste Management Regulations.**

STATEMENT

Amendment 7 to the Virginia Hazardous Waste Management Regulations

Basis and Authority: Section 32.1-178 of the Code of Virginia directs the Board of Health to promulgate regulations as may be necessary. Extensive changes in the federal regulations promulgated in 1984 necessitate an amendment which keeps the Virginia Hazardous Waste Management program consistent with federal requirements, thus preserving the final authorization granted to the Virginia program, and maintaining its independent authority to enforce the Resource Conservation and Recovery Act (RCRA) provisions here in the Commonwealth.

Purpose: The State Board of Health and the State Health Commissioner promulgate these amended regulations in order to effectively monitor the generation, treatment, storage, transportation and disposal of hazardous waste in the Commonwealth. By regulating these activities, the Commonwealth protects life, health, property, and Virginia's environment.

Summary and Analysis: Amendment 7 proposes to incorporate changes in the federal regulations promulgated up to April 30, 1985. Other minor revisions, including editorial changes, additions of reference materials, or clarifying language, have been included for the convenience of the regulated community, and to maintain equivalence with the federal requirements for a hazardous waste management program.

The major changes in Amendment 7 are as follows:

1. Redefinition of what constitutes "solid waste" and "hazardous waste", in §§ 2 and 3.
2. Dioxin becomes a hazardous waste, in § 3.
3. Satellite hazardous waste accumulation points on a generator facility site are exempted from permitting requirements in § 6.
4. Special regulations are specified for certain kinds of hazardous waste.
5. Section 14 establishes special rulemaking and procedures for applying for variances of the regulations.

Contact: Dr. Wladimir Gulevich, Director, Bureau of Hazardous Waste Management, James Monroe Bldg., 11th Floor, 101 N. 14th St., Richmond, Va. 23219, telephone (804) 225-2667 (toll-free number 1-800-552-2075)

STATE COUNCIL OF HIGHER EDUCATION

December 4, 1985 - 1 p.m. - Open Meeting

Calendar of Events

James Monroe Building, 101 North 14th Street, 9th Floor, Richmond, Virginia. (Location accessible to handicapped.)

Monthly council meeting.

Contact: Council of Higher Education, 101 N. 14th St., Richmond, Va. 23219, telephone (804) 225-2137

Written comments may be submitted until December 11, 1985.

Contact: Judson McKellar, General Counsel, 13 S. 13th St., Richmond, Va. 23219, telephone (804) 782-1986

STATE HUMAN RIGHTS COMMITTEE

VIRGINIA HOUSING DEVELOPMENT AUTHORITY

† Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Housing Development Authority intends to amend regulations entitled: **Procedures, Instructions and Guidelines For Home Rehabilitation Loans**. This amendment modifies the provisions in the procedures, instruction and guidelines establishing applicable limits for adjusted family income of loan applicants under the authority's Home Rehabilitation Loan Program.

STATEMENT

Purpose: To provide that the limits for adjusted family income under the Home Rehabilitation Loan Program shall be 120% of the median incomes adjusted for family size as established from time to time by the U.S. Department of Housing and Urban Development.

Basis: Rule 103 of the Rules and Regulations of the authority adopted pursuant to § 36-55.30:3 of the Code of Virginia.

Subject, Substance and Issues: Under the current provisions of the authority's Procedures, Instructions and Guidelines for Home Rehabilitation Loans, the authority's Board of Commissioners establishes the applicable limits for adjusted family income of loan applicants under this program. The income limit currently in effect for this program is \$18,000.

The U. S. Department of Housing and Urban Development from time to time establishes median incomes, adjusted for family size, for each jurisdiction in the state. The proposed regulation will provide that the income limits under the program shall be 120% of such median incomes. The median incomes presently established by the U. S. Department of Housing and Urban Development are available upon request at the office of the authority.

Impact: By using 120% of the median incomes established by the U. S. Department of Housing and Urban Development, the authority anticipated that an additional 50 mortgage loans will be made each year to persons and families of low and moderate income under this program. The authority does not expect that any significant costs will be incurred for the implementation of and compliance with the proposed regulation.

Statutory Authority: § 36-55.30:3 of the Code of Virginia.

† **December 6, 1985 - 10 a.m. - Open Meeting**
James Madison Building, 109 Governor Street, 13th Floor Conference Room, Richmond, Virginia. (Location accessible to handicapped.)

A regular business meeting to discuss issues pertaining to the assurance of patient's rights.

Contact: Elsie D. Little, A.C.S.W., P. O. Box 1797, Richmond, Va., telephone (804) 786-3988

INNOVATIVE TECHNOLOGY AUTHORITY

† **December 16, 1985 - 2:30 p.m. - Open Meeting**
General Assembly Building, Capitol Square, House Room C, Richmond, Virginia. (Location accessible to handicapped.)

A meeting of the Innovative Technology Authority to conduct business, followed by an annual meeting open to the public.

Contact: Mary P. Currier, Center for Innovative Technology, P. O. Box 15373, Herndon, Va. 22070-9998, telephone (703) 661-8994

VIRGINIA STATE LIBRARY BOARD

† **December 9, 1985 - 11 a.m. - Open Meeting**
Virginia State Library, 11th Street at Capitol Square, State Librarian's Office, Richmond, Virginia. (Location accessible to handicapped.)

A regular meeting to discuss administrative matters.

Contact: Jean Reynolds, Virginia State Library, 11th St. at Capitol Square, Richmond, Va. 23219, telephone (804) 786-2332

COMMISSION ON LOCAL GOVERNMENT

December 16, 1985 - 9 a.m. - Open Meeting
Alleghany Highlands area (site to be determined)

Oral presentations regarding the proposed consolidation of the City of Covington, the City of Clifton Forge, and

Calendar of Events

Alleghany County into the City of Alleghany Highlands.

December 16, 1985 - 7 p.m. – Public Hearing
Alleghany Highlands area (site to be determined)

A public hearing regarding the proposed consolidation of the City of Covington, the City of Clifton Forge and Alleghany County into the City of Alleghany Highlands.

December 17, 1985 - 9 a.m. – Open Meeting
Alleghany Highlands area (site to be determined)

Oral presentations regarding the proposed consolidation of the City of Covington, the City of Clifton Forge and Alleghany County into the City of Alleghany Highlands.

Contact: Barbara Bingham, Ninth Street Office Bldg., Room 901, Richmond, Va. 23219, telephone (804) 786-6508

MARINE RESOURCES COMMISSION

November 26, 1985 - 9:30 a.m. – Open Meeting
2401 West Avenue, Newport News, Virginia

The Marine Resources Commission normally meets on the fourth Tuesday each month, at 9:30 a.m., at the agency office, 24th Street and West Avenue, Newport News, Virginia. It hears and decides cases on fishing licensing; oyster ground leasing, environmental permits in wetlands, bottomlands, coastal sand dunes, and beaches. It hears and decides appeals made on local wetlands board decisions.

Fishery Management and Conservation measures are discussed by the commission. The commission is empowered to exercise general regulatory power within 15 days, and is empowered to take specialized marine life harvesting and conservation measures within five days.

Contact: Virginia S. Chappell, Secretary to the Commission, Marine Resources Commission, P.O. Box 756, Newport News, Va. 23607, telephone (804) 247-2208

BOARD OF MEDICAL ASSISTANCE SERVICES

† **December 10, 1985 - 10 a.m. – Open Meeting**
James Madison Building, 109 Governor Street, 13th Floor Conference Room, Richmond, Virginia. (Location accessible to handicapped.)

The board is to complete its orientation to the State Plan.

Contact: Victoria P. Simmons, Department of Medical Assistance Services, 109 Governor St., Richmond, Va. 23219, telephone (804) 786-7933

BOARD OF MEDICINE

January 16, 1986 - 1 p.m. – Public Hearing
Holiday Inn, 6531 West Broad Street, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia State Boards of Medicine and Nursing intend to adopt regulations entitled: **Regulations Governing the Certification of Nurse Practitioners (VR 465-07-1 and VR 495-02-1).**

NOTICE: Please refer to the Notice of Comment Period listed under the Board of Nursing.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

December 2, 1985 - 10 a.m. – Public Hearing
Virginia Treatment Center for Children, 515 North 10th Street, Auditorium, Richmond, Virginia. (Location accessible to handicapped.)

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Mental Health and Mental Retardation intends to adopt regulations entitled: **Rules and Regulations for the Licensure of Correctional Psychiatric Facilities.** The proposed regulations will establish minimum requirements for staffing, programs and services, health and safety, management and record-keeping in correctional psychiatric facilities.

STATEMENT

Subject, Substance, Issues, Basis and Purpose: The proposed Rules and Regulations for the Licensure of Correctional Psychiatric Facilities are designed to establish minimum requirements for staffing client rights, organization and management, admissions, programs and services, health and safety procedures and recordkeeping in psychiatric facilities established in correctional facilities. Many prisoners are in need of mental health services while incarcerated. Federal court rulings have indicated that these prisoners are eligible for mental health treatment services. The Department of Corrections has received funding to expand the mental health treatment services that it provides to prisoners. State law requires that the Department of Mental Health and Mental Retardation license psychiatric facilities in the Commonwealth. The proposed regulations are intended to comply with the federal court rulings and state law.

The proposed rules and regulations will affect seven correctional units in which psychiatric facilities are planned to be established. The total number of beds involved is approximately 414.

Statutory Authority: §§ 37.1-179.1 and 37.1-84.1 of the Code of Virginia.

Calendar of Events

Written comments may be submitted until December 2, 1985.

Contact: Joseph W. Avellar, Ph.D., Director, Office of Quality Assurance, Department of Mental Health and Mental Retardation, P. O. Box 1797, Richmond, Va. 23214, telephone (804) 786-0070

VIRGINIA MUSEUM OF FINE ARTS

Board of Trustees

January 16, 1986 - 11:30 a.m. - Open Meeting
Virginia Museum of Fine Arts, Boulevard and Grove Avenue, Museum Auditorium, Richmond, Virginia.
(Location accessible to handicapped.)

A general board meeting of the full board of trustees to receive (i) committee reports; (ii) staff reports; and (iii) review budget.

Finance Committee

January 16, 1986 - 10:30 a.m. - Open Meeting
Virginia Museum of Fine Arts, Boulevard and Grove Avenue, Payne Room, Members' Suite, Richmond, Virginia.
(Location accessible to handicapped.)

A general meeting to discuss financial matters and review budget.

Contact: Mrs. Emily C. Robertson, Secretary of the Museum, Virginia Museum of Fine Arts, Blvd. and Grove Ave., Richmond, Va. 23221, telephone (804) 257-0553/327-0553 SCATS

STATE BOARD OF NURSING

January 16, 1986 - 1 p.m. - Public Hearing
Holiday Inn, 6531 West Broad Street, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia State Boards of Medicine and Nursing intend to adopt regulations entitled: **Regulations Governing the Certification of Nurse Practitioners (VR 645-07-1 and VR 495-02-1).**

STATEMENT

Purpose: The purpose of these regulations is to regulate the practice of certified nurse practitioners by establishing the requirements for certification of and practice by nurse practitioners and to provide for the Committee of the Joint Boards of Medicine and Nursing to administer the regulations. The regulations also establish and Advisory

Committee on the Certification of Nurse Practitioners and establish the fees for certification. In addition, these regulations set the criteria for approval of nurse practitioner education programs and make provision for disciplinary action against those certified who are found to be in violation of the regulations. The regulations establish the basis for the Boards of Medicine and Nursing to fulfill their responsibility to protect the health, safety and welfare of the citizens of the Commonwealth through the certification of nurse practitioners.

Basis: §§ 45.367.11 and 54-274.1 of the Code of Virginia.

Impact: The proposed regulations would affect approximately 1400 certified nurse practitioners. Fees collected from those certified and applying for certification allow the two boards to administer the regulations as required by law. Fees proposed in these regulations will provide the funds necessary to fulfill this duty.

Written comments may be submitted until January 16, 1986.

Contact: Corinne F. Dorsey, Executive Director, P. O. Box 27708, Richmond, Va. 23261, telephone (804) 786-0377

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January 28, 1986 - 1 p.m. - Public Hearing
Holiday Inn, 6531 West Broad Street, Richmond, Virginia
February 12, 1986 - 1 p.m. - Public Hearing
Hotel Roanoke, Roanoke, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia State Board of Nursing intends to adopt regulations entitled: **Board of Nursing Regulations.**

STATEMENT

Purpose: These proposed regulations establish the requirements for nursing education programs preparing persons for licensure as registered or licensed practical nurses in Virginia, to regulate the licensure of nurses and discharge the duties required of the board by § 54-367.11 of the Code of Virginia in the protection of the health, safety and welfare of the citizens of the Commonwealth.

Basis: § 54-367.11 of the Code of Virginia.

Impact: The proposed regulations would affect approximately 70,000 registered and licensed practical nurses, 88 nursing education programs and approximately 7,000 annual applicants for licensure. The Board of Nursing depends on fees from licensees and applicants to fulfill its statutory responsibilities. Proposed changes in fees will allow the board to meet this obligation.

Written comments may be submitted until February 12, 1986.

Calendar of Events

Contact: Corinne F. Dorsey, Executive Director, P.O. Box 27708, Richmond, Va. 23261, telephone (804) 786-0377

Real Estate, 3600 W. Broad St., 5th Floor, Room 523, Richmond, Va. 23230-4917, telephone (804) 257-8516

BOARD OF OPTOMETRY

November 25, 1985 - 8:30 a.m. - Open Meeting
Richmond Marriott, 500 East Broad Street, Richmond, Virginia. (Location accessible to handicapped.)

The board will hold informal conferences and conduct general business.

Contact: Charles S. Weiden, Acting Executive Director, Virginia Board of Optometry, P.O. Box 27708, Richmond, Va. 23261, telephone (804) 786-0131

POLYGRAPH EXAMINERS ADVISORY BOARD

† December 4, 1985 - 9 a.m. - Open Meeting
Department of Commerce, Travelers Building, 3600 West Broad Street, Richmond, Virginia. (Location accessible to handicapped.)

A meeting to revise the current Virginia Polygraph Examiner Licensing Examination.

Contact: Iva Frizzell, 3600 W. Broad St., Richmond, Va. 23230, telephone (804) 257-8563/8515

BOARD OF PSYCHOLOGY

December 5, 1985 - 9 a.m. - Open Meeting
Department of Health Regulatory Boards, 517 West Grace Street, Richmond, Virginia

A meeting to (i) conduct general board business; (ii) review applications for licensure, supervision, and trainee status; (iii) make policies; (iv) respond to board correspondence; and (v) regulatory review.

Contact: John W. Braymer, Ph.D., 517 W. Grace St., Richmond, Va. 23220, telephone (804) 786-7702

VIRGINIA REAL ESTATE BOARD

November 25, 1985 - 9 a.m. - Open Meeting
Boar's Head Inn, Tack Room, Charlottesville, Virginia

The board will approve minutes of the October 24, 1985 meeting, review investigative cases, review applications for licensure, appointments.

Contact: Julio G. Del Corso, III, Assistant Director for

VIRGINIA RESOURCES AUTHORITY

December 3, 1985 - 10 a.m. - Open Meeting
The Mutual Building, 909 East Main Street, Authority Board Room, Suite 305, Richmond, Virginia

The board will meet to (i) approve minutes of the November 12 board meeting; (ii) review the authority's operations for the prior month; and (iii) consider other matters and take other actions as they may deem appropriate. The planned agenda of the meeting will be available at the offices of the authority one week prior to the date of the meeting.

Contact: Shockley D. Gardner, Jr., Executive Director, P. O. Box 1300, Richmond, Va. 23210, telephone (804) 644-3100

STATE SEWAGE HANDLING AND DISPOSAL APPEALS REVIEW BOARD

† December 18, 1985 - 10 a.m. - Open Meeting
General Assembly Building, Capitol Square, Senate Room A, Richmond, Virginia. (Location accessible to handicapped.)

A meeting to hear and render a decision on all Appeals of Denials of On-Site Sewage Disposal System Permits.

Contact: P. M. Brooks, James Madison Bldg., Room 502, Richmond, Va. 23219, telephone (804) 786-1931

VIRGINIA SMALL BUSINESS FINANCING AUTHORITY

December 6, 1985 - 9 a.m. - Public Hearing
State Capitol Building, Capitol Square, House Room 1, Richmond, Virginia. (Location accessible to handicapped.)

The authority will conduct a public hearing to consider Industrial Development Bond applications received by the authority and for which public notice has appeared in the appropriate newspapers of general circulation. Prior to the public hearing, which starts at 10 a.m., the authority will conduct its regular business meeting.

Contact: Nic Walker, Executive Director, Virginia Small Business Financing Authority, 1000 Washington Bldg., Richmond, Va. 23219, telephone (804) 786-3791

Calendar of Events

DEPARTMENT OF SOCIAL SERVICES

† Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Social Services intends to adopt regulations entitled: **Grant Diversion**. This regulation provides a mechanism by which moneys paid to persons receiving public assistance may be converted into subsidies to employers who hire these persons.

STATEMENT

Basis: This regulation is issued under authority granted by § 63.1-25 of the Code of Virginia and P.L. 98-369 of the Deficit Reduction Act of 1984 which amended § 414 of the Social Security Act.

Subject: Grant diversion is a mechanism by which the moneys paid to persons receiving Aid to Dependent Children (ADC) assistance may be used to provide subsidies to employers who hire those ADC recipients.

Substance: Grant diversion will be a component of the Department of Social Services' Employment Services Program (ESP). The employer subsidies will be funded by the moneys already appropriated for the ADC grants. The administrative costs of the program will require additional state general fund dollars which will be matched by additional federal dollars.

Issues: The employer community will need to be willing to enter into contractual agreements with local welfare/social service agencies to hire ADC recipients they would not otherwise hire in return for cash subsidies.

Purpose: The purpose of the program is to provide time-limited subsidized employment opportunities for ADC recipients who have been unable to obtain subsidized employment.

Statutory Authority: § 63.1-25 of the Code of Virginia and the Deficit Reduction Act of 1984 (P.L. 98-369), § 414 of the Social Security Act.

Written comments may be submitted until January 23, 1986.

Contact: Penelope Boyd Pellow, Assistant State Employment Services Supervisor, Department of Social Services, 8007 Discovery Dr., Blair Bldg., Richmond, Va. 23229-8699, telephone (804) 281-9032 (toll-free number 1-800-552-7091)

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Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Social Services intends to amend regulations entitled: **Real Property Disposition Period in the Aid to Dependent Children (ADC) Program** (VR 615-01-8). The intent of the proposed amendment is to extend the current

six-month excess real property disposition period for an additional three months, for a total of nine months.

STATEMENT

Subject: Proposed amendment to the following regulation: **Real Property Period in the Aid to Dependent Children (ADC) Program**. This amendment is being proposed for a 60-day public comment period.

Substance: It is the intent of the State Board of Social Services to extend the current six-month period for disposing of excess nonexempt real property for an additional three months. Under current regulations, when ownership of excess nonexempt real property exceeds the \$600 maximum resource limit, assistance is to be granted to the otherwise eligible assistance unit members for a period of six months, provided the unit agrees to dispose of the excess property and repay any assistance received during that period. The proposed regulation will extend for three months the period during which the assistance unit allowed to receive assistance, for a total of nine months, while making efforts to dispose of the excess property.

Issues: Prior to continuing assistance during the disposition period, the assistance unit must sign an agreement to repay the total amount of assistance received during the period, except that the amount to be repaid cannot exceed the net proceeds from the sale of the excess property.

If the property is not sold during the disposition period or assistance is terminated during the period because the assistance unit no longer meets other financial or categorical requirements, the entire amount of assistance paid during the period is an overpayment which is subject to recoupment and/or recovery.

Federal regulations specify that states must define what constitutes a good faith effort to dispose of the excess nonexempt real property. For the purpose of this requirement a "good faith effort" is defined as: an attempt to sell the excess nonexempt real property within a range of 10% of the fair market value. Attempts may include, but are not limited to, listing the property with a real estate company or advertising the property in various ways.

Basis: The proposed regulation is an option made available to states in § 2626 of the federal Deficit Reduction Act of 1984 (P.L. 98-369). Section 63.1-25 of the Code of Virginia delegates authority to the State Board of Social Services to promulgate rules and regulations necessary for operation of public assistance programs in Virginia.

Purpose: The purpose of the proposed regulation is to establish a more reasonable period for disposing of excess real property. The regulation would allow continuation of assistance for a period of nine months to otherwise eligible assistance units when an agreement to dispose of such excess nonexempt real property and repay any assistance received during the disposition period has been

Calendar of Events

executed.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Written comments may be submitted until November 29, 1985, to I. Guy Lusk, Director, Division of Benefit Programs, Department of Social Services, 8007 Discovery Drive, Richmond, Virginia 23229-8699.

Contact: Carolyn Ellis, Supervisor, Economic Assistance Unit, Department of Social Services, 8007 Discovery Dr., Richmond, Va. 23229-8699, telephone (804) 281-9046

Division of Licensing Programs

December 10, 1985 - 11 a.m. - Public Hearing
Henrico Government Center, Parham and Hungry Springs Roads, Richmond, Virginia. (Location accessible to handicapped.)

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Department of Social Services, Division of Licensing Programs intends to adopt and repeal regulations entitled: **Standards and Regulations for Licensed Adult Day Care Centers.** The areas addressed by the requirements of this regulation include: administration, personnel, supervision, physical environment, programs and services, and emergencies.

STATEMENT

Basis: The statutory basis for these regulations is § 63.1-174 of the Code of Virginia. The Department of Social Services has approved draft standards and regulations for licensed adult day care centers for a 60-day public comment period.

Purpose: The purpose of standards and regulations for adult day care centers is to ensure a minimum level of health, safety, and well-being for the participants receiving care. The proposed revisions are designed to provide protective oversight of participants in group care in a flexible enough manner to accommodate changes during the lifetime of these standards. Emphasis has been placed on clarity and ease of comprehension.

Issues: The document is comprised of the following issues which impact adult care centers subject to licensure by the Department of Social Services: administration, personnel, supervision, physical environment, management of emergencies and programs and services which include: admission policies, health care, management of behavior, nutrition, food service and activities.

Impact: Under the current definition in the Code of Virginia, an adult day care center is a facility, which is either operated for profit or which desires licensure, for four or more aged, infirm or disabled adults which is operated during a part of a day only, which provides

supplementary care and protection of individuals who reside elsewhere. Section 63.1-172C of the Code of Virginia exempts a facility or portion of a facility licensed by the State Board of Mental Health and Mental Retardation, and the home or residence of an individual who cares for only persons related to him by blood or marriage from adult day care center licensure.

As of July 1985, 30 centers were licensed for a total capacity of 1,171 participants. Of these, 15 were private, not-for-profit; 11 were public not-for-profit; and 4 were operated for profit.

Statutory Authority: § 63.1-174 of the Code of Virginia.

Written comments may be submitted until December 10, 1985.

Contact: E. Louise Sparrer, Supervisor, Standards/Policy, Adult Programs, Division of Licensing Programs, Virginia Department of Social Services, 8007 Discovery Dr., Richmond, Va. 23229-8699, telephone (804) 281-9025 (toll-free number 1-800-552-7091)

SOLID WASTE COMMISSION

December 11, 1985 - 10:30 a.m. - Open Meeting
State Capitol Building, Capitol Square, House Room
Richmond, Virginia. (Location accessible to handicapped.)

A general business meeting, and a discussion of low-level radioactive waste management and SJR 105.

Contact: Cheryl Cashman, P.O. Box 3-AG, Richmond, Va. 23208, telephone (804) 786-4169

DEPARTMENT OF TAXATION

January 10, 1986 - 10 a.m. - Public Hearing
Department of Taxation, 2220 West Broad Street,
Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Taxation intends to adopt regulations entitled: **Cigarette Sales Below Wholesale Cost Act; Public Policy; Prohibited Activities; Violation; Enforcement (VR 630-27-286), Definitions (VR 630-27-287), Combination Sales and Concessions (VR 630-27-288), Unfair Method of Competition (VR 630-27-289), Injunction Relief and Damages (VR 630-27-290), Revocation or Suspension of License or Permits for Violations (VR 630-27-291), Exemption or Suspension of Licenses or Permits for Violations (VR 630-27-292), and Special Cost Provisions; Cash and Carry (VP 630-27-293).**

Calendar of Events

STATEMENT

Purpose: These regulations set forth the policies and procedures relating to the enforcement upon wholesalers of the Cigarette Sales Below Wholesale Cost Act.

Estimated Impact:

Numbers and Type of Regulated Entities: These regulations will affect 175 licensed tobacco wholesalers.

Projected Cost to Regulated Entities: Any cost incurred by the tobacco wholesalers affected by the regulations will be minimal.

Projected Cost to Agency: Cost to the Agency will be affected by the number of complaints filed by tobacco wholesalers and hearings conducted by the department. Total cost should be minimal.

Statutory Authority: §§ 58.1-203 and 59.1-291 of the Code of Virginia.

Written comments may be submitted until January 10, 1986.

Contact: Danny M. Payne, Director, Tax Policy Division, P. O. Box 6-L, Richmond, Va. 23282, telephone (804) 7-8010

THE COLLEGE OF WILLIAM AND MARY

Board of Visitors

December 5, 1985 - 5 p.m. - Open Meeting
December 6-7, 1985 - 8 a.m. - Open Meeting
Alumni House, 500 Richmond Road, Williamsburg, Virginia

A regularly scheduled meeting of the Board of Visitors of The College of William and Mary to receive reports from several committees of the board and to act on those resolutions that are presented by the administrations of William and Mary and Richard Bland College.

An informational release will be available four days prior to the board meeting for those individuals and/or organizations who request it.

Contact: Office of University Communications, James Blair Hall, Room 308, College of William and Mary, Williamsburg, Va. 23185, telephone (804) 253-4226

BOARD OF VETERINARY MEDICINE

December 10-11, 1985 - 9 a.m. - Testing

December 12, 1985 - 9 a.m. - Open Meeting
Virginia Polytechnic Institute and State University, Ballroom, Blacksburg, Virginia

The national board examination to veterinarians on December 10, 1985.

The clinical competency test to veterinarians on December 11, 1985.

A general business meeting and informal conferences on December 12, 1985.

Contact: Charles S. Weiden, Virginia Board of Veterinary Medicine, P.O. Box 27708, Richmond, Va. 23261, telephone (804) 786-0069

BOARD OF THE VIRGINIA DEPARTMENT FOR THE VISUALLY HANDICAPPED

† January 13, 1986 - 1 p.m. - Open Meeting
Administrative Headquarters, 397 Azalea Avenue, Richmond, Virginia. (Location accessible to handicapped; interpreter for deaf provided if requested.)

A quarterly meeting to review policy and procedures of the Virginia Department for the Visually Handicapped, and to review and approve the department's budget, executive agreement, and operating plan.

Contact: Diane E. Allen, Acting Confidential Secretary, 397 Azalea Ave., Richmond, Va. 23227, telephone (804) 264-3145

VIRGINIA DEPARTMENT FOR THE VISUALLY HANDICAPPED

Advisory Committee on Services

December 7, 1985 - 10:30 a.m. - Open Meeting
Administrative Headquarters, 397 Azalea Avenue, Richmond, Virginia. (Location accessible to handicapped; interpreter for deaf provided if requested.)

A quarterly meeting to advise the Virginia Department for the Visually Handicapped on matters related to services for blind and visually handicapped citizens of the Commonwealth.

Contact: George A. Koger, Executive Assistant, 397 Azalea Ave., Richmond, Va. 23227, telephone (804) 264-3148

Calendar of Events

STATE WATER CONTROL BOARD

December 3, 1985 - 7:30 p.m. – Open Meeting
Roanoke City Council Chamber, 215 Church Avenue,
Roanoke, Virginia. (Location accessible to handicapped.)

December 4, 1985 - 2 p.m. – Open Meeting
State Capitol, Capitol Square, House Room 4, Richmond,
Virginia. (Location accessible to handicapped.)

A meeting to inform the public of the State Water Control Board's intention to amend its Regulation 6 (NPDES) in order to obtain pretreatment program delegation from the EPA. Public input on the proposal will also be sought.

Contact: LaVern H. Corkran, State Water Control Board, 2111 N. Hamilton St., Richmond, Va. 23230, telephone (804) 257-6306

† **December 13, 1985 - 9 a.m. – Open Meeting**
Holiday Inn - 1776, Route 60 By-Pass, Williamsburg,
Virginia

A meeting with the State Water Commission to discuss legislative proposals suggested by the State Water Plan Advisory Committee.

Contact: Bernard J. Caton, Director, Office of Policy Analysis, State Water Control Board, P. O. Box 11143, Richmond, Va. 23230, telephone (804) 257-0120

COUNCIL ON THE STATUS OF WOMEN

December 10, 1985 - 9:30 a.m. – Open Meeting
Department of Social Services, 8007 Discovery Drive,
Koger Executive Complex, Blair Building Conference
Rooms A & B, Richmond, Virginia. (Location accessible to
handicapped.)

A regular meeting of the council to conduct general business and receive reports from the council committees.

Contact: Bonnie H. Robinson, Executive Director, Virginia Council on the Status of Women, 8007 Discovery Dr., Richmond, Va. 23229-8699, telephone (804) 281-9200

LEGISLATIVE

VIRGINIA ALCOHOL SAFETY ACTION PROGRAM

December 3, 1985 - 9:30 a.m. – Public Hearing
Chamberlin Hotel, Monroe Room, Fort Monroe, Virginia

These public hearings have been scheduled to review

the relationship between the Commonwealth and local ASAP programs.

Contact: Anne R. Howard, House of Delegates Clerk's Office, P. O. Box 406, Richmond, 23203, telephone (804) 786-7681 or Oscar Brinson, Staff Attorney, Division of Legislative Services, P. O. Box 3-AG, Richmond, Va. 23208, telephone (804) 786-3591

HOUSE APPROPRIATIONS COMMITTEE

† **December 15, 1985 - 7 p.m. – Open Meeting**
Richmond Quality Inn, Enzain Restaurant, Robin Hood and
Hermitage Roads, Richmond, Virginia

A regular business meeting of the Elementary and Secondary Education subcommittee.

Contact: Donna C. Johnson, House Appropriations Committee, General Assembly Bldg., Capitol Square, 9th Floor, Richmond, Va. 23219, telephone (804) 786-1837

HOUSE APPROPRIATIONS AND SENATE FINANCE COMMITTEES

† **December 16, 1985 - 9:30 a.m. – Open Meeting**
General Assembly Building, Capitol Square, House Room
D, Richmond, Virginia. (Location accessible to
handicapped.)

A joint monthly meeting.

Contact: Donna C. Johnson, House Appropriations Committee, General Assembly Bldg., Capitol Square, 9th Floor, Richmond, Va. 23219, telephone (804) 786-1837

VIRGINIA CODE COMMISSION

† **December 2, 1985 - 10 a.m. – Open Meeting**
General Assembly Building, Capitol Square, Speaker's
Conference Room, 6th Floor, Richmond, Virginia. (Location
accessible to handicapped.)

The commission will complete its work on the revision of Title 38.2 (insurance laws) and revision of Title 60.2 (unemployment compensation) and take up other matters pertaining to the general business of the Code Commission.

Contact: Joan W. Smith, Registrar of Regulations, P. O. Box 3-AG, Richmond, Va. 23208, telephone (804) 786-3591

Calendar of Events

JOINT LEGISLATIVE AUDIT AND REVIEW COMMISSION

† December 9, 1985 - 9:30 a.m. - Open Meeting
General Assembly Building, Capitol Square, House Room
D, Richmond, Virginia. (Location accessible to
handicapped.)

A progress report on the cost of funding the SOQ; and
other business.

Contact: Ray D. Pethel or Maryann Craven, General
Assembly Bldg., Capitol Square, Suite 1100, Richmond, Va.
23219, telephone (804) 786-1258

SAVINGS AND LOAN LAWS INTEREST RATES SUBCOMMITTEE JOINT SUBCOMMITTEE

December 16, 1985 - 2 p.m. - Open Meeting
General Assembly Building, Capitol Square, 6th Floor
Conference Room, Richmond, Virginia. (Location accessible
to handicapped.)

A subcommittee meeting to study the interest rate
laws of the state of Virginia.

Contact: C. William Cramme', III, Staff Attorney, Division
Legislative Services, General Assembly Bldg., P. O. Box
3-AG, Richmond, Va. 23208, telephone (804) 786-3591

EFFECTS OF CHANGES IN THE TELECOMMUNICATIONS INDUSTRY STUDY

† December 4, 1985 - 10 a.m. - Open Meeting
General Assembly Building, Capitol Square, House Room
D, Richmond, Virginia. (Location accessible to
handicapped.)

A subcommittee meeting and working session. (HJR
240)

Contact: Anne R. Howard, House of Delegates Clerk's
Office, P. O. Box 406, Richmond, Va. 23203, telephone
(804) 786-7681 or Terry Barrett, Research Associate,
Division of Legislative Services, P. O. Box 3-AG, Richmond,
Va. 23208, telephone (804) 786-3591

CHRONOLOGICAL LIST OPEN MEETINGS

November 25, 1985

Air Pollution Control Board, State
Elections, State Board of
Optometry, Virginia Board of

November 26
Marine Resources Commission

December 2
Accountancy, Virginia State Board of
Code Commission, Virginia

December 3
Alcoholic Beverage Control Board, Virginia
Resources Authority, Virginia
Water Control Board, State

December 4
Conservation and Historic Resources, Department of
Virginia Soil and Water Conservations Board
Outdoor Recreation Advisory Board
Higher Education, State Council of
Polygraph Examiners Advisory Board
Telecommunications Industry Study, Effects of
Changes in the
Water Control Board, State

December 5
Dentistry, Board of
Education, Board of
Psychology, Board of
The College of William and Mary
Board of Visitors

December 6
Architects, Professional Engineers, Land Surveyors and
Certified Landscape Architects, Board of
Architects, State Board of
Dentistry, Board of
Education, Board of
General Services, Department of
Art and Architectural Review Board
Human Rights Committee, State
Small Business Financing Authority, Virginia
The College of William and Mary
Board of Visitors

December 7
The College of William and Mary
Board of Visitors
Visually Handicapped, Virginia Department for the
Advisory Committee on Services

December 9
Barber Examiners, Virginia Board of
Joint Legislative Audit and Review Commission
Library Board, Virginia State

December 10
Farmer's Market Feasibility Study, Virginia
Steering Committee
Medical Assistance Services, Board of
Veterinary Medicine, Board of
Women, Council on the Status of

Calendar of Events

December 11

Agriculture and Consumer Services, State Board of
Corrections, State Board of
Solid Waste Commission
Veterinary Medicine, Board of

December 12

Agriculture and Consumer Services, State Board of
General Services, Department of
State Insurance Advisory Board
Veterinary Medicine, Board of

December 13

Water Control Board, State

December 15

Appropriations Committee, House

December 16

Appropriations Committee, House and
Senate Finance Committee
Innovative Technology Authority
Local Government, Commission on
Savings and Loans Laws
Interest Rates Subcommittee
Joint Subcommittee

December 17

Alcoholic Beverage Control Board, Virginia
Local Government, Commission on

December 18

Sewage Handling and Disposal Appeals
Review Board, State

January 13, 1986

Visually Handicapped, Board of Virginia
Department for the

January 16

Conservation and Historic Resources, Department of
Virginia Soil and Water Conservations Board
Education, Board of
Museum of Fine Arts, Virginia
Finance Committee

January 17

Education, Board of

December 5

General Services, Department
Division of Consolidated Laboratory Services

December 10

Social Services, Virginia Department of
Division of Licensing Programs

December 11

Agriculture and Consumer Services, Virginia
Department of

December 16

Local Government, Commission on

December 27

Health, Virginia Department of

January 7, 1986

Criminal Justice Services Board

January 10

Taxation, Department of

January 15

Health, Board of

January 16

Health, Board of
Health, Department of
Bureau of Pharmacy Services
Medicine, Board of
Nursing, State Board of

January 20

Health, Board of

January 21

Health, Board of

January 23

Health, Board of

January 27

Health, Board of

January 31

Fire Board, Virginia and Fire Programs, Department
of

PUBLIC HEARINGS

December 2, 1985

Mental Health and Mental Retardation, Department of

December 3

Alcohol Safety Action Program, Virginia
Subcommittee