

Family Child Care Licensing Manual

(November 2016)

for use with

COMAR 13A.15 Family Child Care

(as amended effective 7/20/15)

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.01 Child Comfort and Welfare.

The provider or substitute shall:

- A. Dress a child appropriately, both indoors and outdoors, for the temperature of the environment and the activity of the child;
- B. During an indoor or outdoor activity:
 - (1) Monitor each child for signs of discomfort due to over-activity, temperature or weather conditions, or other environmental factors; and
 - (2) If a child is experiencing discomfort, take appropriate steps to alleviate the discomfort; and

INTENT: The Provider must not allow a child to engage in an activity for which the child is not safely or comfortably dressed.

INSPECTION REPORT ITEM: "Child Comfort and Welfare"

COMPLIANCE CRITERIA:

- *Each child is dressed appropriately for program activities.*
- *No child exhibits signs of distress from extremes in temperature, such as shivering, displaying goose bumps, excessive sweating, or listlessness.*

ASSESSMENT METHOD: If possible, observation of how the children are dressed during activities.

***Note:** It is the responsibility of the parents to make sure their children have proper clothing. The Provider is not required to furnish clothing items to children in care, although may do so if desired. However, it is the Provider's responsibility to ensure the health, safety, and welfare of each child at all times while the child is in care. This includes ensuring the child's physical comfort with respect to temperature and activity. If a child appears at the program without proper or adequate clothing, the Provider should:*

- *Arrange some alternate activity until the child has obtained the proper clothing,*
- *Discuss the matter of proper clothing with the child's parent at the earliest opportunity, and*
- *Consider specifying clothing responsibilities in the written agreement with the parent.*

- C. Ensure that each child has adequate time for meals and snacks.

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INTENT: *Each child needs enough time to eat at a pace that is comfortable for the child.*

INSPECTION REPORT ITEM: *“Child Comfort and Welfare”*

COMPLIANCE CRITERIA: *Each child is allowed to finish meals and snacks at a comfortable pace.*

ASSESSMENT METHOD: *If possible, observation to determine if any child appears rushed or uncomfortable.*

.02 Exclusion for Acute Illness.

A. The provider or substitute shall:

- (1) **Monitor children for signs and symptoms of acute illness; and**
- (2) **Notify immediately a child's parent or other person designated on the child's emergency card upon observing a sign or symptom of acute illness.**

INTENT: *To prevent the spread of illness and to protect all the children in the Provider's care, the Provider must observe children for any sign of illness, and notify their parents if a sign of illness appears.*

INSPECTION REPORT ITEM: *“Exclusion for Acute Illness”*

COMPLIANCE CRITERIA:

- *Each child is monitored throughout the day for signs of illness.*
- *If a child shows any signs of acute illness, the Provider promptly notifies the child's parent or other authorized adult.*

ASSESSMENT METHOD: *Discussion to determine if and how:*

- *Children are monitored for illness, and*
- *A parent is notified when a child appears ill.*

B. The provider or substitute may not allow a child to enter or remain in care if the child is exhibiting symptoms of acute illness such as, but not limited to:

- (1) **Vomiting;**
- (2) **Fever;**
- (3) **Seizures;**
- (4) **Severe pain; or**
- (5) **Diarrhea.**

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INTENT: *An acutely ill child may (and most likely will) be a source of contagion for other children in care. Therefore, the Provider may not care for sick children. A child who gets sick in the Provider's care must not be allowed to remain, and, if possible, should be isolated while waiting for the child's parent to remove him or her.*

INSPECTION REPORT ITEM: *“Exclusion for Acute Illness”*

COMPLIANCE CRITERIA:

- *There are no acutely ill children in attendance, or*
- *If in attendance, an acutely ill child is separated from the other children and is waiting to be picked by the child's parent/guardian or other authorized adult.*

ASSESSMENT METHOD: *Observation to determine if any acutely ill children are present.*

Notes:

- *For help in identifying signs of acute illness, see “[Signs of Illness in Children.](#)”*
- *A history of seizures that are not related to acute illness is not grounds for exclusion from care.*
- *It is recommended that the Provider inform parents at the time children are enrolled, and again at the time they are first admitted, of the requirement to exclude children for acute illness. The Provider may wish to consider including a statement to that effect in the written agreement required.*

.03 Infectious and Communicable Diseases.

A provider or substitute may not knowingly care for a child who has a serious transmissible infection or communicable disease during the period of exclusion for that infection or disease shown on a list provided by the office.

INTENT: *The intent of this regulation is to protect the health and well-being of children receiving out-of-home care by preventing the transmission of communicable diseases. A communicable disease is reportable, and is any one of a group of highly infectious or contagious illnesses classified by the Maryland Department of Health and Mental Hygiene DHMH) as serious threats to public health that must be identified, isolated, and treated immediately.*

INSPECTION REPORT ITEM: *“Infectious and Communicable Diseases”*

COMPLIANCE CRITERIA: *No child in the contagious stage of a serious transmissible infection or communicable disease is allowed to attend the child care program.*

ASSESSMENT METHOD:

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- *Observation to determine if any child with signs of a serious transmissible infection or communicable disease is in attendance.*
- *Discussion to determine if and how a child known or believed to be in the communicable stage of a serious infection or disease is kept out of care.*
- *Review of program records to determine if a copy of the DHMH “Communicable Disease Summary” is present for reference.*

Notes:

- *Under the Americans with Disabilities Act (ADA) of 1990, persons with certain diseases (e.g., HIV/AIDS) are considered to have disability and may not be denied admission to, or continuation in, care solely on the basis of that disability. For more information about ADA requirements as they may apply to the Provider’s program, refer to “Child Care and the ADA”.*
- *Due to the confidential nature of certain communicable diseases such as HIV/AIDS, the parent of a child who has one of those diseases is not required to disclose that information to the Provider. The child’s physician is not required to disclose it either. Therefore, the Provider should always take appropriate precautions whenever the Provider has contact with blood or other bodily fluids or excretions, or with items that have been contaminated with such substances. Treat every child as if he or she may be HIV-positive or be a carrier of some other communicable disease – use universal precautions. (See “General Sanitation Guidelines”, for recommended infection control precautions and measures.)*

.04 Medication Administration and Storage.

A. Medication Administration.

- (1) **Medication, whether prescription or non-prescription, may not be administered to a child in care unless:**
 - (a) **Parental permission to administer the medication is documented on a completed, signed, and dated medication authorization form, provided by the office, that is received by the provider or substitute before the medication is administered; and**
 - (b) **A licensed health practitioner has approved the administration of the medication and the medication dosage.**
- (2) **A prescription medication may not be administered to a child unless at least one dose of the medication has been given to the child at home.**

INTENT: Prescription or non-prescription medication may be administered to a child only if there is prior written, signed permission from the child’s parent and a licensed health practitioner has approved the administration of the medication and the medication dosage. Also, the parent must have given the first dose of the medication to the child to be sure that the child will not have an adverse reaction.

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INSPECTION REPORT ITEM: “Medication Administration and Storage”

COMPLIANCE CRITERIA:

- *Before giving medication to a child, the facility has on file for that child a completed, signed “Medication Authorization Form”, OCC form 1216, or an equivalent document which contains all information as required on the OCC form 1216.*
- *Each prescription or non-prescription medication:*
 - *Is properly labeled by a physician or pharmacy and is current, or*
 - *Is properly labeled by the manufacturer (non-prescription medication) and*
 - *Was initially given to the child at home.*

ASSESSMENT METHOD:

- *For each child receiving medication, a review of the child’s file to determine if a “Medication Authorization Form” (or an equivalent document) is present and when it was received.*
- *For each child receiving prescription or non-prescription medication:*
 - *Examination of the medication to determine if the medication is properly labeled and not expired.*
 - *Review of the child’s file for evidence of initial administration by the parent.*

Notes:

- *Nonprescription medication is over-the-counter medication that is prescribed by a physician to be administered to a child. “Over-the-counter Medication” is medication products found on store shelves that may be purchased by the general public without a prescription from a physician. For example, a physician may prescribe “Tylenol” for a child which is over-the-counter medication purchased by the general public.*
- *If the prescription medication is properly labeled, the Medication Administration form does not have to be completed or signed by the physician. The information from the medication label could be noted on the medication administration form in the “Prescribers” section, with the parent/guardian completing the “Parent/Guardian Authorization” portion of the form. Or, the provider could create a form to note the prescription information and parental authorization.*

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- *While there is a place for a child's picture on the Medication Administration form, the child's picture is not required.*
- *A provider may, as a general program policy, choose not to administer medication to children in care. However, if a child in the Provider's care has a medical condition (for example, diabetes) that is considered to be a disability as defined by the Americans with Disabilities Act (ADA) and requires the use of medication during program hours, the Provider must ensure that the child receives that medication. (The medication administration course is required even if the provider chooses not to administer medication to children in care, or has no children in care who need medication.)*
- *The issue of medication administration should be discussed with the parent at the time of a child's enrollment. The Provider should consider including a medication administration policy in the written agreement that must be establish with parents.*

(3) If medication is by prescription, it shall be labeled by the pharmacy or physician with:

- (a) The child's name;**
- (b) The date of the prescription;**
- (c) The name of the medication;**
- (d) The medication dosage;**
- (e) The administration schedule;**
- (f) The administration route;**
- (g) If applicable, special instructions, such as "take with food"; and**
- (h) The duration of the prescription; and**
- (i) An expiration date that states when the medication is no longer useable.**

INTENT: *The Provider may administer medication to a child only if there is prior written, signed permission from the parent stating which medication is to be given, how, and when; therefore, the medication must be properly labeled and not expired.*

INSPECTION REPORT ITEM: *"Medication Administration and Storage"*

COMPLIANCE CRITERIA: *Each prescription medication is properly labeled by a physician or pharmacy and is current.*

ASSESSMENT METHOD: *For each child receiving prescription medication, examination of the medication to determine if the medication is properly labeled and current.*

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- B. **Topical Applications. A diaper rash product, sunscreen, or insect repellent supplied by a child's parent may be applied without prior approval of a licensed health practitioner.**

Notes:

- *Diaper rash products, sunscreen, and insect repellent are considered “Basic Care Products” not nonprescription medications. They are referred to as “Topical Applications” because they are applied on the child’s skin and not taken internally. An individual does not need to have taken “Medication Administration” training to apply basic care/topical products on a child.*
- *A parent may not give a provider a “home-made” product to use on the child. The product must be clearly labeled with a product name and instruction for use.*

- C. **Medication shall be administered according to the instructions on the label of the medication container or a licensed health practitioner's written instructions, whichever are more recently dated.**

INTENT: Because a child’s medication dosage or schedule may change, the medication must be given according to the most recent written instructions.

INSPECTION REPORT ITEM: “Medication Administration and Storage”

COMPLIANCE CRITERIA: Each medication is given according to current instructions.

ASSESSMENT METHOD: Observation to determine if medication is given as instruction. If observation is not possible, a review of the child’s file and medication to determine if the medication is being given according to written instructions.

- D. **Recording Requirements.**
- (1) **Each administration of a prescription or non-prescription medication to a child, including self-administration of a medication by the child, shall be noted in the child's record.**

INTENT: Each time medication is given, a record must be made of what was given, who gave it, and when it was given. The Provider, trained in medication administration, must complete the log attached to the “Medication Authorization Form”, OCC 1216.

INSPECTION REPORT ITEM: “Medication Administration and Storage”

COMPLIANCE CRITEREA: For each child receiving medication, a complete entry is made in the child’s file each time medication is given.

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ASSESSMENT METHOD: *Review of the child's file to determine if complete entries have been made.*

Note: *The child care provider must document each instance of a child self-administering medication. Using the Medication Administration Log, document the date, time and reason the medication was administered.*

- (2) **Application of a diaper rash product, sunscreen, or insect repellent supplied by a child's parent shall be noted in the child's record.**

Notes:

- *A topical basic care product brought in by the parent does not have to be recorded each time it is applied on the child's body. The provider may record (once) in the child's record, the fact that topical basic care products (noting the name of the products) are being applied daily on the child. If the product(s) change, note the new product(s) in the child's record.*
- *The "Medication Administration Log" should not be used for this purpose.*
- *Any method most convenient for the child care provider to record the application of topical products in a child's record is acceptable. The provider could develop a "Topical Application Log".*

E. Medication Storage.

- (1) **Each medication shall be:**
- Labeled with the child's name, the dosage, and the expiration date;**
 - Stored as directed by the manufacturer, the dispensing pharmacy, or the prescribing physician; and**
 - Discarded according to guidelines of the Office of National Drug Control Policy or the U.S. Environmental Protection Agency, or returned to the child's parent upon expiration or discontinuation.**
- (2) **All medications shall be stored to make them inaccessible to children in care but readily accessible to the provider, substitute, or additional adult.**

INTENT: *All medications are considered to be potentially hazardous items and must be made inaccessible to children. They must also be stored according to physician, pharmacist, or manufacturer instructions, as appropriate, to preserve their usefulness.*

INSPECTION REPORT ITEM: "Medication Administration and Storage"

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COMPLIANCE CRITERIA:

- *The Provider store all medications out of the reach of children, preferably in a locked container.*
- *Each medication is in its original container, which is labeled with the correct child's name.*
- *There are no expired medications present.*

ASSESSMENT METHOD: *Observation to determine if all medications:*

- *Are stored and labeled properly, and*
- *Are not yet expired.*

F. Self-Administration of Medication.

Note: *The intent of this regulation is to allow school-age children who use inhalers and epi-pens to self-carry and self-administer these medications. No other medications may be self-administered.*

- (1) **Before a child may self-administer medication while in care, a provider shall:**
- (a) **Have a written order from the child's physician and the written request of the child's parent for the child's self-administration of medication;**

Note: *The **Asthma Action Plan** and/or **Allergy Action Plan** may be used in lieu of the OCC 1216 Medication Administration Authorization Form for children who will self-carry/self-administer medication for asthma or allergies.*

- (b) **In consultation with the child's parent, establish a written procedure for self-administration of medication by the child based on the physician's written order; and**
- (c) **Authorize the child to self-administer medication.**

Note: *Once the parent and provider develop the procedures, the provider shall (must) authorize the child to self-administer the medication.*

- (2) **Revocation of Authorization to Self-Administer.**
- (a) **A provider may revoke a child's authorization to self-administer medication if the child fails to follow the written procedure required by §F(1)(b) of this regulation.**

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- (b) **Immediately upon revoking the child's authorization to self-administer medication, the provider shall notify the child's parent of that revocation.**
- (c) **The provider shall document the revocation of authorization to self-administer and the notification to the child's parent in the child's record.**

Note: *If a child does not follow the procedures appropriately, a provider may revoke the authorization and must note the reasons for the revocation in the child's record. If authorization is revoked, the provider must take responsibility for having the medication administered to the child.*

- G. **Effective January 1, 2016, medication may be administered to a child in care only by an individual who has completed approved medication training, unless:**
 - (1) **The individual is a registered nurse, licensed practical nurse, or medication technician certified by the Maryland Board of Nursing to administer medication to children in care; or**
 - (2) **Responsibility for administering medication to children in care has been delegated to the individual by a delegating nurse in accordance with COMAR 10.27.11.**

Note: *The Provider is required to take the Medication Administration course prior to becoming registered, thus being the only person who may administer medication to a child in care. However, if an emergency arises while a substitute is caring for the children, the substitute may administer emergency medication to save a child's life.*

.05 Smoking.

- A. **If a resident of the family child care home smokes cigarettes, cigars, or pipes, the provider shall make this known in advance to parents who are considering placing their children in the provider's care.**

INTENT: *Second-hand smoke has been identified as a potential health hazard. Smoking may also result in accidental fires and burn injuries. Parents have a right to know if a child care program they may wish to use provides a healthy and safe environment for their children.*

INSPECTION REPORT ITEM: "Smoking"

COMPLIANCE CRITERIA: *If smoking occurs in the home, the Provider have made this known to each parent at or prior to the child's enrollment.*

ASSESSMENT METHOD: *Through discussion, determine what procedure the Provider use to notify parents about smoking. If notification is documented, verify by reviewing the documentation.*

Notes:

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- *It is recommended that the written agreement include a notification statement about any smoking that occurs in the home.*
- *As an alternative, the Provider may wish to consider developing a separate smoking notification sheet that would be signed by parents and kept on file.*

B. Smoking Restrictions.

- (1) **A provider and any other individual who has child care responsibilities may not smoke in the immediate presence of a child in care.**
- (2) **During the family child care home's approved hours of operation, if an enrolled child is or will be on the premises, the provider may not smoke or permit smoking anywhere inside the home.**

***INTENT:** Inhalation of second-hand smoke is a health hazard for children. Smoking in the presence of children also presents a risk to them of accidental burns.*

***INSPECTION REPORT ITEM:** "Smoking"*

COMPLIANCE CRITERIA:

- *If a person with child care responsibilities smokes, the person smokes only where it does not present a second-hand smoke or burning risk to any child in care.*
- *There is no smoking inside the home on any day that a child is or will be there.*

***ASSESSMENT METHOD:** If smoking occurs, observation of where and when it occurs. If observation is not possible, discussion with the Provider to determine where and when smoking occurs.*

***Note:** Even if smoking occurs only where it will present no smoke-related risk to a child, the smoker who has child care responsibilities must, while smoking:*

- *Continue to provide appropriate care and supervision at all times, and*
- *Be able to intervene immediately in the event of an emergency involving a child.*

C. The provider or substitute shall ensure that all cigarettes, cigars, pipes, ashes, and butts are kept out of the reach of the children in care.

***INTENT:** If tobacco products (used or unused) are in reach, they may be ingested by younger children and cause choking or illness. Older children may be tempted to take them for their own personal use later on. Therefore, tobacco products must be made inaccessible to all children in care.*

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INSPECTION REPORT ITEM: “Smoking”

COMPLIANCE CRITERIA: *If any tobacco product (used or unused) is present, it cannot be reached by any child in care.*

ASSESSMENT METHOD: *Observation to determine if any tobacco product (used or unused) is accessible to any child in care.*

.06 Consumption of Alcohol and Drugs.

A provider, substitute, or additional adult may not consume an alcoholic beverage or an illegal or nonprescribed controlled dangerous substance while:

- A. **Present at the family child care home during the home's approved hours of operation; or**
- B. **Providing or assisting with the care of children on or away from the premises of the family child care home.**

INTENT: *The Provider is responsible for ensuring the health, safety, and welfare of each child in attendance. Consumption of alcohol or drugs is likely to impair a person's ability to provide safe and appropriate child care. Consumption of any such substance by any person on the child care home premises during the operating hours, or during any off-site program activity, is strictly prohibited.*

INSPECTION REPORT ITEM: “Consumption of Alcohol and Drugs”

COMPLIANCE CRITERIA: *There is no consumption of alcohol or drugs by any person during the hours of operation, whether on facility premises or off-site during a program activity.*

ASSESSMENT METHOD: *Observe for any sign that may indicate the consumption of alcohol or drugs during operating hours. Interview facility staff to obtain additional information, as needed.*