



# **Child Care Center Licensing Manual**

(August 2016)


for use with

**COMAR 13A.16 Child Care Centers**  
(as amended effective 7/20/15)

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**.01 Emergency Safety Requirements.**

**A. Emergency and Disaster Plan.**

- (1) **At least one center employee shall:**
  - (a) **Complete emergency preparedness training that is approved by the office; and**
  - (b) **As part of the approved emergency preparedness training, prepare a written emergency and disaster plan for the center.**
- (2) **The operator shall maintain the emergency and disaster plan prepared in accordance with § A (1) (b) of this regulation.**
- (3) **The emergency and disaster plan shall:**
  - (a) **Establish procedures for:**
    - (i) **Evacuating the center, including an evacuation route;**
    - (ii) **Relocating staff and children to a designated safe site;**
    - (iii) **Sheltering in place in the event that evacuation is not feasible;**
    - (iv) **Notifying parents of children in care; and**
    - (v) **Addressing the individual needs of children, including children with special needs;**
  - (b) **Contain:**
    - (i) **The name of, and contact information for the local emergency operations center;**
    - (ii) **Assignment of staff responsibilities during an emergency or disaster;**
    - (iii) **A list of local emergency services numbers; and**
    - (iv) **The radio station call sign and frequency for the local Emergency Alert System;**
  - (c) **Be practiced by staff and children at least:**
    - (i) **Once per month for fire evacuation; and**
    - (ii) **Twice per year for other emergency and disaster situations; and**
  - (d) **Be updated at least annually.**
- (4) **A copy of the emergency escape route floor plan shall be posted in each area and room in the center.**

*INTENT: In case of an emergency or a disaster, an approved emergency disaster plan must be in place with emergency escape route floor plans posted throughout the facility. Evacuation drills must occur regularly so that all staff and children can evacuate promptly and safely and proceed to an alternate sheltered location.*

*INSPECTION REPORT ITEM: "Emergency Escape Route Posted"*

**COMPLIANCE CRITERIA:**

- *Emergency disaster plan*

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- *The facility has an emergency disaster plan that has been approved by the training organization.*
- *The plan specifies an alternate sheltered location.*
- *The plan is practiced by staff and children at least twice a year.*
  
- *Fire evacuation plan*
  - *Fire evacuation escape route is posted.*
  - *A written log or similar document is maintained that records the date and time of each fire evacuation drill.*
  - *Fire evacuation drills occur at least monthly.*

**ASSESSMENT METHOD:**

- *Verify that the facility has an approved emergency plan that is signed by the training organization.*
- *Observe to determine if the fire evacuation route is posted.*
- *Review facility records for evidence that disaster and fire evacuation drills are practiced as required.*

**Note:** See sample log to document fire evacuation drills, **“Fire Drill Record”**.

- (5) **Each employee shall be oriented to the contents of the written emergency and disaster plan required at §A (2) of this regulation.**
- (6) **In the event of a declared emergency, the operator shall be prepared to respond as directed by the local emergency management agency through sources of public information.**
- (7) **During an emergency evacuation or practice, a staff member shall take attendance records out of the center and determine the presence of each child currently in attendance.**

**INTENT:** Facility staff must be able to verify after a facility evacuation that all children in attendance are present and accounted for.

**INSPECTION REPORT ITEM:** “Emergency Safety Requirements”

**COMPLIANCE CRITERIA:** During each facility evacuation, a staff member brings along the current child attendance record.

**ASSESSMENT METHOD:** Observe an evacuation to determine if attendance records are brought along. If observation of an evacuation is not possible, interview facility staff as necessary to determine if the records are brought along.

- B. If the child care center is included within a comprehensive emergency and disaster plan, the center operator shall ensure that:**
- (1) **The comprehensive plan contents meet all emergency and disaster plan requirements set forth at §A(2)(a) and (b) of this regulation; and**
  - (2) **A copy of the comprehensive plan is available to all staff.**
- C. An operator shall post, immediately accessible to each telephone in the center, a notice stating the:**
- (1) **9-1-1 emergency telephone number to summon fire, police, and rescue services;**
  - (2) **Center's name, address, and telephone number;**
  - (3) **Telephone number of the protective services unit of the local department of social services;**
  - (4) **Telephone number of a poison control center;**
  - (5) **Name and telephone number of the local health department or a physician to consult about issues regarding health and illnesses;**
  - (6) **Name and telephone number of the available adult as required by COMAR 13A.16.08.02D(3); and**
  - (7) **Telephone number of the office.**

*INTENT: Written emergency contact information must be posted by each telephone so that it is immediately available for reference by facility staff in the event of an emergency.*

*INSPECTION REPORT ITEM: "Emergency Contact Information"*

*COMPLIANCE CRITERIA: The required contact information is posted by each telephone, easily visible, and legible.*

*ASSESSMENT METHOD: Observe to determine if and where the required information is posted.*

*Note: See sample emergency contact information form, "**Center and Other Emergency Numbers**".*

**.02 First Aid and CPR.**

- A. At all times, including during an off-site activity, at least one child care teacher or the director shall be present who holds a current certificate indicating successful completion of approved:**
- (1) **Basic first aid training through the American Red Cross, or a program with equivalent standards, which is appropriate to all child age groups for which the center is approved; and**

- (2) **Cardiopulmonary resuscitation (CPR) training through the American Heart Association, or a program with equivalent standards, which is appropriate to all child age groups for which the center is approved.**

*INTENT: A child care center must be prepared at all times to give appropriate emergency assistance to a child in care who becomes injured or needs resuscitation.*

**INSPECTION REPORT ITEM:** “First Aid and CPR”

**COMPLIANCE CRITERIA:**

- *There is at least one center employee present at all times who is currently certified in approved first aid and CPR. (See list of approved sources under Notes below).*
- *Both certifications are appropriate to all ages of children approved for care in the center.*
- *The CPR certificate states “successful completion” of requirements.*

**ASSESSMENT METHOD:**

- *Identify the certified employee(s) present at the time of inspection and verify that both of the person's certifications are current and appropriate.*
- *Review the current staffing pattern and activity schedule to determine whether a properly certified employee is present at all other times (including during off-site activities).*

**Notes:**

*The approved first aid and CPR certification sources shown below were current as of the date this Manual was completed. It is possible that additional certification sources may have been approved since then. If an operator is considering enrolling one or more center employees in a first aid or CPR course that is certified by a source not listed below, the operator should first check with the OCC Regional Office to determine if that source is approved by OCC.*

- *First aid training – currently approved certification sources include the following:*
  - *American Lifeguard Association*
  - *American Red Cross*
  - *American Safety and Health Institute*
  - *Anne Arundel Community College*
  - *E.M.S Safety Services*
  - *EMT Certification*

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- *Medic First Aid*
- *National Safety Council*
- *URSUS Lifesavers and Aquatics*
- *CPR training – currently approved certification sources include the following:*
  - *American Heart Association*
  - *American Lifeguard Association*
  - *American Red Cross*
  - *American Safety and Health Institute*
  - *E.M.S. Safety Services*
  - *EMT Certification*
  - *Medic First Aid*
  - *National Safety Council*
  - *URSUS Lifesavers and Aquatics*

See a composite list of ***“Approved CPR/First Aid Training”***.

- B. A center with an approved capacity of more than 20 children shall have in attendance, in a ratio of at least one staff member for every 20 children present, staff members who are currently certified in approved first aid and CPR as specified at §A of this regulation.**

*INTENT: Larger numbers of children increase the likelihood that two or more children may experience an emergency at the same time; therefore, it is necessary to have a sufficient number of properly certified staff present to ensure that multiple emergencies can be attended to immediately.*

**INSPECTION REPORT ITEM:** *“First Aid and CPR”*

**COMPLIANCE CRITERIA:** *In a center with an approved capacity of more than 20 children, there is at least one properly certified staff member for every 20 children present (including children participating in an off-site activity), or fraction thereof.*

**ASSESSMENT METHOD:** *After identifying the certified staff member(s), observe to verify that the required ratio is met. If observation is not possible, review the staffing pattern and activity chart to verify that the required ratio is met.*

- C. Whenever a child in care is being transported under center auspices to or from the center, there shall be at least one adult present in the vehicle who is currently certified in approved CPR and first aid. This requirement may be met by the driver of the vehicle.**

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**INTENT:** *The greater the number of active preschoolers, the greater the chance of an accidental child injury. The presence of a properly certified adult allows the child to be attended to immediately while the other adult maintains supervision of the other children.*

**INSPECTION REPORT ITEM:** *“First Aid and CPR”*

**COMPLIANCE CRITERIA:** *There is at least one properly certified adult present as required when children are in care are being transported.*

**ASSESSMENT METHOD:** *Review facility records (staffing pattern, activity schedule, personnel list, CPR/First Aid certifications, etc.) and interview staff as necessary to determine the assignment of properly certified staff to transportation events involving more than eight more preschoolers.*

**Note:** *Whenever a CPR/first aid-certified adult is required to be present in the vehicle, there should also be a properly equipped first-aid kit in the vehicle.*

**D. Section §C of this regulation shall not apply if the driver of the vehicle is a parent of a child in care who is designated by the center operator to assist in transporting children in care.**

**E. An operator shall maintain first aid supplies as required by the office, conveniently accessible for each group of children at the center and at an off-site activity.**

**INTENT:** *There must be an adequate supply of appropriate first aid supplies immediately available at all times for use in the event of injury to a child.*

**INSPECTION REPORT ITEM:** *“First Aid and CPR”*

**COMPLIANCE CRITERIA:**

- *There is a first aid kit maintained at the center which contains all items required by the office and which is readily accessible to center staff.*
- *Either this kit is portable for off-site activity use, or there is another similarly equipped kit for off-site use.*

**ASSESSMENT METHOD:**

- *Observe to verify the existence of the first aid kit, the appropriateness of its contents, and its accessibility to center staff.*
- *If a similar kit is maintained for off-site use, conduct similar observations with regard to that kit.*

Notes:

- Items required by the office are specified in the "**First Aid Supply List**".
- Syrup of ipecac should not be maintained at the facility and may not be given to a child to encourage vomiting after swallowing a poisonous substance. Vomiting will usually not help a child who may have been poisoned. Also, syrup of ipecac may interfere with the effectiveness of other anti-poisoning treatments currently used in many hospital emergency rooms.
- If a child ingests a toxic substance, center staff should immediately call the Maryland Poison Control Center (1-800-222-1222).
- If a child is convulsing, has stopped breathing, or has become unconscious, center staff should immediately call 911.

**.03 Safe Use of Materials and Equipment.**

The operator shall ensure that furnishings, activity materials, and equipment, whether intended for indoor use or outdoor use, are used:

- A. In a safe and appropriate manner by each employee and each child in attendance; and**
- B. As applicable, in accordance with manufacturer instructions or recommendations.**

*INTENT: To ensure safeguards and minimize injury to children in care, indoor and outdoor furnishings, activity materials, and equipment must be used in a safe manner according to manufacturer's instructions and recommendations.*

*INSPECTION REPORT ITEM: "Safe Use of Materials and Equipment"*

*COMPLIANCE CRITERIA: All indoor and outdoor furnishings, activity materials, and equipment are used by staff and children in a safe manner and in accordance with manufacturer's instructions and recommendations.*

*ASSESSMENT METHOD: Observe to determine if staff and children use indoor and outdoor furnishings, activity materials, and equipment in a safe manner and follow manufacturer's instructions and recommendations.*

*Note: For expanded information regarding playground safety, (including fall zones, swing spacing, potential head entrapment hazards, and playground maintenance), see "**Playground Safety**", and "**Playground and Water Safety Guidelines**".*



**.04 Potentially Hazardous Items.**

- A. An operator shall store all potentially harmful items, including but not limited to the items described in §§B—E of this regulation, in locations which are inaccessible to children in care.**

*INTENT: To help protect children in care from accidental harm, the operator must ensure that they do not have access to potentially hazardous items.*

*INSPECTION REPORT ITEM: “Potentially Hazardous Items”*

*COMPLIANCE CRITERIA: If kept in or near the approved child care area, potentially hazardous items such as, but not limited to, the items cited in §B-E of this regulation are stored in a way that prevents each child in care from gaining access to them.*

*ASSESSMENT METHOD: Observe how and where potentially harmful items are stored to determine if they are accessible to any child.*

*Note: Potentially harmful items may not be stored on or with children's equipment or activity Items.*

- B. Petroleum and flammable products shall be stored in an approved manner.**

*INTENT: Flammable products are an obvious source of risk and must be stored properly to prevent accidental injury or death. They must be secured from child access at all times.*

*INSPECTION REPORT ITEM: “Potentially Hazardous Items”*

*COMPLIANCE CRITERIA: All petroleum and flammable products are stored in appropriate containers that are secured from access by children.*

*ASSESSMENT METHOD: Observe how and where petroleum and flammable products are stored.*

*Note: Questions related to appropriate containers and locations for storing petroleum and flammable products should be directed to the local fire authority.*

- C. Cleaning and sanitizing agents and poisonous products shall be stored apart from food and beverages.**

*INTENT: Cleaning agents and other toxic substances are an obvious source of risk and must be stored properly to prevent accidental poisoning. They must be kept apart from food and beverages and secured from child access at all times.*

**INSPECTION REPORT ITEM:** “Potentially Hazardous Items”

**COMPLIANCE CRITERIA:** All cleaning agents and poisonous products are stored away from food, in original labeled containers, and out of the reach of children.

**ASSESSMENT METHOD:** Observe how and where cleaning agents and other toxic substances are stored.

**D. Containers of poisonous products may not be kept on the premises unless they are labeled clearly as to nature, content, and approved purposes.**

**INTENT:** Toxic products and substances are prohibited from the premises unless they are clearly and specifically labeled.

**INSPECTION REPORT ITEM:** “Potentially Hazardous Items”

**COMPLIANCE CRITERIA:** Each container of a toxic product or substance that is present is legibly labeled as to nature, content, and approved purposes

**ASSESSMENT METHOD:** Determine if toxic products are maintained on-site. If they are, observe their containers to determine if and how they are labeled.

**E. A pesticide may be used only if it is:**

- (1) **Approved by the U.S. Environmental Protection Agency;**
- (2) **Used according to the manufacturer's instructions;**
- (3) **Used only when children are not in care; and**
- (4) **Stored apart from food, beverages, and cleaning agents.**

**INTENT:** Pesticides are extremely toxic substances that present an obvious risk to safety and health. They are prohibited from the facility unless EPA-approved and used as directed by the manufacturer. A pesticide may never be used when children in care are in attendance. All pesticides must be stored separately, and must be secured from access by children.

**INSPECTION REPORT ITEMS:** “Potentially Hazardous Items”

**COMPLIANCE CRITERIA:**

- No pesticide is used or present unless it is EPA-approved.
- A pesticide is used only when no children are in attendance.

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- Any pesticide maintained on-site is stored apart from all food, beverages, and related preparation or service items (pots and pans, dishes, utensils, etc.) and apart from all chemical products such as cleaning agents.
- Any pesticide maintained on-site is stored away from approved care areas and in a manner that secures it from access by children.

**ASSESSMENT METHOD:**

- Interview the Director and facility staff as needed to determine if, how, and when pesticides are used.
- Observe to determine if, how, and where pesticides are stored.

**F. Each electrical socket that is accessible to children in care shall be plugged or capped as required by the applicable fire code.**

*INTENT: To prevent inquisitive young children from serious injury or death from electrical shock, each electrical socket within reach of any child under 5-years-old must be suitably capped or covered.*

*INSPECTION REPORT ITEM: "Potentially Hazardous Items"*

*COMPLIANCE CRITERIA: Each electrical socket within reach of any child under 5 years old is capped or covered.*

*ASSESSMENT METHOD: Observation of each socket in each area approved for care of children less than 5 years old.*

**G. Except in a small center located in a residence, a firearm may not be kept on the premises.**

**H. In a small center located in a residence where a firearm is maintained, the firearm shall be kept:**

- (1) **In a location not used by children in care; and**
- (2) **Unloaded and partially disassembled in a locked container with ammunition stored in its own separate locked container.**

*INTENT: Unless the facility is housed within a private dwelling, the presence of a firearm anywhere on the premises is strictly prohibited. In a residence-based small center, a firearm may not be located anywhere in the approved care area. It must be stored in a manner that secures it from unauthorized access and prevents it from being accidentally discharged.*

*INSPECTION REPORT ITEM: "Potentially Hazardous Items"*

**COMPLIANCE CRITERIA:**

- *No firearm is present on the premises of a facility that is not a residence-based small center.*
- *If a firearm is maintained on the premises of a residence-based small center, it is unloaded, partially disassembled, and kept in a locked container that is outside of the approved care area of the residence.*
- *Ammunition is stored apart from the firearm and is kept in a locked container that is also located away from the approved care area.*

**ASSESSMENT METHOD:**

- *In any facility, ask the Director if there is a firearm on the premises.*
- *In a residence-based small center, if the operator or Director reports that a firearm is present, interview the person to determine how and where the firearm and its ammunition are stored.*

**I. Window Coverings. A window covering installed:**

- (1) **Before October 1, 2010, shall not have unsecured cords, beads, ropes, or strings that are accessible to a child in care; or**
- (2) **On or after October 1, 2010, shall be cordless.**

*INTENT: To eliminate the choking hazard presented by unsecured cords, beads, ropes, or strings that may be attached to window coverings, such hazardous items must be secured, if present in the child care facility.*

**INSPECTION REPORT ITEM:** “Potentially Hazardous Items”

**COMPLIANCE CRITERIA:**

- *There are no unsecured cords, beads, ropes, or strings attached to window coverings in the child care facility.*
- *All window coverings installed after October 1, 2010 are cordless.*

**ASSESSMENT METHOD:**

- *Observe all window coverings to determine if any cords, beads, ropes, or strings attached to window coverings are secured.*
- *Observe all window coverings installed after October 1, 2010 to determine if they are cordless.*

**Note:** For examples of securing window coverings see **“Window Covering Guidelines”**

**.05 Rest Time Safety.**

**A. Unless specified otherwise in writing by the child's physician, a child who:**

- (1) **Cannot roll over without assistance shall be placed for sleep on the child's back; or**
- (2) **Is younger than 12 months old but can roll over unassisted shall be placed for sleep on the child's back, but may be allowed to adopt whatever position the child prefers for sleep.**

*INTENT: Young infants and children who cannot roll themselves over are at increased risk of smothering or Sudden Infant Death Syndrome (SIDS) if they are allowed to sleep on their stomachs; therefore, they must be placed on their backs for sleep.*

**INSPECTION REPORT ITEM: "Rest Time Safety"**

**COMPLIANCE CRITERIA:** Unless the center has written instructions to the contrary from a child's physician, each child is placed on his/her back for sleep if the child:

- Is younger than 12-months-old, or
- Cannot roll over without assistance.

**ASSESSMENT METHOD:** Observe the sleep position of each child who is less than 12-months-old or who cannot roll over without assistance. If observation is not possible, interview facility staffs to determine how children are placed for sleep.

**B. Unless the need for a positioning device is specified in writing by a child's physician, a restricting device of any type may not be applied to a resting child.**

*INTENT: Any device that restricts a child's movement during sleep is a potential safety hazard for the child and is prohibited unless medically required.*

**INSPECTION REPORT ITEM: "Rest Time Safety"**

**COMPLIANCE CRITERIA:** A movement-restricting positioning device is not used with any resting child without written authorization from the child's physician.

**ASSESSMENT METHOD:** Observe resting children to determine if any restrictive device is being used. If such a device is in use, review the applicable child's facility record to determine if written medical authorization is present.

**Note:** OCC construes "portable crib" to mean only "non-full sized crib." Collapsible cribs (such as those with mesh siding) may not be used due to child safety risks.

**.06 Transportation.**

- A. **Unless being transported in a licensed school bus or contract motor coach, each child who is transported in a vehicle while in care shall be separately secured in a child car seat or seat belt which is appropriate for the child's age and weight, as specified by Maryland law.**

*INTENT: Whenever transporting children in vehicles other than a school bus or contract motor coach, the operator must ensure that each child is properly secured as required by Maryland's Child Passenger Safety Law.*

**INSPECTION REPORT ITEM:** "Transportation"

**COMPLIANCE CRITERIA:** *The vehicle used to transport children must be equipped with seat belts and age-appropriate car seats as specified by Maryland law (see Notes below).*

**ASSESSMENT METHOD:** *Observe the vehicle(s) used for transportation to ensure that seat belts and safety seats are present as required. As needed, interview the facility staff to determine whether the seats and belts are used as required.*

**Notes:**

- *Maryland's Child Passenger Safety Law, §22-412 of the Transportation Article, Annotated Code of Maryland, requires that:*
  - *Each child under 8 years old must be secured in an appropriate "child safety seat" in accordance with the child safety seat and the vehicle manufacturers' instructions unless the child is 4' 9" tall or taller.*
  - *A person may not transport a child under the age of 16 unless the child is secured in a "child safety seat" or in a "seat belt"*
  - *A "seat belt" is a restraining device and includes a combination seat belt-shoulder harness.*
  - *A seat belt "restraining device includes a "child safety seat," a "booster" seat, a vehicle "seat belt" or other federally approved child safety seat devices.*
  - *Child safety seats must be installed in accordance with the safety seat and vehicle manufacturer's instructions.*
  - *The child is considered "secured" only if the safety seat or seat belt is used in accordance with the instructions of the safety seat manufacturer or the vehicle manufacturer.*

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- *A safety seat or seat belt may not be used to secure more than one child at a time.*
  - *OCC strongly discourages purchasing child safety seats at yard sales, garage sales, flea markets, etc., because there is no way of determining if the seats function properly, or have been damaged in some way that would make them unsafe for use.*
  - *For information about choosing and using child safety seats, refer to “**Maryland Kids in Safety Seats (K.I.S.S.)**”; “**One Minute Safety Seat Checklist**”; and, “**Maryland’s Child Passenger Safety Law**”.*
  - *Call Maryland Kids in Safety Seats (**Maryland KISS**) at **410-767-6016** or **1-800-370-SEAT**, or log on to **www.mdkiss.org** to obtain additional information on selecting or using child safety seats.*
- B. A vehicle used to transport a child in care shall comply with all applicable State and federal safety requirements.**