

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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COMAR 13A.15.06 Provider Requirements

01. Minimum Age.

To be approved as a family child care provider, an individual shall be 18 years old or older.

INTENT: Setting a minimum age of 18 increases the chance that the Provider will be mature enough to handle the responsibilities associated with caring for other people's children. In addition, Maryland law (the Commercial Law Article, §1-103) requires a person to be at least 18 years old to enter into a contract. This requirement is pertinent to family day care because the Provider must establish written service agreements with parents.

Note: If there is a question about the Provider's age, the Provider must produce proof of age such as a driver's license, birth certificate, or passport.

02. Training Requirements.

A. Pre-service Training. An individual who applies for an initial registration shall:

- (1) Hold a current certificate indicating successful completion of training in approved:**
 - (a) Basic first-aid through the American Red Cross, or a program with equivalent standards; and**
 - (b) Cardiopulmonary resuscitation (CPR) through the American Heart Association, or a program with equivalent standards, appropriate for each age group approved for care in the home;**
 - (c) If requesting approval to provide care for children younger than 24 months old, present evidence of having successfully completed, within 5 years before the date of the request, approved training in Sudden Infant Death Syndrome; and**

(See "First Aid/CPR/SIDS – Approved Training Sources")

- (2) Provide documentation of having successfully completed:**
 - (a) Within 2 years before the application for initial registration is filed, at least 24 clock hours of approved training that includes 4 clock hours in each of the six core of knowledge competencies;**
 - (b) The 90 clock hour course, or its approved equivalent, that satisfies the pre-service training requirement for a child care teacher or child care center director under COMAR 13A.16.06.05B(4), .09(A)(1)(b), or .10B(1)(a), as applicable;**
 - (c) Department of Defense training modules for child care providers;**
 - (d) The Child Development Associate Credential issued by the Council for Professional Recognition;**
 - (e) An associate's degree that includes at least 15 semester hours of early childhood education or elementary education course work;**
 - (f) A bachelor's or higher degree in early childhood education, elementary education, or other discipline approved by the office; or**
 - (g) Other course work approved by the office;**
- (3) Complete approved training on emergency and disaster planning; and**
- (4) If applying on or after January 1, 2016, complete:**
 - (a) Approved training in supporting breastfeeding practices;**

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- (b) **3 clock hours of approved training in complying with the Americans with Disabilities Act; and**
- (c) **Approved training in medication administration.**

***INTENT:** As a first-time applicant, the Provider must be prepared to meet the basic health and safety needs of children, plan for the children's daily developmental needs, respond to emergencies (child and property related) and manage all program functions. The specified pre-service training is a minimum amount of training to give the Provider some basic knowledge in these areas.*

***INSPECTION REPORT ITEM:** "Training Requirements"*

COMPLIANCE CRITERIA:

- *The 24 clock hours of required pre-service training was completed within no more than two (2) years before the Provider's application was received at the Regional Office, or other approved early childhood development coursework has been completed.*
- *SIDS training was completed at least 5 years prior to date the Provider requested to care for children under the age of 2 years.*
- *The Provider is currently certified by OCC-approved certification sources in first aid and CPR. Both certifications are appropriate to all ages of children approved for care in the Provider's home. The CPR certificate states "successful completion" of requirements.*
- *Required pre-service training in emergency and disaster planning, supporting breastfeed practices, the Americans with Disabilities Act, and the 6-hour medication administration course has been completed.*

***ASSESSMENT METHOD:** Review of documentation the Provider has submitted to the Regional Office. Acceptable documentation includes training certificates with the trainer's approval number, the Provider's name, the course or workshop title, the number of hours completed (except for first aid and CPR certification), and the completion date; letter of attendance issued by the training source, or school transcripts. The Provider may use **OCC 101 "Record of Pre-Service Training for Family Child Care Applicants"** to record courses.*

***Note:** To obtain information about the availability, locations, and costs of approved pre-service training courses, the Provider may call the Regional Office or contact the Maryland Child Care Resource and Referral Network (MCCRN) agency serving the Provider's area. The list of local R&R offices may be found at: <http://www.marylandfamilynetwork.org/programs-services/maryland-child-care-resource-network/maryland-child-care-resource-center-locations/>*

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B. Continued Training. A provider shall successfully complete:

- (1) During the first year of registration, 18 clock hours of approved training specified by the office; and
- (2) By the end of each 12-month period after the first full year of registration, a total of 12 clock hours of approved continued training that consists of:
 - (a) At least 6 clock hours of core of knowledge training; and
 - (b) Not more than 6 clock hours of elective training.

INTENT: A family child care provider must have sufficient continued training to keep abreast with current early childhood issues.

INSPECTION REPORT ITEM: "Training Requirements"

COMPLIANCE CRITERIA: The Provider completes at least 18 clock hours of approved continued training during the first full year of registration, and completes at least 12 clock hours of approved continued training during each subsequent full year of registration.

ASSESSMENT METHOD: Review the Provider's completed Professional Development Plan with attached documentation of trainings completed to determine if the Provider has completed continued training as required during the previous full year of registration.

Notes:

- The Provider must use "*OCC 100 - Record of Professional Development Coursework*" to note continued training coursework.
- This regulation is met if the individual participates in the OCC Credentialing Program and has a current certificate noting achievement at Level 2 or above. Check the expiration date on the credential certificate. If expired, the individual must produce evidence of 12 hours of continued training.
- If individual states that the certificate is not expired, check with the Credentialing Branch for verification.
- The Credentialing Branch of OCC is responsible for establishing and monitoring the approval criteria for all courses and curricula used to meet pre-employment training and continued training requirements. The Credentialing Branch is also responsible for all approvals of trainers and training organizations who wish to offer those courses and curricula.

C. Emergency and Disaster Planning Training.

- (1) The office shall not approve an initial registration application unless the applicant has completed approved training on emergency and disaster planning.

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- (2) **To maintain an initial registration or a continuing registration approved before July 1, 2010, a provider shall complete approved training on emergency and disaster planning as directed by the office, if the provider has not already completed that training.**

INTENT: The Provider must know what action to take in case of an emergency or a disaster.

INSPECTION REPORT ITEM: "Training Requirements"

COMPLIANCE CRITERIA: The Provider completed emergency preparedness training.

ASSESSMENT METHOD: Review of certificate of completion.

Note: Completion of the emergency preparedness training also results in the completion of an emergency and disaster plan for the child care home.

D. Professional Development Plan.

- (1) **The provider shall maintain a professional development plan.**
- (2) **Training completed by the provider under §B of this regulation shall be:**
 - (a) **Consistent with the provider's professional development plan; and**
 - (b) **Documented by the provider on the professional development plan.**

Note: The Provider must use "OCC 100 - Record of Professional Development Coursework" form to note continued training coursework.

E. Current certification in approved basic first aid and CPR training as specified in §A(1)(a) and (b) of this regulation shall be maintained at all times by:

- (1) **The provider; and**
- (2) **If applicable, the additional adult.**

(See "First Aid/CPR/SIDS – Approved Training Sources")

F. Sudden Infant Death Syndrome (SIDS) Training.

- (1) **The office may not approve a request by an applicant or a provider to provide care for children younger than 24 months old unless the applicant or provider has met the requirements of §A(1)(c) of this regulation.**

(See "First Aid/CPR/SIDS – Approved Training Sources")

- (2) **SIDS training may not be used to satisfy the continued training requirements set forth in §B of this regulation.**

G. Infant-Toddler Training.

- (1) **Effective July 1, 2010, the office shall not approve a request by an applicant or a provider for an infant/toddler capacity of more than two children younger than 2 years old unless the individual has completed 3 semester hours or 45 clock hours of approved**

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training, or the equivalent, related exclusively to the care of children younger than 2 years old.

- (2) A provider approved before July 1, 2010, for an infant-toddler capacity of more than two children younger than 2 years old shall complete, by December 31, 2010, 3 semester hours or 45 clock hours of approved training, or the equivalent, related exclusively to the care of children younger than 2 years old in order to maintain that approval.

***Note:** If the Provider applies to care for more than 2 children under age of 2, three (3) semester hours or 45 clock hours of approved training related to the care of children younger than 2 years old must have been completed.*

H. Medication Administration Training. Effective January 1, 2016:

- (1) The office may not approve an application for an initial registration or a continuing registration unless the applicant has completed medication administration training approved by the office; and
- (2) A currently registered provider shall have completed medication administration training approved by the office.

***Note:** The 6-hour “Medication Administration” course is conducted by licensed registered nurses approved by the Office. A list of approved RN’s may be found at:*

<http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/matrainlist.pdf>

.03 Provider Substitute.

- A. The provider shall designate at least one substitute who is available on short notice to care for the children.

***INTENT:** If the Provider need to leave the home temporarily, the Provider must have at least one substitute who can come to the home quickly to provide child supervision and care and to ensure program continuity during the Provider’s absence.*

***INSPECTION REPORT ITEM:** “Provider Substitute”*

***COMPLIANCE CRITERIA:** The Provider have at least one approved substitute who can be at the home within 15 minutes of notification.*

***ASSESSMENT METHOD:** Review of substitute-related documentation in the Provider’s Regional Office licensing file.*

Notes:

- *The substitute must care for the children at the Provider’s registered care location.*
- *One registered provider (Provider A) may serve as the substitute for another registered provider (Provider B) only if the following conditions are met:*

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- *Provider A cannot be Provider B's primary or only substitute. Provider B must designate at least one other person to serve as her primary substitute, and Provider A may be used only if the primary substitute is unavailable.*
- *If Provider A will be accompanied by the children in her own care:*
 - *Provider A must have prior written authorization from the parents of the children in Provider A's care for Provider A to serve as Provider B's substitute and to transport the children to Provider B's registered family child care home; and*
 - *The total of Provider A's children and Provider B's children may not exceed the approved capacity of Provider B.*
- *Both providers must remain in compliance with all applicable requirements (for example, Provider A must bring along the emergency cards for the children in her care).*

B. Approval by Office.

- (1) **An individual designated as a substitute may not be used in that capacity unless the office has approved the individual.**
- (2) **If information received by the office indicates that an individual designated as a substitute may present a risk to the health, safety, or welfare of children in care, the office may disapprove the use of that substitute.**

C. Use of Substitutes.

- (1) **A provider may use a substitute to:**
- (2) **Provide care for children during a temporary absence of the provider; and**
- (3) **Assist in providing care while the provider is present.**
 - (a) **Unless the office approves an additional number of days in advance, the use of substitutes to provide care in the provider's absence is limited to a total of not more than 20 working days in any 12-month period, counting only days on which substitute care is provided for more than 2 hours.**

D. A substitute shall:

- (1) **Be 18 years old or older;**
- (2) **Be familiar with this subtitle;**
- (3) **Complete, sign, and submit to the office the required forms for substitutes, which include permission to examine records of abuse and neglect of children and adults;**
- (4) **If paid, apply for a federal and State criminal background check at a designated law enforcement office in the State; and**
- (5) **Present no risk to the health, safety, or welfare of children.**

***INTENT:** A substitute is used only to assist the Provider or fill in for the Provider during a temporary absence. Since a substitute will have child care responsibilities, she or he must be old enough to assume those responsibilities. The person must be aware of family child care regulations so that she or he will know what is required. The person must provide certain*

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personal information and permit criminal background checks and clearances so that the Office can determine if it is safe for the person to work with children in care.

INSPECTION REPORT ITEMS: “Provider Substitute”

COMPLIANCE CRITERIA: *The Regional Office has received:*

- *Proof of age (if needed)*
- *A completed and signed “Substitute Form” (OCC 1229)*
- *Sign and notarized form OCC 1260 “Release of Information” and*
- *The acknowledgement of application for criminal background check (if the Provider pays the substitute)*

ASSESSMENT METHOD:

- *Review of substitute-related documentation in the Provider’s Regional Office licensing file.*
- *Discussion with the Provider to determine how and under what circumstances the substitute is used.*
- *Discussion or review of documentation to determine if parents are notified in advance each time substitutes provide care for more than 2 hours in a day.*

E. Before allowing a substitute to provide or to assist in providing care, the provider shall orient the substitute to child health and safety matters, including, but not limited to:

- (1) **The location of the:**
 - (a) **Telephone and emergency telephone numbers;**
 - (b) **First aid supplies; and**
 - (c) **Child emergency forms;**
- (2) **Medication administration information for each child authorized to receive medication;**
- (3) **Modified diet information for each child placed on a modified diet;**
- (4) **Emergency evacuation procedures;**
- (5) **Permissible and appropriate child discipline procedures;**
- (6) **Authorized child release procedures; and**
- (7) **Procedures for documenting and reporting child injuries and accidents.**

INTENT: To provide proper care and supervision of the children, the substitute needs certain information. The Provider must give this information to the substitute before she or he begins working with the children. If any of the information changes over time, the Provider must inform the substitute of the changes.

INSPECTION REPORT ITEM: “Provider Substitute”

COMPLIANCE CRITERIA: *There is documentation that the Provider has informed the substitute(s) as required.*

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ASSESSMENT METHOD: *Review documentation kept by the Provider.*

Note: *The Provider may use the “Substitute/Additional Adult/Volunteer Orientation Verification Form” to show proof that the substitute was informed as required.*

- F. **During the provider's absence, a substitute is responsible for meeting the requirements of this subtitle regarding the:**
- (1) **Supervision and protection of each child in care; and**
 - (2) **Operation of the family child care home.**

INTENT: *If the Provider is not present, the substitute is responsible for operating the program and caring for the children in accordance with family child care regulations.*

.04 Additional Adult.

- A. **Except as set forth in §B of this regulation, before an individual may be used as an additional adult, the provider shall ensure that the individual:**
- (1) **Is 18 years old or older;**
 - (2) **Attends an information session presented by the office concerning the requirements of this subtitle for the care of children younger than 2 years old;**

Note: *The Regional Office will provide the additional adult information session at the Provider’s home using the “Infant Toddler Orientation Checklist” form.*

- (3) **Files with the office:**
 - (a) **A completed additional adult application form;**
 - (b) **Signed and notarized release forms giving the office permission to examine records of abuse and neglect of children and adults for information about the applicant;**
 - (c) **Completed information, on a form supplied by the office, for each of the applicant's substitutes; and**
 - (d) **A medical report on the applicant based on a medical evaluation conducted within the previous 12 months by a practicing physician, certified nurse practitioner, or registered physician's assistant, and signed by the individual who conducted the evaluation;**
- (4) **If the individual will be paid, applies for a federal and State criminal background check at a designated office in the State;**
- (5) **Holds a current certificate indicating successful completion of approved basic first aid and CPR training applicable to children younger than 2 years old; and**
- (6) **Presents evidence of having completed approved SIDS training within the previous 5 years.**

INTENT: *A Provider, caring for three or four children under the age of 2 years, needs additional assistance to ensure the health, safety, and welfare of the children in care. An additional adult is required for this purpose. The Additional Adult must provide certain personal*

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information and permit criminal background checks and clearances so that the Office can determine if it is safe for the person to work with children under age 2. Infant and Toddler CPR/First Aid and SIDS training is essential when caring for children under age 2. The required Infant-Toddler orientation offered by the Office helps to ensure that the Additional Adult understands the needs of children under age 2 and how to provide the appropriate care.

INSPECTION REPORT ITEM: “Additional Adult”

COMPLIANCE CRITERIA: *The Regional Office has received:*

- *Proof of age (if needed);*
- *A completed “Additional Adult Application” (OCC 1275);*
- *A complete “Medical Report” (OCC 1204);*
- *Sign and notarized form OCC 1260 “Release of Information” ;*
- *The acknowledgement of application for criminal background check (if the Provider pays the additional adult)*
- *Current First Aid/CPR certificate applicable to children younger than 2 years old;*
- *Evidence of having completed approved SIDS training within the previous 5 years; and*
- *Completed and signed “Substitute(s) Form” (OCC 1229) for the Additional Adult*
- *Completed and signed Infant – Toddler Orientation Checklist*

ASSESSMENT METHOD:

- *Review of additional adult-related documentation in the Provider’s Regional Office licensing file.*
- *Discussion with the Provider to determine how and under what circumstances the “Additional Adult Substitute” is used.*
- *Discussion or review of documentation to determine if parents are notified in advance each time the “Additional Adult Substitute(s)” provide care for more than 2 hours in a day.*

B. A provider may not use an individual as an additional adult unless the office has approved the individual in that capacity.

.05 Volunteers.

A. Before permitting an individual to begin volunteer duties at the family child care home, the provider shall:

- (1) **Ensure that the individual presents no risk to the health, safety, or welfare of children; and**

Note: *While not required, some providers may elect to get CBCs on their volunteers. If they do so, and find something in the criminal history that could pose a risk to the health, safety, or welfare of children in care, the Provider must prohibit the volunteer from caring for children.*

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- (2) **Conduct a child health and safety orientation for the individual that meets the requirements set forth in Regulation .03E of this chapter.**

Note: *The Provider must use the “Substitute/Additional Adult/Volunteer Orientation Verification Form” to show proof that the volunteer was informed as required.*

- B. The provider, substitute, or additional adult shall accompany a volunteer whenever the volunteer is in the presence of an unrelated child in care.**
- C. A volunteer who is younger than 18 years old may not be permitted to work with a child in care who is younger than 2 years old.**

INTENT: *(B-C) For the safety of the children in care, each volunteer must be monitored closely by the Provider, substitute or additional adult whenever the volunteer is in the presence of an unrelated child; and only adults 18 years or older may work with children under age 2.*

INSPECTION REPORT ITEM: *“Volunteers”*

COMPLIANCE CRITERIA: *Each volunteer at the center is:*

- *Monitored closely by the Provider, substitute, or additional adult, as applicable, whenever in the presence of an unrelated child, and*
- *18 years old or older if working with children under age 2 years old.*

ASSESSMENT METHOD:

- *Observe each volunteer to determine if, when, and how monitored. If observation is not possible, interview the Provider or substitute to determine monitoring level and procedures.*

Note: *For detailed guidelines concerning the use of volunteers and practicum students, see resource Guide entitled “Volunteers and Practicum Students in Child Care Facilities”.*