

Large Family Child Care Homes Manual

(January 2017)

for use with

COMAR 13A.18 – Large Family Child Care Homes
(as amended effective 7/20/15)

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.01 Advertisement.

- A. **An individual may not advertise a family child care service unless the individual holds a current certificate of registration issued by the office.**

INTENT: A certificate of registration from OCC is required before an applicant may legally advertise child care services. Advertising a large family child care home without a current registration is a violation of Maryland law and a civil citation may be issued.

- B. **An advertisement of the family child care service by a provider shall:**
(1) **Specify that the child care home is registered; and**
(2) **Include the registration number issued to the child care home by the office.**

INTENT: All advertisements must include the registration number assigned to the Provider.

.02 Admission to Care.

- A. **A provider may not admit a child for care unless the provider has:**
(1) **Met the applicable requirements of this regulation; and**
(2) **Received the written records required by Regulation .04C—H of this chapter.**

INTENT: A child may not begin care until current and complete health, immunization, and emergency information for the child is received.

INSPECTION REPORT ITEM: “Admission to Care“

COMPLIANCE CRITERIA: *On or before the first day that the child begins care, the Provider received the following items, each of which is complete and signed by the child’s parent or guardian and, if indicated, by a licensed health practitioner: “Emergency Form” (OCC 1214) “Health Inventory” form (OCC 1215) and “Immunization Certificate” (DHMH 896)*

ASSESSMENT METHOD: *Review children’s files to determine if and when the required documentation was received.*

Note: *Federal law under the Americans with Disabilities Act (ADA) prohibits child care providers from denying admission to a child with a disability solely on the basis of that disability. For more information about how ADA requirements may apply to the Provider’s program, see “Child Care and the ADA.”*

- B. **At or before the child's admission to care, the provider shall obtain written information from the parent about the child's individual needs.**
C. **Upon admission of an infant or a toddler, a provider shall determine with the**

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parent:

- (1) **A schedule for feeding the child that includes:**
 - (a) **The amounts and kinds of food consumed daily;**
 - (b) **The sequence for introducing solid food when appropriate; and**
 - (c) **Any recommendations about feeding from the infant's physician;**
 - (2) **A written individual activity plan for the child; and**
 - (3) **If the child is 12 months old or older, the need for the child to use a crib for rest purposes.**
- D. If a child is younger than 6 years old at the time of admission, the provider may not allow the child to remain in care if the parent does not, within 30 days after the child's admission, submit evidence to the provider on a form supplied or approved by the Office that the child has received an appropriate lead screening in accordance with applicable State or local requirements.**
- E. As part of the admission process, the provider shall:**
- (1) **Give the parent, or advise the parent how to obtain, consumer education information on child care that is supplied by the office; and**
 - (2) **Provide documentation that the requirements of §C(1) of this regulation have been met.**

.03 Program Records.

The provider shall:

- A. Create and maintain, for at least 2 years after their creation, records of program:**
- (1) **Enrollment, with each child's name, address, telephone number, date of birth, and dates and time periods for which enrolled; and**
 - (2) **Attendance that indicate:**
 - (a) **The dates of attendance of each child in the child care home; and**
 - (b) **Verification by each child's parent of that child's recorded daily attendance in care;**
- B. Maintain:**
- (1) **Procedures to ensure that the whereabouts of each child in attendance is known at all times;**
 - (2) **A written child discipline policy as required in COMAR 13A.18.07.03C;**
 - (3) **Records of food actually served by the provider for the most recent 4 weeks as required by COMAR 13A.18.12.01G;**
 - (4) **A written record of the dates and times at which emergency and disaster plan drills were conducted pursuant to COMAR 13A.18.10.01A(3)(c); and**
 - (5) **A current copy of this subtitle at the home so that it is displayed and freely available for reference by parents and staff members;**
- C. Negotiate and maintain a written agreement with the child's parent that specifies:**
- (1) **The fees for and provision of care;**
 - (2) **The provider's child discipline policy;**
 - (3) **The presence at the home of any pet animals;**

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- (4) **If applicable, the use of volunteers in the child care program; and**
- (5) **If overnight care is to be provided to the child, the sleeping arrangements approved by the parent; and**

INTENT: *For each child admitted to care, the Provider must develop and keep on file a written service agreement with the parent that, at a minimum, establishes what child care services the Provider offer and how much the Provider will charge the parent for those services.*

INSPECTION REPORT ITEM: *“Program Records”*

COMPLIANCE CRITERIA: *For each child in care, there is a written service agreement that:*

- *Addresses the services provided and the cost of those services, and*
- *Was signed and dated by the parent/guardian and the Provider on or before the date of the child’s admission to care.*

ASSESSMENT METHOD: *Review children’s files to determine if written service agreements, signed and dated by both parties, are present. (Only one written agreement is required if parent/guardian have more than one child in care.)*

Notes: *The following are some other topics the provider may wish to address in the service agreement:*

- *Child rest periods*
- *Bringing food, toys, supplies, and equipment from home*
- *Independent play outside the home by a child who are old enough to attend school*
- *Addressing disruptive child behavior and the Provider’s child guidance/discipline policies*
- *Policy on transporting children in care (including to and from school, if appropriate)*
- *Responsibility for making sure the child is properly dressed*
- *Policy on administering medication*
- *Whether or not smoking occurs in the home*
- *Exclusion from care for acute illness*
- *Closure due to holidays, vacation, bad weather*
- *Notification of service termination*

- D. **Give, or advise the parent how to obtain, information supplied by the office concerning:**

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- (1) **Consumer education on child care; and**
- (2) **How to file a complaint with the office against a child care provider.**

*INTENT: Parents need information about child care and how to file a complaint against a child care provider. The “**Guide to Regulated Child Care**” contains that information and must be made available and accessible for parents to reference. The provider may display the guide for reference purposes, give a copy of the guide to the parent, or tell the parent how to locate it on the OCC website.*

INSPECTION REPORT IEM: “Program Records”

COMPLIANCE CRITERIA: A copy of the guide is displayed where it can be seen and used for reference by parents, or the Provider has documented that the guide was given to the parent or that the parent was told how to locate the guide on the OCC website. Documentation may be in any form convenient to the Provider.

ASSESSMENT METHOD: Observe to identify if and where a display copy of the guide is available for parent reference, or review documentation that the guide was given to the parent, or that the parent was told how to locate the guide on the OCC website.

.04 Child Records.

- A. **Unless a child is temporarily admitted to or retained in care pursuant to §L of this regulation, the provider shall maintain written records, on forms provided or approved by the office, that meet the requirements of this regulation for each child admitted to or continuing in care.**
- B. **Each child's written records shall be:**
 - (1) **Readily accessible to each staff member providing care to the child; and**
 - (2) **Kept on file at the child care home during the period of a child's enrollment and for 2 years after the child's disenrollment.**
- C. **The provider shall obtain and maintain emergency information from the child's parent that:**
 - (1) **Includes the child's name and date of birth;**
 - (2) **Includes the parent's full name, current address, and telephone contact information;**
 - (3) **Includes the name and telephone number of the individual who is authorized to pick up the child each day;**
 - (4) **Includes the name and telephone number of at least one individual who is authorized to pick up the child in an emergency;**
 - (5) **Includes the name, address, and telephone number of the child's physician or other health care provider;**
 - (6) **If the child has a special health condition, includes emergency medical instructions for that condition;**
 - (7) **Is signed and dated by the child's parent;**
 - (8) **Is updated as needed, but at least annually; and**

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- (9) **Is readily accessible to each staff member supervising the child, including during an off-site activity.**

INTENT: *For each child, the Provider must know whom to contact in an emergency involving the child. All emergency forms must always be readily available for immediate use in case of a child-related emergency.*

INSPECTION REPORT ITEM: *“Emergency Forms”*

COMPLIANCE CRITERIA: *The Provider has a completed emergency information form on file for each enrolled child. The form is an OCC 1214 “Emergency Form or an equivalent document that has been approved by the Office for use. The date of the parent’s signature or initials on the emergency form is no more than 12 months prior to the previous date.*

- *At all times while the children are at the Provider’s home, all emergency forms are in a location that is within or immediately accessible to the approved child care area.*
- *The emergency forms must be located so that they are accessible to the Provider’s substitute and additional adult, if applicable, as well as to the Provider.*
- *For each child participating in an off-site activity, the child’s emergency form is brought along on the activity.*

ASSESSMENT METHOD: *Observation that a completed form is present for each child and to determine date of last parent update.*

- *On-site - Observation of where the forms are located in relation to the child care area.*
- *Off-site - Observation that the forms are brought along, or discussion with the Provider to determine if and how the forms are taken to an off-site activity.*

- D. **Unless a parent objects to a child's medical examination because of bona fide religious beliefs and practices, a health assessment of the child shall be provided by the child's parent that:**

- (1) **Includes a parental statement of the child's health status;**
- (2) **If applicable, includes a statement of allergies; and**
- (3) **Includes a medical evaluation, signed and dated by a physician that states the child is medically cleared to attend child care and is based on an examination completed by the physician within the last:**
 - (a) **2 months before admission for a child younger than 9 months old;**
 - (b) **3 months before admission for a child between 9 and 24 months old; or**
 - (c) **12 months before admission for a child 2 years old or older.**

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- E. If the child is younger than 6 years old, there shall be documentation that the child has received an appropriate lead screening as required by State or local law.**

INTENT: To help decrease the damaging effects of lead poisoning in children, Maryland law requires each child under the age of 6 years to have an appropriate lead screening within 30 days after first entering a child care program.

INSPECTION REPORT ITEM: “Child’s Records”

COMPLIANCE CRITERIA: *Within 30 days after admitting a child younger than 6 years old, the Provider received a completed and signed “Health Inventory” form (OCC 1215) or equivalent form which contains all information as required on the Health Inventory.*

ASSESSMENT METHOD: *Review children’s files to determine if and when the Provider received the required documentation.*

Notes: The child’s parent is responsible for making sure the child has received a lead screening. The child’s physician is responsible for ensuring that the child received the appropriate lead screening. The Provider’s only responsibility is to make sure the Provider receive documentation of the screening performed by the child’s physician within 30 days after the child first attends care.

- F. A medical evaluation and, if applicable, documentation of an appropriate lead screening that are transferred directly from another registered child care home, a licensed child care center, or a public or nonpublic school in Maryland may be accepted as meeting the requirements of §§D(3) and E of this regulation.**
- G. There shall be an immunization record showing that:**
- (1) The child has had immunizations appropriate for the child's age which meet the immunization guidelines set by the Maryland Department of Health and Mental Hygiene;**
 - (2) The child has had at least one dose of each vaccine appropriate for the child's age before entry and is scheduled to complete the required immunizations;**
 - (3) A registered physician or a health officer has determined that immunization is medically contraindicated according to accepted medical standards; or**
 - (4) The parent objects to the child's immunization because it conflicts with the parent's bona fide religious beliefs and practices.**
- H. If a parent objects to a child's immunization or medical examination, or both, because of the parent's bona fide religious beliefs and practices, the provider shall require the parent to provide a health history of the child and sign a**

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statement indicating that to the best of the parent's knowledge and belief, the child is in satisfactory health and free from any communicable disease.

- I. **The provider shall record or maintain on file:**
 - (1) **Each incidence of acute illness requiring exclusion of the child from care pursuant to COMAR 13A.18.11.01B;**
 - (2) **Each injury or accident required by Regulation .06C and D of this chapter to be reported;**
 - (3) **Child medication records required by COMAR 13A.18.11.04D;**
 - (4) **If the child requires a modified diet, the prescription from the child's health practitioner or the written instructions from the child's parent, pursuant to COMAR 13A.18.12.02;**
 - (5) **If program activities away from the child care home are provided, prior written permission from the child's parent to take the child to those activities; and**

INTENT: Parents/Guardians must always know when their child participates in activities away from the Provider's home and they must approve the child's participation.

INSPECTION REPORT ITEM: "Child Records"

COMPLIANCE CRITERIA: The Provider has written parental permission for each child who participated in an off-site activity that was signed and dated prior to the activity.

ASSESSMENT METHOD: Review child records to determine if written consent forms, signed and dated by the parents/guardian, are present.

Note: For sample permission slips see forms "Permission Slip – Offsite Activities" and "Permission Slip – Swimming/Wading Activities"

- (6) **If applicable, documentation that the parent of a child who is 12 months old or older, but younger than 2 years old, has requested a crib for the child's rest periods.**
- J. **Written information about the child's individual needs that is supplied by the parent by the time of the child's admission to care shall be reviewed by the provider and the parent at least every 12 months after the child's admission to care.**

INTENT: The Provider must maintain a written file for each child that contain items noted in (1) – (6) of this regulation.

INSPECTION REPORT ITEM: "Child Records"

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COMPLIANCE CRITERIA:

For each child, the Provider has a file that contains the following completed items:

- *Emergency Form (OCC 1214)*
- *Health Inventory Form (OCC 1215) with Blood Lead Test Certificate (DHMH Form 4620) Children born on or after January 1, 2015 must have blood lead test at age 12 months and again at age 24 months.*
- *Medication Administration Form (OCC 1216) and OCC 1216-A Seizure Medication Administration Authorization or 1216-B Medication Incident Reporting Form, if applicable.*
- *Immunization Certificate form (DHMH 896)*

For each child, the file also contains the following:

- *If applicable, documentation of each injury or accident involving the child. (see Accident/Injury Record)*
- *Documentation that the Provider and the child's parent/guardian have discussed particular needs the child may have, and the discussion occurred on or before the first day of care and within every 12 months that the child remained in care.*

Note: This documentation is found on the Emergency Form (OCC 1214) and additional information is completed by the parent/guardian on the Health Inventory Form (OCC 1215)

ASSESSMENT METHOD: *Review each child's file for appropriate documentation.*

- K. A provider shall maintain daily records of the amounts and kinds of liquids and solid food consumed by each child younger than 2 years old. These records shall be:**
- (1) **Dated and kept on file for at least 4 weeks;**
 - (2) **Available in the area where children younger than 2 years old are fed; and**
 - (3) **Made available to the child's parent.**
- L. Temporary Admission.**
- (1) **A provider may temporarily admit or retain a child in care if the child's parent or guardian is unable to provide the health-related records specified in §§D-H of this regulation.**
 - (2) **For a child to be temporarily admitted or retained in care, the parent or guardian shall present evidence of the child's appointment with a health care provider or local health department to:**
 - (a) **Receive a medical evaluation to include, if applicable, a lead screening;**
 - (b) **Receive a required immunization;**
 - (c) **Acquire evidence of age-appropriate immunizations on a form approved by the office; or**

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- (d) **Reconstruct a lost record.**
- (3) **The date of appointment, set pursuant to §L(2) of this regulation, may not be later than 20 calendar days following the date the child was temporarily admitted or retained in care.**
- (4) **A provider shall exclude from care a child who has been temporarily admitted or retained in care if the parent fails to provide evidence of the required medical evaluation, immunization, or health record within 3 business days after the date of the appointment made pursuant to §L(2) of this regulation.**

.05 Staff Records.

The provider shall:

- A. **Maintain and, upon request by the office, submit a current and complete list of personnel, on a form supplied or approved by the office, that includes each individual, whether paid or unpaid, who works at the child care home on a routine basis;**

INTENT: To help ensure the safety of children in care, the provider must maintain a current and complete list of all employees and must make that list available to OCC.

INSPECTION REPORT ITEM: "Staff Records"

*COMPLIANCE CRITERIA: A current and complete Employment Record is maintained which lists all current personnel and is provided to the Regional Office upon request. **OCC Form 1203 Personnel List/Change Form** is used for this purpose.*

*ASSESSMENT METHOD: Review the provider's files to determine if a current and complete Employment Record is present and compare with **OCC 1203 Personnel List/Change Form**, and the CCATS Associated Party list for that facility.*

Notes:

- *On a routine basis, a center's Employment Record is reviewed by the Regional Office in conjunction with each unannounced inspection of the home in accordance with policy, "**Verifying Staff Employment in Child Care Facilities During Annual Unannounced Inspections**".*
- *The Employment Record is subject to review by the Regional Office at other times as well (for example, in connection with a complaint investigation).*
- *The Regional Office may request the provider to submit the current Employment Record in advance of an unannounced inspection.*
- *If the Employment Record is not reviewed in advance, it will be reviewed on-site during the inspection.*

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- B. For review by the office and by parents who have enrolled their children or are considering enrolling their children, post in a conspicuous location a current and complete staffing pattern, on a form supplied or approved by the office, that specifies:**
- (1) The number and ages of children enrolled;**
 - (2) The staff/child ratio in relation to the daily schedule; and**
 - (3) By staff member name, all child care assignments;**

INTENT: So that OCC, parents/guardians of children in care, and visitors may verify that the large family home is complying with staff/child ratio and maximum group size requirements, the provider must post current and complete staffing pattern form(s).

INSPECTION REPORT ITEM: "Staffing Pattern Posted"

*COMPLIANCE CRITERIA: A current and complete **Staffing Pattern form**, either **OCC 1206**, or an alternative form that has been approved by the Regional Office is posted for each child activity room.*

ASSESSMENT METHOD:

- *Observe to determine if all necessary staffing pattern forms are posted in a conspicuous location in the home.*
- *Review each form for currency and completeness.*

Notes:

- *A provider must post the current staffing patterns in a conspicuous location in the home. The staffing patterns do not have to be posted in each room. Collective posting at a single location (for example, on a main bulletin board) is acceptable.*
 - *On a routine basis, a provider's Employment Record is reviewed by the Regional Office in conjunction with each unannounced inspection of the facility.*
 - *The Employment Record is also subject to review by the Regional Office at other times (for example, in connection with a complaint).*
 - *The Licensing Specialist should be careful to link review of the staffing patterns to review of the Employment Record to ensure that properly trained staff are providing required coverage at all times.*
- C. During an individual's employment at the child care home and for 2 years after the date of the individual's last employment there, maintain a record for each individual that includes:**

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- (1) **The individual's:**
 - (a) **Training, if required under this chapter;**
 - (b) **Experience, if required under this chapter; and**
 - (c) **Function or position;**
 - (2) **Verification that the staff member's age complies with the minimum required for the position held;**
 - (3) **Employment medical evaluation;**
 - (4) **Criminal background check, except that the provider shall destroy the record of those results immediately after the last day of the individual's employment; and**
 - (5) **Date on which the staff member received the written information required by COMAR 13A.18.06.02;**
- D. **Maintain documentation required for:**
- (1) **Substitutes, pursuant to COMAR 13A.18.06.08B; and**
 - (2) **The adult available for emergencies, pursuant to COMAR 13A.18.08.02D;**
- E. **Maintain a calendar or other written record of the:**
- (1) **Days on which a substitute provides care; and**
 - (2) **Staff member in whose place the substitute worked; and**
- F. **If using volunteers in the child care program, maintain a record for each volunteer that includes:**
- (1) **The date on which the volunteer received the child health and safety orientation required by COMAR 13A.18.06.02; and**
 - (2) **If the volunteer is present at the child care home more than once per week:**
 - (a) **A brief statement of the volunteer's duties; and**
 - (b) **A medical evaluation of the volunteer that was completed within 12 months before the start of the volunteer's duties.**

.06 Notifications.

The provider shall:

- A. **Within 5 working days of its occurrence, provide written notification to the office about the:**
- (1) **Addition of a new staff member, that includes:**
 - (a) **The individual's full name, date of birth, and date of hire;**
 - (b) **Information about the individual's work assignment; and**
 - (c) **Signed and notarized permission to examine records of abuse and neglect of children and adults for information about the individual; or**
 - (2) **Ending of employment, for whatever reason, of an individual that includes the:**
 - (a) **Individual's full name; and**
 - (b) **Date of the individual's last day of employment.**

INTENT: To enable OCC to determine if each new employee or staff member meets all applicable requirements of Chapter .06 of these regulations, the provider must provide OCC with certain hiring-related documentation at the earliest possible time.

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INSPECTION REPORT ITEM: “Staff/Resident/Change Notification”

COMPLIANCE CRITERIA: *Within 5 business days after a new employee’s start date, the provider provides the Regional Office with a completed “Child Care Facility Personnel List/Staff Change Form”, OCC 1203.*

ASSESSMENT METHOD: *Review the provider’s current Employment Record to identify recent hires. If there have been recent hires, review the provider’s licensing file to determine if a “Child Care Facility Personnel List/Staff Change Form” form), and a completed “Release of Information” form OCC 1260, have been received as required for each new hire.*

Note: *To curtail unnecessary CJIS Alerts, request the provider or Director to inform the office of individuals no longer employed at the facility, or who were never employed after getting CBCs. The “Child Care Facility Personnel List Staff Change Form” may be used for this purpose.*

- B. Within 15 working days of adding the new employee, provide to the office complete documentation that the individual meets the requirements of this subtitle for the assignment, unless documentation already is on file in the office;**

Note: *Use “Child Care Facility Personnel List/Staff Change Form”, OCC 1203*

- C. Notify or require that a staff member notify the office within 24 hours of:**
- (1) The death of a child in care if the child died while at the child care home;**
 - (2) The death of a child enrolled at the child care home if the child died of a contagious disease; and**
 - (3) An injury to a child that occurs while the child is at the child care home or at an off-site activity which results in the child's being:**
 - (a) Treated by a medical professional; or**
 - (b) Admitted to a hospital;**

INTENT: *The Regional Office must be notified of a child’s serious injury or illness, or death while in care, within one working day of its occurrence.*

INSPECTION REPORT ITEM: “Notifications”

COMPLIANCE CRITERIA: *Each incident involving injury to a child that needs professional medical attention, or death from an injury while in care, or death due to a contagious disease is reported to the Regional Office within 24 hours.*

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ASSESSMENT METHOD: *Comparison of serious incident report(s) (see **Reportable Child Incident OCC Form 300**) received from the Provider with reports/entries the Provider made into children's records regarding the date, time, and nature of each serious incident.*

- D. If a child has an injury or accident while in attendance, notify the child's parent:**
- (1) Immediately, if the child's injury is serious; or**
 - (2) Within the same day, about any other injury and each accident which may result in injury;**

INTENT: *The Provider must notify parents of any injuries or accidents involving their children so that they can seek proper medical attention as necessary. The Provider must also maintain a record of each child injury and accident to help parents in providing appropriate details to the child's physician and to provide information to the Provider's liability insurance carrier in case the parents file a liability claim.*

INSPECTION REPORT ITEM: "Notifications"

COMPLIANCE CRITERIA:

- *The provider notifies the parent:*
 - *Immediately if the injury or accident is serious, or*
 - *By the end of the same day if the injury or accident is not serious.*
- *Each injury or accident involving a child is recorded in the child's file.*

ASSESSMENT METHOD: *Review of children's files to determine whether there is documentation of if and when parental notification occurred. (see **Accident/Injury Record**)*

- E. Immediately notify the office of:**
- (1) An employee who is under investigation for:**
 - (a) A criminal charge; or**
 - (b) An allegation of child abuse or neglect; or**
 - (2) A change at the child care home that may affect the status of the registration, including but not limited to:**
 - (a) Individuals living on the premises;**
 - (b) Operation of the child care home; or**
 - (c) Telephone number;**

INTENT: *A registration is approved on the basis of a specific set of circumstances pertinent to the Provider and the Provider's home. The Provider must notify the Regional Office promptly if any of those circumstances changes*

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materially or in a way that might present a risk to any child in the Provider's care.

INSPECTION REPORT ITEM: "Notifications"

COMPLIANCE CRITERIA: *Each change that may affect the operation of the Provider's program or present a risk to children is reported promptly to the Regional Office.*

ASSESSMENT METHOD: *Observation to determine if there has been any change that has not been reported.*

Notes: *If the Provider changes residence during the period of registration, the registration becomes invalid. The Provider must notify the Regional Office in advance of any change in residence. The Regional Office will work with the Provider to expedite the processing of the "Resumption of Service" application. However, the Provider will not be issued a new registration until there has been a health inspection (if the Provider have private water and sewer), a fire inspection, and a home inspection of the Provider's new residence by the Office. Requirements for applying for a Resumption of Service due to change of address are set forth at Regulation 13A.18.02.05.*

- F. Within 5 working days after there is a new resident who is 18 years old or older:**
- (1) Submit to the office a signed and notarized release form giving the office permission to examine records of abuse and neglect of children adults for information about the resident; and**
 - (2) Ensure that the resident applies for a federal and State criminal background check; and**

INTENT: *In order for the office to ensure that each adult resident on the premises is in compliance with the criminal background investigation requirement, the operator must notify the office within 5 working days of such a resident by complying with §§(1) and (2) of this regulation.*

INSPECTION REPORT ITEM: "Staff/Resident/Change Notification"

COMPLIANCE CRITERIA:

- *The provider has submitted a signed and notarized release form giving the office permission to examine the records of abuse and neglect of children and adults for information about the new adult resident.*
- *The provider has ensured that the new adult resident has applied for a federal and State criminal background check.*

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ASSESSMENT METHOD: Review the provider's file to determine if the provider complied with this regulation within 5 working days of the adult becoming a resident of the child care facility.

- G. **Within 10 business days of receiving notice from the home's supplier of water that the drinking water is contaminated, send a written notice of the contamination to the parent of each enrolled child that:**
- (1) **Identifies the contaminants and their levels; and**
 - (2) **Describes the provider's plan for dealing with the water contamination problem until the water is determined by the appropriate authority to be safe for consumption.**

INTENT: Unsafe water supplies may cause illness or other problems and contain bacteria and parasites. Infants below 6 months who drink water containing nitrate in excessive levels could become seriously ill and, if untreated, may die. Parents/guardians must be informed of the contamination of drinking water in the child care facility.

INSPECTION REPORT ITEM: "Staff/Resident/Change Notification"

COMPLIANCE CRITERIA: The provider has notified the parents/guardians of each child in care that the drinking water is contaminated, the contaminants and their levels, and plan of corrective action.

ASSESSMENT METHOD: Review provider's file to determine if the provider complied with the notification requirement.

Notes:

- *If the home's drinking water does not come from a public water system, or the home gets the drinking water from a household well, programs should test the water every 2 years or as required by the local health department for:*
 - *Bacteriological quality,*
 - *Nitrates,*
 - *Total dissolved solids,*
 - *pH levels, and*
 - *Other water quality indicators as required by the local health department.*
- *Testing for nitrate is especially important if there are infants under six months of age in care.*

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- *Public water systems are responsible for complying with all regulations, including monitoring, reporting, and performing treatment techniques.*

.07 Change of Operation.

- A. **If a provider wishes to make any changes from the current registration, such as use of rooms not previously approved for child care, capacity, hours of operation, or age groups served, the provider shall request and receive written approval of the change from the office before implementing the change.**

INTENT: Under Maryland law, only the Office of Child Care may modify the terms or conditions of a large family child care home registration.

INSPECTION REPORT ITEM: "Change of Operation"

COMPLIANCE CRITERIA: The provider has received written approval of a change in operation from the Regional Office before implementation.

ASSESSMENT METHOD: Through observation and, if necessary, review of provider's records, determine if any unreported change has occurred pertinent to the home, home operations, or the number or ages of children served that affects the status or scope of the registration.

Notes:

- *If a provider wishes to expand the approved operating hours to include evening or overnight care, certain additional information must be provided to OCC before approval will be considered.*
- *When the use of an alternative site for child care is requested because of an emergency environmental situation (such as environmental hazard, structural damage, eviction, etc.) in a large family child care home, the following procedures will be used:*
 - *The Licensing Specialist shall:*
 - ❖ *Conduct an on-site inspection of the alternative site,*
 - ❖ *Check the square footage and the number of toilets, hand sinks, and drinking facilities.*
 - ❖ *If the alternative site is not in full compliance, the OCC Regional Manager will make a decision as to the health and safety risks to the children and the length of time the center is expected to be at the location.*
 - *Request a fire inspection and, if applicable, a sanitation inspection,*

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- *Contact the local zoning board to ascertain appropriateness of the site for use*
- *Staff/child ratios and group size must be in compliance.*
- *Rooms should be structured to accommodate individual groups of children to the extent possible (i.e., program, materials, and equipment).*
- *If the Regional Manager approves use of the site, a letter of authorization shall be issued to the operator. That letter must be posted conspicuously in the site's approved child care area.*
- *The plan for using the alternative site shall be evaluated periodically.*
- *The operator must send a letter to parents notifying them that the licensed center is temporarily closing during the emergency. In addition, the operator must post a notice at the licensed center notifying the public that the center is temporarily closed.*
- *The Licensing Specialist shall recommend to the operator that an opportunity be provided for parents and children to make a preliminary visit to the alternative site.*

Note: See *“Change in Child Care Programs form OCC 1209”*.

- B. After determining whether the proposed change meets the requirements of this subtitle, the office shall approve or disapprove the proposed change. If the change is approved, the office shall issue a revised registration indicating the change.**

INTENT: *Whenever the terms or conditions of a registration are modified, the registration must be re-issued.*

.08 Variances.

- A. The office may grant a variance to a regulation under this subtitle:**
- (1) **If the safeguards to a child's health, safety, or well-being are not diminished;**
 - (2) **When the provider presents clear and convincing evidence that the regulation is met by an alternative which complies with the intent of the regulation; and**
 - (3) **For a limited period of time as specified by the office, or for as long as the registration remains in effect and the provider continues to comply with the terms of the variance.**

INTENT: *A variance is an acceptable way of meeting the intent of a regulation without meeting the regulation's literal requirements. If the Provider cannot reasonably meet a regulation's literal requirements, the Provider may request a variance from the Regional Office. In making the Provider's request, the Provider must propose an alternative and demonstrate how the alternative will fully satisfy the regulation's intent.*

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INSPECTION REPORT ITEM: “Variances”

COMPLIANCE CRITERIA: *If applicable, the Provider is in compliance with terms of the variance.*

ASSESSMENT METHOD: *If applicable, a review of the terms of the variance.*

Notes: *To request a variance, the Provider must submit a completed **Variance Request form (OCC 1213)**, along with any relevant supporting documentation, to the Regional Office.*

- *If the variance is granted, it has the same force and effect as the regulation, and the Provider must comply fully with all of its terms and conditions.*
- *Before inspecting the Provider’s home, the Provider’s Licensing Specialist will review the Provider’s file to see if a variance is in effect and, if so, review the nature and duration. If a variance is in effect, the Licensing Specialist will determine during the inspection if the Provider and the home comply with the terms of the variance.*
- *If the Provider is not in compliance with the terms of the variance, a noncompliance is cited, and Provider will be required to correct it within a specific timeframe.*

B. Within 30 calendar days of receiving a completed request for a variance, the office shall notify the provider that the variance has been granted or denied.

INTENT: *The Provider is responsible for submitting all information and documentation needed by the Regional Office to reach a decision on the variance request. Until the Regional Office has received all relevant information, the variance request is not complete. Once the request is complete, the Regional Office is responsible for making a decision about the request and informing the Provider of the decision in an expeditious manner.*

Note: *The Regional Manager will ensure that the decision is recorded on the Variance Request form and sent to the Provider.*

C. If a variance request is denied by a regional office of the Agency:

- (1) **The provider may appeal the denial to the Agency's central office; and**
- (2) **The Agency's central office has the final determination of whether or not a variance is granted.**

INTENT: *If the Provider believes that an adverse decision by the Regional Office was unfair or in error, the Provider may appeal the decision to the OCC Chief of the Licensing Branch. If the Provider is not satisfied with the Chief’s decision, the*

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Provider may appeal further to the OCC Director. Appeals to the Chief of Licensing and the OCC Director may be made verbally or in writing.

Notes: *If the Provider wants to appeal a variance denial made by the Regional Manager, the Regional Manager must:*

- *Give the Provider the name and telephone number of the Chief of Licensing, and*
- *Forward to the Chief of Licensing a copy of the variance request and all pertinent supporting documentation, with a written explanation of the basis for the Manager's denial of the request.*