



# Child Care Information Session

Maryland State Department of Education

Presented By | Division of Early Childhood/Office of Child Care

April 27, 2023

# Presentation Outline

1. Welcome and Opening Remarks
2. Judy Center Updates
3. Office of Child Care – Licensing Branch Updates
4. Answers to Submitted Questions
5. Closing Remarks



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## Welcome and Opening Remarks

*Dr. Shayna Cook, Assistant State Superintendent, Division of Early Childhood*







1. Welcome and Opening Remarks
2. **Judy Center Updates**
3. Licensing Branch Updates
4. Answers to Submitted Questions
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## Judy Center Updates

*Kaymi Plank, Program Manager, Judy Center Early Learning Hub*

# What is a Judy Center Early Learning Hub?

Collaboration and partnerships with the community lie at the heart of Maryland's Judy Center Early Learning Hubs. Judy Centers are not child care centers but a comprehensive hub where families can participate in family learning experiences and receive services and support. In Title I and high-needs elementary schools in every Maryland jurisdiction, Judy Centers empower a child's first teachers— their families — by supporting child development and early learning skills for our youngest learners from birth through kindergarten.

# Blueprint Legislation

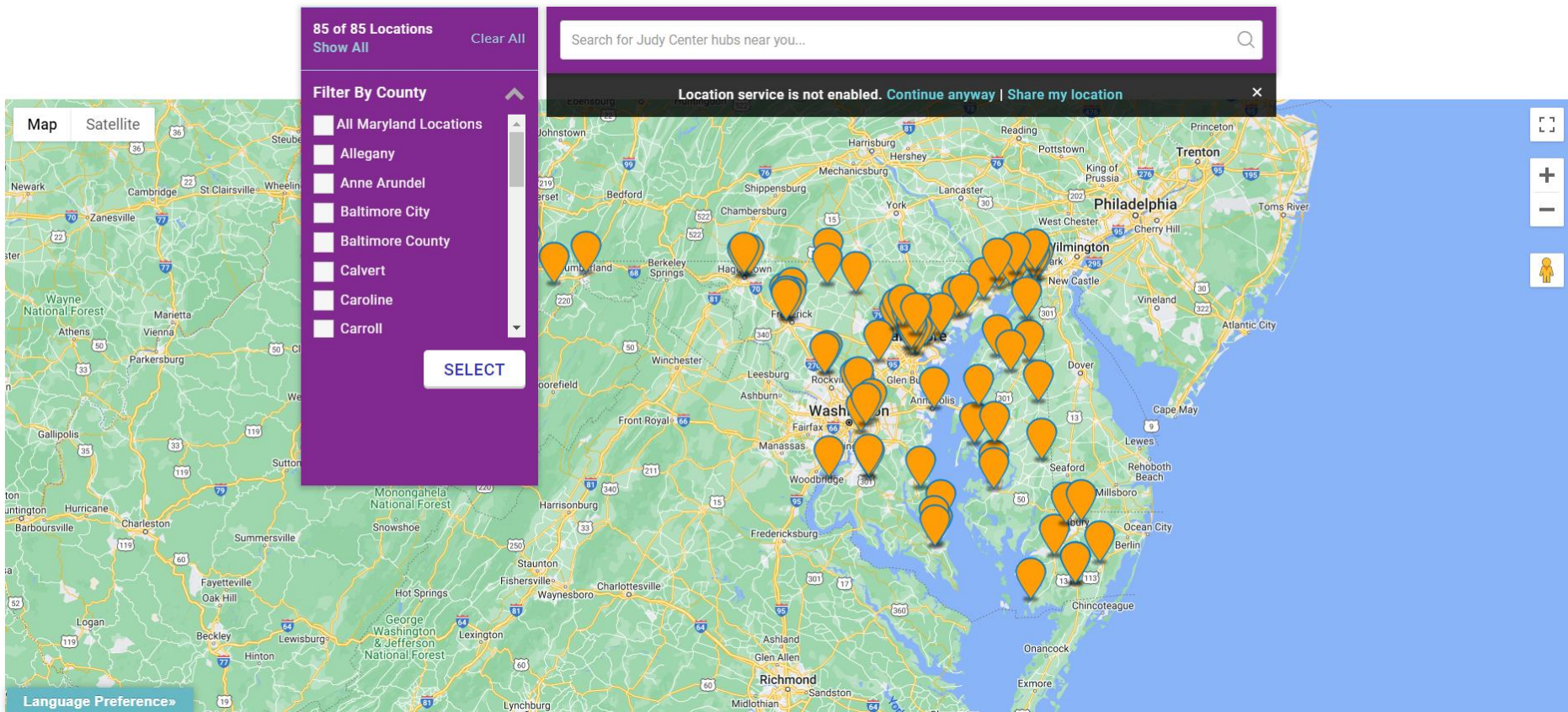
The Blueprint for Maryland's Future emphasizes equitable early education opportunities that prepare all children for school and overall success. Investment in high-quality early childhood education and learning experiences means equitable opportunities for children across the state to succeed as they begin their school careers.

- The Blueprint requires that starting in 2022, Judy Centers expand by 9 per year for five years and 18 by year for the subsequent five years.
- This year, 9 Judy Centers opened using Blueprint funding, and six additional sites opened using American Rescue Plan Funds.



# Where Are Judy Center Early Learning Hubs Located?

Judy Centers are in Title I and high-needs elementary schools in every Maryland jurisdiction. An interactive map of Judy Center locations can be found on the [Maryland Families Engage](#) website.



# Number of Judy Centers by Jurisdiction

Jurisdiction	Number of Judy Centers	Jurisdiction	Number of Judy Centers	Jurisdiction	Number of Judy Centers
Allegany County	2	Charles County	3	Prince George's County	5
Anne Arundel County	2	Dorchester County	2	Queen Anne's County	3
Baltimore City	14	Frederick County	5	Somerset County	2
Baltimore County	4	Garrett County	3	St. Mary's County	3
Calvert County	4	Harford County	3	Talbot County	2
Caroline County	2	Howard County	1	Washington County	3
Carroll County	3	Kent County	1	Wicomico County	2
Cecil County	5	Montgomery County	2	Worcester County	2



# Population Served

- Using a multigenerational approach for families and children, Judy Centers serve families in Title I and high-needs elementary schools in every Maryland jurisdiction.
- Families with children prenatal through age five must live in the school district (catchment area) where the Judy Center is located.
- Children with IEPs and IFSPs are supported and participate in activities with their typically developing peers. Each Judy Center site may serve children with an IEP or IFSP outside of their catchment area, depending on their site capacity and on a first-come, first-serve basis. The Judy Center has a plan for all children on a waiting list or a process for when they reach capacity.
- Judy Center Early Learning Hubs served 17,579 children from birth through age five at 61 sites in 2021-2022!

# What Services and Supports do Judy Centers Offer Families?

- Developmental Screenings
- Family Learning Activities
- Parenting Classes
- Connections to Adult Education and Workforce Development
- Parent/ Child Playgroups
- Referrals for Services and Supports
- Early Intervention Identification
- Home Visiting
- Case Management with Community Partners
- Additional Support for Pre-K and Kindergarten to Enhance the Current Curriculum

# Partnership and Collaboration

It is a requirement that Judy Center Early Learning Hubs form partnerships with the following participating agencies and programs:

- Licensed child care centers and family child care homes that have obtained accreditation or are actively pursuing accreditation attainment and are participating in Maryland EXCELS. The child care must serve children in the school's catchment area.
- Head Start and Early Head Start programs
- Local infants and toddler programs
- Patty Centers (Family Support Centers), if any, are in the school catchment area
- Early intervention and preschool special education programs



# Partnership and Collaboration

Partnerships are required with at least five of the following participating agencies and programs:

- Family literacy programs and services (ex., public libraries, institutes of higher education, adult education programs)
- Healthy family sites
- Parent involvement programs (Moms of Preschoolers, Parent Café, fatherhood groups)
- Early childhood programs affiliated with institutions of higher education
- Home visiting programs
- Community health organizations
- Family support services
- Child care resource and referral agencies

# What Does Partnership Involve?

- There are site-specific Memorandums of Understanding (MOUs) that describe the responsibilities of all collaborating partners. There are sharing agreements in place related to the exchange of data.
- The Judy Center staff contributes to the missions of its partners (attending partner activities, membership on Advisory Councils, etc.).
- Judy Centers must meet at least six (6) times throughout the year with their partnership members to conduct Steering Committee Meetings. The Judy Center staff shares data related to programming, and the steering committee membership gives input on grant goals and Judy Center programming. Partners share about their programs and gather input.

# What Does Partnership Involve?

- The Judy Center helps support quality research and evidence-based professional development for its partners in the early childhood community.
- The Judy Center and its partners work to ensure the transition into formal school settings is ongoing and based on community needs.
- Judy Center staff service coordinates with community partners and agencies to avoid duplication of services and to ensure seamless, comprehensive support.
- Children living in the catchment area (school district) where the Judy Center is located will be invited to participate in Judy Center programming and events.



# How Can I Partner With a Judy Center Early Learning Hub?

- Visit the [Maryland Families Engage website](https://marylandfamiliesengage.org/judy-center-hubs-map/) to locate the Judy Center closest to your site.
- It is a requirement that your child care serves children that live in the school district where the Judy Center Early Learning Hub is located. Your program does not need to be located within the school's boundaries as long as you have children who will transition there.
- Contact the coordinator at the site directly, and they can talk to you about partnering specifically with that Judy Center site. You will discuss the reciprocal partnership and determine the next steps.

<https://marylandfamiliesengage.org/judy-center-hubs-map/>



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## Licensing Branch Updates

*Manjula Paul, Nurse Consultant, Licensing Branch*

# Updated Forms

- OCC 1215: Health Inventory - *Page 4 deleted*
- OCC 1216: Medication Administration Authorization Form - *2 pages*
- OCC 1216A: Asthma Action Plan and Medication Administration Authorization Form - *Form # assigned*
- OCC 1216B: Allergy and Anaphylaxis Medication Administration Authorization Plan - *Form # assigned*
- OCC 1216C: Seizure/Convulsion/Epilepsy Disorder Emergency Medication Administration Authorization Form - *Form # changed*
- OCC 1216D: Special Health Condition Individualized Care Plan Checklist - **NEW**
- OCC 1216E: Topical Basic Care Product Application Approval - **NEW**
- OCC 1216F: Medication Error Incident Report
- OCC 1204: Medical Report for Child Care - *Updated*

Note: These forms are effective for the new enrollees and when the forms are due for update. Please visit the website when forms are needed and do not print in bulk to distribute during the year.

Licensing Forms <https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms>



# OCC 1215 Health Inventory : COMAR

**Family:** COMAR 13A.15.03 Management and Administration.02 Admission to Care

**Center:** COMAR13A.16.03 Management and Administration.04 Child Records

(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:

- 2 months before admission for a child younger than 9 months old;
- 3 months before admission for a child between 9 and 24 months old; or
- 12 months before admission for a child 2 years old or older.

# OCC 1215 Health Inventory : COMAR

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 operator and the parent at least every 12 months after the child's admission to care.

Licensing Inspection Report Item: "Admission to Care"

COMPLIANCE CRITERIA - Required Forms:

- Emergency Form: OCC form 1214
- Health Inventory: OCC form 1215 (or ) equivalent form which contains all information as required on the Health Inventory
- MDH Immunization Certificate: [MDH form 896](#)
- MDH Blood Lead Testing Certificate: [MDH 4620](#)
- ADDITIONAL Forms-Medication, Special Health Care Needs (1216s)

# OCC 1215 Health Inventory - Page 2

<b>Medical Care Provider</b> Name: Address: : Phone:	<b>Health Care Specialist</b> Name: Address: s: Phone:	<b>Dental Care Provider</b> Name: Address: s: Phone:	<b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Child Care Scholarship</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Last Time Child Seen for Physical Exam:</b> <b>Dental</b> Care: Specialist:
<b>ASSESSMENT OF CHILD'S HEALTH</b> - To the best of your knowledge has your child had any problem with the following? Check Yes or No and provide a comment for any YES answer.				
	Yes	No	Comments (required for any Yes answer)	
Allergies				
Asthma or Breathing				
ADHD				
Autism Spectrum Disorder				
Behavioral or Emotional				
Birth Defect(s)				
Bladder				
Bleeding				
Bowels				
Cerebral Palsy				
Communication				
Developmental Delay				
Diabetes Mellitus				
Ears or Deafness				
Eyes				
Feeding/Special Dietary Needs				
Head Injury				
Heart				
Hospitalization (When, Where, Why)				
Lead Poisoning/Exposure				
Life Threatening/Anaphylactic Reactions				
Limits on Physical Activity				
Meningitis				
Mobility-Assistive Devices if any				
Prematurity				
Seizures				
Sensory Impairment				
Sickle Cell Disease				
Speech/Language				
Surgery				
Vision				
Other				

NEW

**PART I - HEALTH ASSESSMENT**  
To be completed by parent or guardian

<b>Does your child take medication (prescription or non-prescription) at any time? and/or for ongoing health condition?</b> No, Yes, If yes, attach the appropriate OCC 1216 form.
<b>Does your child receive any special treatments?</b> (Nebulizer, EPI Pen, Insulin, Blood Sugar check, Nutrition or Behavioral Health Therapy /Counseling etc.)No Yes If yes, attach the appropriate OCC 1216 form and Individualized Treatment Plan
<b>Does your child require any special procedures?</b> (Urinary Catheterization, Tube feeding, Transfer, Ostomy, Oxygen supplement, etc.)No Yes, If yes, attach the appropriate OCC 1216 form and Individualized Treatment Plan

\*\*\*COMAR 13A.16.03 Management and Administration.04 Child Records. J. operator and the parent at least every 12 months after the child's admission to care\*\*\*

# OCC 1215 Health Inventory - Page 3

1. Does the child named above have a diagnosed medical, developmental, behavioral or any other health condition? No Yes, describe:							
2. Does the child receive care from a Health Care Specialist/Consultant? No Yes, describe:							
3. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card. No Yes, describe:							
4. Health Assessment Findings							
<b>Physical Exam</b>	<b>WNL</b>	<b>ABNL</b>	<b>Not Evaluated</b>	<b>Health Area of Concern</b>	<b>NO</b>	<b>YES</b>	<b>DESCRIBE</b>
Head				Allergies			
Eyes				Asthma			
Ears/Nose/Throat				Attention Deficit/Hyperactivity			
Dental/Mouth				Autism Spectrum Disorder			
Respiratory				Bleeding Disorder			
Cardiac				Diabetes Mellitus			
Gastrointestinal				Eczema/Skin issues			
Genitourinary				Feeding Device/Tube			
Musculoskeletal/orthopedic				Lead Exposure/Elevated Lead			
Neurological				Mobility Device			
Endocrine				Nutrition/Modified Diet			
Skin				Physical illness/impairment			
Psychosocial				Respiratory Problems			
Vision				Seizures/Epilepsy			
Speech/Language				Sensory Impairment			
Hematology				Developmental Disorder			
Developmental Milestones				Other:			
<b>REMARKS:</b> (Please explain any abnormal findings.)							
5. Measurements		Date		Results/Remarks			
Tuberculosis Screening/Test, if indicated							
Blood Pressure							
Height							
Weight							
BMI % tile							
Developmental Screening							
6. Is the child on medication? No Yes, indicate medication and diagnosis: (OCC 1216 Medication Authorization Form must be completed to administer medication in child care). <a href="https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms">https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms</a>							
7. Should there be any restriction of physical activity in child care? No Yes, specify nature and duration of restriction:							
8. Are there any dietary restrictions? No Yes, specify nature and duration of restriction:							

NEW

**OCC 1215 Page 3**  
**To be completed by**  
**Health Care Provider**

- May accept alternate health forms if all information in included.

# Immunization Requirement-MDH 896

COMAR13A.16.03 Management and Administration.04 Child Records. G.

- 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-(Infant and all children).
- Medical contraindication for a vaccine(s) determined by the HPC.
- Religious exemption signed by the parent for a vaccine(s).
- Temporary Admission Criteria-vaccine appointment within 20 days of enrollment based on the child's living circumstances (homelessness/displaced/relocated/foster care/new to the Country).

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, an operator shall require the parent to provide a health history of the child and sign a 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.

- [Age-Appropriate Vaccination Requirements for Children Enrolled in Child Care Programs - \(DHMH\) chart](#)
- [DHMH 896\] Immunization Certificate](#)
- COVID-19 Vaccines are included on MDH 896: for tracking purpose and not mandatory yet

[https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland\\_immunization\\_certification\\_form\\_dhmf\\_896\\_-\\_february\\_2014.pdf](https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland_immunization_certification_form_dhmf_896_-_february_2014.pdf)



# Blood Lead Testing Certificate – MDH 4620

- Maryland requires all children to be tested at 12 and 24 months of age, and both test results should be included on this form.
- 12-month visit means a well-child evaluation by a health care provider that occurs when a child is between 12 months old and 14 months old.
- 24-month visit means a well-child evaluation by a health care provider that occurs when the child is between 24 months old and 26 months old.
- If the first test occurred after 24 months of age (i.e., the test at 12 months of age was missed), then the results of the test after 24 months of age is sufficient.
- Religious exemption accepted.
- Form is currently under review: To add questionnaire to parents claiming exemption.

# OCC 1216s Licensing Inspection Check

COMAR 13A.16.11 Health .04 Medication Administration and Storage. A. Medication Administration

Licensing INSPECTION Criteria:

- The facility/program has a staff member on site who is approved to administer medication (OCC Forms 100,101).
- The facility/program has on file for each child requiring medication during childcare - a completed, signed “Medication Authorization Form” (OCC form 1216) or an equivalent document which contains all information as required on the OCC form 1216.
- Each prescription and non-prescription (OTC) medication is properly labeled as per COMAR.
- Medication is stored as per the label instructions.
- Medication administration is logged/documentated after each administration.
- Medication is administered according to instructions and that the first dose has not been administered while child was in care( examples-antibiotics, fever medication, drops).
- Staff receive additional training or allow parent-approved adult that is not childcare staff to provide individualized special medical/health care that are not covered in the 6-hour MAT training.

# Common Content/Features to all Forms - Page # 2

## Parent/Guardian Authorization

PARENT/GUARDIAN AUTHORIZATION		
<p>I authorize the child care staff to administer the medication or to supervise the child in self-administration as prescribed above. I attest that I have administered at least one dose of the medication to my child without adverse effects. I certify that I have the legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize child care staff and the authorized prescriber indicated on this form to communicate in compliance with HIPAA. I understand that per COMAR 13A.15, 13A.16, 13A.17, and 13A.18, the child care program may revoke the child's authorization to self-carry/self-administer medication. <b>School Age Child Only: OK to Self-Carry/Self-Administer</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
PARENT/GUARDIAN SIGNATURE	DATE (mm/dd/yyyy)	INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION
CELL PHONE #	HOME PHONE #	WORK PHONE #

## Child Care Responsibilities: Child Care Staff Use Only

CHILD CARE STAFF USE ONLY	
Child Care Responsibilities:	<div><div>1. Medication named above was received. Expiration date _____</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div> <div><div>2. Medication labeled as required by COMAR.</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div> <div><div>3. OCC 1214 Emergency Form updated.</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div></div> <div><div>4. OCC 1215 Health Inventory updated.</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div></div> <div><div>5. Individualized Treatment/Care Plan: Medical/Behavioral/IEP/IFSP.</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div></div> <div><div>6. Staff approved to administer medication is available onsite, field trips</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div>
Reviewed by (printed name and signature):	DATE (mm/dd/yyyy)

# Medication Log/Documentation Page

- Each Medication Approval Form includes Documentation section (Medication Administration Log).
- It stays with the medication authorization form.
- Simple and easy to document each time the medication is administered.

Child's Name:				Date of Birth:	
Medication Name:				Dosage:	
Route:				Time to Administer:	
DATE ADMINISTERED	TIME	DOSAGE	ROUTE	REACTIONS OBSERVED (IF ANY)	SIGNATURE

# OCC 1216E Topical Basic Care Product Application Authorization Form: NEW

Maryland State Department of Education  
Office of Child Care  
**TOPICAL BASIC CARE PRODUCT APPLICATION  
AUTHORIZATION FORM**

Topical basic care products such as a diaper rash product, sunscreen, or insect repellent, authorized and supplied by the child's parent, may be applied without prior approval of a licensed health care practitioner. Please document the application of these products on this form. Keep this form in the child's record as required by COMAR. OCC 1216 IS NOT REQUIRED.

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Product Name:

☐ Diaper Rash product: \_\_\_\_\_

☐ Sunscreen: \_\_\_\_\_

☐ Insect Repellent: \_\_\_\_\_

I authorize the child care staff to apply and store the topical basic care product as indicated above per the manufacturers' instructions. I attest that I have administered at least one application of the product to my child without adverse effects. I certify that I have the legal authority to consent to the application and storage of the product(s) for the child named above.

DATE (ONCE PER DAY)	PRODUCT (check box)			REACTIONS OBSERVED (IF ANY)	SIGNATURE
	Diaper	Sunscreen	Insect		

- Use Form OCC 1216E for Topical Basic Care Products with parent approval and log (Diaper Rash Cream, Sunscreen, Insect Repellent).
- Use OCC 1216 for EYE, EAR, and NOSE Drops and any other topical medications whether they are prescription or non-prescription medications.
- Once a day documentation for each product application is sufficient for COMAR compliance.
- Diaper Rash Cream should not be applied to the area when there is a break in the skin.
- Document and report to the parent/guardian.



# OCC 1216A - Asthma Action Plan & Medication Administration Authorization

1. CHILD'S NAME (First Middle Last)		2. DATE OF BIRTH (mm/dd/yyyy) ____/____/____		3. Child's picture (optional)	
<b>Section I. ASTHMA ACTION PLAN – MUST BE COMPLETED BY THE HEALTH CARE PROVIDER</b>					
4. ASTHMA SEVERITY: <input type="checkbox"/> Mild Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Exercise Induced <input type="checkbox"/> Peak Flow Best ____%					
5. ASTHMA TRIGGERS (check all that apply): <input type="checkbox"/> Colds <input type="checkbox"/> URI <input type="checkbox"/> Seasonal Allergies <input type="checkbox"/> Pollen <input type="checkbox"/> Exercise <input type="checkbox"/> Animals <input type="checkbox"/> Dust <input type="checkbox"/> Smoke <input type="checkbox"/> Food <input type="checkbox"/> Weather <input type="checkbox"/> Other: _____					
6. This authorization is NOT TO EXCEED 1 YEAR FROM ____/____/____ TO ____/____/____ FOR ASTHMA MEDICATION ONLY – THIS FORM IS USED WITHOUT OCC 1216				7. SCHOOL AGE ONLY: OK to Self-Carry/Self Administer _____	
<b>GREEN ZONE - DOING WELL: Long Term Control Medication- Use Daily At Home unless otherwise indicated</b>					
The Child has <b>ALL</b> of these		Medication Name & Strength	Dose	Route	Time & Frequency
<input type="checkbox"/> Breathing is good <input type="checkbox"/> No cough or wheeze <input type="checkbox"/> Can walk, exercise, & play <input type="checkbox"/> Can sleep all night If known, peak flow greater than ____ (80% personal best)					
<b>Exercise Zone</b> <input type="checkbox"/> CALL 911 <input type="checkbox"/> CALL PARENT <input type="checkbox"/> OTHER: _____					
<input type="checkbox"/> Prior to all exercise/sports <input type="checkbox"/> When the child feels they need it		Medication Name & Strength	Dose	Route	Time & Frequency
<b>YELLOW ZONE - GETTING WORSE</b> <input type="checkbox"/> CALL 911 <input type="checkbox"/> CALL PARENT <input type="checkbox"/> OTHER: _____					
The Child has <b>ANY</b> of these		Medication Name & Strength	Dose	Route	Time & Frequency
<input type="checkbox"/> Some problems breathing <input type="checkbox"/> Wheezing, noisy breathing <input type="checkbox"/> Tight chest <input type="checkbox"/> Cough or cold symptoms <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Other: _____ If known, peak flow between ____ and ____ (50% to 79% personal best)					
<b>RED ZONE - MEDICAL ALERT/DANGER</b> <input type="checkbox"/> CALL 911 <input type="checkbox"/> CALL PARENT <input type="checkbox"/> OTHER: _____					
The Child has <b>ANY</b> of these		Medication Name & Strength	Dose	Route	Time & Frequency
<input type="checkbox"/> Breathing hard and fast <input type="checkbox"/> Lips or fingernails are blue <input type="checkbox"/> Trouble walking or talking <input type="checkbox"/> Medicine is not helping (15-20 mins?) <input type="checkbox"/> Other: _____ If known, peak flow below ____ (0% to 49% personal best)					

Look for Asthma Triggers here

What to look for & treat

Look for symptoms when in care to administer medication

# OCC 1216B - Allergy and Anaphylaxis Medication Administration Authorization

CHILD'S NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of plan: \_\_\_\_\_

Child has **Allergy** to \_\_\_\_\_  
Child has had anaphylaxis \_\_\_\_\_  
Child has asthma: ☐ Yes ☐ No (If yes, higher chance severe reaction)  
School Age only: Child may self-carry/self-administer medication: ☐ Yes ☐ No

Allergy and Anaphylaxis Symptoms	Treatment Order
If child has ingested a food allergen, been stung by insect, or had an allergy trigger	<input type="checkbox"/> Call Parent <input type="checkbox"/> Call 911
is Not exhibiting or complaining of any symptoms, OR	
Exhibits or complains of any symptoms below:	
<b>Mouth:</b> itching, tingling, swelling of lips, tongue ("mouth feels funny")	
<b>Skin:</b> hives, itchy rash, swelling of the face or extremities	
<b>Throat*:</b> difficulty swallowing ("choking feeling"), hoarseness, hacking cough	
<b>Lung*:</b> shortness of breath, repetitive coughing, wheezing	
<b>Heart*:</b> weak or fast pulse, low blood pressure, fainting, pale, blueness	
<b>Gut:</b> nausea, abdominal cramps, vomiting, diarrhea	
<b>Other:</b>	
If reaction is progressing (several of the above areas affected)	

Medication	Medication and Strength	Dose	Route	Time and Frequency
Epinephrine (EpiPen)				
Antihistamine				
Other:				

## What to do when treating anaphylaxis

- EMERGENCY Response:**
- 1) **Inject epinephrine right away! Note time when epinephrine was administered.**
  - 2) Call 911: Ask for ambulance with epinephrine. Advise rescue squad when epinephrine was given. Stay with child.
  - 3) Call parents. Advise parent of the time that epinephrine was given and 911 was called.
  - 4) Keep child lying on his/her back. If the child vomits or has trouble breathing, place child on his/her side.
  - 5) Give other medicine, if prescribed.

- for mild symptoms(nose, mouth, skin, gut) from more than one system area, give epinephrine
- for any severe symptoms(one)-lungs,heart,throat,gut,mouth,skin give epinephrine.

# OCC 1216C - Seizure/Convulsion/Epilepsy Disorder Medication Administration Authorization Form (Page 1)

This page is completed by the health care provider

CHILD'S NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Plan: \_\_\_\_\_

Significant Medical/Health History: \_\_\_\_\_ Seizure Triggers \_\_\_\_\_

or Warning Signs: \_\_\_\_\_ Allergies: \_\_\_\_\_

Seizure Type		Length (duration)	Frequency	Description
Medication Name & Strength	Dosage	Route/Method	Time & Frequency	Special Instructions
	Medication Order			

# OCC 1216C - Seizure/Convulsion/Epilepsy Disorder Medication Administration Authorization Form (Page 1)

**Seizure Emergency Protocol:** How to respond to a seizure (Check all that apply)

Seizure Immediate Response

- ☐ First Aid – Stay. Safe. Side (refer to resource document “Seizure First Aid Guide”)
- ☐ Call 911 for transport to \_\_\_\_\_ ☐ Notify parent or emergency contact
- ☐ Notify Health Care Provider \_\_\_\_\_ ☐ Other \_\_\_\_\_
- ☐ Administer emergency medications as indicated below:

**Care after seizure:** Does the child need to leave the classroom after a seizure? ☐ Yes ☐ No

What type of help is needed? (describe) \_\_\_\_\_

When can the child return to care/resume regular activity? \_\_\_\_\_

Special Considerations and Precautions (regarding activities, sports, trips, etc.) \_\_\_\_\_

# OCC 1216C - Seizure/Convulsion/Epilepsy Disorder Medication Administration Authorization Form (Page 2)

PARENT/GUARDIAN AUTHORIZATION			
I request the authorized child care staff to administer the medication as prescribed above. I certify that I have the legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize child care staff and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.			
PARENT/GUARDIAN SIGNATURE		DATE (mm/dd/yyyy)	INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION
CELL PHONE #		HOME PHONE #	WORK PHONE #
Emergency Contact(s)	Name/Relationship	Phone Number to be used in case of Emergency	
Parent/Guardian 1			
Parent/Guardian 2			
Emergency 1			
Emergency 2			
CHILD CARE STAFF USE ONLY			
Child Care Responsibilities:	1. Medication named above was received	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	2. Medication labeled as required by COMAR	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	3. OCC 1214 Emergency Card updated	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	4. OCC 1215 Health Inventory updated	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	5. Staff has received additional training to administer the medication	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	If Yes: Trainer Name and Title _____	Date _____	
	6. Staff approved to administer medication is available onsite, field trips	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Modified Diet/Exercise Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	8. Individualized Plan: IEP/IFSP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Reviewed by (printed name and signature):			DATE (mm/dd/yyyy)

- Page 2 includes Parent Authorization, Emergency Contacts, Child Care Responsibilities, and Documentation log.
- If Medication ORDER is for rectal (into the rectum), the child care staff who had MAT Training must receive additional training.
- The Child Care Responsibility #5 needs the YES box checked and trainer name and date filled in.
- Maryland Family Network
- MAT RN Trainers
- Epilepsy Foundation Maryland



# OCC 1216D - Individualized Treatment/Care Plan for Specialized Services

COMAR 13A.16.08 Child Supervision .01 Individualized Attention and Care

An operator shall ensure that:

A. Each child receives:

1. Attention to the child's individual needs, including but not limited to:

- a) Making reasonable accommodations for a child with a disability; and
- b) Allowing an adult who provides specialized services to a child in care to provide those services on the facility premises as specified in the child's individualized education plan, individualized family service plan, or written behavioral plan; and

ADA

Allowing parent/  
approved adult  
COMAR Requirement

# OCC 1216D - Individualized Treatment/Care Plan for Specialized Services

B. Each staff member providing care to a child is:(1) Oriented to the child's individual care needs; and (2) Prepared to provide the appropriate individual care;

C. Written information about the child's individual needs that was supplied by the parent by the time of the child's admission to care is used by the operator to meet the child's individual care needs;

- **INSPECTION REPORT ITEM:** "Individual Attention and Care"
- **COMPLIANCE CRITERIA:** Each staff member has been oriented to the individual needs of children assigned and is prepared to meet the individual care needs of assigned children.



Additional Training  
COMAR  
Requirement

# Individualized Specialized Services: Examples

**Special Health Care Needs:** Child's long-term health condition affecting child's age-appropriate activities (health, developmental or behavioral issues). Examples: Diabetes Mellitus, children who need assistive/medical devices (feeding tubes, wheelchair) and physical/developmental disorders. The child will need Individualized Treatment/Care Plan that will provide instructions for care in child care.

**Individualized Treatment/Care Plan:** Completed by the child's health care provider with instructions. Examples: Diabetes Medical Management Plan (DMMP), Instructions for Tube Feeding, Oxygen Supplement or Urinary Catheter care when in childcare. These types of care require additional training from a licensed health care professional or the childcare may allow the parent/approved adult to provide care as per the instruction.

**Modified Diet/Special Diet Plan:** Diet Plan for food allergies, food sensitivity, diabetes, vitamin/mineral supplements, medications, altered food textures that may need special feeding equipment (syringe, straw, spoon, feeding cups/method, tubes) and feeding schedules. Modify the texture by pureeing, mashing, grinding, or finely chopping.

# Individualized Specialized Services: Examples

**Modified Physical Activity Plan:** Indoor and outdoor accommodations for children with special health/developmental needs experiencing difficulties following the routine physical activity schedule and/or may experience difficulties transitioning from one activity to another. Promote inclusion into childcare routines, including fields trip and outdoor activities.

## Child Care Staff Responsibilities :

- Review the Child's Health Inventory as well as the related OCC forms.
- Schedule a designated meeting time with the parents and discuss child's needs, expectations and communication plan.
- Orient the childcare staff, including substitutes and volunteers.
- Review policy for off-site activities - Outdoor Activities & Field Trips.

# OCC 1216D - Individualized Treatment/Care Plan Checklist for Specialized Services

	Items	Received & Reviewed			Parent Initial	Child Care Staff Initial
		Yes	No	N/A		
1	A written individualized care/treatment plan, signed by a certified professional and the parent, has been provided to the child care provider.					
2	Each staff member providing care to a child is trained, by licensed/certified professionals, in the use of specialized health care procedures or equipment. Trainer's Name & Credential: _____ Training Date: _____ Name of all staff who were trained: _____					
3	Provider agrees to allow a parent-approved adult who provides specialized services to a child in care to provide those services on the facility premises as specified in the child's individualized education or healthcare plan.					
4	Updated Emergency Form (OCC 1214).					
5	Updated Health Inventory Form (OCC 1215).					
6	Modified Menu Plan received, if applicable.					
7	Modified Physical Activity Schedule received, if applicable.					
8	Trained staff or parents are available for field trips /off-site activities.					
9	Medical Bracelet /Medical Alert Badge.					
10	Individualized Treatment/Care Plan: medical/behavioral plan/IEP/IFSP.					

## Child Care Program Responsibilities

When enrolling a child with special health care needs, use the OCC 1216D Checklist :

- Review all sections and Parent and Child Care Provider must sign the form.
- Attach form OCC 1216D to the child's Individualized Treatment/Care Plan.
- Use page 2 of OCC 1216D for documentation of care, procedures, and/or medications that are not documented on any other form.



# OCC 1216D - Individualized Treatment/Care Plan Checklist for Specialized Services

## Special Health Condition Medication/Procedure/Behavior Management Documentation Log

[illegible]

- Make sure there are sufficient number of staff trained/parent approved adults to perform the procedures not covered under MAT Training.

## Examples

- Diabetes Mellitus: Diabetic Medical Management Plan (Blood glucose checks, insulin injection-pen/pump, diet)
- Special Feeding Needs: G Tube Feeding Plan (feeding only approved)
- Special Breathing Needs: Oxygen Tube (monitor mask/tube in place, no smoking fire hazard nearby)
- Special Bladder Needs: Emptying urine from the urinary bag is the only procedure approved
- Autism/ADHD: Medication and/or Behavior Management Plan (quiet room)
- Other

# OCC 1216D - Note

All adults cannot be assumed to be knowledgeable about the various developmental levels or special needs of children. Training by someone with appropriate knowledge and experience is needed to appropriately address these issues. This is particularly important when enrolling children with disabilities, children who have special medical or dietary needs ,children who have mobility limitations, impairments, or who use wheelchairs or other equipment and infants and/or children with special health care.

*Caring for Our Children (CFOC)* <https://nrckids.org/CFOC/Database/8>

# 1204 Medical Report for Child Care

A. Name of the Person Evaluated (please print): _____		DOB: _____	
B. Name of Child Care Provider/Program: <u>AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION I HEREBY AUTHORIZE THE RELEASE OF MEDICAL INFORMATION CONTAINED IN THIS REPORT TO THE OFFICE OF CHILD CARE.</u>			
This Section Must be Completed by a Physician or Registered Physician Assistant or Certified Registered Nurse Practitioner			
1. DATE OF MEDICAL EVALUATION: _____			
2. TUBERCULOSIS SCREENING: Risks and Symptoms screening completed (required): <input type="checkbox"/> Yes TB Test: if indicated or required by the Local Health Officer			
Type of Test: _____ Date: _____ Results: _____			
This individual is free of communicable tuberculosis. <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. IMMUNIZATIONS: I have discussed the importance of age-appropriate immunizations with this individual. <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. RECOMMENDATIONS: The above individual is medically and emotionally fit to work, volunteer, or reside in a child care program. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "No", please provide a summary of medical/emotional problems or conditions or medications which may affect the individual's ability to work, volunteer or reside in a child care program. _____			
5. <u>For individuals working or volunteering in a child care program:</u> The individual meets the strength and mobility challenges required for caring for a child in one or more of the age groups checked below: 0-2 years of age      2-6 years of age      7-12 years of age      12-18 years of age			
6. Signature of the Health Care Provider/Designee: _____ Date: _____			
Printed Name and Credentials: _____			
STAMP or Complete Address and Telephone Number of the Health Care Provider: _____			

Tuberculosis testing and clearance is based on individuals past exposure, travel history, chronic medial conditions/recent respiratory infections and the testing results.

Testing and clearance is determined either by the health care provider or the local health department.

# Exclusion From Child Care

COMAR 13A.16.11 Heath .01.01 Exclusion for Acute Illness

A. Child Care Staff Shall

1. Monitor a child for signs and symptoms of acute illness;
2. Notify a child's parent or other designated person upon observing a sign or symptom of acute illness; and
3. Provide temporary isolation/exclude the affected child in a suitably equipped separate area within sight and hearing of an adult.

Refer to ILLNESS IN CHILDREN - [https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/signs\\_of\\_illness\\_in\\_children.pdf](https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/signs_of_illness_in_children.pdf)

# COMAR 13A:16:11.01.02 Infectious and Communicable Diseases

COMAR10.06.01.03. A. An operator shall immediately report to the Health Department-Health Officer

B. an operator may not knowingly admit to care or retain in care a child with a transmissible infection or a communicable disease.

- It is required that the childcare programs report infectious diseases to Health Department to receive guidance. COVID-19 is now a reportable illness.
- Refer to these resource documents:
  - **Illness and Reportable Diseases in Child Care**  
<https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/illnessandreportablediseasesinchildcare2015.pdf>
  - **General Sanitation Guidelines**  
<https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/generalsanitationguidelines.pdf>
  - **Reportable Diseases, Conditions, Outbreaks, & Unusual Manifestations**  
[https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/mdh\\_reportabledisease\\_hcp\\_3-22.pdf](https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/mdh_reportabledisease_hcp_3-22.pdf)

# Safe Sleep Practices

## 1. Sleep surface:

- AAP 2016: Use a firm sleep surface.
- AAP 2022 Policy Statement : Use a firm, flat, non-inclined sleep surface. Sleep surfaces with inclines of  $>10$  degrees are unsafe. Alternative sleep surface should adhere to the June 2021 CPSC rule that any infant sleep product must meet existing federal safety standards for cribs, bassinets, play yards, and bedside sleepers.

2. It is recommended that weighted blankets, weighted sleepers, weighted swaddles, or other weighted objects not be placed on or near the sleeping infant. Dressing the infant with layers of clothing is preferable to blankets and other coverings to keep the infant warm while reducing the chance of head covering or entrapment that could result from blanket use.

## Resource Documents:

- [Safe Sleep Practices and Swaddling](#)
- [Signs and Symptoms of Child Abuse and Neglect, and Mental Injury](#)



# Cleaning and Disposing Hazardous Materials

- Use only Environmental Protection Agency (EPA) approved products.
- All toxic substances should be inaccessible ,not be used when children are present.
- Follow manufacturer instruction for use and store in the original labeled containers.
- Follow a routine schedule of cleaning, sanitizing, and disinfecting.
- Ventilation is the key to let the fresh air in and to help the children breath easily.
- Use of Standard Precautions to handle potential exposure to blood and other potentially infectious fluids. Wear gloves when there is a fluid to clean (of any type).
- Treat urine, stool, vomit, blood, and body fluids, except for human milk, as potentially infectious. Spills of body fluid should be cleaned up and surfaces disinfected immediately.
- The telephone number for the poison control center should be posted and readily accessible in emergency situations.

# Supervision: Transportation

## Transportation Safety : Drop-Off and Pick-Up

- Drop-off and pick-up only at the curb or at an off-street location protected from traffic.
- Drop-off and pick-up points and pedestrian crosswalks must be in the vicinity of the facility and must be safe and supervised.
- Accurate attendance and time record of all children picked up and dropped off.
- Assign a staff member or adult parent/guardian to observe the process of dropping off and picking up children.
- Vehicles should not be allowed to idle in the facility's designated parking areas at any time, including during drop-off and pick-up.
- Child care settings should have an anti-idling policy and parents/guardians should be made aware and regularly reminded of the policy.

# Emergency Numbers Form Template

Post this information by each telephone or accessible to staff	
Child Care and Other Emergency Numbers	
Center/Family Home Care Name	
License /Registration Number	
Center/Family Home Care Address	
Center Phone Number/Numbers	
Available Staff Name/Names	
Emergency Number	911
Poison Control	1-800-222-1222
Law enforcement	
DSS-Child Protective Service–CPS (Abuse, Neglect)	
Health Department Communicable Diseases Division Number	
Environmental Health Division	
Licensing Office Number	
Licensing Specialist Number	
Health/Nurse Consultant Number	410-767-1853
Other Useful Information- Emergency Exit :	

1. Follow specific OCC 1216 Form Instruction
2. Call 911 when symptoms become worse or no progress observed
3. Communicate and Document
4. Do the follow-up contact (close the loop)
5. Emergency Telephone Numbers Form Posted

# Reminders

- 6 Clock Hour MAT: Retaking the training qualifies for annual training of 6 clock hours (2023)
- 4 Clock Hour AAA Training Qualifies for Maryland EXCELS Credit
- Subscribe for email updates: Tuesday Tidbits for current information  
<https://public.govdelivery.com/accounts/MDMSDE/subscriber/new>
- Sign-up for your local Health Department updates: Infectious diseases and other emergencies
- Visit the Division of Early Childhood website for announcements  
<https://earlychildhood.marylandpublicschools.org>
- Contact your Licensing Specialist for all types of child care needs  
<https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing>
- Contact your Child Care Resource Center for training needs
- Your Office of Child Care Nurse Consultant is just a phone call or email away  
(410) 767-1853 or [manjua.paul1@maryland.gov](mailto:manjua.paul1@maryland.gov)



1. Welcome and Opening Remarks
2. Judy Center Updates
3. Licensing Branch Updates
4. **Answers to Submitted Questions**
5. Closing Remarks

## Answers to Submitted Questions



# Questions?



# Contact Information

Branch/Office	Contact Information
Division of Early Childhood	<a href="mailto:earlychildhood.msde@maryland.gov">earlychildhood.msde@maryland.gov</a>
Early Learning Branch	<a href="mailto:early.learningbranchesmsde@maryland.gov">early.learningbranchesmsde@maryland.gov</a>
Collaboration and Program Improvement Branch	<a href="mailto:collaboration.programimprovement@maryland.gov">collaboration.programimprovement@maryland.gov</a>
Office of Child Care	<a href="mailto:earlychildhood.msde@maryland.gov">earlychildhood.msde@maryland.gov</a>
Licensing Branch	<a href="mailto:licensingocc.msde@maryland.gov">licensingocc.msde@maryland.gov</a>
Workforce Advancement Branch	<a href="mailto:workforceadvancementocc.msde@maryland.gov">workforceadvancementocc.msde@maryland.gov</a> 1-877-355-1229
Child Care Scholarship Program	<a href="mailto:CCSCentral2@maryland.gov">CCSCentral2@maryland.gov</a> 1-877-227-0125
Maryland EXCELS	<a href="mailto:info@marylandexcels.org">info@marylandexcels.org</a> or <a href="http://marylandexcels.org">marylandexcels.org</a>



1. Welcome and Opening Remarks
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## Closing Remarks

*Dr. Shayna Cook, Assistant State Superintendent, Division of Early Childhood*