

# *DELACARE*

## *Regulations for Family and Large Family Child Care Homes*



State of Delaware  
Office of Child Care Licensing  
Division of Family Services  
Department of Services for Children, Youth and Their Families



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## NOTICE OF RESCISSION AND PROMULGATION

The Office of Child Care Licensing, Division of Family Services, Department of Services for Children, Youth and Their Families adopts and promulgates the following regulations for family and large family child care homes as authorized in the Delaware Code, Title 31, Chapter 3, Subchapter III, Subsections 341-345, also known as "The Delaware Child Care Act." All previous requirements and regulations pertaining to such facilities are void. These regulations shall take effect on May 1, 2019.

  
\_\_\_\_\_  
Josette Manning, Secretary  
Department of Services for Children, Youth and Their Families

3/12/19  
Date

  
\_\_\_\_\_  
Trenee Parker, Director  
Division of Family Services

3-12-19  
Date

## FOREWORD

The Delaware General Assembly recognized the need for protecting children receiving care outside their own homes as early as 1915. Delaware currently requires family and large family child care homes to be licensed as authorized in the 31 **Delaware Code**, Sections 341-345, also known as “The Delaware Child Care Act.” The licensing law defines the type of facilities that the State regulates, and gives the authority to “prescribe reasonable standards” and “license these (facilities)” to the Office of Child Care Licensing (OCCL). The purpose of the law is to protect the health, safety, and well-being of the children who receive care in out-of-home settings. A family or large family child care home must meet the requirements of these regulations in order to operate.

These regulations are divided into three parts. Part I describes the regulations that both family and large family child care homes are required to follow. Part II shows the additional regulations for family child care homes. Part III contains the regulations that large family child care homes are required to follow.

While creating these regulations, OCCL considered the following: comments from family and large family child care providers and stakeholders; federal requirements; licensing regulations of other states; and current research in child development, early care and education, school-age care, health, safety, and nutrition, applicable to family and large family child care.



## INTRODUCTION

### 1. Legal Base

The legal base for these licensing regulations is in **31 Del.C. §§341-345** and **29 Del.C. §9003(7)**.

### 2. Purpose

The purpose of these regulations is to protect and support the health, safety, well-being, and positive development of children who receive care in family and large family child care homes. These regulations establish minimum standards that licensed family and large family child care homes are required to follow. A licensee may exceed these regulations set by the Office of Child Care Licensing (OCCL) by joining Delaware Stars for Early Success or by the licensee's own efforts.

## ***PART I GENERAL PROVISIONS***

### 3. Definition of Terms

The following words and terms, when used in these regulations, have the following meaning unless the context clearly indicates otherwise.

**“Administration of Medication certificate”** means a document issued by OCCL that gives permission for a staff member to administer medication to children in care as described in the Administration of Medication Self-Study Guide.

**"Administrative hearing"** means the hearing provided to a licensee or applicant when requesting an appeal of OCCL's decision to place the facility on an enforcement action such as warning of probation, probation, suspension, revocation, or denial. A licensee or applicant shall provide evidence to contest the action.

**"Administrator"** means the person responsible for the supervision and administration of OCCL.

**"Agreement of understanding"** means a document that is part of a corrective action plan or used when necessary to ensure regulation compliance. This document contains requirements the licensee must follow to maintain licensure.

**"Applicant"** means the individual, president of the corporation, or managing member of the Limited Liability Company “LLC,” or entity that is responsible for and has authority over the child care home.

**"Associate caregiver"** means a staff member who works under the supervision of a caregiver and provides child care at a large family child care home licensed before January 1, 2009. The associate caregiver is renamed large family assistant in these regulations.

**"Business day"** means a weekday Monday through Friday not including State of Delaware legal holidays that fall on a weekday.

**"Capacity"** means the total number of children, excluding school-age household members who are attending public or private school, that may be present at one time.

**"Caregiver"** means the staff member responsible for the total program including providing child care at a large family child care home that was licensed before January 1, 2009. The caregiver is renamed large family provider in these regulations.

**"Child abuse"** means to cause or inflict sexual abuse on a child; or an act by a person that has care, custody, or control of a child that causes or inflicts physical injury through unjustified force, emotional abuse, torture, exploitation, maltreatment, or mistreatment as defined in 10 **Del.C.** §901.

**"Child care"** means providing care, education, protection, supervision, or guidance of children in a family or large family child care home.

**"Child neglect"** means the failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary education as required by law; nutrition; or medical, surgical, or any other care necessary for the child's well-being as defined in 10 **Del.C.** §901.

**"Child sex abuse"** means an act against a child that is described as a sex offense or child exploitation as defined in 11 **Del.C.** §8550(2).

**"Child with disabilities"** means a child diagnosed by a qualified professional as having a physical, intellectual, emotional, or developmental disability, or chronic medical condition. This disability may require modifications in the regular program of activities for that child at a home as listed in an individual education program "IEP," or individualized family service plan "IFSP," or as defined by applicable federal and State laws.

**"CHU"** means the department's Criminal History Unit.

**"Clock hour(s)"** means the actual number of hours a person spends attending the instructional portion of a training designed to develop or enhance child care skills.

**"Complaint investigation"** means the process followed by the division to investigate accusations that a licensee is not complying with these regulations or applicable laws.

**"Compliance review"** means an inspection of the home, grounds, and files to determine compliance with these regulations.

**"Comprehensive background check"** means a State of Delaware and federal (national) fingerprinted report of a person's entire criminal history including a search of the National Crime Information Center's National Sex Offender Registry; and a search of state criminal, sex offender, and child abuse and neglect registries, repositories, or databases in the state where the person resides, and in each state in which he or she resided during the past five years. Adult household members, substitutes, staff members, and adult volunteers, may be present on a provisional basis after completing a State of Delaware and federal fingerprint check. However, they must be supervised at all times until an eligibility determination and approval by OCCL.

**"Conference"** means a meeting between OCCL and a licensee to discuss serious non-compliance as defined in these regulations. If a licensee does not correct this non-compliance as stated in a corrective action plan or agreement of understanding, this may result in an enforcement action. In addition, a licensee may request a conference to dispute non-compliance with regulations cited by a licensing specialist during a compliance review, complaint or other visit, or to discuss the denial of a variance request.

**"Corrective action plan"** means a document listing non-compliance a licensee must correct, how to correct it, and the date OCCL requires the corrections to be completed. This document serves as written notice of non-compliance with these regulations. A licensee wishing to contest a non-compliance shall contact a licensing supervisor to request a conference or discuss the citation over the phone. The supervisor will then discuss the information with the licensing specialist and determine whether to remove the non-compliance from the corrective action plan.

**"CPSC"** means the U.S. Consumer Product Safety Commission.

**"Denial"** means the process of refusing to grant a license after OCCL receives an application. This constitutes refusal of permission to operate.

**"Department"** means the Department of Services for Children, Youth and Their Families.

**"Division"** means the Division of Family Services within the department.

**"Division director"** means the director of the Division of Family Services.

**"DPH"** means the Delaware Division of Public Health.

**"Enforcement action"** means an action taken by OCCL to promote compliance such as warning of probation, probation, suspension, revocation, or denial.

**"Family child care home"** or **"family home"** means a private home in which a licensee lives and provides licensed child care.

**"Family child care license"** means a document issued by OCCL allowing a person or entity to operate a family home after demonstrating compliance with these regulations and other applicable codes, regulations, and laws.

**"Family provider"** means the person responsible for the total program including providing child care and managing the administrative aspects of a family child care home.

**"Hazardous material"** means any item or agent (biological, chemical, radiological, and/or physical), that has the potential to cause harm to humans, animals, or the environment, by itself or through interaction with other factors.

**"Health care provider"** means a professional who practices medicine with or without supervision and is sanctioned by an established licensing body. The most common

types of health care providers include physicians, advance practice nurses or nurse practitioners, and physician assistants.

**"Home"** means both family and large family child care homes.

**"Household member"** means a person living in or spending the night in a family or large family home for more than 30 days within a year or a person who has a current driver's license or state-issued identification card showing the address listed on the license application.

**"Individualized educational program"** or **"IEP"** means a document written at least yearly which describes the services and supports needed for a child identified for special education usually for a child age three years and older.

**"Individualized family service plan"** or **"IFSP"** means a document written at least yearly about the required services for an infant or toddler (ages birth-two years) with an identified disability.

**"Infant"** means a child less than 12 months old.

**"Institutional abuse"** means a child is the subject of abuse or neglect while in out-of-home care as defined in 10 Del.C. §901.

**"Large family aide"** means the staff member who works under the direct supervision of the large family provider, large family assistant, or substitute and provides child care at a large family home. This staff member may not be alone with children, unless trained in administration of medication and CPR and first aid.

**"Large family assistant"** means the staff member who works under the supervision of the large family provider and provides child care at a large family home. This staff member may provide direct supervision of a large family aide and meets the qualifications listed in these regulations.

**"Large family child care home"** or **"large family home"** means a private home or a non-residential property where a licensee offers licensed child care.

**"Large family child care license"** means a document issued by OCCL allowing a person or entity to operate a large family home after demonstrating compliance with these regulations and other applicable codes, regulations, and laws.

**"Large family provider"** means the staff member responsible for the total program including providing child care and, when applicable, managing the administrative aspects of a large family child care home. This staff member may supervise large family assistants, large family aides, and substitutes and meets the qualifications listed in these regulations.

**"License"** means the document issued by OCCL granting authority to a licensee at the home's location to operate under applicable State laws.

**"Licensee"** means the individual or entity, such as a company, corporation, business, or agency, legally responsible for a family or large family home.

**"License extension"** means the process of lengthening an annual license by an additional month because all conditions to issue an annual license have not been met and are not in the control of the licensee.

**"Licensing specialist"** means an OCCL employee who is responsible for performing regulatory activities including monitoring child care facilities, investigating complaints, monitoring the need for enforcement actions, and making recommendations for licensure as set forth in Delaware Code and these regulations.

**"Licensing supervisor"** means an OCCL employee who is responsible for supervising licensing specialists. This person may perform regulatory actions and ensures licensing specialists are performing regulatory activities. This person approves complaint investigations, enforcement actions, and licenses.

**"Licensure"** means the status of a licensee when OCCL issued a child care license when the applicant demonstrated compliance with these regulations and applicable codes, regulations, and laws.

**"Office of Child Care Licensing" or "OCCL"** means the agency within the department authorized under 31 Del.C. §§341-345 to promulgate and enforce regulations for child care, to license child care facilities, and to develop and implement policies and procedures.

**"Overnight care"** means care for a child between the hours of 10 PM and 6 AM, when four or more hours are during a child's normal sleeping hours.

**"Parent/Guardian"** means a birth or adoptive parent, legal guardian, or other person having responsibility for, or legal custody of, a child.

**"Preschool-age child"** means a child age three through five not yet attending kindergarten or a higher grade. If a child is older than age five and not attending kindergarten or a higher grade, OCCL considers that child in the preschool-age group.

**"Private home"** means a non-public residence, such as a house, duplex, townhouse, apartment, or mobile home, where a licensee lives and has control over the furnishings and use of space.

**"Probation"** means an enforcement action initiated by OCCL due to the home being cited for serious non-compliance with these regulations. The division director approves this action. This action directs a licensee to correct all non-compliances and maintain compliance or face revocation or denial.

**"Provisional license"** means a license issued for a maximum period of three months when a licensee is temporarily unable to comply with DELACARE Regulations and there is no serious risk to the health, safety, or well-being of children. The licensee must agree to comply with a corrective action plan or an agreement of understanding. An extension beyond this time requires administrator approval.

**"Regulation"** means the minimum standard established by OCCL that is required for a particular aspect of child care.

**"Revocation"** means the process of rescinding a license during the license's effective dates withdrawing permission to operate.

**"School-age care"** means care, education, protection, supervision, or guidance for school-age children before or after school, during school holidays, or during summer months.

**"School-age child"** means a child who attends or has attended kindergarten or a higher grade out of the home.

**"Secretary"** means the Secretary of the Department of Services for Children, Youth and Their Families.

**"Section 504 Plan"** means a document describing accommodations provided to a child with a disability to ensure full participation at the home.

**"Serious injury"** means any impact or injury to a child's face or head, or any physical injury that creates a substantial risk of death or causes serious and prolonged disfigurement, prolonged impairment of health, or prolonged loss or impairment of the function of a body part.

**"Serious non-compliance"** means an action or actions that violate the terms of a license and presents a significant risk to children. Serious non-compliance includes, but is not limited to the following: child abuse or neglect, excessive non-compliance, failing to admit authorized people into the facility, failing to cooperate with an investigation, failing to disclose household members, failing to report abuse or neglect, improper discipline, improper release of children, improper staff-to-child ratios, inappropriate adult behavior, lack of supervision, medication errors, having no administrator or curriculum coordinator, being over-capacity, participating in fraud or making false statements, safe sleep violations, being sanctioned by another agency, providing transportation in an unsafe manner, being under the influence of drugs and/or alcohol, leaving unqualified staff alone with children, failing to complete comprehensive background checks as required, having an unsafe home/environment, violating an agreement of understanding, or refusing to sign an agreement of understanding.

**"Service Letters"** as required by the Delaware Department of Labor, 19 Del.C. §708, are used to determine whether a person seeking employment was counseled, warned, reprimanded, suspended, or discharged as a result of a reasonably substantiated incident involving his/her violent behavior or threat of violence in the workplace, or for abuse or negligence/neglect of patients/clients/residents/children.

**"Staff member"** means a licensee, a large family provider, a large family assistant, a large family aide, or a substitute. Although substitutes are considered staff members, a licensee is not required to provide a complete staff file for a substitute in a large family home.

**"Substitute"** means an adult staff member selected by a licensee to provide child care in a family or large family home. The substitute may provide care when a licensee, large family provider, large family assistant, or large family aide is not present due to

an emergency or non-emergency situation. The substitute may be present when a licensee or staff member is present but a licensee wants another person to help provide care. OCCL must approve substitutes.

**"Supervision"** or **"direct supervision"** (of children or staff members) means a licensee or staff member is physically present in the same room or area, including outside, with children or staff. Supervision of children includes providing watchful oversight and timely attention to children's actions and needs.

**"Suspension order"** means a notice issued by OCCL directing a licensee to stop providing child care as of a specific date. While the license is suspended, a licensee may not provide child care.

**"Toddler"** means a child at least 12 months old and less than 36 months old.

**"Training"** means an organized professional development activity that is accepted by OCCL as designed to develop or enhance the staff member's skills in providing care to children.

**"Variance"** means OCCL's approval for a licensee to meet the intent of a specific licensing regulation in a way that is different from the way the regulation specifies. OCCL will only give this approval when the change will not endanger the health, safety, or well-being of children in care.

**"Volunteer, adult"** or **"adult volunteer"** means a person at least 18 years old who provides an unpaid service or support to a family or large family home.

**"Volunteer, youth"** or **"youth volunteer"** means a person at least 13 years old who provides an unpaid service or support to a family or large family home. OCCL must approve youth volunteers before they begin volunteering.

**"Warning of probation"** means an enforcement action initiated by OCCL because the home was cited for serious non-compliance. OCCL's administrator approves this action. This action directs a licensee to correct all non-compliances and maintain compliance or face probation or another enforcement action.

#### **4. Definition of Regulated Services**

- A. Family child care is a licensed child care service offered by a person or a person who formed an entity. OCCL names this person or entity a licensee. A licensee provides this service for less than 24 hours per day and children attend without a parent/guardian. A licensee receives payment for services provided. There are two types of family child care; a level I may have a maximum of five or six children depending on their ages and a level II may have a maximum of nine children depending on their ages. Children living in the home who do not attend kindergarten or a higher grade count in these numbers. These regulations describe the ages of children allowed to be present in each type. A licensee provides care, education, protection, supervision, or guidance to children in his or her private home. Child care provided only to a person's own children, grandchildren, nieces, nephews, or stepchildren does not require a family child care license even if payment is received.

- B. Large family child care is a licensed child care service offered by a person or entity such as a company. OCCL names this person or entity a licensee. A licensee provides this service for less than 24 hours per day and children attend without a parent/guardian. A licensee receives payment for services provided. A licensee may have a maximum of 12 children. The ages of the children will determine the number of staff needed. Children living in the home who do not attend kindergarten or a higher grade count in these numbers. A licensee provides care, education, protection, supervision, or guidance to children in a private home or non-residential setting. Child care provided only to a person's own children, grandchildren, nieces, nephews, or stepchildren does not require a large family child care license even if payment is received.
- C. An individual or entity, such as a company, corporation, business, or agency, may not operate or provide child care services as defined in these regulations unless OCCL issues a family or large family child care license. Anyone who operates a home without a license violates 31 **Del.C.** §§341-345, The Delaware Child Care Act, and shall be fined not more than \$100 or imprisoned not more than three months, or both.

## **5. Authority to Inspect**

- A. Applicants, licensees, household members, and staff members, if applicable, shall allow access to the home during the hours of operation. This includes access to information, files, documents, and video recordings needed to determine compliance. If there is a question of regulatory compliance, access to unlicensed space must be granted. Access must be granted to officials from OCCL and other State and local agencies to determine compliance with applicable codes, regulations, or laws. A licensee shall ensure agencies providing payment for child care services are also granted access.
- B. Applicants, licensees, household members, and staff members, if applicable, shall allow and not hinder the interviewing of a licensee, staff member, household member, child in care, or child's parent/guardian by officials from OCCL or other State and local agencies. Interviews will occur to determine compliance with these regulations and other applicable codes, regulations, or laws. A licensee shall cooperate and have staff members cooperate with division investigations regarding allegations of child abuse or neglect.

## **6. License Requirements**

- A. A family home licensee must live in and provide care in his or her private residence.
- B. A large family home licensee may provide care in either the licensee's private residence or a commercial property, if permitted by zoning.
- C. A license remains the property of OCCL and is not transferable or subject to sale.
- D. A licensee shall post the license where it is visible to the public.
- E. When a home is sold, closes, or relocates; or when the license has been suspended or revoked; or the licensee dies; the license immediately becomes not valid.



## **PART II LICENSING PROCESS AND PROCEDURES**

### **7. Procedures for Initial Licensure**

- A. An applicant shall complete the following steps and submit the following information to OCCL when seeking a license:
1. Attend OCCL's information session and orientation to learn the application process and regulations;
  2. Submit a completed Family Child Care Home Initial License Application (see Appendix I) or a Large Family Child Care Home Initial License Application (see Appendix II), as applicable, which includes:

<b>Required Application Information:</b>
<ul style="list-style-type: none"><li>• Applicant's name, address, email, and phone numbers;</li></ul>
<ul style="list-style-type: none"><li>• Applicant's references: for corporations contact information for officers; for LLCs contact information for managing member;</li></ul>
<ul style="list-style-type: none"><li>• Previous licensure information, if applicable;</li></ul>
<ul style="list-style-type: none"><li>• Program information (including ages of children to be served);</li></ul>
<ul style="list-style-type: none"><li>• Household members; and</li></ul>
<ul style="list-style-type: none"><li>• Certifications that include:<ul style="list-style-type: none"><li>○ Agreement to comply with federal and State laws and regulations including, but not limited to, the Americans with Disabilities Act and Delaware Equal Accommodations law;</li><li>○ Statement that information supplied is true and correct; and</li><li>○ Acknowledgment that OCCL is required to make a thorough investigation of the applicant.</li></ul></li></ul>

3. Submit the following items to OCCL:

<b>Items to be Submitted:</b>
<ul style="list-style-type: none"><li>• Proof of compliance with zoning codes, and, if applicable, other codes, regulations, guidelines, or laws, such as those from Division of Revenue, Department of Natural Resources and Environmental Control for septic systems, and Office of Drinking Water for well water;</li></ul>
<ul style="list-style-type: none"><li>• Documentation that the home is free of lead-based paint hazards. Homes constructed in or after 1978 are exempt from lead-paint risk assessments and testing;<ul style="list-style-type: none"><li>○ If the home were constructed before 1978, an applicant or licensee shall provide a lead-paint risk assessment performed by an environmental testing firm certified by DPH showing the home to be free of lead-paint hazards.</li><li>○ If lead paint is identified but intact (i.e. not chipping, flaking, or peeling), the licensee shall monitor the identified areas at least every six months and document that the lead-based paint is intact (in good repair and not deteriorated). Lead-based paint is not regarded as a hazard if it is intact or not present in an accessible surface, a friction surface, or an impact surface that could result in an adverse human health effect.</li></ul></li></ul>

### Items to be Submitted:

- If lead-paint hazards are identified in the risk assessment, the applicant or licensee shall remedy the hazards by hiring a lead-safe contractor (lead abatement or renovation firm) certified by DPH to make the repairs.
  - Once the repairs are made, a lead-dust clearance inspection must be performed by an environmental testing firm certified by DPH to confirm the home is free of lead-based paint hazards.
  - An applicant or licensee shall provide the lead-dust clearance testing results to OCCL within five business days to confirm the home is free of lead-based paint hazards.
  - Children may not be present during repairs and the home must stay closed until the results of the dust clearance test are at appropriate levels and the lead-safe contractor states it is safe for the home to be open.
- If any lead-based paint identified in a risk assessment becomes deteriorated or if lead-based paint is located in an area to be remodeled, a licensee shall retain a contractor certified by DPH to work using lead-safe work practices (lead abatement/lead renovator) to perform any renovation/repair in a pre-1978 child-occupied facility;
  - Records of any renovation or repair work must be forwarded to OCCL within five business days.
  - Children may not be present during repairs or renovation until a lead dust clearance test is obtained and the lead-safe contractor states it is safe for the home to be open.
- Evidence showing the home to be free of radon hazards using the Environmental Protection Agency's guidelines;
  - Testing may be performed by the property owner or an inspector certified by the American Association of Radon Scientists, the National Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program.
  - If testing indicates a radon level over 4.0 pCi/l, radon mitigation according to industry standards must occur or a long-term radon test (90-120 days) must indicate a level less than 4.0 pCi/l.
- Electrical inspection of the home conducted by a State fire marshal recognized electrical inspection agency;
- Current certifications in CPR including a skills demonstration and first aid for the ages of the children in care. Applicants for large family homes are exempt from this requirement if not serving as a staff member;
- The names, addresses, phone numbers, and email addresses for three references who are familiar with, but not related to, the applicant and can describe the applicant's interactions with children;
- Release of employment form that allows OCCL to collect service letters as per 19 **Del.C.** §708. The form will list the applicant's current or most recent employer and all health care and child care facilities where the applicant worked within the past five years. If an applicant has no former employer, the applicant shall provide information for two more references;

### Items to be Submitted:

- Comprehensive background checks for the applicant, adult household members, substitutes, staff members, and adult volunteers including State and federal fingerprint checks.
  - In addition to the Delaware fingerprinting, applicants, adult household members, substitutes, staff members, and adult volunteers who currently reside outside of Delaware must contact their state of residence and complete a fingerprinted state criminal history search and a name-based child abuse and neglect search.
  - Applicants, adult household members, substitutes, staff members, and adult volunteers who have resided outside of Delaware in the last five years must contact each state of residence, and request a criminal history search and a child abuse and neglect search.
  - After the out-of-state searches are completed, the applicant must submit the results immediately to OCCL's Criminal History Unit (CHU).
  - The person may not be alone with children until CHU notifies the licensee of the person's eligibility after completing the comprehensive background check.
  - When OCCL has a reason to believe the health, safety, or welfare of a child in care may be at risk, OCCL may request parent/guardian permission for a comprehensive background check on a child household member and other medical, psychological, counseling, school, probation, or division records;
- Documentation of any case where the applicant gave up or lost custody of a child, if applicable;
- Health appraisals for the applicant, all adult household members, and the substitute completed within one year before the application date that includes a tuberculosis (TB) test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or others. The TB test or medical professional risk assessment must be completed within one year before the application date. This appraisal must confirm the person's health and document medical or physical conditions that may limit the person's ability to perform child care or have access to children and any reasonable accommodations that may be required;
- Health appraisals for child household members;
- State business license;
- Sample two-week menu, if providing meals or snacks (if using a catering service, a copy of the caterer's food establishment permit); and
- Documentation of completion of pre-service training in the following topics, if the applicant will work with children:
  - Six hours of quality-assured child development;
  - Three hours of quality-assured positive behavior management/social-emotional development;
  - Prevention and control of infectious diseases, including immunization;
  - Safe sleep practices, including prevention of sudden infant death syndrome;
  - Prevention of shaken baby syndrome and abusive head trauma;
  - Prevention of and response to food allergies;
  - Building and physical grounds safety;
  - Emergency preparedness and response planning;
  - Child abuse recognition and reporting requirements;
  - Storage of hazardous materials and biocontaminants;
  - Administration of medication; and
  - Safety measures in transporting children, if applicable.
- Large family applicants shall complete the additional requirements for large family homes as listed in Sections 60 through 70.

- B. Upon receipt of the completed application and required information, a licensing specialist shall:
1. Review the application and information, and inspect the premises to determine whether the applicant complies with these regulations;
  2. Make a recommendation for licensure. If a license is granted, it will be a six-month initial provisional license; and
  3. Notify the applicant as stated in subsection 12.D.2 if an initial provisional license to operate is denied.
- C. A licensing specialist shall conduct a compliance review at the home before the expiration of the initial provisional license. Once this review is completed, OCCL will issue a provisional or annual license depending upon whether full compliance is obtained. This license will be valid for six months.

## 8. License Renewal

- A. A licensee shall submit a completed Family Child Care Home Renewal License Application (see Appendix III) or a Large Family Child Care Home Renewal License Application (see Appendix IV), as applicable, to OCCL at least 60 days before the current license expires that includes the following unless previously submitted:

License Renewal Materials:	
• Health appraisals completed within one year before the application including a TB test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or other staff screenings for new substitutes, new household members, and household members who turned 18 during the previous licensing year. The TB test or medical professional risk assessment must be completed within one year before the application date. Written evidence of follow-up of any known health concern for the licensee, substitutes, or household members affecting or potentially affecting his or her ability to care for children;	
• Fingerprinting receipts for any new substitute, new adult household members, and household members who turned 18 during the previous licensing year;	
• 12 hours of annual training submitted before the license expires, if a family child care provider;	
• Current first aid and CPR cards;	
• Electrical inspection by an approved inspector conducted within the last three years;	
• A sample two-week menu of meals or snacks, if meal service has changed;	
• Certificate of liability insurance, if a large family home; and	
• A copy of the current State business license.	

- B. Applications received less than 60 days before the license expiration will be cited as late on the compliance review.
- C. When a licensee submits an application on time, the existing license will not expire until OCCL makes a decision on the renewal application.

- D. When a licensee submits an application after the license expires, if approved, the new license will start the date OCCL received the application. A license will not be backdated.
- E. A licensing specialist or licensing supervisor shall verify during an unannounced annual compliance review that the licensee complies with these regulations.
1. A licensee found to be noncompliant with the regulations will be cited and given a corrective action plan.
  2. Within five days of the citation, a licensee may request a conference with a licensing supervisor to dispute citations. A licensee may provide evidence that the home was wrongly cited.
- F. OCCL will issue one of the following types of licenses:
1. An annual license for 12 months when the licensee is in full compliance with the regulations;
  2. A provisional license when the licensee is unable to achieve full compliance before the current license expires and the licensee agrees to comply with the corrective action plan; or
  3. A license extension when compliance has not been determined through no fault of the licensee.

## 9. Relocation

- A. When possible, a licensee planning to relocate shall notify OCCL at least 60 days before a planned relocation of a home. A licensee shall submit a completed Family Child Care Home Relocation License Application (see Appendix V) or a Large Family Child Care Home Relocation License Application (see Appendix VI), as applicable. A licensee shall complete the appropriate relocation application and submit the following information on the new location to OCCL before a licensing specialist conducts a compliance review:

Relocation Materials:
• If renting the home, landlord approval;
• Fire marshal approval for the plans and inspection of the home;
• Proof of an electrical inspection of the home conducted by a State fire marshal recognized electrical inspection agency;
• Lead-paint risk assessment and requirements of subsections 7.A.3.2 through 7.A.3.4, if the home were built before 1978;
• Proof of compliance, if applicable, from the appropriate regulatory bodies governing zoning, building construction, plumbing, Department of Natural Resources and Environmental Control for septic systems, and Office of Drinking Water for well water; and
• Emergency plan.

- B. A licensee may not provide child care at the new location until OCCL issues a license at the new address.

## **10. Regulation Variance**

- A. An applicant or licensee shall comply with all regulations unless he or she requests a variance from OCCL and receives approval.
- B. The applicant or licensee shall describe on a written variance request form (see Appendix VII) how he or she will meet the intent of a specific regulation in a different way from the way the regulation states.
  - 1. The change may not endanger the health, safety, or well-being of children in care.
  - 2. The licensee shall keep the variance approval and make it available on request. A variance is valid only for this licensee. If the licensee fails to comply with the variance, OCCL will cancel the variance and require the licensee to comply as the regulation states.
  - 3. A variance denial may be appealed by requesting a conference with OCCL's administrator or designee.

## **11. Complaints**

- A. OCCL shall conduct an investigation when a complaint is received regarding a possible violation of these regulations.
- B. OCCL shall notify the licensee or a staff member that a complaint is being investigated at an unannounced visit.
- C. OCCL shall report the results of the investigation in writing.
- D. If the complaint is substantiated or if other violations are found during the investigation, a licensee shall correct the violations and come into compliance with these regulations.
  - 1. Within five days of receiving the complaint investigation report, a licensee may request a conference with a licensing supervisor to dispute citations or findings.
  - 2. A licensee may provide evidence that the home was wrongly cited.
- E. Complaints relating specifically to laws, rules, or regulations of other governmental entities (including but not limited to the Americans with Disabilities Act and Delaware Equal Accommodations Law) will be referred to the appropriate entity, charged with enforcement authority, for investigation. At the time of the referral, OCCL shall request a report of the findings. OCCL shall assist the complaining party with the referral process or make the referral itself, as appropriate. OCCL shall request a report of the findings at the conclusion of the investigation. These findings may be used as the basis for an OCCL enforcement action.
- F. An investigation by the Division's Office of Children's Services, Institutional Abuse Investigation Unit will be made if a complaint is received regarding the abuse or neglect of a child at the home by a staff member or household member.

## 12. Enforcement Actions

- A. To maintain licensure, a licensee shall follow these regulations and applicable federal, State, and local laws and regulations. Failure to do so will result in a corrective action plan or an enforcement action.
1. An enforcement action, such as warning of probation, probation, suspension, revocation, or denial of a license application, may be initiated by OCCL when a licensee fails to comply with a corrective action plan or agreement of understanding, or has been cited for serious non-compliance.
  2. A licensee may appeal a pending enforcement action by requesting a hearing within 10 business days of notification of OCCL's decision to impose the action.
  3. This appeal request may be written or verbal.
  4. A licensee may provide evidence that the home was wrongly cited.

B. License Suspension

1. OCCL may immediately suspend a license if the health, safety, or well-being of children in care is in serious or imminent danger.
  - a. A suspension order requires the licensee to immediately stop providing child care. Absent extenuating circumstances, a suspension order shall be in writing.
  - b. If a verbal suspension order is provided, it will be followed by a hand-delivered written suspension order by 9 AM the following business day.
  - c. A written suspension order must state the reason or reasons for the enforcement action.
2. Within 10 business days of OCCL issuing the written order, the licensee may choose to close permanently, remain suspended until the reason for the suspension has been corrected, or remain suspended and request a hearing in writing.
3. A hearing must be scheduled and held within 10 business days of the licensee's written request for a hearing.
  - a. A hearing officer with no previous involvement in the matter must be assigned by the division director.
  - b. The hearing officer may allow delays in the hearing only for good cause.
  - c. After a hearing officer makes a recommendation, the secretary determines whether to adopt the recommendation and issues a final decision. The decision will become final 10 business days after it is mailed or delivered.
  - d. The licensee will be notified in writing of the decision.

4. A licensee dissatisfied with the department's decision for suspension may file an appeal within 30 business days after the mailing or delivery of the decision notice.
  - a. A licensee appeals to the Delaware Superior Court in the county where the home is located, by filing the appeal in the Office of the Prothonotary for the Superior Court.
  - b. A licensee shall supply a copy of the appeal to OCCL.
  - c. The licensee pays any costs for this appeal that Superior Court rules require to be paid by the filing party.
  - d. The final decision of the secretary will remain in place during the appeal process unless otherwise ordered by the court pursuant to 29 Del.C. §10144.

C. Warning of Probation or Probation

1. OCCL may place a home on warning of probation or probation when serious non-compliance is cited.
  - a. OCCL shall notify the licensee in writing of the reasons it intends to place the home on warning of probation or probation.
  - b. This letter will describe how a licensee may appeal the decision by requesting a hearing to present information that the cited violations are not valid.
2. Within 10 business days of receiving the written notice, the licensee shall request a hearing or accept the enforcement action.
3. A hearing must be held within 30 calendar days of the hearing request.
  - a. The department will assign a hearing officer with no previous involvement in the matter.
  - b. A hearing officer may allow delays in the hearing only for good cause.
4. After a hearing officer makes a recommendation regarding probation, the division director determines whether to adopt the recommendation and makes a final decision. After a hearing officer makes a recommendation regarding warning of probation, OCCL's administrator determines whether to adopt the recommendation and makes a final decision. OCCL shall notify the licensee in writing of the decision.
5. A licensing specialist shall conduct unannounced visits during the enforcement period to ensure compliance with these regulations is maintained.
  - a. The findings will be reported to the licensee in writing.
  - b. A licensee found to be noncompliant with the regulations will be cited and given a corrective action plan.
    - 1) Within five days of the citation, a licensee may request a conference with a licensing supervisor to dispute citations.



- 2) A licensee may provide evidence that the facility was wrongly cited.
6. Failure to comply with licensing regulations while on warning of probation or probation may result in having the enforcement action extended or heightened.
7. A licensee may not increase the licensed capacity or receive a new license at an additional site while on an enforcement action or when issued a notice regarding OCCL's intent to place the home on an enforcement action.

D. Denial of a License Application or Revocation

1. The division may deny a license application or revoke a license for good cause, including but not limited to the following:

Reasons for Denial or Revocation:	
•	Failure to comply with applicable provisions of State law(s) or of these regulations;
•	Violation of the terms or conditions of its license;
•	Fraud or misrepresentation in obtaining a license or in the subsequent operation of the home;
•	Refusal to furnish OCCL with files, reports, or records as required by the law;
•	Refusal to permit an authorized representative of OCCL to gain admission to the home during operating hours;
•	Engaging in any activity, policy, practice, or conduct by the licensee, staff member, or household member that adversely affects or is deemed by the division to be detrimental to the education, health, safety, or well-being of children; or
•	Conduct that otherwise demonstrates unfitness by the licensee, staff member, or household member to operate or reside in a home.

2. The division shall notify the applicant or licensee in writing of the reasons it intends to deny a license application or revoke a license. This letter will describe how an applicant or licensee may appeal the decision by requesting a hearing to present information that the cited violations or reasons for the denial are not valid.
  - a. Within 10 business days of receiving the written notice, the applicant or licensee shall request a hearing in writing or accept the denial or revocation and close within the time stated in the notice.
  - b. If an applicant or licensee does not make a timely request for a hearing as stated in subsection 12.D.2.a the denial or revocation will take effect 30 business days after OCCL issued the notice.
3. A hearing must be held within 30 calendar days of the hearing request.
  - a. The department will assign a hearing officer with no previous involvement in the matter.

- b. A hearing officer may allow delays in the hearing only for good cause.
- 4. If an applicant or licensee requests a hearing in a timely manner, its existing license will be valid until the department provides a written decision after the hearing. However, OCCL may suspend a license immediately whenever the health, safety, or well-being of children in care is in serious or imminent danger.
- 5. After a hearing officer makes a recommendation, the secretary determines whether to adopt the recommendation and issues a final decision. The applicant or licensee will be notified in writing of the decision. The decision will become final 10 business days after it is mailed or delivered.
- 6. An applicant or licensee who is dissatisfied with the department's decision regarding revocation or denial may file an appeal within 30 business days of receiving the decision notice.
  - a. The applicant or licensee appeals to the Delaware Superior Court in the county where the home is located, by filing the appeal in the Office of the Prothonotary for the Superior Court.
  - b. The applicant or licensee shall supply a copy of the appeal to OCCL.
  - c. The applicant or licensee pays any costs for this appeal that Superior Court rules require to be paid by the filing party.
  - d. The final decision of the secretary will remain in place during the appeal process unless otherwise ordered by the court pursuant to 29 **Del.C.** §10144.
- 7. When a license has been revoked or an application has been denied, the licensee, applicant, household member, large family provider, or large family assistant may not apply for a license from OCCL for three years from the date that the revocation or denial was upheld. In addition, a household member or large family provider will not be issued a license during this three-year period.

### ***PART III REQUIREMENTS FOR FAMILY AND LARGE FAMILY CHILD CARE HOMES***

#### **13. General Requirements**

- A. A licensee and staff members shall be able to read, understand, and follow these regulations.
- B. A licensee, household and staff members, may not have convictions, current indictments, outstanding warrants, or substantial evidence of involvement in an activity involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others; or serious violations of accepted standards of honesty or ethical behavior. The department may at its own discretion, make exceptions when it is documented that the health and safety of children would not be endangered except as prohibited by the Child Protection Registry law as defined by 16 **Del.C.** §923.

- C. An applicant may not be licensed and a licensee may not own a child care home if he or she is prohibited by law from working in child care or is determined ineligible under the DELACARE Regulations - Background Checks For Child-Serving Entities. In addition, a licensee may not employ or keep in any capacity a household member or other person with direct access to children if:

<b>Reasons a Person Cannot Work or be a Household Member at a Family Home:</b>
<ul style="list-style-type: none"><li>• Convicted of a prohibited offense, for the time listed in 31 Del.C. §309;</li></ul>
<ul style="list-style-type: none"><li>• Determined ineligible under the DELACARE Regulations - Background Checks For Child-Serving Entities;</li></ul>
<ul style="list-style-type: none"><li>• Active on the Delaware Child Protection Registry for a Level III or Level IV substantiation of abuse or neglect;</li></ul>
<ul style="list-style-type: none"><li>• His or her child or children are currently removed from this person's custody because of abuse or neglect; or</li></ul>
<ul style="list-style-type: none"><li>• Convicted of a prohibited offense, as defined in the federal Child Care Development Block Grant Act.</li></ul>

- D. A licensee may not employ or keep in any capacity a person with direct access to children whose child or children are removed from his or her custody because of abuse, neglect, or dependency.
1. A person who has given up or otherwise lost custody of his or her children for reasons other than abuse, neglect, or dependency shall present documentation to the department regarding the circumstances of this event.
  2. The department will determine whether this individual may work or be present at the home.
- E. A licensee shall ensure before a person becomes a household member, staff member, or adult volunteer or within five days of a household member turning 18 years old, he or she is fingerprinted by the Delaware State police for a Delaware SBI and FBI check.
1. Staff members shall provide the fingerprint verification form to the licensee before working with children.
  2. In addition to the Delaware fingerprinting, staff members and adult volunteers who currently reside outside of Delaware must contact their state of residence and complete a fingerprinted state criminal history search and a name-based child abuse and neglect search.
  3. Staff members, household members, and adult volunteers who have resided outside of Delaware in the last five years shall contact each state of residence, and request a criminal history search and a child abuse and neglect search.
  4. After the out-of-state searches are completed, the licensee shall submit the results immediately to the Department's Criminal History Unit (CHU).
  5. Until OCCL's Criminal History Unit determines a person eligible and sends an approval notice, a staff member or household member must be supervised at all times by a person who has completed the background check process and been determined eligible.

6. A staff member or adult household member may not be alone with children until CHU reviews the comprehensive background check and determines eligibility.
- F. Within 30 days of becoming a household or staff member or a household member turning 18 years old, a licensee must provide documentation of a health appraisal conducted within the past year including a TB test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or other staff to OCCL. The TB test or medical professional risk assessment must be completed within the past year.
  - G. A licensee shall ensure adult volunteers who are present for more than five days or 40 hours per year provide a health appraisal including a TB test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or other staff to the licensee.
    1. The health appraisal and TB test or medical professional risk assessment must be completed within one year before the volunteer start date.
    2. This appraisal must confirm the person's health and document medical or physical conditions that may limit the person's ability to perform child care or have direct access to children and any reasonable accommodations that may be required.
    3. A licensee shall keep this appraisal on file at the home.
  - H. A licensee shall ensure a volunteer is not alone with children.
  - I. When a concern arises, a licensee shall ensure a staff or household member provides or allows the release of information to OCCL to determine that the person does not pose a direct threat to the health, safety, or welfare of a child. OCCL may request medical, psychological, counseling, school, probation, and/or division records.
  - J. A licensee shall ensure a staff member or household member with known health concerns that might pose a direct threat to the health and safety of children provides documentation to OCCL from a health care provider. This documentation must state that the person may have direct access to or work with children and any reasonable accommodations that may be required.
  - K. A licensee shall ensure a staff or household member diagnosed or treated for a mental illness that might pose a direct threat to the health and safety of children provides documentation to OCCL from a health care provider. This documentation must state that the person may have direct access to or work with children and any reasonable accommodations that may be required.
  - L. Any person present in the home may not drink alcohol or be under the influence of alcohol or illegal drugs when children are in care. Illegal drugs or substances, or non-prescribed controlled substances are prohibited from being in the home. A licensee shall ensure that the use of drugs that could adversely affect the ability to care for children is prohibited in the home.
  - M. A licensee who is working as a staff member shall have no other job during child care hours.
  - N. A licensee shall ensure providing care is the focus during the hours of care. A licensee may not take part in or allow the staff members to take part in activities that distract from providing care during that time. Examples of distracting activities include, but are not limited to, socializing or entertaining; using or watching electronics; except for communicating for business reasons; doing

- intensive housework, chores, home repairs, or remodeling tasks; or working on hobbies or crafts.
- O. A licensee may not provide direct care for a person recovering from a long-term illness or surgery requiring nursing care at the home during the hours children are in care.
  - P. A licensee may not provide foster care or kinship care for children or adults without OCCL's prior written approval.
    - 1. This approval must be updated annually.
    - 2. OCCL shall count preschool-age or younger foster care or kinship care children in the capacity of the home even if they attend care somewhere else.
  - Q. A licensee or staff member shall supervise a child in care at all times.
  - R. A licensee shall ensure children are not responsible for child care duties.
  - S. The maximum number of children allowed to be present at any given time will be determined by the family licensee's or large family provider's experience and qualifications, the ages of the children living in the home, the amount of usable child care space, and fire marshal and zoning limitations.
  - T. A licensee shall ensure parents/guardians can enter areas of the home used for care when their children are in care.
  - U. A licensee and staff members shall be able to do the following:
    - 1. Understand and respect children and their families and cultures;
    - 2. Meet the needs of children;
    - 3. Supervise children to ensure their safety during all activities;
    - 4. Support children's physical, intellectual, social, and emotional growth;
    - 5. Deal with emergencies in a calm manner; and
    - 6. Use positive behavior management.

#### **14. General Capacity**

- A. Preschool-age or younger household members count toward the capacity even if they attend care somewhere else.
- B. Any child preschool-age or younger present at the home counts toward the capacity.
- C. School-age household members not attending school outside of the home count toward the capacity as preschool-age children.
- D. School-age household members attending school outside of the home do not count toward the capacity.
- E. Each school-age household member may have no more than two school-age friends visit during child care hours.
  - 1. These friends do not count toward capacity unless present with the children in care.
  - 2. The licensee may not be paid for the care of these friends.
- F. School-age children not living in the home and present at the home count toward the capacity unless visiting a school-age household member in an area or space separate from the children in care.

- G. School-age children may only attend before school, after school, during school holidays, and during school vacations.

## 15. Use of a Substitute

- A. A licensee shall arrange for a substitute who is at least 18 years old.
1. This substitute may be available to assist in non-emergency situations but must be available in case of an emergency. OCCL defines an emergency as an unplanned event, such as a serious or sudden illness, accident, or situation, requiring the immediate attention of a licensee.
  2. The substitute and licensee may both be present at the home; however, a licensee shall provide the majority of the child care duties.
- B. A licensee shall post the substitute's name and phone number in the home and provide this information to OCCL.
- C. A licensee shall document on the form provided by OCCL that substitutes used only for emergencies receive training in the following topics before working with children:

Training for Emergency-Use Substitutes:
• DELACARE Regulations;
• Policies and procedures of the home including special health care concerns of the children in care, such as allergies;
• Emergency preparedness and disaster and evacuation plans;
• Safe sleep practices, including prevention of sudden infant death syndrome, if caring for infants;
• Recognition of the symptoms of child abuse and neglect; and
• Child abuse and neglect laws and reporting requirements.

- D. A licensee shall document on the form provided by OCCL that substitutes used for non-emergency situations receive training in the following topics before working with children:

Training for Non-Emergency-Use Substitutes:
• DELACARE Regulations;
• Policies and procedures of the home;
• Emergency preparedness and disaster and evacuation plans;
• Safe sleep practices including prevention of sudden infant death syndrome, if caring for infants;
• Prevention of shaken baby syndrome and abusive head trauma, if caring for infants;
• Prevention of and response to food allergies;
• Prevention and control of infectious diseases, including immunization;
• Building and physical grounds safety;
• Storage of hazardous materials and biocontaminants;
• Recognition of the symptoms of child abuse and neglect;
• Child abuse and neglect laws and reporting requirements (certificate required);
• CPR and first aid;
• Administration of medication; and
• Safety measures in transporting children, if applicable.

- E. A licensee shall keep a copy of the substitute's health appraisal, comprehensive background check results showing eligibility, and orientation record on file at the home. Also, a licensee shall ensure substitutes used for non-emergency situations have an administration of medication certificate, CPR certification including a skills demonstration, and first aid certification on file at the home.
- F. A licensee shall ensure the substitute has access to each child's file, knows special or emergency information about each child, and keeps all children's information private.
- G. The substitute may provide care in the home in the absence of a licensee, or if applicable, the large family provider or large family assistant. A licensee does not need to inform OCCL or receive approval to use a substitute in the following situations:

<b>OCCL Approval is not Needed for Substitute Use in these Situations:</b>	
<ul style="list-style-type: none"> <li>• Emergencies as defined in subsection 15.A.1;</li> <li>• Medical appointments;</li> <li>• School appointments; or</li> <li>• Time off for less than five days in a row.</li> </ul>	

- H. The substitute may provide care in the home in the absence of a licensee, large family provider, or large family assistant. A licensee shall inform OCCL and receive approval to use a substitute in the following situations:

<b>OCCL Approval is Needed for Substitute Use in these Situations:</b>	
<ul style="list-style-type: none"> <li>• Training/classes held for three or more sessions;</li> <li>• Student teaching;</li> <li>• Internship or practicum to meet qualifications or annual training; or</li> <li>• Time off for five or more days in a row.</li> </ul>	

- I. Before using a substitute, a licensee shall tell the parent/guardian who the substitute is and when the substitute will be caring for the children, unless it is an emergency.
- J. A licensee shall record the date and times a substitute is present and is helping with the children or providing care. A licensee shall maintain this record for at least three months.

## 16. Notification to OCCL

- A. The licensee shall immediately call the 24-Hour Child Abuse Report Line (currently listed as 1-800-292-9582) when a child in care dies. After this call, a licensee shall immediately notify OCCL.
- B. A licensee shall call OCCL and speak to someone within one business day during business hours (leaving a message is not acceptable) in the event of:

<b>Notify OCCL Within One Business Day in the Event of:</b>
<ul style="list-style-type: none"> <li>• A fire, flood, or other disaster causes damage that affects the home's ability to operate safely;</li> </ul>
<ul style="list-style-type: none"> <li>• Injury of a child while in the care of the home, when the licensee is informed the child required medical/dental treatment other than any first aid provided at the home. A licensee shall follow this call with a written report within three business days;</li> </ul>
<ul style="list-style-type: none"> <li>• The phone number of the home changes (must also notify each child's parent/guardian and staff members);</li> </ul>
<ul style="list-style-type: none"> <li>• Suspected abuse or neglect of a child while in care (after reporting the suspicion to the 24-Hour Child Abuse Report Line, currently listed as 1-800-292-9582);</li> </ul>
<ul style="list-style-type: none"> <li>• Suspected child abuse or neglect involving the licensee, household member, or staff member being investigated by the department;</li> </ul>
<ul style="list-style-type: none"> <li>• A youth wants to volunteer;</li> </ul>
<ul style="list-style-type: none"> <li>• Any known new charges, arrests, or convictions of the licensee, household member, or staff member;</li> </ul>
<ul style="list-style-type: none"> <li>• A child is abducted from the home or is missing while in the licensee's care;</li> </ul>
<ul style="list-style-type: none"> <li>• A child had a reaction to medication requiring medical treatment or received medical treatment because of a medication error such as giving the wrong medication, giving the wrong dose, failing to give the medication, giving medication to the wrong child, or giving the medication by the wrong route. The licensee shall follow this call with a written report within three business days; or</li> </ul>
<ul style="list-style-type: none"> <li>• An equipment breakdown that threatens the health and safety of children in care, including but not limited to lack of working toilets, interruption of running water, loss of phone service or power, smoke/fire alarm system failure, and heating or air-conditioning failure.</li> </ul>

- C. A licensee shall call OCCL and speak to someone within five business days (and send follow-up documentation to the assigned licensing specialist within 10 business days) when the following changes:

<b>Notify OCCL Within Five Business Days in the Event of:</b>
<ul style="list-style-type: none"> <li>• Hours of child care provided;</li> </ul>
<ul style="list-style-type: none"> <li>• Household members;</li> </ul>
<ul style="list-style-type: none"> <li>• Household member turns 18 years old;</li> </ul>
<ul style="list-style-type: none"> <li>• Substitute;</li> </ul>
<ul style="list-style-type: none"> <li>• Licensee, household member, or staff member develops a serious health condition or is diagnosed with a mental illness that poses a direct threat to the health and safety of children. Documentation from a health care provider is required that states the person may have direct access to or work with children and any reasonable accommodations that may be required; or</li> </ul>
<ul style="list-style-type: none"> <li>• Intended use of a substitute as listed in subsection 15.A.1.</li> </ul>

- D. A licensee shall notify and receive OCCL and fire marshal approvals before changing the rooms used for care or providing care in the new space.



- E. When possible, a licensee shall notify OCCL in writing or by calling OCCL at least 60 days before moving the home to a new address and complete the relocation process as stated in Section 9. A new license is required at the new address before providing care there.

## **17. Telephones**

- A. A licensee shall ensure the home has a working phone with a working voicemail.
- B. A licensee shall post emergency phone numbers for ambulance or emergency medical services, police, fire departments (911); the Poison Control Center; and the 24-Hour Child Abuse Report Line (currently 1-800-292-9582).

## **18. Positive Behavior Management**

- A. A licensee shall have and follow an easy-to-understand written children's behavior management statement. This statement must be given to a parent/guardian at enrollment and staff members.
- B. A licensee shall ensure that all staff use prevention strategies, appropriate redirection rather than restraint, and positive developmentally-appropriate methods of behavior management of children, which encourage self-control, self-direction, positive self-esteem, social responsibility, and cooperation.
  - 1. Staff shall give directions and guidance in a clear, non-threatening manner.
  - 2. In addition, staff members shall intervene quickly to ensure the safety of the child and others; redirect children by suggesting other acceptable behaviors; escort the child to a different setting when necessary and speak so children understand their feelings are important and acceptable, but their disruptive behavior is not.
  - 3. As children develop, these methods must be modified to encourage them to control their own behavior, cooperate with others, and solve problems by developing ideas about the best possible solution.
- C. A licensee shall consult with a child's parent/guardian and professionals, if necessary, to design effective positive behavioral interventions and to adapt behavior management practices for a child who has a special need, including a behavioral or emotional disability.
- D. A licensee and staff members shall teach by example by always being respectful when speaking with children and others.
- E. A licensee shall ensure that if "time-out", is used, it is used only as necessary to help the child gain control of behavior and feelings. It must be used as a supplement to, not a substitute for, other developmentally-appropriate methods of behavior management.
  - 1. "Time-out" must be limited to brief periods of no more than one minute for each year of a child's age.
  - 2. "Time-out" may not be used for infants.
  - 3. Before using "time-out", the staff member shall discuss the reason for the "time-out" in language appropriate to the child's level of development and understanding.

4. A child removed from the group or room during a “time-out” must be supervised. Before rejoining the group or at another time, a staff member must talk to the child in ways that encourages the child to make better decisions in the future.

F. A licensee shall ensure the following actions are prohibited:

<b>Prohibited Acts:</b>
<ul style="list-style-type: none"><li>• Roughly handling a child or physical punishment inflicted on a child's body, including, but not limited to the following: shaking, grabbing, striking, hair-pulling, biting, pinching, plucking, slapping, hitting, kicking, or spanking;</li></ul>
<ul style="list-style-type: none"><li>• Yelling at, humiliating, or frightening children;</li></ul>
<ul style="list-style-type: none"><li>• Physically or sexually abusing a child;</li></ul>
<ul style="list-style-type: none"><li>• Making negative comments about a child's looks, ability, ethnicity, family, or other personal traits;</li></ul>
<ul style="list-style-type: none"><li>• Denying children food, water, or toilet use because of inappropriate behavior;</li></ul>
<ul style="list-style-type: none"><li>• Tying, taping, chaining, caging, or restraining a child by a means other than holding. The child may be held only as long as necessary for the child to regain control;</li><li>• If the child or others are in imminent danger or a risk to themselves or others, physical holding for as brief as possible to remedy the risk or removing the child to a safer location is permissible. Supervision is required.</li><li>• In the event physical holding is used, documentation must occur by the staff to ensure safety for all (child and staff member).</li></ul>
<ul style="list-style-type: none"><li>• Punishing children for a toileting accident, or for failing to fall asleep, eat food, or complete an activity;</li></ul>
<ul style="list-style-type: none"><li>• Withholding physical activity as punishment; or</li></ul>
<ul style="list-style-type: none"><li>• Encouraging or allowing children to hit, punish, or discipline each other.</li></ul>

## 19. Breast Feeding

A licensee shall have and follow a policy to address the needs of a child who is breastfed. This policy must include allowing a mother to breastfeed her child at a designated place at the home that is clean, removed from public view, and not located in a bathroom or kitchen.

## 20. Parent/Guardian Communication

A. A licensee shall discuss the following information with a parent/guardian during the enrollment process and as needed:

<b>Discuss the Following Information with a Parent/Guardian:</b>
<ul style="list-style-type: none"><li>• Explain that parent/guardian visits are welcomed;</li></ul>
<ul style="list-style-type: none"><li>• Ask about each child's culture and community, show respect for each family and culture, and discuss how to support these child care practices, especially concerning infants and toddlers;</li></ul>
<ul style="list-style-type: none"><li>• State that parents/guardians are most important in children's development;</li></ul>
<ul style="list-style-type: none"><li>• Identify the ongoing needs of the child and learn parent/guardian preferences, goals, concerns, or special circumstances that may influence the child's development, behavior, and learning;</li></ul>

<b>Discuss the Following Information with a Parent/Guardian:</b>
<ul style="list-style-type: none"> <li>• Explain how infant activities, such as feeding or sleeping, will be shared at the end of each day;</li> </ul>
<ul style="list-style-type: none"> <li>• Explain safety procedures for indoors and outdoors, fires, pets, first aid, and emergencies;</li> </ul>
<ul style="list-style-type: none"> <li>• Explain cleaning procedures, such as disinfecting, Standard Precautions as described in Section 39, diapering, and toileting; and</li> </ul>
<ul style="list-style-type: none"> <li>• Explain the program, including routine activities, equipment, and sleeping accommodations.</li> </ul>

- B. A licensee shall have and follow written policies in a handbook. The handbook must be given to a parent/guardian at enrollment.

<b>The Handbook must Include the Following Information:</b>
<ul style="list-style-type: none"> <li>• A typical daily schedule;</li> </ul>
<ul style="list-style-type: none"> <li>• Positive behavior management policy;</li> </ul>
<ul style="list-style-type: none"> <li>• Health policy, including the following: <ul style="list-style-type: none"> <li>○ Emergency health care that states how the parent/guardian will be notified, how the child will be transported, and what will happen if a parent/guardian cannot be reached;</li> <li>○ Health exclusions listing when children are not allowed to be admitted or remain in care and what will happen when a child becomes ill and a parent/guardian cannot be reached; and</li> <li>○ Notification and prevention of an outbreak of a communicable disease, including a list of reportable communicable diseases, and how parents/guardians will be informed if their children were exposed to a communicable disease or condition;</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Food and nutrition policy, including a statement that children are encouraged but not forced to eat; approximate times of snacks and meals; how food allergies and other dietary requirements are handled; and whether a licensee or parent/guardian will provide food;</li> </ul>
<ul style="list-style-type: none"> <li>• Release of children policy, including the following: <ul style="list-style-type: none"> <li>○ Procedures to release children only to people approved by a parent/guardian, including a process for the emergency release of a child;</li> <li>○ Allowing school-age children to walk to their home or from the school bus stop to the family or large family home each with written parent/guardian permission;</li> <li>○ Checking the identity of an unknown approved person before releasing the child and keeping documentation of this verification;</li> <li>○ Procedures for handling situations in which a non-custodial parent attempts to claim the child without custodial parent/guardian permission; and</li> <li>○ Procedures to be followed when an unapproved person wants to pick up a child, or a person who seems to be intoxicated or unable to bring the child home safely requests the release of a child;</li> </ul> </li> </ul>

<b>The Handbook must Include the Following Information:</b>
<ul style="list-style-type: none"> <li>• Reporting procedures for accidents, injuries, or serious incidents;</li> </ul>
<ul style="list-style-type: none"> <li>• Mandatory reporting of child abuse and neglect policy;</li> </ul>
<ul style="list-style-type: none"> <li>• Administration of medication policy including reasonable accommodations for children with medical needs;</li> </ul>
<ul style="list-style-type: none"> <li>• Safe sleep practices for infants, if applicable;</li> </ul>
<ul style="list-style-type: none"> <li>• Description of animals or pets regardless of the location within the home;</li> </ul>
<ul style="list-style-type: none"> <li>• Suspension and expulsion policies such as the “Best Practice Statement for the Prevention of Expulsion and Suspension in Delaware Early Childhood Programs,” found on the “My Child DE” website;</li> </ul>
<ul style="list-style-type: none"> <li>• Non-discrimination policy assuring the child or family will not be discriminated against based on race, color, national origin, gender, age, sex, pregnancy, marital status, sexual orientation, gender identity or expression, religion, creed, disability, veteran’s status, or any other category protected by state and/or federal laws; and</li> </ul>
<ul style="list-style-type: none"> <li>• Transportation policy, if applicable.</li> </ul>

## 21. Parents Right to Know Act

A licensee shall provide a parent/guardian with information about the right to review the home's licensing record, as stated in **31 Del.C. §398**.

- A. As a part of the enrollment inquiry process, a licensee shall require the parent/guardian to read and sign The Parents Right to Know Form and keep the form on file.
- B. A licensee shall give a copy of the form to the parent/guardian.
- C. A licensee shall keep a log that documents the printed names of the child and parents/guardians and the date the *Parents Right to Know Form* was provided. This information shall be included for children who do not become enrolled, are currently enrolled, and are no longer enrolled.
  1. This log shall be signed by the parent/guardian.
  2. This log shall be provided to OCCL at each annual compliance review. Once a log is provided to OCCL, a licensee is not required to keep that log on file at the home.

## 22. Children's Files

- A. A licensee shall have an on-site private file for each child by the time care begins. The file must contain the following information, unless otherwise stated:

<b>Child File Requirements:</b>
<ul style="list-style-type: none"> <li>• Child's first and last names, date of birth, address, and parents/guardians' home and cell phone numbers, if applicable;</li> </ul>
<ul style="list-style-type: none"> <li>• Parents/guardians' name(s), place(s) and hours of employment, and work phone number(s), if applicable;</li> </ul>
<ul style="list-style-type: none"> <li>• Names and emergency phone numbers for at least two people approved to pick up the child;</li> </ul>
<ul style="list-style-type: none"> <li>• First and last names of all people approved to pick up the child;</li> </ul>
<ul style="list-style-type: none"> <li>• Name and phone number of the child's health care provider;</li> </ul>

<b>Child File Requirements:</b>	
• Health appraisal and immunization record (or notarized religious or medical exemption from immunization) on file at the home within 30 days of enrollment;	
• Date child began care, hours/days child is to attend, and date child left care, if applicable;	
• If provided by the parent/guardian, a statement of the child's medical, developmental, or educational special needs including but not limited to: copies of an IEP, IFSP, and Section 504 plan, and information on allergies, current illnesses or injuries, previous serious illnesses or injuries, and needed medications;	
• Written approvals from parent/guardian for: emergency medical treatment and, if applicable, special dietary needs, swimming, administration of medication, use of electronics/screen time as described in subsection 52.J, sleeping on a mat as described in subsection 35.C.2, sleeping in another area as described in subsection 35.J, and transporting the child;	
• If applicable, copies of court orders on custody and visitation arrangements provided by the parent/guardian;	
• If applicable, administration of medication records and accident and injury reports; and	
• <i>The Parents Right to Know Form</i> signed by the child's parent/guardian.	

- B. A licensee may not give out or allow the use of a child's/family's information without written parent/guardian permission to do so, unless required by officials from OCCL, the division, or other agencies responsible for issues relating to the health, safety, and well-being of children.
- C. A licensee shall update information provided by a parent/guardian as it changes. The file must be available to staff members. This file must be available for three months after a child has left care.

## 23. Children's Health Appraisal

- A. A licensee shall ensure that within one month of starting care, each child's file contains a health appraisal that includes an immunization record. A health care provider shall have conducted this appraisal within the last 12 months. A licensee does not need a child's health appraisal if other federal or State laws require the home to admit a child without an appraisal. Health appraisals must be updated every 13 months. A licensee shall keep the most recent appraisal on file and it must include:

<b>Health Appraisal Requirements:</b>	
• A health history;	
• Physical examination;	
• Growth and development;	
• Age-appropriate immunizations as described in Appendix VIII;	
• Medical information for treatment in case of emergency; and	
• Recommendations regarding required medication, allergies, restrictions or modifications of the child's activities, diet, or care, if applicable.	

- B. A licensee is not required to update health appraisals for children in grades kindergarten or higher after receiving one completed after the child began kindergarten or a higher grade.
- C. A licensee shall ensure a child whose parent/guardian objects to immunizations on a religious basis or whose health care provider certifies that immunizations may be harmful to the child's health will be exempt from the immunization requirement.
  - 1. A notarized statement or documentation from a health care provider is required for this exemption.
  - 2. A licensee shall place this documentation in the child's file.

#### **24. Daily Attendance of Children**

A licensee shall have daily attendance records for children that state the exact time each child arrives and departs from the home. A licensee shall keep these records for at least three months.

#### **25. Infants' Records**

- A. A licensee shall have daily records of an infant's feeding, sleeping, diapering, and other routine activities.
- B. A licensee shall share these records with the infant's parent/guardian at the end of each day.
- C. The record shall include documentation of checking the infant every 30 minutes when the infant is sleeping, or every 15 minutes for infants and children under age two as described in subsection 35.J. These sleep checks are to make sure the infant is breathing normally and not showing signs of distress.

#### **26. Health Observations**

- A. A licensee shall ensure each child is observed on arrival for signs of communicable disease, injury, signs of ill health as listed in Section 41, and signs of child abuse or neglect.
- B. A licensee shall document concerns and steps taken to assist the child.
  - 1. A licensee shall keep documented concerns in the child's file.
  - 2. A person who suspects child abuse or neglect shall make a report to the Child Abuse Report Line.

#### **27. Hazardous Materials**

- A. Before license renewal, unless previously submitted to OCCL, a licensee shall provide a lead-paint risk assessment performed by an environmental testing firm certified by DPH showing the home to be free of lead-based paint hazards if the home were built before 1978.
  - 1. If lead paint is identified but intact (i.e. not chipping, flaking, or peeling), a licensee shall monitor the areas as described in subsection 7.A.3.
  - 2. If lead-paint hazards are identified in the risk assessment, a license shall remedy these hazards as described in subsection 7.A.3.

- B. A licensee shall ensure radon testing is performed once every five years between the months of October and March and within six months after any remodeling, renovation, or construction.
  - 1. This testing may be performed by the property owner or an inspector certified by the American Association of Radon Scientists, the National Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program.
  - 2. If testing indicates a radon level over 4.0 pCi/l, a licensee shall ensure acceptable radon mitigation occurs or a long-term radon test (90-120 days) indicates a level less than 4.0 pCi/l.
  - 3. Copies of radon testing results shall be sent to OCCL within five business days of receiving the results.
- C. A licensee shall ensure matches, lighters, medicines, drugs, alcohol, cleaning products, detergents, aerosol cans, plastic bags, cords and strings from window blinds, firearms, ammunition, and other similar items are stored safely in areas out of children's reach.
- D. A licensee shall ensure containers of poisonous, toxic, or hazardous materials are:
  - 1. Labeled with the contents;
  - 2. Used only in the manner and under the conditions that will not contaminate food or constitute a hazard to children or to staff; and
  - 3. Stored in a locked storage space accessible only to staff.
- E. Materials required for routine cleaning and maintenance must be stored out of children's reach and used in a safe manner.

## **28. Heating and Cooling**

- A. A licensee shall ensure screens are in good repair on all windows, doors, or openings to the outside used for venting the home.
- B. A licensee shall ensure that temperatures in rooms used by the children are kept at a minimum temperature of 68°F and a maximum of 82°F unless there is a conflict with federal and State energy laws.
  - 1. OCCL allows an exception if a room temperature drops within the range of 60° F- 67° F or rises within the range of 83° F- 90° F and a licensee can return that room to the proper temperature within the next four hours.
    - a. If the room temperature cannot be restored within four hours or the temperature is below 60°F or above 90°F, the home must close.
    - b. The home must remain closed until the heating or cooling problem is resolved and the correct temperature is maintained.
  - 2. A licensee shall inform OCCL when closing is necessary.

- C. For a home licensed after January 1, 2009, a licensee shall use air conditioning during hot weather to keep rooms used by children within the required temperature range.
- D. A licensee shall ensure all floor or window fans and cords are out of children's reach and have a safety certification mark from a nationally recognized testing laboratory such as Underwriters Laboratories or Electro-Technical Laboratory.
- E. The licensee shall ensure heating and cooling equipment prevents injury to children by having safety shielding.
  - 1. Fire code prohibits the use of unvented, fuel-fired heating equipment such as portable kerosene heaters.
  - 2. Hot water pipes, steam radiators, electric space heaters, and wood-burning stoves must be out of children's reach to protect children against burns.
  - 3. Electric space heaters must be stable and have a safety certification mark from a nationally recognized testing laboratory.
  - 4. A licensee shall securely screen or equip fireplaces with protective guards while in use.
- F. Heating, cooling, and plumbing equipment must be properly installed, cleaned, and maintained to operate safely.

## **29. Indoor space**

- A. A licensee shall ensure there are no health and safety hazards in the home.
- B. A licensee shall keep the home and its furnishings in a clean and safe condition. Floors, walls, counter surfaces, toilets, and surfaces or finishes must be cleanable and in good repair.
- C. A licensee shall ensure stairways over four steps used by children, inside and outside, have handrails at a maximum height of 38 inches.
- D. A licensee shall use securely installed safety gates, such as those approved by the American Society for Testing and Materials (ASTM), at the top, bottom, or both locations of stairways where infants and toddlers are in care to prevent falls and access to the stairs.
  - 1. Gates must have latching devices that adults, but not children, can open easily.
  - 2. Pressure or accordion gates may not be used.
  - 3. If a licensee cannot set up a safety gate as stated in the manufacturer's instructions because of the home's design, then a licensee shall safely prevent infants and toddlers from accessing stairways in another way.
- E. A licensee shall ensure that raised areas at the home other than stairways, over two feet, such as porches, elevated walkways, and elevated play areas, have walls or barriers to prevent falls over the open side. The walls or barriers must be at least 36 inches tall.
- F. A licensee shall ensure door locks or latches in rooms used by children can open from either side of the door and the opening device or key is available to a licensee and staff members.
- G. A licensee shall have a bathroom with a working toilet and sink. A licensee shall ensure toilet paper is available for children to use in the bathroom at all times.



- The sink must have hot and cold running water. Children may use a bathroom that is not on the child care level if it is the only bathroom in the house.
- H. A licensee may not allow children to use rooms or spaces reachable only by ladder, folding stairs, or through a trap door.
  - I. A licensee shall keep the home free from rodent and insect infestation. If pesticides are used, they must be used according to the instructions listed on the label.
  - J. A licensee shall ensure a working flashlight is available in the home.
  - K. A licensee shall cover all electrical outlets that children can reach, including unused power strips.
  - L. A licensee shall ensure glass doors and windows within 36 inches of the floor have a vision strip or decal at children's eye level.
  - M. A licensee shall ensure a State fire marshal recognized electrical inspection agency conducts an electrical inspection of the home and approves the home every three years.
  - N. A licensee shall keep any guns and ammunition stored in the home in a locked container or locked closet. A licensee shall store ammunition separate from guns.
  - O. A licensee shall keep trash in covered trashcans.
    - 1. Recyclable paper may be in uncovered containers.
    - 2. Trash must be removed daily from rooms used by children and weekly from the home.
  - P. A licensee shall prohibit smoking, vaping, and burning candles and incense in the home during child care hours and in the presence of children.
  - Q. A licensee shall ensure the water temperature does not exceed 120° F from faucets and other sources accessible to children in care.
  - R. A licensee shall ensure all sinks supply hot and cold water under pressure at all times and all plumbing complies with State and local plumbing codes. Portable sinks are prohibited.

### **30. Fire Safety**

- A. A licensee shall ensure that all paths of egress, including stairways, hallways, windows, and doorways are functional and not blocked.
- B. A licensee shall care for children on the ground level of the home or use another level only after meeting the conditions of the designated fire marshal.
- C. A licensee shall ensure each exit door is at least 28 inches wide.
- D. A licensee shall at least have a properly installed, battery-operated working smoke alarm.
  - 1. This alarm must have a safety certification mark from a nationally recognized testing laboratory.
  - 2. A licensee shall place smoke alarms on the ceiling or six to 12 inches below the ceiling on each level of the home, basement, and all enclosed sleeping areas.
    - a. A licensee shall test these alarms monthly and document these tests in a log.
    - b. A licensee shall replace the batteries at least yearly.

- E. A licensee shall ensure fire safety codes and on-going procedures as required by the designated fire marshal are followed.
- F. A licensee shall ensure a working carbon monoxide alarm is near any sleeping area used by children when the home has an attached garage or equipment using fuels such as gas, oil, propane, wood, or kerosene. This includes an oven, furnace, water heater, or fireplace.
  - 1. The alarm must have a safety certification mark from a nationally recognized testing laboratory.
  - 2. The alarm must be installed as stated in the manufacturer's instructions.
    - a. A licensee shall test these alarms monthly and document these tests in a log.
    - b. A licensee shall replace the batteries at least yearly.
- G. A licensee shall complete a monthly fire prevention inspection and post the current report in a visible space.
- H. When a family home changes from Level I to Level II or a child care home moves to a new address, a licensee shall submit plans to the designated fire marshal for review and approval.
  - 1. The licensee shall follow the fire safety codes of the designated fire marshal.
  - 2. A licensee shall receive fire marshal and OCCL approval before offering services.
- I. A licensee shall provide a clearly visible, readily accessible, charged, portable dry chemical fire extinguisher rated 2A-10BC or greater.
  - 1. Fire extinguishers must not be mounted in a closet or cabinet except when using a wall mounted fire extinguisher cabinet that was manufactured specifically for that purpose.
  - 2. Fire extinguishers must be mounted at least 4 inches above the finished floor.
    - a. Fire extinguishers weighing 40 pounds or less must be mounted so that the top of the extinguisher is not more than 60 inches above the finished floor.
    - b. Fire extinguishers weighing more than 40 pounds must be mounted so that the top of the extinguisher is not more than 42 inches above the finished floor.
    - c. A fire extinguisher contractor licensed by the Office of the State Fire Marshal shall inspect the fire extinguisher annually.

### **31. Kitchen and Food Preparation**

- A. A licensee shall keep the kitchen, food preparation, storage, serving areas, appliances, and utensils clean and sanitary.
- B. A licensee shall ensure the kitchen has at least one sink with hot and cold running water. Large family homes need an additional hand-washing sink.

- C. A licensee shall ensure the home has a refrigerator to keep perishable food cold at 40°F or colder, and food stored in a freezer frozen at 0°F or colder. A licensee shall have a working thermometer in refrigerators and freezers used to store children's food.
- D. A licensee shall ensure food provided and prepared by the home complies with the home's written policy on food and nutrition quality.
- E. A licensee shall ensure the food is clean, wholesome, free from spoilage and contamination, and safe to eat.
  - 1. Prepared food items must be correctly labeled with the contents and date of preparation.
  - 2. Prepared food that is served to a child and not eaten must be thrown away and not given to another child.
- F. Food storage areas and appliances must be cleanable and free of food particles, dust, and dirt.
  - 1. All food items must be stored off the floor.
  - 2. Food must be stored separately from cleaning materials.
  - 3. Food must be stored in closed or sealed containers that are labeled with the contents and expiration date.
- G. A licensee shall ensure that children are supervised during meal preparation to prevent injuries.
- H. A licensee shall ensure dishes and utensils are air-dried unless sanitized and dried in a dishwasher.
- I. A licensee shall ensure no dishes, cups, or glasses used by children are broken or defective.
- J. A licensee shall ensure age-appropriate utensils, dishes, cups, glasses, or bottles are available for each child and not shared with another child during feeding.

## **32. Outdoor Area**

- A. A licensee shall ensure there are no hazards on the grounds of the home.
- B. A licensee shall provide active play and large muscle activities that consider the children's needs and whether they are able to participate. A licensee shall provide these activities either on the grounds or within safe walking distance of the home.
- C. A licensee shall remove hazards before children begin to play outside. These hazards may include animal feces, toxic plants, broken or non-secure outdoor play equipment, building supplies and equipment, glass, sharp rocks, cigarette butts, beehives and wasp nests, a lawn mower, or debris.
  - 1. A licensee shall securely lock tool sheds, garages, and other outdoor buildings to prevent children from entering.
  - 2. Children must be supervised while outdoors.
- D. For a home licensed before January 1, 2009, the existing fencing of the on-site outdoor play area is acceptable as long as it is hazard-free and in good repair.

When replacing the fencing, the new fencing must fully comply with Section 59 for a family home and Section 64 for a large family home.

- E. A licensee shall ensure outdoor play equipment is sturdy, safe, clean, and free from rough edges, sharp corners, pinch and crush points, splinters, and exposed bolts.
- F. A licensee shall anchor large outdoor play equipment. A licensee cannot place stationary equipment on concrete or asphalt.
- G. A licensee shall use materials in the outdoor play area that do not present a safety or choking hazard. These materials must be free of unsafe contaminants such as steel wires and unhealthy residue from deterioration.
- H. If using gravel or stone as a ground cover for the outdoor play area, only pea gravel is acceptable. For homes licensed before January 1, 2009, the existing gravel or stone ground cover is acceptable.
- I. A licensee shall keep outdoor sandboxes or play areas containing sand safe, sanitary, and covered when not in use.
- J. The use of trampolines by children in care on-site is prohibited.

### **33. Pools and Swimming**

A licensee shall ensure all children are under direct supervision while wading or swimming. During a swimming activity involving infants or toddlers, these children must be within arm's reach of a licensee or staff member.

- A. Swimming pools and large wading pools that remain filled when not in use must be inaccessible to children.
- B. The water in swimming pools used by children must be treated, cleaned, and maintained according to DPH regulations.
- C. The pool and equipment must be kept in a safe manner and be hazard-free.
- D. Small portable wading pools must be cleaned and disinfected after each use.

### **34. Riding Toys**

- A. A licensee shall ensure bicycles, tricycles, scooters, and other riding toys are the size appropriate for a child.
- B. A licensee shall ensure these riding toys are in good condition, free of sharp edges or protrusions that may injure a child, and not motorized.
- C. Children over one year of age must wear approved safety helmets while riding toys with wheels of 20 or more inches in diameter.
  - 1. Riding bicycles and using wheeled equipment (roller blades, skateboards, scooters, etc.) require children to wear helmets.
  - 2. A licensee shall ensure helmets are not shared unless cleaned between users by wiping the lining with a damp cloth.
  - 3. A licensee shall ensure helmets are removed as soon as children stop riding helmet-required equipment.

### **35. Sleeping Accommodations and Safe Sleep Environments**

- A. A licensee shall ensure the program includes times for rest or sleep appropriate to each child's individual physical needs.

1. A quiet activity must be provided for children who have rested for 30 minutes and do not seem to need or want more rest.
  2. Preschool children not needing to rest/sleep must have at least 30 minutes of quiet play daily.
- B. Rest or sleep equipment must meet the safety standards required by CPSC or other recognized authority approved by OCCL and kept in a safe condition.
- C. A licensee shall ensure each child, except children who do not sleep at the home, has clean, safe, age-appropriate sleep equipment. This may be a crib, playpen, pack-and-play (without ripped mesh), cot, bed, or mat.
1. Each child under 18 months old who does not walk must sleep in a crib, playpen, or pack-and-play.
  2. A child between 12 and 18 months old who walks may sleep on a cot, mat, or bed with written parent/guardian permission.
  3. Preschool-age and school-age children who do not nap at the home do not need sleep equipment.
- D. A licensee shall ensure a child's rest equipment is labeled with the child's name or assigned chart number unless cleaned and disinfected after each use.
1. A licensee shall document chart numbers and assignments and keep them current.
  2. Children must use only their assigned equipment while enrolled in the home.
- E. Mattresses and sleep equipment must be non-absorbent and cleanable.
1. Cots, mats, and crib mattresses must be cleaned with soap and water and then sanitized weekly and when soiled or wet.
  2. Mats must be stored so there is no contact with the sleep surface of another mat or cleaned and disinfected after each use.
  3. Sleep equipment and bedding must be cleaned and sanitized before being assigned to another child.
- F. Children over age one must be provided with top and bottom covers.
1. Sheets and blankets or other bedding must be cleaned at least weekly and when soiled or wet.
  2. Bedding must be stored so there is no contact with another child's bedding.
- G. A licensee shall ensure sleep equipment is placed at least 1½ feet apart while in use.
- H. The rest area must provide enough light to allow the children to be seen.
- I. A licensee shall follow Safe Sleep Practices for Infants.

<b>Safe Sleep Practices include the following:</b>	
<ul style="list-style-type: none"> <li>• A licensee shall ensure cribs meet the current standards of CPSC or other safety authority recognized by OCCL.</li> </ul>	
<ul style="list-style-type: none"> <li>• Infants must sleep only in cribs, pack-and-plays, and playpens. <ul style="list-style-type: none"> <li>○ The use of soft surfaces, such as soft mattresses, pillows, sofas, and waterbeds, are prohibited as infant sleep surfaces.</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• A licensee shall ensure infants who fall asleep in car seats, swings, seats, or other equipment are immediately moved to cribs, pack-and-plays, or playpens.</li> </ul>	
<ul style="list-style-type: none"> <li>• Cribs must not be stacked while in use.</li> </ul>	
<ul style="list-style-type: none"> <li>• Cribs must not have gaps larger than 2 3/8 inches between the slats.</li> </ul>	
<ul style="list-style-type: none"> <li>• Cribs, pack-and-plays, and playpens must have top rails at least 20 inches above the mattresses. <ul style="list-style-type: none"> <li>○ The mattress must be set at its lowest position.</li> <li>○ Latches on cribs, pack-and-plays, or playpens must be safe, secured, and hazard-free.</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• Crib mattresses must be firm and tight fitting to the frame and covered with a tight-fitting bottom sheet only.</li> </ul>	
<ul style="list-style-type: none"> <li>• Pillows, bibs, blankets, bumper pads, cloth diapers other than those worn by an infant, comforters, top sheets, quilts, sheepskin, stuffed toys, sleep positioning devices (except as described below), stuffed toys, and other items are prohibited in a crib, pack-and-play, and playpen. <ul style="list-style-type: none"> <li>○ Infants may use pacifiers in a crib.</li> <li>○ Toys or objects attached to cribs, pack-and-plays, or playpens are prohibited.</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• Swaddling of infants requires written parent/guardian permission. Blankets are prohibited for swaddling when laying an infant down to sleep. However, swaddle-blanket sleepers may be used.</li> </ul>	
<ul style="list-style-type: none"> <li>• Infants must be placed on their backs when laid down to sleep as recommended by the American Academy of Pediatrics. <ul style="list-style-type: none"> <li>○ OCCL allows an exception if the infant's health care provider documents that a physical or medical condition requires a different sleeping position or use of a sleep-positioning device.</li> <li>○ The health care provider must document the new sleep position or the device and how to use it.</li> </ul> </li> </ul>	

J. The licensee may allow a maximum of two children in care under age two to sleep in other areas with written parent permission and documented sleep checks every 15 minutes.

1. The other area must be on the same level of the home where care is provided.
2. If the area or room has a door, it must remain open when a child is using the area.

- K. The licensee may allow children over age two to sleep alone in other areas as long as the area is on the same level of the home where care is provided. If the area or room has a door, it must remain open when a child is using the area.
- L. Household children may sleep in their own bedroom as long as it is on the same level of the home where care is provided.

### **36. Equipment**

- A. A licensee shall provide developmentally-appropriate equipment and materials for a variety of indoor and outdoor activities. Materials and equipment must help provide many experiences that support all children's social-emotional, language/literacy, intellectual, and physical development.
- B. A licensee shall ensure enough materials and equipment are available for all children to use. They must include a wide variety of choices for play and learning.
- C. A licensee shall ensure toys and equipment used by children are sturdy, safely assembled, hazard-free, and not recalled. Toys and equipment must not cause children to become trapped or have rough edges, sharp corners, pinch or crush points, splinters, exposed bolts, or small loose pieces. For information on the recall of children's toys and equipment, please refer to the U.S. Consumer Product Safety Commission's (CPSC's) website, currently [www.cpsc.gov](http://www.cpsc.gov).
- D. A licensee shall have infant seats with trays and use T-shaped safety straps for table play and mealtimes for children no longer held for feeding. If using a high chair to meet this requirement, it must also have a wide base.
- E. A licensee shall prohibit the use of walkers unless prescribed by a health care provider for a specific child.
- F. A licensee shall prohibit toys that explode or shoot things.
- G. A licensee shall ensure children under three years old do not have access to empty plastic bags, Styrofoam objects/cups/bowls/toys, latex balloons, and objects less than one inch wide.

### **37. Sanitation**

- A. A licensee shall ensure areas and equipment listed in subsections 37.B and 37.C are washed with soap and water and then disinfected as required. For sanitizing and disinfecting, a licensee shall ensure one of the following is used: an EPA-registered product, a commercially prepared product, or a bleach and water solution.
  - 1. A licensee shall follow the manufacturer's instructions for use.
  - 2. These products must be labeled with the contents.
  - 3. Their instructions for use must be available at all times.

- B. A licensee shall ensure the following items or surfaces are cleaned after each use with a soap and water solution and then disinfected as follows:

After Each Use:	At Least Daily:
<ul style="list-style-type: none"> <li>Potty-chairs, after being emptied into a toilet;</li> </ul>	<ul style="list-style-type: none"> <li>Toilet and toilet seats;</li> </ul>
<ul style="list-style-type: none"> <li>Sinks and faucets used for hand washing after the sink was used for rinsing a potty-chair;</li> </ul>	<ul style="list-style-type: none"> <li>Sinks and faucets;</li> <li>Diaper pails and lids;</li> </ul>
<ul style="list-style-type: none"> <li>Diapering surfaces, as required in subsection 40.F;</li> </ul>	<ul style="list-style-type: none"> <li>Drinking fountains;</li> </ul>
<ul style="list-style-type: none"> <li>Food preparation and eating surfaces, such as counters, tables, and high chair trays;</li> </ul>	<ul style="list-style-type: none"> <li>Water table and water play equipment;</li> </ul>
<ul style="list-style-type: none"> <li>Toys children put in their mouths;</li> </ul>	<ul style="list-style-type: none"> <li>Play tables;</li> </ul>
<ul style="list-style-type: none"> <li>Mops used for cleaning must be rinsed, disinfected, wrung, and hung to dry;</li> </ul>	<ul style="list-style-type: none"> <li>Rest mats that are stored touching each other;</li> </ul>
<ul style="list-style-type: none"> <li>Plastic bibs (cloth bibs may only be used once before washing); and</li> </ul>	<ul style="list-style-type: none"> <li>Waterproof activity mats; and</li> </ul>
<ul style="list-style-type: none"> <li>Thermometers.</li> </ul>	<ul style="list-style-type: none"> <li>Smooth waterproof floors.</li> </ul>

- C. A licensee shall limit germs and disease passing among children in the home by:
- Using washable toys with diapered children; and
  - Washing items children lick or chew after they fall to the floor or ground.
- D. At least weekly, a licensee shall ensure non-porous toys and play equipment are washed with a soap and water solution and then disinfected.
- E. At least weekly, a licensee shall ensure stuffed animals are laundered.

### 38. Hand Washing

- A. A licensee shall ensure staff and children's hands are washed with soap and running water, even if gloves were worn, and paper towels or a mechanical hand dryer are used, as follows:

Wash Hands Before and After:	Wash Hands After:
<ul style="list-style-type: none"> <li>Eating or handling food;</li> </ul>	<ul style="list-style-type: none"> <li>Toileting or diapering;</li> </ul>
<ul style="list-style-type: none"> <li>Giving medications;</li> </ul>	<ul style="list-style-type: none"> <li>Touching blood, feces, urine, vomit, nasal or other body fluids;</li> </ul>
<ul style="list-style-type: none"> <li>Caring for a child who may be sick;</li> </ul>	<ul style="list-style-type: none"> <li>Handling animals or their equipment or after coming into contact with an animal's body secretions;</li> </ul>
<ul style="list-style-type: none"> <li>Using a water-play or other sensory table/container with other children; and</li> </ul>	<ul style="list-style-type: none"> <li>Playing in a sandbox;</li> <li>Outdoor play;</li> </ul>
<ul style="list-style-type: none"> <li>Using shared play dough or clay.</li> </ul>	<ul style="list-style-type: none"> <li>Cleaning; and</li> <li>Taking out the garbage.</li> </ul>



- B. A licensee shall ensure liquid soap, paper towels, and single-use towels or a mechanical hand dryer, are available at all times in the bathroom.

### **39. Standard Precautions**

A licensee shall ensure Standard Precautions are used to protect against disease and infection. Spills of bodily fluids (i.e. urine, feces, blood, saliva, and discharges from the nose, eyes, an injury, or other tissue) must be cleaned up immediately, as follows:

- A. For vomit, urine, and feces on surfaces including floors, walls, bathrooms, tabletops, toys, kitchen counters, diaper-changing tables, and toilet training chairs, the area must be cleaned with soap and water and then disinfected.
- B. For blood, blood-containing fluids, and tissue discharges, a licensee shall ensure that open skin sores or mucous membranes are not touched, non-porous gloves are worn, and the area is cleaned with soap and water, and then disinfected.
- C. Bloody disposable diapers and material must be put in a plastic bag, tied securely, and thrown away. Bloody clothing and reusable diapers must be placed in a plastic bag, tied securely, and returned to the child's parent at pick up.
- D. Mops must be cleaned, rinsed, disinfected, wrung, and hung to dry.

### **40. Diapering and Soiled Clothing**

- A. A licensee shall have and follow a procedure for checking diapers for wetness and feces at least hourly and whenever the child acts as though the diaper is wet or soiled.
  - 1. Diapers and other clothing must be changed when they are found to be wet or soiled.
  - 2. Diaper changes for infants must be written down.
- B. A licensee shall keep a supply of clean diapers and extra clothing available for use by children if a parent/guardian does not provide them when required.
- C. A licensee shall ensure soiled or wet clothing and reusable diapers are not emptied or rinsed.
  - 1. Each must be placed in a sealed plastic bag with clothing separated from reusable diapers.
  - 2. The bag must be labeled with the child's name and sent home with the child at the end of the day.
- D. A licensee shall ensure a home has a diaper-changing area with a clean, washable, and non-porous surface. This area may not be located in the kitchen.
- E. A licensee shall ensure used disposable diapers are placed in a foot-activated trashcan that is used only for diapers.
  - 1. This trashcan must be within arm's reach of the changing area, lined with a plastic bag, and sanitized daily.

2. Diapers must be removed from the home daily or more frequently to prevent odors and placed in a closed trashcan outside the home.

- F. A licensee shall have and follow a procedure for changing diapers that includes the following:

<b>Diaper Changing Procedures:</b>
• Using a diaper-changing area when changing diapers;
• Disposing of diapers as stated in these regulations;
• Washing each child during each diaper change with a clean wipe or single-use washcloth;
• Hand washing for the person who changed the diaper and for the child with soap and water immediately after each diaper change; and
• Cleaning with soap and water and then disinfecting the diaper-changing area after each use.

- G. If using potty-chairs for toilet training, a licensee shall ensure they are located in a bathroom. Potty-chairs must be made of a non-porous material. They must be cleaned with soap and water and then sanitized after each use.

#### 41. Child Health Exclusions

- A. A licensee may not permit a child who has symptoms listed below to enter or remain at the home. The child may only return when the symptoms are gone or with documentation from a health care provider stating the illness or symptoms pose no serious health risk to anyone. The documentation must be written, or include a written follow-up if communicated verbally. The symptoms for exclusion must include, but not be limited to, the following:

<b>Symptoms of Illness for Exclusion Includes:</b>
• Temperature of 100°F or higher without medication even if there has not been a change in behavior for infants four months old and younger;
• Temperature of 101°F or higher without medication accompanied by behavior changes or symptoms of illness for children older than four months;
• Symptoms of possible severe illness, such as unusual tiredness, uncontrolled coughing, unexplained irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs;
• Diarrhea; two or more times of loose stool during the past 24 hours, or if diarrhea is accompanied by fever, exclude for 48 hours after the symptoms end;
• Blood in stools not due to change in diet, medication, or hard stools;
• Vomiting; two or more times in the past 24 hours, or one time if accompanied by a fever until 48 hours after the symptoms end or until a health care provider determines the vomiting is not contagious and the child is not in danger of dehydration;
• Ongoing stomach pain (more than two hours) or off-and-on pain due to a fever or other symptom;
• Mouth sores with drooling;

<b>Symptoms of Illness for Exclusion Includes:</b>	
• Rash with fever or behavior change;	
• Purulent conjunctivitis “pink eye” (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after starting antibiotic treatment;	
• Scabies, until 24 hours after starting treatment;	
• Pediculosis “head lice” or nits, until 24 hours after starting treatment;	
• Tuberculosis, as directed by DPH;	
• Impetigo, until 24 hours after starting antibiotic treatment and sores are dry;	
• Strep throat or other streptococcal infection, until 24 hours after starting antibiotic treatment;	
• Varicella-Zoster “chicken pox,” until all sores have crusted and are dry (usually six days);	
• Shingles, only if sores cannot be covered by clothing or a bandage; if not, exclude until sores have crusted and are dry;	
• Pertussis, until completing five days of antibiotic treatment;	
• Mumps, until five days after onset of glandular swelling;	
• Hepatitis A virus, until one week after onset of jaundice, or as directed by DPH;	
• Measles, until four days after arrival of rash;	
• Rubella, until seven days after arrival of rash;	
• Herpetic gingivostomatitis “cold sores,” if the child is too young to have control of saliva; or	
• Unspecified short-term illness, not chronic illness if the child is unable to participate in activities or the facility cannot provide care for this child and the other children.	

- B. A licensee shall ensure temperatures for children under three years old are taken with a non-glass thermometer under the arm or by forehead scan.
1. A digital oral thermometer may be used for children three years and older.
  2. Rectal and ear temperatures may not be taken.
- C. A licensee shall ensure that if a child shows signs of ill health as listed above, the child's rest, comfort, food, drink, and activity needs are met until the child is picked up from the home.
- D. A licensee shall notify parent/guardians when their child has been exposed to a contagious disease or condition.
- E. A licensee shall report reportable communicable diseases to DPH. For information on these diseases, a licensee shall call DPH or refer to their website (currently listed as <http://www.dhss.delaware.gov/dhss/dph/dpc/rptdisease.html>).
- F. A licensee may not allow a child with a reportable communicable disease to be admitted to or remain at the home unless a health care provider documents that the illness poses no serious health risk to anyone or DPH tells the licensee that the child is not a health risk to others. If the health care provider states the child may return and DPH says the child cannot return, follow DPH's instructions.

- G. When a health care provider diagnosed a child with a reportable vaccine-preventable communicable disease, a licensee shall exclude all children who are not immunized against the disease following DPH's instructions.

## 42. Administration of Medication

- A. A licensee shall ensure a trained staff member, who has received a valid Administration of Medication certificate from OCCL is present at all times to provide both scheduled and emergency medications to children in care. A certified staff member shall be present during field trips and routine program outings to administer medication when needed. The Administration of Medication certificate must be on file at the home for each certified staff member.
1. OCCL only allows staff members who are at least 18 years old to be trained on the information in the Administration of Medication Self-Study Training Guide as described in Appendix IX to give medication to children. Health care providers, nurses, or other qualified medical health personnel may also give medication to children.
  2. The licensee has discretion to designate which staff members shall administer medication.
  3. Written parent/guardian permission for each needed medication is required.
  4. A licensee shall return medication to the parent/guardian when it is no longer needed.
- B. A licensee shall ensure the parent/guardian provides the following information for each medication given:

Information Required for Administering Medication:	
•	The name and birth date of the child;
•	Medication allergies;
•	Doctor name and phone number;
•	Pharmacy name and phone number;
•	Name of medication;
•	Dosage (amount given);
•	Time or frequency (when given);
•	Route of administration, such as oral, eye, nose, mouth, topical, inhalation, injection;
•	Medication expiration date;
•	End date (when to stop giving);
•	Reason for medication; and
•	Special directions.

- C. A licensee shall ensure all prescription medication is given as prescribed.

Prescription Medication must be:	
•	Stored securely and out of children's reach;
•	Refrigerated, if applicable, in a closed container separate from food;
•	In its original container and labeled with directions on how to give or use it;

<b>Prescription Medication must be:</b>
<ul style="list-style-type: none"> <li>• Current and has not expired;</li> </ul>
<ul style="list-style-type: none"> <li>• Given only to the child who has been prescribed the medication, verified by the child's name on the container; and</li> </ul>
<ul style="list-style-type: none"> <li>• Given to the child according to the dosage and administration instructions on the medication container. If no dosage or administration information is listed on the container, such information must be provided in writing by the child's health care provider.</li> </ul>

- D. A licensee shall ensure the following requirements are followed when non-prescribed medication is given.

<b>Non-prescription Medication must be:</b>
<ul style="list-style-type: none"> <li>• Stored securely and out of children's reach;</li> </ul>
<ul style="list-style-type: none"> <li>• Refrigerated, if applicable, in a closed container separate from food;</li> </ul>
<ul style="list-style-type: none"> <li>• In its original container and properly labeled with directions on how to give or use it;</li> </ul>
<ul style="list-style-type: none"> <li>• Current and has not expired;</li> </ul>
<ul style="list-style-type: none"> <li>• Labeled with the child's name; and</li> </ul>
<ul style="list-style-type: none"> <li>• Given as written on the container's instructions, or as otherwise instructed in writing by the child's health care provider.</li> </ul>

- E. A licensee shall keep a written record of medication given to children on the Medication Administration Record (MAR) including each medication dosage, time given, who gave it, unwanted effects observed, and medication errors.

1. Medication errors include giving the wrong medication, giving the wrong dose, failing to give the medication, giving medication to the wrong child, or giving the medication by the wrong route, giving the medication by the wrong route, or accidental spills of medication.
2. Unwanted effects or errors in administering must be immediately reported to the parent/guardian.
3. When known, a licensee shall notify OCCL when unwanted effects or errors in administering medication result in death or medical treatment as described in Section 16.
4. A licensee shall keep the MAR in the child's file.

- F. A licensee may administer medication to a child who has a medical need during child care hours that requires the administration of medication by a non-intravenous injection. In addition to the requirements in subsection 42.B, the parent/guardian shall provide the licensee with the following information, when medication is administered by non-intravenous injection:

1. Written parent/guardian permission for the home to provide the requested medical care; and
2. A written statement from the child's health care provider stating:
  - a. The specific medication by injection needed by the child;
  - b. That for the child's health, the requested medication by injection must be administered during the hours the child attends the home;

- c. That the requested medication by injection may be appropriately administered at the home by non-medical child care staff; and
- d. Whether any additional training is necessary for non-medical staff to administer the medication by injection appropriately. If additional training is required, the health care provider shall provide instructions including information about: the type of training, who may provide such training (which may include the child's parent/guardian), and any other instructions needed to provide the requested medication by injection.
  - 1) If additional training is required, the staff members who are certified to administer medication shall complete the additional training specified by the child's health care provider. Such training must be completed in a reasonable period of time based on the availability of such training.
  - 2) The licensee shall keep documentation of this training with the child's MAR and inform the parent/guardian in writing who is authorized and trained to perform the requested medication by injection. This information must be updated as needed.
  - 3) The licensee shall ensure that at least one staff member who is trained as required by subsection 42.F.2.d.1) to provide the requested medication by injection, is present at the home at all times while the child is present.
- e. A licensee shall ensure the requirements of subsection 42.F.2 are reviewed with the child's parent/guardian and health care provider yearly, and as needed. Reviews and changes must be written, dated, agreed upon by all parties, and kept with the MAR.

- G. A school-age child may self-administer medical care, as described in subsections 42.B through 42.F, with written parent/guardian permission and written health care provider permission. These permissions must indicate the child is able to safely self-administer the prescribed medical care, identify and select the correct medicine and dosage, if applicable, and administer the medical care at the correct time and frequency. The licensee shall keep documentation of these permissions with the child's MAR. A staff member with a current administration of medication certificate shall be present during the self-administration and document all information required on the MAR, including that the medication was self-administered by the child.
- H. The administration of medication may be required under State and federal laws, even though it is not mandated pursuant to these regulations. If an agency, administrative body, court, or other entity responsible for enforcing Federal, State, and local laws and regulations (including but not limited to the Americans with Disabilities Act and the Delaware Equal Accommodations Law) makes a finding that the refusal of a licensee to administer medication is a violation of the law, OCCL shall take appropriate enforcement action consistent with subsection 11.E, due to licensee's failure to comply with subsection 7.A.2.F.1.

### 43. Child Accident and Injury

- A. When known, a licensee shall ensure when a child in care has an accident or injury, a licensee or staff member gives assistance to protect the child from further harm.
1. For a serious or potentially serious injury, a licensee shall ensure the parent/guardian is notified immediately after staff members have assisted the child and contacted an ambulance, if needed.
    - a. Serious injuries as described in the definitions.
    - b. For these injuries, a licensee shall document when the parent/guardian was informed or when calls were made to the parent/guardian or emergency contact, but no one answered.
  2. A less serious accident or injury requires a parent/guardian to be informed before the child leaves for the day.
- B. A licensee shall complete and keep a report in the child's file for each accident or injury that includes the name of child, date of injury, description of injury, how it occurred, first aid and medical care given, and parent/guardian or other approved person's signature. The parent/guardian/approved person must be provided a copy of the report on the day of the injury or within one business day.
- C. If a child has a medical event, such as a seizure, asthma attack, or severe allergic reaction, the parent/guardian must be called immediately after a licensee or staff member assists the child and contacts an ambulance if needed.
- D. When known, a licensee shall notify OCCL, as described in Section 16, when an accident or injury results in death or medical/dental treatment, other than first aid provided at the home.

### 44. First Aid Kit

A licensee shall have at least one complete first aid kit. A licensee or staff member, if applicable, shall take a kit on field trips/program outings. The kit must include:

Items Required for On-site First Aid Kit:
• Disposable non-porous gloves;
• Scissors;
• Tweezers;
• A non-glass thermometer to measure a child's temperature;
• Bandage tape;
• Sterile gauze pads;
• Flexible rolled gauze;
• Triangular bandage or sling;
• Safety pins;
• Eye patch or dressing;
• Pen/pencil and note pad;
• Instant cold pack or frozen ice pack;
• Current American Academy of Pediatrics (AAP) standard first aid chart or equivalent first aid guide;
• Small plastic, metal, or wooden finger splints;
• Non-medicated adhesive strip bandages; and
• Plastic bags for gauze and other materials used in handling blood.

<b>Items Required for Off-Site First Aid Kit:</b>
• All items listed in the on-site first aid kit requirements;
• Bottled Water;
• Liquid soap;
• Emergency and other needed medications; and
• List of emergency phone numbers, parents/guardians' home and work phone numbers, and the Poison Control Center phone number.

## 45. Emergency Planning

- A. A licensee shall have and follow a written emergency plan that describes what to do in case of a natural or man-made disaster. A licensee shall train staff members on the plan. The emergency plan must include information and procedures for the following areas:

<b>Emergency Plan Requirements:</b>
• Preparing for a disaster;
• Assigning specific responsibilities to a licensee and staff members, if applicable;
• Keeping track of children and staff, if applicable;
• Moving to a new location, if appropriate;
• Communicating with and returning children to families;
• Meeting the needs of infants, toddlers, and children with disabilities or medical conditions;
• Caring for children after the emergency;
• Contacting emergency response agencies and parents/guardians; and
• Locking down the home.

- B. Monthly evacuation drills must be practiced from all exit locations during different times of the day, including naptime. A licensee shall post an evacuation route diagram or exit signs.

<b>Each drill must be documented and include:</b>
• Drill date and time;
• Numbers of children and adults who participated;
• Exits used; and
• Total time to evacuate the home.

- C. A licensee shall develop and follow a written plan describing procedures to shelter-in-place for up to 24 hours due to a disaster. The plan must include a list of emergency supplies kept on-site, including enough food that will not spoil, bottled water, and supplies to serve or prepare foods for one day without the use of electricity.

## 46. Transportation

- A. A licensee shall ensure the driver and vehicle used to transport children complies with all applicable federal, State and local laws. If transporting children in a vehicle that is owned or leased by the licensee, the licensee shall



have documentation of motor vehicle insurance. A licensee may not use 12-15 passenger vans to transport children. Passenger includes the driver. Use of a vehicle with a rated capacity as defined by the manufacturer, to carry more than 10 passengers in addition to the driver to transport children is prohibited unless purchased or leased by the facility before July 1, 1998. Official dated proof of purchase or lease is required.

- B. A licensee shall ensure the driver of a vehicle does not transport more children and adults than the vehicle's capacity determined by the manufacturer.
- C. A licensee shall ensure the vehicle is inspected for safety before transporting children.
- D. A licensee shall ensure each child is secured in an individual safety restraint system appropriate to the age, weight, and height of the child at all times while the vehicle, other than a school bus, is in motion.
  - 1. Safety restraints must be federally approved and labeled according to the applicable Federal Motor Vehicle Safety Standard.
  - 2. Child safety restraints must be installed and used as determined by the manufacturer and vehicle's instruction manual.
  - 3. Safety restraints must be kept in a safe working condition and free of recall.
- E. A child preschool-age or younger must only be transported on a school bus that is properly equipped with child safety restraints.
  - 1. With written parent/guardian permission, a child preschool-age or younger may be transported on a school bus unrestrained.
  - 2. A licensee shall explain to parent(s)/guardian(s) in writing that while child safety restraints on school buses for children preschool-age or younger are not currently required by State law, the National Highway Traffic Administration recommends that children in this age group always be transported using child safety restraints.
- F. A licensee shall ensure vehicles used to transport children, including parent/guardian vehicles used for field trips (unless only transporting his or her own children), have and use the following:

Vehicle Requirements:	
• A working heater capable of keeping an interior temperature of at least 50°F;	
• Air-conditioning to reduce the interior temperature when it exceeds 82°F (school buses are exempt);	
• A working phone;	
• A traveling first aid kit including children's emergency contact information; and	
• A dry chemical fire extinguisher approved by Underwriters Laboratory.	

- G. A licensee shall ensure children are loaded and unloaded at the vehicle's curbside or in a protected parking area or driveway.
- H. A licensee shall ensure all doors are locked when the vehicle is moving.
- I. A licensee shall have written parent/guardian permission for transportation provided by the home. A licensee shall document arrangements with the parent/guardian including the pickup and drop off times when driving a child to and from the child's school. A licensee shall inform the parent/guardian who is

driving the vehicle and ask about special needs the child may have during the ride.

- J. A licensee shall ensure children are never alone in the vehicle and the vehicle is visually checked at the final location so that no child is left behind.
- K. A licensee may not transport children in the open back of a truck.

#### **47. Field Trips and Outings**

- A. A licensee shall ensure children are not permitted off-site unless accompanied by a licensee or a staff member, if applicable, qualified to be alone with children.
- B. A licensee shall have written parent/guardian permission before taking a field trip. The permission slip must state the location and date of the trip and who will provide transportation.
- C. A licensee shall have written parent permission for routine outings. The permission slip must state how often the outing occurs, the location of the outing, and how children will travel to the location.
- D. A licensee shall have and follow a plan for field trips or routine outings that includes procedures for accounting for children at all times and transporting children in an emergency. Medical consent forms and emergency contact information for all children, a traveling first aid kit, and a working phone must be taken on trips or outings. The home's name and phone number must be on tags or another label on each child. A child's name or information that directly identifies the child may not be placed on the child.
- E. A licensee shall ensure children are under constant supervision whenever off-site to ensure safety.
- F. Unless a parent/guardian was approved as eligible after having a comprehensive background check, parents/guardians volunteering for field trips must never be alone with children other than their own.

#### **48. Pets**

- A. A licensee shall ensure pets kept by the home are cared for in a safe and sanitary manner.
- B. A licensee shall keep proof of vaccinations as required by State law (currently this is rabies vaccinations for dogs and cats).
- C. Poisonous or aggressive animals; animals known to be carriers of illnesses, such as ferrets, turtles, iguanas, lizards or other reptiles; birds of the parrot family; or animals sick with a disease that may be spread to humans may not be kept in rooms used by children unless children are not allowed to handle them.
- D. A licensee shall keep containers solely used for collecting animal feces or urine out of rooms used by children.
- E. A licensee shall inform parents/guardians of animals or pets kept by the home.
- F. Children may handle animals only with adult supervision.

## 49. Water

A licensee shall ensure drinking water is always available to children indoors and outdoors and supplied to them on their request or available for self-service as appropriate.

## 50. Meals and Snacks

- A. A licensee shall ensure meals and snacks are served on the following schedule depending on the number of hours the child is present:

Number of Hours:	Meals/Snacks Required:
2 hours - 4 hours	1 snack
4 hours - 6 hours	1 meal and 1 snack
7 hours – 11 hours	2 meals and 1 snack or 2 snacks and 1 meal based on time of child's arrival
12 hours or more	3 meals and 2 snacks

- B. A licensee shall encourage adults to eat healthy foods when eating with children. A child shall be encouraged but not forced to eat.
- C. A licensee shall ensure nutritious food is prepared and served to children. Children must be supervised during food preparation.
- D. A licensee shall ensure meals and snacks provided by the child care home:
- Follow the meal pattern requirements (see Appendix X and Appendix XI) appropriate to the child's age;
  - May include 100% unsweetened juice, not a juice drink or cocktail;
  - May include powdered milk used only for cooking and not instead of liquid milk for drinking; and
  - Are planned on a menu, dated, and posted in a noticeable place.
    - Menus listing foods served must be kept for 30 days.
    - Changes to the food served on a certain date must be written on the menu on or before that date.
- E. A licensee shall ensure when a parent/guardian requests a change of meal patterns due to a medical need, such as food intolerance or allergies, the parent/guardian provides the home with written health care provider permission for the change.
- F. A licensee shall ensure when a parent/guardian requests a change of meal patterns due to a family's food preferences or religious belief, the parent/guardian provides the home with a list of the foods to remove and the foods to substitute.
- G. Meal Components for Toddlers and Older Children:
- When foods are provided by the parent/guardian, a licensee shall ensure the foods are refrigerated as needed and not shared. There are no meal

pattern requirements for foods provided by parents/guardians. A licensee shall have a plan for providing food to a child who has not brought foods to eat.

2. As described in Appendix X, a licensee shall ensure a breakfast provided and served by a home has at least one age-appropriate serving-size item each from the milk, fruit and vegetable, and grain food groups.
  3. As described in Appendix X, a licensee shall ensure lunch or dinner provided and served by a home has one age-appropriate serving-size item from each of the milk, meat or meat alternate, and grain food groups and two items from the fruit and vegetable food group.
  4. As described in Appendix X, a licensee shall ensure that a snack provided and served by a home has at least one age-appropriate serving-size item from two of the food groups. If milk or 100% juice is not included with a snack provided and served by the home, water must be served with that snack.
- H. For foods prepared and served by the home, a licensee shall introduce a variety of food textures, finger foods, and a cup and utensils for self-feeding. If needed, a licensee shall ensure food is cut to prevent choking.
- I. A licensee shall ensure each child has his or her own utensils, such as a fork, spoon, knife, dish, cup or bottle, as appropriate to the child's age. This equipment may not be shared with another child or adult during feeding.
- J. All single-service dinnerware or utensils provided by the home for meals or snacks must be thrown away immediately after use.
- K. Staff members shall encourage the use of a cup when a child is at least one year old and is developmentally able to drink from or hold a cup.

## 51. Feeding of Infants

- A. A licensee shall ensure an infant is given foods and drinks on demand or according to the infant's eating habits using the following guidelines:

Infant Feeding Requirements:	
•	A parent/guardian provides a written feeding statement listing the foods and drinks, including specific formula or breast milk, an infant eats or drinks. This schedule must be updated monthly and as needed;
•	Mixing prepared formula or breast milk in a bottle with anything else requires written permission from an infant's health care provider;
•	A written record of each infant's food intake must be shared with the parent/guardian daily. Feeding problems must be discussed with the parent/guardian before the infant leaves that day;
•	An infant must be held for bottle-feeding. When an infant is able to hold a bottle or does not want to be held while fed, the infant may be placed in a high chair or at a feeding table; and
•	Introduction to all new foods and beverages must be made only with the parent/guardian's permission.

- B. Infants are allowed to take breaks during feedings. Infants must be observed for signs of fullness and must be allowed to stop a feeding when full unless

- documentation from an infant's health care provider requires the feeding to continue;
- C. Parent/guardian permission is needed to feed formula to an infant receiving only breast milk;
  - D. A staff member shall hold only one infant at a time while bottle feeding;
  - E. An infant must never be placed in sleeping or relaxing equipment with a bottle or have a bottle propped for feeding;
  - F. Bottles and infant foods must be warmed for no more than five minutes under running warm tap water or by placing them in a container of water that is no warmer than 120° F. They must not be warmed or thawed in a microwave oven;
  - G. For infants age four months or older, semi-solid foods may be fed as requested by the parent/guardian and must be required once an infant is eight months old unless the parent/guardian provides documentation from the infant's health care provider stating otherwise;
  - H. Foods for infants must be a texture and consistency that helps them eat safely. Puréed foods must be served from a dish unless serving the entire contents of the jar;
  - I. Cow's milk may not be served to infants;
  - J. Juice may not be fed to infants until they are able to drink from a cup;
  - K. Bottles and nipples kept by the home must be washed and sanitized before each use;
  - L. When there is more than one infant in care, each infant's bottle must be labeled with the infant's name. All bottles must be refrigerated immediately after preparation or on arrival if prepared by a parent/guardian;
  - M. Unused bottles must also be dated as to when prepared if not returned to the parent/guardian at the end of each day;
  - N. Unused portions of formula must be thrown away after each feeding that exceeds one hour;
  - O. Formula must be prepared from a factory-sealed container;
  - P. Refrigerated, unused, prepared formula must be thrown away after 48 hours; and
  - Q. Breast milk must be fed only to the infant it was intended for.
    - 1. Frozen breast milk must be thawed under running cold water or in the refrigerator and used within 24 hours.
    - 2. Expressed breast milk must be returned to the parent if it is in an unsanitary bottle, partially used, or if it has been unrefrigerated for more than four hours at room temperature.
    - 3. Refrigerated, unused, expressed breast milk that was never frozen must be returned to the parent after 48 hours.
    - 4. Breast milk that was frozen and stored in a freezer at 0° F must be thrown away after six months.
  - R. As described in Appendix XI, a licensee shall ensure a breakfast provided and served by a home has at least one age-appropriate serving-size item from each of the required food groups including breast milk or formula.
  - S. As described in Appendix XI, a licensee shall ensure lunch or dinner provided and served by a home has one age-appropriate serving-size item from each of the required food groups including breast milk or formula.
  - T. As described in Appendix XI, a licensee shall ensure that a snack provided and served by a home has at least one age-appropriate serving-size item from each

of the required food groups including the breast milk or formula, grain, and fruit and vegetable food groups.

## **52. Activities and Interactions**

- A. A licensee shall interact with children at their eye level and sit on the floor with them whenever appropriate. A licensee shall offer age-appropriate activities to children throughout the day to help their development and school-readiness.
- B. A licensee shall provide activities and materials that reflect children's cultures and communities, including both familiar and new materials, pictures, and experiences.
- C. A licensee shall have and follow a schedule that is posted for easy viewing by parents/guardians and staff members. The schedule must list times for the following activities: learning opportunities, active or outdoor play, rest, meals, and snacks. This schedule may be flexible to meet the needs and interests of the children.
- D. A licensee shall ensure activities and materials are adapted to support all children's learning, including those with disabilities.
  - 1. A licensee shall allow services to be provided at the home for a child with an IEP, IFSP, or Section 504 plan.
  - 2. At the request of a parent/guardian, a licensee shall permit qualified professionals to complete an observation or assessment of the child while at the home.
- E. Weather permitting, a licensee shall ensure daily outdoor play is provided for infants, toddlers, and older children when the wind chill factor is 32° F or higher or the heat index is 89° F or lower.
  - 1. Outdoor play during periods outside this temperature range may be determined by the licensee.
  - 2. Children must be appropriately dressed for the weather.
  - 3. A licensee shall ensure the guidelines of the National Weather Service (currently [www.weather.gov](http://www.weather.gov)) are followed if an advisory regarding health or safety risks has been issued.
  - 4. For infants, this may include riding in a stroller or carriage, but must also include opportunities for gross motor development. This may occur on a blanket or other hazard-free space.
- F. A licensee shall provide chances for physical activity for each child according to the child's ability. For every four hours the child is in care between 7 AM and 7 PM, 30 or more minutes of physical activity must be provided. Daily active play may be divided into one or more blocks of time. It may be indoors or outdoors.
- G. A licensee and staff members shall interact with each child, giving attention and physical comfort.
- H. A licensee shall ensure children are not in cribs, pack-and-plays, swings, high chairs, seats, or stationary activity centers for more than 30 minutes at a time while awake. Toddlers and infants, as appropriate, must be provided with an activity during this time. After removing the child from the equipment, he or she must be able to move freely on the floor.

- I. A licensee shall offer activities that meet the needs and interests of school-age children by providing age-appropriate activities, materials, and equipment.

These activities must include the following:	
• Active physical play, such as games, sports, dancing, running, jumping, climbing, or exploring the environment;	
• Outdoor activities or active indoor play in bad weather;	
• Time to talk and interact with others; and	
• Time to relax or quiet activities such as board or card games, reading, homework, and studying.	

- J. A licensee shall ensure activities, such as watching television or using a gaming device, tablet, phone, or computer, are supervised, age-appropriate, and educational. These screen time activities require written parent/guardian permission and are limited to one hour or less per day, unless a special event occurs. Assistive technology is not included in screen time restrictions.

### 53. Overnight Child Care

- A. A licensee providing overnight care shall ensure children are supervised at all times.
- B. A licensee shall provide a program of activities for children before bedtime.
- C. A licensee shall meet a child's needs for attention at bedtime and upon waking. A licensee shall discuss with the parent/guardian any special preferences or habits regarding bedtime and waking and share this information with the staff member, if applicable, in charge of the child.
- D. A licensee shall separate sleeping children from children who are awake.
- E. A licensee shall ensure school-age children do not share a dressing area with people of the opposite sex.
- F. For children sleeping four or more hours at the home between the hours of 10:00 PM and 6:00 AM, the licensee shall provide the following:

Required Sleeping Equipment for Overnight Care:	
• A crib, playpen, or pack-and-play for each infant;	
• A child under 18 months old who does not walk must sleep in a crib, playpen, or pack-and-play;	
• A child between 12 and 18 months old who walks may sleep on a bed with safety rails with written parent/guardian permission;	
• Children 18 months old and older may sleep in a crib, playpen, or pack-and-play if the child fits comfortably or in an individual bed with a mattress that is covered with sheets and a blanket; and	
• A pillow with a pillowcase for each child in a bed.	

- G. A licensee shall ensure each child has clean and comfortable clothes to sleep in.
- H. A licensee shall follow the parents/guardian's wishes regarding bathing the child and note this request in the child's record.
1. Each child must be bathed individually.

- a. Bathing equipment must be cleaned with soap and water and then sanitized before each use and equipped to prevent slipping.
  - b. An infant must be bathed in age-appropriate bathing equipment.
  - c. No child may be bathed in a sink used for cleaning dishes or utensils.
2. Water temperature must be checked to prevent burns or scalding, or for water that is too cold.
3. Individual towels and washcloths must be provided for each child.
- I. A licensee shall ensure no child is unsupervised while in a bathtub or shower. A licensee shall allow a child capable of bathing alone to bathe in private with written parent/guardian permission. A licensee or staff member, if applicable, shall respect that child's privacy but be immediately available to ensure the child's safety and to offer help if requested.
- J. A licensee shall ensure there is a night light in the bathroom, hallway, and sleep areas based on the individual needs of the children.
- K. A licensee shall ensure combs, toothbrushes, brushes, and other such personal items are labeled with the child's name, stored separately, and used only by that child.

#### ***PART IV ADDITIONAL PROVISIONS FOR FAMILY CHILD CARE HOMES***

##### **54. Care of Children**

- A. There is a maximum number of consecutive hours of care a licensee may provide. A licensee shall care for children no more than 17 hours within a day, with at least seven uninterrupted hours of rest. No other work may occur during the hours of rest.
- B. A licensee shall be present and providing child care at all times except during the limited use of a substitute.

##### **55. Qualifications**

- A. A licensee shall submit copies of training certificates, transcripts, and/or diplomas to OCCL as proof of meeting the qualifications for a particular level.
- B. For programs licensed after January 1, 2009, a licensee shall be at least 18 years old and have at least a high school diploma or its equivalent to qualify as a Level I family home.
- C. A licensee shall request approval from OCCL to move from a Level I to a Level II family home. A licensee may not operate a Level II family home until receiving written approval from OCCL.
- D. A licensee shall have the following experience to qualify as a Level II:

<b>Experience Qualifications for Level II:</b>	
	• Twenty-four months of experience working with children in a group; or
	• Three months of supervised student teaching; or
	• Twenty-four months of providing child care as a licensed Level I family home with no substantiated complaints for serious health and safety violations, or substantial non-compliance.



- E. A licensee shall be at least 18 years old and have at least a high school diploma or its equivalent, and successfully complete one of the following to qualify as a Level II:

<b>Education Qualifications for Level II:</b>	
• Sixty-clock-hours of training with three-clock-hours in each of the following areas: child development; developmental curriculum planning/environment and curriculum; observation and assessment; positive behavior management/social-emotional development; health, safety, physical activity, and nutrition; family and community; professionalism; and management and administration related to running a child care; or	
• Three college/university credits from a regionally approved college or university in courses related to any of the following areas: child development; developmental curriculum planning/environment and curriculum; observation and assessment; positive behavior management/social-emotional development; health, safety, physical activity, and nutrition; family and community; professionalism; and management and administration related to running a child care; or	
• Qualified as at least an early childhood assistant teacher as per DELACARE: Regulations for Early Care and Education and School-Age Centers (2019).	

## 56. Training

- A. A licensee and substitute used for planned, non-emergency situations as stated in Section 15 shall complete certifications in first aid and in CPR. The CPR certification must include a skills demonstration and be appropriate to the ages of the children in care. Certifications must be kept current.
- B. A licensee shall successfully complete at least 12-clock-hours of annual training including one hour of health or safety training as accepted by OCCL.

<b>Annual training must be in at least three of the following areas:</b>
• Child development;
• Developmental curriculum planning/environment and curriculum;
• Observation and assessment;
• Positive behavior management/social-emotional development;
• Health, safety, physical activity, and nutrition;
• Family and community;
• Professionalism; and
• Management and administration related to running a child care facility.
Annual training may be within one or two areas if a college/university course was successfully completed or a training was six or more clock hours in length.

- C. A licensee shall complete annual training during the dates that appear on the annual license.

## 57. Capacity

- A. A Level I family home is licensed to provide child care for up to four children preschool-age or younger and for up to two additional school-age children that

do not live in the family home and attend only before school, after school, during school holidays, and during school vacation;

1. No more than two of the six children may be under the age of 12 months; and
  2. No more than six children may be present at any time. School-age children may fill preschool-age or younger children's spaces.
- B. Another option for a Level I family home is to provide child care for up to five children preschool-age and younger and no additional school-age children that do not live in the family home;
1. No more than two of the five children may be under the age of 12 months; and
  2. No more than three of the five children may be under the age of 24 months.
- C. A Level II family home is licensed to provide child care for up to six children preschool-age or younger and for up to three additional school-age children who do not live in the family home and attend only before school, after school, during school holidays, and during school vacation;
1. No more than two of the nine children may be under the age of 12 months; and
  2. No more than four of the nine children may be under the age of 24 months; and
  3. No more than nine children may be present at any time. School-age children may fill preschool-age or younger children's spaces.

## **58. Indoor Space**

- A. For the family home licensed before January 1, 2009, a licensee shall ensure the family home provides each child with space for movement and active play. If the home moves from Level I to Level II, a licensee shall provide 25 square feet of indoor space for each child in care in one area, room, or adjoining rooms.
- B. For the family home licensed after January 1, 2009, a licensee shall provide 25 square feet of indoor space for each child in care in one area, room, or adjoining rooms. Measurements will be from wall to wall with the licensing specialist subtracting areas where furniture restricts children's movement to determine the square footage. OCCL will not count bathrooms, storage spaces, hallways, furnace rooms, and other areas not used by children in the square footage.

## **59. Outdoor Fencing**

A licensee shall ensure the outdoor play area of the family home is fenced if hazards are near. Such hazards include, but are not limited to, high traffic roads, water in streams, rivers, ponds, lakes, pools, railroads, steep mounds or drop-offs, and high voltage wires or poles/towers.

- A. Fencing must be sturdy, safe, reinforced at intervals to give support, constructed to discourage climbing, and allow for viewing the children.
- B. Fencing must be at least four feet in height with openings no larger than 3½ inches.
- C. Gates must have a self-closing and self-latching closure device. The latch or closure device must be high enough or made so small children cannot open it.
- D. Fenced areas must have at least two exits. At least one exit must be away from the building.

## ***PART V ADDITIONAL PROVISIONS FOR LARGE FAMILY CHILD CARE HOMES***

### **60. Insurance**

The applicant shall show proof of property and comprehensive general liability insurance. This insurance must specifically cover the large family home business. A licensee shall keep proof of current insurance throughout licensure.

### **61. General and Fire Safety**

- A. A licensee shall ensure a large family home is constructed, used, furnished, maintained, and equipped in compliance with all applicable requirements established by federal, State, local, and municipal regulatory bodies.
- B. A licensee shall have written compliance certification from appropriate regulatory bodies governing zoning, building construction, and fire safety.
  - 1. The designated fire marshal shall conduct a fire inspection annually.
  - 2. A licensee or staff member shall conduct monthly fire prevention inspections. A licensee or staff member shall post a copy of the latest inspection report in a visible place at the large family home.
- C. A licensee shall ensure the large family home is free of unacceptable exposure to hazardous materials.
- D. Large family homes located in a commercially zoned building that previously contained or currently contains a dry cleaner, nail salon, or any other use that may result in an unacceptable indoor air quality, will not be licensed or have a license renewed, unless the applicant/licensee obtains indoor air sampling as required per 7 **DE Admin. Code** 1375 that shows there is no impact to the home.

### **62. Kitchen**

- A. A licensee shall ensure the large family home has at least one separate sink used only for hand washing in the kitchen used for food preparation.
- B. A licensee shall ensure in addition to the hand-washing sink listed in the above regulation, the large family home also has one of the following options:
  - 1. Two-compartment sink and sanitizing basin in the kitchen; or
  - 2. One other sink and a dishwasher.
- C. A licensee shall ensure the large family home has an oven or microwave and a range or cooktop.

- D. A licensee shall ensure the large family home kitchen has either a window that opens or an exhaust fan for the removal of smoke and odors.
- E. A large family home is exempt from Section 62 when parents/guardians provide the food for meals and snacks or a licensee uses a caterer. The caterer's food establishment permit must be submitted to OCCL before the catering service begins. No food preparation may occur on-site when the large family home's kitchen does not meet the requirements in Section 62.

### **63. Indoor Space**

A licensee shall ensure the large family home has 35 square feet of indoor space for each child that allows for movement and active play.

- A. Measurements will be from wall to wall with the licensing specialist subtracting areas where the furniture restricts children's movement to determine square footage.
- B. OCCL will not count bathrooms, kitchen areas, storage spaces, hallways, furnace rooms, and other areas not used by children in the square footage.

### **64. Outdoor Fencing and Space**

- A. A licensee shall ensure the outdoor play area of the large family home is fenced.
- B. Fencing must be sturdy, safe, reinforced at intervals to give support, constructed to discourage climbing, and allow for viewing the children.
- C. Fencing must be at least four feet in height with openings no larger than 3½ inches.
- D. Gates must have a self-closing and self-latching closure device. The latch or closure device must be high enough or made so small children cannot open it.
- E. The fenced area must have at least two exits. At least one exit must be away from the building.
- F. The outdoor play area must provide 50 square feet of play space for each child for the maximum number of children who will use the playground at one time.

### **65. Personnel Policies**

- A. A licensee shall have written personnel policies and procedures available to staff members. These policies must include, as appropriate, procedures for hiring, discipline, dismissal, suspension, and lay-off of the staff member according to applicable laws. A statement signed by the staff member on the orientation form must confirm the review of these personnel policies and procedures and that the staff member was able to ask questions and receive clarification.
- B. A licensee shall develop, follow, and keep on file written policies and procedures that comply with applicable laws for handling suspected child abuse or neglect that occurs while a child is in or out of the large family home's care.
- C. A licensee shall ensure no one abuses or neglects children.
- D. A licensee shall take corrective action to remove the conditions that may have caused or otherwise resulted in a risk of abuse or neglect to children, if the abuse or neglect happened at the home by a staff member.

- E. A licensee shall ensure a licensee or staff member accused of child abuse or neglect is prohibited from working with children until the results of an investigation are completed and OCCL clears the individual to work with children.

## 66. Qualifications

- A. A licensee and each staff member shall submit copies of training certificates, transcripts, and/or diplomas to OCCL as proof of meeting the qualifications of a particular position.
- B. The owner (now licensee), caregiver (now large family provider), or associate caregiver (now large family assistant) of a large family home that was licensed before January 1, 2009, may continue to qualify for the former positions as stated in DELACARE: Requirements for Large Family Child Care Homes (1994) only if remaining at the same large family home. Staff members hired after January 1, 2009, are required to meet the qualifications of these regulations for those positions.
- C. A licensee shall be at least 21 years old and have a high school diploma or its equivalent. A licensee shall be considered a staff member if present at the large family home during the hours of operation for seven or more hours per week. A licensee is required to follow all regulations regarding a staff member.
- D. A licensee shall serve as or hire a person to serve as the large family provider at the large family home. A licensee shall ensure the large family provider is at least 21 years old, has 24 months of experience working with children in a group, has a high school diploma or its equivalent, and has successfully completed one of the following:

<b>Education Requirements for Large Family Provider:</b>	
• Training for Early Care and Education 1 and 2 or equivalent training as recognized by OCCL, such as within the Council for Professional Recognition's CDA Gold Standard <sup>SM</sup> Comprehensive certification;	
• A Child Development Associate Credential (CDA) that is kept valid/current;	
• Delaware Department of Labor's Early Childhood Apprenticeship Program;	
• A high school diploma from a vocational/technical high school's three-year program in early childhood education accepted by Delaware's Department of Education;	
• Nine college/university credits, including three in early childhood education, three in child development, and three in positive behavior management;	
• One-year early childhood diploma program from a two-year college;	
• An Associate degree from an accredited college or university and six college/university credits of child development or early childhood education; or	
• Qualified as at least an early childhood teacher as per DELACARE: Regulations for Early Care and Education and School-Age Centers (2019).	

- E. A licensee shall ensure the large family assistant is at least 18 years old, has six months of experience working with children in a group, has a high school diploma or its equivalent, and has successfully completed one of the following:

<b>Education Requirements for Large Family Assistant:</b>	
<ul style="list-style-type: none"> <li>Sixty-clock-hours of training with a minimum of three-clock-hours in each of the following areas: child development; developmental curriculum planning/environment and curriculum; observation and assessment; positive behavior management/social-emotional development; health, safety, physical activity, and nutrition; family and community; and professionalism; or</li> </ul>	
<ul style="list-style-type: none"> <li>Three college/university credits from a regionally accredited college or university in courses related to any of the following areas: child development; developmental curriculum planning/environment and curriculum; observation and assessment; positive behavior management/social-emotional development; health, safety, physical activity, and nutrition; family and community; professionalism, and management and administration related to operating a child care facility; or</li> </ul>	
<ul style="list-style-type: none"> <li>Qualified as at least an early childhood assistant teacher as per DELACARE: Regulations for Early Care and Education and School-Age Centers (2019).</li> </ul>	

- F. A licensee shall ensure that the large family aide is at least 18 years old and has a high school diploma or its equivalent. Unless trained in the orientation topics, administration of medication, and CPR and first aid, the large family aide shall remain under the direct supervision of the large family provider, large family assistant, or substitute at all times.
- G. A licensee shall ensure a volunteer is always under the supervision of the large family provider and direct supervision of at least the large family assistant.

## 67. Staffing

- A. A licensee shall ensure the large family home has at least one staff member qualified as a large family provider.
- B. A licensee shall ensure the large family home has at least one staff member qualified as a large family assistant or large family aide, unless operating as a Level II family child care home.
- C. A licensee shall ensure the large family provider is present and providing child care at the large family home at least 75% of the hours of operation.
- D. A licensee shall keep a written record of the daily schedule of staff members including their exact hours worked each day. A licensee shall keep this record for at least three months.
- E. A licensee shall ensure every infant has an identified staff member who has the primary, but not the only, responsibility for feeding, comforting, and otherwise caring for the infant's needs.

## 68. Capacity and Staff/Child Ratios

- A. A licensee's own household members do not count in the capacity when care is provided at a commercial location unless the child is present.

- B. OCCL shall license a large family home to provide care for up to 12 children.
- C. A licensee shall ensure a large family provider or large family assistant in accordance with subsection 67.C may alone care for six children preschool-age or younger and three additional school-age children who do not live in the large family home and attend only for before school, after school, during school holidays, and during school vacation;
1. No more than two of the nine children are under the age of 12 months; and
  2. No more than four of the nine children are under the age of 24 months; and
  3. No more than nine children may be present at any time. School-age children may fill preschool-age or younger children's spaces.
- D. A licensee shall ensure a large family provider and large family assistant or large family aide are present when there are seven or more preschool-age or younger children present.
1. No more than four of the 12 children are under the age of 12 months; and
  2. No more than six of the 12 children are under the age of 24 months; and
  3. No more than 12 children may be present at any time. School-age children may fill preschool-age or younger children's spaces.
- E. A licensee shall ensure a large family provider and two additional staff members are present when:

<b>Two Staff Required When:</b>	
<ul style="list-style-type: none"> <li>• Five or six children 12 months or younger are present; no more than six children under the age of 12 months may be present at any time; or</li> </ul>	
<ul style="list-style-type: none"> <li>• Seven or more children under the age of 24 months are present; and</li> </ul>	
<ul style="list-style-type: none"> <li>• No more than 12 children may be present at any time. School-age children may fill preschool-age or younger children's spaces.</li> </ul>	

## 69. Personnel Files

A licensee shall have a personnel file for each staff member. This file must be available upon request for three months after employment ends. Except as noted, all file contents are required at the start of employment and must include the following:

<b>Personnel File Requirements:</b>
<ul style="list-style-type: none"> <li>• Personal data sheet, completed application, or résumé containing the staff member's name, date of birth, home address, and phone number;</li> </ul>
<ul style="list-style-type: none"> <li>• Work start date, and end date, if applicable;</li> </ul>
<ul style="list-style-type: none"> <li>• Two references from adults not related to the person who can verify the person is of good character and can meet the needs of children. These references may be letters or written notes gathered by calling the reference. Phone references require the reference's name, phone number, date called, information about the staff member's character and if the reference has knowledge about how the person works with children, and the name of person receiving the reference;</li> </ul>

<b>Personnel File Requirements:</b>	
<ul style="list-style-type: none"> <li>• Release of employment history form and received Service Letters, or documentation showing two requests and follow-up for Service Letters has been made. If the person has not worked or if unable to get at least one completed Service Letter, two additional reference letters or phone references are required;</li> </ul>	
<ul style="list-style-type: none"> <li>• Proof of qualifications, if applicable;</li> </ul>	
<ul style="list-style-type: none"> <li>• Health appraisal on file within the first month of employment, conducted within one year before the start date. This appraisal must confirm the person's health and document medical or physical conditions that may limit the person's ability to perform child care or have direct access to children and any reasonable accommodations that may be required. Written evidence of follow-up of any known health concern of the staff member affecting or potentially affecting his or her ability to care for children;</li> </ul>	
<ul style="list-style-type: none"> <li>• TB test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or other staff on file within the first month of employment, conducted within one year before the start date;</li> </ul>	
<ul style="list-style-type: none"> <li>• A statement signed by the staff member stating the staff member's status regarding all previous conviction(s), current indictment or involvement in criminal activity involving violence against a person; child abuse or neglect; possession, sale or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others; serious violations of accepted standards of honesty or ethical behavior; or a case of child abuse or neglect substantiated by the division or the respective responsible entity in another state or country;</li> </ul>	
<ul style="list-style-type: none"> <li>• Fingerprinting receipt before starting employment;</li> </ul>	
<ul style="list-style-type: none"> <li>• Comprehensive background check results;</li> </ul>	
<ul style="list-style-type: none"> <li>• Adult abuse registry check;</li> </ul>	
<ul style="list-style-type: none"> <li>• Documentation acknowledging the person is aware that the use of alcohol or a drug that could negatively affect essential job functions, or unlawful possession, manufacture, or distribution of alcohol or drugs, or possession while working of a controlled substance other than by the person for whom it was prescribed is prohibited in the large family home;</li> </ul>	
<ul style="list-style-type: none"> <li>• Documentation informing the person of the child abuse and neglect mandated reporting law and reporting procedures;</li> </ul>	
<ul style="list-style-type: none"> <li>• If transporting children, a copy of the current driver's license;</li> </ul>	
<ul style="list-style-type: none"> <li>• Copy of job description;</li> </ul>	



<b>Personnel File Requirements:</b>	
<ul style="list-style-type: none"> <li>• Orientation form that includes documentation of training in the following topics before working with children, except as noted: <ul style="list-style-type: none"> <li>○ DELACARE Regulations;</li> <li>○ Policies and procedures of the home;</li> <li>○ Emergency preparedness and disaster and evacuation plans;</li> <li>○ Safe sleep practices including prevention of sudden infant death syndrome, if the home serves infants;</li> <li>○ Prevention of shaken baby syndrome and abusive head trauma, if the home serves infants;</li> <li>○ Prevention of and response to food allergies;</li> <li>○ Prevention and control of infectious diseases, including immunization;</li> <li>○ Building and physical grounds safety;</li> <li>○ Storage of hazardous materials and biocontaminants;</li> <li>○ Recognition of the symptoms of child abuse and neglect;</li> <li>○ Child abuse and neglect laws and reporting requirements (certificate required);</li> <li>○ Administration of medication, within two months of hire;</li> <li>○ Safety measures in transporting children, if applicable;</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• Administration of Medication certificate and record of annual training hours, if applicable; and</li> </ul>	
<ul style="list-style-type: none"> <li>• Current first aid and CPR certifications within two months of hire.</li> </ul>	

## 70. Training

- A. A licensee shall ensure that within two months of hire, staff members and the non-emergency substitute have certifications in first aid and CPR. The CPR certification must include a skills demonstration and be appropriate to the ages of the children in care. A licensee shall ensure certifications are current. The large family provider must have these certifications to open a large family home.
- B. A licensee, present at the large family home for seven hours or more per week, large family provider, large family assistant, and large family aide shall successfully complete 15-clock-hours of annual training including one hour of health or safety training as accepted by OCCL. Annual training must be completed during the dates that appear on the license.

<b>Annual training must be in at least three of the following areas:</b>	
<ul style="list-style-type: none"> <li>• Child development;</li> </ul>	
<ul style="list-style-type: none"> <li>• Developmental curriculum planning/environment and curriculum;</li> </ul>	
<ul style="list-style-type: none"> <li>• Observation and assessment;</li> </ul>	
<ul style="list-style-type: none"> <li>• Positive behavior management/social-emotional development;</li> </ul>	
<ul style="list-style-type: none"> <li>• Health, safety, physical activity, and nutrition;</li> </ul>	
<ul style="list-style-type: none"> <li>• Family and community;</li> </ul>	
<ul style="list-style-type: none"> <li>• Professionalism; and</li> </ul>	
<ul style="list-style-type: none"> <li>• Management and administration related to running a child care facility.</li> </ul>	
Annual training may be within one or two areas, if a licensee or staff member completes a college/university course or if the training is six or more hours in length.	



# **APPENDICES AND INDEX**



**OFFICE USE ONLY**

Date assigned: \_\_\_\_\_

Licensing specialist: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Please Print  
all responses.**

Date received:

## SECTION A – Identification

## Entity Information (optional)

## SECTION B – Additional Information

[illegible]

## APPENDIX I: FCCH INITIAL LICENSE APPLICATION

### SECTION B – Additional Information, continued

#### Substitute(s)

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender	Emergency or non-emergency use
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#### CHU contact

Please provide the email address at which you prefer to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person's eligibility for employment or to reside at a licensed child care facility.

CHU contact name: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION C – References for the Applicant

List three individuals who are not related to the applicant. If the applicant has no previous work history in the last five years, list five individuals. These individuals must be able to verify that the applicant is of good character and reputation, respects and understands children, and is sensitive to meeting children's needs. **OCCL will contact these references.**

Name	Address	Telephone/Email
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### SECTION D – Previous Licensure

Are you currently licensed to provide care to convalescent, aged, or nursing patients? ☐ Yes ☐ No

If yes, name of agency: \_\_\_\_\_ Contact person: \_\_\_\_\_

Are you currently licensed or approved or applying to provide foster care or kinship care? ☐ Yes ☐ No

If yes, name of agency: \_\_\_\_\_ Contact person: \_\_\_\_\_

Have you ever been licensed or approved to care for children in Delaware or any other state? ☐ Yes ☐ No

*List the name and address of the licensed/approved facility/home, and the dates of approval/licensure.*

Have you ever had an application or license to provide care for children in DE or any other state denied, revoked, suspended, withdrawn, or placed on probation? ☐ Yes ☐ No

*List the name and address of the facility/home, your relationship to the facility, and the type and date of action.*

## APPENDIX I: FCCH INITIAL LICENSE APPLICATION

### SECTION E – Residence Information

On a separate sheet of paper, answer the following questions:

1. Draw and label a diagram of all the rooms that will be used for child care. Also, note the dimensions of the rooms and floor level that will be used for care.
2. List where the children will nap and/or sleep and the type of sleeping equipment that will be used.
3. Describe where the children will play outside and the equipment available for outdoor use. If the outside area is not located at the child care home, how far is the area from the home?
4. Are there any hazards near the outside play area (a high-traffic road, a body of water, railroad tracks, etc.)?
5. Create a detailed daily activity schedule to be followed during all hours of care. Please include routines such as naps, meals, developmental activities, and physical fitness. (See sample in application packet.)
6. Complete a two-week sample menu if the home provides food. Be sure to follow the OCCL required meal components in the appendices of the *DELACARE: Regulations for Family and Large Family Child Care Homes*.
7. Complete the Emergency Plan for Family Child Care Homes template.

Check all that apply:

☐ Own house/mobile home (circle type)

☐ Rent house/mobile home/apartment (circle type)

If home is rented, landlord approval documentation is required. ☐ submitted ☐ home is not rented

If home uses well water, a DE Office of Drinking Water certificate is required. ☐ submitted ☐ no well water used

### SECTION F – Proposed Program Information

**Hours of operation:**

\_\_\_\_\_ a.m. – \_\_\_\_\_ p.m. or a.m. (circle one)

\_\_\_\_\_ p.m. – \_\_\_\_\_ p.m.

**Days of operation:**

☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

**Months of operation:**

☐ January to December

☐ August to June

☐ \_\_\_\_\_ to \_\_\_\_\_

**Ages of children accepted:** (use “kindergarten” for 5-year-olds attending kindergarten. Otherwise, use exact ages.)

**Example: From 6 weeks to 12 years** From \_\_\_\_\_ to \_\_\_\_\_

**Program components:**

Transportation: ☐ field trips ☐ daily ☐

☐ Purchase of Care other \_\_\_\_\_

☐ Food program (CACFP) agency: \_\_\_\_\_ ☐ Other (specify): \_\_\_\_\_

### SECTION G – Certification and Signature

- I have read, understand, and will follow *DELACARE: Regulations for Family and Large Family Child Care Homes*.
- I understand that the Department of Services for Children, Youth and Their Families, Office of Child Care Licensing, is required under Delaware law to make a thorough investigation to determine the good character and intention of the applicant, that the individual home meets the physical, social, moral, mental and educational needs of the average child, that the required criminal background checks are completed and approved, and whether the regulations and requirements of OCCL are properly met. That may consist of announced or unannounced on-site review of the program and contacting of references submitted as well as other persons or agencies that may have information pertinent to making the determination that the applicant has met the requirements for licensing.
- I certify that to the best of my knowledge the applicant, substitutes, and household members do not have any conviction, current indictment, or arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; or gross irresponsibility or disregard for the safety of others. I further certify if I have knowledge of any convictions, indictments, or arrests involving any of the persons cited above, I will promptly notify OCCL.
- I certify that to the best of my knowledge, the applicant, substitute, and household members have not lost custody of their own child or any child placed in their care; been diagnosed or under treatment for any serious mental illness; or has a current or former addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving any of the persons cited above, I will promptly notify OCCL.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement action, non-compliances, and substantiated complaints will be made available to the public through a variety of means, including via the OCCL website.

## APPENDIX I: FCCH INITIAL LICENSE APPLICATION

### SECTION G – Certification and Signature, continued

- I agree to comply with all federal, state, and local laws and regulations.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, revocation of the license, or denial of a license application.

\_\_\_\_\_  
Signature of applicant from page 1

\_\_\_\_\_  
Date

STATE OF DELAWARE     )  
                                      : SS  
COUNTY OF \_\_\_\_\_ )

Signed and attested before me this \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of notarial officer

\_\_\_\_\_  
Print name

(seal)



OFFICE USE ONLY	
Date assigned:	_____
Licensing specialist:	_____
Supervisor:	_____

# LARGE FAMILY CHILD CARE HOME INITIAL LICENSE APPLICATION

**This application will be active for one year.** If you are not licensed within one year of OCCL receiving this application, you will need to attend an information session and orientation again and submit a new application. Other information may also **need to be updated.**

## SECTION A – Identification

Doing business as/facility name: \_\_\_\_\_

Applicant name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_

Alias, maiden, or married names this person has used: \_\_\_\_\_

Location address: \_\_\_\_\_  
                                     (street)                         (city)                  (county)                 (state)                 (zip)

Applicant cell phone #: \_\_\_\_\_ Location phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Entity Information (optional)

The “entity” is the LLC or corporation that is responsible for and has authority over the operation of the facility. For large family homes, the entity is usually an individual or an LLC. If there is an entity, the applicant must still have responsibility for the facility, reside in the facility, provide the child care, and control the space. If there is no entity, check “individual” and skip the related information.

Entity name: \_\_\_\_\_ Entity type: ☐ Individual ☐ Corporation  
☐ Limited liability company (LLC)

Entity address: \_\_\_\_\_

(street) (city) (state) (zip)

1. If entity is an LLC, provide on a separate page a name, address, and phone number for the managing member.
2. If entity is a corporation, provide on a separate page a name, address, and phone number for each corporate officer.
3. Please submit: ☐ certificate of incorporation or LLC, if applicable and ☐ a Delaware state business license or ☐ proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents).

## SECTION B – Additional Information

**Household member(s)** If care will be provided in the applicant's home, list all household members other than the applicant (anyone staying in the home for more than 30 days within a year, or whose current driver's license/state ID is issued to the address listed on this application)

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender
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## APPENDIX II: LFCCH INITIAL LICENSE APPLICATION

### SECTION B – Additional Information, continued

#### Substitute(s)

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender	Emergency or non-emergency use

#### Staff Member(s)

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender	Provider, assistant, aide, or volunteer

#### CHU contact

Please provide a contact person and email to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person's eligibility for employment or to reside at a licensed child care facility.

CHU contact name: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION C – References for the Applicant

List three individuals who are not related to the applicant. If the applicant has no previous work history in the last five years, list five individuals. These individuals must verify the applicant is of good character and reputation, respects and understands children, and is sensitive to meeting children's needs. **OCCL will contact these references.**

Name	Address	Telephone/Email

## APPENDIX II: LFCCH INITIAL LICENSE APPLICATION

### SECTION D – Previous Licensure

Are you currently licensed to provide care to convalescent, aged, or nursing patients? ☐ Yes ☐ No

If yes, name of agency: \_\_\_\_\_ Contact person: \_\_\_\_\_

Are you currently licensed or approved or applying to provide foster care or kinship care? ☐ Yes ☐ No

If yes, name of agency: \_\_\_\_\_ Contact person: \_\_\_\_\_

Have you ever been licensed or approved to care for children in DE or any other state? ☐ Yes ☐ No

*List the name and address of the licensed/approved facility/home and the dates of approval/licensure.*

Have you ever had an application or license to provide care for children in DE or any other state denied, revoked, suspended, withdrawn, or placed on probation? ☐ Yes ☐ No

*List the name and address of the facility/home, your relationship to the facility, and the type and date of action.*

### SECTION E – Facility Information

Check all that apply, for the licensed address:

☐ Own commercial building/house/mobile home (circle type)

☐ Rent commercial building/house/mobile home/apartment (circle type)

If home is rented, landlord approval documentation is required. ☐ submitted ☐ home is not rented

If home uses well water, a DE Office of Drinking Water certificate is required. ☐ submitted ☐ no well water used

On a separate sheet of paper, answer the following questions:

1. Draw and label a diagram of all the rooms that will be used for child care. Also, note the dimensions of the rooms and floor level that will be used for care.
2. List where the children will nap and/or sleep and the type of sleeping equipment that will be used.
3. Describe where the children will play outside and the equipment available for outdoor use. Note the dimensions of the outdoor play area. If the outside area is not located at the child care home, how far is the area from the home?
4. Are there any hazards near the outside play area (a high-traffic road, a body of water, railroad tracks, etc.)?
5. Create a detailed daily activity schedule to be followed during all hours of care. Please include routines such as naps, meals, developmental activities, and physical fitness. (See sample in application packet.)
6. Complete a two-week sample menu if the home provides food. Be sure to follow the OCCL required meal components in the appendices of the *DELCARE: Regulations for Family and Large Family Child Care Homes*.
7. Complete the Emergency Plan for Large Family Child Care Homes using OCCL's template.

### SECTION F – Proposed Program Information

**Hours of operation:**

\_\_\_\_\_ a.m. – \_\_\_\_\_ p.m. or a.m. (circle one) ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

\_\_\_\_\_ p.m. – \_\_\_\_\_ p.m.

**Days of operation:**

☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

**Months of operation:**

☐ January to December

☐ August to June

☐ \_\_\_\_\_ to \_\_\_\_\_

**Ages of children accepted:** (use "kindergarten" for 5-year-olds attending kindergarten. Otherwise, use exact ages.)

**Example: From 6 weeks to 12 years** From \_\_\_\_\_ to \_\_\_\_\_

**Program components:**

☐ Purchase of Care Transportation: ☐ field trips ☐ daily ☐ other \_\_\_\_\_

☐ Food program (CACFP) agency: \_\_\_\_\_ ☐ Other (specify): \_\_\_\_\_

## APPENDIX II: LFCCH INITIAL LICENSE APPLICATION

### SECTION G – Certification and Signature

- I have read, understand, and will follow *DELACARE: Regulations for Family and Large Family Child Care Homes*.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement action, non-compliances, and substantiated complaints will be made available to the public through a variety of means, including via the OCCL website.
- I understand that the Department of Services for Children, Youth and Their Families, Office of Child Care Licensing, is required under Delaware Code, Title 31, Part I, Chapter 3 Subchapter III, § 344 to make a thorough investigation to determine the good character and intention of the applicant or applicants, that the individual home or facility meets the physical, social, moral, mental and educational needs of the average child, that the required criminal background checks are completed and approved, and whether the regulations and requirements of OCCL are properly met. That may consist of announced or unannounced on-site review of the program and contacting of references submitted as well as other persons or agencies that may have information pertinent to making the determination that the applicant has met the requirements of Delaware Code, Title 31, Part I, Chapter 3 Subchapter III, § 344.
- I hereby certify that to the best of my knowledge the applicant, substitutes, staff members, and household members, if applicable, do not have any conviction, current indictment, or arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; or gross irresponsibility or disregard for the safety of others. I further certify if I have knowledge of any convictions, indictments, or arrests involving any of the persons cited above, I will promptly notify OCCL.
- I certify that to the best of my knowledge any applicant, substitute, staff member, or household members have not lost custody of their own child or any child placed in their care; been diagnosed or under treatment for any serious mental illness; or has a current or former addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving any of the persons cited above, I will promptly notify OCCL.
- I agree to comply with all federal, state, and local laws and regulations.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, revocation of the license, or denial of a license application.

\_\_\_\_\_  
Signature of applicant from page 1

\_\_\_\_\_  
Date

STATE OF DELAWARE       )  
                                      : SS  
COUNTY OF \_\_\_\_\_)

Signed and attested before me this \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of notarial officer

\_\_\_\_\_  
Print name

(seal)

**APPENDIX III: FCCH RENEWAL LICENSE APPLICATION**

OFFICE USE ONLY

STATE OF DELAWARE  
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES  
OFFICE OF CHILD CARE LICENSING (OCCL)**FAMILY CHILD CARE HOME  
RENEWAL LICENSE APPLICATION****Please Print  
all responses.**

Date received: \_\_\_\_\_

Licensing specialist: \_\_\_\_\_

License number: \_\_\_\_\_ License expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION A – Identification**

Applicant name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_

Alias, maiden, or married names this person has used: \_\_\_\_\_

Location address: \_\_\_\_\_  
(street) (city) (county) (state) (zip)

Applicant cell phone #: \_\_\_\_\_ Location phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Entity Information (optional)**

The “entity” is the individual, LLC, or corporation that is responsible for and has authority over the operation of the facility. If there is an entity, the applicant must still have responsibility for the facility, reside in the facility, provide the child care, and control the space. If no entity has been formed, check “individual” and leave the rest of this section blank.

Entity name: \_\_\_\_\_ Entity type: ☐ Individual ☐ Corporation  
☐ Limited liability company (LLC)

Doing business as/facility name: \_\_\_\_\_

Entity address: \_\_\_\_\_  
(street) (city) (state) (zip)

1. If the entity is an LLC, provide on a separate page a name, address, and phone number for the managing member.
2. If the entity is a corporation, provide on a separate page a name, address, and phone number for each corporate officer.
3. Please submit: ☐ certificate of incorporation or LLC, if applicable and ☐ a Delaware state business license or ☐ proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents).

**SECTION B – Additional Information****Household member(s) other than the applicant (anyone staying in the home for more than 30 days within a year, or whose current driver’s license/state ID is issued to the address listed on this application)**

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender
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SECTION E – Certification and Signature

- I have read, understand, and will follow *DELCARE: Regulations for Family and Large Family Child Care Homes*.
- I understand that the Department of Services for Children, Youth and Their Families, Office of Child Care Licensing, is required under Delaware law to make a thorough investigation to determine the good character and intention of the applicant or applicants, that the individual home or facility meets the physical, social, moral, mental and educational needs of the average child, that the required criminal background checks are completed and approved, and whether the regulations and requirements of OCCL are properly met. That may consist of announced or unannounced on-site review of the program and contacting of references submitted as well as other persons or agencies that may have information pertinent to making the determination that the applicant has met the requirements for licensing.
- I certify that to the best of my knowledge the applicant, substitutes, and household members do not have any conviction, current indictment, or arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; or gross irresponsibility or disregard for the safety of others. I further certify if I have knowledge of any convictions, indictments, or arrests involving any of the persons cited above, I will promptly notify OCCL.
- I certify that to the best of my knowledge, the applicant, substitute, and household members have not lost custody of their own child or any child placed in their care; been diagnosed or under treatment for any serious mental illness; or has a current or former addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving any of the persons cited above, I will promptly notify OCCL.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement action, non-compliances, and substantiated complaints will be made available to the public through a variety of means, including via the OCCL website.
- I agree to comply with all federal, state, and local laws and regulations.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, revocation of the license, or denial of a license application.

Signature of applicant from page 1

Date

STATE OF DELAWARE

COUNTY OF \_\_\_\_\_

)

: SS

)

Signed and attested before me this \_\_\_\_\_

Date

Signature of notarial officer

Print name

(seal)





OFFICE USE ONLY

Licensing specialist: \_\_\_\_\_

# LARGE FAMILY CHILD CARE HOME RENEWAL LICENSE APPLICATION

Date received:

License expiration date:        /        /        License number:       

Doing business as/facility name:

Applicant name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_

Alias, maiden, or married names this person has used:

Location address: \_\_\_\_\_  
                                 (street)                      (city)                 (county)                 (state)                 (zip)

Applicant cell phone #: \_\_\_\_\_ Location phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax #: \_\_\_\_\_

The “entity” is the LLC or corporation that is responsible for and has authority over the operation of the facility. For large family homes, the entity is usually an individual or an LLC. If there is an entity, the applicant must still have responsibility for the facility, reside in the facility, provide the child care, and control the space. If there is no entity, check “individual” and skip the related information.

Entity name: \_\_\_\_\_ Entity type: ☐ Individual ☐ Corporation  
☐ Limited liability company (LLC)

Entity address: \_\_\_\_\_

(street) (city) (state) (zip)

1. If entity is an LLC, provide on a separate page a name, address, and phone number for the managing member.
2. If entity is a corporation, provide on a separate page a name, address, and phone number for each corporate officer.
3. Please submit: ☐ certificate of incorporation or LLC, if applicable and ☐ a Delaware state business license or ☐ proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents).

**Household member(s) If care will be provided in the applicant's home, list all household members other than the applicant (anyone staying in the home for more than 30 days within a year, or whose current driver's license/state ID is issued to the address listed on this application)**

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender
-----------	--	---------------	------	--------

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

**APPENDIX IV: LFCCH RENEWAL LICENSE APPLICATION****SECTION B – Additional Information, continued****Substitute(s)**

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender	Emergency or non-emergency use
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**Staff Member(s)**

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender	Provider, assistant, aide, or volunteer
-----------	--	---------------	------	--------	---

**CHU contact**

Please provide a contact person and email to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person's eligibility for employment or to reside at a licensed child care facility.

CHU contact name: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION C – Current Enrollment (attach an additional sheet if needed)**

Child's name (FIRST NAME ONLY)	Date of birth	Days attending	Hours attending each day
Example: Dante	5/22/10	Monday - Friday	8:00 a.m. - 5:00 p.m.
Example: Kate	11/6/09	Monday - Friday	7:00 a.m. – 8:15 a.m. 3:15 p.m. – 5:45 p.m.

## APPENDIX IV: LFCCH RENEWAL LICENSE APPLICATION

### SECTION D – Program Information

**Hours of operation:**

\_\_\_\_\_ a.m. – \_\_\_\_\_ p.m. or a.m. (circle one)  
\_\_\_\_\_ p.m. – \_\_\_\_\_ p.m.

**Days of operation:**

☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

**Months of operation:**

☐ January to December  
☐ August to June  
☐ \_\_\_\_\_ to \_\_\_\_\_

**Ages of children accepted:** (use “kindergarten” for 5-year-olds attending kindergarten. Otherwise, use exact ages.)

**Example:** From 6 weeks to 12 years From \_\_\_\_\_ to \_\_\_\_\_

**Program components:**

☐ Purchase of Care Transportation: ☐ field trips ☐ daily ☐ other \_\_\_\_\_

☐ Food program (CACFP) agency: ☐ Other (specify): \_\_\_\_\_

Are you currently licensed or approved or applying to provide foster care or kinship care? ☐ Yes ☐ No

### SECTION E – Certification and Signature

- I have read, understand, and will follow *DELACARE: Regulations for Family and Large Family Child Care Homes*.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement action, non-compliances, and substantiated complaints will be made available to the public through a variety of means, including via the OCCL website.
- I understand that the Department of Services for Children, Youth and Their Families, Office of Child Care Licensing, is required under Delaware Code, Title 31, Part I, Chapter 3 Subchapter III, § 344 to make a thorough investigation to determine the good character and intention of the applicant or applicants, that the individual home or facility meets the physical, social, moral, mental and educational needs of the average child, that the required criminal background checks are completed and approved, and whether the regulations and requirements of OCCL are properly met. The investigation may consist of announced or unannounced on-site review of the program and contacting of references submitted as well as other persons or agencies that may have information pertinent to making the determination that the applicant has met the requirements of Delaware Code, Title 31, Part I, Chapter 3 Subchapter III, § 344.
- I hereby certify that to the best of my knowledge the applicant, substitutes, staff members, and household members, if applicable, do not have any conviction, current indictment, or arrest violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others. I further certify if I have knowledge of any convictions, indictments, or arrests involving any of the persons cited above, I will promptly notify OCCL.
- I certify that to the best of my knowledge any applicant, substitute, staff member, or household members have not lost custody of their own child or any child placed in their care; been diagnosed or under treatment for any serious mental illness; or has current or former addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving any of the persons cited above, I will promptly notify OCCL.
- I agree to comply with all federal, state, and local laws and regulations.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, revocation of the license, or denial of a license application.

\_\_\_\_\_  
Signature of applicant from page 1

\_\_\_\_\_  
Date

STATE OF DELAWARE     )  
  : SS  
COUNTY OF \_\_\_\_\_ )

Signed and attested before me this \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of notarial officer  
(seal)

\_\_\_\_\_  
Print name



**APPENDIX V: FCCH RELOCATION LICENSE APPLICATION**

OFFICE USE ONLY

Licensing specialist: \_\_\_\_\_

STATE OF DELAWARE  
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES  
OFFICE OF CHILD CARE LICENSING (OCCL)**FAMILY CHILD CARE HOME  
RELOCATION LICENSE APPLICATION****Please Print  
all responses.**

Date received: \_\_\_\_\_

License number: \_\_\_\_\_ License expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION A – Identification**

Applicant name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_

Alias, maiden, or married names this person has used: \_\_\_\_\_

Location address: \_\_\_\_\_

(street) (city) (county) (state) (zip)

Applicant cell phone #: \_\_\_\_\_ Location phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Entity Information (optional)**

The “entity” is the individual, LLC, or corporation that is responsible for and has authority over the operation of the facility. If there is an entity, the applicant must still have responsibility for the facility, reside in the facility, provide the child care, and control the space. If no entity has been formed, check “individual” and leave the rest of this section blank.

Entity name: \_\_\_\_\_ Entity type: ☐ Individual ☐ Corporation☐ Limited liability company (LLC)

Doing business as/facility name: \_\_\_\_\_

Entity address: \_\_\_\_\_

(street) (city) (state) (zip)

1. If the entity is an LLC, provide on a separate page a name, address, and phone number for the managing member.
2. If the entity is a corporation, provide on a separate page a name, address, and phone number for each corporate officer.
3. Please submit: ☐ certificate of incorporation or LLC, if applicable and ☐ a Delaware state business license or ☐ proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents).

**SECTION B – Additional Information****Household member(s) other than the applicant (anyone staying in the home for more than 30 days within a year, or whose current driver's license/state ID is issued to the address listed on this application)**

Full name Alias, maiden, or married names this person has used Date of birth Race Gender

## SECTION B – Additional Information, continued

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender	Emergency or non-emergency use
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Please provide the email at which you prefer to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person's eligibility for employment or to reside at a licensed child care facility.

CHU contact name: \_\_\_\_\_ Email: \_\_\_\_\_

[illegible]

**Hours of operation:**  
 \_\_\_\_\_ a.m. – \_\_\_\_\_ p.m. or a.m. (circle one)  
 \_\_\_\_\_ p.m. – \_\_\_\_\_ p.m.

**Days of operation:**  
☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

**Months of operation:**  
☐ January to December  
☐ August to June  
☐ \_\_\_\_\_ to \_\_\_\_\_

**Program components:**

☐ Purchase of Care    Transportation: ☐ field trips   ☐ daily   ☐ other \_\_\_\_\_

☐ Food program (CACFP) agency: \_\_\_\_\_   ☐ Other (specify): \_\_\_\_\_

APPENDIX V: FCCH RELOCATION LICENSE APPLICATION

SECTION E – Residence Information

Check all that apply:

If home is rented, landlord approval documentation is required. ☐ submitted ☐ home is not rented

If home uses well water, a DE Office of Drinking Water certificate is required. ☐ submitted ☐ no well water used

On a separate sheet of paper, answer the following questions:

1. Draw and label a diagram of all the rooms that will be used for child care. Also, note the dimensions of the rooms and floor level that will be used for care.
2. List where the children will nap and/or sleep and the type of sleeping equipment that will be used.
3. Describe where the children will play outside and the equipment available for outdoor use. If the outside area is not located at the child care home, how far is the area from the home?
4. Are there any hazards near the outside play area (a high-traffic road, a body of water, railroad tracks, etc.)?
5. Create a detailed daily activity schedule to be followed during all hours of care. Please include routines such as naps, meals, developmental activities, and physical fitness. (See sample in application packet.)
6. Complete a two-week sample menu if the home provides food. Be sure to follow the OCCL required meal components in the appendices of the *DELACARE: Regulations for Family and Large Family Child Care Homes*.
7. Completed the Emergency Plan for Family Child Care Homes template.

SECTION F – Certification and Signature

- I have read, understand, and will follow *DELACARE: Regulations for Family and Large Family Child Care Homes*.
- I understand that the Department of Services for Children, Youth and Their Families, Office of Child Care Licensing, is required under Delaware law to make a thorough investigation to determine the good character and intention of the applicant or applicants, that the individual home or facility meets the physical, social, moral, mental and educational needs of the average child, that the required criminal background checks are completed and approved, and whether the regulations and requirements of OCCL are properly met. That may consist of announced or unannounced on-site review of the program and contacting of references submitted as well as other persons or agencies that may have information pertinent to making the determination that the applicant has met the requirements for licensing.
- I certify that to the best of my knowledge the applicant, substitutes, and household members do not have any conviction, current indictment, or arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; or gross irresponsibility or disregard for the safety of others. I further certify if I have knowledge of any convictions, indictments, or arrests involving any of the persons cited above, I will promptly notify OCCL.
- I certify that to the best of my knowledge the applicant, substitute, or household members have not lost custody of their own child or any child placed in their care; been diagnosed or under treatment for any serious mental illness; or has a current or former addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving any of the persons cited above, I will promptly notify OCCL.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement action, non-compliances, and substantiated complaints will be made available to the public through a variety of means, including via the OCCL website.
- I agree to comply with all federal, state, and local laws and regulations.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, revocation of the license, or denial of a license application.

Signature of applicant from page 1

Date

STATE OF DELAWARE )

: SS

COUNTY OF \_\_\_\_\_ )

Signed and attested before me this \_\_\_\_\_

Date

Signature of notarial officer  
(seal)

Print name





## APPENDIX VI: LFCCH RELOCATION LICENSE APPLICATION

OFFICE USE ONLY

Licensing specialist:

STATE OF DELAWARE  
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES  
OFFICE OF CHILD CARE LICENSING (OCCCL)  
**LARGE FAMILY CHILD CARE HOME  
RELOCATION LICENSE APPLICATION**

**Please Print  
all responses.**

Date received:

License expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ License number: \_\_\_\_\_

## SECTION A – Identification

Doing business as/facility name: \_\_\_\_\_

Applicant name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_

Alias, maiden, or married names this person has used: \_\_\_\_\_

Location address:

(street)	(city)	(county)	(state)	(zip)
----------	--------	----------	---------	-------

Applicant cell phone #: \_\_\_\_\_ Location phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax #: \_\_\_\_\_

## Entity Information

The "entity" is the individual, LLC, or corporation that is responsible for and has authority over the operation of the facility. If there is an entity, the applicant must still have responsibility for the facility, reside in the facility, provide the child care, and control the space. If no entity has been formed, check "individual" and leave the rest of this section blank.

Entity name: \_\_\_\_\_ Entity type: ☐ Individual ☐ Corporation  
☐ Limited liability company (LLC)

Entity address:

(street)	(city)	(state)	(zip)
----------	--------	---------	-------

1. If entity is an LLC, provide on a separate page a name, address, and phone number for the managing member.
2. If entity is a corporation, provide on a separate page a name, address, and phone number for each corporate officer.
3. Please submit: ☐ certificate of incorporation or LLC, if applicable and ☐ a Delaware state business license or ☐ proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents).

## SECTION B – Additional Information

**Household member(s)** If care will be provided in the applicant's home, list all household members other than the applicant (anyone staying in the home for more than 30 days within a year, or whose current driver's license/state ID is issued to the address listed on this application)

[illegible]

**APPENDIX VI: LFCCH RELOCATION LICENSE APPLICATION****SECTION B – Additional Information, continued****Substitute(s)**

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender	Emergency or non-emergency use

**SECTION B – Additional Information, continued****Staff Member(s)**

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender	Provider, assistant, aide, or volunteer

**CHU contact**

Please provide a contact person and email to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person's eligibility for employment or to reside at a licensed child care facility.

CHU contact name: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION C – Facility Information**

Check all that apply, for the licensed address:

☐ Own commercial building/house/mobile home (circle type)

☐ Rent commercial building/house/mobile home/apartment (circle type)

If home is rented, landlord approval documentation is required. ☐ submitted ☐ home is not rented

If home uses well water, a DE Office of Drinking Water certificate is required. ☐ submitted ☐ no well water used

On a separate sheet of paper, answer the following questions:

1. Draw and label a diagram of all the rooms that will be used for child care. Also, note the dimensions of the rooms and floor level that will be used for care.
2. List where the children will nap and/or sleep and the type of sleeping equipment that will be used.
3. Describe where the children will play outside and the equipment available for outdoor use. Note the dimensions of the outdoor play area. If the outside area is not located at the child care home, how far is the area from the home?
4. Are there any hazards near the outside play area (a high-traffic road, a body of water, railroad tracks, etc.)?
5. Create a detailed daily activity schedule to be followed during all hours of care. Please include routines such as naps, meals, developmental activities, and physical fitness. (See sample in application packet.)
6. Complete a two-week sample menu if the home provides food. Be sure to follow the OCCL required meal components in the appendices of the *DELACARE: Regulations for Family and Large Family Child Care Homes*.
7. Complete Emergency Plan for Large Family Child Care Home template.

SECTION D – Program Information

**Hours of operation:**  
 \_\_\_\_\_ a.m. – \_\_\_\_\_ p.m. or a.m. (circle one)  
 \_\_\_\_\_ p.m. – \_\_\_\_\_ p.m.

**Days of operation:**  
☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

**Months of operation:**  
☐ January to December  
☐ August to June  
☐ \_\_\_\_\_ to \_\_\_\_\_

**Ages of children accepted:** (use “kindergarten” for 5-year-olds attending kindergarten. Otherwise, use exact ages.)  
**Example: From 6 weeks to 12 years** From \_\_\_\_\_ to \_\_\_\_\_

**Program components:**

☐ Purchase of Care    Transportation: ☐ field trips ☐ daily ☐ other \_\_\_\_\_  
☐ Food program (CACFP) agency: \_\_\_\_\_ ☐ Other (specify): \_\_\_\_\_

SECTION E – Certification and Signature

- I have read, understand, and will follow *DELACARE: Regulations for Family and Large Family Child Care Homes*.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement action, non-compliances, and substantiated complaints will be made available to the public through a variety of means, including via the OCCL website.
- I understand that the Department of Services for Children, Youth and Their Families, Office of Child Care Licensing, is required under Delaware Code, Title 31, Part I, Chapter 3 Subchapter III, § 344 to make a thorough investigation to determine the good character and intention of the applicant or applicants, that the individual home or facility meets the physical, social, moral, mental and educational needs of the average child, that the required criminal background checks are completed and approved, and whether the regulations and requirements of OCCL are properly met. That may consist of announced or unannounced on-site review of the program and contacting of references submitted as well as other persons or agencies that may have information pertinent to making the determination that the applicant has met the requirements of Delaware Code, Title 31, Part I, Chapter 3 Subchapter III, § 344.
- I hereby certify that to the best of my knowledge the applicant, substitutes, staff members, and household members, if applicable, do not have any conviction, current indictment, current indictment, or arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; or gross irresponsibility or disregard for the safety of others. I further certify if I have knowledge of any convictions, indictments, or arrests involving any of the persons cited above, I will promptly notify OCCL.
- I certify that to the best of my knowledge any applicant, substitute, staff member, or household members have not lost custody of their own child or any child placed in their care; been diagnosed or under treatment for any serious mental illness; or has a current or former addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving any of the persons cited above, I will promptly notify OCCL.
- I agree to comply with all federal, state, and local laws and regulations.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, revocation of the license, or denial of a license application.

Signature of applicant from page 1  
  
 STATE OF DELAWARE            )  
   ): SS  
 COUNTY OF \_\_\_\_\_        )

Signed and attested before me this \_\_\_\_\_  

Date

Signature of notarial officer  
 (seal)

Print name



APPENDIX VII: VARIANCE REQUEST



**State of Delaware**  
**The Department of Services**  
**for Children, Youth and Their Families**

New Castle County

Concord Plaza | Hagley Building  
3411 Silverside Road  
Wilmington, Delaware 19810-4812

Kent County

Barratt Building | Suite 103  
821 Silver Lake Boulevard  
Dover, Delaware 19904-2458

Division of Family Services | Office of Child Care Licensing |

Wilmington Office: 302-892-5800  
Dover Office: 302-739-5487

Facsimile: 302-633-5112  
Facsimile: 302-739-6589

**Variance Request (one request per form)**

Name	Title	Date
Facility Name		License #
Facility Address	Email Address	

Variance requested for regulation/rule number: \_\_\_\_\_

Regulation Type (check one): ☐ Center ☐ Child Placing Agency ☐ Family ☐ Large Family ☐ Residential/Day Treatment

Status of License (check one): ☐ Annual ☐ Initial-Provisional ☐ Provisional ☐ Applicant

Current Enforcement Action (check one): ☐ Warning of Probation ☐ Probation ☐ None

Ages and Number of Children Affected:

- |                              |                                       |
|------------------------------|---------------------------------------|
| A. Licensed capacity: _____  | C. Ages of children served: _____     |
| B. Current enrollment: _____ | D. Days and hours of operation: _____ |

Time period requested for variance: \_\_\_\_\_

***Provide detailed responses to items 1 through 4.***

1. Reason variance is being requested:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
2. Describe alternative method proposed for meeting intent of the regulation:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## APPENDIX VII: VARIANCE REQUEST

3. Reason this variance should be granted:

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4. Possible adverse effect on children in care if variance is approved:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(My signature attests that the above information is true to the best of my knowledge.)*

**Office of Child Care Licensing use only**

Recommendation(s)/Conditions:

### DETERMINATION:

- ☐ Approved as submitted
- ☐ Approved with the conditions as described above
- ☐ Denied as described above

\_\_\_\_\_  
Administrator, Office of Child Care Licensing

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Permanent Variance) Director, Division of Family Services

\_\_\_\_\_  
Date

# 2018 Recommended Immunizations for Children from Birth Through 6 Years Old

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
HepB	HepB				HepB					

RV	RV	RV	RV	RV						
DTaP	DTaP	DTaP	DTaP	DTaP	DTaP		DTaP			DTaP
Hib	Hib	Hib	Hib	Hib	Hib		Hib			
PCV13	PCV13	PCV13	PCV13	PCV13	PCV13		PCV13			
IPV	IPV	IPV	IPV	IPV	IPV		IPV			IPV
							Influenza (Yearly)*			
							MMR			MMR
							Varicella			Varicella
							HepA <sup>§</sup>			



Shaded boxes indicate the vaccine can be given during shown age range.

**NOTE:** If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:**

- \* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the last dose. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

*If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.*



**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention

**AMERICAN ACADEMY OF FAMILY PHYSICIANS**  
STRONG MEDICINE FOR AMERICA



**American Academy of Pediatrics**

DEDICATED TO THE HEALTH OF ALL CHILDREN™

For more information, call toll free  
**1-800-CDC-INFO (1-800-232-4636)**  
or visit  
**www.cdc.gov/vaccines/parents**

## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
<b>Chickenpox</b>	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
<b>Diphtheria</b>	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Hib</b>	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
<b>Hepatitis A</b>	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
<b>Hepatitis B</b>	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
<b>Influenza (Flu)</b>	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
<b>Measles</b>	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
<b>Pertussis</b>	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Polio</b>	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Pneumococcal</b>	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
<b>Rotavirus</b>	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
<b>Rubella</b>	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Tetanus</b>	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

\* DTaP combines protection against diphtheria, tetanus, and pertussis.

\*\* MMR combines protection against measles, mumps, and rubella.





State of Delaware  
Office of Child Care Licensing  
ADMINISTRATION OF MEDICATION  
SELF-STUDY TRAINING GUIDE

The Nurse Practice Act allows child care providers to administer medication to children in child care facilities regulated by the State. The law allows child care providers to give prescription and non-prescription medication, as long as a parent/guardian has given written permission and the child care provider giving the medication successfully passed the Administration of Medication test on the information found in this training guide.

**MEDICATION ADMINISTRATION EXAM AND DEMONSTRATION OF SKILLS COMPETENCY**

- Child care providers must score at least 85% on the test to receive the administration of medication certificate.
- If you do not receive a passing grade, you will need to contact OCCL to register to take the test again. A fee is charged each time you take the test.
- Your certificate is valid for five years.
- You must keep the original certificate as proof that you passed the test. OCCL does not keep copies of these certificates.
- This certificate is valid only in Delaware licensed family and large family child care homes and in Delaware licensed early care and education and school-age centers.

**Course Overview**

**Module I: Legal Responsibilities, Administration of Medication, and the “Six Rights” of Medication**

- Legal and ethical responsibilities;
- Administration of medication by child care providers; and
- “Six Rights” of Medication Administration.

**Module II: Classification and Use of Medication**

- Classification of medication; and
- Using, misusing, and abusing medication.

**Module III: Preparation for Administration of Medication**

- Requirements;
- Properly labeled prescription;
- When not to administer medication;
- Refusal of medication;
- Proper use of medication.

**Module IV: Medication Administration Procedures**

- General procedures for medication administration;
- Specific procedures for medication administration; and

## **APPENDIX IX: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE**

- Medication techniques for infants/toddlers.

### **Module V: Medication Administration Record (MAR) Documentation, Medication Errors, and Avoiding Medication Errors**

- Documentation on the Medication Administration Record (MAR);
- Medication Errors; and
- Avoiding Medication Errors.

### **Module VI: Medication Effects**

- Three basic effects of major medication groups; and
- The Adverse Effects of Medication.

### **Module VII: Emergency-Use Medication**

- Administering Diastat® for seizures;
- Administering an EpiPen® for anaphylaxis; and
- Diabetes maintenance and administering Glucagon®

### **Module VIII: Storage and Disposal of Medication**

- Storage of medication; and
- Disposal of medication.

## **MODULE I: LEGAL RESPONSIBILITIES, ADMINISTRATION OF MEDICATION, AND THE “SIX RIGHTS” OF MEDICATION**

### **A. Legal and Ethical Responsibilities**

Many children enrolled in child care programs require medication while away from home. The number of children with complex health conditions is increasing. You should be familiar with both applicable federal and state laws and state child care licensing regulations for administering medications to children in early care and education settings. When administering medications, you are legally responsible for making sure medications are properly labeled and in the original containers. An understanding of federal and state laws and Office of Child Care Licensing (OCCL) regulations is necessary to reduce the potential liability issues of medication administration in the child care setting.

Delaware code permits OCCL to allow adults working in child care facilities to administer medication to children after successful completion of the approved medication certification test. When administering medication, OCCL expects you to act in a manner that protects the child from harm. A basic understanding of the medication that you are giving is important to the child's overall well-being. Therefore, you must receive the required information regarding a medication to carry out your role in the safest manner.

The Americans with Disabilities Act (ADA) is a federal law that allows a child with special health care needs to have reasonable accommodations so they can be included in early care and education settings. Early learning professionals play a key role in allowing children who are not acutely ill to attend child care outside the home, as required by ADA.

## APPENDIX IX: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

OCCL expects from both a legal and ethical standpoint that you will not knowingly participate in practices that are outside of your legally permissible role or that may endanger the well-being of the child.

### B. Administration of Medication by Child Care Providers

In addition to becoming certified to administer medication, you as the child care provider, by law, must meet two other conditions before giving medication:

1. A parent/guardian must complete the OCCL Medication Administration Record (MAR) for each prescription and non-prescription medication that you are to give the child. This will give you the child's name, the name of the medication, the proper dosage, the time(s) the medication is to be given, and the route by which the medication is to be given.
2. By federal and state law and regulation, all prescription and non-prescription medication must be in its original container with a label that contains all necessary information, including the instructions for how to give it.

A school-aged child may self-administered medication with written permission from his or her parent/guardian and his/her health care provider's authorization. This authorization must be completed by the health care provider, signed by the parent/guardian, and on file with the MAR. This authorization must be renewed annually and as needed. Reviews and changes shall be written, dated, and signed by the parent/guardian and health care provider. The documentation from the health care provider must state the child is able to complete the following:

- Safely self-administer the prescribed medication;
- Identify and select the correct medication and dosage, if applicable; and
- Administer the medication at the correct time and frequency.

The medication may not be shared with any other children. Self-administration of medication must be recorded on the MAR. If the child uses the medication inappropriately or more often than prescribed, the parent/guardian must be notified immediately.

### C. "Six Rights" of Medication Administration

You must be certain you are giving the right medication to the right child in the right amount at the right time using the right route and have the right documentation. Each time you give a medication, you must carefully check your procedure against these six rights:

1. RIGHT CHILD: Confirm you have the right child. If you are not certain you have the right child, STOP. Seek help from another staff member who is familiar with the child or call the parent/guardian.
2. RIGHT MEDICATION: Compare the MAR with the pharmacy/packaging label and make sure they match.
3. RIGHT DOSAGE: Compare the MAR and pharmacy/packaging label to make sure they list the same dosage. Carefully measure or count the correct dosage AND compare this amount with the pharmacy/packaging label.

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4. **RIGHT TIME**: Check the label on the medication container and follow the MAR. When prescribing a medication, the health care provider will list how often the child is to take the medication.
5. **RIGHT ROUTE**: Read the label on the medication and compare it to the MAR. The following are routes of administration:
  - Oral – by mouth
  - Topical – placed directly on the skin
  - Otic – ear drops placed into ear canal
  - Nasal – nose drops/spray dropped or sprayed into the nostril
  - Optic – placed in the eye
  - Inhalation – using a nebulizer or inhaler
  - Injection – using a syringe, pen, or electronic infusion device
  - Rectal – inserted into rectum
6. **RIGHT DOCUMENTATION**: Document when each medication is given. It provides communication between individuals who care for children. The MAR is a legal document that verifies whether or not someone administered a medication(s). (Remember, if a medication has been given but not documented, there is a potential for overdosing.)

## **MODULE II: CLASSIFICATION AND USE OF MEDICATION**

### **A. Classification of Medication**

#### **1. Prescription Medication**

This group includes all medications that a qualified health care provider must order and only a health care provider or pharmacist provides. A health care provider prescribes a prescription drug to treat one person for a specific condition. It is very important that medications are:

- Kept in a storage area inaccessible to children; and
- Returned to the parent/guardian for proper disposal.

#### **2. Non-Prescription Medication**

Non-prescription medication is also called “over-the-counter” (OTC) medication. People can purchase OTC medication without a prescription. Common OTC medications include diaper cream, sunscreen, pain relievers which include acetaminophen such as Tylenol® or ibuprofen such as Advil® and Motrin®, and certain cold remedies like Dimetapp®, and Robitussin®. OTC medication is to be used for specific reasons. The label lists the symptoms that the medication was designed to treat. Guidance from a doctor is a good idea, but not required when using OTC medication.

### **B. Using, Misusing, and Abusing Medication**

1. Using medication is appropriate when:

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- The health care provider has prescribed the medication for the person taking it.
  - The person takes the correct amount prescribed by the health care provider, or as directed by the label for OTC medication.
  - The person takes the medication at the proper times for the number of days shown on the label.
  - The right child receives the right medicine at the right time in the right dose by the right route and then the child care provider correctly documents this information.
2. Misusing medication occurs when:
- A person takes medication prescribed for someone else.
  - A person changes the amount of the medication dosage.
  - A person does not take the medication at the correct time(s) or for the length of time required.
  - A person keeps unused medications beyond the expiration date for “future” use.
  - A child does not take the medication as prescribed by a health care provider because the child care provider violated at least one of the “Six Rights” of Medication Administration.
3. Abuse of medication occurs when:
- A person gets prescriptions from several different doctors for the same false symptoms.
  - A person intentionally takes medication to such an extent that he/she is unable to function and has strange behavior.
  - A person takes medication repeatedly to experience effects that are not those intended by the health care provider.

## MODULE III: PREPARATION FOR ADMINISTRATION OF MEDICATION

### A. Requirements

Before being able to give medication, the following information must be available:

1. There must be written parent/guardian permission to give the specific medication. This written permission must be in the form of a signed Medication Administration Record (MAR). Parent/Guardian permission in any other form is not acceptable.
2. The prescription medication label must be clear, with proper directions, and list the name of the child receiving the prescription. The medication must be in its original container.
3. In the case of over-the-counter (OTC) medication, the label must be clear so that directions for use, dosage, and storage are readable. When a parent requests an OTC medication be used for a child under two years old, but the medication is not to be used for this age group, a health care provider’s note explaining the amount to give and how often to give medication must accompany the container.

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### B. Properly Labeled Prescription

The prescription is a written order from the doctor to the pharmacist. The pharmacist provides the medication in a container that has a pharmacy label. The label should contain at least as much information as the doctor's prescription.

Below are examples of a proper pharmacy label and an explanation of the information on the label:

<b>Line 1</b>	Pharmacy's Phone Number, Name, and Address		
<b>Line 2</b>	Name of the person for whom the medication is intended and date prescribed		
<b>Line 3</b>	Name of medication, strength of each capsule, and number of capsules in the container		
<b>Line 4</b>	Directions for taking the medication		
<b>Line 5</b>	Prescription number and the health care provider's name		
<b>Line 6</b>	Number of times a person may renew the medication without a new prescription		
<b>Line 7</b>	Expiration date: (It is unsafe to take some medications after a certain time. If the medication has an expiration date, it should appear on the pharmacy label.)		

<b>Line 1</b>	432-7107	My Pharmacy	732 S. Ocean Street Town, Delaware 19XXX
<b>Line 2</b>	Tim Potter		04/01/2018
<b>Line 3</b>	Ampicillin	250 Mg	#24
<b>Line 4</b>	Take one (1) capsule four (4) times a day		
<b>Line 5</b>	RX 2284593		Dr. T. Berry
<b>Line 6</b>	Refills Remaining: 0		
<b>Line 7</b>	Exp. Date: 04/01/2019		

### C. When Not To Administer Medication

Do not administer medication if:

- The MAR containing the parent/guardian permission or a readable pharmacy label is missing;
- The child showed a dramatic change in attitude and/or behavior when given the medication before; or
- You have any doubt that you have the right child, right medication, right dosage, right time, or right route. Get assistance from another staff member, if applicable, or call the parent/guardian before giving the medication.

If a child has difficulty taking the medication, such as swallowing a large pill, check with the parent/guardian for administration techniques specific to that child's needs. If you do not administer the medication, immediately notify a parent/guardian, explain why you made this decision, and document it on the MAR.

### D. Refusal of Medication

In some instances the child care provider may be unable to administer medication because the child refused the medication. Refusal of medication is not considered a medication error. It should be documented on the MAR as "refused medication" to document the reason the medication was not given. When a child refuses medication, the parent/guardian should be notified immediately.

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### E. Proper Measuring of Medication

When giving medication, especially liquid, use an accurate measuring device. Use the measuring device provided with the medication. Be accurate, measure liquid medicine at eye level, and never guess at the dose.

Check the markings carefully on the measuring device. Most liquid medication is measured by teaspoon (tsp) or milliliter (mL).

2.5 mL	=	½ teaspoon (tsp. or t.)	
5 mL	=	1 tsp.	
15 mL	=	3 tsp.	= 1 tablespoon (tbl. or Tbsp. or T.)
30 mL	=	2 Tbsp.	= 1 fluid ounce (oz.)

Some of the more common measurements to be aware of include:

2 Tbsp.	=	1 fluid oz.
1 Tbsp.	=	½ fluid oz.
1 tsp.	=	⅓ Tbsp.

Prescription labels are written in a manner that is easy to understand, such as “take one teaspoon every four hours,” or “take one capsule daily.”

DO NOT USE kitchen tableware instead of an accurate measuring device. An error in measuring liquid medication can result in the wrong dose – either too much or too little of the medication. For example, a large kitchen spoon can hold twice as much liquid as a small kitchen spoon.

## MODULE IV: MEDICATION ADMINISTRATION PROCEDURES

### A. General Procedures for Medication Administration

#### 1. Before Administering

Before administering any medication to a child, always wash your hands with soap and water. If the child will touch the medication, he/she must also wash his/her hands.

When you give the child a medication, you become responsible for following the “Six Rights” of Medication Administration. They are the following:

- The right medication;
- To the right child;
- At the right time;
- In the right dose;
- By the right route; and
- With the right documentation.

## APPENDIX IX: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

This means you are responsible for the following information:

<b>Responsibilities Before Administering Medication</b>
<ul style="list-style-type: none"><li>• Know the time the child is to take each medication.</li></ul>
<ul style="list-style-type: none"><li>• Check the medication label to:<ul style="list-style-type: none"><li>○ Make sure you have the right medication to give at the right time;</li><li>○ Make yourself familiar with how the child takes the medication (for example, is it a pill? a lotion to be applied? ear drops? etc.);</li><li>○ Note any special instructions for using it (for example, “take with milk” or “shake well before using”); and</li><li>○ Determine the correct dosage.</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Give the right medication to the right child using the proper equipment. (This may include a cup, spoon, drink of water, dropper, etc.).</li></ul>
<ul style="list-style-type: none"><li>• Measure and administer medication at the right time by the right route. (This may be by mouth, application to skin, in eye or nose, etc.).</li></ul>
<ul style="list-style-type: none"><li>• Return the closed medication container to the proper storage area that is inaccessible to children.</li></ul>
<ul style="list-style-type: none"><li>• Document the date and time you gave the medication. Document any medication errors and any adverse effects to the child.</li></ul>

### 2. The Timing of Dosage

Sometimes a medication label will not state the time to take the medication. The label may simply say, for example, “*Take three times a day.*” To find out the time to give a medication ordered in this manner, ask the parent/guardian with the child took the last dose and when the child should receive the next dose.

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**4 times a day = 6 hours between doses**

**3 times a day = At meal times (check the label to see if the medication should be taken before, after, or with the meal)**

**2 times a day = On waking and at bedtime**

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### 3. Field Trips

If a child is attending a field trip during a scheduled medication time, a child care provider with a valid Administration of Medication certificate may administer the medication while on the field trip. Medication should not be removed from the original packaging. The child care provider may request that the parent/guardian send a separate bottle with only the amount required for the day of the field trip. The child care provider must use the Medication Administration Record (MAR) to document that the child was given his/her medication at the time it was given.

## A. Specific Procedures of Medication Administration

### 1. Oral Medication Administration

- Follow the “Six Rights” of Medication Administration.



## **APPENDIX IX: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE**

Oral medications include solids such as tablets and capsules. These should not be crushed without written instruction from the medical professional. Tablets come in the following forms:

- Regular tablets – taken with liquid and swallowed
- Chewable tablets – should be chewed before being swallowed
- Coated tablets – coated so that they will dissolve in the small intestine and should not be split or crushed
- Sublingual tablets – placed under the tongue and allow to dissolve and be absorbed
- Buccal medication – placed inside the cheek and along the gum line to be dissolved and be absorbed

Oral medication can be liquids such as syrups, elixirs, and suspensions:

- Syrups and elixirs – translucent liquid
- Suspensions – not clear liquids; contain medication that does not dissolve completely and usually requires refrigeration. Because they can separate they always need to be shaken for 15 seconds before administering.

Oral medications should always be given with four to six ounces of water to allow for easy swallowing.

- Verify the child has swallowed the medication;
- Document that you have administered the medication on the Medication Administration Record;
- Put the medication back into the storage area; and
- Observe the child for any adverse medication reactions.

### **2. Liquid Medication Administration**

- Follow the “Six Rights” of Medication Administration;
- Have the container at eye level;
- Hold the bottle so the label is in the palm of the hand, pour the liquid into a marked plastic medication cup or measure using the provided syringe or dropper. Make sure the dosage is accurate;
- Verify the child has swallowed the medication;
- Document that you have administered the medication on the MAR;
- Put the medication back into the storage area; and
- Observe the child for any adverse medication reactions.

### **3. Eye Drop or Eye Ointment Administration**

- Follow the “Six Rights” of Medication Administration;
- Know which eye is to be treated; O.D. = right eye, O.S. = left eye, O.U. = both eyes;
- Stabilize the child’s head by having the child tilt his/her head backward or lie down;
- Have the child look upward;

## **APPENDIX IX: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE**

- Place drops into the eye by gently pulling down the skin beneath the lower eyelid and gently placing the drops into the space between the lower eyelid and the eye. Have the child blink several times. Do not allow the bottle tip to touch the eye or eyelid;
- Have the child close his/her eyes for a few moments;
- Dab around the eye with a tissue to remove excess medication;
- Document that you have administered the medication on the MAR;
- Put the medication back into the storage area; and
- Observe the child for any adverse medication reaction.

### **4. Ear Drop Administration**

- Follow the “Six Rights” of Medication Administration;
- Loosen the lid on the medication and squeeze the rubber stopper to fill the dropper;
- Stabilize the child’s head by tilting it toward the opposite shoulder and turn head to side;
- Gently pull the top of the ear (cartilage) back and up and hold;
- Place the prescribed number of drops into the ear canal without touching the dropper to the ear;
- Have the child remain in the same position for a few minutes to avoid leakage;
- Document that you have administered the medication on the MAR;
- Put the medication back into the storage area; and
- Observe the child for any adverse medication reactions.

### **5. Topical Ointment or Cream Administration**

- Follow the “Six Rights” of Medication Administration;
- Put on gloves;
- Loosen the cap on the medication and squeeze the recommended amount onto a cotton applicator (Q-Tip);
- Apply the ointment directly to the area;
- Cover area if indicated;
- Remove gloves;
- Document that you have administered the medication on the MAR;
- Put the medication back into the storage area; and
- Observe the child for any adverse medication reactions.

### **6. Nasal Spray Administration**

- Follow the “Six Rights” of Medication Administration;
- Have the child blow his/her nose;
- Have the child block one nostril with a finger;
- Insert the nozzle of the medication into the other nostril;
- Aim so that the spray is directed upward and toward the center of the nostril;
- Instruct the child to exhale;
- Squeeze the medication quickly and firmly, then have the child inhale;

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- Repeat if required for the other nostril;
- Document that you have administered the medication on the MAR;
- Put the medication back into the storage area; and
- Observe the child for any adverse medication reactions.

### 7. Metered Dose Inhaler Administration

- Follow the “Six Rights” of Medication Administration;
- Shake the inhaler several times;
- Check that the canister is firmly positioned in the plastic holder;
- Have the child slightly tilt his/her head backward;
- Have the child breath out completely;
- Have the child place the mouthpiece between the teeth and close lips around it;
- Squeeze the inhaler to discharge the medicine and have the child begin to inhale immediately;
- Instruct child to breathe in slowly and deeply for 3-5 seconds. Once inhaled, have the child remove the inhaler from his/her mouth, have child hold his/her breath for 5-10 seconds then exhale;
- Rest for a minute, then repeat this sequence for the number of prescribed puffs;
- Document that you have administered the medication on the MAR;
- Put the medication back into the storage area; and
- Observe the child for any adverse medication reactions.

### B. Medication Techniques for Infants/Toddlers

Assisting with medications in very young children may be difficult and will require special methods. You may use the following techniques to help give infants medication:

- Young Infant: Place the measured medication in an empty nipple and allow the infant to suck it out.
- Older Infant: Place the medication in a small cup or measuring spoon. Hold the infant firmly; hold the infant’s hands so the infant does not push the medication out of your hand. Gently pour the medication into the child’s mouth.

**Never put the medication in a bottle.** There is no way to be certain the child will take all the medication and there is always the danger the child will refuse to drink this and other fluids.

- Toddler (1-3 years): Never ask if the toddler wants to take medication now. You may get a “no” response and if you proceed to give the medication anyway, you will lose the toddler’s trust. If the child is unable to handle a cup well, use the same process as with the older infant. If the child can handle a cup easily, pour the medication into a small cup, and allow the child to drink the medication with supervision. Pills used for this age group are usually in chewable form. Stay with the child to make sure the child chewed and swallowed the pill.

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**MODULE V: MEDICATION ADMINISTRATION RECORD (MAR) DOCUMENTATION, MEDICATION ERRORS, AND AVOIDING MEDICATION ERRORS**

**A. Documentation on the Medication Administration Record (MAR)**

When you give a child medication, it is necessary to document the time and dosage. This is especially important if you share the responsibility of giving medication with another person in your facility, if more than one child is receiving medication, or if someone other than yourself is sharing medication information with parents/guardians at the end of the day. Additionally, it is essential in terms of your liability, to keep records of medication you have administered. You are required to keep this information on a MAR.

The MAR is a legal document that shows the medication that someone administered. There are two types of MARs. One record is for medications that are used routinely or for a limited time. The other one is for medications that are given as needed or used for emergencies.

The record should include the following documentation:

<b>Documentation Required on the MAR</b>	
<ul style="list-style-type: none"><li>• The medication name, dosage, route, reason, date to start medication, date to end medication (if known), and special instructions for each medication the child is to take during the day;</li><li>• The child's name and date of birth;</li><li>• The date and time the medication was administered;</li><li>• The initials and name of the person who administered the medication;</li><li>• If the child refused to take the medication;</li><li>• Any change that is different from the child's normal condition; and</li><li>• If a medication error occurred:<ul style="list-style-type: none"><li>○ Document the error in the medication error section; and</li><li>○ Write your initials and circle them in the space where you should have documented the medication administration.</li></ul></li></ul>	

**Do:**

- Give your full attention to the task;
- Check the name of the child and date of birth on the MAR;
- Prepare medication for only one child at a time;
- Remain with the child until you are sure the medication has been taken; and
- Record giving the medication on the MAR neatly and accurately; use non-erasable ink (black preferred).

**Do not:**

- Use pencils;
- Erase entries;
- Use white-out;
- Scribble out entries;

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- Leave blank spaces; or
- Destroy or alter any part of the MAR.

### EXAMPLE OF COMPLETED MAR USING A PRESCRIPTION LABEL

**VALUE  
PHARMACY**

PH (800)555-5555

DR. D. INTERCOM

NO 0060023-08291 DATE 1/19/18

**Child's Name** → JOHN SMITH  
123 MAIN STREET ANYTOWN, US 11111

**Drug Name & Dosage Capsules =** → AMOXICILLIN 500MG CAPSULES

**oral**

TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY FOR 10 DAYS UNTIL ALL TAKEN

QTY 30 MFG TEVA  
NO REFILLS - DR. AUTHORIZATION REQUIRED  
USE BEFORE 3/19/18  
S/LF/S/LF

**Doctor's Name**

**Times per day**  
3 times a day = at meal times

### MEDICATION ADMINISTRATION RECORD (MAR) (FOR MEDICATIONS GIVEN ROUTINELY OR FOR A LIMITED TIME)

CHILD'S NAME: John Smith DOB: 1/22/13 ALLERGIES: Eggs

PARENT'S/GUARDIAN'S NAME: Mary Smith DOCTOR: D. Intercom TELEPHONE: (302) 123-4567

MONTH AND YEAR: January, 2019

MEDICATION INFO	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MEDICATION NAME: Amoxicillin	8:30																						IL	PJ	IL	PJ	IL			IL		
DOSAGE: 500 MG	12:30																						PJ	PJ	IL	IL	PJ			IL		
ROUTE: Oral																																
REASON: Ear Infection																																
START DATE: 1/22/19																																
END DATE: 1/29/19																																
SPECIAL INSTRUCTIONS: Give with food																																

I, Mary Smith, the parent/guardian of the above listed child, give permission for the above medication to be administered.

Mary Smith 1/23/19  
Signature Date

DATE:	TIME:	COMMENTS/MEDICATION ERRORS/ADVERSE EFFECTS:	DATE AND TIME PARENT/GUARDIAN WAS INFORMED OF ERRORS OR ADVERSE EFFECTS
1/23/2019	12:30 p.m.	John received medication at 12:45 p.m. because he was not ready to eat and the medication requires being taken with food.	Mom was called at 12:46 p.m. and notified

NAME OF PERSON ADMINISTERING	INITIALS	ROUTE OF ADMINISTRATION; SELECT ONE
Patty Jones	PJ	ORAL (BY MOUTH)
Ian Long	IL	EYE DROPS (OPTIC)
		NOSE DROPS/SPRAY (NASAL)
		EAR DROPS (OTIC)
		TOPICAL (ON SKIN)
		INHALATION (NEBULIZER)
		INJECTION (SYRINGE, PEN, OR ELECTRONIC INFUSION DEVICE)
		RECTAL

### EXAMPLE USING THE MAR FOR A MEDICATION FOR USE AS NEEDED

## APPENDIX IX: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

### MEDICATION ADMINISTRATION RECORD (MAR) (FOR MEDICATIONS GIVEN AS NEEDED OR FOR EMERGENCY USE)

CHILD'S NAME: John Smith DOB: 1/22/13 ALLERGIES: Eggs  
PARENT'S/GUARDIAN'S NAME: Mary Smith DOCTOR: D. Intercom TELEPHONE: (302) 123-4567

MEDICATION INFO	TIME:	DATE:	NAME OF PERSON ADMINISTERING:	ROUTE OF ADMINISTRATION; SELECT ONE
MEDICATION NAME: Benadryl Anti-Itch Gel	3:00 p.m.	5/17/18	Shelly Smith	ORAL (BY MOUTH)
DOSAGE: Enough to cover area				EYE DROPS (OPTIC)
ROUTE: Topical				NOSE DROPS/SPRAY (NASAL)
REASON: Itchy skin				EAR DROPS (OTIC)
START DATE: 4/16/18				TOPICAL (ON SKIN)
SPECIAL INSTRUCTIONS: For reaction to bug bites				INHALATION (NEBULIZER)
				INJECTION (SYRINGE, PEN, OR ELECTRONIC INFUSION DEVICE)
				RECTAL
				<b>Dates and times of sunscreen, diaper cream, and insect repellent applications do not need to be documented. However, all other information and parent permission for these medications are required on the MAR.</b>

I, Mary Smith, the parent/guardian of the above listed child, give permission for the above medication to be administered.

Signature: Mary Smith Date: 4/16/18

DATE:	TIME:	COMMENTS/MEDICATION ERRORS/ADVERSE EFFECTS:	DATE AND TIME PARENT/GUARDIAN INFORMED OF ERRORS OR ADVERSE EFFECTS

OTC medications are widely used and can range from acetaminophen such as Tylenol® to sunscreen. OTC medications should be documented and safely stored the same as prescription medications.

**Exceptions** to this rule are sunscreens, diaper rash creams, insect repellants, and medicated powders. Parent's/Guardian's permission is required on a MAR; however, you do not need to document on the MAR each time you apply these topical ointments/creams/powders.

The MAR for routinely used medications is located in Appendix II. The MAR for medications used as needed or for emergencies is located in Appendix III.

### B. Medication Errors

Preventing errors begins with good communication about medication use between the child's family and staff both at drop-off and pick-up. More importantly, clear communication between staff members is critical whenever supervision of a child requiring medication administration transfers from one staff member to another. Both verbal and written communication help prevent errors in medication administration. The first dose of any new medication should be given at home. A medication error occurs when you violate any of the "Six Rights" of Medication Administration. A medication error has occurred if:

- The child took the wrong medication;
- The child took the wrong dose;
- The child took the medication at the wrong time or the medication was not taken at all;
- The medication was taken by the wrong route;
- The medication was given to the wrong child; or
- The medication was given without documenting it.

## APPENDIX IX: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

If a medication error occurs, you must:

- Call 9-1-1, if the child's health is in jeopardy;
- **Immediately call** the child's parent/guardian. Tell the parent/guardian:

WHAT	<i>What type of error was made</i>
WHEN	<i>When the error occurred</i>

- **If you cannot reach the parent/guardian**, call the prescribing health care provider or the Poison Control Center and provide them with the name and dosage of the medication taken in error, the child's age and approximate weight, and the name and dosage of any other medication that the child receives;
- Follow the instructions of the health care provider or Poison Control Center to determine if the child requires emergency care;
- Keep the child in the area designated for sick children;
- Observe the child and document any adverse reactions or concerns;
- Notify the administrator or owner of the child care program, if applicable;
- Report all medication errors that result in the child needing medical attention to OCCL within one business day by calling and speaking to someone. Avoiding or choosing not to report and document errors could lead to a serious injury or death of a child and violates DELACARE Regulations and your ethical responsibilities when giving medication; and
- Complete an incident form that includes all actions taken after the medication error. Send a copy of this form to OCCL within three business days (See Appendix I).

### C. Avoiding Medication Errors

In addition to the "Six Rights" of Medication Administration, there are some additional safeguards to help reduce medication risks.

**Always check the medication label when:**

- Removing the medication from storage; and
- Removing the medication from its container.

**Do:**

- Give your full attention to the task;
- Remain with the child until you are sure the child took the entire medication; and
- Prepare and administer medication to only one child at a time.

**Do not:**

- Administer medication prepared by another person;
- Take medication from a container that has an unreadable label; and
- Try to hide a medication error.

## APPENDIX IX: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

It is very important to check the medication label many times during the above process to ensure you follow the “Six Rights” of Medication Administration.

### MODULE VI: MEDICATION EFFECTS

#### A. Three Basic Effects of Major Medication Groups

For each child’s protection and safety, it is important for you to notice the effect the medication has on the child. You can find the length of time between taking a medication and its onset of action by using a medication handbook or asking the pharmacist. Each medication has a different time for onset of action. Always look for the onset of action and take the time to notice the effect of the medication.

A medication, when taken, can have three basic effects:

- No effect;
- Desired effect; or
- Undesired effect.

Examples:

- A person may be taking cough syrup for a cough, yet after a half-hour, there is no improvement in the cough. This is an example of a medication having no effect.
- A person may take two Tylenol® for a headache and within the hour, the headache is gone. This is an example of a medication having a desired effect.
- A person may be taking penicillin for a strep throat. An hour after taking the medication, the person may notice a very itchy rash developing. This is an example of a medication having an undesired effect.

In order to determine what effect the medication is having on a child, you must first be familiar with the desired effect of the medication.

Medication for children may be divided into five basic groups. Each group of medications has a different effect on the child:

- Heart medications – are used to slow down or change the heart’s function and may cause palpitations, headache, or upset stomach. (Example: Digoxin®)
- Anticonvulsants – are used for seizure disorders and may cause drowsiness. (Example: Phenobarbital®)
- Antibiotics – are used to fight infection and may cause allergic reactions. (Example: amoxicillin or penicillin)



## APPENDIX IX: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

- Analgesics – are used to reduce fever or pain and may cause upset stomach. (Example: ibuprofen such as Advil® or Motrin® or acetaminophen such as Tylenol®)
- Mood-changing medicines – may cause drowsiness or over activity. (Example: Valium® or Ritalin®)

### B. The Adverse Effects of Medication

The child in question has a sore throat and has already missed one day in care because of this. He is now taking penicillin – 1 teaspoon, four times a day. About 15 minutes after his noon dose, you notice him scratching. A rash has developed on his face, neck, and arms. It is getting harder for him to breathe. How would you react?

This is an example of an extreme medication reaction. Many times, seemingly harmless medications have an adverse reaction in sensitive people.

ALWAYS take the time to notice the effect of the medication the child has taken.

When a reaction is severe enough to threaten the child's life, as in the above example where it has affected breathing, call for help by dialing 9-1-1. After calling for help, notify the child's parent/guardian.

*How do you respond when you notice a child is having an adverse reaction to a medication?*

1. STOP giving the medication.
2. CALL and inform the parent/guardian of the child's reaction.
3. If he/she is unavailable, call the prescribing health care provider, and the child's emergency contact.

*How do you know if what you are seeing is a medication reaction?*

KNOW about the medication before you give the medication to the child. It is important to be familiar with any medication that is being administered. Find the medication information by checking the package inserts that come with the medication, calling your local pharmacist, or checking the official medication company's website. Read the medication information to know what adverse reaction symptoms to look for.

The adverse effect of medications can also be found in a current medication handbook. These handbooks are updated on an annual basis and contain the most current information on newly developed medications to include recommended dosages; what diagnosis or symptom the medication treats; how the medication is absorbed; and most importantly the potential side effects/adverse effects of the medication. Medication information is also available online at the:

National Institute of Health's website Medline Plus:  
<http://nlm.nih.gov/medlineplus/druginformation.html>

If you are unsure if what you are seeing is an adverse reaction, call the prescribing health care provider or local pharmacy for help.

## APPENDIX IX: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

### MODULE VII: EMERGENCY-USE MEDICATIONS

#### A. Administering Diastat® for Seizures

You may administer emergency medications through a child's rectum. A common medication that is administered rectally is Diazepam (Diastat®). You must know how to administer this medication BEFORE a child needs it. You must have a parent/guardian train you on administration of these medications.

- Diastat® is an emergency medication inserted rectally for seizure control. The parent/guardian must provide written instructions and training to the child care provider stating the conditions under which the medication should be given, how to give the medication, and follow-up requirements. **If you administer Diastat®, you must immediately call 9-1-1 and notify the child's parent/guardian that the medication was given.**

Epilepsy is a neurological disorder that causes a child to have recurrent seizures. Seizures are caused by a brief disruption in the brain's electrical activity resulting in altered or loss of awareness, shaking, convulsing, confusion, or sensory experiences. Seizures may last for a few seconds to a few minutes. Most seizures are not medical emergencies. There are several kinds of seizures. Discuss the child's type of seizures with the parent/guardian.

Common types of seizures include:

- Generalized Tonic Clonic (Grand Mal) – convulsions, muscle rigidity, jerking;
- Absence (Petit Mal) – blank stare lasting only a few seconds, sometimes accompanied by blinking or chewing motions;
- Complex Partial (Psychomotor/Temporal Lobe) – random activity where the child is out of touch with his/her surroundings;
- Simple Partial – jerking in one or more parts of the body or sensory distortions that may or may not be obvious to onlookers;
- Atonic (Drop Attacks) – sudden collapse with recovery within a minute; and
- Myoclonic – sudden, brief, massive jerks involving all or part of the body.

Time the seizure from beginning to end. During the seizure, turn the child to one side, clear the area surrounding the child, and make sure the child's airway is open. Do not place an object into the child's mouth. Do not attempt to restrain or hold down the child. **It is important for children who receive seizure medication to have a written Seizure Emergency Action Plan of Care that outlines when emergency medication should be given. The expiration date of the Diastat® should be checked monthly and the parent/guardian notified prior to the expiration date.**

A seizure is generally considered an emergency under the following conditions:

- Convulsive (Tonic-Clonic) seizure lasts longer than five minutes;
- The child has repeated seizures without regaining consciousness;
- The child is injured or has diabetes;
- The child has a first-time seizure; or
- The child has difficulty breathing.

## APPENDIX IX: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

### How to Administer Diastat® AcuDial (Diazepam rectal gel)

**Important: Check the required dose when receiving Diastat® from a parent/guardian**

- Diastat® AcuDial™ has a unique locking mechanism that ensures that the child receives the correct dose. ALWAYS make sure the green “READY” is visible. If you do not see the green “READY” band, the medication is not properly locked in. **Do not accept the prescription** and have the parent/guardian contact the pharmacist and return the Diastat® to the pharmacy immediately. **Do not administer Diastat® that does not have the correct dose properly locked in. If you are required to use Diastat®, you inject the medication into the rectum and then immediately call 9-1-1 for assistance and contact the parent/guardian.**

### Administration Procedures

- Identify someone to call 9-1-1 immediately and the parent/guardian;
- Turn child on side where he/she can’t fall;
- Put on gloves;
- Remove medication (syringe) from container; (Note: seal pin is attached to the cap)
- Push up with thumb and pull to remove protective cap from syringe tip (Be sure seal pin is removed with the cap);
- Lubricate rectal area with lubricating jelly from kit;
- Turn child on side facing you and lower clothing;
- Bend upper leg forward to expose rectum;
- Separate buttocks to expose rectum;
- Gently insert lubricated syringe tip into rectum (Rim of syringe should be against rectal opening);
- Slowly count to three while gently pushing plunger until it stops;
- Slowly count to three before removing syringe from rectum;
- Slowly count to three while holding buttocks together to prevent leakage;
- Keep child on his/her side, note the time Diastat® was given, continue to observe until emergency medical services (EMS) arrive;
- Give EMS the used Diastat® syringe (Note: recap the syringe); and
- Document the administration of Diastat® on the child’s Medication Administration Record (MAR).

### **B. Administering an EpiPen® for Anaphylaxis**

## APPENDIX IX: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

In an emergency situation you may administer an EpiPen®.

- An EpiPen® is a medical device that serves as an auto-injector for epinephrine. Health care providers often prescribe an EpiPen® to children who have survived a life-threatening allergic reaction. If a child in your care has an EpiPen®, you should become familiar with the instructions on the kit in case the child is exposed to a specific allergen. **If you are required to use the EpiPen®, you inject the medication and then immediately call 9-1-1 for assistance and contact parents/guardians.** Even if the EpiPen® has been effective, transport the child to an emergency room for evaluation and treatment.

Symptoms of anaphylaxis include:

- Itching and/or hives, particularly in the mouth or throat;
- Swelling of the throat, lips, tongue, and/or eye area;
- Difficulty breathing, swallowing, or speaking;
- Increased heart rate and/or sense of impending doom;
- Abdominal cramps, nausea, vomiting, and/or diarrhea; and
- Weakness, collapse, paleness, lightheadedness, or loss of consciousness.

**It is important for children with severe allergies who are at risk of anaphylaxis to have a written Allergy or Anaphylaxis Emergency Action Plan of Care that outlines when medication should be given. The expiration date of the EpiPen® should be checked monthly and the parent/guardian notified prior to the expiration date.** An EpiPen® should be stored at room temperature in a dark area.

### How to Administer an EpiPen®

- Identify someone to call 9-1-1 and the parent/guardian;
- Flip open cap at top of tube;
- Remove EpiPen® from carrier tube and remove the blue safety release;
- Form a fist around the unit with orange tip pointing downward;
- Swing and firmly push orange tip against outer thigh until click is heard. (Auto-injector may be given through clothing);
- **Hold in place for 10 seconds.** The injection is now complete;
- Remove pen from thigh and massage injection site for 10 seconds;
- Place used auto-injector into carrier tube and give to emergency medical services (EMS) when they arrive; and
- Document administration of EpiPen® on Medication Administration Record (MAR).

Note: Always refer to the package insert for additional information on administration.

### C. Diabetes Maintenance and Administering Glucagon®

## APPENDIX IX: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

**It is important for children who receive insulin for treatment of diabetes to have a written Emergency Diabetes Action Plan of Care completed and signed by the parent/guardian and the health care provider. This plan is in addition to the Medication Administration Record (MAR) and outlines how glucose is monitored, when medication should be given, and includes additional information related to the specific care required for the child. When a child with diabetes will be taken off site for a field trip, for example, child care staff must bring necessary supplies, medications, and snacks as described in the child's Diabetes Action Plan of Care.**

### 1. Glucose Monitoring

Child care providers are permitted to provide glucose monitoring to children with diabetes by piercing the skin with a lancet (typically on the finger) to draw blood, then applying the blood to a chemically active disposable "test-strip." Lancets must be disposed of according to biohazard regulations or collected in a hard plastic container and returned to the parent/guardian for disposal. Before lancets are used to monitor glucose at the child care facility, the child care providers must be trained by a qualified instructor which can include parents/guardians.

Continuous Glucose Monitors (CGMS) provide real-time glucose data on a visual display in five-minute intervals for earlier identification of low glucose. CGMS alarms alert the user when glucose levels are above or below a pre-programmed target range. Child care providers should be prepared to respond and provide assistance. Before the CGMS is used at the child care facility, the child care providers must be trained to use the CGMS by a qualified instructor which can include parents/guardians. If the monitor is not properly attached to the child's skin, immediately call the parent/guardian.

### 2. Insulin Pump

An insulin pump is a device that allows the user to enter required information to make sure the child is receiving the proper amount of insulin. Before the insulin pump is used at the child care facility, the child care providers must be trained to use the insulin pump by a qualified instructor which can include parents/guardians. If the pump's catheter comes out of the child's skin, immediately call the parent/guardian. Child care providers may not insert catheters.

### 3. Insulin Injections

Child care providers may administer insulin injections to children with diabetes if the provider has a valid Administration of Medication certificate and the additional training specified by the child's health care provider that explains how to properly administer insulin injections. Child care providers must keep this documentation with the MAR. Information regarding insulin dosages will be provided by the child's health care provider and must be appropriate to the child's Diabetes Action Plan of Care.

### 4. Glucagon®

Glucagon® is an emergency medication used to treat severe low blood sugar (hypoglycemia) by increasing blood glucose levels. Due to its emergency nature, it may be given by injection by a child care provider. The parent/guardian must provide written instructions and training to the

## APPENDIX IX: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

provider stating the conditions under which the medication should be given, how to give the medication, and any follow-up requirements. If you administer Glucagon, you must notify the child's parent/guardian immediately that the medication was given.

Hypoglycemia may result from:

- Too much insulin;
- Insulin was administered without eating;
- Too little food consumed;
- A delay in receiving a snack/meal;
- Increased physical activity; or
- Illness.

### How to Administer Glucagon® for Hypoglycemia

- Identify someone to call 9-1-1 and contact the parent/guardian;
- Put on gloves;
- Open kit;
- Remove flip top seal from vial;
- Remove needle protector from syringe;
- Slowly inject all sterile water from syringe into vial of Glucagon® (leave needle in vial if possible);
- **Gently** shake or roll the vial to mix until solution is clear. (May leave syringe in vial);
- Withdraw amount of Glucagon® prescribed from vial back into syringe;
- Inject straight (90° angle) into
  - arm (upper)
  - leg (thigh)
  - or buttocks(as directed in the physician's instructions;  
may inject through clothing if necessary);
- Slowly inject Glucagon® into site;
- Withdraw needle, apply light pressure at injection site;
- Turn child onto side, child may vomit;
- Place used needle back in kit and close lid (do not recap);
- Give used kit to EMS personnel; and
- Document administration of Glucagon® on Medication Administration Record (MAR)

**APPENDIX IX: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE**  
**MODULE VIII: STORAGE AND DISPOSAL OF MEDICATION**

**A. Storage of Medication**

For your safety and the safety of the children in your care, use the following guidelines to store medications:

- Medications are to be in their original, labeled container.
- For prescription medications, the label must include the child's name, the date the prescription was issued, and the prescribed dose.
- All medications are to be stored securely out of children's reach.
- All medications stored in a refrigerator are to be kept in a separate container, preferably a locked one.
- All medications must be stored under proper conditions of sanitation, temperature, light, and moisture.

It is strongly recommended that the key to the medicine cabinet be kept either in one specific location or with the person who is responsible for administering medication. Medications are not required to be in a locked cabinet but must be inaccessible to children.

Medications are always labeled with specific written instructions regarding special storage requirements. Always read the label carefully. Some medications require refrigeration between uses.

**B. Disposal of Medication**

When a prescription is no longer needed, out-of-date, or if medications are left after a child leaves care, the medications should be returned to the parent/guardian or disposed of in a safe manner, such as using a medication collection site.

APPENDIX IX: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

APPENDIX I

SAMPLE Medication Administration Error Report Form

Child's Name: \_\_\_\_\_

Child Care Provider's Name: \_\_\_\_\_

Date and Time of Error: \_\_\_\_\_

Name of Person Administering Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Time(s) to be Given: \_\_\_\_\_

Circle all that apply to this medication error:

Wrong Child

Wrong Time

Wrong Dose

Wrong Route

Wrong Medication

Wrong Documentation

Describe the error (Should be completed by the person making the error. If wrong medication given, include the name and dosage and what was given):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken/Intervention: \_\_\_\_\_

\_\_\_\_\_

Person Notified at Time of Error: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date and Time of Notification: \_\_\_\_\_

Parent/Guardian Notified: Yes No Attempted Date and Time of Notification: \_\_\_\_\_

Child's Health Care Provider Notified: Yes/No Date/Time of Notification: \_\_\_\_\_

Name of Person Completing Error Report: \_\_\_\_\_

Signature of Person Completing Error Report: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Follow-Up Care/Information (if applicable): \_\_\_\_\_

\_\_\_\_\_



**APPENDIX II**  
**MEDICATION ADMINISTRATION RECORD (MAR) INSTRUCTIONS**

After each MAR is completed, keep it in the child’s file. Centers may use a central administration of medication log, if preferred.

<b>MEDICATION LOG INSTRUCTIONS</b>	
<b>CHILD’S NAME</b>	Clearly print the child’s first and last names.
<b>DATE OF BIRTH</b>	
<b>ALLERGIES</b>	List allergies.
<b>PARENT’S/GUARDIAN’S NAME</b>	
<b>DOCTOR’S NAME &amp; PHONE</b>	For quick reference to gather further information
<b>MEDICATION NAME</b>	Name of medication
<b>DOSAGE</b>	Amount of medication to be given, i.e., 1 teaspoon
<b>ROUTE</b>	Route of administration; how will it be administered?
<b>REASON</b>	Why medication is needed, i.e., ear infection
<b>START DATE</b>	Date medication is to begin
<b>END DATE</b>	Date medication is to end
<b>SPECIAL DIRECTIONS</b>	Such as take before eating
<b>TIME</b>	List the time of day medication is to be given
<b>The numbers across the top are the days of the month. The parent/guardian must sign and date the permission statement <u>after</u> you or the parent/guardian fills out the information section on a specific medication. Place your initials in the appropriate box according to the time and date you give each dose.</b>	
<b>DATE, TIME, COMMENTS/ MEDICATION ERRORS/ADVERSE EFFECTS</b>	Space to document reactions to the medication, date, time, your response, any medication errors, and your attempts to notify the parent/guardian
<b>NAME OF PERSON ADMINISTERING</b>	Identifies the full name of the person(s) whose initials appear

# APPENDIX IX: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

## APPENDIX II

### MEDICATION ADMINISTRATION RECORD (MAR) (FOR MEDICATIONS GIVEN ROUTINELY OR FOR A LIMITED TIME)

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 PARENT'S/GUARDIAN'S NAME: \_\_\_\_\_ DOCTOR: \_\_\_\_\_  
 MONTH AND YEAR: \_\_\_\_\_

MEDICATION INFO		TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
MEDICATION NAME:																																		
DOSAGE:																																		
ROUTE:																																		
REASON:																																		
START DATE:																																		
END DATE:																																		
SPECIAL INSTRUCTIONS:																																		

I, \_\_\_\_\_, the parent/guardian of the above listed child, give permission for the above medication to be administered.

Signature		Date

DATE:	TIME:	COMMENTS/MEDICATION ERRORS/ADVERSE EFFECTS:	DATE AND TIME PARENT/GUARDIAN INFORMED OF ERRORS OR ADVERSE EFFECTS

NAME OF PERSON ADMINISTERING	INITIALS	ROUTE OF ADMINISTRATION; SELECT ONE
		ORAL (BY MOUTH)
		EYE DROPS (OPTIC)
		NOSE DROPS/SPRAY (NASAL)
		EAR DROPS (OTIC)
		TOPICAL (ON SKIN)
		INHALATION (NEBULIZER)
		INJECTON (SYRINGE, PEN, OR ELECTRONIC INFUSION DEVICE )
		RECTAL

APPENDIX III

MEDICATION ADMINISTRATION RECORD (MAR)  
(FOR MEDICATIONS GIVEN AS NEEDED OR FOR EMERGENCY USE)

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
PARENT'S/GUARDIAN'S NAME: \_\_\_\_\_ DOCTOR: \_\_\_\_\_

MEDICATION INFO	TIME:	DATE:	NAME OF PERSON ADMINISTERING:	ROUTE OF ADMINISTRATION; SELECT ONE
MEDICATION NAME:				ORAL (BY MOUTH)
DOSAGE:				EYE DROPS (OPTIC)
ROUTE:				NOSE DROPS/SPRAY (NASAL)
REASON:				EAR DROPS (OTIC)
START DATE:				TOPICAL (ON SKIN)
SPECIAL INSTRUCTIONS:				INHALATION (NEBULIZER)
				INJECTION (SYRINGE, PEN, OR
				ELECTRONIC INFUSION DEVICE)
				RECTAL

*Dates and times of sunscreen, diaper cream, and insect repellent applications do not need to be documented. However, all other information and parent permission for these medications are required on the MAR.*

I, \_\_\_\_\_, the parent/guardian of the above listed child, give permission for the above medication to be administered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

DATE:	TIME:	COMMENTS/MEDICATION ERRORS/ADVERSE EFFECTS:	DATE AND TIME PARENT/GUARDIAN INFORMED OF ERRORS OR ADVERSE EFFECTS



## APPENDIX X: CHILD MEAL PATTERNS

### Child Meal Patterns

<b>Breakfast</b> (Select all three components)			
<b>Food Components and Food Items</b>	<b>Ages 1-2</b>	<b>Ages 3-5</b>	<b>Ages 6-12</b>
<b>Fluid Milk<sup>1</sup></b>	4 fluid ounces	6 fluid ounces	8 fluid ounces
<b>Vegetables, fruits, or portions of both<sup>2</sup></b>	$\frac{1}{4}$ cup	$\frac{1}{2}$ cup	$\frac{1}{2}$ cup
<b>Grains (oz eq)<sup>3</sup></b>			
Whole grain-rich or enriched bread	$\frac{1}{2}$ slice	$\frac{1}{2}$ slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin	$\frac{1}{2}$ serving	$\frac{1}{2}$ serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal, cereal grain, and/or pasta	$\frac{1}{4}$ cup	$\frac{1}{4}$ cup	$\frac{1}{2}$ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold)			
Flaked or rounds	$\frac{1}{2}$ cup	$\frac{1}{2}$ cup	1 cup
Puffed cereal	$\frac{3}{4}$ cup	$\frac{3}{4}$ cup	1 $\frac{1}{4}$ cup
Granola	$\frac{1}{8}$ cup	$\frac{1}{8}$ cup	$\frac{1}{4}$ cup

<b>Lunch and Supper</b> (Select all five components)			
<b>Food Components and Food Items</b>	<b>Ages 1-2</b>	<b>Ages 3-5</b>	<b>Ages 6-12</b>
<b>Fluid Milk<sup>1</sup></b>	4 fluid ounces	6 fluid ounces	8 fluid ounces
<b>Meat/meat alternatives</b>			
Lean meat, poultry, or fish	1 ounce	1 $\frac{1}{2}$ ounce	2 ounces
Tofu, soy products, or alternate protein products	1 ounce	1 $\frac{1}{2}$ ounce	2 ounces
Cheese	1 ounce	1 $\frac{1}{2}$ ounce	2 ounces
Large egg	$\frac{1}{2}$	$\frac{3}{4}$	1
Cooked dry beans or peas	$\frac{1}{4}$ cup	$\frac{3}{8}$ cup	$\frac{1}{2}$ cup
Peanut butter or soy nut butter or other nut or seed butters	2 tbsp	3 tbsp	4 tbsp
Yogurt, plain or flavored, unsweetened or sweetened	4 ounces or $\frac{1}{2}$ cup	6 ounces or $\frac{3}{4}$ cup	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts, or seeds (1 ounce of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	$\frac{1}{2}$ ounce = 50%	$\frac{3}{4}$ ounce = 50 %	1 ounce = 50 %
<b>Vegetables<sup>2</sup></b>	$\frac{1}{8}$ cup	$\frac{1}{4}$ cup	$\frac{1}{2}$ cup
<b>Fruits<sup>2</sup></b>	$\frac{1}{8}$ cup	$\frac{1}{4}$ cup	$\frac{1}{4}$ cup
<b>Grains (ounce equivalents)<sup>3</sup></b>			
Whole grain-rich or enriched bread	$\frac{1}{2}$ slice	$\frac{1}{2}$ slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin	$\frac{1}{2}$ serving	$\frac{1}{2}$ serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal, cereal grain, and/or pasta	$\frac{1}{4}$ cup	$\frac{1}{4}$ cup	$\frac{1}{2}$ cup

<sup>1</sup> Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old or older.

<sup>2</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snacks, per day.

<sup>3</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the grains requirement.

## APPENDIX X: CHILD MEAL PATTERNS

### Child Meal Patterns

Snack (Select two of the five components)			
Food Components and Food Items	Ages 1-2	Ages 3-5	Ages 6-12
<b>Fluid Milk<sup>1</sup></b>	4 fluid ounces	4 fluid ounces	8 fluid ounces
<b>Meat/meat alternatives</b>			
Lean meat, poultry, or fish	½ ounce	½ ounce	1 ounces
Tofu, soy products, or alternate protein products	½ ounce	½ ounce	1 ounces
Cheese	½ ounce	½ ounce	1 ounces
Large egg	½	½	½
Cooked dry beans or peas	⅓ cup	⅓ cup	¼ cup
Peanut butter, soy nut butter, or other nut or seed butters	1 tbsp	1 tbsp	2 tbsp
Yogurt, plain or flavored, unsweetened or sweetened	2 ounces or ¼ cup	2 ounces or ¼ cup	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seed	½ ounce	½ ounce	1 ounce
<b>Vegetables<sup>2</sup></b>	½ cup	½ cup	¾ cup
<b>Fruits<sup>2</sup></b>	½ cup	½ cup	¾ cup
<b>Grains (ounce equivalents)<sup>3</sup></b>			
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin	½ serving	½ serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal, cereal grain, and/or pasta	¼ cup	¼ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold)			
Flaked or rounds	½ cup	½ cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup
Granola	⅓ cup	⅓ cup	¼ cup

<sup>1</sup> Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old or older.

<sup>2</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snacks, per day.

<sup>3</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the grains requirement.

## APPENDIX XI: INFANT MEAL PATTERNS

### Infant Meal Patterns

Breakfast, Lunch, and Dinner (Select all three components)	
Birth through 5 months	6 through 11 months
4 -6 fluid ounces breastmilk <sup>1</sup> or formula <sup>2</sup>	6-8 fluid ounces breastmilk <sup>1</sup> or formula <sup>2</sup> ; and 0-4 tablespoons of <ul style="list-style-type: none"> <li>• Infant cereal<sup>2</sup></li> <li>• Meat</li> <li>• Fish</li> <li>• Poultry</li> <li>• Whole egg</li> <li>• Cooked, dry beans or</li> <li>• Cooked dry peas or</li> </ul> 0-2 ounces of cheese or 0-4 ounces (volume) of cottage cheese; or <ul style="list-style-type: none"> <li>• 0-4 ounces or ½ cup of yogurt; or a combination of the above<sup>3</sup>; and</li> </ul> 0-2 tablespoons vegetable or fruit or a combination of both. <sup>3,4</sup>
Snacks (Select all three components)	
Birth through 5 months	6 through 11 months
4-6 ounces of breastmilk <sup>1</sup> or formula <sup>2</sup>	2-4 fluid ounces breastmilk or formula <sup>2</sup> ; and <ul style="list-style-type: none"> <li>• 0-1/2 slice bread<sup>3,5</sup> or</li> <li>• 0-2 crackers <sup>3,5</sup> or</li> <li>• 0-4 tablespoons infant cereal <sup>2,3</sup> and</li> </ul> 0-2 tablespoons vegetable or fruit, or a combination of both. <sup>3,4</sup>

<sup>1</sup> Breastmilk or formula, or portions of both, must be served: however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

<sup>2</sup> Infant formula and dry infant cereal must be iron fortified.

<sup>3</sup> A serving of this component is required when the infant is developmentally ready to accept it.

<sup>4</sup> Fruit and vegetable juices must not be served.

<sup>5</sup> A serving of grains must be whole grain-rich, enriched meal, or enriched flour.





**TITLE 16**  
**Health and Safety**  
**Regulatory Provisions Concerning Public Health**  
**CHAPTER 9. ABUSE OF CHILDREN**  
**Subchapter I. Reports and Investigations of Abuse and Neglect**

**§ 901 Purpose.**

The child welfare policy of this State shall serve to advance the best interests and secure the safety of the child, while preserving the family unit whenever the safety of the child is not jeopardized. The child welfare policy of this State extends to all child victims, whether victims of intrafamilial or extrafamilial child abuse and neglect. To that end this chapter, among other things, does all of the following:

- (1) Provides for comprehensive, multidisciplinary investigative and protective services for abused and neglected children.
- (2) Mandates that reports of child abuse or neglect be made to the appropriate authorities.
- (3) Requires various agencies in Delaware's child protection system to work together to ensure the safety of children who are the subject of reports of abuse or neglect by conducting coordinated multidisciplinary investigations where required, judicial proceedings and family assessments, and by providing necessary services.
- (4) Provides for the protection of children in facilities or organizations primarily concerned with child welfare and care that are required to be licensed under Delaware law by requiring the Delaware Department of Justice to notify any such facility where an employee of, or other person associated with, the facility has been charged with or convicted of an offense involving child sexual abuse.

This chapter also provides for the protection of children in facilities or organizations primarily concerned with child welfare and care that are required to be licensed under Delaware law by requiring the Delaware Department of Justice to notify any such facility where an employee of, or other person associated with, the facility has been charged with or convicted of an offense involving child sexual abuse.

16 Del. C. 1953, § 1001; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 68 Del. Laws, c. 440, § 1; 71 Del. Laws, c. 199, § 2; 78 Del. Laws, c. 403, § 1; 81 Del. Laws, c. 144, § 1;

**§ 902 Definitions.**

As used in this chapter:

- (1) "Abuse" or "abused child" means as defined in § 901 of Title 10.
- (2) "Baby" means a child not more than 14 days old, except that for hospitals and their employees and volunteers, "baby" means a child reasonably believed to be not more than 14 days old.
- (3) "Child" means any person who has not reached that person's own eighteenth birthday.
- (4) "Child Protection Registry" or "Registry" means a collection of information as described in Subchapter II of this chapter about persons who have been substantiated for abuse or neglect as provided in Subchapter II of this chapter or who were substantiated between August 1, 1994, and February 1, 2003.
- (5) "Children's advocacy center" means a child forensic interviewing center that employs best practices by applying and adhering to nationally recognized standards, and assists in the response to multidisciplinary cases.
- (6) "Child welfare proceeding" means any Family Court proceeding and subsequent appeal therefrom involving custody, visitation, guardianship, termination of parental rights, adoption or other related petitions that involve a dependent, neglected or abused child or a child at risk of same as determined by the Family Court.

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- (7) "Conviction" or "convicted" means entry of a plea of guilty or nolo contendere, regardless of whether the plea was subsequently discharged or dismissed under the first offenders domestic violence diversion program pursuant to § 1024 of Title 10, or under the first offenders controlled substances diversion program pursuant to § 4767 of this title, or of a Robinson plea, or of a probation before judgment discharge without judgment of conviction notwithstanding the provisions of § 4218(g) of Title 11, or a finding of guilt after trial, or a finding of not guilty after trial as a result of the defense of mental disease or defect pursuant to Title 11, or adjudication of delinquency for conduct which if committed by an adult, would constitute a crime; or "conviction" or "convicted" under similar proceedings of another state, territory or jurisdiction.
- (8) "Death" means the loss of life of a child.
- (9) "Department" means the Department of Services for Children, Youth and Their Families.
- (10) "Director" means the Director of the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (11) "Division" means the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (12) "Extrafamilial child abuse or neglect" means child abuse or neglect committed by an individual who is not a member of the child's family or household, but does not include institutional child abuse or neglect.
- (13) "Family assessment and services" means a case management approach by the Division of Family Services that provides for a prompt assessment of a child and the child's family and the circumstances of the reported incident, including the known history of the child or the alleged perpetrator, when there has been a report to the Division that the child was a victim of abuse or neglect, or at risk of maltreatment by a person responsible for that child's care, custody or control. Family assessment and services shall be used in conjunction with the investigation approach defined in paragraph (19) of this section but may not supplant it in circumstances which require an investigation. The family assessment response shall focus on the integrity and preservation of the family and shall assess the status of the child and the family in terms of the risk of abuse and neglect and, if necessary, plan and provide for the provision of community-based services to reduce the risk and to otherwise support the family.
- (14) "Good faith" shall be presumed in the absence of evidence of malice or wilful misconduct.
- (15) "Human trafficking" means as defined in § 787 of Title 11.
- (16) "Institutional child abuse or neglect" means as defined in § 901 of Title 10.
- (17) "Internal information system" means a system of maintaining information related to all reports of abuse, neglect, investigations, family assessments, services and other relevant information.
- (18) "Intrafamilial child abuse or neglect" means as defined in § 901 of Title 10.
- (19) "Investigation" means the collection of evidence in response to a report of abuse, neglect, or risk of maltreatment by a person responsible for that child's care, custody or control in order to determine if a child has been abused, neglected, or is at risk of maltreatment. The Division shall develop protocols for its investigations that focus on ensuring the well-being and safety of the child. The Division may conduct an investigation in response to any report of abuse, neglect, or risk of maltreatment but shall conduct an investigation as enumerated under § 906(e)(3) of this title.
- (20) "Investigation Coordinator" means an attorney licensed to practice law in this State employed by the Office of the Child Advocate, who is authorized to independently track each reported case of alleged child abuse or neglect within the Department's internal information system and who is responsible for monitoring each reported case involving the death of, serious physical injury to, or allegations of sexual abuse of a child from inception to final criminal and civil disposition.
- (21) "Multidisciplinary case" means a comprehensive investigation by the multidisciplinary team for any child abuse or neglect report involving death, serious physical injury, physical injury, human trafficking of a child, torture or sexual abuse, which if true, would constitute a criminal violation against a child, or an attempt to commit any such crime, even if no crime is ever charged.
- (22) "Multidisciplinary team" means a combination of the following entities as required by law to investigate or monitor multidisciplinary cases: the Division, the appropriate law-enforcement

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agency, the Department of Justice, and the Investigation Coordinator. "Multidisciplinary team" may also include others deemed necessary for an effective multidisciplinary response, such as medical personnel, the Division of Forensic Science, a children's advocacy center, the Division of Prevention and Behavioral Health Services, mental health experts, and the child's attorney.

(23) "Multidisciplinary tracking system" means an electronic system which the Investigation Coordinator utilizes to track and monitor each case involving the death of, or serious injury to, a child, or allegations of sexual abuse of a child, from inception to final criminal and civil disposition.

(24) "Near death" means a child in serious or critical condition as a result of child abuse or neglect as certified by a physician.

(25) "Neglect" means as defined in § 901 of Title 10.

(26) "Physical injury" means as defined in § 1100 of Title 11.

(27) "Report" means the communication of an allegation of child abuse or neglect to the Division pursuant to § 903 or § 905 of this title.

(28) "Serious physical injury" means as defined in § 1100 of Title 11.

(29) "Sexual abuse" means as defined in § 901 of Title 10.

(30) "Special Investigator" means a Division employee, appointed by the Secretary, who performs abuse and neglect investigations and possesses additional qualifications and authority as defined by § 9016 of Title 29.

(31) "Substantiation" means a finding by a preponderance of the evidence that abuse or neglect has occurred.

(32) "Those responsible for the care, custody and control of the child" or "care, custody and control" means as defined in § 901 of Title 10.

60 Del. Laws, c. 494, § 1; 64 Del. Laws, c. 213, § 1; 70 Del. Laws, c. 186, § 1; 71 Del. Laws, c. 199, § 3; 72 Del. Laws, c. 179, § 3; 72 Del. Laws, c. 469, § 4; 73 Del. Laws, c. 187, §§ 2, 8; 73 Del. Laws, c. 412, §§ 2-5; 75 Del. Laws, c. 376, § 1; 76 Del. Laws, c. 136, §§ 14-16; 78 Del. Laws, c. 13, § 60; 78 Del. Laws, c. 403, § 2; 79 Del. Laws, c. 336, § 1; 80 Del. Laws, c. 187, § 5; 80 Del. Laws, c. 219, § 1; 80 Del. Laws, c. 238, § 1; 81 Del. Laws, c. 144, § 2.

### § 903 Reports required.

(a) Any person, agency, organization or entity who knows or in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title. For purposes of this section, "person" shall include, but shall not be limited to, any physician, any other person in the healing arts including any person licensed to render services in medicine, osteopathy or dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner, hospital, health-care institution, the Medical Society of Delaware or law-enforcement agency. In addition to and not in lieu of reporting to the Division of Family Services, any such person may also give oral or written notification of said knowledge or suspicion to any police officer who is in the presence of such person for the purpose of rendering assistance to the child in question or investigating the cause of the child's injuries or condition.

(b) The Division shall inform any person required to report under this section of the person's right to obtain information concerning the disposition of the report. The Division shall make information on the general disposition of the report available through the Division report line to any person required to report under this section.

16 Del. C. 1953, § 1002; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 72 Del. Laws, c. 179, § 4; 77 Del. Laws, c. 320, § 1; 81 Del. Laws, c. 144, § 3.

### § 904 Nature and content of report; to whom made.

(a) Any report of child abuse or neglect required to be made under this chapter must be made by contacting the Child Abuse and Neglect Report Line for the Department of Services for Children, Youth and Their Families. An immediate oral report must be made by telephone or otherwise. Reports and the contents thereof including a written report, if requested, must be made in accordance with the rules and regulations of the Division, or in accordance with the rules and regulations adopted by the Division. An individual with knowledge of child abuse or neglect or

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knowledge that leads to a good faith suspicion of child abuse or neglect may not rely on another individual who has less direct knowledge to call the aforementioned report line.

(b) When a written report is made by a person required to report under § 903 of this title, the Division shall contact the person who made such report within 48 hours of the receipt of the report in order to ensure that full information has been received and to obtain any additional information, including medical records, which may be relevant to the contents of the report.

(c) When 2 or more persons who are required to report under § 903 of this title have joint knowledge of a known or suspected instance of child abuse or neglect, the telephone report may be made by 1 person with joint knowledge who was selected by mutual agreement of those persons involved. The report must include all persons with joint knowledge of the known or suspected instance of child abuse or neglect at the time the report is made. Any person who has knowledge that the individual who was originally designated to report has failed to do so shall immediately make the report required under § 903 of this title.

16 Del. C. 1953, § 1003; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 64 Del. Laws, c. 108, §§ 4, 11; 77 Del. Laws, c. 320, § 2; 80 Del. Laws, c. 84, § 1; 81 Del. Laws, c. 144, § 4.

### **§ 907A Safe Arms for Babies.**

(a) The General Assembly finds and declares that the abandonment of a baby is an irresponsible act by parent or parents and places the baby at risk of injury or death from exposure, actions by other individuals, and harm from animals. However, the General Assembly does recognize that delivering a live baby to a safe place is far preferable to a baby killed or abandoned by the parent or parents. The General Assembly further finds and declares that the purpose of this section is not to circumvent the responsible action of parent or parents who adhere to the current process of placing the baby for adoption, but to prevent the unnecessary risk of harm to or death of that baby by desperate parent or parents who would otherwise abandon or cause the death of that baby.

The General Assembly further finds and declares that medical information about the baby and the baby's parent or parents is critical for the adoptive parents and that every effort should be made, without risking the safe placement of the baby, to obtain that medical information and provide counseling information to those parent or parents. The General Assembly further finds and declares that if this section does not result in the safe placement of such babies or is abused by parent or parents attempting to circumvent the current process of adoption, it should be repealed.

(b) A person may voluntarily surrender a baby directly to an employee or volunteer of the emergency department of a Delaware hospital inside of the emergency department, provided that said baby is surrendered alive, unharmed and in a safe place therein.

(c) A Delaware hospital shall be authorized to take temporary emergency protective custody of the baby who is surrendered pursuant to this section. The person who surrenders the baby shall not be required to provide any information pertaining to his or her identity, nor shall the hospital inquire as to same. If the identity of the person is known to the hospital, the hospital shall keep the identity confidential. However, the hospital shall either make reasonable efforts to directly obtain pertinent medical history information pertaining to the baby and the baby's family or attempt to provide the person with a postage paid medical history information questionnaire.

(d) The hospital shall attempt to provide the person leaving the baby with the following:

- (1) Information about the Safe Arms program;
- (2) Information about adoption and counseling services, including information that confidential adoption services are available and information about the benefits of engaging in a regular, voluntary adoption process; and
- (3) Brochures with telephone numbers for public or private agencies that provide counseling or adoption services.

(e) The hospital shall attempt to provide the person surrendering the baby with the number of the baby's identification bracelet to aid in linking the person to the baby at a later date, if reunification is sought. Such an identification number is an identification aid only and does not permit the person possessing the identification number to take custody of the baby on demand.

(f) If a person possesses an identification number linking the person to a baby surrendered at a hospital under this section and parental rights have not already been terminated, possession of

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the identification number creates a presumption that the person has standing to participate in an action. Possession of the identification number does not create a presumption of maternity, paternity or custody.

(g) Any hospital taking a baby into temporary emergency protective custody pursuant to this section shall immediately notify the Division and the State Police of its actions. The Division shall obtain ex parte custody and physically appear at the hospital within 4 hours of notification under this subsection unless there are exigent circumstances. Immediately after being notified of the surrender, the State Police shall submit an inquiry to the Delaware Missing Children Information Clearinghouse.

(h) The Division shall notify the community that a baby has been abandoned and taken into temporary emergency protective custody by publishing notice to that effect in a newspaper of statewide circulation. The notice must be published at least 3 times over a 3-week period immediately following the surrender of the baby unless the Division has relinquished custody. The notice, at a minimum, shall contain the place, date and time where the baby was surrendered, the baby's sex, race, approximate age, identifying marks, any other information the Division deems necessary for the baby's identification, and a statement that such abandonment shall be:

- (1) The surrendering person's irrevocable consent to the termination of all parental rights, if any, of such person on the ground of abandonment; and
- (2) The surrendering person's irrevocable waiver of any right to notice of or opportunity to participate in any termination of parental rights proceeding involving such child, unless such surrendering person manifests an intent to exercise parental rights and responsibilities within 30 days of such abandonment.

(i) When the person who surrenders a baby pursuant to this section manifests a desire to remain anonymous, the Division shall neither initiate nor conduct an investigation to determine the identity of such person, and no court shall order such an investigation unless there is good cause to suspect child abuse or neglect other than the act of surrendering such baby.

73 Del. Laws, c. 187, §§ 3, 8; 70 Del. Laws, c. 186, § 1; 75 Del. Laws, c. 376, § 1;

### **§ 908 Immunity from liability, and special reimbursement to hospitals for expenses related to certain babies.**

(a) Any person participating in good faith in the making of a report or notifying police officers pursuant to this chapter; assisting in a multidisciplinary case as required by § 906(b)(4) of this title; performing a medical examination without the consent of those responsible for the care, custody, and control of a child pursuant to § 906(e) of this title; or exercising emergency protective custody in compliance with § 907 of this title has immunity from any liability, civil or criminal, that might otherwise exist, and such immunity extends to participation in any judicial proceeding resulting from the above actions taken in good faith. This section does not limit the liability of any health-care provider for personal injury claims due to medical negligence that occurs as a result of any examination performed pursuant to this chapter.

(b) A hospital, hospital employee or hospital volunteer which accepts temporary emergency protective custody of a baby pursuant to § 907A of this title is absolutely immune from civil and administrative liability for any act of commission or omission in connection with the acceptance of that temporary emergency protective custody or the provision of care for the baby when left at the hospital while said baby is in the hospital's temporary emergency protective custody except for negligence or intentional acts. If a hospital accepts temporary emergency protective custody of a baby pursuant to § 907A of this title, the State shall reimburse the hospital for eligible, medically necessary costs under the Medicaid Fee for Service Program.

16 Del. C. 1953, § 1005; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 71 Del. Laws, c. 199, § 5; 72 Del. Laws, c. 179, § 5; 73 Del. Laws, c. 187, §§ 4, 5, 8; 75 Del. Laws, c. 376, § 1; 78 Del. Laws, c. 403, § 4; 81 Del. Laws, c. 144, § 8;

(c) The Division shall continuously publicize the existence of the 24-hour report-line to those required to report abuse or neglect pursuant to § 903 of this title of their responsibilities and to the

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public the existence of the 24-hour statewide toll-free telephone number to receive reports of abuse or neglect.

71 Del. Laws, c. 199, § 6;

### **§ 914 Penalty for violation.**

(a) Whoever violates § 903 of this title shall be liable for a civil penalty not to exceed \$10,000 for the first violation, and not to exceed \$50,000 for any subsequent violation.

(b) In any action brought under this section, if the court finds a violation, the court may award costs and attorneys' fees.

16 Del. C. 1953, § 1008; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 77 Del. Laws, c. 121, § 1; 77 Del. Laws, c. 320, § 6;

**TITLE 31**  
**Welfare**  
**In General**  
**CHAPTER 3. CHILD WELFARE**  
**Subchapter III. The Delaware Child Care Act**

**§ 341 Short title.**

This act may be referred to and cited as "The Delaware Child Care Act."

73 Del. Laws, c. 165, § 1.

**§ 342 Definitions.**

For the purpose of this act:

(1) "Child care" means and includes:

a. Any person, association, agency or organization which:

1. Has in custody or control 1 child or more under the age of 18 years, unattended by parent or guardian, for the purpose of providing such child or children with care, education, protection, supervision or guidance;
2. Is compensated for their services;
3. Advertises or holds himself, herself or itself out as conducting such child care;

b. The provision of, or arranging for, the placement of children in foster care homes, adoptive homes or supervised independent living arrangements; and

c. Family child care homes, large family child care homes, day care centers, child placing agencies, residential child care facilities and day treatment programs as currently defined by regulation. Day-care centers operating part- or full-day are subject to licensure. Homes in which children have been placed by any child placing agency properly licensed to place children in this State shall not be regarded as "child care."

(2) "Office of Child Care Licensing" (or "OCCL") means the Office of Child Care Licensing within the Department of Services for Children, Youth and Their Families.

Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 31 Del. C. 1953, § 341; 70 Del. Laws, c. 186, § 1; 73 Del. Laws, c. 165, § 1; 73 Del. Laws, c. 279, § 1; 79 Del. Laws, c. 335, § 1.

**§ 343 Powers of the Office of Child Care Licensing with respect to child care.**

(a) Any person or association conducting child care and all institutions, agencies and associations or organizations receiving and placing or caring for dependent, neglected or delinquent minors, including organizations providing care of children whether dependent or otherwise, in lieu of the care and supervision ordinarily provided by parents in their own homes for periods of less than 24 hours a day, must accord the Office of Child Care Licensing or its authorized agents right of entrance, privilege of inspection and access to its accounts and reports.

(b) A person or association conducting child care and all institutions, agencies, associations or organizations receiving and placing or caring for dependent, neglected or delinquent minors shall make reports at such time as is required by the Office of Child Care Licensing as to conditions of such child care, the manner and way in which children are taken care of, former addresses and such other information as will show the social status of the child, how and to whom dismissed, the extent and source of its income, the cost of maintenance and such other reasonable information as will enable the Office of Child Care Licensing to promote the general welfare of the children and to work out a general program for their care and protection.

(c) The Office of Child Care Licensing may prescribe, by regulation or otherwise, any reasonable standards for the conduct of such child care facilities, institutions, agencies, associations, or

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organizations and may license such of these as conform to such standards. Regulations promulgated under this subchapter must include all of the following:

- (1) Any application form required to apply for licensure under this subchapter.
- (2) All of the specific requirements to obtain, retain, or renew a license under this subchapter.
- (3) Due process provisions that provide all of the following:
  - a. That notice is required when a deficiency is alleged.
  - b. The informal and formal procedures to contest an alleged deficiency.

Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 44 Del. Laws, c. 78; 31 Del. C. 1953, § 342; 58 Del. Laws, c. 64, § 1; 64 Del. Laws, c. 108, § 4; 73 Del. Laws, c. 165, § 1; 81 Del. Laws, c. 369, § 1;

### **§ 344 Child care licenses; investigation; requirements; notice; hearings and appeals.**

(a) No person may conduct child care, nor may any institution, agency, association or organization conduct child care, unless first having obtained a license from the Office of Child Care Licensing. Such license shall expire 1 year from the date it is issued unless renewed.

(b) In the case of a person conducting child care, no license shall be issued to such person until the Office of Child Care Licensing has made a thorough investigation and has determined in accordance with reasonable standards:

- (1) The good character and intention of the applicant or applicants;
- (2) That the individual home or facility meets the physical, social, moral, mental and educational needs of the average child;
- (3) Whether the rules and requirements of the Office of Child Care Licensing are properly met; and
- (4) That the required criminal background checks are completed and approved.

(c) In the case of an institution, agency, association or organization, no license shall be issued until the Office of Child Care Licensing has made a thorough investigation and has made a favorable determination of:

- (1) The good character and intention of the applicant or applicants;
- (2) The present and prospective need of the service rendered;
- (3) The employment of capable, trained and experienced workers;
- (4) Sufficient financial backing to ensure effective work;
- (5) The probability of the service being continued for a reasonable period of time;
- (6) Whether the methods used and disposition made of the children served will be to their best interests and that of society;
- (7) Whether the rules and requirements of the Office of Child Care Licensing are properly met; and
- (8) That the required criminal background checks are completed and approved.

(d) This section shall not apply to any institution, agency, association or organization under state ownership and control, nor shall it apply to any maternity ward of a general hospital.

(e) Before any license issued under this chapter is revoked or a license application is denied, notice shall be given in writing to the holder of the license setting forth the particular reasons for such action.

(1) Such revocation or license application denial shall become effective 30 business days after the date of the receipt by certified mail, regular U.S. mail or personal service of the notice, unless the applicant or licensee within 10 business days from the date of the receipt of such notice gives written notice to the Office of Child Care Licensing requesting a hearing, in which case the proposed action shall be deemed to be suspended.

(2) If a hearing has been requested, the applicant or licensee shall be given an opportunity for a prompt and fair hearing before a hearing officer designated by the Department of Services for Children, Youth and Their Families in accordance with § 10125 of Title 29.



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(3) At any time during, or prior to the hearing, the Office of Child Care Licensing may rescind any notice upon being satisfied that the reasons for revocation or license application denial have been or will be removed.

(f) The procedure governing hearings authorized by this section shall be in accordance with § 10125 of Title 29 and regulations promulgated by the Department of Services for Children, Youth and Their Families.

(g) A full and complete record shall be kept of all proceedings, and all testimony shall be reported but need not be transcribed unless the decision is appealed pursuant to this section. A copy or copies of the transcript may be obtained by a party upon payment of the cost of preparing the transcript. Witnesses may be subpoenaed by either party.

(h) Within 10 business days of the date of the revocation or license application denial hearing, or within 5 business days of the date of a suspension hearing, the hearing officer will issue recommendations to the Secretary of the Department of Services for Children, Youth and Their Families, with a copy to each party, which shall include:

- (1) A brief summary of the evidence and recommended findings of fact based upon the evidence;
- (2) Recommended conclusions of law; and
- (3) Recommended decision.

(i) The Secretary of the Department of Services for Children, Youth and Their Families shall accept, deny, or accept in part, and/or deny in part, the recommendations of the hearing officer in the case and issue a final decision within 10 business days of the date of mailing of the recommendations.

(j) A copy of the decision of the Department setting forth the finding of facts and the particular reasons for the decision shall be sent by certified mail, regular U.S. mail or served personally upon the applicant or licensee. The decision shall become final 10 business days after it is so mailed or served. The applicant or licensee shall have 30 business days in which to appeal the decision to the Superior Court as provided in this section. The final decision of the Secretary will not be stayed pending appeal unless the Court so determines pursuant to § 10144 of Title 29.

(k) Any applicant or licensee who is dissatisfied with the decision of the Department as a result of the hearing provided in this section, may, within 30 business days after the mailing or service of the notice of decision as provided in said section, file a notice of appeal to the Superior Court in the office of the Prothonotary of the Superior Court of the county in which the child care facility is located or to be located, and serve a copy of said notice of appeal upon the Department. The Department shall promptly certify and file with the Court a copy of the record and decision, including the transcript of the hearings on which the decision is based. Proceedings thereafter shall be governed by the Rules of the Superior Court of the State. This review shall be in accordance with the provisions of § 10142 of Title 29.

(l) *Emergency suspension order.* — If the health, safety or well-being of children in care of a licensee is in serious or imminent danger, the Office of Child Care Licensing may immediately suspend the license on a temporary basis without notice.

(1) Such emergency suspension may be verbal or written and the licensee shall cease all operation as stated in the emergency suspension order.

(2) Any verbal suspension order shall be followed by a written emergency suspension order within 3 business days.

(3) The order shall be temporary and state the reason(s) for the suspension.

(4) Within 10 business days of the issuance of the suspension order, the licensee may give written notice to the Office of Child Care Licensing requesting a hearing. This hearing will be scheduled within 10 business days of the receipt of the request.

(5) If no hearing is requested as provided above, the temporary order becomes a final order.

(6) At any time during, or prior to the hearing, the Office of Child Care Licensing may reinstate the license upon being satisfied that the reasons for the emergency suspension order have been removed.

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Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 31 Del. C. 1953, § 343; 58 Del. Laws, c. 64, § 1; 64 Del. Laws, c. 108, § 4; 73 Del. Laws, c. 165, § 1; 79 Del. Laws, c. 335, § 2;

### **§ 345 Penalties for violations.**

- (a) The Office of Child Care Licensing may impose civil penalties not to exceed \$100 for each violation of § 344 of this title.
- (b) The Office of Child Care Licensing may proceed for the collection of the money civil penalty not otherwise paid through an action brought by the Office of Child Care Licensing in any court of competent jurisdiction.
- (c) Anyone who violates a provision of this subchapter may be fined not more than \$100 or imprisoned not more than 3 months, or both.

Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 31 Del. C. 1953, § 344; 73 Del. Laws, c. 165, § 1; 80 Del. Laws, c. 125, § 1;

### **§ 346 Provider Advisory Board; appointments; composition; terms; vacancies.**

- (a) There is hereby established within the Office of Child Care Licensing, a Provider Advisory Board.
- (b) The Board shall consist of 7 members, who are residents of this State, and are appointed by the Governor. The following shall be members of the Board:
  - (1) One provider from a family child care home from each of New Castle County, Kent County, and Sussex County;
  - (2) One director/owner of a private day care center from each of New Castle County, Kent County, and Sussex County; and
  - (3) One provider from a family child care home or 1 director/owner of a private day care center from the City of Wilmington.

Furthermore, at least 1 of the members of the Board appointed pursuant to this subsection (b) shall also be from a Boys and Girls Club within this State. For purposes of this subsection, a day care center at a Boys and Girls Club shall be considered a private day care center.

- (c) The term of a Board member appointed by the Governor shall be 3 years and shall terminate upon the Governor's appointment of a new member to the Board. A Board member shall continue to serve until his or her successor is duly appointed but a holdover under this provision does not affect the expiration date of a succeeding term.
- (d) In case of a vacancy on the Board before the expiration of a Board member's term, a successor shall be appointed by the Governor within 30 days of the vacancy for the remainder of the unexpired term.
- (e) The Board shall elect 1 of its members as Chair to serve for a 1-year term and who shall be eligible for reelection.
- (f) The Board shall meet at the call of the Chair but no fewer than 4 times a year.

78 Del. Laws, c. 146, § 1; 70 Del. Laws, c. 186, § 1; 78 Del. Laws, c. 365, § 1;

### **§ 347 Provider Advisory Board; powers and duties.**

The Board shall have the authority to serve in an advisory capacity to the Office of Child Care Licensing with regard to adopting, promulgating and amending such rules and regulations as are required to carry out this chapter with respect to early care and education and school-age centers.

78 Del. Laws, c. 146, § 1;

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