

Family Child Care Licensing Manual

(November 2016)

For use with

COMAR 13A.15 - Family Child Care
(As amended effective 7/20/15)

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.01 Emergency Safety.

The provider or substitute shall:

- A. Prepare and maintain a written emergency and disaster plan that:
 - (1) Establishes procedures for:
 - (a) Evacuating the home, including an evacuation route;
 - (b) Relocating children to a designated safe site;
 - (c) Sheltering in place in the event that evacuation is not feasible;
 - (d) Notifying parents of children in care; and
 - (e) Addressing the individual needs of children, including children with special needs;
 - (2) Contains:
 - (a) The name of, and contact information for, the local emergency operations center;
 - (b) A list of local emergency services numbers; and
 - (c) The radio station call sign and frequency for the local Emergency Alert System (EAS);
 - (3) Is practiced with children at least:
 - (a) Once per month for fire evacuation purposes;
 - (b) Twice per year for other emergency and disaster situations;
 - (c) If overnight care is provided, at least four times per year when children in overnight care are present; and is updated at least annually;

***INTENT:** In case of an emergency or a disaster, an approved emergency disaster plan must be in place with emergency escape route floor plans (See “**OCC 1261 Emergency Escape Plan**”) posted throughout the facility. Evacuation drills must occur regularly so that all staff and children can evacuate promptly and safely and proceed to an alternate sheltered location. It is strongly recommended that the Provider conduct fire drills from all the areas of the home that are used for child care so that the children can learn different evacuation routes.*

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

COMPLIANCE CRITERIA:

- *Emergency disaster plan*
 - *The facility has an emergency disaster plan that has been approved by the training organization.*
 - *The plan specifies an alternate sheltered location.*
 - *The plan is practiced by staff and children at least twice a year.*
- *Fire evacuation plan*
 - *Fire evacuation escape route is posted.*

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- *A written log or similar document is maintained that records the date and time of each fire evacuation drill. See sample log to document fire evacuation drills, “**Fire Drill Record**”.*
- *Fire evacuation drills occur at least monthly.*

ASSESSMENT METHOD:

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

B. Post conspicuously a copy of the emergency escape route floor plan:

- (1) **In or near the approved child care area; and**
- (2) **If overnight care is provided, in each room where a child in care is sleeping;**

***INTENT:** An emergency escape route floor plan must be posted in or near the child care area to facilitate prompt and safe evacuation in the event of an emergency.*

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

COMPLIANCE CRITERIA:

- *An “**Emergency Escape Plan**” (OCC 1261) is posted where it is easily and clearly visible from within the approved child care area.*
- *If overnight care is provided, the escape plan is posted in each room where a child in care sleeps.*

***ASSESSMENT METHOD:** Observation to determine if and where the “Emergency Escape Plan” is posted.*

C. Regularly orient children, who are old enough to understand, in procedures to be used in the event of a fire or other emergency requiring escape from the home;

***INTENT:** The Provider must teach proper evacuation procedures to the children so that they can respond promptly and appropriately in the event of an emergency.*

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

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COMPLIANCE CRITERIA: *The Provider regularly reviews evacuation procedures with the older children.*

ASSESSMENT METHOD: *Discussion to determine if, how, and how often the Provider reviews evacuation procedures with the children.*

- D. **Train each substitute and, if applicable, the additional adult on the contents of the written emergency and disaster plan required at §B of this regulation;**

Note: *The Provider must show documentation of the required training. The “Substitute/Additional Adult/Volunteer Orientation Verification” form is used to document the Substitute and, if applicable, the Additional Adult emergency and disaster training.*

- E. **In the event of a declared emergency, be prepared to respond as directed by the local emergency management agency through sources of public information;**
F. **During an emergency evacuation or practice, take attendance records out of the home and verify the presence of each child currently in attendance;**

INTENT: *The Provider must be able to verify after a home evacuation that all children in attendance are present and accounted for.*

INSPECTION REPORT ITEM: “Emergency Safety”

COMPLIANCE CRITERIA: *During each home evacuation, the Provider brings along the current child attendance record.*

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

- G. **Instruct children in the use of the 9-1-1 telephone number to summon help in an emergency; and**

INTENT: *Children who are able to self-direct and are ready to learn to use a telephone (landline or cell) must be instructed how to call for emergency assistance.*

INSPECTION REPORT ITEM: “Emergency Safety”

COMPLIANCE CRITERIA: *Older children are taught how to call 911 and request assistance.*

ASSESSMENT METHOD: *If possible, observation of instruction in 911 calling. Otherwise, discussion to determine if older children are instructed in 911 procedures.*

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H. Meet the following requirements for first aid supplies:

- (1) **Maintain first aid supplies as the office requires in a location that is readily accessible to the areas of the home approved for child care;**
- (2) **Store first aid supplies in a manner that makes them inaccessible to children in care; and**
- (3) **Bring the first aid supplies along on any activity away from the family child care home.**

***INTENT:** At all times, appropriate and adequate first aid supplies must be kept so that they are quickly accessible for use with the children but inaccessible to the children in care.*

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

COMPLIANCE CRITERIA:

- *The Provider maintains a portable first aid kit that contains only the items that are approved by the Office (see “**First Aid Kits – Required Contents**”) All items in the kit are clean, organized, and usable;*
- *The kit is always kept close to where the children are (at the home or off-site); and*
- *The kit is not accessible to any child in care.*

***ASSESSMENT METHOD:** At the home, observation of where the kit is stored and of its contents. Discussion to determine if the kit is brought along on off-site activities.*

***Note:** If children in care are transported in the Provider’s vehicle, it is strongly recommended that a second first aid kit is acquired and kept in the vehicle. This will allow the provider to always have first aid supplies on hand, and won’t have to remember to bring the kit back inside upon return to the home.*

.02 Potentially Hazardous Items.

The provider shall properly store, and keep inaccessible to the children in care, all potentially harmful items, including, but not limited to, knives, sharp tools, firearms, matches, alcoholic beverages, petroleum, flammable products, cleaning agents, and poisonous products.

***INTENT:** The Provider must protect children from accidental harm by keeping potentially dangerous items away from them.*

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

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COMPLIANCE CRITERIA:

- *All knives and sharp implements are out of the reach of children.*
- *All firearms, if present in the Provider's home, are unloaded and locked in a manner that makes them inaccessible to children and complies with applicable State or local law and ordinances. Ammunition is stored in a separate locked container and apart from firearms.*
- *Non-prescription and prescription medications and alcoholic beverages are stored out of the reach of children. It is recommended that medication be kept in a locked container.*
- *Matches, petroleum and flammable products, cleaning agents and poisonous products are stored away from food, in original labeled containers, and out of the reach of children.*

ASSESSMENT METHOD: *Observation of where and how potentially hazardous items are stored.*

Note: *Questions related to the proper storage of potentially flammable products should be referred to the local fire authority.*

.03 Outdoor Safety.

- A. **The provider or substitute may not allow a child to play on climbing equipment from which the child could fall 7 feet or more to the ground.**

INTENT: *Child participation in an activity that may result in a fall to the ground of 7 or more feet is prohibited because the fall is likely to cause serious injury or death.*

INSPECTION REPORT ITEM: *“Outdoor Safety”*

COMPLIANCE CRITERIA: *No activity is permitted that may result in a fall to the ground of 7 or more feet.*

ASSESSMENT METHOD:

- *Measurement of potential fall distances.*
- *Observation during activity. If observation is not possible, discussion with the provider or substitute to determine how the compliance criteria are met.*

Note: *See resource guides, “Playground Safety Tips”, or “Playground and Water Safety Guidelines”.*

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- B. **During an outdoor activity, the provider or substitute may not allow a child to:**
- (1) **Use unsafe activity equipment;**
 - (2) **Use activity equipment in an unsafe manner; or**
 - (3) **Wear a clothing item or accessory that may pose a hazard to the child while engaged in the activity.**

***INTENT:** The Provider must ensure that outdoor recreation equipment is safe and used appropriately, and that no child is wearing anything that might be dangerous to the child during the activity.*

***INSPECTION REPORT ITEM:** “Outdoor Safety”*

COMPLIANCE CRITERIA:

- *All outdoor activity equipment is:*
 - *Safe (suitable for use by children, in good physical condition, free of sharp edges or points, installed properly if installation is required)*
 - *Used as intended by the manufacturer.*
- *Each child is dressed safely for each activity with no item or accessory that may pose a hazard to the child while engaged in the activity.*

ASSESSMENT METHOD:

- *Inspection of activity equipment.*
- *Observation of how the equipment is being used and how children are dressed for the activity. If observation is not possible, discussion with the Provider to determine how the compliance criteria are met.*

- C. **The provider shall ensure that children use suitable protective gear when engaged in an activity for which protective gear is required by law.**

***INTENT:** If the law requires children to use protective gear during certain activities, the Provider must make sure they do so.*

***INSPECTION REPORT ITEM:** “Outdoor Safety”*

***COMPLIANCE CRITERIA:** As applicable, children use proper protective gear (for example, wear bicycle helmets).*

***ASSESSMENT METHOD:** Observation to see if protective gear is used. If observation is not possible, discussion with the Provider to determine how compliance criteria are met.*

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Note: Maryland's "bicycle helmet law" is set forth at §21-1207 of the Transportation Article, Annotated Code of Maryland. It became effective on October 1, 1995.

- The law applies to any child under 16 years old who operates (or rides as a passenger on) a bicycle "on any highway, bicycle way, or other property that is open to the public or used by the public for pedestrian or vehicular traffic."
- The child must wear a helmet that meets or exceeds ANSI, ASTM, or Snell Memorial Foundation standards for protective bicycle headgear.
- Violators are issued a warning by police. No fines or other legal penalties are imposed.

D. Trampolines. The provider or substitute:

- (1) **May not allow a child in care to use a trampoline; and**
- (2) **Shall make a trampoline located on the premises of the home inaccessible to children in care.**

INTENT: Trampoline use is a common cause of serious injury to children. If there is a trampoline at the home, children must be kept from using it or gaining access to it.

INSPECTION REPORT ITEM: "Outdoor Safety"

COMPLIANCE CRITERIA: No child is permitted to use the trampoline. No child can gain access to the trampoline.

ASSESSMENT METHOD: Observation of where and how trampoline is stored.

.04 Water Safety.

- A. A provider or substitute may permit children in care to use only swimming facilities that:**
- (1) **Are subject to State or local standards of health, sanitation, and safety; and**
 - (2) **Meet those standards.**

INTENT: A body of water may be used by children only if it is approved for swimming by the appropriate local or State government office.

INSPECTION REPORT ITEM: "Water Safety"

COMPLIANCE CRITERIA: The only swimming facilities used by children are those that the Provider have verified as being approved.

ASSESSMENT METHOD: Review of approval documentation, if available. Otherwise, discussion with the Provider to determine if and how verification of approval took place.

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- B. **A child in care may not use a pool, such as a fill-and-drain molded plastic or inflatable pool that does not have an operable circulation system approved by the local health department.**

INTENT: Stagnant (uncirculated) pool water is a potential health hazard because it contaminates quickly. Therefore, children may only use pools that have an approved and working circulation system.

INSPECTION REPORT ITEM: “Water Safety”

COMPLIANCE CRITERIA:

- *The pool has an approved, functioning circulation system, and*
- *The pool water does not appear to be contaminated.*

ASSESSMENT METHOD: *If a pool is used by children in care:*

- *Observation to determine if it has an operable circulation system; and*
- *Review of documentation showing approval of the circulation system by the local health department.*

Reminder:

- *If the Provider have a pool, the Provider must ensure that it meets all applicable State or local health department requirements.*
- *The Provider must have appropriate procedures for supervision of the children during water play, including how to accommodate children who are napping, toileting, or not engaged in water play.*
- *It is strongly recommended that:*
 - *Non-swimming children be allowed in water only if it is below their knees, and*
 - *One-on-one supervision be given to each child younger than 2 years during a water activity.*

.05 Transportation Safety.

If children are transported in a vehicle while in care, the provider or substitute shall ensure that, as specified by Maryland law:

- A. **Each child in care is separately secured in a child car seat or seat belt; and**
B. **Each child car seat or seat belt is appropriate for the age and weight of the child using it.**

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INTENT: *Each child transported must be in a car seat or seat belt that is appropriate for the child's age and weight, as specified by Maryland law.*

INSPECTION REPORT ITEM: *"Transportation Safety"*

COMPLIANCE CRITERIA: *The vehicle used to transport children is equipped with seat belts and age-appropriate car seats, as required by Maryland law.*

ASSESSMENT METHOD: *Observation of the vehicle(s) used for transportation to ensure that seat belts and safety seats are present as required.*

Notes:

- *When transporting a child by private vehicle, the Provider must comply with the following requirements of Maryland's Transportation Article, §22-412.2:*
 - *The child must be secured in a child safety seat if the child:*
 - ◇ *Is younger than 6 years old, regardless of the child's weight; or*
 - ◇ *Weighs less than 40 pounds, regardless of the child's age.*
 - *Child safety seats must be installed in accordance with the seat manufacturer's instructions.*
 - *The child is considered "secured" only if the safety seat or seat belt is used in accordance with the instructions of the safety seat manufacturer or the vehicle manufacturer.*
 - *A safety seat or seat belt may not be used to secure more than one child at a time.*
- *It is recommended that the Provider do not purchase child safety seats at yard sales, garage sales, flea markets, etc., because the Provider will probably have no way of determining if the seats function properly, or have been damaged in some way that would make them unsafe for use.*
- *For information about choosing and using child safety seats, refer to "[Maryland Kids in Safety Seats \(K.I.S.S.\)](#)".*

.06 Rest Time Safety.

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

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

B. Unless the need for a positioning device that restricts a child's movement while the child is resting is specified in writing by the child's physician, an object or device, including,

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but not limited to, a strap, wedge, or roll, that restricts movement may not be used with a child in a crib, portable crib, playpen, cot, bed, mat, or other rest furnishing.

INTENT: (A – B) *A sleeping child is a child whose safety and well-being must be actively and personally monitored. A sleeping child under the age of 12 months is susceptible to SIDS and the Provider must take certain steps that have been shown to reduce the risk of SIDS.*

INSPECTION REPORT ITEM: “Rest Time Safety”

COMPLIANCE CRITERIA: *The following are criteria for ensuring the safety of children during rest time:*

- *The provider or substitute is awake, alert, and inside the home.*
- *At appropriate intervals (at least every 15 minutes for a child younger than 2 years old) the Provider visually checks each child who is or may be asleep to assess the child’s safety, breathing, and physical comfort.*
- *Unless specified otherwise, in writing, by the child’s physician,*
 - *Children younger than 12 months are placed on their backs during sleep,*
 - *Children who cannot roll over unassisted are placed on their backs during sleep.*
 - *Positioning devices are not used for a child of any age during rest time.*
- *Gates to stairways are in place and properly secured.*

ASSESSMENT METHOD:

- *Determine if any children have physician instructions regarding sleeping arrangements.*
- *Observation of:*
 - *How and when the Provider monitors children who are or may be sleeping,*
 - *The sleeping position into which the Provider placed children who are less than 12 months old or who cannot roll over unassisted, and*
 - *The use of positioning devices, if applicable.*

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- *If observation is not possible, discussion with the Provider or substitute (or additional adult if applicable) to determine how:*
 - *Sleeping children are supervised,*
 - *Children under the age of 12 months are placed for sleep,*
 - *Children who cannot roll over unassisted are placed for sleep, and*
 - *Positioning devices are used, if applicable.*