Large Family Child Care Homes (Manual)

(January 2017)

DAYCARE.COM

for use with

COMAR 13A.18.01-.16
Large Family Child Care Homes

(as amended effective 7/20/2015)

Maryland State Department of Education
Division of Early Childhood Development
Office of Child Care
Licensing Branch

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Introduction

Purpose of the Manual

The **Large Family Child Care Homes (Manual)** is used as a reference for Office of Child Care (OCC) licensing staff**,** registered providers, and for those who apply to become large family child care home providers. The Manual primarily provides assistance in interpreting and applying Code of Maryland Regulation (COMAR) requirements when child care facilities are inspected for compliance by licensing staff. By providing a comprehensive set of interpretive guidelines, the Manual enables large family child care home providers to achieve and maintain compliance, and enables licensing staff to assess provider compliance in a consistent and equitable manner.

Contents and Use of the Manuals

The Manual is divided into chapters. Each chapter corresponds to the chapter number and subtitle of the related COMAR (Example –COMAR 13A.18 .01 Scope and Definitions). Each chapter is posted individually with its own table of contents listing the applicable subsections. Each chapter and subtitle includes the full text of the regulations found in each subsection of the chapter, the intent of the regulation, the inspection report item, the compliance criteria, the method by which compliance with the regulation is assessed, and reference notes, as applicable. The text of each regulation appears in **bold** type. The guidance information appears in *italics*. The referenced forms and resource documents appear in *Red italics*.

The **Intent** explains the regulation in more detail and the reason for the regulation.

The **Inspection Report Item** refers to the exact location on the Electronic Licensing Inspection System (ELIS) inspection form, or the paper Inspection Report where compliance or noncompliance with the regulation is recorded during an inspection.

The **Compliance Criteria** set forth the specific elements that OCC licensing staff will use in determining whether or not the inspection report item is in compliance.

The **Assessment Method** addresses the means by which licensing staff will evaluate the compliance criteria.

The **Notes** provide further details, explanations, or reference to resource materials and/or forms. Some of the "Notes" have been included only to give additional helpful information.

The referenced **Forms** and **Resource Documents** are easily accessed on the Licensing Branch website in the "Forms" and "Resource Documents" locations.

LARGE FAMILY
CHILD CARE HOMES MANUAL

(January 2017)

for use with

COMAR 13A.18.01-.16 Large Family Child Care Homes

(as amended effective 7/20/15)

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(January 2017)

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COMAR 13A.18 – Large Family Child Care Homes

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COMAR 13A.18.01 SCOPE AND DEFINITIONS

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.01 Purpose and Scope

A. The purpose of this subtitle is to establish requirements for the identification, approval, and operation of large family child care homes.

INTENT: *When a parent or guardian gives the care and supervision of a child to another person, there may be certain risks for the child. To offset these risks, rules and regulations have been established to protect the health, safety, and welfare of children in out-of-home care. Under Maryland law, large family child care homes registration ensures that providers meet certain minimum standards for child health and safety and the operation of a child care program.*

B. Scope. This subtitle:

(1) **Governs child care provided to children for less than 24 hours a day in a private residence that is:**

(a) **Not the child's own home; and**

(b) **Approved, or proposed for approval, by the office for a maximum child care capacity of 9 to 12 children; and**

(2) **Does not apply to a family child care provider or a family child care home currently registered pursuant to COMAR 13A.15.**

INTENT: *With certain exceptions, Maryland law requires caregivers to become registered as child care providers before they are permitted to provide care. Persons who meet the requirements of COMAR 13A.18 are issued a certificate of registration. Possession of this certificate identifies a person as someone who is authorized by the State of Maryland to provide large family day care.*

Notes: *COMAR 13A.18 regulations are adopted and enforced by the Maryland State Department of Education, Division of Early Childhood Development, Office of Child Care, under the statutory authority of the Education Articles,* §9*.5-301 through* §9*.5-312, and the State Government Article, Section 10-617, Annotated Code of Maryland.*

.02 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) **"Abuse" means:**

(a) **The physical or mental injury of a child, under circumstances that indicate that the child's health or welfare is significantly harmed or at risk of being significantly harmed, by:**

(i) **A parent;**

(ii) **An individual who has permanent or temporary care or custody or responsibility for supervision of a child; or**

(iii) **A household or family member; or**

(b) **Sexual abuse of a child, whether physical injuries are sustained or not.**

(2) **"Agency" means the Office of Child Care, Division of Early Childhood Development, in the State Department of Education.**

(3) **"Agency representative" means an individual designated by the Agency to determine compliance with this subtitle.**

(4) **"Applicant"**

(a) **"Applicant" means an individual who applies to the office for a certificate of registration to operate a large family child care home.**

(b) **"Applicant" may include an individual who is currently licensed to operate a small center.**

(5) **"Approved training" means course work or a workshop provided by:**

(a) **A regionally accredited college or university;**

(b) **A State-approved private career school;**

(c) **The Child Development Associate National Credentialing Program;**

(d) **Other organizations or individuals approved by the office; or**

(e) **The Agency.**

(6) **"Approved continued training" means training, including but not limited to workshops, seminars, and conferences, that is:**

(a) **Approved by the office; and**

(b) **Used by the child care provider or a staff member of a child care home to maintain the applicable professional qualifications required by COMAR 13A.18.06.05—.07.**

(7) **"Approved preservice training" means training that is:**

(a) **Approved by the office; and**

(b) **Used to meet initial professional qualifications required by COMAR 13A.18.06.05—.06 for an applicant or for a staff member of a child care home.**

(8) **"Child" means an individual who is younger than:**

(a) **13 years old; or**

(b) **21 years old and has a developmental disability or other emotional, physical, educational, or medical need for child care beyond 13 years old.**

(9) **Child Care Home.**

(a) **"Child care home" means a residence in which family child care is provided.**

(b) **"Child care home" includes a:**

(i) Family child care home registered to operate pursuant to COMAR 13A.15; or

(ii) Large family child care home registered to operate pursuant to this subtitle.

(10) **"Continuing registration" means a family child care registration that does not expire.**

(11) **"Core of knowledge" means the competencies identified by the office as essential for all individuals working in the child care delivery system, including:**

(a) **Child development;**

(b) **Curriculum;**

(c) **Special needs;**

(d) **Professionalism;**

(e) **Community; and**

(f) **Health, safety, and nutrition.**

(12) **"Department" means the Maryland State Department of Education.**

(13) **"Director" means an individual designated by a provider to conduct the daily operations of a large family child care home.**

(14) **"Elective training" means training at a conference, seminar, or other event that is approved by the office but is not in a core of knowledge competency area.**

(15) **Employee.**

(a) **"Employee" means an individual who for compensation is employed to work in a family child care home and who:**

(i) **Cares for or supervises children in the facility; or**

(ii) **Has access to children who are cared for or supervised in the facility.**

(b) **"Employee" includes a paid substitute.**

(c) **"Employee" does not include an individual who is:**

(i) An independent contractor; or

(ii) A registered or certified health care professional who is compensated by the provider or the parent of a child in care to provide a specified health care service to the child.

(d) **For the purpose of applying the criminal background check requirements and the child and adult abuse and neglect record review requirements set forth in this subtitle, "employee" includes an individual who:**

(i) Is compensated by the provider or a resident to perform a service at the child care home;

(ii) Has access to children in care; and

(iii) Does not clearly meet, or is not excluded from, the definition of independent contractor as set forth at §B(21) of this regulation.

(16) **"Family child care" means the care given to a child younger than 13 years old or to a developmentally disabled person younger than 21 years old in place of parental care for less than 24 hours a day, in a residence other than the child's residence, for which the provider is paid in cash or in kind.**

(17) **"Family child care teacher" means a staff member who:**

(a) **Is approved by the office to supervise children in care at a large family child care home; and**

(b) **Meets the professional requirements of COMAR 13A.18.05.06.**

(18) **"Group" means a unit of children together with the staff assigned to them.**

(19) **"Health officer" means the health officer in each of the 23 counties and the Commissioner of Health in Baltimore City, or the duly designated representative of the health officer, or both, and refers to the health officer in the jurisdiction where the child care home is or will be located.**

(20) **"Identified as responsible for child abuse or neglect" means being determined by a local department to be responsible for child abuse or neglect, or awaiting the local department's appeal hearing after the determination.**

(21) **Independent Contractor.**

(a) **"Independent contractor" means an individual or other entity:**

(i) That is hired by the provider, a resident in the child care home, or the parent of a child in care, on the basis of a service contract or agreement, to perform a specialized service at the child care home, including, but not limited to, home maintenance or repair, academic tutoring, or recreational programming, for a specified period of time or in order to achieve a specified result;

(ii) That determines how the specialized service shall be performed; and

(iii) Whose specialized service is not restricted to the child care home, but is available for hire by other customers.

(b) **"Independent contractor" does not include an individual who:**

(i) Is a registered or certified health care professional compensated by the provider to provide a specified health care service to a child in care;

(ii) Under a private arrangement with the parent or guardian of a child or children in care, provides a health care, educational, or other service only to that child or those children; or

(i) Is employed for compensation by a public school or by a private or nonpublic school required to report annually to the State Board of Education.

(22) **"Infant" means a child younger than 18 months old.**

(23) **"Injurious treatment" means:**

(a) **Deliberate infliction in any manner of any type of physical pain, including spanking, hitting, shaking, or any other means of physical discipline, or enforcement of acts which result in physical pain;**

(b) **Failure to attend to a child's physical needs and other physically damaging acts, excluding reasonable acts to protect the child from imminent danger;**

(c) **Subjecting a child to verbal abuse intended to cause mental distress, such as shouting, cursing, shaming, or ridiculing; and**

(d) **Utilizing discipline methods that are considered inappropriate by child care professionals and create undue discomfort, such as, but not limited to, washing a child's mouth with soap, putting pepper or other spicy or distasteful items in a child's mouth, requiring a child to stand on one foot as punishment, or tying a child to a cot or other equipment.**

(24) **"Large family child care home" means a child care home approved by the office to operate with a maximum child care capacity of 9 to 12 children.**

(25) **"Licensing status" means the type of child care center license or family child care registration issued by the agency and the current operating status of that license or registration.**

(26) **"Local department" means the department of social services, by whatever name known, in any of Maryland's 24 local jurisdictions.**

(27) **"Mental injury" means the observable, identifiable, and substantial impairment of a child's mental or psychological ability to function.**

(28) **"Neglect" means leaving a child unattended or otherwise failing to give proper care and attention to a child by the child's parents, guardian, or custodian under circumstances that indicate that the child's health or welfare is significantly harmed or placed at risk of significant harm.**

(29) **"Nursery school" means an educational program:**

- (a) **For children who are 2 years old, 3 years old, 4 years old, or any sequence of these ages; and**
- (b) **That, unless approved by the Department before July 1, 2007, to operate for more than 6 hours per day, may not operate in excess of 6 hours per day.**

(30) **"Office" means the central office or a regional office of the Agency.**

(31) **Overnight Care.**

- (a) **"Overnight care" means child care that is provided between the hours of 12 a.m. and 6 a.m.**
- (b) **"Overnight care" does not include child care provided to a child enrolled for care during daytime or evening hours who, because of the parent's schedule, must remain at the family child care home for up to 1/2 hour after 12 a.m. or arrive up to 1/2 hour before 6 a.m.**

(32) **"Parent" means the biological or adoptive parent, or the legal guardian or custodian of a child, who enrolls the child in care.**

(33) **Potentially Hazardous Food.**

- (a) **"Potentially hazardous food" means any food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacea, or other ingredients including synthetic ingredients capable of supporting rapid and progressive growth of infectious, toxigenic microorganisms.**
- (b) **"Potentially hazardous food" does not include clean, whole, uncracked, odor-free shell eggs.**

(34) **"Preschooler" means a child who:**

- (a) **Is 2 years old or older; and**
- (b) **Does not attend kindergarten or a higher grade.**

(35) **"Professional development plan" means the written instrument for tracking continued training that is:**

- (a) **Distributed by the office to a provider; and**
- (b) **To be completed annually by the provider and, as applicable, the director, each family child care teacher, and each aide.**

(36) **"Provider" means the individual to whom a certificate of registration to operate a child care home is issued pursuant to this subtitle.**

(37) **"Provider substitute" means an adult who is approved by the office to be**

responsible for the operation of a child care home when the child care provider is absent.

(38) **Relative.**

(a) **"Relative" means an individual related to a child by blood, marriage, or adoption.**

(b) **"Relative" includes a parent, grandparent, brother, sister, stepparent, stepsister, stepbrother, uncle, aunt, first or second cousin, great grandparent, great uncle, or great aunt.**

(39) **"Resident" means a person who lives in the child care home.**

(40) **"Sanction" means an enforcement action under this subtitle.**

(41) **"Sanitization" means effective bactericidal treatment by a process that provides enough accumulative heat or concentration of chemicals for a sufficient period of time to destroy vegetative cells of pathogenic bacteria and to reduce substantially the number of other microorganisms.**

(42) **"School age child" means a child younger than 13 years old who attends a public or nonpublic school in grades kindergarten or above.**

(43) **Small center" means a child care program located in a private residence and licensed for 12 or fewer children that, before January 1, 2012, was licensed to operate as a child care center pursuant to COMAR 13A.16.**

(44) **Staff Member.**

(a) **"Staff member" means an individual 16 years old or older, whether paid or not, who is assigned responsibility for child care in a child care home and whose assignment helps to maintain the staff/child ratios required by COMAR 13A.18.08.03.**

(b) **"Staff member" also means the provider.**

(45) **"Successfully passed" means, when used in connection with:**

(a) **A criminal background check, that an individual:**

(i) Has not received a conviction, a probation before judgment disposition, a not criminally responsible disposition, or a pending charge for the commission or attempted commission of a crime listed at COMAR 13A.18.06.03A; or

(ii) If having received a conviction, a probation before judgment disposition, a not criminally responsible disposition, or a pending charge for the commission or attempted commission of a crime not listed at COMAR 13A.18.06.03A, has been assessed by the office as suitable for employment pursuant to COMAR 13A.18.06.03B; or

(b) **A review of records of abuse and neglect of children or adults, that if an individual is:**

(i) An employee of, or applying for employment by, the provider, the individual has been assessed by the office as being suitable for employment, pursuant to COMAR 13A.18.06.03B; or

(ii) An independent contractor, the individual has not been identified as responsible for the abuse or neglect of a child.

(46) **"Superintendent" means the State Superintendent of Schools or the Superintendent's designee.**

(47) **"Toddler" means a child 18 months old or older but younger than 2 years old.**

(48) **"Treatment foster care" means a 24-hour substitute care program, operated by a registered child placement agency or local department of social services, for children with a serious emotional, behavioral, medical, or psychological condition.**

(49) **"Volunteer" means an individual who:**

(a) **Is 13 years old or older;**

(b) **Works in the child care home but is not a compensated employee; and**

(c) **is not enrolled as a child in care at the child care home.**

INTENT: *The purpose of these definitions is to establish a clear and consistent meaning of certain terms used in COMAR 13A.18. Whenever one of these terms appears in this chapter of regulations, it shall mean only what its definition, as set forth above, says it means.*

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(January 2017)

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.01 Registration — General Requirements.

A. **Requirement to Be Registered.**

(1) **An individual may not operate a large family child care home unless:**

(a) **Both the individual and the home meet the requirements for registration set forth in this subtitle; and**

(b) **The individual possesses a valid certificate of registration.**

INTENT: *Maryland law requires large family child care programs to be registered. Registration is a type of licensure, and it indicates that a program has met minimum child health and safety standards. The regulations contained in COMAR 13A.18.02.01 specify in detail what the registration requirements are. Unless exempt from these requirements, a large family day care provider must be registered before she or he may provide child care.*

Note: *Operating a large family child care home without a valid registration is a violation of Maryland law and may result in criminal prosecution.*

(2) **Conversion from a Small Center.**

(a) **An individual currently licensed to operate a small center may apply to the office to convert the small center license to a certificate of registration to operate a large family child care home.**

(b) **Application for conversion from a small center license shall be made as directed by the office.**

INTENT*: On January 1, 2012, the licensing category "Small Center" was abolished by Statute and replaced with the registration category "Large Family Child Care Homes". Providers who did not want to convert their Small Center licensing status to a Large Family Child Care Home registration status were allowed to remain as Small Centers.*

(c) **A large family child care home that is converted from a small center shall continue to operate with or under the same:**

(i) Licensing status;
(ii) Approved child care capacity;
(iii) Approved months, days, and hours of operation;
(iv) Approved age ranges of children to be served;
(v) Approved child care areas;
(vi) Variances, if any;
(vii) Special conditions or restrictions, if any; and
(viii) Expiration date, if any.

B. **Types of Registration. The office may issue:**

(1) **An initial registration, which may be issued on a provisional basis pursuant to Regulation .04A of this chapter; or**

(2) **A continuing registration, which may be:**

(a) **Issued on a provisional basis pursuant to Regulation .04A of this chapter; or**
(b) **Replaced by a conditional registration pursuant to Regulation .04B of this chapter.**

C. **A certificate of registration:**
(1) **May not be transferred or applied to another individual, residence, or child care program; and**
(2) **Remains the property of the office.**

INTENT: *A certificate of registration may be issued only to a specific applicant for operation at a specific location. Any change in the applicant or the location requires issuance of a new certificate. Similar to a driver's license, a certificate of registration continues to belong to the issuing agency (OCC) even though it is in the physical possession of the provider. The provider owns the right to operate that is conferred by the certificate, but does not own the certificate itself.*

D. **The provider shall display conspicuously the certificate of registration in a location where it can easily be seen and read by parents whose children are in the provider's care or who are considering placing their children in the provider's care.**

INTENT*: The certificate of registration must be plainly displayed so that parents and visitors can easily determine if the provider is authorized to operate a child care program at the home and, if so, the conditions under which that authorization has been granted (i.e., days and hours of operation, maximum capacity, etc.).*

INSPECTION REPORT ITEM: *"Registration Conspicuously Displayed"*

COMPLIANCE CRITERIA*: The registration is placed or posted where parents and other visitors to the home can readily notice, see, and read it.*

ASSESSMENT METHOD: *Observe the location and visibility of the certificate.*

E. **The provider shall surrender the certificate of registration to the office immediately when any of the following occurs or becomes effective:**
(1) **The provider closes the child care home permanently;**
(2) **The registration is revoked;**
(3) **The registration is suspended; or**
(4) **The initial registration expires, and:**
(a) **The application for an initial or a continuing registration is denied; or**
(b) **The provider has not applied for a continuing registration.**

INTENT: *Once a certificate of registration is issued, it confers a certain property right that cannot be taken away by the State without due process of law. However, the certificate document itself is State property and must be returned to the State if the provider's registration is suspended or revoked, or if the provider decides to close the home and quit doing child care.*

F. **Except as provided under §G of this regulation, a residence approved for use as a child care home may not also be used to operate a:**
   (1) **Child care home under a different registration; or**
   (2) **Child care program that is subject to the requirements of COMAR 13A.16 or COMAR 13A.17.**

G. **A residence approved by the office before July 1, 2008, for the concurrent operation of more than one child care home or more than one type of child care program may continue to be used to operate those programs, except that, while concurrent approvals are in effect, the office may not approve a request by the provider for:**
   (1) **An increase in child capacity;**
   (2) **A change in the hours of operation;**
   (3) **A change in the ages of children served;**
   (4) **A change in the approved child care area; or**
   (5) **A variance to a regulation under this subtitle.**

INTENT: *To "grandfather" residences with the concurrent operation of several programs which were in existence prior to 7/1/08, and to restrict certain modifications to those programs.*

H. **Residence of Applicant or Provider.**
   (1) **Unless currently approved for the purpose, the office may not approve a residence for use as a child care home that is not the primary residence of the family child care registration applicant.**
   (2) **A child care home registration becomes invalid if the home is no longer the primary residence of the provider.**

.02 Initial Registration.

A. **An application for initial registration shall be filed with the office by an individual who wishes to operate a registered large family child care home and who:**
   (1) **Is not currently a registered large family child care home provider; and**
   (2) **Has not been registered as a large family child care home provider for at least 6 months before the date of application.**

B. **Unless converting an existing small center to a large family child care home pursuant to Regulation .01A(2) of this chapter, an applicant for an initial registration shall complete an orientation to large family child care home regulations that is offered or approved by the office.**

INTENT: *The orientation process provides information about large family day care registration requirements and the registration application process. The orientation is offered on-line at* *http://earlychildhhod.marylandpublicschools.org/child-care-providers/licenisng/orientations*

C. **Before the proposed opening date of the child care home, an applicant for initial registration shall:**

(1) **Ensure that an application for a federal and State criminal background check is submitted for:**

(a) **The applicant;**

(b) **Each employee, including paid substitutes; and**

(c) **Each resident in the home who is 18 years old or older;**

INTENT: *To ensure that OCC is aware of the criminal histories of the applicant, individuals living in the home, employees, and others who will have frequent contact with children in care.*

Notes:

- *Whenever submitting a criminal background check (CBC) request, the Provider must include the appropriate OCC Regional Office authorization number on the CBC request form. Following is a list of the Regional Office authorization numbers:*

Authorization Number	*OCC Regional Office*
1100000016	*Region 1 (Anne Arundel Co.)*
1100000020	*Region 2 (Baltimore City)*
1100000031	*Region 3 (Baltimore Co.)*
1100000042	*Region 4 (Prince George's Co.*
1100000053	*Region 5 (Montgomery Co.*
1100000064	*Region 6 (Howard Co.)*
1100000075	*Region 7 (Allegany, Garrett, Washington Co.)*
1100000086	*Region 8 (Caroline, Dorchester, Kent, Queen Anne's, Talbot Co.)*
1100000090	*Region 9 (Somerset, Wicomico, Worcester Co.)*
1100000101	*Region 10 (Calvert, Charles, St. Mary's Co.)*
1100000112	*Region 11 (Cecil, Harford Co.)*
1100000123	*Region 12 (Frederick Co.)*
1100000182	*Region 13 (Carroll Co.)*

- *This process allows CBC results and subsequent "Alerts" to be sent to the child care provider and OCC.*

(2) **Submit the following items to the office, if not submitted at the time the written application form was submitted:**

(a) **Signed and notarized permission to examine records of abuse and neglect of children and adults for information about:**

(i) The applicant;
(ii) Each employee;
(iii) Each substitute, whether paid or unpaid;
(iv) Each resident in the home who is 18 years old or older; and
(v) If required by the office, any other individual with regular access to the child care area during the approved hours of operation;

See "Release of Information" OCC 1260"

(b) **A medical evaluation for the applicant and each resident in the home that:**

(i) Was completed within 12 months before the date of application for registration;
(ii) Was conducted by a practicing physician, certified nurse practitioner, or registered physician's assistant; and
(iii) Is signed or verified by the individual who conducted the evaluation;

INTENT: *A large family child care provider and residents of the home must be free of any communicable disease that would prohibit the person from working with or being around children. The provider must be able to participate fully in a program for active youngsters. This might include lifting infants and young children, getting up and down from the floor, lively outdoor activities, and moving furniture. It may also include transporting children in a motor vehicle. Therefore, the person must be evaluated for any physical condition that might adversely affect his or her performance. See "Medical Report for Child Care" OCC 1204 form.*

(c) **Evidence of compliance with all applicable zoning and building codes;**
(d) **A written plan of operation;**
(e) **An emergency and disaster plan that meets the requirements of COMAR 13A.18.10.01A(3)(a) and (b);**
(f) **Workers' Compensation insurance information;**

Note: See *"Worker's Compensation Insurance Information Form"- OCC 1201.*

(g) **A complete personnel list, on a form supplied or approved by the office, and all related supporting documentation required by the**

office;

Note: See *"OCC 1203 Child Care Facility Personnel List/Staff Change Form"*

(h) **A complete staffing pattern, on a form supplied or approved by the office, which specifies by staff name all child care assignments;**

Note: ***See*** *OCC 1206 Staffing Pattern for Child Care Facilities"*

(i) **Documentation that all applicable training requirements set forth at COMAR 13A.18.06.05—.06 have been met by the applicant and each staff member;**

(j) **A 4-week menu of food to be served to children in care at the child care home;**

(k) **A written child discipline policy;**

(l) **If the child care home is located in a condominium or residence which requires homeowners' association membership, written proof of homeowner's liability insurance coverage as required by Maryland law; and**

(m) **Documentation that the home has met all lead safety requirements, as applicable, set forth in COMAR 13A.18.05.05; and**

(n) **All other documentation required by law or regulation, including but not limited to:**

(i) Proof of an on-site inspection and approval by the local fire authority having jurisdiction;

(ii) A building use and occupancy permit, if applicable; and

(iii) Workers' Compensation insurance, if applicable.

D. **If, within 6 months after the applicant submits a completed application form, the office has not received documentation that all applicable requirements of §B of this regulation have been met, the office may consider the application void.**

INTENT: *A registration to operate will not be issued until the OCC Regional Office has received and approved all required application-related documentation. If the registered applicant wants the large family child care home to open on a specific date, the applicant must make sure this date is communicated to the Regional Office and that all necessary documentation is submitted by the date determined by the Regional Office.*

The Regional Office must have certain information in order to determine if the applicant meets licensing requirements.

- *Criminal background checks and child abuse/neglect checks on anyone who will have access to the children in care are needed to help protect the safety of those children.*

- *Evidence of code compliance is necessary to ensure that the large family child care home is safe for use and there is sufficient, appropriate space to accommodate the proposed child capacity.*

- *Staffing patterns are necessary to ensure that children will have sufficient, appropriate adult supervision at all times.*

- *Menu plans are needed to ensure that the children's nutritional needs will be consistently met through an appropriate food variety.*

- *Written child discipline procedures are needed to ensure that all staff and parents of children in care are aware of the circumstances under which discipline may occur, and the nature of that discipline.*

Note: *If all required documentation is not received by the Regional Office within six (6) months after the proposed opening date, the Office may consider the application void.*

.03 Continuing Registration.

A. **Application for Continuing Registration. To obtain a continuing registration, a provider shall submit to the office before expiration of the initial registration:**

(1) **A completed request, on a form supplied by the office, for continued registration;**

INTENT*: Prior to expiration of the initial registration, the provider must apply to convert the certificate of registration to continuing (non-expiring) status. To provide sufficient time for application to be made, OCC shall furnish the provider with an application packet at least 120 days before expiration of the initial registration.*

Note: *At least 120 days before current registration expiration, the Regional Office will transmit to the provider a "Request for Continuing Status" application packet. This packet serves as the 120-day notice of initial registration expiration. Additional notification will occur at least 60 days before registration expiration when the Regional Office Licensing Specialist contacts the provider to schedule the announced "registration conversion" inspection that must be conducted as part of the continuing registration application process. Use "Universal Conversion from Initial to Continuing Cover Letter" to transmit the application packet.*

(2) **Documentation that the continued training requirements and the**

first aid and CPR certification requirements set forth in COMAR 13A.18.06.05—.07 have been met;

(3) **A medical evaluation that meets the requirements of Regulation .02C(2)(b) of this chapter for:**
   (a) **The provider;**
   (b) **Each resident in the home who has child care responsibilities; and**
   (c) **Each staff member;**

(4) **A completed and notarized release of information form that permits the office to examine records of abuse and neglect of children and adults for:**
   (a) **The provider;**
   (b) **Each provider substitute;**
   (c) **Each resident in the home who is 18 years old or older;**
   (d) **Each staff member; and**
   (e) **If required by the office, any other individual with regular access to the child care area during the approved hours of operation;**

(5) **Documentation that the child care home has passed the most recent fire inspection required by the local fire authority having jurisdiction; and**

(6) **Any other documentation required by law or regulation.**

***INTENT**: A continuing registration will not be issued until the OCC Regional Office has received and approved all required application-related documentation, including documentation that the home has passed a fire safety inspection by the appropriate fire authority.*

***Notes**:*

- *The Provider's Initial Registration expires after two years with no provision for renewal; therefore, a Continuing Registration must be issued prior to the expiration date of the Initial Registration. If all items required in §A above are not received prior to the Initial Registration expiration date, a Continuing Registration or Provisional status must be issued.*

- *The registration anniversary month and day must be noted in the remarks section of the registration.*

- *The "Checklist for Continuing Large Family Child Care Home Registration Application" specifies all the forms and other documentation that the provider will need to submit to the Regional Office. The provider can either mail the completed application "Request for Continuing Large Family Child Care Home Registration – OCC 675" and all specified documentation, to the Regional Office, or the completed packet may be given to the Licensing Specialist at the time of the registration conversion inspection.*

B. **Maintenance of Continuing Registration.**

(1) **By the end of each 12-month period after the date of issuance of a continuing registration, the provider shall make available to the office documentation that the continued training requirements set forth in COMAR 13A.18.06.05—.07 have been met.**

Note: *Compliance with this regulation is determined during each annual unannounced inspection. The previous full year, based upon the month and day of registration, is reviewed.*

(2) **By the end of each 24-month period after the date of issuance of a continuing registration, the provider shall make available to the office the items specified in §A(2)—(6) of this regulation**.

INTENT: *While a continuing registration does not expire, the provider must periodically update certain information to avoid an enforcement action which could result in the revocation of the registration.*

INSPECTION REPORT ITEM: *"Continuing Registration"*

COMPLIANCE CRITERIA: *All documentation required to maintain a continuing registration has been submitted.*

ASSESSMENT METHOD: *Review provider file to determine if all required documentation has been submitted.*

Notes*:*

- *By the end of each 24-month period following issuance of a continuing registration, the provider must provide the following to the Regional Office:*
  - *Medical evaluations (OCC Form 1204) for the provider, each staff member (if applicable), each resident who has child care responsibilities, and if applicable, the additional adult;*
  - *Notarized release of information forms (OCC Form 1260) that permits the Office to examine child abuse and neglect of children and adults for:*
    - *The Provider*
    - *Each staff member (if applicable)*
    - *Each provider substitute*
    - *Each resident in the home who is 18 years old or older*

- *If applicable, the Additional Adult and Additional Adult's substitute*
- *Any other individual with regular access to children in care during the approved hours of operation*
- *Evidence of current Fire inspection and any other documentation required by law or regulation such as well and septic, if applicable.*

➢ *The Provider may either mail the items listed above to the Regional Office, or keep them on file at the home for presentation and review by the Licensing Specialist during an unannounced inspection visit.*

- *A criminal background check (CBC) does not need to be updated every 24 months unless the original CBC results were not fingerprint-supported. A person for whom non-fingerprint-supported CBC results have been received will need to submit biennial "name-check only" CBC requests until such time (if ever) that the person's CBC results can be fingerprint-supported.*

- *At least 30 days prior to the registration anniversary date, mail or deliver to the Provider the "Universal 24-Month Maintenance Cover Letter and Checklist" form, OCC 674.*

- *If all required documentation is not received timely, encourage the Provider to comply just as Provider would if it was a noncompliance resulting from an inspection. DO NOT PLACE PROVIDER ON A CONDITIONAL REGISTRATION SIMPLY FOR NON-RECEIPT OF THIS INFORMATION. The Regional Manager will determine action to be taken based upon the length of time the Provider remains noncompliant.*

.04 Provisional Status and Conditional Registration.

A. **Provisional Status.**

(1) **Except as provided in §A(2) of this regulation, to allow an applicant for an initial or a continuing registration additional time to meet all applicable requirements, the office may approve an initial or a continuing registration on a provisional basis for a period of up to 120 days after determining that the health and safety of the children in care are not in imminent danger.**

(2) **An initial registration may not be approved if the office has not yet received evidence that the applicant and, as applicable, each individual specified in Regulation .02C(1) and (2)(a) of this chapter has successfully passed a federal and State criminal background check and a review of child and adult abuse and neglect records.**

(3) **At the end of the provisional period, if all requirements for the initial or continuing registration are not met due to:**

(a) **Failure by the applicant to take action necessary to achieve compliance, the office shall deny the application for registration; or**

(b) **Circumstances beyond the control of the applicant, the office may reapprove the provisional status of the registration for one or more additional periods of up to 120 days per period, except that provisional registration status may not be continued for more than 24 months after the start of the first provisional period.**

(4) **If the office denies a certificate of registration at the end of the provisional period, the applicant or provider does not have a valid registration and shall cease operating.**

INTENT: *A registration on "Provisional" status permits the Provider to provide child care on a temporary basis even though certain necessary requirements have not been fully met. It grants a specified amount of time to meet those requirements. A registration may be issued with a provisional status only if the unmet requirements do not represent a threat to the health, safety, or welfare of children in care.*

Notes:

- *When removing an applicant from provisional status to registration, be sure to include the provisional time period(s) in the two-year expiration/anniversary date. For example:*
  - *The Provisional Registration was issued on February 22, 2016 for 120 days. Another "provisional" was issued on June 22, 2016 for another 60 days ending August 21, 2016. The Provider met all requirements on August 21, 2016. The registration would be issued with the start date of August 22, 2016 and calculate the expiration/anniversary date by using the 1st "provisional" dated February 22, 2016 which would result in an expiration/anniversary date of January 31, 2018.*
- *The Regional Office may conduct unannounced monitoring inspections of the Provider's home during a provisional registration period.*

B. **Conditional Registration.**

(1) **If a provider who holds a continuing registration fails to remedy a violation as required, the office may replace the continuing registration with a conditional registration for:**

(a) **A period of up to 120 days; and**

(b) **Upon approval by the Agency's central office, an additional period of up to 120 days.**

(2) **Upon replacing a continuing registration with a conditional registration, the office shall issue to the provider a revised certificate of registration that states the:**

(a) **Date that the continuing registration was replaced by the conditional**

registration;

(b) **Period of time of the conditional registration; and**

(c) **Requirements for reinstating the continuing registration.**

(3) **Immediately upon receipt of the revised certificate of registration, the provider shall:**

(a) **Remove from display in the child care home the certificate of continuing registration that was originally issued; and**

(b) **Display the revised certificate as required by Regulation .01D of this chapter.**

(4) **If the provider satisfies all requirements for reinstatement of the continuing registration, the office shall promptly notify the provider about the reinstatement of the continuing registration.**

(5) **If the provider fails to satisfy all requirements for reinstatement of the continuing registration within the specified period of time, the office may suspend or revoke the conditional registration.**

INTENT*: After a continuing registration is issued, if a Provider fails to correct certain non-compliances, OCC may replace the continuing registration with a revised registration placing it on conditional status. Conditional status is issued for a specified period of time and sets forth specific requirements for reinstatement of the continuing registration. If the Provider has still failed to make the necessary corrections by the end of the specified timeframe, the continuing registration may be suspended or revoked.*

INSPECTION REPORT ITEM*: "Provisional Status and Conditional Registration"*

COMPLIANCE CRITERIA*: The conditional registration is posted in the child care area in a manner that can be easily seen by parents and other individuals visiting the home.*

ASSESSMENT METHODS*:*

- *Observe to see if the conditional registration is posted.*

- *Observe the location of the conditional registration to determine if it is visible to parents and other individuals visiting the center.*

Note: *A Continuing Registration is placed on "Conditional" status as a last resort to encourage the Provider to come into compliance with regulations. Placing a provider's continuing registration on conditional status is optional. Using the progressive discipline process, i.e., warning letters, compliance agreements, and intermediate sanctions, continue to be viable disciplinary options. If these instruments fail, moving on to suspension, emergency suspension, and revocation is appropriate without ever having placed a continuing registration on conditional status.*

.05 Resumption of Service.

A. **An application to resume service shall be filed by:**
   (1) **A registered provider who wishes to operate a large family child care home at an address different from that specified on the current certificate of registration; or**
   (2) **An individual who was previously registered by the office to operate a large family child care home and who wishes to re-register, if the last effective date of the previous registration is within 6 months of the application.**

B. **The application to resume service shall meet all initial registration application requirements, except that:**
   (1) **An abbreviated application form supplied by the office shall be used; and**
   (2) **The office may accept as applicable to the new application the:**
      (a) **Individual's original completion of the orientation specified in Regulation .02C of this chapter, if required;**
      (b) **Original medical reports submitted for the applicant; each resident in the home who will have child care responsibilities and each staff member if the reports are based on medical evaluations completed within 12 months of the new application.**
      (c) **Results of the original criminal background checks conducted pursuant to Regulation .02B(1) of this chapter;**
      (d) **Results of the original child and adult abuse and neglect clearances conducted pursuant to Regulation .02C(2)(a) of this chapter, if the clearances were completed within 12 months of the application; and**
      (e) **Approved continued training completed within 12 months of the application.**

INTENT: *Because a registration certificate is issued to a specific location as well as to a specific person, a new application is required if the provider relocates to a different residence and wants to continue to provide child care services. The new residence must meet all requirements applicable to a first-time registration. However, since the applicant has previously met the requirements of these regulations, and OCC already has information about the applicant, some of that information can accepted toward the new application.*

Notes:

- *Because a provider who wishes to re-apply at a new location or to resume providing child care after a break in service is already known to OCC, a short-form application called an "Application to Resume Service" (OCC 349) is used instead of the regular application. However, this*

option is available only to those who file the new application within 6 months from the date that the previous registration was closed.

- *All approved training received by the provider is counted toward satisfaction of the initial registration training requirements specified by regulation.*
- *The original criminal background check is transferable to the new registration if the new residence is in the same OCC licensing region as the previous one. If the new residence is <u>not</u> in the same OCC region, a new background check application must be submitted. Under CJIS regulations, a criminal background check update can only be sent to the Regional Office through which the background check was originally requested. Therefore, if a provider re-opens in a different licensing region without re-applying for a CBC, the update would be sent to the previous Regional Office instead of the current one. If a provisional registration at the new location becomes necessary because completion of the background check is delayed, the receiving Regional Office may issue the provisional on the basis of the background check results already on file at the previous Regional Office.*
- *Provider and resident medical evaluations are transferable to the new registration if they were done within 12 months of the new application. If a medical evaluation is not current within 12 months, a new one must be submitted.*
- *A registration for a new address shall not be issued until there has been an inspection of the new residence by the Regional Office, a fire inspection, and a health inspection, if required, by the local health department.*
- *A registration to resume service at the same location shall not be issued until there has been an inspection by the Regional Office. The original Use and Occupancy permit and other current local government approvals may be transferred to the new registration application.*
- *Upon approving an application to resume service, the Office shall issue a new continuing registration certificate if the applicant has operated under a continuing registration within 6 months of the application.*

.06 Response of the Office to Application.

A. **Except as set forth at §C of this regulation, upon receiving the completed application and all required documentation, whether for an initial registration or a continuing registration, the office shall determine compliance with the requirements of this subtitle by:**
   (1) **Evaluating the application and required documentation;**
   (2) **Interviewing the applicant;**
   (3) **Inspecting the residence proposed for use as a child care home;**
   (4) **Evaluating the information provided by State and federal criminal background investigations; and**
   (5) **Evaluating the information provided from records of child and adult abuse**

and neglect.

***INTENT**: The Regional Office must assess all application materials submitted concerning the Provider, the residents in the home, and persons who will have child care responsibilities; and must conduct an inspection of the home to determine compliance with regulations.*

Notes:

- *Once a complete Initial or Continuing Registration application has been submitted, the Regional Office must assess it in its entirety to ensure that all pertinent application requirements have been met. Before an application can be approved, the home must also be inspected to ensure that all applicable requirements have been met. The Regional office has an obligation to the applicant to complete its review of the application and conduct the required inspection in an expeditious manner.*
- *When an applicant is ready for an "Initial Inspection", the majority of the application requirements should have been met, (U&O, Fire, CBCs, Releases, Medicals, Provider Requirements, and Staff requirements, if applicable) leaving only the physical plant, certain program requirements, and certain health and safety requirements to check during the "Initial Inspection". For special instructions see "Conducting Initial Inspections".*

B. **Upon completing the procedures in §A of this regulation, the office shall, within 30 days:**
   (1) **Issue a certificate of registration to operate the child care home in accordance with the provisions of this subtitle if:**
      (a) **The application is complete;**
      (b) **All required documentation has been received; and**
      (c) **The office is satisfied that the applicant and the residence meet the requirements of this subtitle;**
   (2) **Deny the certificate of registration if the office determines that the applicant or the residence does not meet the requirements of this subtitle; or**
   (3) **Issue a provisional certificate of registration in accordance with Regulation .04A of this chapter.**

***INTENT**: Once the complete application has been evaluated and the home has been found to be in compliance with all applicable requirements, the Regional Office has an obligation to approve or deny the registration in an expeditious manner.*

C. **Within 30 days of receipt of a completed application for conversion of a small center license to a large family child care home registration pursuant to**

Regulation .02D of this chapter, the office shall issue a certificate of registration to the applicant.

.07 Denial of a Registration Application.

A. **The office may deny a certificate of registration if:**

(1) **The applicant, a resident, any staff member, or the residence in which child care is to be provided fails to meet the requirements of this subtitle;**

(2) **An evaluation of the application by the office reveals that the applicant reported false information;**

(3) **The applicant has a documented history of serious or repeated regulatory violations of this subtitle or other regulations of any state concerning the care of children or adults that demonstrates an inability to provide for the health or safety of children;**

(4) **The applicant has had a child care home registration, a child care center license, or a letter of compliance denied or revoked before the date on the registration application, unless the office is satisfied that the condition that was the basis for the denial or revocation has been corrected;**

(5) **The applicant prevents the office from completing its responsibilities for registration;**

(6) **Upon evaluating the physical condition of the residence and surrounding premises, the office finds conditions that are unsafe or unhealthy;**

(7) **An evaluation of the medical report or other information about the applicant or a resident indicates that the:**

(a) **Physical or mental health of the applicant or resident may pose a risk to children; or**

(b) **Applicant is unable to care for children;**

(8) **An evaluation of the criminal record of the applicant, an employee including a paid substitute, or a resident in the home indicates behavior harmful to children;**

(9) **An evaluation of the information provided in records of abuse and neglect of children and adults reveals that the applicant, a staff member including a substitute, or a resident is identified as responsible for abuse or neglect of children or adults, or is currently under investigation for alleged acts of abuse or neglect of children or adults;**

(10) **Based on an interview with the applicant or an evaluation of other pertinent information, the office concludes that the applicant cannot provide for the health, safety, or welfare of children in care on the basis of:**

(a) **Substantial, credible evidence of the applicant's abuse of alcohol or controlled dangerous substances, mental instability, or other condition; or**

(b) **Other pertinent information received by the office which creates reasonable doubt as to the applicant's ability to provide child care in accordance with this subtitle.**

(11) **The applicant is:**

(a) **Providing treatment foster care to a child in other than a pre-adoptive capacity; and**

(b) **Filing an application for initial registration as a family child care provider.**

***INTENT**: Under Maryland law, OCC's primary mission is to protect the health, safety, and well-being of each child in care. For this reason, OCC may disapprove a registration application if any part of the application has been falsified or if OCC has substantial reason to believe that the Provider, a condition in the home, or a person connected with the home may present a risk of harm to any child in care. Except under certain circumstances, a treatment foster parent may not be approved as a large family child care provider.*

***Notes**: Reasons for denial of an application for registration are, but not limited to, the following:*

- *Reporting false Information: This includes falsification of any required documentation. As a basis for denial, this is generally used in combination with another basis, such as an unreported criminal history, a history of licensing violations, or a child abuse history.*

- *Previous regulatory history: A license or certificate for foster care, domiciliary care, or any other type of care has been revoked or suspended, and the compliance history as a caregiver shows an inability to provide for the health or safety of children.*

- *Refusal to comply: Examples include refusal to complete a required orientation session, refusal to submit required application documents, refusal to allow an inspection of the home to take place, refusal to apply for criminal background checks, or refusal to abide by the requirements of a compliance agreement.*

- *Denial or revocation of a child care license or registration. Generally, if the revocation resulted from chronic overcapacity, serious lack of supervision, neglect or abuse, the Regional Office will not approve another registration.*

- *Physical or mental health issues: The medical evaluation indicates that the applicant is physically or mentally incapable of providing child care. Or observation of and/or interviews with the applicant demonstrate that the applicant is physically or mentally incapable of providing appropriate care or supervision (e.g., applicant has difficulty moving around, is unable to lift small children, or admits to chronic intoxication or severe emotional disturbance).*

- *Criminal history: If the criminal background check (State or FBI) completed for the applicant, a resident, or any person who has or will have child care responsibilities reveals a conviction, pending charge, probation before judgment, or not criminally responsible disposition for certain acts or attempted acts, which include but are not limited to the following:*
  - *A crime involving: A child;*
  - *Cruelty to animals;*
  - *Domestic violence; or*
  - *A weapons or firearms violation of federal or state laws;*
  - *A sex offense (including prostitution and indecent exposure);*
  - *A violent crime classified as a felony;*
  - *Abduction or kidnapping;*
  - *Abuse of a child or an adult;*
  - *Confinement of an unattended child;*
  - *Manufacturing, distributing, or dispensing a controlled dangerous substance;*
  - *Perjury;*
  - *Pornography;*
  - *Possession with intent to manufacture, distribute, or dispense a controlled dangerous substance; or*
  - *Reckless endangerment.*

- *Child abuse and neglect: The Regional Office carefully evaluates each report of indicated abuse or neglect to determine:*
  - *The seriousness of the abuse or neglect;*
  - *Whether it was committed by the applicant or by someone else in the home;*
  - *Whether it indicates a potential risk to children in care; and*
  - *Whether the offender has undergone any rehabilitation.*

  The presence, by itself, of abuse or neglect charges does not automatically disqualify an applicant from being approved for a registration.

- *Dual Licensure: Because of the degree of supervision that a child in treatment foster care typically needs, a caregiver who is a treatment foster care parent is not permitted to become registered as a family day care provider. However, an exception is made where each treatment foster care child in the home is there in a pre-adoptive capacity.*

B. **If the office denies an application, the office shall notify the applicant in writing of the denial stating:**
   (1) **The reason for denial;**
   (2) **The specific regulation with which the applicant has failed to comply that is the basis for the denial;**

(3) **That the applicant is entitled to a fair hearing; and**
(4) **The procedure to be used if the applicant wishes to request a hearing to appeal the decision of the office.**

***INTENT**: Under Maryland law, the Office must comply with due process requirements if it decides to deny an application. This means that the Office must inform the applicant why the decision to deny was made, of the applicant's appeal rights, and how those rights may be exercised.*

***Note**: See 13A.18.15.03 Hearing Requests for the steps involved in appealing the denial of an application. Also, see the "Request for Hearing/Appeal" form (OCC 1281).*

C. **If an evaluation of criminal records or records of abuse and neglect of children or adults reveals that a person designated by the applicant as a staff member may pose a risk to children in care, the office, instead of denying the registration certificate, may require the provider to designate another staff member.**

D. **Denial Before Complete Application.**
(1) **The office may deny an application for registration at any point during the application process if, following evaluation of information received to that point, the office determines that a basis for denial exists as set forth in §A of this regulation.**
(2) **If the office decides to deny the application before the application process is complete, the office shall send written notice of that decision to the applicant within 30 calendar days after making the decision.**

***INTENT:** To spare the applicant unnecessary additional expense or effort, if the office concludes during the application process that the application cannot be approved, the office will terminate the process and advise the applicant accordingly and in an expeditious manner.*

.08 Voluntary Surrender of Registration.

A. **A provider may voluntarily surrender a child care home registration at any time by notifying the office.**

***INTENT**: A registration is not considered as surrendered until the Provider informs the Regional Office in writing that the registration is being surrendered. The Provider must use the "Voluntary Surrender of a Family Child Care Certificate of Registration" form.*

Notes:

- *The Provider may choose to voluntarily surrender a registration certificate rather than face a suspension or revocation proceeding. However, the circumstances under which the registration was surrendered will be noted in the Provider's licensing record and will be taken into account when re-applying for a registration in the future.*

- *If the proceeding would involve an allegation of child abuse or neglect, Child Protective Services and the police must, by law, continue the abuse or neglect investigation and make findings independent of the licensing agency even if the registration has already been surrendered.*

B. **If a registration is surrendered pursuant to §A of this regulation:**

(1) **The office shall note in the provider's file that the registration has been voluntarily surrendered; and**

***INTENT**: Whenever a Provider's file is closed, the Regional Office must record the type of closure (i.e. withdrawal of application, expiration due to non-renewal, or voluntary surrender).*

(2) **The provider shall return the surrendered certificate of registration to the office.**

***INTENT**: All registration certificates are the property of the State of Maryland and must be returned to the Regional Office immediately upon being surrendered.*

Large Family Child Care Homes Manual

(January 2017)

for use with

COMAR 13A.18 – Large Family Child Care Homes

(as amended effective 7/20/15)

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.01 Advertisement.

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

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

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

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

.02 Admission to Care.

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

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

INSPECTION REPORT ITEM: *"Admission to Care"*

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

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

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

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

parent:

(1) **A schedule for feeding the child that includes:**

(a) **The amounts and kinds of food consumed daily;**

(b) **The sequence for introducing solid food when appropriate; and**

(c) **Any recommendations about feeding from the infant's physician;**

(2) **A written individual activity plan for the child; and**

(3) **If the child is 12 months old or older, the need for the child to use a crib for rest purposes.**

D. **If a child is younger than 6 years old at the time of admission, the provider may not allow the child to remain in care if the parent does not, within 30 days after the child's admission, submit evidence to the provider on a form supplied or approved by the Office that the child has received an appropriate lead screening in accordance with applicable State or local requirements.**

E. **As part of the admission process, the provider shall:**

(1) **Give the parent, or advise the parent how to obtain, consumer education information on child care that is supplied by the office; and**

(2) **Provide documentation that the requirements of §C(1) of this regulation have been met.**

.03 Program Records.

The provider shall:

A. **Create and maintain, for at least 2 years after their creation, records of program:**

(1) **Enrollment, with each child's name, address, telephone number, date of birth, and dates and time periods for which enrolled; and**

(2) **Attendance that indicate:**

(a) **The dates of attendance of each child in the child care home; and**

(b) **Verification by each child's parent of that child's recorded daily attendance in care;**

B. **Maintain:**

(1) **Procedures to ensure that the whereabouts of each child in attendance is known at all times;**

(2) **A written child discipline policy as required in COMAR 13A.18.07.03C;**

(3) **Records of food actually served by the provider for the most recent 4 weeks as required by COMAR 13A.18.12.01G;**

(4) **A written record of the dates and times at which emergency and disaster plan drills were conducted pursuant to COMAR 13A.18.10.01A(3)(c); and**

(5) **A current copy of this subtitle at the home so that it is displayed and freely available for reference by parents and staff members;**

C. **Negotiate and maintain a written agreement with the child's parent that specifies:**

(1) **The fees for and provision of care;**

(2) **The provider's child discipline policy;**

(3) **The presence at the home of any pet animals;**

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

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

INSPECTION REPORT ITEM: *"Program Records"*

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

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

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

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

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

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

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

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

INSPECTION REPORT IEM: *"Program Records"*

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

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

.04 Child Records.

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

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

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

INSPECTION REPORT ITEM*: "Emergency Forms"*

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

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

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

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

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

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

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

INSPECTION REPORT ITEM: *"Child's Records"*

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

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

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

F. **A medical evaluation and, if applicable, documentation of an appropriate lead screening that are transferred directly from another registered child care home, a licensed child care center, or a public or nonpublic school in Maryland may be accepted as meeting the requirements of §§D(3) and E of this regulation.**

G. **There shall be an immunization record showing that:**
   (1) **The child has had immunizations appropriate for the child's age which meet the immunization guidelines set by the Maryland Department of Health and Mental Hygiene;**
   (2) **The child has had at least one dose of each vaccine appropriate for the child's age before entry and is scheduled to complete the required immunizations;**
   (3) **A registered physician or a health officer has determined that immunization is medically contraindicated according to accepted medical standards; or**
   (4) **The parent objects to the child's immunization because it conflicts with the parent's bona fide religious beliefs and practices.**

H. **If a parent objects to a child's immunization or medical examination, or both, because of the parent's bona fide religious beliefs and practices, the provider shall require the parent to provide a health history of the child and sign a**

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

I. **The provider shall record or maintain on file:**

(1) **Each incidence of acute illness requiring exclusion of the child from care pursuant to COMAR 13A.18.11.01B;**

(2) **Each injury or accident required by Regulation .06C and D of this chapter to be reported;**

(3) **Child medication records required by COMAR 13A.18.11.04D;**

(4) **If the child requires a modified diet, the prescription from the child's health practitioner or the written instructions from the child's parent, pursuant to COMAR 13A.18.12.02;**

(5) **If program activities away from the child care home are provided, prior written permission from the child's parent to take the child to those activities; and**

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

INSPECTIOIN REPORT ITEM: *"Child Records"*

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

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

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

(6) **If applicable, documentation that the parent of a child who is 12 months old or older, but younger than 2 years old, has requested a crib for the child's rest periods.**

J. **Written information about the child's individual needs that is supplied by the parent by the time of the child's admission to care shall be reviewed by the provider and the parent at least every 12 months after the child's admission to care.**

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

INSPECTION REPORT ITEM: *"Child Records"*

COMPLIANCE CRITERIA:

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

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

For each child, the file also contains the following:

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

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

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

K. **A provider shall maintain daily records of the amounts and kinds of liquids and solid food consumed by each child younger than 2 years old. These records shall be:**
   (1) **Dated and kept on file for at least 4 weeks;**
   (2) **Available in the area where children younger than 2 years old are fed; and**
   (3) **Made available to the child's parent.**

L. **Temporary Admission.**
   (1) **A provider may temporarily admit or retain a child in care if the child's parent or guardian is unable to provide the health-related records specified in §§D-H of this regulation.**
   (2) **For a child to be temporarily admitted or retained in care, the parent or guardian shall present evidence of the child's appointment with a health care provider or local health department to:**
      (a) **Receive a medical evaluation to include, if applicable, a lead screening;**
      (b) **Receive a required immunization;**
      (c) **Acquire evidence of age-appropriate immunizations on a form approved by the office; or**

(d) **Reconstruct a lost record.**

(3) **The date of appointment, set pursuant to §L(2) of this regulation, may not be later than 20 calendar days following the date the child was temporarily admitted or retained in care.**

(4) **A provider shall exclude from care a child who has been temporarily admitted or retained in care if the parent fails to provide evidence of the required medical evaluation, immunization, or health record within 3 business days after the date of the appointment made pursuant to §L(2) of this regulation.**

.05 Staff Records.

The provider shall:

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

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

INSPECTION REPORT ITEM: *"Staff Records"*

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

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

Notes:

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

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

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

***INSPECTION REPORT ITEM**: "Staffing Pattern Posted"*

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

***ASSESSMENT METHOD**:*

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

Notes:

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

C. **During an individual's employment at the child care home and for 2 years after the date of the individual's last employment there, maintain a record for each individual that includes:**

(1) **The individual's:**
(a) **Training, if required under this chapter;**
(b) **Experience, if required under this chapter; and**
(c) **Function or position;**
(2) **Verification that the staff member's age complies with the minimum required for the position held;**
(3) **Employment medical evaluation;**
(4) **Criminal background check, except that the provider shall destroy the record of those results immediately after the last day of the individual's employment; and**
(5) **Date on which the staff member received the written information required by COMAR 13A.18.06.02;**

D. **Maintain documentation required for:**
(1) **Substitutes, pursuant to COMAR 13A.18.06.08B; and**
(2) **The adult available for emergencies, pursuant to COMAR 13A.18.08.02D;**

E. **Maintain a calendar or other written record of the:**
(1) **Days on which a substitute provides care; and**
(2) **Staff member in whose place the substitute worked; and**

F. **If using volunteers in the child care program, maintain a record for each volunteer that includes:**
(1) **The date on which the volunteer received the child health and safety orientation required by COMAR 13A.18.06.02; and**
(2) **If the volunteer is present at the child care home more than once per week:**
(a) **A brief statement of the volunteer's duties; and**
(b) **A medical evaluation of the volunteer that was completed within 12 months before the start of the volunteer's duties.**

.06 Notifications.

The provider shall:

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

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

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

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

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

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

B. **Within 15 working days of adding the new employee, provide to the office complete documentation that the individual meets the requirements of this subtitle for the assignment, unless documentation already is on file in the office;**
***Note:** Use "Child Care Facility Personnel List/Staff Change Form", OCC 1203*

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

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

***INSPECTION REPORT ITEM:** "Notifications"*

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

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

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

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

***INSPECTION REPORT ITEM:** "Notifications"*

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

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

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

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

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

INSPECTION REPORT ITEM: *"Notifications"*

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

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

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

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

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

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

COMPLIANCE CRITERIA*:*

- *The provider has submitted a signed and notarized release form giving the office permission to examine the records of abuse and neglect of children and adults for information about the new adult resident.*

- *The provider has ensured that the new adult resident has applied for a federal and State criminal background check.*

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

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

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

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

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

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

Notes:

- *If the home's drinking water does not come from a public water system, or the home gets the drinking water from a household well, programs should test the water every 2 years or as required by the local health department for:*
  - *Bacteriological quality,*
  - *Nitrates,*
  - *Total dissolved solids,*
  - *pH levels, and*
  - *Other water quality indicators as required by the local health department.*

- *Testing for nitrate is especially important if there are infants under six months of age in care.*

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

.07 Change of Operation.

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

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

INSPECTION REPORT ITEM*: "Change of Operation"*

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

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

Notes:

- *If a provider wishes to expand the approved operating hours to include evening or overnight care, certain additional information must be provided to OCC before approval will be considered.*

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

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

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

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

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

.08 Variances.

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

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

INSPECTION REPORT ITEM: *"Variances"*

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

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

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

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

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

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

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

C. **If a variance request is denied by a regional office of the Agency:**
   (1) **The provider may appeal the denial to the Agency's central office; and**
   (2) **The Agency's central office has the final determination of whether or not a variance is granted.**

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

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

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

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

Large Family Child Care Homes Manual

(January 2017)

for use with

COMAR 13A.18 – Large Family Child Care Homes

(as amended effective 7/20/15)

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.01 Hours of Care.

A. **A provider shall limit the hours of care to the approved hours of operation stated on the certificate of registration.**

INTENT: *The intent of this regulation is to permit the Provider to care for, but not assume primary responsibilities for, the child on a regular basis. It is also to prevent "provider burn-out."*

INSPECTION REPORT ITEM*: "Hours of Care"*

COMPLIANCE CRITERIA*: Child attendance records show that no child has spent more than 14 hours in care on more than an occasional basis without prior Regional Office approval.*

ASSESSMENT METHOD*: Review of the Provider's attendance records.*

Notes*: Upon written request from the Provider, and on a case-by-case basis, the Regional Manager/designee may approve regular care of a child for more than 14 hours per 24-hour period. The Provider must submit a separate request for each child affected. In deciding whether to approve the request, the Regional Manager/designee will, at a minimum, take the following factors into account:*

- *The reason for the Provider's request;*
- *The circumstances under which the additional hours of care will be provided; and*
- *The Provider's compliance history.*

B. **A provider may not offer overnight care without prior written approval from the office.**

C. **A provider who wishes to provide overnight care shall:**

(1) **Submit to the office a written plan of operation that includes:**

(a) **The number and ages of children to be served;**

(b) **A meal and snack schedule;**

(c) **The name of the overnight care substitute, if different from the daytime care substitute;**

(d) **A child supervision plan;**

(e) **A bedtime routine; and**

(f) **An evacuation plan for each room where a child in care will sleep; and**

(2) **Obtain the written approval of each child's parent for the child's sleeping arrangements.**

.02 **Child Capacity.**

A. **The office shall determine the capacity of a large family child care home according to criteria established in:**

(1) **This subtitle affecting floor space, outdoor activity space, staffing, child supervision, equipment, ages of the children to be enrolled, and sanitary**

facilities; and

(2) **Applicable codes, including but not limited to zoning, building, and fire codes.**

B. **The maximum total capacity of a large family child care home is 12 children.**

C. **The number of children present in care at any one time may not exceed the maximum child capacity number stated on the certificate of registration.**

INTENT*: Maryland Law sets the maximum number of children a large family day care provider may care for, but not all providers or homes can be registered for the maximum number. The decision to issue a registration for less than the maximum is based on considerations for safety of children in care. Therefore, having more than this number of children present in care at any given time represents a potential risk to the children and is prohibited.*

INSPECTION REPORT ITEM: *"Child Capacity"*

COMPLIANCE CRITERIA: *Children in attendance does not exceed approved capacity.*

ASSESSMENT METHOD: *Children in care are counted.*

Notes*: Capacity decisions are made at the Regional Office as part of the process of issuing registration certificates. In making each capacity decision, the following steps are taken:*

- *First, consideration is given to any capacity limitations that might be imposed by applicable fire, environmental health, and zoning requirements.*

- *Second, the Provider's home is inspected to assess its suitability for the number of children requested. Particular consideration is given to:*

  - *The number and ages of the Provider's own children.*
  - *Other children living in the Provider's home, such as relatives' children or foster children, as well as children who the Provider regularly care for, whether for compensation or not.*
  - *The adequacy of indoor and outdoor activity space. Indoors, there must be enough floor area to allow the number and ages of the children authorized for care to engage in active play without overcrowding or risk of injury. Outdoors, there must be ample, accessible space that is free from hazards.*
  - *The amount and appropriateness of activity equipment and materials, and of napping and eating space and equipment.*
  - *Whether the Provider devotes time and energy to caring for other persons such as infirm or elderly relatives who either live in the home or come into the home on a regular basis.*

- *Other factors that may affect the health, safety, or welfare of children in care at the home.*

- *Based on an assessment of the above items, the Licensing Specialist makes a capacity recommendation to the Licensing Supervisor or Regional Manager. The Supervisor or Manager is responsible for making the capacity decision. Before reaching that decision, the Supervisor or Manager may need to obtain additional information or conduct a further inspection of the Provider's home in order to determine the appropriateness of the Specialist's recommendation. Once a capacity decision has been made, the Supervisor or Manager is responsible for ensuring that the Provider is promptly notified about the decision.*

.03 **Enrollment and Attendance.**

A. **A provider may enroll a child for care at the child care home only if the child's age group is approved for care, as indicated on the provider's current certificate of registration.**

B. **All children in care at any one time are counted as being in attendance for purposes of complying with the regulations governing capacity, group size, and staff/child ratios.**

INTENT: *"Capacity" means the maximum number of children that may be physically present in the facility at the same time. "Enrollment" means the total number of children currently served by the facility at any time during its approved operating hours. "Attendance" means the number of children actually present at a given time. A facility's enrollment may exceed its capacity, but the number of children in attendance at the same time may not exceed the facility's capacity.*

C. **The office:**
   (1) **Shall count as a child in care a resident who is younger than 6 years old; and**
   (2) **May count as a child in care a child who is visiting the child care home if the child:**
      (a) **Is younger than 8 years old and unaccompanied by an adult; or**
      (b) **Cannot be sent home immediately.**

D. **The provider may not permit a child to remain in care for more than 14 hours in any 24-hour period on a regular basis without prior approval from the office.**

INTENT*: Licensed child care is intended only to provide day-to-day custodial care and supervision of children during the time when their parents are elsewhere. It is expected that each child's parent or guardian will take the child home at the end of each day. Except as approved in advance by OCC, child care services may not be provided to a child during any given day for more than 14 hours in a 24-hour period.*

INSPECTION REPORT ITEM*: "Enrollment and Attendance"*

***COMPLIANCE CRITERIA**: During any given day, no child is in attendance for more than 14 hours without the prior approval of the Regional Office.*

***ASSESSMENT METHOD**: Review the facility's daily child attendance records to determine the length of time children are in attendance there. If a child has been in attendance for more than 14 hours, determine if the facility received prior OCC approval.*

***Note:** Occasional late pickup by parents does not apply.*

.04 Restriction of Operations.

A. **Upon determining that any of the following is unsuitable for the child care home, the office may restrict or reduce the provider's approved:**
   (1) **Hours of care;**
   (2) **Child care age groups; or**
   (3) **Child capacity.**

***INTENT**: For a given home, the Office may limit the children who may be present at one time to less than the maximum permitted capacity in order to ensure that safe, adequate, and appropriate child care and supervision can be provided.*

***Notes**: If the Provider home school the Provider's own children, the Regional Office shall assess the potential impact of that activity on the care provided to children during the Provider's approved hours of operation. Depending on the circumstances of the home schooling activity, the Regional Office may limit the Provider's child care capacity to less than the permitted maximum. For details about home schooling in a large family child care home, see resource document, "Home Instruction."*

B. **The office may base a restriction or reduction under §A of this regulation on any of the following factors:**
   (1) **Space available, indoors or outdoors;**
   (2) **Equipment available;**
   (3) **Number and ages of residents in the child care home;**
   (4) **Responsibility of the provider to care for another individual who may require special attention or care, including, but not limited to, an elderly resident or a child with a serious physical, emotional, or behavioral condition;**
   (5) **Applicable fire, zoning, health, environmental, or other codes;**
   (6) **Failure to comply with group size and staffing requirements set forth at Chapter 08.03 of this subtitle; or**
   (7) **Other factors the office determines may cause a risk to a child's health, safety, or welfare.**

C. **A provider may appeal a restriction or reduction pursuant to §B of this regulation by filing a request for hearing:**

(1) **Not later than 20 calendar days after the notification of the office's action; or**
(2) **In the case of an emergency reduction in capacity, within 72 hours of notification by the office of its decision to immediately reduce the number of children in care.**

***INTENT**: A decision by the Office to limit or reduce the capacity of the home affects the status of the registration. Therefore, the Provider may appeal that decision in accordance with established administrative hearing procedures.*

***Notes**:*

If the Provider wishes to appeal a capacity decision, submit a written request to the Regional Manager to review the decision.

- *If the Provider is not satisfied with the outcome of the review by the Regional Manager, the Provider may file an appeal to have the decision reviewed by the Office of Administrative Hearings (OAH).*

  - *Complete a "Request for Hearing" form (OCC 1281) and submit it to the MSDE Office of the Attorney General. This office will forward it to OAH for scheduling of an appeal hearing.*
  - *The OAH appeal hearing will be conducted in accordance with Chapter 14 ("Administrative Hearings") under this subtitle.*

Large Family Child Care Homes Manual

(January 2017)

for use with

COMAR 13A.18 – Large Family Child Care Homes

(as amended effective 7/20/15)

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.01 Suitability of the Home.

The child care home shall:

A. Comply with all applicable State and local codes, including but not limited to zoning, building, plumbing, gas, electrical, sewage disposal, drinking water, environmental, health, and fire codes;

B. Be in good repair;

C. Be free of health or safety hazards, including infestation by insects and rodents;

***INTENT**: The Child Care Home must be safe for children and must comply with all applicable State and local codes.*

***INSPECTION REPORT ITEM**: "Suitability of the Home"*

***COMPLIANCE CRITERIA**:*

- *The fixtures in the home are in good repair, clean, free of hazards, and free of any infestation.*
- *All areas within the home (especially food preparation areas, storage areas, and bathrooms) are clean and free from insect and rodent infestation, such as:*
  - *Rodent infestation, indicated by signs of dropping, shiny slick runways, greasy rub-marks*
  - *Insect infestation (ants, bees, flies, roaches). Roach droppings appear as powdery black flecks.*

ASSESSMENT METHOD:

- *Observation of the entire exterior and interior of the child care home to assess the general physical condition of the home and fixtures, and determine if there are any obvious safety hazards.*
- *Observation for cleanliness of the home.*
- *Observation for signs of possible infestation by insects or rodents.*
- *Review of documentation submitted in reference to meeting applicable codes.*

***Notes**: Items to be inspected outside and inside the home include, but are not limited to:*

- *Exterior walls in poor repair – peeling, flaking paint*
- *Broken windows*
- *Splintering, rotting, or deteriorating wood*
- *Broken or missing stairs or steps; loose or missing handrails*
- *Broken or improperly hung doors*
- *Torn or missing screens, if windows and/or doors open for ventilation. [Note: If windows are needed to meet the requirement for adequate exchange of air, there must be screens on the windows.]*
- *Protrusions from the building, such as air conditioners that are accessible to children, windows that swing out to open, window boxes, etc.*

- *Unprotected crawl spaces and window wells*
- *Toxic plants within children's reach*
- *Interior walls, floors, ceilings in poor repair (holes in walls, sagging ceilings, loose/frayed/taped carpet, missing floor tiles, etc.)*
- *Water-damaged ceilings, walls, or floors*
- *Exposed electrical wiring or missing outlet or switch plates*
- *Loose or missing handrails on stairs*
- *Wall or ceiling attachments (cabinets, light fixtures, shelves, etc.) in poor condition or broken*

***Note**: For identification of toxic and non-toxic plants, see "Poisonous Plants" and "Non-Poisonous Plants".*

D. Have operable and safe utility services for lighting, heating, and cooking;
E. Have a toilet in good working condition that is readily accessible to children in care; and
F. Have an operable refrigerator and stove.

***INTENT:** The home must be equipped with operable utilities, fixtures, and appliances to ensure proper sanitation, personal hygiene, food storage and preparation, heat and light. The home must have at least one operable land-line (hard-wired) telephone or wireless communication device (cell phone) that can be readily accessed for general and emergency use.*

***INSPECTION REPORT ITEM:** "Suitability of the Home"*

***COMPLIANCE CRITERIA:** All items and services listed above at B – F are in the home and in good working order.*

***ASSESSMENT METHOD:** Observation to ensure that each item or service is present and working properly. If necessary, testing may be done to determine operability.*

***Notes:** When assessing compliance with B – F above, verify the following:*

- *Hot water is hot, but not hot enough to burn a child. To prevent scalding, hot water should be no hotter than 120 degrees F. Cold water is cool enough to drink.*
- *Water flushed in toilet is forceful enough to empty the toilet bowl completely.*
- *The toilet seat is present, attached properly, and in good condition (not broken or cracked).*
- *The home has either a public sewage disposal system or a septic system that meets applicable codes (the Regional Office will refer any question about code requirements to the local authority).*

- *The refrigerator is maintained at no more than 45 degrees F., as indicated by the refrigerator thermometer reading. The freezer should be kept at no more than 0 degrees F.*
- *All stove burners turn on when the dial is set to the "on" position.*
- *The oven turns on when the dial is set to the "on" position.*
- *The home is free of natural gas smells.*
- *The lights work in all areas used for child care.*
- *The telephone is in working condition.*
- *The heating system is not surrounded by clutter or combustible materials.*

.02 Accessibility.

The provider shall ensure that an access road on the child care home property permits passage by emergency vehicles during times when children are in care.

INTENT: *There must be safe and clear access to the home for all vehicles, including emergency vehicles in the event of fire, illness, accident, or some other circumstance that requires immediate evacuation of part or all of those in attendance at the child care home.*

INSPECTION REPORT ITEM*: "Accessibility"*

COMPLIANCE CRITERIA:

- *The child care home has an access road or passageway suitable for vehicles, and*
- *The road or passageway is safe and unobstructed.*

ASSESSMENT METHOD*: Inspect the exterior grounds to determine if a suitable vehicular access way is present, and, if so, its condition.*

.03 Rooms Used for Care.

A. **An area of the home may be used for child care only if it:**

(1) **Has been approved for use by the office;**

INTENT: *Areas that have not been approved by the Office do not have to meet licensing requirements, and therefore, may not be safe or appropriate for child care.*

INSPECTION REPORT ITEM*: "Rooms Used for Care"*

COMPLIANCE CRITERIA: *Child care takes place only in approved areas of the home.*

ASSESSMENT METHOD: *Observation to determine that all children are utilizing only approved play and napping space.*

Notes:

- *During an initial registration inspection, the Licensing Specialist should observe all areas of the home (including areas that will not be used for child care) to determine whether any potential child health or safety risk conditions are present.*
- *During a conversion or a routine unannounced inspection, the Licensing Specialist should observe only those areas that are approved for child care. If the registration certificate specifies any restrictions on the use of other areas of the home, the Licensing Specialist should review those restrictions with the Provider and make a note accordingly in the inspection report.*
- *During a complaint inspection, the Licensing Specialist should likewise observe only the areas approved for child care unless the nature of the complaint (for example, an allegation of overcapacity, or an unreported resident, or violation of a non-access agreement) suggests that another area of the home may be involved. If that is the case, then the Licensing Specialist should also observe that area.*
- *During any inspection, if the Licensing Specialist hears sounds (for example, thumps, crying, children's voices) coming from a part of the home not approved for child care, the Specialist should ask if there is anyone else present in the home and, if someone else is present, who that person is. If the person is not known to OCC as a resident of the home, the Specialist should observe the area where the person is located.*

(2) **Meets the requirements of all applicable fire codes; and**

INTENT: *If an area cannot meet fire codes, it cannot be considered safe for care.*

(3) **Does not have a condition that may pose a risk to the health, safety, or welfare of the children in care.**

INTENT: *Care may be provided only in areas and under conditions that are safe for children.*

INSPECTION REPORT ITEM*: "Rooms Used for Care"*

COMPLIANCE CRITERIA: *Each approved area is free of any condition that could harm a child. Potentially harmful conditions include the presence of certain pets or other animals, pet-related contamination of food areas, and the lack of proper pet sanitation.*

ASSESSMENT METHOD*: Observation of all child care areas to determine if any potentially harmful condition is present.*

Notes:

- *The Provider must not allow any child to have access to a reptile or a ferret.*
- *Birds may not be kept in, or allowed access to, child care areas.*
- *If a pet or other animal is kept at the Provider's home, the Provider must:*
  - *Notify the parent of each child about each animal's presence;*
  - *Restrict the animal from food preparation surfaces and from storage areas containing food, plates, and eating utensils (NOTE: birds must be completely restricted from kitchen and dining areas);*
  - *Ensure that children wash their hands after handling the animal;*
  - *Ensure that the animal's cage or litter box is kept clean and located away from food storage/service and eating areas;*
  - *Ensure that animal waste is inaccessible to the children;*
  - *Ensure that the animal has been properly immunized, if required by State or local law; and*
  - *Immediately apply first aid or, if necessary, seek medical treatment for any injury the animal causes to a child.*
- *Additional guidance on maintaining pets and other animals in a child care environment is found in the resource document, "Animals in Child Care Facilities".*

B. **The space used for child care purposes may include space within the family living area of the residence.**

C. **A minimum of 35 square feet of floor space shall be provided for each child in care, except that a minimum of 30 square feet of floor space shall be provided for each child in a large family child care home that was licensed as a small center before December 1, 1971.**

D. **A child care home currently approved by the office to operate with less square footage per child than required by §C of this regulation may continue to operate with that reduced square footage as long as the:**

(1) **Provider demonstrates to the satisfaction of the office the impossibility of complying with the minimum square footage required by §C of this regulation while maintaining the economic viability of the program; and**

(2) **Office determines that the reduced square footage does not threaten the health, safety, or welfare of any child in care.**

INTENT: *Growing children are active children, and the home must have enough space to ensure that each child in care can safely and successfully participate in the activities of the child care program. Sufficient space prevents overcrowding, which is physically and emotionally damaging. Sufficient space protects children from the effects of overcrowding, which include exhaustion, over-stimulation, aggression, interference with the development of learning skills, lack of privacy, and increased exposure to infectious disease.*

INSPECTION REPORT ITEMS*: "Rooms Used for Care"*

***COMPLIANCE CRITERIA**: Each area of the home approved for child care contains at least the minimum required square footage per child. This minimum square footage must represent usable floor space (see §E. below).*

***ASSESSMENT METHOD**: Measure each child care area and compare the result with the approved capacity of that area to determine if the area meets the minimum space requirement.*

E. **Calculation of the square footage of floor space provided for each child:**
   (1) **May include furniture and equipment routinely used for child care purposes, such as but not limited to infant high chairs, diapering stations, tables and chairs used for program activities, and open shelves for storage of items belonging to children in care or related to program activities; and**
   (2) **May not include any floor space, rooms, or areas within the area approved for child care that are not suitable or available for the daily program activities of the children, such as but not limited to columns, vestibules, corridors, and equipment or storage space reserved for used by a resident.**

***INTENT**: Space that cannot be used by a child to move around in, to participate in program activities, or to use program equipment and materials is not usable space and therefore cannot be counted toward the minimum square footage requirements set forth in §A and B of this regulation.*

***Note**: For information about how to calculate floor space, see "Measuring Space in Child Care Facilities Guidelines".*

F. **If approved to provide care for infants or toddlers, the provider shall designate space for mothers to breastfeed or express breast milk that:**
   (1) **Is not located in a bathroom;**
   (2) **Has access to an electrical outlet;**
   (3) **Has appropriate seating; and**
   (4) **Has access to running water.**

***INTENT:** A child care home should encourage, provide arrangements for, and support breastfeeding.*

***INSPECTION REPORT ITEM:** "Rooms Used for Care"*

***COMPLIANCE CRITERIA:** A space is available for mothers to breastfeed or express breast milk that provides reasonable privacy.*

ASSESSMENT METHOD:

- *Observe the space provided for mothers to breastfeed or express breast milk. (The space does not have to be a separate room)*
  - *It quiet and comfortable.*
  - *An electrical outlet is accessible*
  - *A pillow is available to support her infant on her lap while nursing if requested.*
  - *A nursing stool or stepstool, if requested, for her feet is available.*
- *There is a place for the mother to wash her hands.*
- *A glass of water or other liquid is available to help her stay hydrated*

.04 Home Repair and Maintenance.

Maintenance, repair, or renovation activity performed at a child care home may not occur while a child in care is on the premises if the activity may present a significant risk to child safety or health.

INTENT*: Home repairs, renovation, and maintenance that pose a significant risk to children cannot be done when children are in care.*

INSPECTION REPORT ITEM*: "Home Repair and Maintenance"*

COMPLIANCE CRITERIA*: Home repairs, renovation, and maintenance that pose a significant risk to children do not take place when children in care are present.*

ASSESSMENT METH*OD: Observe if children in care are present while home repairs, renovation, and maintenance take place and assess the risk of such activities to children's safety or health.*

.05 Lead-Safe Environment.

A. **A provider may not use paint with lead content on any:**
   (1) **Exterior or interior surface of the child care home; or**
   (2) **Material or equipment used for child care purposes.**

B. **If the child care home is a residential rental property constructed before 1950, which is an affected property as defined by Environment Article, §6-801(b), Annotated Code of Maryland, the provider shall submit a copy of the current lead risk reduction or lead free certificate.**

C. **If the child care home was constructed before 1978 and is not certified lead free pursuant to Environment Article, §6-804(a)(2)(i), Annotated Code of Maryland, the provider shall:**
   (1) **Ensure there is no chipping, peeling, flaking, chalking, or deteriorated paint on any surface of an interior or exterior area of the home;**
   (2) **If deterioration of a surface in an area used for child care is noted, or if renovation of the premises occurs that disturbs a painted surface, arrange to**

have a lead dust test:

(a) **Conducted by an accredited visual inspector pursuant to COMAR 26.16.02.03B to meet the risk reduction standard, if the facility is an affected property; or**

(b) **Conducted in areas used for child care by an accredited risk assessor pursuant to COMAR 26.16.05.11, if the home is not an affected property; and**

(3) **If a lead dust test is required under §C(2) of this regulation, obtain:**

(a) **A passing score on that test; and**

(b) **Verification from the lead inspector performing the test that the requirements of §C(2) and (3)(a) of this regulation have been met.**

D. **In a child care home constructed before 1978 and not certified lead free under Environment Article, §6-804(a)(2)(i), Annotated Code of Maryland, when performing renovation which disturbs the painted surface of an interior or exterior area used for child care, the provider shall ensure that the work is performed by an individual accredited to perform the lead paint abatement services using safe work practices as required by Environment Article, Title 6, Subtitle 10, Annotated Code of Maryland, and corresponding regulations.**

***INTENT of §§A, B, C, and D**: Paint with lead content may not be located in any area of the child care home, or on any material or equipment used for child care purposes.*

- *If the home is a **rental property** and was built or remodeled before **1950**, a Lead Risk Reduction or Lead-Free Certificate issued by the Maryland Department of the Environment (MDE) is required. *Note: Effective January 2015, this requirement is applicable to residential rental property built or remodeled before 1978.*

- *If the home was built or remodeled prior to 1978 and there is a deteriorated paint surface in the child care area, the paint must be tested for lead content. The Provider must follow procedures established by the Maryland Department of the Environment (MDE) to remove or repair the paint in accordance with C(2) of this regulation.*

***INSPECTION REPORT ITEM**: "Lead-Safe Environment"*

***COMPLIANCE CRITERIA**:*

- *In a pre-*1950 **residential rental** *facility:*
  - *A Lead Risk Reduction or Lead-Free Certificate issued by the Maryland Department of the Environment (MDE) exists. *Note: Effective January 2015 this item is required for pre-1978 residential rental property.*
- *In a pre-1978 home that **is not** a rental property:*
  - *The paint on all interior and exterior child care area surfaces is intact; and*

- *The paint shows no evidence of deterioration.*

- *In residential rental and non-residential rental property built in 1978 or after:*
  - *The paint on all interior and exterior child care area surfaces is intact; and*
  - *The paint shows no evidence of deterioration.*

ASSESSMENT METHOD:

- *Review of documentation and/or interview Provider to determine when the facility was built or last remodeled.*
- *Observation of painted surfaces on the interior and exterior child care areas (e.g., walls and ceilings, window frames, doors, entryway porches, etc.) to assess the condition of the paint.*
- *If paint testing and/or removal or repair is required, review documentation from the MDE lead inspector performing the test to determine that the requirements of §§C(2) and (3)(a) of this regulation have been met.*

***Note**:*

- *See "FAQs on Lead and Lead Poisoning," for important information about lead poisoning.*

.06 Ventilation and Temperature.

A room may be used for child care only if it:

A. **Has natural or mechanical ventilation that provides adequate exchange of air to protect a child's health and comfort;**
B. **Is free of moisture and dampness; and**
C. **Has a temperature at floor level of not less than 65°F.**

INTENT: *Rooms approved for use by children must be adequately ventilated and have humidity and temperature levels that are healthy and conducive to child comfort.*

INSPECTION REPORT ITEM: *"Ventilation and Temperature"*

COMPLIANCE CRITERIA: *Activity rooms and bathrooms have:*

- *Natural ventilation by opened windows or doors that are protected with tightfitting screens; or mechanical ventilation system that provides an adequate exchange of air to eliminate gases, odors, dust, and bacteria;*
- *Humidity levels low enough that surfaces are free of moisture and dampness; and*
- *Floor-level temperatures no lower than 65º F.*

ASSESSMENT METHOD:

- *Identify the type of ventilation system used (if natural ventilation, check for presence of required screens).*
- *Observe walls, floors, and furniture surfaces in approved care areas to determine if moisture is present.*
- *Check floor-level temperatures in approved care area.*

.07 Water Supply.

A. **The child care home shall have hot and cold running water, with hot water temperature not exceeding 120°F.**

B. **There shall be at least one drinking water source that is:**

(1) **Safely accessible to children 2 years old or older without assistance from an adult; and**

(2) **Not located in a toilet room or in a sink used for hand washing.**

C. **Drinking water shall be supplied by a source approved by the office.**

INTENT*: Hot water must be available to facilitate proper hand-washing and hygiene, but the water must not be hot enough to burn a child. Drinking water must be supplied in a way that protects it from contamination and makes it freely available to all children. There must be enough drinking water to meet the needs of all children in attendance.*

INSPECTION REPORT ITEM: *"Water Supply"*

COMPLIANCE CRITERIA*:*

- *There is hot and cold running water, with hot water temperatures at 120º F or lower.*
- *There is enough drinking water to meet the needs of all children in attendance.*
- *Drinking water is available and accessible to children.*
- *All drinking water comes from an approved source and is protected from contamination.*

ASSESSMENT METHOD: *Observe all water supplies and sources to determine if they are:*

- *Operable and at the proper temperatures,*
- *Appropriate to, accessible to, and sufficient for all children present, and*
- *Safe for consumption.*

D. **During meals and snacks, water may be served family-style from a pitcher if the water is poured into the pitcher directly from the source approved by the office pursuant to §C of this regulation.**

.08 Sanitary Facilities and Supplies.

A. **Except as set forth at §B of this regulation, the provider shall provide one toilet and one sink that are:**

(1) **Maintained in good operating condition and in a sanitary manner;**

(2) **Easily accessible to the children; and**

(3) **Equipped with water-resistant, nonabsorbent platforms which are safely constructed at a height that allows children to use the toilet and sink unassisted.**

INTENT for A. and B. above*: All children in care must have adequate, approved, and appropriate sanitary facilities and supplies including diapering and toileting areas, handwashing facilities, and necessary toileting/handwashing supplies. Toileting and handwashing facilities must be maintained in good operating condition and in a sanitary manner.*

INSPECTION REPORT ITEM*: "Sanitary Facilities and Supplies"*

COMPLIANCE CRITERIA*:*

- *There is an approved diapering area with a sink, that is used solely for diapering and toileting purposes for each group of infants or toddlers.*
- *The diapering area is located so that it permits continuous observation and response to each child in the group.*
- *There is at least 1 toilet and 1 sink available.*
- *The sanitary facilities are maintained in a sanitary manner and are in good operating condition.*
- *The sanitary facilities are accessible to children.*
- *If needed for children to be able to reach the sanitary facilities, water-resistant, nonabsorbent platforms are provided that are safely constructed at a height that allows children to use the toilets and sinks without assistance.*

ASSESSMENT METHOD*: Observe all diapering, toileting, and handwashing areas/facilities to determine if the requirements of this regulation have been met.*

B. **For each group of children younger than 2 years old in a room, there shall be an approved diapering area with a sink that:**
   (1) **Is used only for diapering and toileting purposes; and**
   (2) **Permits continuous observation of, and immediate response to, each child in the group.**

INTENT:

INSPECTION REPORT ITEM: *"Diapering Area"*

COMPLIANCE CRITERIA*:*

- *There is an approved diapering area with a sink, which is used solely for diapering and toileting purposes.*
- *The diapering area is located so that it permits continuous observation and response to each child in the group.*

***ASSESSMENT METHOD**: Observe the diapering area(s) to determine if the requirements of this regulation have been met.*

C. **Each toilet room shall have:**
   (1) **A floor with a water-resistant, nonabsorbent finish;**
   (2) **Smoothly finished walls with a hard surface; and**
   (3) **Approved and functioning natural or mechanical ventilation.**

***INTENT**: All children in care must have adequate, approved, and appropriate sanitary facilities and supplies including diapering and toileting areas, handwashing facilities, and necessary toileting/handwashing supplies. Toileting and handwashing facilities must be maintained in good operating condition and in a sanitary manner. Bathroom floors and walls must be easy to clean, and bathrooms must be properly ventilated.*

***INSPECTION REPORT ITEM**: "Sanitary Facilities and Supplies"*

***COMPLIANCE CRITERIA**:*

- *The sanitary facilities are maintained in a sanitary manner and are in good operating condition.*
- *The sanitary facilities are accessible to children.*
- *Bathroom floors are non-absorbent and easy to clean.*
- *Bathroom walls are smooth and easy to clean.*
- *Bathrooms are properly ventilated.*

***ASSESSMENT METHOD**: Observe all diapering, toileting, and handwashing areas/facilities to determine if the requirements of this regulation have been met.*

D. **Portable toilets, also known as potty-chairs, may not be used.**
E. **Each toilet room shall contain individual paper towels, a trash receptacle, soap, and toilet paper.**
F. **All sanitary supplies in a toilet room shall be available within reach of a child capable of using the toilet unassisted.**
G. **Toiletry and grooming articles, drinking cups, towels, face cloths, brushes, and combs may not be shared.**

***INTENT for D. – G. above**: The large family child care home must have at least 1 toilet and 1 sink in full working condition to accommodate the sanitary needs of the children in attendance. The sanitary facilities must be easily accessible to all approved age groups, and must afford age-appropriate privacy. Potty-chairs are not permitted because they are difficult to keep clean and sanitized.*

***INSPECTION REPORT ITEM**: "Sanitary Facilities and Supplies"*

***COMPLIANCE CRITERIA**:*

- *All toilets and sinks are fully functional.*
- *Appropriate sanitary supplies are available and within reach of a child capable of using the toilet unassisted.*
- *Potty-chairs are not used.*

.09 Lighting.

A. **There shall be sufficient natural and artificial lighting in all approved child care areas of the home to allow children to engage in activities safely, allow proper child supervision, and help ensure the safety of each child, employee, and visitor to the home.**

INTENT: *Each part of the approved child care area must have a minimum amount of light that is sufficient for child safety and appropriate to the use of that part or to the activity taking place there.*

INSPECTION REPORT ITEM: *"Lighting"*

COMPLIANCE CRITERIA*: In each part of the child care area, lighting is sufficient and appropriate.*

ASSESSMENT METHOD: *Observe the lighting in each part of the approved area.*

B. **A provider shall use light fixtures with bulbs, lamps, and tubes that are shatter-proof or protected by shields to prevent shattering.**

INTENT: *Broken glass from shattered light bulbs or lamps is a serious safety risk to children; therefore, those items must either be shatter-proof or enclosed in a manner that will prevent shattering.*

INSPECTION REPORT ITEM: *"Lighting"*

COMPLIANCE CRITERIA*: All bulbs, lamps, and tubes are shatter-proof or suitably enclosed.*

ASSESSMENT METHOD*: Observe all light fixtures to determine if the bulbs, etc., meet the stated compliance criteria.*

C. **In a room approved for child care that does not have windows, a provider shall provide an approved source of lighting that will operate in case of a power failure.**

INTENT: *In a windowless room, there must be emergency lighting to permit the children to evacuate the room safely, if necessary.*

INSPECTION REPORT ITEM*: "Lighting""*

***COMPLIANCE CRITERIA**: Each windowless room approved for care has a proper source of emergency lighting.*

***ASSESSMENT METHOD:** Observe all windowless child care rooms in the facility to determine if proper emergency lighting is present.*

D. **A provider shall provide adequate outdoor lighting to ensure the safety of persons entering and leaving the child care home when it is dark outside.**

***INTENT:** When it is dark outside, there must be sufficient light for individuals to see where they are going.*

***INSPECTION REPORT ITEM**: "Lighting"*

***COMPLIANCE CRITERIA**: The outdoor approaches to the facility are sufficiently lit to allow safe passage.*

***ASSESSMENT METHOD**: After dark, observe the outdoor approaches to the facility to determine if they are lit well enough to be safe.*

.10 Telephone and Communication.

A. **There shall be at least one operable telephone in the child care home that is freely and readily available to all staff members during the approved hours of operation.**

***INTENT**: The large family child care home must have at least one operable land-line (hard-wired) telephone or wireless communication device (cell phone) that can be readily accessed by center employees for general and emergency use.*

***INSPECTION REPORT ITEMS**: "Telephone and Communication"*

COMPLIANCE CRITERIA:

- *At least one operable land-line telephone or cell phone is present in the center.*
- *The landline telephone or cell phone is readily and freely accessible to center employees.*

***ASSESSMENT METHOD:** Observe to determine if a landline telephone or cell phone is present, operable, and freely accessible to center employees.*

***Note**:*

- *Providers who use cell phones instead of land lines must not have the cell phone's password protection activated during child care hours. This will ensure that anyone (including a child) who may have to use the phone in an emergency is able to do so.*
- *Employee cell phones may not be used. The provider must provide the phone.*
- *Communication devices must be available for use on the premises of the child care facility, while transporting children and on field trips. Drivers, while transporting children should not operate a motor vehicle while using a mobile telephone or wireless communications device when the vehicle is in motion or a part of traffic, with the exception of use of a navigational system or global positioning system device.*

B. **In a child care home with more than two rooms approved for child care, a staff member supervising a group of children in one room shall be able to communicate a request for assistance to a staff member in another room while maintaining continuous supervision of the group.**

C. **On each level of the child care home where care is provided to children younger than 2 years old, there shall be an operable telephone.**

INTENT for C*: An emergency involving an infant or toddler must be able to be communicated immediately by a staff member without the staff member having to leave the infant/toddler care room.*

INSPECTION REPORT ITEM: *"Telephone and Communication"*

COMPLIANCE CRITERIA: *Each infant/toddler room contains an operable telephone, or an operable intercom that is connected to an operable landline telephone.*

ASSESSMENT METHOD*: Observe each infant/toddler room to determine if the necessary communication equipment is present.*

D. **The provider shall provide additional telephones or extensions in the child care home as may be required to:**
   (1) **Summon emergency fire and rescue services promptly; and**
   (2) **Transmit and receive other emergency communications.**

INTENT: *If the large family home has only one telephone but is constructed or laid out in a manner that hinders immediate access to the telephone, a facility employee who needs to make or receive an emergency communication may be delayed in doing so. The large family home must have as many telephones or extensions as necessary to ensure immediate access and prevent any delay.*

INSPECTION REPORT ITEM: *"Telephone and Communication"*

COMPLIANCE CRITERIA*: There are a sufficient number of telephones and extensions to ensure prompt emergency communication.*

ASSESSMENT METHOD: *Observe the number and location of the large family home's telephone(s) and extension(s) and compare with the large family home physical size and layout to determine if the number of telephone(s) and extension(s) is sufficient*

.11 Cleanliness and Sanitation.

A. **All of the space in the child care home approved for child care purposes, including floors, walls, ceilings, fixtures, furnishings, materials, and equipment, shall be kept clean and free of infestation.**

B. **Cleaning may not be conducted while children are present except in emergencies or as cleanup activities that are part of the daily child care program.**

INTENT: *The home must be kept clean in order to maintain a healthy environment.*

INSPECTION REPORT ITEM: *"Cleanliness and Sanitation"*

COMPLIANCE CRITERIA*: All surfaces and equipment clean:*

- *Floors, walls, ceilings, fixtures, and furnishings are free of dirt, grime, grease, and spillage.*
- *Rooms are free of accumulated clutter and trash.*
- *Food storage/preparation/service areas are free of grime, debris, and spillage.*

ASSESSMENT METHOD: *Observation of the home for cleanliness and absence of any condition that might pose a risk to child health.*

Notes:

- *The provider is expected to follow cleaning procedures and schedules set forth in OCC's "General Sanitation Guidelines".*
- *Routine cleaning of surfaces, materials, and equipment removes dirt or spills that can harbor bacteria; however, some surfaces and items must also be sanitized with a disinfectant because they are especially likely to become contaminated with high levels of bacteria and serve as vehicles for transmitting illness.*
- *Many commercial disinfectants contain additives such as perfume or dye and may leave a chemical residue. This could be harmful to children with asthma or allergies. For this reason, the Center for Disease Control (CDC) and the American Academy of Pediatrics (AAP) recommend using a solution of*

household bleach and water for general sanitizing purposes. A properly mixed bleach-and-water solution is non-toxic and evaporates rapidly without leaving a residue.

- *Whenever children are present, bleach solution (or any other approved disinfectant) should be applied by dipping, soaking, or wiping the item or surface with a cloth (but not a sponge, since sponges harbor bacteria and are hard to clean). Spraying is acceptable only when dipping or soaking is not feasible and wiping with a cloth is likely to spread the contamination – for example, when sanitizing diapering surfaces and toilets.*
- *Whenever a disinfectant of any kind is used, there should always be adequate ventilation. This is especially important in confined or enclosed areas such as bathrooms. A child who is asthmatic or sensitive to the disinfectant should be kept away from the immediate area until it can dissipate completely. If this step is not sufficient, the provider should discuss with the child's parent other alternatives for reasonably accommodating the child's sensitivity.*
- *If a product is registered with the Environmental Protection Agency's (EPA's) Division for Chemicals and Pesticides, OCC will accept the product only for general cleaning and disinfecting purposes; however, such a product is not acceptable for sanitizing and disinfecting diapering and food service areas. Check the product label to verify that there is an EPA registration number.*

C. **Disposal of Refuse.**

(1) **Each room used for child care shall have a trash container with a disposable liner.**

(2) **In each area used for changing diapers, there shall be a separate trash container reserved for diaper discards that:**

(a) **Has a disposable liner and tightly fitting lid; and**

(b) **Makes the contents of the container inaccessible to children in care.**

INTENT*: Soiled diapers are a source of contamination and a potential health hazard, so they must be secured from access by children.*

INSPECTION REPORT ITEM*: "Cleanliness and Sanitation"*

COMPLIANCE CRITERIA*: Each soiled diaper container has a disposable liner and a childproof lid or cover. Alternatively, if the lid or cover is only snugly fitting but not childproof, the container itself must be made inaccessible to children.*

ASSESSMENT METHOD*: Observe to determine if each soiled diaper container is lined and if or how its contents are made inaccessible to children.*

(3) **All trash containers in child care areas shall be emptied when full but at least daily.**

INTENT: *Indoor trash containers located in child activity areas must be equipped for daily easy and hygienic trash removal.*

INSPECTION REPORT ITEM*: "Cleanliness and Sanitation"*

COMPLIANCE CRITERIA:

- *Each indoor trash container is emptied daily.*
- *There are no full or overflowing trash containers in the child care areas.*

ASSESSMENT METHOD*: Observe each trash container in the child activity areas to assess level of contents. Interview facility staff as needed to determine if trash containers are emptied daily.*

(4) **Refuse that is placed outdoors to await collection shall be stored in receptacles that are:**
   (a) **Made of tight, nonabsorbent, easily washable materials;**
   (b) **Covered with tightly fitting lids; and**
   (c) **Washed and treated with disinfectant when necessary to combat odors and prevent infestation.**

INTENT*: To help prevent infestation by insects and vermin, outdoor trash containers must fully enclose their contents and be easily cleanable.*

INSPECTION REPORT ITEM*: "Cleanliness and Sanitation"*

COMPLIANCE CRITERIA*:*

- *Appropriate receptacles with tight-fitting lids:*
  - *Trash is stored outdoors only in fully enclosing, rigid or semi-rigid containers that are made of metal, plastic, rubber, or a similar impermeable material, and*
  - *Each container has a snugly fitting lid or cover.*

- *Clean and sanitized:*
  - *Each outdoor trash container is free of spillage and detritus.*
  - *All trash containers are free of infestation by insects and vermin.*

ASSESSMENT METHOD*:*

- *Observe outdoor trash containers for suitability and general cleanliness, and to determine if infestation is present.*

- *As necessary, interview facility staff to determine if and how containers are cleaned and sanitized.*

.12 Outdoor Activity Area.

A. **A child care home shall have an outdoor activity area on the premises of, adjacent to, or near and safely accessible to the home that provides adequate usable play space for the approved capacity of the home.**

INTENT: *Children must have an outdoor play area they can use each day that is accessible and large enough to accommodate vigorous play by all children in attendance, and that can be reached easily and without placing any child in danger. The approved outdoor play area must be close enough to the child care home that vehicle transportation is not required.*

INSPECTION REPORT ITEM*: "Outdoor Activity Area"*

COMPLIANCE CRITERIA*: There is an outdoor playground that is:*

- *Available for daily use by children in care;*
- *Safely and easily accessible to the children without using vehicle transportation; and,*
- *Large enough to accommodate the play activities of all children in attendance at one time or in shifts.*
- *Within the outdoor activity area:*
  - *There are no potentially dangerous objects or conditions such as, but not limited to:*
    - *Broken glass or other debris,*
    - *Exposed nails, screws, or bolts,*
    - *Sticker bushes or overgrown weeds,*
    - *Lawn mowers and gardening tools,*
    - *Motorcycles, cars, and other vehicles,*
    - *Heating/air conditioning units*
    - *Pool filters*
    - *Stairwells or window-wells,*
    - *Holes in the ground, and*
    - *Herbicides and other chemical lawn treatments considered hazardous to children by the Maryland Department of the Environment;*
  - *There are no pets or animals that may pose a risk to the children, and no pet-waste is present; and*

ASSESSMENT METHOD*: Observe the outdoor activity area to assess its accessibility and suitability.*

Notes:

- *"Accessible" does not mean that the outdoor playground must necessarily be located on facility property.*
- *"Accessible" means the outdoor playground needs to be adjacent to, or safely accessible to the facility. Examples of situations that satisfy this accessibility requirement include, but are not limited to, a playground maintained by a school that is next door to the facility and a municipal playground that is located at a short distance from the facility but can easily be reached without risk to any child in care.*
- *Pets and Animals - If the Provider keep a pet or other animal at the Provider's home, the Provider must ensure that it does not present any health or safety risk to children using the outdoor activity area. For guidance on keeping pets and animals in a child care environment, see resource guide, "Animals in Child Care Facilities".*

B. **Usable Outdoor Play Space.**
   (1) **Except as set forth at §B(2) of this regulation, a child care home shall have an outdoor activity area that provides at least 75 square feet of usable play space for each child.**
   (2) **A child care home that was originally licensed as a small center, and for which a notice of intent filed pursuant to COMAR 13A.16.02.02A(2) as part of an application for a child care center license was received by the office before January 1, 2009, shall have an outdoor activity area that provides ample usable play space for all of the children in attendance.**

C. **Usable play space may include only the area and the activity equipment approved for use by children in care.**

D. **The activity area shall be free from potential hazards to child health or safety.**

***INTENT**: Children must have an outdoor play area they can use each day that is safe.*

***INSPECTION REPORT ITEM**: "Outdoor Activity Area"*

***COMPLIANCE CRITERIA**: There is an outdoor playground that is free of potential safety hazards.*

***ASSESSMENT METHOD**: Observe the outdoor activity area, including equipment fall zones, to determine if it is free from potential hazards to the child's health or safety.*

- *The Licensing Specialist shall observe the entire playground area for:*
  - *Age-appropriate equipment*
  - *Shock-absorbing surfacing*

- *Determine if the following safety hazards exist:*
  - *Unstable equipment*
  - *Climbing equipment over 7 feet high*

- *Equipment or building protrusions that could cause injury or catch on clothing*
- *Standing, stagnant water*
- *Broken glass*
- *Toxic materials (including toxic substances such as pesticides that may have been applied to playground areas or fall-zone coverings)*
- *Fence in disrepair, or the lack of fencing or other suitable barrier to protect children from nearby hazards such as, but not limited to, open bodies of water, construction equipment, or heavy vehicular traffic*

- *If certain types of hazards (for example, swimming pools, heavy vehicular traffic, cliffs or drop-offs, etc.) are near to the facility's outdoor play area, and the play area is on the premises of the facility, OCC may require the provider to erect a fence or other type of barrier to protect the children from these hazards. For additional information about this topic, see "Barriers to Protect Children from Life-Threatening Safety Hazards".*

Note:

- *Studies by insurance companies and hospitals have repeatedly shown that playground injuries are among the leading causes of child emergency medical treatments and hospital emergency room admissions. Many of these injuries are attributable to unsafe playground equipment and to the lack of suitable "fall-zones" around swings and climbing devices. See "Playground Safety", and "Playground and Water Safety Guidelines".*

E. **All outdoor activity equipment shall be safe, in good repair, clean, and nontoxic.**

INTENT: *Children must have outdoor play equipment that is safe, maintained in good repair, clean, and nontoxic.*

INSPECTION REPORT ITEM*: "Outdoor Activity Area"*

COMPLIANCE CRITERIA*: Outdoor play equipment is available for daily use by children in care, safe, clean, nontoxic, and free of potential safety hazards.*

ASSESSMENT METHOD*: Observe the outdoor play equipment to determine if items are safe, maintained in good repair, clean, and nontoxic.*

Note: *Equipment must not have:*

- *Broken, missing, or rusted parts*
- *Sharp edges*
- *Crush or pinch points*
- *Rotting, splitting, termite-infested, or excessively worn wooden parts*
- *Loose bolts*
- *Entrapment areas*
- *Frayed cables, open S-hooks, worn ropes that can spread open*

- *Other identifiable hazards*

F. **If required by the office, the outdoor activity area shall be enclosed to protect children in care from accessible hazards such as a heavily trafficked area, a body of water, or environmental hazards.**

INTENT: *The Provider must ensure that the children are kept safe from any potential hazard near the outdoor activity area.*

INSPECTION REPORT ITEM: *"Outdoor Safety"*

COMPLIANCE CRITERIA: *The outdoor activity area is:*

- *Suitably enclosed, or*
- *Located where there are no nearby potential hazards (such as, but not limited to, heavy vehicle traffic, train tracks, construction work, unfenced bodies of water, culverts or ditches, cliffs, or waste disposal sites).*

ASSESSMENT METHOD:

- *Observation of the activity area and its surroundings.*
- *Any potentially dangerous object or condition that is present is made inaccessible to children by means of a suitable fence, enclosure, or other barrier.*

Note: *For guidance on barrier requirements, see resource guide, "Barriers to Protect Children from Life-Threatening Safety Hazards".*

G. **A child may not be allowed to:**
   (1) **play on climbing equipment from which the child can fall 7 feet or more to the ground;**
   (2) **Use unsafe activity equipment;**
   (3) **Use activity equipment in an unsafe manner; or**
   (4) **Wear a clothing item or accessory that may pose a hazard to the child while engaged in the activity.**

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

.13 Swimming Facilities.

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 swimming pool, lake, or body of water may be used by children only if it is approved for swimming by the appropriate local or State government health office or department.*

INSPECTION REPORT ITEM*: "Swimming Facilities"*

COMPLIANCE CRITERIA*: The provider can either produce evidence that the swimming facility has been duly approved, or can demonstrate that reasonable efforts have been made by the provider to verify that approval.*

ASSESSMENT METHOD*: If the provider maintains an on-site swimming pool for use by children in care, review facility documentation to ascertain if the pool is approved by applicable health officials. If the swimming facility is located off-site (e.g., at the local YMCA, etc.), interview the director/designee to find out if and how the home determined that the swimming facility was duly approved before permitting children in care to use it.*

Note: *See "Playground and Water Safety Guidelines".*

B. **An above-ground swimming pool:**
   (1) **May not be used for swimming activities; and**
   (2) **Shall be made inaccessible to children in care.**

C. **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*: An above-ground pool is not approved for swimming or wading by children in care. The provider may not permit a child in care to use a wading 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. Stagnant (uncirculated) pool water is a potential health hazard because it contaminates quickly.*

INSPECTION REPORT ITEM*: "Swimming Facilities"*

COMPLIANCE CRITERIA*: The provider does not use an above-ground swimming pool or a wading pool for swimming or water activities that does not have an operable circulation system approved by the local health department.*

ASSESSMENT METHOD*: Determine if an above-ground swimming pool, or a wading pool that does not have an operable circulation system that has been approved by the local health department, is used for swimming or water activities by children in care.*

Note: *See "Playground and Water Safety Guidelines".*

Large Family Child Care Homes Manual

(January 2017)

for use with

COMAR 13A.18 – Large Family Child Care Homes

(as amended effective 7/20/15)

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.01 Minimum Staff Age.

A staff member in a child care home may not be younger than 16 years old.

***INTENT**: A minimum age of 16 is established to help ensure that a staff member will be mature enough to handle the responsibilities associated with caring for children who are enrolled in the child care center. In addition, to facilitate child supervision in a school-age program, each staff member must be older than the oldest child typically in care.*

***INSPECTION REPORT ITEM**: "Minimum Staff Age"*

***COMPLIANCE CRITERIA**: Each staff member is at least 16 years old.*

***ASSESSMENT METHOD**: Review the facility's current Employment Record to determine if each staff member is at least 16-years-old. Request provider to produce documentation of the age of staff members.*

Documentation may be any of the following:

- *Driver's license;*
- *Birth certificate;*
- *Age of majority card;*
- *College transcript; or*
- *Other government-issued document (e.g., passport, naturalization papers, green card, etc.)*

.02 Staff Orientation.

On or before assignment, a provider shall ensure and document that each staff member has been informed in writing about all areas pertinent to the health and safety of the children, including:

A. The location of the telephone and emergency telephone numbers;
B. The location of each child's emergency form;
C. Emergency and disaster plan contents;
D. Identity of the staff members who:
  (1) **Are currently certified in first aid and CPR; and**
  (2) **Have completed approved training in medication administration;**
E. The identity of the individuals who are required to be available to provide emergency coverage pursuant to COMAR 13A.18.08.02D;
F. Hand washing and diapering procedures approved by the office;
G. The child care home's child discipline policy;
H. The requirements and procedures for reporting suspected child abuse and neglect according to Family Law Article, §§5-704—5-705, Annotated Code of Maryland;
I. Signs and symptoms of abuse and neglect in children;
J. The community resources available to a family of a child who may have special needs; and
K. The contents of the current version of this subtitle.

***INTENT**: In order for staff members to be knowledgeable about facility requirements and procedures pertaining to child health and safety, including child abuse and neglect reporting and child care home regulations requirements, the home must provide written information, as specified in A.- K. of this regulation, to each staff member before the staff member begins his or her work assignment.*
***INSPECTION REPORT ITEM:** "Staff Orientation"*

***COMPLIANCE CRITERIA**: No later than the person's actual start date at the large family home, each new employee or staff member receives all required child health and safety information in writing.*

***ASSESSMENT METHOD**: Review the facility's records for documentation indicating that each new employee and staff member received the required written information and when it was provided. See, "Staff Orientation Verification" form.*

.03 Suitability for Employment.

A. A provider may not employ an individual who has received a conviction, a probation before judgment disposition, a not criminally responsible disposition, or a pending charge for the commission or attempted commission of:

(1) **A crime involving:**
  (a) **A child;**
  (b) **Cruelty to animals;**
  (c) **Domestic violence; or**
  (d) **A weapons or firearms violation of federal or state laws;**
(2) **A sex offense;**
(3) **A violent crime classified as a felony;**
(4) **Abduction or kidnapping;**
(5) **Abuse of a child or an adult;**
(6) **Confinement of an unattended child;**
(7) **Manufacturing, distributing, or dispensing a controlled dangerous substance;**
(8) **Perjury;**
(9) **Pornography;**
(10) **Possession with intent to manufacture, distribute, or dispense a controlled dangerous substance; or**
(11) **Reckless endangerment.**

***INTENT**: By their very nature, certain criminal offenses involve acts that obviously carry extreme risks for children. An operator is absolutely forbidden to hire, or continue to employ, any person with a criminal history that includes any of the above-referenced offenses.*

***INSPECTION REPORT ITEM**: "Suitability for Employment"*

***COMPLIANCE CRITERIA**: The large family home does not employ any person for whom a criminal background check (CBC) report issued on or after October 1, 2005 reveals a pending charge for, or adjudication on any of the listed offenses.*

***ASSESSMENT METHOD**: Review the Employment Record/Personnel List in conjunction with OCC's copies of CBC reports received since October 1, 2005 to determine if any individual listed has been charged with, or adjudicated (i.e., been convicted, received a probation before judgment, etc.) for one of the enumerated offenses. Initial CBC requests for employee and subsequent "alerts" are used to determine employability.*

***Note:** See "Guidance – Suitability for Employment Process" and "Verifying Staff Employment During Unannounced Inspections".*

B. If an individual has been identified as responsible for child abuse or neglect or received a conviction, a probation before judgment disposition, a not criminally responsible disposition, or a pending charge for the commission or attempted commission of a crime or offense that is not included in §A of this regulation, the office:

(1) **Shall assess, on the basis of the following factors, the individual's suitability for employment:**

(a) **The job position at the child care home for which the individual is applying or in which the individual is currently employed;**

(b) **The nature and seriousness of the incident, crime, or offense;**

(c) **How long ago the incident, crime, or offense occurred;**

(d) **The age of the individual at the time the incident, crime, or offense occurred;**

(e) **The individual's probation or parole status, if applicable; and**

(f) **Any other information the office considers pertinent; and**

(2) **Depending on the results of the assessment, shall permit or prohibit employment of the individual.**

***INTENT:** If a large family child care home employee (or employment applicant) has a Child Protective Services (CPS) history of indicated child abuse or neglect or a criminal history that includes certain offenses other than those listed under §A of this regulation, the agency will evaluate that information to determine the person's suitability to work in a child care environment. Based on the results of that evaluation, the agency may find that person to be unsuitable for large family child care home employment and direct the program operator to deny or terminate the person's employment.*

***INSPECTION REPORT ITEM**: "Suitability for Employment"*

***COMPLIANCE CRITERIA**: For any large family child care home employee or employment applicant who criminal history that includes certain offenses other*

than those listed under §A of this regulation, such an individual's suitability to work in a child care environment has been evaluated.

If the evaluation by the agency has resulted in a finding of unsuitability for child care program employment, the provider has terminated or denied employment of that individual.

***ASSESSMENT METHOD**: Review the provider's Employment Record to determine if the requirements of this regulation have been met.*

C. Request for Reassessment.

(1) **An individual who is prohibited from employment by the office pursuant to §B of this regulation may request the office to conduct a reassessment with respect to the incident, crime, or offense.**

(2) **For a reassessment request to be eligible for consideration:**

(a) **The request shall be in writing and shall include documentation, such as but not limited to letters of support or evaluation reports, pertinent to the incident, crime, or offense; and**

(b) **The individual may not have submitted a reassessment request, whether for the same or a different job position, within the previous 12 months.**

(3) **In order to reach a decision on the request, the office may request additional information from the individual, the provider, or any agency or entity cited by the individual or the provider in connection with the reassessment request.**

(4) **Upon reaching a decision on the request, the office shall promptly notify the individual of that decision.**

(5) **The provider may not permit the individual to begin or to resume employment until the office has notified the provider that the individual may be employed.**

***INTENT**: Any person evaluated by OCC as unsuitable for employment may ask for a reconsideration of that evaluation. The agency will agree to conduct a re-evaluation if the request is in writing and includes pertinent documentation explaining why the finding of unsuitability by OCC should be changed, and if OCC has not received a similar request from the person within the past year. As soon as the re-evaluation has been completed, the agency shall notify the person and the provider of its outcome. If the outcome is favorable to the person, the provider may not allow the person to begin working before receiving permission from OCC to do so.*

D. Notification of Employment Prohibition.

(1) **If the office, pursuant to this chapter, determines that an individual may not be employed at a child care home, the office shall notify the individual and the provider in writing of that decision and its basis.**

(2) **The written notification to the individual shall also:**

(a) **State that the individual may appeal the decision to the Office of Administrative Hearings (OAH); and**
(b) **Specify the requirements for submitting an appeal to the OAH.**

INTENT: *If OCC denies employment on the basis of unsuitability, the agency shall notify the person and the provider operator in writing of that decision and the reason for it. The notification to the person shall also include information concerning the person's right to appeal the decision.*

E. Upon notification that an individual may not be employed, the provider:
(1) **Shall promptly terminate the individual from employment or from consideration for employment, as applicable; and**
(2) **Unless the individual appeals the decision to the OAH and the appeal is concluded in favor of the individual, may not:**
(a) **Reconsider the individual for employment;**
(b) **Permit the individual to have any contact with an unrelated child in care; or**
(c) **Allow the individual on the premises of the child care home except to exercise parental responsibilities with respect to a related child in care.**

INTENT: *If OCC directs a provider to deny or terminate a person's employment for reasons of unsuitability, the provider must comply immediately. Unless the person appeals OCC's action and the action is overturned, the provider may not attempt to re-hire the person or, unless the person is a parent of a child in care, allow the person to be on the child care home's premises.*

INSPECTION REPORT ITEM: *"Suitability for Employment"*

COMPLIANCE CRITERIA*: Unless OCC's employment prohibition has been overturned on appeal, the center does not:*

- *Employ any person whose employment has been prohibited by OCC, or*
- *Permit the person on the child care home's premises except as the parent of a child in care.*

ASSESSMENT METHOD*: If a person should have been terminated from, or denied employment at the child care home, review the provider's current Employment Record to determine if the person's name is appears in the record. Interview the Director to determine if there is any other documentation (for example, a denial of employment application letter or a notice of termination) verifying that the person has been terminated from, or denied employment.*

F. A provider may not allow an individual to serve, or to continue to serve, in a child care position for which the individual does not meet the employment qualification or training requirements set forth at Regulations .05—.07, as

applicable, of this chapter, unless the individual is a substitute functioning in accordance with Regulation .08 of this chapter.

***INTENT**: Large family child care staff must meet employment qualifications and training requirements specified in these regulations in order to hold specific positions and be responsible in whole or in part for the care of enrollees. If an individual does not hold the qualifications and the trainings required by these regulations as specified in §§.05 -.12 of this Chapter, as applicable, such an individual may not be permitted to hold either of those child care positions. Such an individual; however, may serve in the capacity of a substitute if the individual meets the requirements set forth in §.13 of this Chapter.*

***INSPECTION REPORT ITEM**: "Suitability for Employment"*

***COMPLIANCE CRITERIA**:*

- *Any staff member who does not meet the qualifications and trainings specified in §§.05 - .10 of this Chapter, as applicable, has not been assigned to or does not serve in one of the positions which require specific qualifications and trainings.*
- *A staff member with responsibility for care of children, who does not meet the qualifications and trainings required by these regulations, serves as a substitute pursuant to § .08 of this Chapter.*

***ASSESSMENT METHOD**: Review the qualifications and trainings of center staff to determine if they meet the requirements for the positions held.*

.04 Staff Health.

A. Medical Evaluation.

(1) **A provider shall obtain a medical evaluation, including a tuberculosis screen, if indicated, on a form supplied or approved by the office, that has been completed within 6 months before the individual begins work in the child care home, from each prospective:**

(a) **Staff member; and**

(b) **Except for a health care professional serving as a consultant pursuant to Regulation .09C of this chapter, support staff who will be present at the child care home while children are in care.**

(2) **The medical evaluation may transfer directly from one child care home to another, or from a licensed child care center to the child care home, if the evaluation was completed within the previous 12 months.**

***INTENT**: A large family child care home employee must be free of any communicable disease that would prohibit the person from working in a large family child care home. The staff who work with children must be able to participate fully in a program for active youngsters. This might include lifting infants and young children, getting up and down from the floor, lively outdoor activities, and moving furniture. It may also include transporting children in a*

motor vehicle. Therefore, the person must be evaluated for any physical condition that might adversely affect his or her job performance.

INSPECTION REPORT ITEM: *"Staff Health"*

COMPLIANCE CRITERIA*:*

- *For each large family child care home employee whose job duties require the person to be present when children are in attendance, there is a medical evaluation on file that was completed no more than 6 months before the person began working at the large family child care home.*
- *The medical evaluation is documented on a "Medical Report for Child Care", OCC 1204 form, or on a similar form that has been approved by the Regional Office.*

ASSESSMENT METHOD*: Review employee records on file at the large family child care home to determine if the required medical evaluations are present for each employee and determine if these evaluations were completed within 6 months before the employee began work in the large family child care home.*

B. Exclusion from Work. Except with the approval of the office and the health officer, a provider may not permit an individual with a serious transmissible infection or communicable disease listed on a chart supplied by the office to work at the child care home during the period of exclusion from child care recommended on the chart for that infection or disease.

INTENT: *Children in care must be protected from exposure to certain infectious and communicable diseases identified by the Maryland Department of Health and Mental Hygiene (DHMH). A large family child care home employee who has such a disease and is in its communicable stage may not be permitted to work at the large family child care home.*

INSPECTION REPORT ITEM: *"Staff Health"*

COMPLIANCE CRITERIA: *An employee, who has a disease listed in the current DHMH "Communicable Diseases Summary" chart, is kept away from work for the period of time stated in that chart.*

ASSESSMENT METHOD*: Interview the Director and other facility staff as necessary to determine if:*

- *The large family child care home maintains a copy of the current DHMH "Communicable Diseases Summary" chart, and*

- *The large family child care home's policy on staff with infectious and communicable diseases is consistent with the exclusion guidelines stated in the "Communicable Diseases Summary" chart.*

.05 Child Care Home Directors.

A. Use of a Director.

(1) **A provider may designate an individual to serve as the director of the child care home.**

(2) **If an individual is not designated by the provider as the director, the provider shall be the director of the child care home.**

B. An individual designated as the director of a child care home shall meet the requirements of this regulation.

C. The provider shall meet the requirements for qualifying as the director of a child care home.

D. Except when engaged in occasional child care home-related activities or away on leave, the director shall be present in the child care home during at least 1/2 of the operating hours of the home each week to:

(1) **Plan and supervise all aspects of the program for children;**

(2) **Supervise the staff; and**

(3) **Be available to staff, parents, and children.**

E. Except as set forth at §F of this regulation, to qualify as a director in a large family child care home, an individual shall:

(1) **Be 21 years old or older;**

(2) **Hold a high school diploma or a certificate of high school equivalence, or have successfully completed at least 6 credits from an accredited college or university;**

(3) **Have successfully completed:**

(a) **9 clock hours of approved preservice training in communicating with staff, parents, and the public, or at least one academic college course for credit; and**

(b) **3 semester hours or their equivalent of approved administrative training; and**

(c) **Effective January 1, 2016:**

(i) 3 clock hours of approved training in ADA compliance; and

(ii) Approved training in supporting breastfeeding practices.

(4) **Have successfully completed 6 semester hours or 90 clock hours, or their equivalent, of approved preservice training, or hold the Child Development Associate National Credential that is issued by the Council for Professional Recognition;**

(5) **Unless previously approved by the office to direct a child care program serving children younger than 2 years old, have completed 3 semester hours of approved training, or the equivalent, related exclusively to the care of children younger than 2 years old; and**

(6) **Have completed 1 year of experience working directly with children in a registered child care home, licensed child care center, nursery school, church-operated school, or similar setting.**

F. An individual is considered qualified as a director when that individual has:

(1) **Received either:**

(a) **Approval by the Department as a teacher for early childhood education, including nursery school through third grade, and has 6 semester hours in early childhood education; or**

(b) **Certification by the Department or by any other state for early childhood education, including nursery school through third grade; and**

(2) **Completed 3 semester hours of approved training, or the equivalent, related exclusively to the care of children younger than 2 years old.**

***INTENT**: The Director of a large family child care home must have sufficient maturity, education, training, and experience to plan and administer a child care program, supervise personnel, and respond appropriately to a range of operational issues.*

***INSPECTION REPORT ITEMS**: "Child Care Home Directors"*

***COMPLIANCE CRITERIA:** The Director meets the age, education, and experience requirements for the position.*

***ASSESSMENT METHOD**:*

- *Review the provider's record to determine if the Director meets the minimum qualifications.*
- *Verify age information by checking it against the Director's:*
  - *Driver's license;*
  - *Birth certificate;*
  - *Age of majority card;*
  - *College transcript; or*
  - *Other government-issued document (e.g., passport, naturalization papers, green card, etc.)*

Notes:

- *For detailed information about Director Qualifications and how to determine whether an individual meets those qualifications, see "Maryland Large Family Child Care Home – Staff Requirements"*
- *The Regional Office may approve an operator's request for a variance of the Director qualifications under certain circumstances if certain factors are present that comply with the intent of the regulation. See OCC form 1213, "Variance Request".*

- *The Credentialing Branch of OCC is responsible for establishing and monitoring the approval criteria for all courses and curricula used to meet pre-employment training and continued training requirements. The Credentialing Branch is also responsible for all approvals of trainers and training organizations who wish to offer those courses and curricula.*

G. A director shall:

(1) **Maintain the professional development plan received from the office;**
(2) **According to the professional development plan, complete approved continued training, at the rate of at least 12 clock hours per full year of service as a director, that consists of a:**
  (a) **Minimum of 6 clock hours of core of knowledge training; and**
  (b) **Maximum of 6 clock hours of elective training; and**
(3) **Document completion of the continued training on the professional development plan.**

INTENT*: The Director of a large family child care home must have sufficient continued training to keep abreast with current early childhood issues.*

INSPECTION REPORT ITEM*: "Director – Continued Training"*

COMPLIANCE CRITERIA*: The Director completes at least 12 clock hours of approved continued training during each full year of employment.*

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

Notes:

- *This regulation is met if the individual participates in the OCC Credentialing Program and has a current certificate noting achievement at Level 2 or above. Check the expiration date on the credential certificate. If expired, the individual must produce evidence of 12 hours of continued training.*

- *If individual states that the certificate is not expired, check with the Credentialing Branch for verification. See "Checking Staff Continued Training in Child Care Centers/Large Family Child Care Home Guidelines".*

- *The Credentialing Branch of OCC is responsible for establishing and monitoring the approval criteria for all courses and curricula used to meet pre-employment training and continued training requirements. The Credentialing Branch is also responsible for all approvals of trainers and training organizations who wish to offer those courses and curricula.*

.06 Family Child Care Teachers.

A. A family child care teacher in a child care home shall be 19 years old or older.
B. Except as set forth at §C of this regulation, to qualify as a family child care teacher, an individual:
  (1) **Shall hold or have successfully completed:**
    (a) **A high school diploma, a certificate of high school equivalence, or courses for credit from an accredited college or university;**

(b) **Either 9 clock hours of approved pre-service training in communicating with staff, parents, and the public or at least one academic college course for credit; and**

(c) **Either:**

(i) 6 semester hours or 90 clock hours or their equivalent of approved pre-service training;

(ii) The Child Development Associate Credential issued by the Child Development Associate National Credentialing Program; or

(iii) Accreditation by the National Association for Family Child Care as a family child care provider; and

(2) **Have completed at least one of the following:**

(a) **1 year of experience working under supervision with children in licensed child care center, nursery school, church-operated school, or similar setting;**

(b) **1 year of experience as a registered family child care provider; or**

(c) **1 year of college, or a combination of experience and college that together are equivalent to 1 year;**

C. An individual shall qualify as a family child care teacher if the individual:

(1) **Holds an associate's or higher degree with approved courses in early childhood education;**

(2) **Qualified before July 1, 2008, as a child care teacher in a licensed child care center and has been continuously employed since that time at the same or another licensed child care center;**

(3) **Has been approved as a teacher by the Department for early childhood in nursery school through third grade; or**

(4) **Is certified by the Department or by any other state for early childhood in nursery school through third grade.**

INTENT: *A child care teacher may have sole responsibility for supervising a group of children. That individual must have sufficient maturity, education, training, and experience to plan and administer activities for that group while attending constantly to the needs of each child in that group, as well as to the needs of the group as a whole.*

INSPECTION REPORT ITEMS*: "Family Child Care Teachers"*

COMPLIANCE CRITERIA: *The preschool teachers meets the requirements established in this regulation.*

ASSESSMENT METHOD: *Review the provider's record to determine if the family child care teachers meet the applicable minimum qualifications.*

- *Verify age information by checking it against the teacher's:*
  - *Driver's license;*

- *Birth certificate;*
- *Age of majority card;*
- *College transcript; or*
- *Other government-issued document (e.g., passport, naturalization papers, green card, etc.)*

Notes:

- *For detailed information about Teacher qualifications and how to determine whether an individual meets those qualifications, see "Maryland Large Family Child Care Home – Staff Requirements"*
- *The Regional Office may approve an operator's request for a variance of the preschool teacher qualifications under certain circumstances if certain factors are present that comply with the intent of the regulation. See OCC form 1213, "Variance Request".*
- *The Credentialing Branch of OCC is responsible for establishing and monitoring the approval criteria for all courses and curricula used to meet pre-employment training and continued training requirements. The Credentialing Branch is also responsible for all approvals of trainers and training organizations who wish to offer those courses and curricula.*

D. A family child care teacher in a child care home shall:

(1) **According to the individual's professional development plan, complete approved continued training, at the rate of at least 12 clock hours per full year of employment as a child care teacher, that consists of a:**

(a) **Minimum of 6 clock hours of core of knowledge training; and**

(b) **Maximum of 6 clock hours of elective training; and**

(2) **Document completion of the continued training on the professional development plan.**

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

INSPECTION REPORT ITEM*: "Family Child Care Teacher – Continued Training"*

COMPLIANCE CRITERIA: *The child care teacher completes at least 12 clock hours of approved continued training during each full year of employment.*

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

Notes:

- *This regulation is met if the individual participates in the OCC Credentialing Program and has a current certificate noting achievement at Level 2 or above. Check the expiration date on the credential certificate. If expired, the individual must produce evidence of 12 hours of continued training.*
- *If individual states that the certificate is not expired, check with the Credentialing Branch for verification. See "Checking Staff Continued Training in Child Care Centers/Large Family Child Care Home Guidelines".*
- *The Credentialing Branch of OCC is responsible for establishing and monitoring the approval criteria for all courses and curricula used to meet pre-employment training and continued training requirements. The Credentialing Branch is also responsible for all approvals of trainers and training organizations who wish to offer those courses and curricula.*

E. Before a family child care teacher may supervise a child younger than 2 years old, the individual shall, unless previously qualified by the office to supervise an infant or a toddler:

(1) **Meet the requirements of §§A—B of this regulation and have completed 3 semester hours of approved training, or the equivalent, related exclusively to the care of children younger than 2 years old; or**

(2) **Be 19 years old or older and:**

(a) **Meet the requirements of §B(1)(a) and (b) and §B(2) of this regulation; and**

(b) **Have completed 6 semester hours of approved training, or the equivalent, related exclusively to the care of children younger than 2 years old.**

INTENT: *A child care teacher who supervises a group of infants or toddlers must have sufficient maturity and have completed training related exclusively to the care of infants and toddlers.*

INSPECTION REPORT ITEM*: "Child Care Teachers – Preschool"*

COMPLIANCE CRITERIA*: The child care teacher who supervises a group of infants or toddlers meets the requirements of this regulation.*

ASSESSMENT METHOD*: Review the facility's licensing record to determine if the individual child care teacher who supervises infants and toddlers meets the requirements specified above.*

.07 Aides.

A. **An aide shall:**

(1) **Be 16 years old or older;**

***INTENT**: A minimum age helps ensure that an aide has reached a certain level of maturity.*

***INSPECTION REPORT ITEM**: "Aides"*

***COMPLIANCE CRITERIA**: Each aide is at least 16 years old.*

***ASSESSMENT METHOD**:*

- *Review required facility documentation to ensure that it contains information about the age and/or birth date of an aide; and*
- *Verify that information by checking it against the aide's:*
  - *Driver's license;*
  - *Birth certificate;*
  - *Age of majority card;*
  - *College transcript; or*
  - *Other government-issued document (e.g., passport, naturalization papers, green card, etc.)*

(2) **Work under the direct supervision of the provider or the family child care teacher in charge of the group of children to which the aide is assigned;**

***INTENT**: Because there are no education, training, or experience requirements for the aide position, an aide may not work independently with children but must instead work only under the direct supervision of a properly qualified staff member. There are, however, certain limited circumstances under which a supervised aide may assume temporary responsibility for a group of children (see "Notes" below).*

***INSPECTION REPORT ITEM**: "Aides"*

***COMPLIANCE CRITERIA:** Each aide is assigned so that he or she works only under the supervision of a properly qualified staff member.*

***ASSESSMENT METHOD**: Review the facility's current Staffing Pattern form, OCC 1206, to determine if each aide is assigned to work only under the required supervision.*

***Notes:** An aide may assume temporary group responsibility only under the following limited circumstances:*

- *The supervising staff member assigned to the group is briefly called away from the group (to answer the phone, cope with an upset child, take a child to the bathroom, etc.);*
- *Taking three or less children to the bathroom, or*

- *The group consists of napping children who are at least 2 two years old and the supervising staff member assigned to the group remains on site and within hearing range, in accordance with Chapter .08, Child Supervision, §.08B(2)(a).*

(3) **According to the individual's professional development plan, complete approved continued training, at the rate of at least 6 clock hours per full year of employment as a child care aide, that consists of a:**
   (a) **Minimum of 3 clock hours of core of knowledge training; and**
   (b) **Maximum of 3 clock hours of elective training; and**

(4) Document completion of the continued training on the professional development plan.

INTENT*: In order to keep abreast with current child development issues and to be effective in knowing and adequately addressing children's developmental needs, an aide in a large family child care home must have sufficient continued training.*

INSPECTION REPORT ITEM*: "Aides – Continued Training"*

COMPLIANCE CRITERIA*: The child care aide completes at least 6 clock hours of approved continued training, as specified above, during each full year of employment.*

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

Notes:

- *This regulation is met if the individual participates in the OCC Credentialing Program and has a current certificate noting achievement at Level 2 or above. Check the expiration date on the credential certificate. If expired, the individual must produce evidence of 12 hours of continued training.*
- *If individual states that the certificate is not expired, check with the Credentialing Branch for verification. See "Checking Staff Continued Training in Child Care Centers/Large Family Child Care Home Guidelines".*
- *The Credentialing Branch of OCC is responsible for establishing and monitoring the approval criteria for all courses and curricula used to meet pre-employment training and continued training requirements. The Credentialing Branch is also responsible for all approvals of trainers and training organizations who wish to offer those courses and curricula.*

B. **Unless an individual has completed 90 clock hours or the equivalent in early childhood education preservice training, and except as set forth in §C of this regulation, an individual hired to work as an aide shall complete, within 6 months after the date of hire, an orientation session that follows guidelines established by the office and includes, but is not limited to:**
   (1) **Proper child supervision;**
   (2) **Workplace professionalism; and**
   (3) **Interacting with parents.**

INTENT: *In order for a child care aide to be knowledgeable about caring for children, facility procedures, and interacting with parents, the child care provider must provide a timely orientation to the aide about such matters.*

INSPECTION REPORT ITEM*: "Staff Orientation"*

COMPLIANCE CRITERIA*: Within 6 months after date of hire, the large family child care provider provides an orientation to aides which includes, but is not limited to, the items specified in §B(1)-(3) of this regulation.*

ASSESSMENT METHOD*: Review the facility's records indicating that each aide received the orientation required by this regulation.*

> ***Note****: Individuals hired to work as Aides who have completed six (6) semester hours or 90 clock hours in early childhood education prior to employment, or within the first 6 months of employment, are not required to complete an orientation session.*

C. **The requirement to complete an orientation session, as set forth at §B of this regulation, does not apply to an individual hired to work as an aide before January 1, 2009.**

.08 Substitutes.

A. When a staff member is absent, a substitute for that staff member shall be provided as needed to maintain the staff/child ratios required by COMAR 13A.18.08.03.

B. A substitute shall:
   (1) **Be 18 years old or older;**

INTENT*: Except for the position of aide (for which the minimum age is 16-years-old), a substitute must be at least 18-years-old.*

INSPECTION REPORT ITEM*: "Substitutes"*

***COMPLIANCE CRITERIA**: Each substitute aide is at least 16-years-old, and each substitute for all other positions is at least 18-years-old.*

***ASSESSMENT METHOD**: Review the OCC form 1229, "Substitute Form", to determine if the person meets the applicable minimum age requirement. Request operator to produce documentation of the age of the substitutes. Documentation verifying age may include one of the following:*

- *Driver's license;*
- *Birth certificate;*
- *Age of majority card;*
- *College transcript; or*
- *Other government-issued document (e.g., passport, naturalization papers, green card, etc.)*

(2) **Be familiar with this subtitle;**

(3) **Complete, sign, and submit to the office the required forms for substitutes, which include permission to examine records of abuse and neglect of children;**

(4) **If paid, apply for a federal and State criminal background check at a designated law enforcement office in the State; and**

(5) **Present no risk to the health, safety, or welfare of children.**

C. If a substitute is needed for longer than a continuous 2-week period, the provider shall provide a substitute who meets the qualifications required in this chapter for the absent staff member, or demonstrate that reasonable efforts have been made, with no success, to obtain a qualified substitute.

D. If a staff member is absent for more than a continuous 2-week period due to family or medical leave, the provider may receive permission from the office to employ a substitute for that absent staff member who does not meet the education, training, and experience qualifications for the absent staff member's position.

***INTENT**: A large family child care provider must be staffed with properly qualified personnel, and an operator may not use unqualified substitutes as a means to avoid that requirement. Except when replacing a staff member who is absent on extended family or medical leave, an operator may not use an unqualified substitute for more than two consecutive weeks without making a good faith effort to find a suitably qualified replacement for the absent staff member.*

***INSPECTION REPORT ITEM**: "Substitutes"*

***COMPLIANCE CRITERIA**: An unqualified substitute is used for more than 2 consecutive weeks only when:*

- *The regular staff member is on extended family or medical leave; or*

- *After a good faith effort, the operator is unable to find a suitably qualified replacement for the regular staff member.*

***ASSESSMENT METHOD**: Request documentation from the facility director that substantiates, as applicable, the extended leave situation or the good faith effort to obtain a properly qualified replacement.*

> ***Notes**: Examples of "good faith effort" documentation include, but are not limited to, staff recruitment ads in various newspapers, handbills, posters, participation in job fairs, radio ads, Internet ads, e-mail "list-serve" notices, etc.*

.09 Support Personnel.

A. Except as set forth at §B of this regulation, the provider shall provide additional personnel for all duties not involving direct supervision of children, such as personnel for food preparation and service, housekeeping, transportation, clerical, and other duties, if necessary to maintain the correct staff/child ratios at all times.

***INTENT**: The provider must maintain correct staff/child ratios at all times. If attention by child care staff to program support duties such as meal preparation or child transportation will result in the inability to maintain those ratios, the operator must arrange for additional personnel to perform the support duties.*

***INSPECTION REPORT ITEM:** "Support Personnel"*

***COMPLIANCE CRITERIA**: All support duties are performed without detriment to the maintenance of minimum staff/child ratios.*

***ASSESSMENT METHOD**: Review the facility's current personnel list and staffing pattern for evidence of needed support personnel, and observe implementation of appropriate support services.*

B. Additional staff need not be provided if children are involved in appropriate activities and supervised at all times while necessary duties, such as food preparation, are performed.

***INTENT**: If routine program support duties can be performed without detriment to appropriate child supervision or activities, a small center operator is not required to arrange for additional personnel to perform those duties.*

***INSPECTION REPORT ITEM**: "Support Personnel"*

***COMPLIANCE CRITERIA**: All support duties are performed without detriment to appropriate child supervision or activities.*

ASSESSMENT METHOD: *While support duties are being performed, observe to determine the appropriateness of child supervision and the implementation of child activities. If unable to observe, interview the provider to ascertain how supervision is provided when support duties are performed.*

C. A child care home that provides a regular service involving the use of specialized health care procedures or equipment shall use as a consultant in providing the service a registered nurse, nurse practitioner, physician's assistant, physician, or other registered or certified service professional as appropriate.

INTENT: *The provider may provide specialized health care services only if those services are administered by, or under the professional guidance of, properly qualified health care personnel.*

INSPECTION REPORT ITEM*: "Support Personnel"*

COMPLIANCE CRITERIA*: Each specialized health care service or procedure offered by the facility is conducted as follows:*

- *Directly by a properly qualified health care professional, or*
- *Under the review of a properly qualified health care professional.*

ASSESSMENT METHOD*: Review provider records for documentation that the specialized health care service or procedure is conducted by, or under the professional guidance of, an appropriately qualified health care professional.*

.10 Volunteers.

A. A child care home volunteer shall be under the close supervision of the provider or a staff member whenever the volunteer is in contact with an unrelated child in care at the home.

B. The provider may not use as a volunteer an individual who has been prohibited, or automatically would be prohibited, from employment at the child care home pursuant to Regulation .03A or B of this chapter.

INTENT*: For the safety of the other children in care, each volunteer must be monitored closely by a staff member whenever the volunteer is in the presence of an unrelated child. A person who would be barred from employment at the large family child care home due to a criminal record or a history of child abuse or neglect may not serve at the home as a volunteer.*

INSPECTION REPORT ITEM*: "Volunteers"*

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

- *Monitored closely by large family child care home staff whenever in the presence of an unrelated child, and*

- *Used only if not unsuitable on the basis of criminal or abuse/neglect history.*

***ASSESSMENT METHOD**:*

- *Observe each volunteer to determine if, when, and how monitored by the large family child care home staff. If observation is not possible, interview the director and other center staff as necessary to determine monitoring level and procedures.*

- *Interview the director to determine if background checks were conducted on the volunteer and, if so, whether the results would have barred the person from serving as a volunteer.*

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

Large Family Child Care Homes Manual

(January 2017)

for use with

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

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.01 Prohibition of Abuse, Neglect, and Injurious Treatment.

A provider, employee, substitute, volunteer, individual residing on the premises of the child care home, or other individual connected with the home may not subject a child to abuse, neglect, mental injury, or injurious treatment.

INTENT: *Maryland law forbids corporal punishment of a child, in any form, by anyone other than the child's parent or legal guardian. No child may be subjected (or allowed to be subjected) to abuse, neglect, or injurious treatment by any person connected with the family child care home.*

INSPECTION REPORT ITEM: *"Prohibition of Abuse, Neglect, Injurious Treatment"*

COMPLIANCE CRITERIA: *No child in care is being abused, neglected, or subjected to mental injury, or injurious treatment.*

ASSESSMENT METHODS:

- *Observations of the interactions between the Provider/Additional Adult/Substitute and other residents of the home to determine whether abuse or neglect is suspected, or injurious treatment is occurring.*
- *If child abuse or neglect is suspected, CPS is contacted.*
- *If injurious treatment is occurring, OCC established procedures are followed.*

Notes:

- *"Abuse", "injurious treatment", "mental injury" and "neglect" are defined in 13A.18.01.02B(1), (23), (27), and (28) respectively.*
- *If CPS has determined that abuse or neglect occurred at the home, the Regional Office may move to suspend the Provider's registration on an emergency basis.*
- *If licensing staff has determined that injurious treatment occurred at the home, the Regional Office may move to suspend the Provider's registration on an emergency basis.*

.02 Abuse/Neglect Reporting.

A. A provider, employee, or substitute who has reason to believe that a child has been:

(1) **Abused, inside or outside of the child care home, shall report that belief directly to the protective services unit of the local department or to a law enforcement agency, as required under Maryland law; or**

(2) **Neglected, inside or outside of the child care home, shall report that belief directly to the protective services unit of the local department as required under Maryland law.**

B. If a child has been subjected to injurious treatment, it shall be reported to the

office.

C. A provider shall:

(1) **Instruct the staff to monitor all children daily for signs and symptoms of child abuse and neglect;**

(2) **Instruct the staff about their legal obligations to report suspected child abuse or neglect directly to the local department or the appropriate law enforcement agency; and**

(3) **Post, near each telephone in the child care home, the telephone numbers of the Child Protective Services unit of the local department and the appropriate law enforcement agency.**

D. A provider may not require an employee or substitute to report through the provider, rather than directly to the local department or a law enforcement agency, when the employee or substitute has reason to believe that a child has been abused or neglected.

***INTENT**: Each child must be monitored daily for any indication that he or she may have been subject to abuse. Suspicions of abuse or neglect must be reported immediately to the Child Protective Services unit in the local Department of Social Services (DSS) or to local police authorities. If injurious treatment has occurred in the family child care home by anyone associated with the home, it must be reported immediately to the Regional Office.*

***INSPECTION REPORT ITEM:** "Abuse and Neglect Reporting"*

COMPLIANCE CRITERIA:

- *Each day, the Provider observes the appearance and behavior of each child for any indication of abuse or neglect (see "Signs and Symptoms of Child Abuse, Neglect, and Mental Injury.")*

- *Suspected:*
  - *Abuse is reported immediately to Child Protective Services or police authorities;*
  - *Neglect is reported immediately to Child Protective Services; and*
  - *Injurious treatment is reported immediately to the Regional Office.*

- *The Provider has informed each substitute, the additional adult (if applicable), and all residents of the proper procedure for reporting suspected abuse or neglect.*

- *Telephone numbers for the local CPS Unit and police department are posted in the family child care home and readily accessible.*

***ASSESSMENT METHOD**: Observation to determine:*

- *If the provider/additional adult/substitute is monitoring children for abuse or neglect. Alternatively, discussion to determine if, how, and when the children are monitored.*

- *If the provider/additional adult/substitute knows proper abuse/neglect reporting procedures. If observation is not possible, discussion to determine if and how each of these persons knows the correct procedures.*

.03 Child Discipline.

A. Child discipline shall be:

(1) **Appropriate to the age, maturity, and physical condition of the child; and**

(2) **Consistent with the requirements of this chapter.**

B. The provider may not:

(1) **Force a child to eat or drink;**

(2) **Punish a child for refusing to eat or drink; or**

(3) **Withhold food or beverages as punishment.**

C. The provider shall:

(1) **Prepare a written child discipline policy that states the:**

(a) **Discipline methods used at the child care home; and**

(b) **The circumstances under which the child discipline methods may be applied;**

(2) **Make the child discipline policy available to:**

(a) **The parent of each child in care;**

(b) **A parent who is considering whether to enroll their children; and**

(c) **The office; and**

(3) **Ensure that the child discipline policy is followed by each employee, substitute, volunteer, and other individual connected with the child care home.**

INTENT: *The Provider's child discipline policy and procedures must be appropriate to the age and maturity of the child and must not cause harm or pain to the child.*

INSPECTION REPORT ITEM: *"Child Discipline"*

COMPLIANCE CRITERIA: *All child discipline techniques are appropriate and do not cause harm or pain to children in care.*

ASSESSMENT METHODS:

- *Observation to determine the nature and appropriateness of the Provider's discipline procedures.*
- *If observation is not possible, discussion to determine how the children are disciplined.*

Notes:

- *The Provider's child discipline policy and procedures must be in writing and made available to parents at the time they enroll their children in the Provider's child care program. The discipline policy and procedures must be included in the written agreement as required at 13A.18.03.03B (2).*
- *The Office may deny a registration application or suspend or revoke a registration if there is evidence that the applicant, provider, additional adult, substitute, or resident has subjected a child to abuse, neglect, mental injury, or injurious treatment. Alternatively, the Office may require the Provider to enter into a compliance agreement or impose other intermediate sanctions.*

.04 Parental Access.

A provider shall permit the parent of a child in care to:

A. Freely observe all areas of the child care home used for child care during operating hours; and

B. Have access to the parent's child at any time during the child care home's hours of operation, without appointment.

INTENT: *Whenever the Provider's home is in operation, parents must have access to their children and to the areas of the home that are approved for care. Parents do not need to notify the Provider in advance of a visit to the Provider's home during operating hours.*

INSPECTION REPORT ITEM: *"Parental Access"*

COMPLIANCE CRITERIA: *Without prior notification, parents have free access to their children and to the approved child care areas at all times during operating hours.*

ASSESSMENT METHOD: *Observation to determine if parents have free access. If observation is not possible, discussion to determine if, when, and where parents have access.*

.05 Authorized Release.

A. A provider shall ensure that a staff member releases a child only to the child's parent or to another individual, if directed by the parent, whose identity is verified.

B. If the parent or identified individual is not available due to death, illness, emergency, or any other cause, or if requested by a Child Protective Services worker, the child may be released to Child Protective Services.

INTENT: *In order to protect children from harm (and the Provider from liability), the Provider may not release a child to anyone except the child's parent*

or legal guardian, an identified person who has been explicitly named by the parent, or an identified Child Protection Services worker.

INSPECTION REPORT ITEM: *"Authorized Release"*

COMPLIANCE CRITERIA: *The Provider has a policy to ensure that each child is released only to:*

- *The child's parent or legal guardian,*
- *A person identified as being someone authorized by the parent or guardian to pick the child up, as stated on the child 's "Emergency Form" (OCC 1214) or in a special written authorization for a specific date or situation (see "Notes" below), or*
- *An identified Child Protection Services worker.*

ASSESSMENT METHOD: *Discussion to determine if:*

- *There is a child release policy,*
- *Each substitute and additional adult, if appropriate, is aware of the policy, and*
- *The policy is routinely followed.*

Notes:

- *The "Emergency Form" OCC 1214 is intended to provide the names and contact information for persons who are routinely authorized to pick the child up if the parent or guardian is unavailable. However, a parent may want to have the child picked up from the Provider's home by someone else as part of a special occasion or activity (for example, an out-of-town relative who has arrived for a visit, or a car pool driver for an afterschool sports practice). In this type of situation, the Provider may release the child only if:*

  - *The parent has specified to the Provider in writing what the purpose of the special arrangement is, who is expected to pick the child up, and when the pick-up will occur, and*
  - *The Provider is able to verify the identity of the person who arrives for the child.*

- *If a parent or legal guardian who seems to be intoxicated shows up to pick up the child, the Provider has no right to deny the person access to the child or to prevent the person from taking the child. However, the Provider do have the right to contact Child Protective Services immediately to express concern about the apparent condition of the person and the possible risk to the child. The following are some other courses of action the Provider may wish to consider:*

- *If the person seems so intoxicated that the child would be placed at risk of serious and immediate harm by being released to the person, the Provider can call the police. Likewise, if the person poses a threat to the Provider or any of the other children, the Provider can call the police and request immediate assistance. If possible and prudent, the Provider may try to stall the person until the police arrive.*

- *If there is another parent or authorized adult noted on the child's "Emergency Form" OCC 1214, the Provider may try to contact that person to explain the situation and request the person's assistance.*

- *If the person plans to drive the child home, the Provider might suggest using an alternative means of transportation (for example, calling a taxi). However, the Provider must remember that the intoxicated parent or legal guardian has the right to remove the child, and the Provider should not take any action that will put the Provider or any other child in danger.*

.06 Child Security.

A. The provider shall ensure the safety and security of each child at all times.

INTENT: *The Provider is fully responsible at all times for the safety, health, and welfare of each child in attendance.*

B. Whenever an area of the child care home is being used for a child care activity and children are present, the provider may not permit the area to be used at the same time for any other purpose without prior approval of the office.

INTENT: *Areas approved for child care may not be used for any purpose other than child care activities if children in attendance are present in that area.*

INSPECTION REPORT ITEM: *"Child Security"*

COMPLIANCE CRITERIA: *If children are present in an approved child care area, the area is used only for child care related activities.*

ASSESSMENT METHOD: *Observation of each approved area that has children present to determine whether any activity not related to child care is occurring.*

C. Unless an employee or staff member has successfully passed federal and State criminal background checks and a review of child abuse and neglect records,

the individual may not be alone with an unrelated child in care.

***INTENT**: Before a facility employee may be left alone with an unrelated child in care, the employee must have successfully completed federal and State criminal background checks and a child and adult abuse/neglect clearance.*

***INSPECTION REPORT ITEM**: "Child Security"*

***COMPLIANCE CRITERIA**: Only employees who have successfully completed both criminal background checks and a child and adult abuse/neglect clearance are alone with children at any time.*

***ASSESSMENT METHOD**: If an employee is observed to be alone with an unrelated child in care, determine if that person has successfully completed the required background checks and clearance.*

> ***Note:** If a newly hired employee is someone for whom OCC has previously received federal and State criminal background check results (due either to employment at another child care center or to having been a family day care home provider or resident) and those results were "clean," the person may be left alone with children at the current facility pending receipt of results of the federal and State CBC application made in connection with the person's current employment.*

D. An employee or staff member who has successfully passed federal and State criminal background checks and a review of child abuse and neglect records, shall:

(1) **Accompany a child whenever the child is in the presence of another individual, unless the individual is:**

(a) **Another child in care;**

(b) **A health service consultant used by the facility provider pursuant to COMAR 13A.18.06.09C;**

(c) **The child's parent, guardian, or other individual to whom the child may be released pursuant to Regulation .05 of this chapter;**

(d) **An individual who is authorized by the child's parent or guardian, and whose identity is verified, to provide a health care, academic, or other service to the child; or**

(e) **During an off-site activity, another child's parent or guardian, who is designated in writing by the provider to assist in transporting children to or from the child care home; and**

(2) **Unless documentation is on file at the child care home that an independent contractor performing a service at the child care home has successfully passed federal and State criminal background checks and a review of child abuse and neglect records, remain within sight and sound of the contractor whenever the contractor is in an area where children are present.**

***INTENT**: With certain stated exceptions, a facility employee who has successfully passed federal and State criminal background checks and, if hired on or after October 1, 2005, has had a satisfactory child and adult abuse/neglect clearance, must chaperone a child in care whenever the child is in the presence of a person who is not officially associated with the facility. A similarly screened employee must remain within sight and sound of an outside contractor if that contractor has not passed background checks and clearance and is in an area where children are present.*

***INSPECTION REPORT ITEM**: "Child Security"*

***COMPLIANCE CRITERIA**: Each child is chaperoned as required whenever the child is in the presence of a person who is not associated with the large family child care home, unless that person is excepted by regulation.*

***ASSESSMENT METHOD**: If a visitor or other non-excepted outsider is present, observe to determine if each child in that person's presence is chaperoned as required. If observation is not possible, interview the Director and facility staff as needed to determine how and by whom this requirement is met.*

Notes:

- *A person hired by the parent of a child in care to provide a particular service only to that child is not considered to be an "independent contractor" as defined in Chapter .01 regulation .02B(29). Therefore, the operator is not required to have the person accompanied. The requirement for a staff member to be present during a "third-party" activity is intended only where the activity has been arranged (wholly or in part) at the program or facility level and may be open to participation by other children in care.*

- *OCC performs child abuse/neglect clearances only for persons who are officially associated with the child care program (i.e., employees, substitutes, residents, etc.). For an independent contractor, the Director must arrange with the local Child Protective Services (CPS) Unit to perform the clearance. For this purpose, the Director will need to request a CPS release of information form (DHR/SSA 1279) from the local department, have the contractor complete the release form, and then submit it directly to the local CPS Unit.*

- *Maryland's Family Law Article §5-554(e) and (f) prevent an operator from sharing with OCC the specific findings of criminal*

background check (CBC) reports that the operator has received from CJIS on an independent contractor. In view of this prohibition, OCC can assess compliance with this regulation in one of two ways:

- *The Licensing Specialist may request the Director to reveal only enough of the contractor's CBC reports to show the CJIS letterhead, the name of the report subject, and the nature of each report (federal or State). This is sufficient to verify that "documentation exists on file." As to whether the person has "successfully passed" the background check, the Licensing Specialist may request the Director to give a statement (verbal or written) affirming that assessment. If this statement is given, compliance with the requirement is assessed.*
- *The Licensing Specialist should request the Director to provide a written (signed and dated) statement saying that (a) the contractor's federal and State criminal background check results have been received at the facility, and (b) the contractor successfully passed the background check. If this statement is submitted, compliance with the requirement is assessed.*

- *An outside person hired to do staff training at the large family child care home would fall under the definition of independent contractor.*

E. Activity Not Conducted by a Staff Member.

(1) **An activity involving the participation of children that is not conducted or led by a staff member is not permitted unless an appropriately qualified staff member is present throughout the activity to supervise the children.**

(2) **A child may not participate in the activity unless the provider has received prior written permission from the child's parent or guardian for the child's participation.**

INTENT*: A child activity conducted by a "third-party" person requires the presence of a properly qualified staff member. A child may not participate in a "third-party" activity without prior written permission from the child's parent.*

INSPECTION REPORT ITEM*: "Child Security"*

COMPLIANCE CRITERIA:

- *A qualified staff member is present during each "third-party" activity.*
- *The large family child care home has received written permission from a child's parent before the child participates in a "third-party" activity.*

***ASSESSMENT METHOD**:*

- *During a "third-party" activity, observe to determine if a qualified staff member is present. If observation is not possible, interview the Director and facility staff as needed to determine which staff members, if any, are present during "third-party" activities.*
- *Review child records to determine if written parent permissions are present for children who participate in a "third-party" activity.*

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(January 2017)

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.01 Individualized Attention and Care.

A provider shall ensure that:

A. Each child receives:

(1) Attention to the child's individual needs, including but not limited to;

(a) **Making reasonable accommodations for children with special needs in accordance with applicable federal and State laws; and**

(b) **Allowing an adult who provides specialized services to a child with special needs access to provide those services on the facility premises as specified in the child's individual education plan, individual family service plan, or written behavioral plan; and**

(2) Adequate supervision and care at all times which is:

(a) **Provided only by individuals who are designated by the provider to provide supervision and care; and**

(b) **Appropriate to the individual age, needs, and capabilities of the child;**

INTENT*: Proper supervision and care are the most important factors in safeguarding the health, safety, and welfare of children and in helping ensure their successful growth and development. Individual children may vary widely in their particular supervision and care needs. Adequacy and appropriateness of supervision and care means that those needs are substantially met at all times.*

INSPECTION REPORT ITEM*: "Individualized Attention and Care"*

COMPLIANCE CRITERIA*:*

- *Supervision at all times:*
  - *No child is left unattended;*
  - *Each staff member is attentive and responsive to each child under the staff member's supervision and is able to intervene immediately on behalf of the child; and*
  - *Each individual supervising or providing care to a child has been assigned supervision or care responsibilities by appropriate facility personnel.*
- *Appropriate to individual needs:*
  - *Each child is given a level and type of supervision and care that is consistent with the child's age, needs, and developmental status.*

ASSESSMENT METHODS*:*

- *Observe to determine:*
  - *The location of each child relative to person(s) with assigned supervision or care responsibilities; and,*
  - *The level of staff attentiveness and responsiveness to each child.*

- *If needed, interview director or staff as appropriate and/or review facility records (staffing pattern, personnel list, etc.) to verify that observed supervision and care responsibilities have been duly assigned.*

***Note**:*

- *In a facility approved for evening or overnight care, proper supervision may involve additional responsibilities.*

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

***INTENT**: Each staff member must be fully oriented to, and ready to meet the care needs of each assigned child. Information on children and child records must be accessible to staff so that they can use that information to help provide appropriate child care and supervision based on individual child needs.*

***INSPECTION REPORT ITEM**: "Individualized Attention and Care"*

***COMPLIANCE CRITERIA**: Each staff member has been oriented to the individual needs of children assigned and is prepared to meet the individual care needs of assigned children.*

***ASSESSMENT METHOD**:*

- *Determine if and how staff members have been oriented to the individual needs of assigned children.*
- *Observe activity groups to determine if, and to what extent, individual needs are being addressed. If observation is not feasible, interview the director and facility staff as needed to determine how individual needs recorded in the children's files are addressed by assigned staff.*

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

D. A child is under close and continuous supervision whenever using potentially dangerous activity materials or equipment such as scissors, sharp tools, or knives; and

***INTENT**: Injury resulting from children's use of potentially dangerous activity materials is minimized through close supervision by staff.*

***INSPECTION REPORT ITEM**: "Individualized Attention and Care"*

***COMPLIANCE CRITERIA**: Staff members provide close and continuous supervision of children using potentially dangerous activity materials.*

***ASSESSMENT METHOD**: Observe groups to determine if staff members provide close and continuous supervision of children using potentially dangerous activity materials.*

E. A child is allowed to travel to or from school or a school transportation site without adult supervision only if:
(1) The child is in the first or a higher grade; and
(2) The child's parent and the provider agree in writing that the child can travel safely without adult supervision.

***INTENT:** Kindergarten children may never be allowed to walk to school or the bus stop without adult supervision. A child enrolled in first grade who is younger than 6 years old may be allowed to travel unsupervised between the facility and school or a school bus stop only if the facility operator and the child's parent have agreed that the child is mature and responsible to do so and the route is safe enough for the child to travel alone.*

***INSPECTION REPORT ITEM**: "Individualized Attention and Care"*

***COMPLIANCE CRITERIA**: Documentation is on file at the facility showing that, before allowing the child to travel alone, the operator and the child's parent have:*

- *determined that the child is ready to walk alone,*
- *agreed to that travel, and*
- *established a safe travel route for the child.*

***ASSESSMENT METHOD**: Review of the child's file to determine if a prior written agreement is present.*

.02 Supervision by Qualified Staff.

A. At all times while in care, each child shall be assigned to a group of children that is supervised by a family child care teacher who meets the requirements of COMAR 13A.18.06.06.

***INTENT**: To ensure proper child supervision, it is essential that only properly qualified staff members are permitted to supervise children.*

***INSPECTION REPORT ITEM**: "Supervision by Qualified Staff"*

***COMPLIANCE CRITERIA**: All children are supervised by a qualified family child care teacher.*
***ASSESSMENT METHOD**: Review the facility's personnel list and then observe each group of children to determine if they are being supervised by a qualified family child care teacher.*

B. The provider shall assign qualified child care teachers to each group of children as needed to meet the requirements for group size and staffing set forth at Regulation .03 of this chapter.

***INTENT**: To ensure proper child supervision and instruction, it is essential that only properly qualified staff members are permitted to be in charge of children.*

***INSPECTION REPORT ITEM**: "Supervision by Qualified Staff"*

***COMPLIANCE CRITERIA**: Each group of children is under the charge of a staff member who is qualified to supervise the age-range(s) of those children.*

***ASSESSMENT METHOD**: Review the facility's current staffing pattern and personnel list and then observe each group of children to determine if a properly qualified staff member is in charge of the group.*

C. A child younger than 2 years old may be handled or fed only by an individual designated to do so by the provider.

D. Staff Availability.

(1) In case of a temporary absence from the child care home of the provider or, if applicable, the director:

(a) **The provider shall designate a family child care teacher to be present and in charge of the child care home; or**

***INTENT**: At any given time, there must be an individual on-site who is specifically identified as the person immediately responsible for the operation of the facility at that time. In the absence of the director, a properly qualified staff member must be designated as that person.*

***INSPECTION REPORT ITEM**: "Supervision by Qualified Staff"*

***COMPLIANCE CRITERIA**: Whenever the director is absent, the facility is in the designated charge of a properly qualified staff member.*

***ASSESSMENT METHOD**: Interview the director to determine who is in charge of the center when the director is not there. If necessary, interview other center personnel to determine if and how they know who is in charge when the director is absent.*

(b) **If a family child care teacher is not available, the provider shall direct the provider's substitute to be present and in charge of the child care home.**

(2) If the only children in attendance are 2 years old or older and only one staff member is needed to meet staff/child ratio requirements, the provider shall have a written, signed, and dated agreement from an adult who has

successfully passed a federal and State criminal background check and a review of child and adult abuse and neglect records and is willing and able to be at the child care home within 15 minutes of notification.

Note: *See* ***"On Call Agreement"*** *form*

.03 Group Size and Staffing.

A. Assignment of Staff. One or more family child care teachers shall be assigned to each group of children as needed to meet the requirements for group size and staffing set forth at §§C—G of this regulation.

B. Age of a Child. For purposes of determining group size and staff required under this chapter, the age of a child is determined solely according to the date of the child's most recent birthday.

C. Same-Age Groups. In a group of children of the same age, the following staff/child ratio and maximum group size requirements apply:

Child Ages	*Staff/Child Ratio*	*Maximum Group Size*
2 years old	*1 to 6*	*12*
3 or 4 years old	*1 to 10*	*12*
5 years old or older	*1 to 12*	*12*

INTENT*: Research has repeatedly shown that staff/child ratios and child group sizes are among the most important determinants of child safety and the quality of care. Minimum staff/child ratios and maximum group sizes are established to help ensure:*

- *Proper child supervision,*
- *Adequate attention to each child's needs,*
- *Positive and successful child-child and child-adult interactions,*
- *Safe and manageable activities, and*
- *An environment conducive to each child's ability to develop self-esteem and to learn and master new skills.*

INSPECTION REPORT ITEM*: "Group Size and Staffing"*

COMPLIANCE CRITERIA*: In each same-age group of children:*

- *The appropriate minimum staff/child ratio is maintained at all times, and*
- *The number of children remains at all times within the applicable maximum group size.*

ASSESSMENT METHOD*: For each same-age group of children:*

- *Count and document the number of children present,*
- *Verify the ages of the children by reviewing the children's records,*
- *Review the daily attendance records to verify compliance with group size and age levels, and*

- *Review the Large Family Child Care Home Employment Record and the "Staffing Pattern", form OCC 1206, to determine if the number of staff are adequate and present as assigned.*

Note:

- *For a visual guide to staffing and group size requirements, see "Staff/Child Ratio – Group Size Charts".*

D. Groups of Children Younger than 2 Years Old. In a group of children where each child is younger than 2 years old, the following staff/child ratio and maximum group size requirements apply:

Child Ages	*Staff/Child Ratio*	*Maximum Group Size*
Infants	*1 to 3*	*6*
Toddlers	*1 to 3*	*9*
Infants and toddlers, with 1 to 2 infants in the group	*1 to 3*	*9*
Infants and toddlers, with 3 or more infants in the group	*1 to 3*	*6*

E. Mixed-Age Groups with Children Younger than 2 Years Old. In a group where children younger than 2 years old are mixed with children 2 years old or older, the following minimum staffing levels and maximum group size requirements apply:

Group Composition	*Minimum Staffing Level*	*Maximum Group Size*
Includes 1 or 2 children under the age of 2	*1 staff member*	*8*
Includes 1 or 2 children under the age of 2	*2 staff members*	*12*
Includes 3 or 4 children under the age of 2	*2 staff members*	*8*
Includes 3 or 4 children under the age of 2	*3 staff members*	*12*

F. Mixed-Age Groups with Children 2 Years Old or Older.

(1) In a mixed age group with children who are 3 years old or older, the staff to child ratio is 1 to 10.

(2) In mixed-age groups of varying sizes that include children who are 2 years old, the following minimum staffing levels apply:

Group Composition	*Group Size*	*Minimum Staffing Level*
Includes one to three 2-year-old children	*Up to 10*	*1 staff member*
Includes four or more 2-year-old children	*Up to 12*	*2 staff members*

***INTENT**: Refer to the "Intent" statement under §C. above. In addition, staff/child ratio and group size requirements for a mixed-age group are based on the proportions of individual child ages within the group. Because younger children are more vulnerable and require closer attention, a higher proportion of younger children reduces the maximum allowable group size and requires a closer staff/child ratio.*

***INSPECTION REPORT ITEM**: "Group Size and Staffing"*

***COMPLIANCE CRITERIA**: In each mixed-age group of children:*

- *The appropriate minimum staff/child ratio is maintained at all times, and*

- *The number of children remains at all times within the applicable maximum group size.*

***ASSESSMENT METHOD**: For each mixed-age group of children:*

- *Count and document the number of children present,*
- *Verify the ages of the children by reviewing the children's records,*
- *Review the daily attendance records to verify compliance with group size and age levels, and*
- *Review the Employment Record and Staffing Pattern, form OCC 1206, to determine if the number of staff are adequate and present as assigned.*

G. Group Size and Staffing in Approved Educational Programs.

(1) During a school day approved by the Department, a teacher shall be assigned to each class and the following requirements apply:

Child Ages	*Staff/Child Ratio*	*Maximum Group Size*
2 years old	*1 to 6*	*12*
3 years old or older	*1 to 12*	*12*

(2) A nursery school may not exceed a staff/child ratio or group size requirement set forth at §G(1) of this regulation, except that a Montessori school that has been approved by the Department may exceed a staff/child ratio or group size requirement by no more than 1/3.

(3) When children who are 2 years old, 3 years old, 4 years old, and 5 years old are grouped together, the average age of all the children in the group as of September 1 of that school year is used to determine the group's maximum size and staff/child ratio.

***INTENT**: In an instructional program operating under an MSDE Certificate of Approval, each class complies with the program's specified teacher-student ratio and class size established for the purpose of that Certificate.*

***INSPECTION REPORT ITEM**: "Group Size and Staffing"*

***COMPLIANCE CRITERIA:** During the approved hours of instruction, each class meets the applicable staff/child (teacher/student) ratio and does not exceed the applicable maximum class size.*

***ASSESSMENT METHOD**: For each class, review daily attendance records and observe the number of staff (teachers) and children (students) present to determine if they meet applicable ratio and group size requirements.*

***Note:** Requirements for nonpublic school approvals (K-12) are set forth in COMAR 13A.09.09. Under those regulations, an approved instructional program must operate in accordance with the school's written statement that specifies the ratio of students to teachers or the average class size for the implementation of the school's educational program.*

.04 Variations in Group Size.

Group sizes for all ages may vary during outdoor play and special activities such as field trips and assemblies, only if the provider maintains the staff/child ratios required by this chapter.

***INTENT**: During outdoor play or certain recreational activities, it may not be practical or appropriate to the nature of the activity to adhere rigidly to the group size requirements specified in §.03 of this Chapter. Under these limited circumstances, the ordinary group size maximum may be exceeded, but only if the applicable minimum staff/child ratio is maintained at all times.*

***INSPECTION REPORT ITEM**: "Variations in Group Size"*

***COMPLIANCE CRITERIA**:*

- *A group size maximum is exceeded only during outdoor play or a recreational activity where it is not feasible or appropriate to keep the children separated into discrete, identifiable groups.*
- *If the group size maximum is being exceeded under this provision, the applicable staff/child ratio is maintained at all times.*

***ASSESSMENT METHOD**:*

- *Referring as necessary to the provider's personnel list and staffing patterns, observe outdoor play groups and special recreational groups to determine if the required staff/child ratios are being maintained.*
- *If observation is not possible, interview the center director and other staff members as necessary to determine if and how maintenance of minimum ratios during outdoor play, off-site activities, etc., is ensured.*

.05 Supervision During Water Activities.

A. A provider shall have prior written approval from a child's parent for the child's participation in a water activity.

***INTENT**: Swimming or wading involves potential safety risks, particularly for young children. The operator must obtain prior written permission from each child's parent before allowing the child to swim or wade.*

***INSPECTION REPORT ITEM**: "Supervision during Water Activities"*

***COMPLIANCE CRITERIA**: If swimming/wading activities are conducted, there is a "Swimming/Wading Activity Permission" slip, or equivalent written authorization, from each child's parent in the child's file.*

***ASSESSMENT METHOD**: Review of child files.*

***Note:** See "Playground and Water Safety Guidelines".*

B. If a wading or swimming area is 4 feet or less in depth, each child engaged in a water activity shall receive continuous supervision by a staff member.

***INTENT**: Any water activity, including wading, is potentially dangerous, especially for small children; therefore, the operator must ensure that each child is appropriately supervised and constantly monitored whenever the child is in the water. The operator is responsible for each child's safety at all times while the child is in care.*

***INSPECTION REPORT ITEM:** "Supervision during Water Activities"*

***COMPLIANCE CRITERIA**: Each child is supervised as required and monitored constantly by provider's staff throughout a water activity.*

***ASSESSMENT METHOD:** If possible, observe to determine if and how each child is being monitored and supervised; otherwise, interview facility staff to determine how the children are monitored and supervised during a water activity.*

Notes:

- *The provider may not permit a child in care to use a wading 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. Stagnant (uncirculated) pool water is a potential health hazard because it contaminates quickly; therefore, children may only use wading pools that have an approved and working circulation system.*

- *See "Playground and Water Safety Guidelines".*

C. If the water exceeds 4 feet in depth, there shall be a lifeguard present who:
(1) Holds a current certificate of approval for lifeguarding from the American Red Cross, YMCA, or other organization acceptable to the office or the local health department;
(2) Is present at waterside during the swimming activity; and
(3) Is not included in the required staff/child ratio.

***INTENT**: A body of water deeper than 4 feet may not be used for a water activity unless at least one properly certified lifeguard is present and on duty.*

***INSPECTION REPORT ITEM**: "Supervision during Water Activities"*

***COMPLIANCE CRITERIA**: If water exceeds 4 ft. in depth, a person with current, approved lifesaving certification is present.*

***ASSESSMENT METHOD**: If possible, observation to verify that a certified lifeguard is present and on-duty; otherwise, interview facility staff to determine if and how proper lifeguard coverage is assured.*

Notes:

- *Even when a certified lifeguard is present, the provider is responsible for maintaining continued monitoring and appropriate supervision of children during a water activity and while at the body of water.*
- *See "Playground and Water Safety Guidelines".*

D. Except during a swimming lesson conducted by a certified water safety organization, such as the American Red Cross, that is acceptable to the office or the local health department, whenever water is over the chest of a child who cannot swim, the child shall receive one-to-one supervision by a staff member who is in the water with the child.

***INTENT:** Drowning or near-drowning can occur in seconds. For each non-swimming child who is in water over his or her chest, a staff member must also be in the water within arm's-length reach of the child.*

***INSPECTION REPORT ITEM**: "Supervision during Water Activities"*

***COMPLIANCE CRITERIA**: For each non-swimming child in water over his/her chest, there is a staff member in the water right next to the child.*

***ASSESSMENT METHOD**: If possible, observation to verify that one-on-one in-water supervision is occurring; otherwise, interview facility staff to determine if and how that level of supervision is assured.*

***Note:** See "Playground and Water Safety Guidelines".*

.06 Supervision During Transportation.

When child transportation is conducted to or from:

A. The child care home by the provider, there shall be at least one adult other than the driver present in the vehicle if:

(1) More than eight preschoolers are being transported as a group; or

(2) At least one child is being transported and the driver of the vehicle is not:

(a) **A child care home employee; or**

(b) **The parent of a child in care who is authorized by the provider to assist in transporting children in care; or**

B. An off-site activity by an independent contractor and at least one child in care is being transported, the provider shall ensure that there is at least one adult other than the driver present in the vehicle.

***INTENT**: Having to supervise a sizable group of preschoolers alone while driving can easily distract the driver, thus creating a significant safety risk for everyone in the vehicle. Having an additional adult present to supervise the children allows the driver to concentrate fully on driving.*

***INSPECTION REPORT ITEM**: "Supervision during Transportation"*

***COMPLIANCE CRITERIA:** There is at least one additional adult present whenever more than eight (i.e., at least nine) preschoolers are being transported.*

***ASSESSMENT METHOD**: Review the provider's records (activity schedule, personnel list, etc.) and interview staff as necessary to determine staff transportation assignments in relation to transportation events involving more than eight preschoolers.*

.07 Playground Supervision.

When a group of children is engaged in a playground or outdoor activity, staff members assigned to the group shall:

A. Station themselves among the children so that immediate intervention can occur if necessary; and

***INTENT**: To maximize safeguards and protection of children while on the playground and during outdoor activities, all children must be supervised at all times.*

***INSPECTION REPORT ITEM**: "Playground Supervision"*

***COMPLIANCE CRITERIA**: During playground and other outdoor activities, staff station themselves among the children so that they can supervise the children and intervene as necessary.*

***ASSESSMENT METHOD**: Observe outdoor activities to determine if staff position themselves in a manner which enables them to be immediately available to intervene as necessary.*

***Note:** See "Playground and Water Safety Guidelines".*

B. If a child expresses or shows signs of discomfort due to over-activity, temperature or weather conditions, or other physical or environmental factors, take immediate and appropriate steps to alleviate the discomfort.

***INTENT**: To ensure that children who appear to experience discomfort due to outdoor activities and other outdoor factors are immediately attended to and the discomfort is alleviated by staff.*

***INSPECTION REPORT ITEM**: "Playground Supervision"*

***COMPLIANCE CRITERIA**: During playground and other outdoor activities, staff immediately acts to alleviate a child's discomfort due to over-activity, temperature or weather conditions, or other physical or environmental factors.*

***ASSESSMENT METHOD:** Observe outdoor activities to determine if staff immediately acts to alleviate a child's discomfort if a child shows signs of discomfort due to over-activity, temperature or weather conditions, or other physical or environmental factors.*

.08 Rest Time Supervision.

A. During a rest period for a group of children who are younger than 2 years old:
- **(1) The required staff/child ratio applicable to that group shall be maintained; and**
- **(2) Each staff member assigned to the group shall remain with the children.**

B. During a rest period for a group of children who are 2 years old or older:
- **(1) The required staff/child ratio applicable to that group shall be maintained until all the children are resting quietly; and**
- **(2) Once all the children in the group are resting quietly:**
  - (a) **At least one child care teacher or aide assigned to the group shall continue to remain in the room with the children; and**
  - (b) **Other staff members if any, assigned to the group may leave the room but shall remain on the premises and within hearing range.**

***INTENT:** During naptime or rest periods, certain staff/child ratio requirements may be modified with regard to children who are at least 2-years-old.*

***INSPECTION REPORT ITEM**: "Rest Time Supervision"*

***COMPLIANCE CRITERIA**: During naptime or rest periods in classrooms with children who are 2-years-old or older, staff supervision complies with the specifics of the regulation.*

***ASSESSMENT METHOD:** Observe staff/child ratios during naptime or rest periods in classrooms with children who are 2-years-old or older are napping or resting, to determine if at least one child care teacher or aide remains in the room; and, if this is the case, the other staff members assigned to the group remain on the premises within hearing range of the classroom.*

C. To determine if a resting child is safe, breathing normally, and in no physical distress:
- **(1) Each resting child shall be observed at intervals appropriate to the child's age**

and individual needs; and

(2) A resting child younger than 12 months old shall be observed at least every 15 minutes.

INTENT: *(A-C) A sleeping child is a child whose safety and well-being must be actively and personally monitored. Video and sound monitors may be used to see and listen to sleeping children but visual checks must be made every 15 minutes for children under age 2 years to ensure that they are breathing normally and in no physical stress. 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: *"Supervision of Resting Children"*

COMPLIANCE CRITERIA:

The following are criteria for supervision of children during rest periods:

- *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.*
- *The Provider informed parents of sleeping arrangements for children in care if children sleep on different levels of the home.*
- *Gates to stairways are in place and properly secured.*

Large Family Child Care Homes Manual

(January 2017)

for use with

COMAR 13A.18 – Large Family Child Care Homes

(as amended effective 7/20/15)

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01. Schedule of Daily Activities for All Children.

A. **The provider shall prepare, post, and follow a written schedule of daily activities and offer activities that:**

(1) Promote the sound emotional, social, intellectual, and physical growth of each child;

(2) Are appropriate to the age, needs, and capabilities of the individual child;

(3) Include opportunities for individual and group participation;

(4) Include a balance between self-selected and staff-directed activities;

(5) Include a balance between active and quiet periods;

(6) Include periods of rest appropriate to the age, needs, and activities of the child; and

(7) Include outdoor play in the morning and afternoon except that outdoor play need not be included:

(a) **When the weather is inclement; or**

(b) **In a before-school program.**

INTENT: *For each care day, the large family child care home must have a written schedule that provides activities that meet each child's individual and developmental needs while also allowing the child to engage in spontaneous activities and relationships.*

INSPECTION REPORT ITEM*: "Schedule of Daily Activities for All Children"*

COMPLIANCE CRITERIA*:*

- *A written daily activity schedule is posted in each room or group.*
- *The schedule includes time periods for activities that:*
  - *Promote social, intellectual, emotional, and physical growth*
  - *Provide activity choice and activity balance, and*
  - *Unless precluded by bad weather, include twice-daily outdoor periods.*

ASSESSMENT METHOD*:*

Observe to determine if:

- *A current, written activity schedule is posted, and*
- *The schedule includes time periods for activities that meet the compliance criteria listed above.*

Notes*:*

- *Each child develops at his or her own pace; however, there are general developmental characteristics that children typically demonstrate at certain age levels. See "Developmental Characteristics", for information about these age levels, and for some suggestions regarding toys and equipment appropriate to each age grouping.*

- *A resource of activities designed to promote child development is included. See "Suggested Daily Activities".*

- *It is the responsibility of the parents to make sure their children have proper clothing. However, it is the operator's responsibility to ensure the health, safety, and welfare of each child at all times while the child is in care. This responsibility includes ensuring the child's physical comfort with respect to temperature and activity. Although the provider is not required to furnish clothing items to children in care, the provider is encouraged to keep a variety of spare clothing items on hand in case children's clothes get wet or soiled. If a child arrives at the large family child care home without proper or adequate clothing, the Director should:*
  - *Arrange some alternate activity until the child has obtained the proper clothing,*
  - *Discuss the matter of proper clothing with the child's parent at the earliest opportunity, and*
  - *Consider specifying clothing responsibilities in the service contract or agreement the large family child care home has with the child's parent.*

B. **A before-school and after-school program schedule of activities shall take into consideration that the child has attended an instructional program during regular school hours.**

***INTENT**: Because an instructional program includes activities intended to address a child's need for intellectual growth and stimulation, a before-school and after-school program may be permitted flexibility with respect to these areas of activity programming. The activities provided should complement the instructional day by primarily providing opportunities geared to the children's social, emotional, and physical needs.*

C. **Screen Time Activities.**

(1) Definitions. In this section, the following terms have the meanings indicated;

(a) **"Interactive technology" means educational and age-appropriate technology, including programs, applications (apps), noncommercial television programming, videos, streaming media, and ebooks that is designed to:**

(i) Facilitate active and creative use of technology; and

(ii) Encourage social engagement with other children and adults.

(b) **"Passive technology" means noninteractive television, videos, and streaming media.**

(2) Limited use of appropriate interactive technology may support, but may not replace, creative play, physical activity, hands-on exploration, outdoor experiences, social interactions, and other developmentally appropriate learning activities for children 2 years old or older.

(3) Viewing Restrictions. Except as set forth in §C(4) of this regulation, a child in attendance who is:

(a) **Younger than 2 years old may not be permitted to view any passive technology; and**

(b) **2 years old or older may not be permitted to view more than 30 minutes of age-appropriate, educational passive technology per week.**

(4) Exceptions.

(a) **An occasional exception to the weekly passive technology viewing limit set forth in §C(3) of this regulation may be made for a special event or project, including a holiday or birthday celebration, or for educational content that is related to the child care home's curriculum.**

(b) **If an exception to the weekly passive technology viewing limit is made, a written record of the exception shall be made and retained on file that documents the:**

(i) Nature and duration of the programming viewed; and

(ii) Reason for the exception.

(5) No child may be permitted to view any:

(a) **Passive or interactive technology during a meal or a snack; or**

(b) **Media with brand placement or advertising for unhealthy or sugary food or beverages.**

(6) The provider shall give the parent of each enrolled child a written screen time policy that addresses the use of passive and interactive technology during child care hours.

INTENT: *Screen time is limited because it is important for infants and young children to:*

- *Have positive interactions with people and not sit in front of a screen that takes time away from social interaction with caregivers/teachers;*
- *Participate in activities that promote brain development such as talking, playing, singing, and reading together; and*
- *Participate in creative play, physical activity, hands-on exploration, outdoor experiences, social interactions, and other developmentally appropriate learning activities.*

INSPECTION REPORT ITEM: *"Screen Time Activities"*

COMPLIANCE CRITERIA:

- *Children younger than 2 years old are not permitted to view any passive technology;*
- *Children 2 years old or older are not permitted to view more than 30 minutes of age-appropriate, educational passive technology per week;*
- *No child is permitted to view any passive or interactive technology during a meal or a snack;*
- *No child is permitted to view media with brand placement or advertising for unhealthy or sugary food or beverages;*
- *If an exception to the weekly passive technology viewing limit is made, a written record of the exception is on file; and*

- *The parent of each enrolled child received a written screen time policy that addresses the use of passive and interactive technology during child care hours.*

ASSESSMENT METHOD:

- *Observe to determine if a current, written activity schedule is posted, and*
- *The schedule includes screen time periods that meet the compliance criteria listed above.*
- *Check provider file for written exceptions to screen time for special events or projects;*
- *Ask the Director to produce the large family child care home's written screen time policy that addresses the use of passive and interactive technology during child care hours, and show evidence that the parents (of each child enrolled) received the screen time policy.*

***Notes**:*

- *See "Developmental Characteristics", for information, and for some suggestions regarding toys and equipment appropriate to various age groups.*
- *A resource of activities designed to promote child development is included. See "Suggested Daily Activities"*

02. Activity Plans for Infants and Toddlers.

A. **A provider shall assign one staff member primary responsibility for each infant and toddler in care during each staff shift.**

***INTENT**: During a given work shift, each infant and each toddler in attendance must have a specified staff member designated as the infant's or toddler's primary caregiver.*

***INSPECTION REPORT ITEM**: "Activity Plans for Infants and Toddlers"*

***COMPLIANCE CRITERIA**: During each work shift, a primary staff member is assigned to each infant and each toddler present during that work shift.*

***ASSESSMENT METHOD**: For each infant and each toddler in care, review the infant's and toddler's current activity plan to identify the primary staff member assigned to each infant and each toddler. Review the current "Staffing Pattern" form, OCC 1206, to determine if that person is assigned to the infant's or toddler's group.*

B. **Upon enrollment of an infant or a toddler, the provider shall, in consultation with the parent of the child, prepare a written individualized activity plan for the child that:**

(1) Addresses the child's normal pattern of activities, sleeping, and eating;

(2) Is consistent with the child's needs and capabilities;

(3) Identifies the staff member who is assigned primary responsibility for the care of the child during each staff shift.

(4) Ensures that the child is:

(a) **Held, played with, and talked to;**

(b) **Except when sleeping, given opportunities to sit, crawl, toddle, or walk outside the infant's crib or playpen;**

(c) **Except in inclement weather, taken outdoors daily; and**

(d) **Diapered as needed and in accordance with the approved diapering procedure.**

INTENT*: When an infant or toddler is enrolled in care, the provider must ensure that a written individualized activity plan for the infant or toddler is developed jointly by the infant's or toddler's parent and a qualified staff member. This plan must address in detail what the infant's or toddler's individual needs are and how they will be met. This plan must also identify the qualified staff member who will have responsibility during each work shift for implementing the plan and ensuring that the infant or toddler receives appropriate care.*

INSPECTION REPORT ITEM*: "Activity Plans for Infants and Toddlers"*

COMPLIANCE CRITERIA*:*

- *For each infant and toddler enrolled in care, there is a written individualized activity plan that was jointly developed by qualified staff and the parent at the time of the infant's or toddler's admission to care.*

- *The written plan details:*
  - *The infant's or toddler's normal eating, sleeping, and other activity patterns and specifies how the facility will accommodate those patterns;*
  - *How the infant or toddler will receive consistent and appropriate stimulation;*
  - *Diapering; and*
  - *Assignment per shift of a qualified primary caregiver.*

ASSESSMENT METHOD*: Review each infant's and each toddler's record to determine if a written plan is present and if it meets the compliance criteria.*

C. **For an infant or a toddler, the written activity plan required at the time of the child's admission to care shall be:**

(1) Available for reference in the space used by the child's group;

(2) Implemented by each staff member having responsibility for care of the child;

(3) Modified in consultation with the child's parent as necessitated by the child's developmental needs; and

(4) Reevaluated at least every 3 months.

INTENT*: The activity plan of each infant or toddler must be available for reference in the infant's or toddler's care area; routinely used as the basis for the infant's or*

toddler's care; reviewed and updated at least every 3 months; and modified at other times as necessary in consultation with the infant's or toddler's parent.

***INSPECTION REPORT ITEM**: "Activity Plans for Infants and Toddlers"*

***COMPLIANCE CRITERIA**: Each infant's and each toddler's activity plan is:*

- *Posted in the each infant's and each toddler's care area;*
- *Used as the basis for care each day the infant and toddler is present;*
- *Current to within the last 3 months; and*
- *Re-evaluated at least every 3 months and modified as needed jointly with the parent.*

ASSESSMENT METHOD:

- *Observe to determine if and where each infant's and each toddler's activity plan is posted.*
- *Review each infant's and each toddler's plan for evidence of re-evaluation conducted at least every 3 months, for modifications as needed, and for evidence of the parent's participation in these reviews.*
- *Observe each infant's and each toddler's actual care activities to determine if they are consistent with the current activity plan. If necessary, identify and interview the infant's and the toddler's designated primary caregiver to obtain additional information in this regard.*

> ***Notes**: The needs of infants and toddlers may change rapidly and frequently, and the large family child care home staff members are expected to be alert to these changes. While a pre-planned individual activity schedule is necessary and appropriate, the home must be flexible and prepared to revise the plan, in consultation with the parent, according to observed changes in the infant's and the toddler's behavior and needs.*

03. Activity Materials, Equipment, and Furnishings.

A. **For indoor and outdoor activities, a provider shall provide to each group of children in care a sufficient quantity and variety of activity materials, equipment, and furnishings according to the numbers, ages, and developmental needs of the children.**

***INTENT:** There must be enough appropriate indoor and outdoor activity-related items to accommodate all of the children in each activity group.*

***INSPECTION REPORT ITEM**: "Activity Materials, Equipment, and Furnishings"*

***COMPLIANCE CRITERIA**: In each activity group, there are enough age-appropriate activity-related items to allow each child in the group to participate fully and successfully in the activity.*

***ASSESSMENT METHOD**: Observe each activity group to determine the sufficiency and age-appropriateness of activity-related items available to the group.*

B. **Activity materials and equipment shall be:**

(1) Provided for:

(a) **Vigorous play;**
(b) **Creative and dramatic play;**
(c) **Socialization;**
(d) **Manipulation, including construction materials;**
(e) **Exploration of art, music, language arts, and science; and**
(f) **Individual pursuits;**

(2) Appropriate to each child's individual development of cognitive, social, emotional, and fine and gross motor skills;

***INTENT**: Activity materials must be available to encourage and stimulate child growth in physical, cognitive, emotional, and social domains.*

***INSPECTION REPORT ITEM**: "Activity Materials, Equipment, and Furnishings"*

***COMPLIANCE CRITERIA**: Available materials are suited to the activity areas specified in this regulation.*

***ASSESSMENT METHOD**: Observe the activity materials available to each group to determine if they are suited to the listed activity areas.*

Note: See "Program Requirements – Curriculum Easy as ABC, 123".

(3) Easily accessible to each child for whose use they are intended;

(4) In good repair, clean, nontoxic, and free from hazards including lead paint; and

***INTENT:** Each activity material or equipment item used by a child must be safe, clean, fully operational, and developmentally appropriate for that child.*

***INSPECTION REPORT ITEM**: "Activity Materials, Equipment, and Furnishings"*

***COMPLIANCE CRITERIA**: Each activity and equipment item is safe, suitable, clean, and in proper working condition.*

***ASSESSMENT METHOD**:*

- *Observe the condition of activity and equipment items.*

- *If items have manufacturer labels, check these labels to determine if any item contains lead, lead paint, or another toxic substance.*

Note:

- *Hazards commonly found in activity materials and equipment include, but are not limited to:*
  - *Sharp, pointed, or serrated edges*
  - *Splinters*
  - *Protruding nails, screws, bolts, boards, etc.*
  - *Choking hazards such as small removable pieces*
  - *Strings, cords, and hooks that can catch on a child's clothing or hair*

- *Some materials and equipment in Montessori programs may appear to be hazardous, but are an important part of the Montessori curriculum.*

(5) Culturally sensitive and representative of the children in care.

C. **In reviewing materials and equipment in before-school and after-school programs, the office shall take into consideration that the child has attended an instructional program during regular school hours.**

INTENT*: Because an instructional program addresses a child's need for growth and stimulation across all major developmental domains, a before-school and after-school program may be permitted more flexibility in the range of equipment and activity materials it makes available.*

D. **Furnishings used by a child in care:**
(1) May include furniture and other furnishings used by residents in the child care home; and
(2) Shall be scaled in proportion to the child's size.

INTENT for A. and B. above*: Furnishings intended for use by children must be sized according to those children so that they can use the furnishings without assistance or risk of injury. At a minimum, the large family child care home must maintain suitable, age-appropriate, and appropriately-sized furniture for sitting, participating in tabletop activities, and resting or sleeping.*

INSPECTION REPORT ITEM*: "Activity Materials, Equipment, and Furnishings"*

COMPLIANCE CRITERIA*:*

- *Each child can easily and successfully access all furnishings used in his/her activities.*

- *Multipurpose tables and chairs are present in the indoor activity area.*

***ASSESSMENT METHOD**: Observe the number, type, and location of activity furnishings to determine if they meet the above compliance criteria.*

***Note**: For each child, there must be table space and an appropriately sized chair so that the child can sit to play and eat in a comfortable position: knees should not bump the table apron; feet should touch the floor; and chin should not be close to the table top.*

04. Rest Furnishings.

A. **There shall be:**
   (1) A suitable cot or mat for each child 12 months old to 5 years old present in the child care home for more than 4 hours, and for children 5 years old or older who regularly take rest periods in the child care home;
   (2) A suitable bed for each child who is 12 months old or older and who is present in the child care home during those hours which are usual nighttime sleep hours for that child;
   (3) An adequate supply of clean bedding provided for each child who takes rest periods at the child care home; and
   (4) A crib, portable crib, or playpen with a snugly fitting mattress, moisture-proof mattress covering, and tight fitting sheet for each child in the child care home who is:
      (a) **Younger than 12 months old; or**
      (b) **12 months old or older but younger than 2 years old, if the child's parent requests a crib, portable crib, or playpen.**

B. **When in use, all cots, mats, and beds shall be appropriately spaced to facilitate safe movement and evacuation of staff and children.**

C. **Each crib, portable crib, and playpen shall meet the standards of the U.S. Consumer Product Safety Commission.**

D. **Stackable cribs may not be used.**

E. **Each crib, portable crib, and playpen in use shall be placed so that:**
   (1) **It presents at least one long side without a wall, plexiglass panel, or other solid barrier; and**
   (2) **There is a space of at least 3 feet if placed side-to-side and 18 inches if placed end-to-end between two adjacent cribs, portable cribs, or playpens that are not separated by a solid barrier.**

F. **Soft bedding items, including but not limited to pillows, quilts, comforters, and crib bumpers, may not be used as rest furnishings for a child using a crib, portable crib, or playpen.**

***INTENT**: All rest furnishings used by children in care must be safe and age-appropriate. Cribs must meet national safety standards and must be placed so as to allow easy access to, and prompt evacuation of their occupants in the event of an emergency.*

***INSPECTION REPORT ITEM**: "Rest Furnishings"*

***COMPLIANCE CRITERIA**:*

- *For each child younger than 12-months-old approved for care, there is a crib that meets Consumer Product Safety Commission (CPSC) standards (see bulleted item under Notes below regarding presence of cribs, etc.).*
- *For each child 12-months-old or older whose parent has requested a crib, a crib is available.*
- *Suitably sized rest furniture is available as required.*
- *Adequate clean bedding is available to each child who takes rest periods.*
- *All rest furniture is spaced to facilitate safe and prompt evacuation.*

***ASSESSMENT METHOD**:*

- *Observe to determine the number, type, and safety of rest equipment items that are present for enrolled children who are 12-months-old or younger.*

  ***Notes**:*

  - *Either an individually labeled cot/bed/mat is provided for each child 12-months-old or older for whom rest is required, or if cots/beds/mats are used by different children, they are cleaned by an OCC-approved method between uses.*
  - *"Bedding" means a washable cover on the cot/bed/mat and other covers as needed for warmth and comfort. Bedding may be provided by the facility or by parents. Bedding should be laundered at least weekly, or more often if necessary.*
  - *Double-decker bunk beds may not be used as rest furniture.*
  - *To help ensure adequate ventilation and reduce the potential for transmission of disease, it is recommended that there be at least 3 feet between each cot/bed/mat, or at least 18 inches apart if children's napping positions are alternately head to foot.*
  - *If the large family child care home is approved to care for children under 12-months-old, but the current enrollment of that age-group is below the total approved capacity, OCC licensing staff still need to verify that the required number of cribs are present in the center and available for use, and that they meet Consumer Product Safety Commission (CPSC) standards.*
  - *Drop-side cribs may no longer be used.*
  - *To help make sure that cribs used in the large family child care home are safe, refer to "Crib Safety Tips,"*
  - *A CPSC resource guide, "Child Care Providers – Your Guide to New Crib Standards", is included for reference.*

- *More safety information concerning specific types of cribs is available online at the CPSC website (www.cpsc.gov).*

05. Equipment for Infants and Toddlers.

A. **A sufficient number of strollers or carriages with appropriate restraints shall be available to accommodate all nonwalking infants and toddlers who are present in care.**

B. **The use of walkers is prohibited.**

***INTENT**: Adequate, appropriate, and safe individual transportation must be available for each non-walking infant in attendance. Walkers are prohibited because they are a risk to infant safety.*

***INSPECTION REPORT ITEM**: "Infant and Toddler Equipment"*

***COMPLIANCE CRITERIA**:*

- *For each non-walking infant in attendance, there is a stroller or carriage with appropriate restraints.*
- *Walkers are not used by the facility.*

***ASSESSMENT METHOD**:*

- *Identify the number of non-walking infants in attendance, and then count the number of strollers and carriages on hand to determine if there are enough for all the non-walkers.*
- *Interview the Director and other large family child care staff as necessary to verify that walkers are not used.*

C. **The child care home shall have furnishings that allow the safe and easy feeding of infants and toddlers, including but not limited to high chairs, child-sized tables and chairs, and chairs for staff members to use while holding infants for feeding.**

D. **If high chairs are used, each high chair shall be equipped with age-appropriate restraints.**

***INTENT**: High chairs must be properly equipped with restraints to keep infants and toddlers from slipping or falling out of the chairs. Extreme caution must be used to make sure that the restraints are fitted and applied properly so that they do not present a strangulation risk.*

***INSPECTION REPORT ITEM**: "Infant and Toddler Equipment"*

***COMPLIANCE CRITERIA**:*

- *Each high chair is equipped with age-appropriate restraints.*
- *Restraints are used properly with each child.*

***ASSESSMENT METHOD**:*

- *Examine each high chair to determine if it is equipped as required.*
- *Observe high chair feedings to determine if a restraint is properly used with each child. If observation is not possible, interview facility staff as necessary to determine if and how restraints are used.*

06. Storage.

There shall be appropriate storage for:

A. **Materials and equipment;**
B. **Mats, cots, beds, and bedding;**
C. **Portable equipment intended for outdoor use;**
D. **Each child's clothing and possessions in an individual space; and**
E. **Materials, equipment, furnishings, and supplies being held in reserve**.

***INTENT:** The provider must provide adequate and appropriate storage for materials and equipment that will facilitate the children's program and their choice of activities. Each child must have an individual storage space to prevent the spread of communicable disease and to foster a sense of independence and self-esteem. Children's individual storage spaces must be free of hazards.*

***INSPECTION REPORT ITEM**: "Storage"*

***COMPLIANCE CRITERIA**:*

- *All provider-owned activity materials and equipment are stored so that they do not present a safety risk to any child in care;*
- *Materials and equipment for children's use are easily accessible to the children who will use those items;*

Large Family Child Care Homes Manual

(January 2017)

for use with

COMAR 13A.18 – Large Family Child Care Homes

(as amended effective 7/20/15)

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01. Emergency Safety Requirements.

A. **Emergency and Disaster Plan.**

(1) The provider or a staff member shall:

(a) **Complete emergency preparedness training that is approved by the office; and**

(b) **As part of the approved emergency preparedness training, prepare a written emergency and disaster plan for the child care home.**

(2) The provider shall maintain the emergency and disaster plan prepared in accordance with §A(1)(b) of this regulation.

(3) The emergency and disaster plan shall:

(a) **Establish procedures for:**

(i) Evacuating the child care home, including an evacuation route;

(ii) Relocating staff and children to a designated safe site;

(iii) Sheltering in place in the event that evacuation is not feasible;

(iv) Notifying parents of children in care; and

(v) Addressing the individual needs of children, including children with special needs;

(b) **Contain:**

(i) The name of, and contact information for the local emergency operations center;

(ii) Assignment of staff responsibilities during an emergency or disaster;

(iii) A list of local emergency services numbers; and

(iv) The radio station call sign and frequency for the local Emergency Alert System;

(c) **Be practiced by staff and children at least:**

(i) Once per month for fire evacuation; and

(ii) Twice per year for other emergency and disaster situations; and

(d) **Be updated at least annually.**

(4) A copy of the emergency escape route floor plan shall be posted in each area and room in the child care home.

INTENT*: In case of an emergency or a disaster, an approved emergency disaster plan must be in place with emergency escape route floor plans 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.*

INSPECTION REPORT ITEM*: "Emergency Escape Route Posted"*

COMPLIANCE CRITERIA*:*

- *Emergency disaster plan*
  - *The large family child care home 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.*
  - *A written log or similar document is maintained that records the date and time of each fire evacuation drill.*
  - *Fire evacuation drills occur at least monthly.*

***ASSESSMENT METHOD**:*

- *Verify that the large family child care home has an approved emergency plan that is signed by the training organization.*
- *Observe to determine if the fire evacuation route is posted.*
- *Review facility records for evidence that disaster and fire evacuation drills are practiced as required.*

***Note:** See sample log to document fire evacuation drills, "Fire Drill Record".*

(5) Each staff member shall be oriented to the contents of the written emergency and disaster plan required at §A(2) of this regulation.

(6) In the event of a declared emergency, the provider shall be prepared to respond as directed by the local emergency management agency through sources of public information.

(7) During an emergency evacuation or practice, a staff member shall take attendance records out of the child care home and determine the presence of each child currently in attendance.

***INTENT**: Facility staff must be able to verify after a facility evacuation that all children in attendance are present and accounted for.*

***INSPECTION REPORT ITEM**: "Emergency Safety Requirements"*

***COMPLIANCE CRITERIA**: During each facility evacuation, a staff member 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 facility staff as necessary to determine if the records are brought along.*

B. **If the child care home is included within a comprehensive emergency and disaster plan, the provider shall ensure that:**
   (1) **The comprehensive plan contents meet all emergency and disaster plan requirements set forth at §A(2)(a) and (b) of this regulation; and**
   (2) **A copy of the comprehensive plan is available to all staff members.**

C. **A provider shall post, immediately accessible to each telephone in the child care home, a notice stating the:**

(1) 9-1-1 emergency telephone number to summon fire, police, and rescue services;
(2) Child care home's name, address, and telephone number;
(3) Telephone number of the protective services unit of the local department of social services;
(4) Telephone number of a poison control center;
(5) Name and telephone number of the local health department or a physician to consult about issues regarding health and illnesses;
(6) Name and telephone number of the available adult as required by COMAR 13A.18.08.02D; and
(7) Telephone number of the office.

INTENT: *Written emergency contact information must be posted by each telephone so that it is immediately available for reference by facility staff in the event of an emergency.*

INSPECTION REPORT ITEM*: "Emergency Contact Information"*

COMPLIANCE CRITERIA*: The required contact information is posted by each telephone, easily visible, and legible.*

ASSESSMENT METHOD*: Observe to determine if and where the required information is posted.*

Note*: See sample emergency contact information form, "Facility and Other Emergency Numbers".*

02. First Aid and CPR.

A. **At all times, including during an off-site activity, at least one family child care teacher or the provider shall be present who holds a current certificate indicating successful completion of approved:**

(1) Basic first aid training through the American Red Cross, or a program with equivalent standards, which is appropriate to all child age groups for which the child care home is approved; and

(2) Cardiopulmonary resuscitation (CPR) training through the American Heart Association, or a program with equivalent standards, which is appropriate to all child age groups for which the child care home is approved.

INTENT: *A large family child care home must be prepared at all times to give appropriate emergency assistance to a child in care who becomes injured or needs resuscitation.*

INSPECTION REPORT ITEM*: "First Aid and CPR"*

***COMPLIANCE CRITERIA**:*

- *There is at least one child care employee present at all times who is currently certified in approved first aid and CPR. (See list of approved sources under Notes below).*
- *Both certifications are appropriate to all ages of children approved for care in the center.*
- *The CPR certificate states "successful completion" of requirements.*

***ASSESSMENT METHOD**:*

- *Identify the certified employee(s) present at the time of inspection and verify that both of the person's certifications are current and appropriate.*
- *Review the current staffing pattern and activity schedule to determine whether a properly certified employee is present at all other times (including during off-site activities).*

***Notes**:*
The approved first aid and CPR certification sources shown below were current as of the date this Manual was completed. It is possible that additional certification sources may have been approved since then. If an operator is considering enrolling one or more employees in a first aid or CPR course that is certified by a source not listed below, the operator should first check with the OCC Regional Office to determine if that source is approved by OCC.

- *First aid training – currently approved certification sources include the following:*
  - *American Lifeguard Association*
  - *American Red Cross*
  - *American Safety and Health Institute*
  - *Anne Arundel Community College*
  - *E.M.S Safety Services*
  - *EMT Certification*
  - *Medic First Aid*
  - *National Safety Council*
  - *URSUS Lifesavers and Aquatics*

- *CPR training – currently approved certification sources include the following:*
  - *American Heart Association*
  - *American Lifeguard Association*
  - *American Red Cross*
  - *American Safety and Health Institute*
  - *E.M.S. Safety Services*

- *EMT Certification*
- *Medic First Aid*
- *National Safety Council*
- *URSUS Lifesavers and Aquatics*

See a composite list of "Approved CPR/First Aid Training".

B. **Whenever a child in care is present, there shall be at least one staff member, or the provider, present who is currently certified in approved first aid and CPR as specified at §A of this regulation.**

INTENT: *Larger numbers of children increase the likelihood that two or more children may experience an emergency at the same time; therefore, it is necessary to have a sufficient number of properly certified staff present to ensure that multiple emergencies can be attended to immediately.*

INSPECTION REPORT ITEM*: "First Aid and CPR"*

COMPLIANCE CRITERIA*: In a large family child care home at least one properly certified staff member must be present.*

ASSESSMENT METHOD*: After identifying the certified staff member(s), observe to verify that the required ratio is met. If observation is not possible, review the staffing pattern and activity chart to verify that the required ratio is met.*

C. **Whenever a child in care is being transported under child care home auspices to or from the child care home, there shall be at least one adult present in the vehicle who is currently certified in approved CPR and first aid. This requirement may be met by the driver of the vehicle.**

INTENT: *The greater the number of active preschoolers, the greater the chance of an accidental child injury. The presence of a properly certified adult allows the child to be attended to immediately while the other adult maintains supervision of the other children.*

INSPECTION REPORT ITEM*: "First Aid and CPR"*

COMPLIANCE CRITERIA*: There is at least one properly certified adult present as required when children are in care and are being transported.*

ASSESSMENT METHOD*: Review facility records (staffing pattern, activity schedule, personnel list, CPR/First Aid certifications, etc.) and interview staff as necessary to determine the assignment of properly certified staff to transportation events involving more than eight more preschoolers.*

Note: *Whenever a CPR/first aid-certified adult is required to be present in the vehicle, there should also be a properly equipped first-aid kit in the vehicle.*

D. **Section §C of this regulation shall not apply if the driver of the vehicle is a parent of a child in care who is designated by the provider to assist in transporting children in care.**

E. **A provider shall maintain first aid supplies as required by the office, conveniently accessible for each group of children at the child care home and at an off-site activity.**

INTENT*: There must be an adequate supply of appropriate first aid supplies immediately available at all times for use in the event of injury to a child.*

INSPECTION REPORT ITEM*: "First Aid and CPR"*

COMPLIANCE CRITERIA*:*

- *There is a first aid kit maintained at the large family child care home which contains all items required by the office and which is readily accessible to child care home staff.*
- *Either this kit is portable for off-site activity use, or there is another similarly equipped kit for off-site use.*

ASSESSMENT METHOD*:*

- *Observe to verify the existence of the first aid kit, the appropriateness of its contents, and its accessibility to child care home staff.*
- *If a similar kit is maintained for off-site use, conduct similar observations with regard to that kit.*

Notes*:*

- *Items required by the office are specified in the "First Aid Supply List".*
- *Syrup of ipecac should not be maintained at the facility and may not be given to a child to encourage vomiting after swallowing a poisonous substance. Vomiting will usually not help a child who may have been poisoned. Also, syrup of ipecac may interfere with the effectiveness of other anti-poisoning treatments currently used in many hospital emergency rooms.*
- *If a child ingests a toxic substance, child care home staff should immediately call the Maryland Poison Control Center* ***(1-800-222-1222)****.*
- *If a child is convulsing, has stopped breathing, or has become unconscious, the provider's staff should immediately* ***call 911****.*

03. Safe Use of Materials and Equipment.

The provider shall ensure that furnishings, activity materials, and equipment, whether intended for indoor use or outdoor use, are used:

A. **In a safe and appropriate manner by each staff member and each child in attendance; and**

B. **As applicable, in accordance with manufacturer instructions or recommendations.**

***INTENT**: To ensure safeguards and minimize injury to children in care, indoor and outdoor furnishings, activity materials, and equipment must be used in a safe manner according to manufacturer's instructions and recommendations.*

***INSPECTION REPORT ITEM**: "Safe Use of Materials and Equipment"*

***COMPLIANCE CRITERIA**: All indoor and outdoor furnishings, activity materials, and equipment are used by staff and children in a safe manner and in accordance with manufacturer's instructions and recommendations.*

***ASSESSMENT METHOD**: Observe to determine if staff and children use indoor and outdoor furnishings, activity materials, and equipment in a safe manner and follow manufacturer's instructions and recommendations.*

***Note**: For expanded information regarding playground safety, (including fall zones, swing spacing, potential head entrapment hazards, and playground maintenance), see "Playground Safety", and "Playground and Water Safety Guidelines".*

04. Potentially Hazardous Items.

A. **A provider shall store all potentially harmful items, including but not limited to the items described in §§B—E of this regulation, in locations which are inaccessible to children in care.**

***INTENT**: To help protect children in care from accidental harm, the provider must ensure that they do not have access to potentially hazardous items.*

***INSPECTION REPORT ITEM**: "Potentially Hazardous Items"*

***COMPLIANCE CRITERIA**: If kept in or near the approved child care area, potentially hazardous items such as, but not limited to, the items cited in §B-E of this regulation are stored in a way that prevents each child in care from gaining access to them.*

***ASSESSMENT METHOD**: Observe how and where potentially harmful items are stored to determine if they are accessible to any child.*

***Note:** Potentially harmful items may not be stored on or with children's equipment or activity Items.*

B. **Petroleum and flammable products shall be stored in an approved manner.**

***INTENT**: Flammable products are an obvious source of risk and must be stored properly to prevent accidental injury or death. They must be secured from child access at all times.*

***INSPECTION REPORT ITEM**: "Potentially Hazardous Items"*

***COMPLIANCE CRITERIA**: All petroleum and flammable products are stored in appropriate containers that are secured from access by children.*

***ASSESSMENT METHOD**: Observe how and where petroleum and flammable products are stored.*

***Note:** Questions related to appropriate containers and locations for storing petroleum and flammable products should be directed to the local fire authority.*

C. **Cleaning and sanitizing agents and poisonous products shall be stored apart from food and beverages.**

***INTENT:** Cleaning agents and other toxic substances are an obvious source of risk and must be stored properly to prevent accidental poisoning. They must be kept apart from food and beverages and secured from child access at all times.*

***INSPECTION REPORT ITEM**: "Potentially Hazardous Items"*

***COMPLIANCE CRITERIA**: All cleaning agents and poisonous products are stored away from food, in original labeled containers, and out of the reach of children.*

***ASSESSMENT METHOD**: Observe how and where cleaning agents and other toxic substances are stored.*

D. **Containers of poisonous products may not be kept on the premises unless they are labeled clearly as to nature, content, and approved purposes.**

***INTENT**: Toxic products and substances are prohibited from the premises unless they are clearly and specifically labeled.*

***INSPECTION REPORT ITEM:** "Potentially Hazardous Items"*

COMPLIANCE CRITERIA: Each container of a toxic product or substance that is present is legibly labeled as to nature, content, and approved purposes

***ASSESSMENT METHOD**: Determine if toxic products are maintained on-site. If they are, observe their containers to determine if and how they are labeled.*

E. **A pesticide may be used only if it is:**
(1) Approved by the U.S. Environmental Protection Agency;
(2) Used according to the manufacturer's instructions;
(3) Used only when children are not in care; and
(4) Stored apart from food, beverages, and cleaning agents.

INTENT*: Pesticides are extremely toxic substances that present an obvious risk to safety and health. They are prohibited from the facility unless EPA-approved and used as directed by the manufacturer. A pesticide may never be used when children in care are in attendance. All pesticides must be stored separately, and must be secured from access by children.*

INSPECTION REPORT ITEMS*: "Potentially Hazardous Items"*

COMPLIANCE CRITERIA:

- *No pesticide is used or present unless it is EPA-approved.*
- *A pesticide is used only when no children are in attendance.*
- *Any pesticide maintained on-site is stored apart from all food, beverages, and related preparation or service items (pots and pans, dishes, utensils, etc.) and apart from all chemical products such as cleaning agents.*
- *Any pesticide maintained on-site is stored away from approved care areas and in a manner that secures it from access by children.*

ASSESSMENT METHOD*:*

- *Interview the Director and facility staff as needed to determine if, how, and when pesticides are used.*
- *Observe to determine if, how, and where pesticides are stored.*

F. If a firearm is maintained in the child home, the firearm shall be kept:
(1) In a location not used by children in care; and
(2) Unloaded and partially disassembled in a locked container with ammunition stored in its own separate locked container.

INTENT*: Unless the facility is housed within a private dwelling, the presence of a firearm anywhere on the premises is strictly prohibited. In a residence-based small center or large family child care home, a firearm may not be located anywhere in the approved care area. It must be stored in a manner that secures it from unauthorized access and prevents it from being accidentally discharged.*

INSPECTION REPORT ITEM*: "Potentially Hazardous Items"*

COMPLIANCE CRITERIA*:*

- *No firearm is present on the premises of a facility that is not a residence-based small center or large family child care home.*
- *If a firearm is maintained on the premises of a residence-based small center, it is unloaded, partially disassembled, and kept in a locked container that is outside of the approved care area of the residence.*
- *Ammunition is stored apart from the firearm and is kept in a locked container that is also located away from the approved care area.*

***ASSESSMENT METHOD**:*

- *In any facility, ask the Director if there is a firearm on the premises.*
- *In a residence-based small center or large family child care home, if the operator or Director reports that a firearm is present, interview the person to determine how and where the firearm and its ammunition are stored.*

G. **Whenever a child younger than 5 years old is in care, the provider shall ensure that:**

(1) All electrical sockets within reach of the child are plugged or capped as required by the applicable fire code;

***INTENT:** To prevent inquisitive young children from serious injury or death from electrical shock, each electrical socket within reach of any child under 5-years-old must be suitably capped or covered.*

***INSPECTION REPORT ITEM:** "Potentially Hazardous Items"*

***COMPLIANCE CRITERIA**: Each electrical socket within reach of any child under 5 years old is capped or covered.*

***ASSESSMENT METHOD**: Observation of each socket in each area approved for care of children less than 5 years old.*

(2) Suitable protective barriers are placed at locations accessible and potentially hazardous to the child; and

(3) Child-proof devices are placed on cabinets and drawers that contain items potentially hazardous to the child.

H. **Window Coverings. A window covering installed;**

(1) Before October 1, 2010, shall not have unsecured cords, beads, ropes, or strings that are accessible to a child in care; or

(2) On or after October 1, 2010, shall be cordless.

***INTENT**: To eliminate the choking hazard presented by unsecured cords, beads, ropes, or strings that may be attached to window coverings, such hazardous items must be secured, if present in the child care facility.*

***INSPECTION REPORT ITEM**: "Potentially Hazardous Items"*

***COMPLIANCE CRITERIA**:*

- *There are no unsecured cords, beads, ropes, or strings attached to window coverings in the child care facility.*
- *All window coverings installed after October 1, 2010 are cordless.*

***ASSESSMENT METHOD**:*

- *Observe all window coverings to determine if any cords, beads, ropes, or strings attached to window coverings are secured.*
- *Observe all window coverings installed after October 1, 2010 to determine if they are cordless.*

Note: *For examples of securing window coverings see "Window Covering Guidelines"*

05. 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.

INTENT: *Young infants and children who cannot roll themselves over are at increased risk of smothering or Sudden Infant Death Syndrome (SIDS) if they are allowed to sleep on their stomachs; therefore, they must be placed on their backs for sleep.*

INSPECTION REPORT ITEM: *"Rest Time Safety"*

COMPLIANCE CRITERIA: *Unless the provider has written instructions to the contrary from a child's physician, each child is placed on his/her back for sleep if the child:*

- *Is younger than 12-months-old, or*
- *Cannot roll over without assistance.*

ASSESSMENT METHOD: *Observe the sleep position of each child who is less than 12-months-old or who cannot roll over without assistance. If observation is not possible, interview facility staff to determine how children are placed for sleep.*

B. Unless the need for a positioning device is specified in writing by a child's physician, a restricting device of any type may not be applied to a resting child.

INTENT: *Any device that restricts a child's movement during sleep is a potential safety hazard for the child and is prohibited unless medically required.*

INSPECTION REPORT ITEM: *"Rest Time Safety"*

COMPLIANCE CRITERIA: *A movement-restricting positioning device is not used with any resting child without written authorization from the child's physician.*

ASSESSMENT METHOD: *Observe resting children to determine if any restrictive device is being used. If such a device is in use, review the applicable child's facility record to determine if written medical authorization is present.*

Note: *OCC construes "portable crib" to mean only "non-full sized crib." Collapsible cribs (such as those with mesh siding) may not be used due to child safety risks.*

06. Transportation

A. Unless being transported in a registered school bus or contract motor coach, each child who is transported in a vehicle while in care shall be separately secured in a child car seat or seat belt which is appropriate for the child's age and weight, as specified by Maryland law.

INTENT: *Whenever transporting children in vehicles other than a school bus or contract motor coach, the operator must ensure that each child is properly secured as required by Maryland's Child Passenger Safety Law.*

INSPECTION REPORT ITEM*: "Transportation"*

COMPLIANCE CRITERIA*: The vehicle used to transport children must be equipped with seat belts and age-appropriate car seats as specified by Maryland law (see Notes below).*

ASSESSMENT METHOD: *Observe the vehicle(s) used for transportation to ensure that seat belts and safety seats are present as required. As needed, interview facility staff to determine whether the seats and belts are used as required.*

Notes:

- *Maryland's Child Passenger Safety Law, §22-412 of the Transportation Article, Annotated Code of Maryland, requires that:*

  - *Each 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 40 pounds or less, regardless of the child's age.*

  - *If the child is younger than 16-years-old and weighs more than 40 pounds, he or she must be secured in a child safety seat or seat belt.*

- *Child safety seats must be installed in accordance with the safety seat and vehicle 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.*

- *OCC strongly discourages purchasing child safety seats at yard sales, garage sales, flea markets, etc., because there is 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.)"; "One Minute Safety Seat Checklist"; and, "Maryland's Child Passenger Safety Law".*

- *Call Maryland Kids in Safety Seats (**Maryland KISS) at 410-767-6016 or 1-800-370-SEAT**, or log on to **www.mdkiss.org** to obtain additional information on selecting or using child safety seats.*

B. A vehicle used to transport a child in care shall comply with all applicable State and federal safety requirements.

Large Family Child Care Homes Manual

(January 2017)

for use with

COMAR 13A.18 Large Family Child Care Homes

(as amended effective 7/20/15)

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.01 Exclusion for Acute Illness.

A. The provider shall:

(1) Monitor, and ensure that each staff member present monitors, each child in attendance for signs and symptoms of acute illness;

(2) Notify a child's parent or other designated person upon observing a sign or symptom of acute illness; and

(3) Provide temporary isolation for the affected child in a suitably equipped separate area within sight and hearing of an adult.

***INTENT**: To prevent the spread of illness and to protect all the children in care, facility staff must observe children for any signs of acute illness and promptly notify a child's parent if the child appears to be ill. A child in attendance who becomes acutely ill must be kept away from the other children and constantly monitored by facility staff until the child's parent can take the child home.*

***INSPECTION REPORT ITEMS**: "Exclusion for Acute Illness"*

***COMPLIANCE CRITERIA**:*

- *Parental notification:*
  - *Each child is monitored throughout the day for signs of illness.*
  - *If a child shows any signs of acute illness, the child's parent or other authorized adult is promptly notified and requested to take the child home.*

- *Isolation area:*
  - *An acutely ill child is isolated in a suitable area away from the other children and kept under sight-and-sound staff monitoring.*

***ASSESSMENT METHOD**: If the facility has a procedure regarding acutely ill children, review it to determine whether it reflects the requirements of this regulation. As needed, interview facility staff to determine how acute illness situations are handled and where the isolation area is located. If acute illness episodes have occurred, review applicable child records for evidence of parent notification.*

B. A provider may not admit a child to care or allow a child to remain in care when the child is exhibiting symptoms of acute illness.

***INTENT**: An acutely ill child requires closer observation and care and may be a source of contagion for other children in care; therefore, the operator may not allow a sick child to attend care unless OCC has approved the facility to provide care for acutely ill children. (See Chapter .13 in this Manual for requirements regarding approval of centers for children with acute illness).*

***INSPECTION REPORT ITEM:** "Exclusion for Acute Illness"*

***COMPLIANCE CRITERIA**:*

- *There are no acutely ill children in attendance, or*
- *If in attendance, an acutely ill child is separated from the other children, closely monitored by a responsible adult, and is waiting to be picked by the child's parent or other authorized adult.*

ASSESSMENT METHOD:

- *Observe to determine if any acutely ill child is present.*
- *If an acutely ill child is present, observe to determine if the child is maintained separate from the other children.*

Notes:

- *For help in identifying signs of acute illness, see "Signs of Illness in Children".*
- *A history of seizures that are not related to acute illness is not grounds for exclusion from care.*
- *It is recommended that the operator inform parents at the time children are enrolled and again at the time they are first admitted of the requirement to exclude children for acute illness. The operator is encouraged to include a statement to that effect in whatever written agreement or service contract is used for child enrollment purposes.*

C. A child may not be readmitted to care after an absence of 3 days or more due to illness without a written statement from the parent or physician that the child may return to a regular schedule.

***INTENT:** An illness requiring a child to be kept out of care for 3 or more days is serious enough to require a written statement that the child is well enough to return to care. This requirement helps protect the facility operator and staff as well as the other children in care.*

***INSPECTION REPORT ITEM**: "Exclusion for Acute Illness"*

***COMPLIANCE CRITERIA**: For each occurrence of a child's absence for at least 3 days due to illness, there is a written statement from the child's parent or physician that the child is well enough to return to regular care.*

***ASSESSMENT METHOD**: Interview facility staff to determine if any children have been re-admitted after illness absences of 3 or more days, then review applicable child records to determine if the required statements have been submitted.*

.02 Infectious and Communicable Diseases.

A. **A provider shall immediately transmit to the health officer a report of the name and address of a child or a staff member who appears to be infected with a**

reportable communicable disease or who has been exposed to a reportable communicable disease as indicated in COMAR 10.06.01.03.

***INTENT**: A "reportable communicable disease" is any one of a group of highly infectious or contagious illnesses classified by the Maryland Department of Health and Mental Hygiene (DHMH) as serious threats to public health that must be identified, isolated, and treated immediately. For this reason, any incidence of these diseases must be reported to the local health department immediately.*

***INSPECTION REPORT ITEM**: "Infectious and Communicable Diseases"*

***COMPLIANCE CRITERIA**: Immediately upon learning that a child enrolled in care or a facility employee has or may have a reportable disease, the operator contacts the local health department.*

***ASSESSMENT METHOD**: Interview facility staff as necessary to determine if there has been an incidence of a reportable disease, then review facility records for evidence that the required report was made.*

Notes:

- *There are currently almost seventy diseases classified by DHMH as "reportable." The occurrence of any of these diseases must be reported immediately to the local health department, and some of them must be reported telephonically. A complete list of reportable diseases and the reporting requirements pertinent to facility operators are set forth in **"COMAR 10.06.01 – Communicable Diseases and Related Conditions of Public Health Importance".***

- *Operators may obtain additional information about reportable diseases and reporting requirements from the DHMH Epidemiology and Disease Control Program website**, www.edcp.org** – click on the "Reportable Diseases" tab, or by calling the local health department.*

B. **A provider may not knowingly admit to care or retain in care a child with a transmissible infection or a communicable disease during the period of exclusion recommended for that infection or disease as shown on a chart provided by the office, unless the health officer grants approval for the child to attend child care during that period.**

***INTENT:** Exclusion from care for a specified period due to having a specified communicable disease is necessary to protect the health of other children in care.*

***INSPECTION REPORT ITEM**: "Infectious and Communicable Diseases"*

***COMPLIANCE CRITERIA**: Unless approved in writing by a physician to return to care sooner, no child with one of a specified group of communicable diseases is returned to care until the recommended period of exclusion from care has been completed.*

***ASSESSMENT METHOD**:*

- *Observe to determine if any child with signs of a transmissible infection or communicable disease is in attendance.*
- *Interview facility staff to determine if and how a child known or believed to be in the communicable stage of an infection or disease is kept out of care.*
- *Review facility records to determine if a copy of the DHMH "Communicable Disease Summary" is present for facility staff reference.*

Notes:

- *Under the Americans with Disabilities Act (ADA) of 1990, persons with certain health/medical conditions (e.g., HIV/AIDS) are considered to have a disability and may not be denied admission to care, or continuation in care solely on the basis of that disability. For more information about ADA requirements as they may apply to the facility, refer to "Child Care and the ADA".*
- *Confidentiality should be maintained at all times. The child's physician is not required to disclose information to any caregiver without written release of information from a parent or guardian.*
- *Facility staff should always take appropriate precautions whenever coming into contact with blood or other bodily fluids or excretions, or with items that have been contaminated with such substances.*
- *For infection control precautions and measures that OCC expects all child care programs to use, see "General Sanitation Guidelines".*

.03 Preventing Spread of Disease.

A. **A written hand washing procedure approved by the office shall be posted at each sink used for washing hands.**

B. **Hands shall be washed according to the posted approved procedure by the provider, each staff member, each volunteer, and each child in care at least:**
   (1) After toileting or diapering;
   (2) Before food preparation or eating; and
   (3) After an outdoor activity or handling an animal.

***INTENT**: To prevent the spread of infection and illness, adults and children must wash their hands properly after touching potentially contaminated items or substances.*

***INSPECTION REPORT ITEM**: "Preventing Spread of Disease"*

***COMPLIANCE CRITERIA**:*

- *Each employee and each child practices frequent handwashing.*
- *Soap and warm running water are used to wash hands, when available; or, a hand sanitizer is used for children who are 2-years-old or older.*
- *Staff members wash the hands of children who are not capable of washing their own hands, as required, using soap and warm running water.*
- *Staff members always wash their hands after changing diapers.*
- *No one washes hands in a food service/preparation sink to keep germs away from food.*
- *Facility personnel always follow OCC's approved handwashing procedure (see "Handwashing Procedure".*

***ASSESSMENT METHOD:** Observe how and when hands are washed. If observation is not possible, interview facility personnel to determine how, when, and where handwashing is done.*

Notes:

- *Animals, including pets, are a potential source of disease. Not only must hands be washed after handling animals, the large family child care home must take precautions to prevent the occurrence of disease through animal-related contamination of food areas and the lack of proper pet sanitation. See "Animals in Child Care Facilities" for guidance on maintaining pets and other animals in a child care facility.*
- *Hand sanitizing gels may be used only during off-site activities and similar situations when soap and water are not available. Ethyl alcohol is the active ingredient in most sanitizing gels. The gels often have more than 80% alcohol content, which is higher than normally found in hard liquors. Hand sanitizing gels, therefore, have the potential for toxicity in very young children and infants who explore their world through hand-mouth activities. Because children frequently place their hands in their mouths, they could be poisoned through the ingestion of even small amounts of hand sanitizers. Ingestion of as little as an ounce or two by a small child could be fatal, so hand sanitizers must be kept out of the reach of children and used with great caution.*

C. **Diapering shall be performed in accordance with a written diapering procedure approved by the office.**

***INTENT:** Diapering is an obvious source of contamination that presents risk of disease. To reduce this risk, hygienic diapering procedures must be followed at all times.*

***INSPECTION REPORT ITEM**: "Preventing Spread of Disease"*

***COMPLIANCE CRITERIA**:*

- *OCC's approved diapering procedure, "Procedure for Diapering a Child", is posted above or near each diapering area; and*
- *Facility staff always follow the approved procedure.*

ASSESSMENT METHOD:

- *Observe diapering to determine if it is done according to the approved procedure.*
- *If observation is not possible, interview facility staff to determine the procedure used for diapering.*

***Notes**:*

- *To help prevent the spread of disease, it is recommended that facility staff wear single-use disposable gloves during diapering. The gloves should be discarded immediately after diapering, and hands should be washed according to the approved handwashing procedure.*
- *Since some people are sensitive to latex, consideration should be given to using disposable vinyl gloves.*

.04 Medication Administration and Storage.

A. **Medication Administration.**

(1) Medication, whether prescription or non-prescription, may not be administered to a child in care unless:

(a) **Parental permission to administer the medication is documented on a completed, signed, and dated medication authorization form, provided by the office, that is received by the provider or substitute before the medication is administered; and**

(b) **A licensed health practitioner has approved the administration of the medication and the medication dosage.**

***INTENT**: To prevent the unnecessary and inappropriate administration of prescription and nonprescription medication.*

***INSPECTION REPORT ITEM**: "Medication Administration and Storage"*

***COMPLIANCE CRITERIA**: Unless exempted or approved, a nonprescription medication is given only once per illness.*

***ASSESSMENT METHOD**: Observe how nonprescription medication is administered. Review medication administration records to determine if the nonprescription medication is administered according instructions and that the first dose has not been administered while child was in care.*

Note:
Nonprescription medication is over-the-counter medication that is prescribed by a physician to be administered to a child. "Over-the-counter Medication" are products found on store shelves which may be purchased by the general public without a prescription from a physician. For example, a physician may prescribe "Tylenol" for a child which is over-the-counter medication purchased by the general public.

(2) A prescription medication may not be administered to a child unless at least one dose of the medication has been given to the child at home.

(3) If the medication is by prescription, it is labeled by the pharmacy or physician with:

(a) **The child's name;**
(b) **The date of the prescription;**
(c) **The name of the medication;**
(d) **The medication dosage;**
(e) **The administration schedule;**
(f) **The administration route;**
(g) **If applicable, special instructions, such as "take with food";**
(h) **The duration of the prescription; and**
(i) **An expiration date that states when the medication is no longer useable; and**

INTENT:

- *Medication may be administered to a child only if there is prior written, signed permission from the child's parent.*
- *Prescription medication may be administered only if the medication is properly labeled and has not expired, and the parent has already given the medication to the child to be sure that the child will not have an adverse reaction.*

***INSPECTION REPORT ITEM**: "Medication Administration and Storage"*

***COMPLIANCE CRITERIA**:*

- *Before giving medication to a child, the facility has on file for that child a completed, signed "Medication Authorization Form", OCC form 1216, or an equivalent document which contains all information as required on the OCC form 1216.*
- *Each prescription medication:*
  - *Is properly labeled by a physician or pharmacy and is current, and*
  - *Has already been given to the child by the parent.*

ASSESSMENT METHOD:

- *For each child receiving medication, review the child's file to determine if a "Medication Authorization Form" (or an equivalent document) is present and when it was received.*
- *For each child receiving prescription medication:*
  - *Examine the medication to determine if the medication is properly labeled and not expired.*
  - *Review the child's file for evidence of initial administration by the parent.*

Notes:

- *If the prescription medication is properly labeled, the Medication Administration form does not have to be completed or signed by the physician. The information from the medication label could be noted on the medication administration form in the "Prescribers" section, with the parent/guardian completing the "Parent/Guardian Authorization" portion of the form. Or, the provider could create a form to note the prescription information and parental authorization.*
- *While there is a place for a child's picture on the Medication Administration form, the child's picture is not required.*

B. **Topical Applications. A diaper rash product, sunscreen, or insect repellent supplied by a child's parent may be applied without prior approval of a licensed health practitioner.**

Notes:

- *Diaper rash products, sunscreen, and insect repellent are considered "Basic Care Products" not nonprescription medications. They are referred to as "Topical Applications" because they are applied on the child's skin and not taken internally. An individual does not need to have taken "Medication Administration" training to apply basic care/topical products on a child.*

- *A parent may not give a provider a "home-made" product to use on the child. The product must be clearly labeled with a product name and instruction for use.*

C. **Medication shall be administered according to the instructions on the label of the medication container or a registered health practitioner's written instructions, whichever are more recently dated.**

***INTENT**: Because a child's medication dosage or schedule may change, the medication must be given according to the most recent written instructions.*

***INSPECTION REPORT ITEM**: "Medication Administration and Storage"*

***COMPLIANCE CRITERIA**: Each medication is given according to current instructions.*

***ASSESSMENT METHOD**: Observe to determine if medication is given as instructed. If observation is not possible, review the child's file and medication to determine if the medication is being given according to the written instructions.*

D. **Recording Requirements.**

(1) Each administration of a prescription or non-prescription medication to a child, including self-administration of a medication by the child, shall be noted in the child's record.

***INTENT**: Each time medication is given, a record must be made of what was given, who gave it, and when. The staff member trained in medication administration who administered the medication, must complete the log attached to the "Medication Authorization Form", OCC form 1216.*

***INSPECTION REPORT ITEM**: "Medication Administration and Storage"*

***COMPLIANCE CRITERIA**: For each child receiving medication, a complete entry is made in the child's file each time medication is given.*

***ASSESSMENT METHOD**: Review of the child's file to determine if complete entries have been made.*

***Note:** Child care staff must document each instance of a child self-administering medication. Using the Medication Administration Log, document the date, time and reason the medication was administered.*

(2) Application of a diaper rash product, sunscreen, or insect repellent supplied by a child's parent shall be noted in the child's record.

Notes:

- *A topical basic care product brought in by the parent **does not have to be recorded each time it is applied on the child's body**. For example, the product could be recorded in the child's record upon receipt from the parent/guardian, noting the date and the name of the product, and stating how the product is used, i.e., "The product is applied daily on the child". If the parent/guardian changes the product, note in the child's record, the name of the new product, the date received and how it is used.*

- *The "Medication Administration Log" should not be used for this purpose.*
- *Any method most convenient for the child care provider to record the application of topical products in the child's record is acceptable.*

E. **Medication Storage.**

(1) Each medication shall be:

(a) **Labeled with the child's name, the dosage, and the expiration date;**

(b) **Stored as directed by the manufacturer, the dispensing pharmacy, or the prescribing physician; and**

(c) **Discarded according to guidelines of the Office of National Drug Control Policy or the U.S. Environmental Protection Agency, or returned to the child's parent upon expiration or discontinuation.**

(2) All medications shall be stored to make them inaccessible to children in care but readily accessible to each staff member designated by the provider to administer medication.

INTENT: *In addition to keeping medications inaccessible to children, the operator must ensure that all child medications are stored properly.*

INSPECTION REPORT ITEM*: "Medication Administration and Storage"*

COMPLIANCE CRITERIA*: Child medications are stored to maintain their potency.*

ASSESSMENT METHOD*: Observe to determine if medications are stored according to the medication's label instructions.*

Note: *Medications requiring refrigeration must be stored in the child care home refrigerator.*

F. **Medication Administration Training.**

(1) Whenever children in care are present, there shall be at least one child care home staff member present who has completed medication administration training approved by the office.

(2) Medication may be administered to a child in care only by a staff member who has completed approved medication training.

INTENT*: Only individuals who have received approved medication administration training may administer medication to a child in care and there must be at least one such individual present at the child care home when enrolled children are present.*

***INSPECTION REPORT ITEM**: "Medication Administration and Storage"*

***COMPLIANCE CRITERIA**: The only staff members who administer medication to children in care are those individuals who have completed medication administration training that has been approved by the office and at least one such trained staff member is present at the child care home when children in care are present.*

***ASSESSMENT METHOD**:*

- *Review staff training documentation to determine which staff members have completed an approved medication administration training.*
- *Review the large family child care home's Staffing Pattern to determine if at least one such trained staff member is scheduled to be present during the operational hours of the center.*
- *Whenever possible, observe the administration of medicine to a child and verify if the individual administering the medication has had the approved medication administration training.*

  ***Note:** If at any time, a life threatening medical crisis occurs, such as a child having an asthma or allergy attack, and a staff person who has taken medication administration is not available, the appropriate medication may be administered by a staff person to save the child's life.*

G. **The requirements of §F of this regulation shall not apply if:**
   (1) The child care home employs a registered nurse, registered practical nurse, or medication technician certified by the Maryland Board of Nursing to administer medication to children in care; or
   (2) Responsibility for administering medication to children in care is delegated to a staff member by a delegating nurse in accordance with COMAR 10.27.11.

H. **Self-Administration of Medication.**
   (1) Before a child may self-administer medication while in care, a provider shall:
      (a) **Have a written order from the child's physician and the written request of the child's parent for the child's self-administration of medication;**

***INTENT**: To allow school-age children only who use inhalers and epi-pens to self-carry and self-administer these medications. No other medications may be self-administered.*

***Note:** The "Asthma Action Plan" and/or the "Allergy Action Plan" may be used in lieu of the OCC 1216 Medication Administration Authorization Form for*

children who will self-carry/self-administer medication for asthma and/or allergies.

(b) **In consultation with the child's parent, establish a written procedure for self-administration of medication by the child based on the physician's written order; and**
(c) **Authorize the child to self-administer medication.**

INTENT: *Once the parent and provider develop the procedures, the provider must authorize the child to self-administer the medication.*

(2) Revocation of Authorization to Self-Administer.
(a) **A provider may revoke a child's authorization to self-administer medication if the child fails to follow the written procedure required by §H(1)(b) of this regulation.**
(b) **Immediately upon revoking the child's authorization to self-administer medication, the provider shall notify the child's parent of that revocation.**
(c) **The provider shall document the revocation of authorization to self-administer and the notification to the child's parent in the child's record.**

INTENT: *If a child does not follow the procedures appropriately, a provider may revoke the authorization and must note the reasons for the revocation in the child's record. If authorization is revoked, the provider must take responsibility for having the medication administered to the child.*

.05 Smoking.

Smoking is prohibited in any indoor or outdoor area approved for child care use during the child care home's hours of operation.

INTENT*: Inhalation of second-hand smoke is a health hazard for children.*

INSPECTION REPORT ITEM*: "Smoking"*

COMPLIANCE CRITERIA*:*

- *There is no smoking inside the facility at any time by any person.*
- *During the hours of operation, there is no smoking by any person in any outdoor area approved for child care or any off-site area where a program activity is occurring.*

ASSESSMENT METHOD*: Observe for any sign that smoking inside the facility or outside in any approved area may be occurring or has occurred. Interview facility staff to obtain information about smoking at off-site areas.*

.06 Alcohol and Drugs.

Whenever children are in care, a provider may not allow the consumption of alcoholic beverages or the use of illegal or nonprescribed controlled dangerous substances:

A. **By a person supervising, or helping to supervise, a child in care;**
B. **In an area of the child care home approved for child care during the home's hours of operation; or**
C. **By a staff member or a volunteer during an off-site program activity.**

INTENT*: The operator is responsible for ensuring the health, safety, and welfare of each child in attendance. Consumption of alcohol or drugs is likely to impair a person's ability to provide safe and appropriate child care. Consumption of any such substance by any person on the child care home premises during the facility's operating hours, or during any off-site program activity, is strictly prohibited.*

INSPECTION REPORT ITEM*: "Alcohol and Drugs"*

COMPLIANCE CRITERIA*: There is no consumption of alcohol or drugs by any person during the hours of operation, whether on facility premises or off-site during a program activity.*

ASSESSMENT METHOD*: Observe for any sign that may indicate the consumption of alcohol or drugs during operating hours. Interview facility staff to obtain additional information, as needed.*

Large Family Child Care Homes Manual

(January 2017)

for use with

COMAR 13A.18 - Large Family Child Care Homes

(as amended effective 7/20/15)

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.01 Food Service.

A. **Food and beverages that are furnished by a provider for meals or snacks, or both, shall comply with the guidelines of the Child and Adult Care Food Program of the U.S. Department of Agriculture, as indicated on a chart supplied by the office.**

***INTENT**: Each child in care needs adequate nutrition for proper growth and development. To help ensure that this occurs, all meals and snacks furnished by the facility must meet specified nutritional guidelines for the child's age.*

***INSPECTION REPORT ITEM**: "Food Service"*

***COMPLIANCE CRITERIA**: Each meal and snack furnished by the facility to a child meets the guidelines of the Child and Adult Care Food Program (CACFP) for the child's age.*

***ASSESSMENT METHOD**:*

- *Observe the items and amounts served at mealtime or snack time to determine if they meet CACFP guidelines.*
- *If observation is not possible, review the facility's current menu and interview staff as necessary to determine the contents of meals and snacks served.*

***Note:** Refer to the "USDA/CACFP Child Care Meal Pattern Guidelines", for meal and snack portion sizes of various food groups recommended by the CACFP for various age groups.*

B. **For children in care, the provider shall furnish:**
   (1) **All beverages, including beverages for meals and snacks; and**
   (2) **Milk with all meals.**

C. **A beverage furnished by the provider may not contain an added sweetener or caffeine, except for:**
   (1) **Infant formula; or**
   (2) **A beverage prescribed for a child by a health care provider.**

***Note for (C) above:** This regulation does not apply to beverages supplied by parents.*

D. **If the child is:**
   (1) **Younger than 2 years old, milk furnished to the child shall be supplied or approved by the child's parent; or**
   (2) **2 years old or older, milk furnished to the child by the provider shall be 1% fat milk or nonfat milk, unless otherwise ordered by a health care provider or requested by the child's parent.**

E. **The provider may arrange with the child's parent to furnish milk of a type that is different from the milk ordinarily furnished by the provider.**

F. **Except during approved hours of overnight care, a provider shall serve meals and snacks at intervals of not more than 3 hours according to the following schedule:**

If a child is at a child care home for:	*The child shall receive at least:*
Less than 4 consecutive hours	*1 snack*
4 to 7 consecutive hours	*1 meal and 1 snack*
7 to 11 consecutive hours	*1 meal and 2 snacks or 2 meals and 1 snack*
11 to 14 consecutive hours	*2 meals and 2 snacks or 3 meals and 1 snack*

INTENT: *Growing children burn a lot of energy, so their energy levels must constantly be restored through frequent meals and snacks.*

INSPECTION REPORT ITEM*: "Nutrition and Food Served"*

COMPLIANCE CRITERIA*: Each child receives the appropriate number of meal(s) and/or snack(s) based on the length of a child's daily attendance.*

ASSESSMENT METHOD*: Review child attendance records to determine how long children are in care daily, and cross-reference those records with the Provider's meal/snack schedule to determine if children are getting the appropriate number of meals and/or snacks.*

G. **If a provider chooses not to provide meals, the provider shall make arrangements with the parent of each child to provide food for meals.**

INTENT*: While a child is in attendance, the Provider is responsible for the child's appropriate nutrition. Part of this responsibility is making sure that the child receives foods that meet USDA/CACFP (United States Department of Agriculture/Child and Adult Care Food Program) guidelines. This responsibility is met by either providing the foods that meet the USDA/CACFP guidelines, or encouraging the parent to provide those meals.*

INSPECTION REPORT ITEM: *"Nutrition and Food Served"*

COMPLIANCE CRITERIA*: For each child, meals are provided by either the Provider or the parent.*

ASSESSMENT METHOD*: If the facility does not provide meals:*

- *Interview Provider to determine if and how children are fed while in attendance, and*
- *If available, review Provider contracts or service agreements with parents to determine if arrangements have been made for parents to provide meals.*

H. **A provider shall keep a supply of nutritious food on hand in order to provide food to a child whose parent has not supplied:**
(1) Food for meals or snacks; or
(2) Sufficient food to meet the standards of the Child and Adult Care Food Program

of the U.S. Department of Agriculture.

I. **Menus. A provider shall:**

(1) Post in a conspicuous place a weekly planned menu of foods and beverages furnished by the provider for meals and snacks; and

(2) Keep a dated record of food actually served in the home, and to each child on a modified diet, on file for at least 4 weeks, correcting the planned menu if necessary.

INTENT*: Proper menu planning is critical to ensuring that children in care get nutritional and appropriate amounts of food and beverages each day. Parents have a right to know what food is being served to their children and when. A menu provides them with this knowledge. For the same reason, and because last-minute changes to planned menus are sometimes necessary, a record of food actually served must be kept for a reasonable period of time.*

INSPECTION REPORT ITEM*: "Food Service"*

COMPLIANCE CRITERIA:

- *A menu for the current week is posted where it is readily visible to parents.*
- *A dated record of food actually is served is maintained on file for at least 4 weeks after the corresponding menu date.*

ASSESSMENT METHOD*: Observe to determine if a current menu is posted and if dated records of food served are on file for the required time.*

.02 Modified Diet.

If a provider agrees to accept a child who requires a modified diet for:

A. **Medical reasons, the provider shall obtain from the child's parent a written prescription for the diet signed and dated by the child's registered health practitioner within the previous 6 months; or**

B. **Cultural or religious reasons, the provider shall obtain written, dated instructions for the diet signed by the child's parent.**

INTENT: *A modified diet, whether it is for medical, cultural, or religious reasons, requires a child to eat certain items and/or to avoid eating certain items. By accepting the child for care, the operator agrees to observe these requirements. The child's parent is responsible for communicating those specific requirements in writing.*

INSPECTION REPORT ITEM*: "Modified Diet"*

COMPLIANCE CRITERIA*:*

- *For each child who is on a modified diet for medical reasons, there is in the child's facility record a signed and dated prescription for the diet that is no more than 6 months old.*
- *For each child who is on a modified diet for non-medical reasons, there are in the child's facility record signed and dated diet instructions from the child's parent.*

***ASSESSMENT METHOD**: Determine if there are any children in care who require modified diets. If there are, determine whether these diets are for medical or non-medical reasons. Then review the children's facility records to determine if the necessary prescriptions or parent instructions, as applicable, are present.*

.03 **Food Sources.**

A. **A provider shall furnish food at the child care home only if it is wholesome and free from spoilage, filth, or other contamination and obtained from sources that comply with all laws relating to food, food processing, food handling, and food labeling.**

***INTENT**: All food furnished by the child care home must be fit for consumption and must be procured only from legitimate commercial food vendors.*

***INSPECTION REPORT ITEM**: "Food Sources"*

***COMPLIANCE CRITERIA**: All food present at the facility:*

- *Is fit for consumption, and*
- *Has come from legitimate commercial sources.*

***ASSESSMENT METHOD**: Observe food items to assess their fitness for consumption and determine their sources. As necessary, interview facility staff for additional information about where food used for meals and snacks comes from.*

B. **A provider may not provide to the children home-canned goods or any other hermetically sealed food prepared in a place other than a registered food processing establishment.**

C. **A provider:**

(1) Shall provide only fluid milk and fluid milk products that are:

(a) **Pasteurized Grade A;**

(b) **Except as provided by §C(3) of this regulation, served from the original container; and**

(c) **Not more than 4 days older than the expiration date marked on the original container;**

(2) Except as provided at Regulation .06D of this chapter, may use dry milk, dry milk products, or reconstituted dry milk only for cooking purposes; and

(3) For meals and snacks, may serve milk family-style from a pitcher or similar container into which the milk has been poured from the original container.

.04 Food Storage and Preparation.

A provider shall:

(1) Protect all food from contamination while it is being stored, transported, or displayed; and
(2) Prepare and serve food, including infant formula, in a safe, sanitary, and healthful manner.

INTENT*: Potential contamination of food must be prevented through safe and sanitary storage, handling, preparation, and service. If contaminated food is consumed, serious illness or death may result.*

INSPECTION REPORT ITEM: *"Food Safety"*

COMPLIANCE CRITERIA*:*

- *Food items that are stored until use are protected during storage from contamination and infestation.*
- *Food is handled, prepared, and served in a sanitary manner.*
- *Food storage areas are:*
  - *Large enough to accommodate all stored items without damaging them,*
  - *Clean and dry,*
  - *Cool and well-ventilated enough to retard spoilage of stored items,*
  - *Sufficiently well-organized and well-lit to permit easy identification and retrieval of stored items, and*
  - *Equipped to keep all stored items at least 6 inches from the floor.*

ASSESSMENT METHOD*:*

- *Observe all food storage areas to determine their appropriateness and cleanliness.*
- *Observe stored food items to determine their condition and accessibility.*
- *Observe food preparation and service to determine if safe and sanitary procedures are used. If observation is not possible, interview facility staffs to determine what procedures are used for handling and serving food.*

A. **There shall be sufficient storage areas for all food brought from the child's home and all food held in reserve for service by the provider.**
B. **Food shall be stored:**
   (1) In an area that is dry, cool, well-ventilated, well-lighted, and equipped with easily cleanable shelving; and
   (2) If stored on open shelves, at least 6 inches off the floor.
C. **Food may be stored:**
   (1) Separately from family food; or

(2) With family food if the provider chooses to have the entire family food storage area inspected.

***INTENT**: In a facility that is located in a residence, OCC may not inspect the area used for family food storage unless food used for program purposes is also stored there.*

D. **If food is transferred for storage from its original container, the provider shall provide a secondary storage container that is:**

(1) Easily cleanable or disposable;
(2) Nontoxic;
(3) Nonabsorbent;
(4) Tightly closed; and
(5) Clearly labeled as to its contents.

***INTENT**: Because of the risk of accidental contamination and the mixing up of food items, re-packaging of food is permitted only if the new food receptacles keep their contents safe and wholesome, and are clearly marked.*

***INSPECTION REPORT ITEM**: "Food Storage and Preparation"*

***COMPLIANCE CRITERIA**: All secondary food containers in use are safe, hygienic, tightly closable, and properly labeled as to contents.*

***ASSESSMENT METHOD**: Observe secondary food containers in use to determine their appropriateness, condition, and marking.*

***Note:** Plastic food storage bags may not be re-used and should be discarded after they are empty.*

E. **The provider:**

(1) May not store food below overhead waste lines;
(2) Shall maintain cooked, potentially hazardous hot food at or above a temperature of 140°F;
(3) Shall refrigerate potentially hazardous food at or below a temperature of 40°F;
(4) Shall keep frozen food at or below 0°F; and
(5) Shall restrict the movement of pets and other animals so that food and food contact surfaces are not contaminated.

***INTENT**: An overhead waste line may leak, contaminating any food stored below it. "Potentially hazardous food", which is defined in Chapter .01, §.02B(44)(a), is food that is susceptible to rapid bacterial growth. If it is not kept for serving at a sufficiently high temperature or refrigerated or frozen at a sufficiently low temperature, it presents a significant risk of food-borne illness.*

***INSPECTION REPORT ITEM**: "Food Storage and Preparation"*

***COMPLIANCE CRITERIA**:*

- *All food is stored away from waste lines.*

- *All potentially hazardous food is served or stored at the proper temperature.*

***ASSESSMENT METHOD**:*

- *Observe where food is stored in relation to waste lines.*
- *Observe to determine if food is kept hot for serving and refrigerated or frozen, as appropriate, at sufficiently cold temperatures.*
- *If observation of food service is not possible, interview facility staff to determine how cooked food is kept ready for service.*

Notes:

- *The temperature storage requirements apply to food brought from home by children as well as to food provided or prepared on-site at the center.*
- *§F(2)(3) and (4) of this regulation address the storage of food at proper temperatures. The ability of a refrigerator or freezer to achieve and maintain the proper temperature is addressed under §.05 C and D of this Chapter.*

F. **Single service items such as paper and plastic cups, containers, lids, plates, knives, forks, spoons, and placemats shall be:**
   (1) **Used only once; and**
   (2) **Stored, handled, and dispensed to protect them from contamination.**

***INTENT:** Single service items are not meant to be re-used, so they are not made of materials that allow them to be properly cleaned and sanitized after use.*

***INSPECTION REPORT ITEM**: "Food Storage and Preparation"*

***COMPLIANCE CRITERIA**: All single service items are:*

- *Protected from contamination until use, and*
- *Discarded after use.*

***ASSESSMENT METHOD**: Observe to determine how single service items are maintained until use and if they are discarded after use. If observation is not possible, interview facility staff to determine how these items are maintained and used.*

G. **During an activity in which the children prepare food, the activity shall be planned and carried out in a manner consistent with the safety and health practices required in this subtitle.**

***INTENT**: Food preparation activities can be fun-filled learning opportunities for children, but they also carry increased risk for cuts, burns, and other injuries and for food-borne illness. At all times during these activities, children must be closely supervised and sanitary practices must be maintained.*

***INSPECTION REPORT ITEM**: "Food Storage and Preparation"*

***COMPLIANCE CRITERIA**: At all times:*

- *Each child is closely supervised,*
- *Safe and sanitary food handling practices are followed, and*
- *Proper handwashing procedures are followed.*

***ASSESSMENT METHOD**:*

- *Observe to determine if:*
  - *Proper child supervision is occurring; and*
  - *Appropriate food handling practices and handwashing procedures are being followed by both staff and children.*
- *If observation is not possible, interview facility staff to determine if and how safety and health practices are being followed.*

H. **The provider shall discard:**

(1) **All spoiled fruits, vegetables, or other food;**

(2) **Refrozen food;**

(3) **Potentially hazardous frozen food that has been thawed and not immediately cooked and served;**

(4) **Swelled, rusty, or leaky canned foods;**

(5) **Foods exposed to fire, smoke, or water damage;**

(6) **After a child finishes eating, any remaining food that has come into contact with:**

(a) **The child's mouth; or**

(b) **An eating utensil that has been used by the child; and**

(7) **After being left out for consumption by children during a meal or snack, any milk remaining in an opened original container, a pitcher or similar container, or a drinking vessel.**

***INTENT**: Food that may be spoiled or contaminated poses a potential health risk and must be discarded right away to prevent it from being eaten or possibly contaminating other food. Leftover food that has been in contact with a child's mouth or with a utensil used by the child has been contaminated by microorganisms in the child's saliva and must be discarded.*

***INSPECTION REPORT ITEM**: "Food Storage and Preparation"*

***COMPLIANCE CRITERIA**:*

- *Spoiled or contaminated food is not present.*

- *Any mouthed or partially consumed food item or beverage is discarded.*

***ASSESSMENT METHOD**:*

- *Observe food items to determine if any are spoiled or contaminated.*
- *Observe to determine which leftover food items, if any, are retained and which are discarded.*
- *If observation is not possible, interview facility staffs to determine which leftovers are kept and which ones are thrown away.*

I. **The provider shall send home or discard at the end of each day all opened containers of food brought from home for a child.**

***INTENT**: Opened food brought from home may not have been prepared or contained in a sanitary manner and may harbor microorganisms that will contaminate other foods with which it is stored. In addition, if kept at the facility it may inadvertently be served the next day to a different child.*

***INSPECTION REPORT ITEM**: "Food Storage and Preparation"*

***COMPLIANCE CRITERIA**: Food from home that has been opened or partly consumed either is discarded or goes back home with the child at the end of the day.*

***ASSESSMENT METHOD**:*

- *Observe facility food storage units (pantry, refrigerator, freezer, etc.) to determine if home-brought food containers are present.*
- *Interview facility staff to determine what happens to these items, and when.*

.05 Food Preparation Area and Equipment.

A. **Appliances and equipment in the food preparation area shall be:**
(1) Cleaned and sanitized;
(2) In good repair;
(3) Capable of normal operation; and
(4) Not conducive to the harboring of insects and rodents.

***INTENT**: All food preparation appliances and equipment must be operable, safe, and sanitary.*

***INSPECTION REPORT ITEM:** "Food Preparation Area and Equipment"*

***COMPLIANCE CRITERIA:** All appliances and equipment are clean, sanitary, and operate safely and properly.*

***ASSESSMENT METHOD**: Observe and, as necessary, test food preparation appliances and equipment to assess their cleanliness, safety, and operability.*

B. **Food contact surfaces shall be nontoxic, smooth, in good repair, and free of breaks, open seams, cracks, pits, and similar imperfections.**

***INTENT:** To prevent food contamination, food preparation surfaces must be safe and in good condition.*

***INSPECTION REPORT ITEM**: "Food Preparation Area and Equipment"*

***COMPLIANCE CRITERIA**: All food contact surfaces are safe and suitable for use in food preparation.*

***ASSESSMENT METHOD**: Observe food contact surfaces to assess their condition and suitability for safe food preparation.*

C. **Refrigeration shall be:**
(1) Of sufficient capacity to store all food and beverages that require refrigeration;
(2) Operated at or below 40°F; and
(3) Equipped with an indicating thermometer graduated at 2°F intervals.

***INTENT:** Refrigeration equipment must be large enough to meet the facility's food refrigeration needs and able to maintain a proper temperature.*

***INSPECTION REPORT ITEM**: "Food Preparation Area and Equipment"*

***COMPLIANCE CRITERIA**:*

- *Refrigeration equipment safely accommodates all items requiring refrigeration.*
- *Refrigeration equipment maintains a temperature of 40º F or less.*
- *Each refrigeration unit has a proper indicating thermometer.*

***ASSESSMENT METHOD**: Observe the refrigeration equipment to determine if:*

- *There is sufficient safe capacity,*
- *The required temperature is maintained, and*
- *A proper indicating thermometer is present.*

D. **All frozen food units shall be operated at 0°F or less, and shall be provided with an indicating thermometer.**

***INTENT**: Food freezers maintain proper freeze temperatures.*

***INSPECTION REPORT ITEM**: "Food Preparation Area and Equipment"*

***COMPLIANCE CRITERIA:** Each freezer unit:*

- *Maintains a temperature of 0º F or less, and*
- *Has a proper indicating thermometer.*

***ASSESSMENT METHOD**: Observe freezer units to determine if:*

- *The required temperature is maintained, and*
- *A proper indicating thermometer is present.*

E. **Utensils and equipment used for the preparation and service of food and beverages shall be cleaned, sanitized, air dried, and stored in a manner approved by the office.**

***INTENT**: Items used to prepare and serve food and drink must be cleaned and stored in a manner that prevents the growth of disease-producing organisms.*

***INSPECTION REPORT ITEM**: "Food Preparation Area and Equipment"*

***COMPLIANCE CRITERIA**: Equipment and utensils are cleaned and stored as required.*

***ASSESSMENT METHOD**: Observe cleaning and storage procedures to determine if they meet OCC guidelines. If observation is not possible, interview facility staff to determine what procedures are used.*

Note**: Food preparation and service equipment and utensils should be cleaned and sanitized according to **OCC's "General Sanitation Guidelines".

.06 Feeding Infants and Toddlers.

A. **The provider shall ensure that the written feeding schedule for each infant and toddler, as required by COMAR 13A.18.03.02C, is:**

(1) Followed; and

(2) Updated as necessary or at least every 3 months while the child is in care.

***INTENT**: At the time of admission of a child under 2-years-old, the operator must establish a written feeding regimen for the child in consultation with the parent. The regimen must include feeding times, types and amounts of food, and food progression and must address any medical recommendations regarding feeding. The established regimen must be followed, and it must be re-evaluated at least every 3 months or more often as necessary.*

***INSPECTION REPORT ITEM**: "Feeding Infants and Toddlers"*

***COMPLIANCE CRITERIA**: For each child under 2-years-old, a written feeding regimen:*

- *Is established at the child's admission in consultation with the parent;*
- *Addresses all the required elements;*
- *Is implemented during each day that the child is in attendance; and*
- *Is re-evaluated in consultation with the parent at least every 3 months or more often as necessary.*

***ASSESSMENT METHOD**: Review the file of each child in care who is under 2-years-old to determine if a written feeding regimen is present that meets all listed compliance criteria.*

> ***Note**: See Chapter .03, §.04K for guidance on maintaining records of infant and toddler feedings.*

B. **Self-Feeding by Children Younger than 18 Months Old.**

(1) The child shall be held for each bottle feeding except when developmentally able and insistent upon self- feeding.

(2) The child may hold the bottle only:

(a) **When seated; and**

(b) **If the bottle is made of unbreakable material.**

***INTENT**: Each infant must be held for feeding unless the child wants to self-feed and can do so safely. An infant may self-feed only when seated inside a crib or playpen and only if using an intact, non-breakable bottle.*

***INSPECTION REPORT ITEM**: "Feeding Infants and Toddlers"*

***COMPLIANCE CRITERIA**:*

- *Each infant is held for feeding unless the child wants to self-feed and can do so safely.*
- *Each self-feeding infant is seated inside a crib or playpen and uses only an intact, non-breakable bottle.*

***ASSESSMENT METHOD**:*

- *Observe how, and by whom, each infant is fed.*
- *For each self-feeding infant, observe the infant's location and the type of bottle the infant is using.*

***Note:** Microwave ovens may not be used to heat bottled formula because they heat liquids unevenly, which creates a scalding risk for infants.*

C. **Except as specified by §D of this regulation, a provider may serve a child younger than 18 months old only developmentally appropriate:**

(1) Commercially prebottled formula;

(2) Breast milk, formula, juice, or water which has been prebottled for the child and provided by the child's parents

(3) Commercially processed baby food that is opened and used the same day;

(4) Commercial infant formula, in concentrate, powder, or ready-to-feed form, if the:

(a) **Child's parent has provided prior written authorization for the use of the formula; and**

(b) **Formula is prepared directly from a factory-sealed container and in accordance with the manufacturer's instructions; and**

(5) Other foods supplied by the provider or the parent that are consumed the same day.

***INTENT:** A child who is under 2-years-old may only be served developmentally appropriate food and drink. Except for pre-bottled formula and pre-bottled breast milk, juice, or water provided by the child's parent, food must either be consumed by the child on the same day it is served.*

***INSPECTION REPORT ITEM**: "Feeding Infants and Toddlers"*

***COMPLIANCE CRITERIA**:*

- *Each child under 2-years-old receives only developmentally appropriate food and drink.*
- *Except for pre-bottled formula and pre-bottled breast milk, juice, or water from the infant's parent, served food is either consumed on the same day or discarded.*

ASSESSMENT METHOD
:

- *Observe the food and drink served to each child who is under 2-years-old to assess its developmental appropriateness.*

D. **Only whole, pasteurized milk will be served to a child younger than 2 years old who is not receiving formula or breast milk, except that skim milk, reconstituted nonfat dry milk, or 1—2 percent milk may be served upon the written prior approval of the child's parent and health care provider.**

E. **A provider shall ensure that:**
   (1) All food and bottles intended for consumption or use by a child younger than 18 months old are labeled with the child's name, dated, and refrigerated at 40°F or below if potentially hazardous;
   (2) All nipples on bottles are protected;
   (3) Breast milk or formula which has been bottled for the child is:
      (a) **Placed immediately in a refrigerator when brought to the child care home;**
      (b) **Warmed to the desired temperature immediately before feeding; and**
      (c) **Served to the child at a temperature that is safe and conducive to the child's comfortable feeding;**
   (4) Foods that present a high risk of choking for children younger than 2 years old are not served to them; and
   (5) Reusable bottles and nipples are:
      (a) **Reused only after they have been washed, rinsed, and sanitized; or**
      (b) **If supplied by the child's parent, rinsed after use and returned daily to the parent.**

INTENT*: Food consumed by infants is typically very rich in protein and therefore potentially hazardous if not prepared or stored properly. The operator must store all infant food promptly at proper temperatures, label and date all food intended for a given infant, ensure that bottle nipples are protected from contamination, and return reusable feeding equipment to each infant's parent every day. Food items that carry a high choking risk may not be served.*

INSPECTION REPORT ITEM*: "Feeding Infants and Toddlers"*

COMPLIANCE CRITERIA*:*

- *All food items kept for each under-2 child are dated and labeled with the infant's name.*
- *Potentially hazardous food is refrigerated promptly at 40° F or below, and is not warmed to consumption temperature until immediately before feeding.*
- *Bottle nipples are protected from contamination before use;*
- *Reusable nipples and bottles are rinsed and returned daily to the parent;*
- *Food items that carry a high choking risk are not be served.*

ASSESSMENT METHOD*:*

- *Observe infant food kept at the facility to determine if items are labeled, stored, and protected from contamination as required.*
- *Evaluate food items for choking risks.*

Notes:

- *Breast milk from one mother may be used only with that mother's own infant.*

- *Expressed breast milk should be discarded if it has been left unrefrigerated for an hour or more or used for a feeding that exceeds one hour from the start of the feeding. Unused expressed milk should be discarded after being refrigerated for 48 hours or after being frozen at 0º F for 3 months. Unused expressed milk that has been thawed in the refrigerator should be used within 24 hours. Frozen expressed milk should be thawed in a refrigerator or under cold running water.*

Large Family Child Care Homes Manual

(January 2017)

for use with

COMAR 13A.18 - Large Family Child Care Homes

(as amended effective 7/20/15)

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.01 Purpose and Scope.

This chapter establishes requirements for approval to operate an educational program in a nonpublic nursery school located in a residence that is registered as a large family child care home.

INTENT: *These regulations govern educational programs in nonpublic nursery schools and all matters related to the approval of those programs. Unless operated by a tax-exempt religious organization that holds a Certificate of Approval from MSDE, ongoing compliance with all applicable provisions of COMAR 13A.18 – Large Family Child Care Homes is required to maintain approval to operate an educational program in a nonpublic nursery school.*

.02 Definitions.

A. **In this chapter, the following terms have the meanings indicated.**

B. **Terms Defined.**

(1) "Certificate of approval" means the document issued by the State Board to the legal authority responsible for governing and operating a school if the school has met the requirements of this chapter.

(2) "Child care home registration" means the document issued by the Department pursuant to this subtitle that authorizes the recipient to operate a large family child care home.

(3) "Class" means a group of students scheduled to report regularly to a teacher at a particular time and place for the implementation of an educational program.

(4) "Department" means the State Department of Education.

(5) "Department representative" means an individual designated by the Department to determine compliance with this chapter.

(6) "Educational program" means an organized program of instruction that:

(a) **Is provided by a teacher; and**

(b) **Meets the requirements of Regulation .07 of this chapter.**

(7) "Institution of higher education (IHE)" means a college or university that is accredited by an accrediting commission of one of the regional associations of colleges and schools.

(8) "Montessori program" means an educational program based on the pedagogical philosophy of Dr. Maria Montessori, as reflected in the program's teacher qualifications, curriculum, instructional methods, and materials and equipment.

(9) "Nursery school" means an educational program for children who are 2 years old, 3 years old, 4 years old, or any consecutive sequence of these ages.

(10) "Office" means the central office or a regional office of the Department's Division of Early Childhood Development, Office of Child Care.

(11) "State Board" means the Maryland State Board of Education.

(12) "Teacher" means an individual who:

(a) **Provides instruction to children enrolled in an educational program; and**

(b) **Meets the requirements of Regulation .06B of this chapter.**

INTENT*: The purpose of these definitions is to establish a clear and consistent meaning of certain terms used in this Chapter of the regulations. Whenever one of these terms appears in this Chapter of the regulations and in this Manual, it means only what its definition as set forth in §B (1)-(12) of this regulation says it means.*

Notes:

- *"Accreditation" is the term used to describe the process for evaluating the quality of an educational program for the purpose of school improvement. Accreditation is voluntarily sought by a school. The accreditation process is carried out by private accrediting bodies that organize a team of professionals to evaluate a school. The costs associated with the accreditation process are borne by the school. Accreditation is usually based on a self-study by the school prior to the accreditation visit.*

- *"Approval" is the term used for authorization to operate a nonpublic nursery school educational program that was issued by the State Board of Education through the Department's Nonpublic School Approval Branch before July 1, 2007, or through the Department's Division of Early Childhood Development on or after July 1, 2007. Requirements for approval of a nonpublic nursery school educational program were set forth in COMAR 13A.09.09 – Educational Programs in Nonpublic Schools, prior to July 1, 2007. These requirements were amended and re-codified as COMAR 13A.18.13 – Educational Programs in Nonpublic Nursery Schools.*

- *"Certification" is the term used to describe the issuance of a certificate or document to an individual verifying that specific academic or professional standards have been met.*

.03 Approval to Operate an Educational Program — General Requirements.

A. **A provider may be approved to operate an educational program in a nonpublic nursery school only if:**
   (1) The provider holds a valid registration to operate a large family child care home; and
   (2) The educational program would not be operated in the living space of the residence where the child care home is located.

B. **Unless a provider chooses to cease operating an educational program, approval to operate the program, once granted, shall continue as long as the:**
   (1) Child care home registration remains in effect;
   (2) Educational program is operated according to the terms under which approval to operate was granted; and
   (3) Provider remains in full compliance with all applicable requirements of this chapter.

C. **Approval to operate an educational program in a nonpublic nursery school**

becomes void if the nonpublic nursery school's approval is suspended or revoked, or the child care home registration is suspended or revoked and the provider:

(1) Does not appeal the suspension or revocation action; or

(2) Appeals the suspension or revocation action and the action is upheld through the administrative hearing process or notice of deficiencies hearing before the State Board in accordance with Education Article, §2-206, Annotated Code of Maryland.

D. **A provider who has ceased operating an educational program subject to the requirements of this chapter shall promptly return to the office the child care home registration that certifies approval to operate the educational program.**

E. **A certificate of approval to operate an educational program that was issued to the provider prior to January 1, 2012, shall remain in effect.**

.04 Approval to Operate an Educational Program — Specific Requirements.

A. **Application for Approval.**

(1) Application for approval shall be made in a manner and form and according to timelines established by the office.

(2) The applicant shall submit all information that the office considers necessary in order to ascertain compliance with the requirements of this chapter.

(3) A provider who is already approved to operate an educational program may not apply for approval to operate another educational program if the educational program for which the provider is currently approved is not in full compliance with all applicable requirements of this chapter.

***INTENT**: Approval of an application to operate a nonpublic nursery school educational program is contingent on meeting all application requirements and procedures established by the Division of Early Childhood Development (DECD) Office of Child Care. The DECD Office of Child Care will not accept an application for an additional program from an operator who does not maintain full compliance for an existing program.*

Notes:

- *The "Application Packet and Instructions for Applying for Approval to Operate an Educational Program in a Nonpublic Nursery School in Maryland", is provided to the applicant.*

- *Approval of an educational program is specific to a particular location. A nursery school operator may not begin operation of another program at a different location unless the Office of Child Care has approved that location. Failure to obtain approval shall result in an order by the Office of Child Care to cease operating at the unapproved location.*
- *Prior to the anticipated opening of the additional location, the nursery school operator must contact the appropriate regional office of the Office of Child*

Care for information regarding approval procedures for an additional program location. Contact should occur as early as possible in order to facilitate the planned opening date at the new location.

B. **When the office is satisfied that the requirements of this chapter have been met, the office shall issue to the applicant a child care home registration that certifies approval to operate an educational program.**

***INTENT**: Once all application requirements, including documentation requirements are met, an on-site inspection will be made to determine compliance.*

Notes:

- *Denial procedures are as specified in Education Article §2-206 (f), which states in pertinent part:*

  (f) Notice of deficiencies; hearing –

  (1) If the State Board believes that a noncollegiate educational institution that applies for a certificate of approval does not meet the conditions or standards necessary for the issuance of the certificate, it shall give the institution written notice of the specific deficiencies.

  (2) Within 20 days of receipt of a notice of deficiencies, the institution may request a hearing before the Board, and, within 60 days of receipt of the request, the Board shall hold a hearing to determine if the certificate of approval should be issued.

  (3) If, within 6 months from the date on which the application for certification was submitted to the State Board, the institution has received neither a certificate of approval under subsection (e) of this section nor written notice of deficiencies under this subsection, it may request, within 20 days, a hearing before the Board to determine if the certificate of approval should be issued.

- *On-site monitoring will be conducted by OCC personnel to determine compliance*

C. **The child care home registration shall specify the terms under which approval to operate an educational program has been granted, including the:**
(1) Hours, days, and months of approved operation; and
(2) Ages of children who may be enrolled in the program.

***INTENT**: The terms of approval are included in the approval document so that the program operator and the parents of children enrolled in the program may be fully informed of the conditions and limitations under which the program is authorized to operate.*

Note:
The operating hours of an educational program in a nursery school that is required to be registered may not exceed 6 hours per day, as specified in Chapter .01, §02B(29) of these regulations.

D. **If the provider intends to change the terms under which approval has been granted, the provider shall:**
   (1) Notify the office in writing at least 60 days before the occurrence of any change or changes; and
   (2) Furnish any information the office considers necessary to approve the change or changes planned by the provider.

***INTENT:** Only the Division of Early Childhood Development, through the Office of Child Care, may set the terms and conditions under which an educational program in a nursery school may operate. These terms and conditions are specified on the approval document issued by the Division, and no deviation from those terms or conditions is permitted without prior written approval from the Office of Child Care.*

To allow sufficient time for review and processing of the request, a request for a change in approval terms or conditions must be received by the appropriate regional office of the Office of Child Care at least 60 days before the intended date of that change. The Office of Child Care may deny, on the basis of insufficient notice as required, a request that is received less than 60 days before the date of the intended change

***Note:** The changes listed below do not require prior approval, but they must be reported to the Office of Child Care regional office on or before their effective date:*

- *Change in the nursery school's telephone number;*
- *Change in the nursery school's fax number;*
- *Change in the nursery school's e-mail address;*
- *Change in the nursery school's mailing address;*
- *Change in the operator's mailing address and/or telephone number;*
- *Change in the operator of the nursery school, or the operator's agent, if the nursery school was approved by the Department before July 1, 2007, and is not required to hold a child care center license or letter of compliance; and,*
- *Cessation of operation (see §H of this regulation).*

E. **A provider may not seek approval of a change in the terms of the approval under any one or combination of the following circumstances:**
   (1) The educational program demonstrates an area or areas of noncompliance;
   (2) The office has received and is investigating a complaint alleging that the educational program is in violation of one or more regulations under this chapter;
   (3) The office is implementing a sanction or an enforcement action against the child care home registration; or
   (4) A deficiency hearing is pending before the State Board in accordance with Education Article, §2-206, Annotated Code of Maryland.

   ***INTENT**: Except as set forth in §D of this regulation, the Office of Child Care will not consider any request for a change in approval terms or conditions if the educational program or program operator is currently in violation of an applicable regulation, is the subject of a current complaint investigation, or is pending an enforcement or disciplinary action.*

F. **Notwithstanding the requirement established in §E of this regulation, a provider may seek approval of a change in the terms of the approval if approval of the change is the means for the provider to demonstrate compliance with this chapter.**

   ***INTENT**: The Office of Child Care may consider a request for a change in approval terms or conditions if that request is for the purpose of enabling the educational program or program operator to achieve or maintain regulatory compliance.*

G. **A provider may not implement a change in the terms of approval until the office has issued a revised child care home registration that reflects the change.**

   ***INTENT**: Any change to the terms or conditions of an approval must first be authorized through issuance of a revised approval document from the Office of Child Care. An operator may proceed with a change only upon receipt of that document.*

      ***Note:** If an operator implements a change in the terms of approval before receiving a revised approval document, the Office of Child Care may move to suspend or revoke the approval of the operation of the educational program.*

H. **A provider shall inform the office in writing at least 30 days before the provider ceases operating an educational program.**

   ***INTENT**: Advance written notification of closing by the operator to the regional office of the Office of Child Care is required so that the regional office has sufficient*

time to complete its internal administrative procedures related to educational program closings.

.05 Compliance and Inspections.

A. **Continued approval to operate an educational program is conditioned on the provider's maintaining compliance with this chapter.**

***INTENT**: If the operator does not comply at all times with this Chapter (Chapter 18) of COMAR 13A.18 – Large Family Child Care Homes, the Division of Early Childhood Development may request the State Board of Education to suspend or revoke the operator's approval.*

***Note:** All enforcement actions, are initiated on behalf of the State Board by the Division's Office of Child Care as set forth in Education Article §2-206 (g) which states in pertinent part:*

Order to correct deficiencies –

(1) If the State Board believes that a non-collegiate educational institution does not meet the conditions or standards on which its certificate of approval was based, it shall give the institution written notice of this belief.

(2) The notice shall specify the alleged deficiencies and direct the institution to correct them within a period of not less than 30 days as set by the Board. If the institution requests a hearing within 20 days of the notice, the Board shall hold a hearing to determine the matter.

(3) The order to correct the deficiencies shall be stayed until a determination is made after the hearing.

B. **To evaluate compliance with this chapter, the office may inspect the educational program, with or without prior notice to the provider, at any time during the approved hours of operation of the program.**

***INTENT**: Under Maryland law and regulation, the Office of Child Care is required to monitor and assess the compliance status of programs under its jurisdiction. Compliance monitoring and assessment is carried out through announced and unannounced on-site inspections. These inspections may occur at any time during a program's authorized schedule of operation.*

Notes:

- *For an educational program with a Large Family Child Care Home, the Office of Child Care shall conduct routine unannounced inspections in accordance with Chapter 17, §02E(2).*
- *For an educational program that is not required to hold a large family child care home registration, the Office of Child Care will conduct routine inspections only on an announced 24-month basis unless the program does not maintain full compliance. In this case, the Office of Child Care may also, at its discretion, institute unannounced inspections.*
- *Every inspection conducted as a follow-up to an earlier inspection where a noncompliance was found shall be unannounced.*
- *For all programs, an on-site inspection conducted in response to a complaint filed against the program shall be unannounced.*
- *The Electronic Licensing Inspection System (ELIS) is used to record compliance with the regulations for all nursery school educational programs requiring a large family child care home registration. See Sample ELIS "Large Family Child Care Home Inspection Report".*
- *A manual paper inspection form is used for nursery school educational programs that are not required to hold a large family child care home registration. See "Monitoring Report – Educational Program in a Nonpublic Nursery School".*

C. **During an inspection, the provider shall permit the Department representative access to any activity, person, material, document, or other information or source of information connected with the educational program that is considered necessary by the Department representative for the purpose of the inspection.**

INTENT: *A program operator must make available to the Office of Child Care representative any information needed by the Office of Child Care to fulfill its compliance monitoring and assessment responsibilities.*

D. **Following each inspection of the educational program, the office shall provide the provider with a written report of all findings of the inspection.**

INTENT: *The operator is made aware of the findings of the inspection that was conducted by the Office of Child Care (OCC) representative.*

Notes:

- *During each inspection of an educational program, the OCC representative must record inspection findings using ELIS, or manually using the "Monitoring Report - Educational Program in a Nonpublic Nursery School",*
- *At the end of each inspection visit, the OCC representative reviews the inspection summary of findings with the operator.*

- *Both the operator and the OCC representative sign the electronic inspection or manual inspection report.*
- *The ELIS inspection report is subsequently emailed to the operator; or; if a manual report is completed, a copy of the manual report is given to the operator.*

E. **If the educational program fails to demonstrate compliance with the requirements of this chapter, the office shall notify the provider in writing of the:**
   (1) Regulation or regulations with which the program does not demonstrate compliance;
   (2) Fact or facts that demonstrate the program's noncompliance with each regulation;
   (3) Action or actions the provider is required to take to demonstrate compliance with each regulation; and
   (4) Date by which the program is required to demonstrate compliance with each regulation.

INTENT*: If the Office of Child Care (OCC) finds that the operator is not in compliance with a requirement of this Chapter of the regulations (COMAR 13A.18.13), the OCC shall provide written notice of that noncompliance. The notice shall specify what the noncompliance is, the pertinent provision of COMAR 13A.18.13 – Educational Programs in Nonpublic Nursery Schools, what the operator must do in order to correct the noncompliance, and the deadline by which that correction must occur.*

Notes:

- *If a noncompliance was noted during an Office of Child Care inspection of the program, the statement of noncompliance shall be made as part of the inspection report.*

- *Pursuant to Education Article §2-206(g):*
  - *The specified deadline for correction of a cited noncompliance shall be at least 30 days from the date of the citation;*
  - *Within 20 days of receiving the statement of noncompliance, the operator may request a hearing before the State Board to contest the finding; and*
  - *If a hearing is requested, the State Board shall hold a hearing to determine whether or not the finding of noncompliance was justified. The order by the Office of Child Care to correct the noncompliance shall be stayed pending the State Board's determination.*

F. **Sanctions.**
   (1) Failure to maintain compliance with applicable requirements of this

chapter may result in a sanction by the office, including restriction, suspension, or revocation of the approval to operate the educational program.

(2) Sanctions against an educational program located in a child care home may be severable.

***INTENT**: A sanction may be taken against the operator by the Division of Early Childhood Development, through the Office of Child Care, if the operator does not comply with all applicable requirements of COMAR 13A.18.13 – Educational Programs in Nonpublic Nursery Schools.*

If the certificate of approval for an educational program is suspended or revoked, and this program is housed within a child care facility that is required to hold a large family child care home registration, the action does not affect the status of the large family child care home. However, if the large family child care home registration is revoked or suspended, the educational component may not operate.

Notes:

- *All sanctions to end a program's operation are taken pursuant to Education Article §2-206 (h) which states in pertinent part:*
  (h) Order to end operations. —
  (1) The State Board may order a non-collegiate educational institution to end operations if the institution fails to correct the specified deficiencies within the period set by the Board and if:
  (i) A hearing is not requested; or
  (ii) After a hearing, the Board finds that the institution does not meet the conditions or standards.
  (2) The order takes effect 15 days after it is issued.

- *Factors used by the Division in deciding which type of sanction (restriction, suspension, or revocation) to take include, but are not necessarily limited to, the following:*
  - *Nature and extent of the noncompliance;*
  - *Actual or potential impact of the noncompliance on children enrolled in the program; and*
  - *Compliance history of the program.*

- *If a sanction against the educational program takes effect, the regional office of the Office of Child Care shall issue to the operator a revised license or letter of compliance document that indicates the status of the educational program.*

.06 Personnel Qualifications.

A. **Educational Program Administrator.**

(1) The educational program shall have an administrator who is responsible for the day-to-day administration of the educational program.
(2) The educational program administrator at a minimum shall meet the standards established in §B(3) of this regulation.
(3) The provider shall have a written position description that states the duties and responsibilities of the educational program administrator.
(4) The educational program administrator shall have sufficient time during each educational program day to carry out the duties and responsibilities stated in the written position description of the educational program administrator.

INTENT*: The provider must ensure that the daily operations of the program are planned and directed by a properly qualified person. This person's specific duties and responsibilities must be established in writing. The person must be present enough each day, and the program's daily activities must be staffed and conducted in such a way, as to permit the person to carry out those duties and responsibilities fully and regularly.*

INSPECTION REPORT ITEM*: "Personnel Qualifications"*

COMPLIANCE CRITERIA*:*

- *A current program or facility employee has been designated to serve on a continuing daily basis as the program administrator (actual title or equivalent);*

- *The current administrator meets the minimum qualifications requirements set forth in §B(3) of this regulation;*

- *There is a written description of the administrator's duties and responsibilities; and*

- *The administrator's daily program schedule routinely permits the person to be present and able to carry out the specified duties and responsibilities.*

ASSESSMENT METHOD*: Evaluate compliance through observation, interview, and/or review of program records as appropriate.*

Notes: *The written position description must include a schedule that shows how the Educational Program Administrator will have sufficient onsite time each day to carry out the duties and responsibilities of the position. Since the regulations do not define "sufficient time" or prescribe a specific daily amount of time, the Licensing Specialist should review the position's duties and responsibilities and then ask the administrator to explain how the schedule allows enough time each day to meet those obligations.*

B. **Teachers.**

(1) An educational program shall have a teacher to implement the educational program in each class.

(2) A teacher, regardless of whether the employment status of the teacher is full-time, part-time, paid, volunteer, or substitute, shall meet the requirements of §B(3) of this regulation.

(3) A teacher who provides instruction in language and literacy development, mathematical and scientific thinking, or social studies shall hold or have completed:

(a) **A bachelor's degree from an IHE;**

(b) **120 semester hours of college credit from an IHE; or**

(c) **foreign credential that is determined by the Department to be equivalent to a bachelor's degree from an IHE.**

INTENT*: The instructional program in each class must be led by a person designated as the class teacher who meets the minimum qualification and continued training requirements as specified. In addition to possessing specific educational credentials, a nursery school teacher must have sufficient continued training to keep abreast with current early childhood issues.*

INSPECTION REPORT ITEM*: "Personnel Qualifications"*

COMPLIANCE CRITERIA*:*

- *Each class is led by a designated teacher.*
- *Each class teacher meets the specified minimum qualification requirements for that class.*
- *Each class teacher completes at least 12 clock hours of approved continued training during each full year of employment.*

ASSESSMENT METHOD*:*

- *Evaluate compliance through observation, interview, and/or review of program records as appropriate.*
- *Review the teacher's completed Professional Development Plan with attached documentation of trainings completed to determine if the teacher has completed continued training as required during the previous full year of employment.*

Notes*:*

- *A person designated as the teacher's assistant in a class does not have to meet the requirements established by this regulation.*

- *A Maryland teaching certificate is not required for teachers in nonpublic nursery schools.*

- *When reviewing documentation of:*

  - *Bachelor's degree from an Institution of Higher Education (IHE):*
    - *Compare name on transcript to name of individual (he/she may now have a different last name).*
    - *Look for "Date degree conferred" on the transcript.*
    - *If unsure whether the degree was awarded from an IHE, contact the Teacher Certification Branch of the MSDE Division of Certification and Accreditation at 410-767-0412 to verify if the institution is an Institution of Higher Education.*

  - *120 semester hours of college credit from an IHE:*
    - *Compare name on transcript(s) to name of individual (may have a different last name).*
    - *Look for "Total credits earned" or indication of total credits on each transcript. Disregard the "credits attempted" columns.*
    - *Do not count only early childhood or education credits/courses.*
    - *If it is unclear how many credits have been awarded, ask the applicant to highlight all credits awarded and indicate the total number of credits earned.*
    - *Confirm the total credits awarded (double check).*

  - *Foreign Credentials:*
    - *Require the applicant to submit a copy of the evaluation of the foreign credential that has been done by a recognized foreign credential evaluation agency.*
    - *Ensure that the evaluation indicates that the foreign credential is, at a minimum, equivalent to a U. S. Bachelor's degree.*
    - *If necessary, refer the applicant to the list of independent evaluation services agencies recognized by the Department to evaluate foreign credentials, or go to the website of the National Association of Credential Evaluation Services at www.naces.org for a current list of official agencies that evaluate foreign credentials.*

(4) In addition to meeting the requirements of §B(3) of this regulation, a teacher employed in a Montessori program shall also hold a Montessori diploma for the level of the individual's assignment.

(5) If the degree, college credit, or foreign credential required under §B(3) of this regulation does not include at least 6 semester hours of approved early childhood coursework, the teacher shall, in addition:

(a) **Hold or have completed:**
  (i) The Child Development Associate Credential issued by the Child Development Associate National Credentialing Program; or
  (ii) 6 semester hours, 90 clock hours or their equivalent of approved preservice training; or
(b) **Be certified by the Department as a teacher for early childhood in nursery through third grade.**

(6) An individual approved as a teacher by the Department before July 1, 2010, shall remain qualified for that position as long as the individual is continuously employed as a teacher.

(7) A teacher in an educational program shall complete at least 12 clock hours of approved continued training per full year of employment, measured from date of hire, in that position.

C. **An individual who provides assistance to a teacher in a class is not required to meet the requirements of §B(3) or (7) of this regulation.**

D. **Written Statement of Teacher Qualifications. A provider shall:**
  (1) Maintain a written statement of the qualifications of each teacher who implements the educational program; and
  (2) On request by a parent or legal guardian of a child enrolled, or being considered for enrollment, in the educational program, give to the parent or legal guardian a written statement of the qualifications of each teacher who implements the educational program.

.07 Educational Program.

A. **Program. The provider shall implement and maintain at the nonpublic nursery school a written curriculum of the nonpublic nursery school's educational program for the development of skills for each approved nursery school age in the following areas:**
  (1) Personal and social development;
  (2) Language and literacy development;
  (3) Mathematical and scientific thinking;
  (4) Social studies;
  (5) The arts; and
  (6) Physical development and health.

INTENT: *The program must have, and follow, a written educational curriculum in specified cognitive, social, and physical skill domains that is appropriate to the ages and developmental levels of the children served by the program.*

INSPECTION REPORT ITEM*: "Educational Program"*

COMPLIANCE CRITERIA*:*

- *The program has a written curriculum for each class that addresses each of the listed content areas;*
- *In each class, the curriculum is appropriate to the age and developmental level of the children in that class.*
- *In each class the curriculum is implemented; and*
- *A copy of each class curriculum is kept on site.*

***ASSESSMENT METHOD**: Evaluate compliance through observation, interview, and/or review of the written curriculum.*

Notes:

- *There is no single, prescribed curriculum design, format, or presentational method that all approved programs must follow. Instead, each program is free to use any design, format, or presentational method that it chooses as long as the content of the curriculum followed in each class clearly addresses each listed area on a daily basis.*
- *For a mixed-age class, a written curriculum for each age represented in the class must be implemented and maintained.*
- *Various kinds of early childhood curricula may be reviewed at the facility for approval. Examples of acceptable curricula include, but are not limited to, the following:*
  - *Commercial Curricula. There are hundreds of different commercial curricula for early childhood education. Some examples are:*
    - *The Creative Curriculum for Preschoolers*
    - *High/Scope*
    - *The Calvert School curriculum*
    - *The A Beka curriculum*
  - *Religious Curricula. There are numerous religious curricula. Some examples are:*
    - *Christian*
    - *Catholic*
    - *Judaic*
    - *Islamic*
    - *Lubavitch*
  - *Curricula of Different Philosophies. Some curricula adhere to a specific philosophy of education. Some examples are:*
    - *Montessori*
    - *Waldorf*
  - *Local School System Curriculum:*
    - *Some operators use the curriculum that a local school system implements for its Early Elementary Education Program (EEEP) for a 4-year-old nursery school program.*
    - *Some operators adapt a local school system pre-kindergarten curriculum for a 3-year-old or 4-year-old nursery school program.*

- *Independent Curricula:*
  - *Developed by the specific nursery school.*
  - *Often curricular areas are developed around themes (My Community, Farm Animals, The Zoo, Weather, Holidays).*
- *Internet sources – limitless resources for curricula*

- *What to look for when reviewing written curricula:*
  - *Ensure that there is a written curriculum for each age group for which approval is sought (2-year-olds, 3-year-olds, and/or 4-year-olds).*
  - *Ensure that each curriculum includes the following areas of instruction:*
    - *Personal and social development*
    - *Language and literacy development*
    - *Mathematical and scientific thinking*
    - *Social studies*
    - *The arts*
    - *Physical development and health*

Note: *Subject titles used by the operator in its written curriculum may not exactly match the subject titles used in the regulations, for example:*

- *Personal and social development may be titled "All About Me"*
- *Language and literacy development may be titled "Pre-Reading Skills"*
- *Mathematical thinking may be titled "Numeracy" or "Measuring"*
- *Scientific thinking may be titled "Discovery"; "How Things Grow"*
- *Social studies may be titled "My Community"*
- *The arts may be titled "Music and Movement" or "Free Expression"*
- *Physical development may be titled "Gross Motor Activities"*
- *Health may be titled "Taking Care of My Body"*

- *Regardless of the name or type of curriculum that a nursery school uses, it must, at a minimum, include all of the curricular areas required by §A(1)-(6) of this regulation.*
- *If you are unsure if all of the required areas of instruction are covered in the curriculum, ask the operator to identify each area of instruction using the curricular areas specified in §A(1)-(6) of this regulation.*
- *Do not require the operator to change the terms used in the program's curriculum, because that is the program's working document. Simply ask the operator to indicate the curricular areas specified in §A(1)-(6) of this regulation to ensure that all required areas are included.*

B. **Instructional Materials and Equipment. The provider shall own and maintain the nonpublic nursery school instructional materials and equipment required to implement the written curriculum of the educational program specified in §A of this regulation.**

***INTENT**: Instructional materials and equipment are items that are provided for use by enrolled children and are needed to implement the curriculum in each class. There must be sufficient items to permit full implementation of the curriculum. To ensure that these items will always be available and ready for use, the operator must own and maintain them on site.*

***INSPECTION REPORT ITEM**: "Educational Program"*

***COMPLIANCE CRITERIA**: All items necessary for implementing the curriculum in each class are:*

- *Owned and maintained on site; and*
- *Present in sufficient quantity for full implementation of the curriculum.*

***ASSESSMENT METHOD**: Evaluate compliance through observation of materials.*

***Notes**:*

- *§B of this regulation does not specify a required number of items the nursery school must have in order to implement the educational program. You should use observation and professional judgment to determine whether the quantity of items is adequate for the curriculum and the number of children enrolled in the program.*
- *When reviewing the list of instructional materials and equipment:*
  - *Ensure that the list of instructional materials and equipment correlates to the specific areas of instruction required by §A(1)-(6) of this regulation:*
    - *Personal and social development*
    - *Language and literacy development*
    - *Mathematical and scientific thinking*
    - *Social studies*
    - *The arts*
    - *Physical development and health*
  - *If the list does not identify the materials and equipment by the instructional areas specified in §A of this regulation, return the list and ask the operator to list the materials and equipment under the curricular areas specified in §A (1)-(6) of this regulation.*
  - *Ask the operator to explain any material and /or equipment item that may be unfamiliar.*

- *If the list does not include items under all of the six areas of instruction required by the regulations, it is incomplete and un-approvable until complete.*

.08 Child Records.

A. **The provider shall maintain a cumulative record for each child enrolled in the educational program.**

B. **Each child's record shall include the:**

(1) Nonpublic nursery school's name;
(2) Nonpublic nursery school's address;
(3) Nonpublic nursery school's telephone number;
(4) Child's first, middle, and last names;
(5) Child's month, day, and year of birth;
(6) Child's home address;
(7) Month, day, and year the child initially entered the educational program;
(8) Age on enrollment in the educational program;
(9) Month, day, and year the child withdrew from the educational program, if applicable;
(10) Child's performance information in each curricular area;
(11) Code for the meaning of performance information; and
(12) Number of days the child attended in each school year.

INTENT*: The operator shall maintain a continuing record for each enrolled child that contains information specifically identifying the nursery school and the child, the child's enrollment and attendance dates, and the child's program performance.*

INSPECTION REPORT ITEM*: "Child Records"*

COMPLIANCE CRITERIA*: For each child, a cumulative record is kept on site that contains all of the required information that applies to that child.*

ASSESSMENT METHOD*: Evaluate compliance through review of program's cumulative record form.*

Notes:

- *A cumulative record may be the child's transcript or a combination of the child care home registration record together with the cumulative record file on the child as long as the combined records contain all the information in §B of this regulation. The requirement of §A of this regulation to maintain a "cumulative record for each child enrolled" means that the operator must have one record form for each child on which to record specific information for that child for the entire period of time the child is enrolled in the educational program.*

- *The cumulative record is not the same as a progress report (which is sometimes called a "report card" or a "report to parents").*

- *Progress (or performance) information from the report to parents is usually transferred to the cumulative record form that is maintained at the school.*

- *Each child's cumulative record form must be maintained throughout the period of time that a child is enrolled in the educational program.*

- *Since nursery school attendance is not required before entering kindergarten, the cumulative record of a child is usually not requested by a receiving school; however, a parent might request a copy of it when the child leaves the educational program.*

- *Some operators use commercial student record forms. Some operators design their own student record form. Any record form is acceptable as long as it contains spaces, at a minimum, for all of the information required by §B(1)-(12) of this regulation.*

- *A school's cumulative child record form may require additional information that the operator feels is important to be included.*

- *When reviewing the document submitted as the cumulative record form, check for:*

  - *Accurate, full, official name of the nursery school as reflected on the application form and on the large family child care home registration.*
  - *Complete and accurate location address of the nursery school. Ensure that the address on the form is the location address of the nursery school and not a Post Office box address or the address of the corporate or off-site office.*
  - *Ensure that the telephone number is the telephone number of the nursery school and not that of the corporate or off-site office.*
  - *Space for the child's first, middle, and last names (in order preferred by the operator)*
  - *Space for the child's month, day, and year of birth.*
  - *Space for the child's home address.*
  - *Space for the month, day, and year the child initially entered the educational program.*
  - *Space to record the age of the child upon enrollment in the educational program.*
  - *Space for the month, day, and year of the child's withdrawal (promotion, graduation, etc.) from the educational program.*
  - *Space for performance information in each curricular area for each school year.*
  - *Code for the meaning of the performance information. (Some operators use a narrative format for performance information for early childhood*

programs. Operators who use this format can indicate "narrative" for the code.

- *Space for the total number of days the child was present for the educational program in each school year.*

- *If the form submitted as the cumulative record form does not provide for one or more of the items referenced in §B (1)-(12) of this regulation, or if it contains inaccurate identifying information, it is not approvable.*

- *If the form contains fields to record information that does not apply to the nursery school (such as elementary or secondary school subjects, local school system identifying code, name or location address of another school), it is not approvable.*

C. **The requirements of §B(1)—(8) of this regulation are met by compliance with child record requirements set forth at COMAR 13A.18.03.04C.**

INTENT: *In order to hold a large family child care home registration, the operator of an educational program located in a large family child care home has already met most of the child record-keeping requirements listed under §B of this regulation. Records maintained for registration compliance purposes may also be used for educational program compliance purposes.*

D. **Age of Admission.**

(1) **Except as provided by §D(2) of this regulation, a child shall be 2 years old, 3 years old, or 4 years old on or before September 1 of a school year to be age-eligible for admission during that school year to a nonpublic nursery school program approved under this chapter.**

(2) **A nonpublic nursery school may adopt policies and procedures permitting, on request by a child's parent or guardian, and if a nonpublic nursery school determines that a child demonstrates capabilities warranting early admission, a:**

(a) **2-year-old child to be admitted to a 3-year-old nursery school program; or**

(b) **3-year-old child to be admitted to a 4-year-old nursery school program.**

INTENT*: To be enrolled during a given school year, a child must have reached the age of 3 years or 4 years by the start of that school year. Exceptions allow a 2 year old child to be admitted early to a program for 3 year old children, or a 3 year old to a program for 4 year old children, upon approval of the program following request from the child's parent.*

INSPECTION REPORT ITEM: *"Child Records"*

***COMPLIANCE CRITERIA**:*

- *Except under early admission, each child in a 3-year-old program or a 4-year-old program became 3-years-old or 4-years-old, respectively, by September 1 of the current school year.*
- *For each 2-year-old child in a 3-year-old program, and each 3-year-old child in a 4-year-old program:*
  - *The child's parent has made a request for the child's early admission; and*
  - *The operator has determined that early admission is developmentally appropriate for the child.*

.09 Health, Fire Safety, and Zoning.

A. **A provider shall obtain and maintain documentation verifying current compliance with health, fire safety, and zoning regulations applicable to a nonpublic nursery school.**

***INTENT**: The property of the nursery school must be safe for children and must comply with all applicable State and local codes. The nursery school operator must obtain all necessary health, fire, and zoning certifications and keep records of those certifications.*

***INSPECTION REPORT ITEM**: "Health, Fire Safety, and Zoning"*

***COMPLIANCE CRITERIA**: Documentation is maintained on site showing that the nursery school is in full current compliance with all applicable State and local codes.*

***ASSESSMENT METHOD**: Inspect the nursery school files to verify that documentation of current compliance is present.*

B. **The requirements of §A of this regulation are met by complying with pertinent health, fire safety, and zoning requirements set forth under this subtitle.**

***INTENT**: In order to hold a large family child care registration, the operator of an educational program located in facility has already met all applicable State and local code requirements. Relevant documentation obtained in connection with a registration may also be used for educational program approval purposes.*

.10 Procedures and Sanctions for Noncompliance — Educational Programs.

If the Department believes that a nonpublic nursery school does not meet the conditions or standards on which the certificate of approval of the school was based, the Department shall implement procedures and sanctions for noncompliance approved by the State Board.

INTENT*: The State Board, through The Division of Early Childhood Development's Office of Child Care, may move to sanction an educational program for noncompliance with the requirements of COMAR 13A.18 – Large Family Child Care Home, as set forth in Education Article §2-206.*

Notes:

- *Suspension or revocation of the educational program approval. If the Division moves to suspend or revoke the approval of the educational program of a nursery school operator and the operator wishes to appeal that action, the appeal will be heard by the State Board of Education.*
  - *The DECD Office of Child Care shall provide to the operator a written notice of the action that also contains a statement of the operator's right to appeal to the State Board.*
  - *The operator shall have a period of 20 days to file a written request for appeal with the State Board.*
  - *If the operator does not request an appeal within 20 days after the notice of action, the action becomes effective 15 days later.*
  - *If a timely appeal request is made to the State Board, the State Board shall hold a hearing within 60 days to decide to approve or to deny the action by the Office of Child Care.*
  - *If the action is approved by the State Board, it shall take effect 15 days after the date of the State Board's determination unless the operator files for judicial review of the State Board's determination. The operator's right to judicial review is fully set forth under Maryland's Administrative Procedures Act, State Government Article §10-222.*

- *Suspension or revocation of a large family child care home. If the Division initiates suspension or revocation of the large family child care home registration of a nursery school that contains an approved educational program, the operator may appeal the action before the Office of Administrative Hearings (OAH).*
  - *An educational program located in a nursery school that is required to have a registration is prohibited from operating if that registration is suspended or revoked.*
  - *Even though approval to operate the educational program is automatically affected if the registration enforcement action is upheld, an operator does not have a separate appeal right before the State Board for continued operation of the educational program once the registration . enforcement action is upheld.*

Large Family Child Care Homes Manual

(January 2017)

For use with

COMAR 13A.18 - Large Family Child Care Homes

(as amended effective 7/20/15)

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COMAR 13A.18.14 Inspections, Complaints, and Enforcement

.01 Inspections.

A. **The office shall inspect each child care home:**

(1) On an announced basis before issuing a certificate of initial registration or continuing registration; and

(2) On an unannounced basis, at least once within each 12-month period after the date that a certificate of initial registration or continuing registration was issued to the provider.

INTENT:

- *To validate compliance with the large family child care home regulations, the Regional Office will conduct an announced inspection before an initial or continuing registration is issued.*
- *To validate ongoing compliance with the large family child care home regulations, the Office will conduct an unannounced inspection at least once every 12 months after the issuance of an initial or continuing registration and at least 30 days prior to the anniversary date.*

Note:

- *An announced conversion inspection may be conducted on the same day as the 2nd 12- month "initial registration" unannounced inspection; however, a separate ELIS report must be completed for each type of inspection. See "Establishing Anniversary Dates and Coordinating Inspections".*
- *Routine unannounced inspections may be "piggybacked" onto monitoring visits as well as complaint investigations; however, a separate ELIS report must be completed for each type of inspection. See "Establishing Anniversary Dates and Coordinating Inspections".*
- *During unannounced visits, oftentimes a large family child care home may not be available for inspection due to the absence of the provider, the provider is not currently providing care, or the family child care home is simply closed. For guidance in addressing these issues, see "Non Responsive Providers and Providers Not Providing Care".*

B. **The provider or staff member shall permit inspection of all areas of the home by the agency representative during the provider's hours of operation.**

INTENT: *Under Maryland law, it is the duty of the Office to inspect each home to determine if the home and the child care program comply with large family child care regulations. The Provider must allow inspection of the home by Office licensing staff during approved program hours.*

INSPECTION REPORT ITEM: *"Inspections"*

COMPLIANCE CRITERIA: *The Provider allows inspection by OCC licensing staff at any time during the home's approved hours of operation.*

ASSESSMENT METHOD: *An inspection is either permitted or not.*

Notes:

- *Except as noted under Regulation E below, if the Provider fails to permit inspection of the Provider's home during approved hours of care, the Provider's registration may be suspended or revoked. If entry to the home is refused, the Licensing Specialist should notify the Regional Manager, and the Regional Manager should notify the OCC Legal Enforcement Unit.*
- *If children are heard or seen on the premises and the Provider refuses entry of OCC staff, the Licensing Specialist must call the local police.*
- *During any inspection, if the Licensing Specialist hears sounds (for example, thumps, crying, child voices) coming from a part of the home not approved for child care, the Specialist should ask if there is anyone else present in the home and, if someone else is present, who that person is. If the person has not been reported to OCC as a resident of the home, the Specialist should observe the area where the person is located. The Specialist's observations should be recorded in the Summary of Findings if the area is observed.*
- *All inspections must be conducted in a manner exhibiting good customer service. (see "Customer Service – Referenced in Manual")*
- *All findings of compliance and noncompliance must be noted by the Licensing Specialist in the Electronic Licensing Inspection System (ELIS). If the system malfunctions for any reason, a paper inspection report must be used.*
- *"Non-compliances" and "Discussed" items are automatically summarized in the "Summary of Findings" in ELIS.*
- *The entire inspection report consists of the completed "Inspection Report" form and the "Summary of Findings."*
- *The inspection report is emailed to the provider, or if applicable, sent by the U.S. Postal Service.*
- *The scope of an inspection shall be as follows:*

    - *Announced inspection of the Provider's entire home shall be conducted for purposes of initial registration and resumption of service registration (i.e., registration at a new address or after a break in service).*
    - *Announced conversion inspections shall be confined to the areas approved for child care. However, if the registration certificate specifies that certain parts of the home (which may include the outdoor area) are restricted from use, the Licensing Specialist should verbally confirm to the Provider (and note as a comment in the inspection report) that those restrictions remain in effect.*
    - *Annual unannounced inspections shall be confined to the areas approved for child care. However, if the registration certificate specifies that certain parts of the home (which may include the outdoor area) are*

restricted from use, the Licensing Specialist should verbally confirm to the Provider (and note as a comment in the inspection report) that those restrictions remain in effect.

- *Follow-up inspections to determine if a previously cited noncompliance has been corrected shall be confined to the approved child care area(s) unless the noncompliance was observed in another part of the home (in which case, the inspection may include that part in order to determine if correction has occurred).*
- *Monitoring inspections conducted in accordance with "Compliance Agreements" shall be confined to the areas approved for child care unless components of the agreement (for example, maintaining capacity, non-access of certain individuals) require observation of other parts of the home.*
- *Complaint investigation inspections shall be confined to the approved child care areas unless the nature of the complaint (for example, an allegation of overcapacity, or an unreported resident, or violation of a non-access agreement) suggests that another area of the home may be involved. In that case, the Licensing Specialist shall inspect the entire home, and, if a follow-up inspection is required, the entire home may also be inspected at that time.*

C. **The agency representative may make inspections, in addition to the announced and unannounced inspections specified in §A of this regulation, without prior notice to the provider.**

INTENT: *To determine if all children in care are safe and receiving proper care and supervision, Office licensing staff may make an unannounced inspection of the Provider's home at any time during the home's approved hours of operation.*

D. **Upon request, the provider or staff member shall make the records required by this subtitle available to the agency representative for inspection and copying.**

INTENT: *The Provider must allow Office licensing staff to inspect all records maintained in connection with the child care program and, if necessary, to remove any record from the home temporarily in order to copy it.*

INSPECTION REPORT ITEM: *"Inspections"*

COMPLIANCE CRITERIA:

- *All records are freely available for inspection by Office licensing staff.*
- *Upon request, the Provider release a record temporarily for copying.*

ASSESSMENT METHOD: *Records are either made available or not.*

E. **A provider or staff member may request satisfactory identification from the agency representative before admitting the person for an inspection.**

INTENT: *For the Provider's own protection and the protection of residents and the children in care, the Provider may ask Office licensing staff for identification before permitting entry to the Provider's home.*

Notes:

- *At all times while on duty, each Office licensing staff member shall carry and be prepared to display valid State of Maryland employee identification.*
- *If an Office staff member cannot or will not produce valid State of Maryland employee identification, the Provider may deny the staff member entry to the home.*

F. **A provider may appeal a finding of noncompliance with this subtitle by requesting a review of findings by the regional office or the central office of the Agency.**

INTENT: *If the Provider believes that a finding of noncompliance was wrong or unfair, the Provider may ask for a review of that finding by Office of Licensing management staff.*

Notes:

The following are the steps for appealing a finding of noncompliance:

- *Upon completion of the inspection, the Provider checks the box on the first page of the ELIS "Summary of Findings," indicating that a review of findings is requested, or make the request to the Regional Office, via writing or email, within 30 days of the inspection.*
- *The Licensing Specialist notifies the Regional Manager/designee of the request.*
- *The Regional Manager/designee reviews the inspection data in ELIS and sends a letter to the Provider outlining the findings of the review.*
- *If the Provider requests a meeting and at that meeting the issues are not resolved, the Regional Manager/designee contacts the Program Manager of the OCC Licensing Branch.*
- *Instead of agreeing to meet with the Regional Manager/designee, the Provider may choose to contact the Licensing Branch Program Manager directly. In this event, the Regional Manager/designee shall:*

    - *Give the Provider the name and telephone number of the Program Manager, and*
    - *Call the Program Manager to summarize the situation, provide pertinent background information, and present the recommendation of the Regional Office.*

.02 Complaints.

The office shall investigate:

A. **Both written and oral complaints that relate to a potential violation of a regulation under this subtitle, including anonymous complaints; and**

INTENT: *As the agency responsible for regulating the large family child care home programs and assessing their compliance with child care regulations, the Office must investigate all complaints of regulatory violations. Any person may file a complaint, and the complaint may be verbal or written.*

Notes: *Complaints alleging a violation of large family child care home registration laws or regulations are handled in the following manner:*

- *The Regional Office accepts complaints that are filed in person, telephonically, or in writing by letter, fax, or e-mail.*
- *A complainant does not need to identify him/herself. Anonymous complaints are accepted.*
- *At the time it is received at the Regional Office, each complaint is classified as "Priority One" or "Priority Two", based on the seriousness of the complaint allegations.*
  - *Investigation of Priority 1 complaints must be initiated within 48 hours.*
  - *Investigation of Priority 2 complaints must be initiated within ten (10) business days.*
- *Complaints are recorded by the Regional Office on a Complaint Intake form in the Child Care Administrative Tracking System (CCATS). A Provider may review a Complaint Intake form completed for a complaint filed against the home (although all material, if any, related to Child Protective Services must be redacted by the Regional Office).*
- *Complaint inspection/investigation results are recorded by the Regional Office in the Electronic Licensing Inspection System (ELIS).*
- *After the complaint investigation is finished, the complaint and the investigation findings are summarized on a Record of Complaint form in the Child Care Administrative Tracking System (CCATS).*
- *Upon receipt of a written Public Information Act (PIA) request, the summary of an unconfirmed or confirmed complaint may be released to:*
  - *The person making the complaint,*
  - *A parent whose child was enrolled at the child care center, or*
  - *A parent or business that currently uses (or is considering using) the child care center.*
- *Any information related to Child Protective Services must be redacted by the Regional Office prior to releasing the Record of Complaint in response to a PIA request.*
- *Complex PIA requests or PIA requests from Attorneys must be referred to the Office of the Attorney General for processing.*

B. **Complaints of unregistered family child care.**

INTENT: *Unless exempt by Maryland law from having to become registered, a person who provides unregistered family day care is violating the law. The Office is responsible for investigating all complaints of unregistered care to determine if a violation has been committed.*

Note: *See "Guidelines for Investigating Complaints of Unregistered or Unlicensed Child Care"*

.03 Warnings.

If an investigation of a complaint or an inspection of a child care home indicates a violation of this subtitle that does not present an immediate threat to the health, safety, and welfare of a child in care, the office may issue a warning in writing, on an inspection report or by separate letter, that states:

A. **The violation found, citing the regulation;**
B. **The time period for correcting the violation; and**
C. **That failure to correct the violation may result in sanctions being imposed or in suspension or revocation of the registration.**

INTENT: *A warning serves notice that the Provider have failed to comply with one or more child care regulations and that corrective action must be taken within a certain amount of time. Failure to make the correction may result in some enforcement action against the registration.*

.04 Intermediate Sanctions.

A. **Upon determining that a provider has violated or a child care home fails to meet any of the regulations of this subtitle, the office may:**
   (1) **Restrict the age or number of children accepted for care;**
   (2) **Reduce the number of children in care;**
   (3) **Require the provider to receive remedial instruction in a specified content area;**
   (4) **Increase the frequency of monitoring of the home during a specified period of time;**
   (5) **Enter into an agreement with the provider detailing requirements in addition to those above, including time limits for compliance; and**
   (6) **Notify, or require the provider to notify, a parent of a child who may be affected by the situation for which a sanction has been imposed.**

INTENT: *As an alternative to suspending or revoking the Provider's registration, the Office may pursue an intermediate sanction which places certain limits or conditions on the operation of the Provider's child care program. An intermediate sanction (voluntary or involuntary) should be seen as an opportunity for the Regional Office to work closely with the Provider to help bring the Provider's child care program into full compliance.*

Notes:

- *An intermediate sanction may be voluntary on the part of the Provider, or involuntary:*
  - *Voluntary – for example, a compliance agreement*
  - *Involuntary – for example, the Regional Office imposes a reduction in capacity or a limitation on the number or ages of children the provider may admit for care*
- *Involuntary sanctions carry appeal rights, but voluntary sanctions do not. For additional information on "appeals" refer to the following:*
  - *"Request for Hearing/Appeal" form, OCC 1281*
  - *COMAR 13A.18.15, Administrative Hearings*
- *A limitation on admission of children or a reduction in capacity may be imposed immediately on an emergency basis if deemed necessary to protect children from imminent harm.*
- *A voluntary compliance agreement must be in writing, signed by the Provider and the Regional Office representative, and include a statement of:*
  - *Facts about the noncompliant situation that resulted in the agreement,*
  - *The respective responsibilities of the Provider and the Regional Office under the agreement, and*
  - *The consequences to the Provider of failing to observe the terms of the agreement.*
  - *The timeframe in which the compliance agreement will be in effect.*

B. **If the office determines that the provider has violated a condition or requirement of the intermediate sanction, the office may suspend or revoke the registration.**

INTENT: *The Provider is expected to abide by all the terms of the agreement. Failure to do so may result in suspension or revocation of the Provider's registration.*

.05 Nonemergency Suspension.

A. **The office may suspend the certificate of registration, for a period of not more than 60 calendar days, upon determining that the provider or the child care home is in violation of any of the regulations under this subtitle and that the health, safety, or welfare of a child in the home is threatened.**

INTENT: *To protect the safety and health of children in care, the Office may move to close the home temporarily to allow the Provider an opportunity to correct the violation or situation that poses a threat to the children.*

B. **The office shall notify the provider in writing of the suspension at least 20 calendar days before the effective date stating:**
(1) The effective date and period of the suspension;
(2) The reason for suspension;
(3) The regulation with which the provider has failed to comply that is the basis for the suspension;

(4) Corrections required to ensure reinstatement of the certificate of registration;
(5) That the provider shall stop providing child care on the effective date of the suspension unless the provider requests a hearing;
(6) That the provider is entitled to a hearing if requested in writing within 20 calendar days of the delivery of the notice;
(7) The procedure to be used if the provider wishes to request a hearing to appeal the decision of the office;
(8) That the suspension shall be stayed if a hearing is requested;
(9) That, if the suspension is upheld following the hearing, the provider shall cease providing child care for the period of the suspension;
(10) That the suspension may lead to revocation; and
(11) That the provider is required to surrender the certificate of registration to the office when the suspension becomes effective.

INTENT: *Under due process requirements, the Office must notify the Provider in writing of the reasons for/details of the suspension, and inform the Provider of the Provider's appeal rights and how those rights may be exercised.*

Notes:

- *If the Provider requests a hearing within the required timeframe, the suspension does not begin until after the hearing decision. Until that time, the Provider may continue to operate. If the suspension action is upheld, the Provider must cease providing care until the Office determines that the children in care are no longer threatened.*
- *For additional information, refer to the following:*
  - *"Request for Hearing/Appeal" form, OCC 1281*
  - *COMAR 13A.18.15, Administrative Hearings*
- *A non-emergency suspension may be imposed when the provider fails to comply with regulations and a potential risk to the health, safety, or welfare of children in care is presented. Examples include (but are not limited to):*
  - *Failure to report a new resident,*
  - *Unauthorized use of a substitute (or use of an unapproved substitute), and*
  - *Failure to correct non-compliances as required by the Office.*
- *A suspension may also be used if temporary closure of the program is in the best interests of children in care. Examples include (but are not limited to):*
  - *The home must be renovated or modified for health or safety purposes, and closure will allow those changes to occur, and*
  - *Illness or incapacitation of the provider.*

C. **The office shall notify the parents of the children in care of the suspension.**

INTENT: *Parents must be informed of the suspension so that they can make other child care arrangements*

D. **By the end of the suspension period, the office shall:**

(1) Reinstate the certificate of registration and return it to the provider; or

(2) Revoke the certificate of registration.

INTENT: *Within 60 days after the suspension, the Office will determine if the violation(s) leading to the suspension have been sufficiently corrected, and either permit the Provider to re-open the Provider's home, or move to revoke the Provider's registration.*

.06 Emergency Suspension.

A. **The office may immediately suspend the certificate of registration for a period of not more than 45 calendar days upon finding that a child's health, safety, or welfare imperatively requires emergency action.**

INTENT: *Upon determining that there is imminent danger to the children in care, OCC may close the Provider's home immediately.*

Notes:

- *Emergency suspensions are generally used in cases of child abuse or injurious treatment, criminal involvement, gross overcapacity or lack of supervision, violation of a non-access agreement, failure to provide access to the day care home during operating hours, or accidental injury to a child in care.*

- *Emergency suspensions may also be used during outbreaks of certain communicable diseases, environmental hazard cases such as failed septic systems, and other instances where children's safety is immediately threatened and there is no alternative to immediate closure.*

B. **The office shall hand-deliver a written notice to the provider informing the provider of the emergency suspension, giving the reasons for the action, and notifying the provider of the right to request, within 30 days of the delivery of the notice, a hearing before the Superintendent's designee.**

INTENT: *In accordance with due process requirements, the Office must notify the Provider about the reason(s) for the suspension, the Provider's right to appeal the suspension, and how to exercise that right.*

Note: *For additional information, refer to "Request for Hearing/Appeal form OCC 1281" and "COMAR 13A.18.15 - Administrative Hearings"*

C. **When the certificate of registration is to be suspended immediately:**
(1) The office shall repossess the certificate of registration;
(2) The provider shall stop providing child care immediately; and
(3) The office shall notify the parents of the children in care of the suspension and make every reasonable effort to assist the parents of the children in making

other child care arrangements.

INTENT: *Due to the urgency of the situation, the Office must ensure that the Provider ceases care immediately. Emergency suspensions take effect immediately upon delivery of the emergency suspension notice to the Provider and may last for up to 45 calendar days. To minimize disruption to the families of children in care, the Office shall assist parents to find alternate care arrangements.*

Notes:

- *Once the decision is made to conduct an emergency suspension, the Regional Manager/designee notifies the local Child Care Resource Center (CCRC) of the imminent emergency suspension. This allows the CCRC to be prepared to assist parents in finding alternate child care.*
- *As soon as the suspension action is taken, the Licensing Specialist compiles a list of names and addresses of all the parents of children in care.*
- *The Licensing Specialist hand delivers the suspension letter to parents arriving at the home to pick up children, or the Regional Manager sends the suspension letter by regular mail to each parent reporting that:*
  - *The family registration has been suspended,*
  - *The Provider may appeal the suspension,*
  - *The Provider must immediately stop providing care, and*
  - *The parent may contact the local CCRC for assistance.*

  If the action is appealed, another letter is sent to each parent as soon as the appeal has been decided to let the parent know the outcome of that decision.

D. **If a hearing is requested by the provider, the Superintendent's designee shall hold a hearing within 7 calendar days of the date of the request.**

INTENT: *The Provider has the right to a timely hearing of an appeal.*

E. **Within 7 calendar days of the hearing, a decision concerning the emergency suspension shall be made by the Superintendent's designee.**

INTENT: *The Provider has the right to a timely decision of the appeal.*

F. **If the decision does not uphold the emergency suspension, the provider may resume providing child care.**

G. **By the end of the suspension period, the office shall:**
   (1) Reinstate the certificate of registration and return it to the provider; or
   (2) Revoke the certificate of registration.

.07 Revocation.

A. **The office may revoke a certificate of registration if the:**

(1) Provider or child care home is in violation of one or more of the regulations under this subtitle and the health, safety, or welfare of a child in the home is threatened;
(2) Provider misrepresented or offered false information on the application or on any form or report required by the office;
(3) Provider interferes with or obstructs the agency representative in the performance of the duties of the office;
(4) Provider fails to submit all documentation required to maintain the certificate of registration;
(5) Provider or staff member refuses to permit access to a child or to the space in the home used for child care by a parent or an agency representative during operating hours of the child care home;
(6) Terms or conditions of a sanction have been violated;
(7) Violations required to be corrected during a period of suspension have not been corrected and the period has ended;
(8) The provider fails to comply with the:
(a) **Prohibitions on the use of an individual as an employee or a volunteer as set forth in COMAR 13A.18.06.03A — B and F, and .10B; or**
(b) **Child security requirements set forth in COMAR 13A.18.07.06;**
(9) Provider permits an individual to have child supervision responsibilities after being notified by the office that the individual has been disapproved for that purpose;
(10) Evaluation of information provided to or acquired by the office indicates that the provider is unable to care for the welfare of children; or
(11) Provider admits a child for treatment foster care in the home, unless the child is placed in the home in a preadoptive capacity.

INTENT: Revocation of the registration may occur if the Provider has demonstrated an inability or unwillingness to comply with large family child care home regulations, or if the Provider or a circumstance involving the Provider's home presents a threat to children in care.

Notes:

- *Revocation often follows a period of emergency suspension.*
- *A revocation becomes effective 20 calendar days after notification of revocation.*
- *If the revocation action is appealed, the revocation is stayed until the Office of Administrative Hearings (OAH) has heard the appeal and made a decision. If the revocation action follows an emergency suspension, the home must remain closed until OAH has reached a decision on the appeal.*
- *See "Request for Hearing/Appeal Form OCC 1281 and COMAR 13A.18.15, Administrative Hearings" for requirements pertaining to the appeal hearing process under the Office of Administrative Hearings (OAH).*

B. **If the office decides to revoke a certificate of registration, the office shall notify the provider in writing at least 20 calendar days in advance of the revocation, stating:**
   (1) The effective date of the revocation;
   (2) The reason for the revocation;
   (3) The regulation with which the provider has failed to comply that is the basis for the revocation;
   (4) That the provider shall stop providing child care on the effective date of the revocation;
   (5) That the provider is entitled to a hearing if requested in writing within 20 calendar days of the delivery of the notice;
   (6) The procedure to be used if the provider wishes to request a hearing to appeal the decision of the office;
   (7) The revocation shall be stayed if the hearing is requested, unless the revocation immediately follows an emergency suspension period; and
   (8) That the provider is required to surrender the certificate of registration to the office when the revocation becomes effective.

INTENT: *In accordance with due process requirements, the Office must notify the provider of the reason(s) for the revocation, the provider's right to appeal the revocation action, and how that right may be exercised.*

Notes*:*

- *If the revocation action is appealed, the revocation is stayed until the Office of Administrative Hearings (OAH) has heard the appeal and made a decision. If the revocation action follows an emergency suspension, the home must remain closed until OAH has reached a decision on the appeal.*
- *See "Request for Hearing/Appeal Form OCC 1281 and COMAR 13A.18.15, Administrative Hearings" for requirements pertaining to the appeal hearing process under the Office of Administrative Hearings (OAH).*
- *If the revocation action is upheld by OAH at the appeal hearing, the Provider must immediately surrender the large family child care home registration to the Regional Office.*

C. **The office shall notify the parents of the children in care of the revocation.**

INTENT: *Parents need to know about the revocation action so they can make an informed decision about whether to leave their children in care at the home if it is allowed to remain open pending an appeal hearing. They must also be notified so that they can make suitable alternate child care arrangements if they wish.*

Notes:

Parents are notified of the revocation action as follows:

- *As soon as the revocation action is taken, the Licensing Specialist compiles a list of names and addresses of all the parents using the child care program.*
- *The Regional Manager sends a letter by regular mail to each parent reporting that:*
  - *The registration has been revoked,*
  - *The provider may appeal the revocation, and*
  - *The provider may remain in operation until the appeal is concluded.*
- *If the action is appealed, another letter is sent to each parent as soon as the appeal has been decided to let the parent know the outcome of that decision.*

.08 Penalties.

A. **An individual found to be operating a child care home, or advertising a family child care service, without a valid family child care registration is guilty of a misdemeanor and on conviction is subject to a fine not exceeding:**
   (1) $1,500 for the first violation; and
   (2) $2,500 for a second or subsequent violation.

B. **The office may institute legal proceedings to:**
   (1) Enjoin any individual not registered who is providing family child care from continuing to operate; or
   (2) Ask a court in the jurisdiction of the child care home to impose a fine of up to the maximum amount permitted by law on an individual found to be operating in violation of this subtitle.

INTENT:

- *Operation of a large family care home without a certificate of registration is a misdemeanor and fines may be imposed. The Office can request the issuance of a criminal summons against an alleged unregistered provider by filing an application for statement of charges with the court commissioner in the District Court. If the provider is found guilty of the misdemeanor charge, a criminal fine may be imposed for each occurrence.*

- *If an unregistered provider continues to operate in violation of a court injunction, the court may impose a fine.*

.09 Civil Citations.

A. **The office may issue a civil citation imposing a civil penalty to an individual who provides unregistered family child care in violation of the requirements of this subtitle.**

INTENT*: Maryland law establishes civil penalties for operating an unregistered family*

child care home. These civil penalties are imposed through issuance of civil citations by the Office.

B. **Assessment of Penalty.**
   (1) Subject to §B(3) of this regulation, an individual to whom a civil citation is issued is subject to a civil penalty in the amount of:
      (a) **$250 for the first violation;**
      (b) **$500 for the second violation; and**
      (c) **1,000 for the third and each subsequent violation.**
   (2) Each day that unregistered family child care occurs in violation of the requirements of this subtitle is a separate violation under this regulation.
   (3) The total amount of civil penalty imposed against an individual in an action under this regulation may not exceed $5,000.

   INTENT: *Increased penalties for continued violations of the law are intended to discourage those violations.*

C. **An individual against whom a civil penalty has been imposed under this regulation shall pay the full amount of the penalty promptly to the Department, as instructed by the civil citation or as otherwise directed by the office.**

   INTENT*: The full amount of a penalty must be paid when and as specified.*

D. **Appeals.**
   (1) An individual may appeal the imposition of a civil penalty under this regulation by filing an appeal with the office as instructed by the civil citation or as otherwise directed by the office.
   (2) Appeals are conducted in accordance with the provisions of COMAR 13A.18.15.

   INTENT: *An individual who has been issued a civil citation may appeal the assessed penalty. The appeal shall be processed and heard according to procedures established by State regulation.*

Large Family Child Care Homes Manual

(January 2017)

for use with

COMAR 13A.18 - Large Family Child Care Homes

(as amended effective 7/20/15)

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COMAR 13A.18.15 Administrative Hearings

.01 Scope.

A. **This chapter applies to hearings concerning actions taken by the Office of Child Care which adversely impact on child care home registrations, such as registration denials, revocations, suspensions, reductions in capacity, limitations on the ages or numbers of children who may be admitted to a child care home, or employment exclusions pursuant to COMAR 13A.18.06.03A or B of this subtitle.**

B. **The Superintendent has delegated authority to administrative law judges of the Office of Administrative Hearings to make the final decisions of the Superintendent on those actions listed in §A of this regulation. A decision by an administrative law judge of the Office of Administrative Hearings in a family child care registration case is the final decision of the highest administrative authority in the case and thus is directly appealable to the circuit court in the jurisdiction where the child care home is located, pursuant to State Government Article, §10-222, Annotated Code of Maryland.**

.02 Definitions.

A. **In this chapter, the following terms have the meanings indicated.**

B. **Terms Defined.**

(1) "Administrative law judge" means a hearing officer designated by the Maryland Office of Administrative Hearings to render the final decision of the Superintendent in a hearing.

(2) "Appellant" means the individual requesting the hearing or appealing a decision, or that individual's legal representative.

(3) "Applicant" means an individual applying for a registration to operate a child care home.

(4) "Capacity" means the number of children who may be in care at a child care home at the same time.

(5) "Days" means calendar days.

(6) "Department" means the State Department of Education.

(7) Emergency Action.

(a) **"Emergency action" means an action which is effective immediately because of danger to children's health or safety.**

(b) **"Emergency action" may include an emergency suspension, an immediate reduction in capacity, an immediate limitation on the ages or numbers of children who may be admitted to care, or an employment exclusion pursuant to Chapter 06.03A or B of this subtitle.**

(8) "Filed" means received in writing by the Office of Child Care.

(9) "Filing date" is the date a hearing request is received by the Office of Child Care.

(10) "Office" means the central office or a regional office of the Office of Child Care.

(11) "Office of Administrative Hearings" means the administrative unit of Maryland government which is responsible for processing requests for

hearings, for scheduling and conducting hearings, and for rendering decisions pursuant to State Government Article, §9-1601 et seq., Annotated Code of Maryland.

(12) "Party" means the appellant and the Office of Child Care.

(13) "Provider" means a person registered to provide family child care.

(14) "Registration" means a certificate issued by the Department which gives a person legal permission to operate a child care home.

(15) "Superintendent" means the State Superintendent of Schools.

.03 Hearing Requests.

A. **A hearing shall be held when an applicant or provider requests a hearing to contest:**

(1) The denial of an application for registration;

(2) A revocation or suspension of a registration; or

(3) Any other action that adversely impacts on registration, including, but not limited to:

(a) **The setting of a provider's capacity at a number below that requested;**

(b) **A reduction in capacity; or limitation on the ages or numbers of children who may be admitted to the child care home.**

B. **Nonemergency Action Hearing Requests.**

(1) All nonemergency action hearing requests shall be forwarded in writing to the Office and shall state the name and address of the provider, and the effective date and nature of the action appealed from.

(2) A hearing request shall be filed not later than 20 days after the date of the notice of the action taken by the Office.

(3) The Office shall forward a hearing request to the Office of Administrative Hearings within 10 days of the filing date.

(4) A hearing decision shall be rendered by the Office of Administrative Hearings within 90 days of the filing date.

(5) Any nonemergency action is stayed if a hearing request is timely filed, unless the action is:

(a) **A revocation which immediately follows an emergency suspension period; or**

(b) **A denial which follows the expiration of the provisional period of a registration that was issued on a provisional basis.**

C. **Emergency Action Hearing Requests.**

(1) All emergency action hearing requests shall be filed with the Office within 30 days of the hand-delivery of the notice of the Office's action, and shall state the name and address of the provider, and the effective date and action appealed from.

(2) The Office shall notify the Office of Administrative Hearings at once upon receipt of an emergency action hearing request. Oral notification shall be followed by written notification within 24 hours.

(3) A hearing shall be conducted within 7 days of the filing date of the hearing request.

(4) A decision by the administrative law judge shall be rendered within 7 days after the conclusion of the hearing.
(5) The filing of a hearing request may not stay an emergency action.

.04 Preliminary Conference.
A. **The Office shall hold a preliminary conference, on request of an appellant, before a hearing on an action.**
B. **The conference is optional and does not replace the hearing process.**
C. **The conference may be attended by a representative of the Office, the appellant, and the appellant's representative.**
D. **The conference may lead to an informal resolution of the dispute. However, a hearing shall be held unless one of the parties submits a written withdrawal of the hearing request to the Office of Administrative Hearings.**

.05 Denial or Dismissal of a Hearing Request.
A. **The Office of Administrative Hearings may deny a request for a hearing if:**
(1) The issue appealed is not one which adversely affects the registration of a child care home; or
(2) The date of the request is not within the required time limits.
B. **The Office of Administrative Hearings may dismiss an appeal if the appellant:**
(1) Withdraws the request in writing; or
(2) Without good cause, does not appear at the hearing.

.06 Hearing and Appeal Procedures.
A. **Notice to Appellant.**
(1) For nonemergency hearings, the Office of Administrative Hearings shall, by regular mail, notify the Office and the appellant of the time, date, and place of the hearing at least 20 days in advance. For rescheduled nonemergency hearings, a 10-day notice is required. For all emergency action hearings, at least 3 days advance notice is required.
(2) The notice to the appellant shall:
(a) **Refer to the regulations governing the hearing procedure; and**
(b) **Advise the appellant of:**
(i) The right to be represented by a lawyer;
(ii) The right to present documents and witnesses in support of the appeal;
(iii) Whom to call if the appellant cannot attend the hearing; and
(iv) The fact that failure to attend the hearing without good cause may lead to dismissal.
(3) The Office shall mail the appellant a copy of these administrative hearing regulations when the request for a hearing is filed.
B. **Rescheduling of Nonemergency Action Hearings. The appellant, the Office, or the Office of Administrative Hearings may request a change in the hearing date. If the Office of Administrative Hearings finds that good cause for delay exists, another date shall be set. The time limit for rendering a**

decision established by Regulation .03B(4) of this chapter is extended by the period of delay due to a postponement requested by the appellant.

C. **Rescheduling of Emergency Action Hearings. Emergency action hearings may only be rescheduled by the Office of Administrative Hearings with the consent of both parties or on motion of a party, if substantial prejudice is demonstrated. Only one postponement of an emergency action hearing may be granted.**

D. **The appellant may examine the appellant's family child care registration record for the purpose of discovering information pertinent to the appeal before the hearing.**

E. **By agreement, the appellant and the Office may exchange witness lists and documents before the hearing.**

F. **The procedures in §§D and E of this regulation do not constitute good cause for delay of a hearing.**

.07 Conduct of Hearing.

A. **The hearing shall be conducted by an administrative law judge.**

B. **At the hearing, the appellant and a representative of the Office may present witnesses, documentary evidence, and oral argument and may cross-examine any witness. A document introduced into evidence by a party may be examined by the opposing party.**

C. **The transcript or tape of the proceedings, together with all documents filed in the hearing proceedings and the final decision of the administrative law judge, constitute the exclusive record of the hearing.**

.08 Decision.

A. **The administrative law judge shall:**
   (1) Base the decision on the complete record; and
   (2) Determine whether the Office correctly applied State regulations in effect at the time it reached its decision.

B. **The final decision of the administrative law judge shall be accompanied by findings of fact and conclusions of law.**

C. **The final decision shall be binding upon the Department and shall be implemented immediately unless otherwise specifically indicated in the decision.**

D. **The decision of the Office of Administrative Hearings in cases under this chapter constitutes the decision of the Department.**

E. **A copy of the decision shall be delivered or mailed promptly to each party or the attorney of record.**

F. **A party dissatisfied with the decision of the administrative law judge may appeal that decision directly to the circuit court of the appropriate jurisdiction within 30 days from the date notice of the decision is sent to the party, or as otherwise provided in Maryland Rules 7-201—7-211.**

Large Family Child Care Homes Manual

(January 2017)

for use with

COMAR 13A.18 - Large Family Child Care Homes

(as amended effective 7/20/15)

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COMAR 13A.18.16 Public Access to Licensing Records

.01 Definitions.

A. **In this chapter, the following terms have the meanings indicated.**

B. **Terms Defined.**

(1) "Confirmed complaint" means a determination by the Department or office after an investigation that the violation of a regulation of this subtitle that was alleged in the complaint has occurred or is occurring.

(2) "Custodian of record" means an authorized individual employed by the Department or office who has physical custody and control of licensing records.

(3) "Licensing records" means all papers, computerized records, correspondence, forms, books, cards, photographs, photostats, films, microfilms, sound recordings, charts, maps, drawings, or other written documents, regardless of physical form or characteristics, maintained or stored by the Department or the office in connection with the registering of a person or a child care home to provide child care.

(4) "Official custodian of record" means the Superintendent or the Superintendent's designee who is responsible for the maintenance, care, and storage of the Department's licensing records.

(5) "Requester" means an individual, business, corporation, partnership, association, organization, or governmental agency that requests inspection of, or information from, licensing records.

(6) "Sociological information" means any of the following information about a provider, a staff member, a volunteer, or a resident in the child care home:

(a) **Social Security number;**

(b) **Personal address;**

(c) **Personal phone number;**

(d) **Information regarding marital status, dependents, or relatives; and**

(e) **Information regarding employment status, including employment application.**

(7) "Unsubstantiated complaint" means a complaint of an alleged violation of a regulation of this subtitle that the Department or office, after an investigation, has been unable to confirm as having occurred or to rule out as not having occurred.

***INTENT**: The purpose of these definitions is to establish a clear and consistent meaning of certain terms pertinent to requests for information contained in child care licensing records. Whenever one of these terms appears in this Chapter of these regulations it shall mean only what its definition above says it means.*

.02 Disclosure of Information from Licensing Records.

A. **Except as prohibited or restricted by applicable law or regulation, the custodian of record may make the following information from licensing records available to a requester:**

(1) Findings of inspections conducted by the office in registered child care homes;

(2) Records of complaint forms pertaining to confirmed or unsubstantiated complaints;

(3) Copies of certificates of registration, including those on provisional status;
(4) Variances;
(5) Correspondence and documents requiring abatement of noncompliance with the regulations of this subtitle, including compliance agreements;
(6) Correspondence and documents pertaining to enforcement actions taken by the Department or office against a provider or a child care home, including denial letters, sanctions, emergency suspensions, and revocations; and
(7) Correspondence regarding requests for inspection of licensing records under this regulation.

INTENT: *Except for records that are prohibited by law from release (for example, child abuse and neglect records), an eligible requester may inspect certain licensing records pertaining to a facility's compliance with child care regulations. Providers may inspect the contents of their own licensing files.*

B. **The custodian of record may not disclose sociological information to a requester, except that this information may be disclosed:**
(1) To public employees in the performance of their public duties;
(2) To parties litigating claims for unemployment insurance to the extent the sociological information would be available to private parties in litigation; or
(3) When required by a duly issued subpoena.

INTENT: *The Office needs to have certain personal information about the Provider in order to perform its licensing functions. However, the Office is prohibited from releasing that information unless directed by a court of law, or to help establish certain legal claims, or for legitimate public agency purposes.*

.03 Request for Information from Licensing Records.

A. **A written request shall be filed with the custodian of record in order to:**
(1) Conduct a physical inspection of licensing records; or
(2) Obtain a written or electronic:
(a) **Copy of licensing records; or**
(b) **Report of information from licensing records that the official custodian of records does not already make available to the general public.**

INTENT: *Record inspection requests must be submitted to the Regional Office of OCC by mail or email.*

B. **The written request shall:**
(1) Contain the applicant's name, address, and telephone number;
(2) Be signed by the applicant; and
(3) Reasonably identify by brief description the record sought.

C. **A request may be made in any form or format if it does not involve:**
(1) Physical inspection of licensing records; or
(2) Preparation of a written or electronic:

(a) **Copy of licensing records; or**
(b) **Report of information from licensing records.**

D. **The custodian of record may charge a reasonable fee for:**
(1) The reproduction of documents sought;
(2) Official or employee time expended searching for requested records; or
(3) Any time expended in preparing records for inspection or copying.

.04 Compelling Public Purpose.

A compelling public purpose shall exist for the custodian of record to permit inspection of licensing records other than the records specified under State Government Article, §10-617(h)(2), Annotated Code of Maryland.

INTENT: *Under Maryland law, any member of the public may obtain certain information from a child care licensing record.*