

**REGULATION INTERPRETATIONS**

**AND**

**PROCEDURES**

**FOR**

**FAMILY CHILD CARE HOMES**

**FAMILY CHILD CARE HOMES****TABLE OF CONTENTS****ARTICLE 1 GENERAL REQUIREMENTS AND DEFINITIONS**

Definitions.....	102352
------------------	--------

**ARTICLE 2 LICENSING**

Operation without a License .....	102357
License Exemptions .....	102358

**ARTICLE 3 APPLICATION PROCEDURES**

License .....	102368
Application for Initial License .....	102369
Criminal Record Exemptions.....	102370.1
Fire Safety Clearance .....	102371
Application/Annual Fees .....	102384
Inspection Authority.....	102391
Site Visits .....	102392

**ARTICLE 5 ADMINISTRATIVE ACTIONS**

Denial of a License .....	102401
Revocation or Suspension of a License or Registration.....	102402
Licensee Complaints .....	102403

**ARTICLE 6 CONTINUING REQUIREMENTS**

Staffing Ratio and Capacity .....	102415
Operation of a Family Child Care Home .....	102417
Personal Rights .....	102423

**ARTICLE 1 GENERAL REQUIREMENTS AND DEFINITIONS****102352 DEFINITIONS****102352**

(f)(1)

**POLICY**

The house next door to the family child care provider or an unattached building or garage does not constitute “the caregiver’s own home.” Health and Safety Code Section 1597.40(a), which states public policy to provide a home environment in residential surroundings, states a family child care home should provide the same home environment as provided in a traditional home setting. An unattached building or garage without toilets, kitchen or bedrooms does not provide a traditional home setting.

Since the language of the California Child Day Care Act is very clear, a waiver will not be approved which authorizes use of a facility other than “the provider’s own home” or a “traditional home setting.”

However, unattached buildings and garages may be used as additional play space, etc. when free access to the house is allowed.

---

---

**ARTICLE 2 LICENSING**
**102357 OPERATION WITHOUT A LICENSE****102357****(a)(2) PROCEDURE**

The written notice shall be on the LIC 809 Facility Evaluation Report. The unlicensed provider is to be notified of the requirements to have a license per Health and Safety Code Section 1596.80 and of the procedures for obtaining a license. Refer to Policy under Section 102357(a)(4).

---

**(a)(3) POLICY**

Issue the Notice of Operation in Violation of Law **(LIC 195) immediately**, without waiting the 15 days, if there is a risk to the health and safety of the children in care.

---

**(a)(4) POLICY**

The instructions and procedures in Sections 1596.891 and 1597.61 of the Health and Safety Code and California Code of Regulations Sections 102357, 102393 and 102394 of Title 22, shall be followed when an unlicensed family child care operation is substantiated.

When the Department determines the need to issue a cease and desist order, **because the provider failed to file an application, the Notification of Operation in Violation of Law – Family Child Care (LIC 195A)** is to be used. **No other notice or order to cease and desist operation shall be issued to any family child care operator.**

**PROCEDURE**

Send the LIC 195A by certified mail, return receipt requested.

If the operator refuses to discontinue operation following notification, an injunction may be obtained. **Contracting county licensing agencies shall contact the appropriate county liaison for consultation and assistance in obtaining injunctions. Regional offices shall contact their assigned legal consultant.**

---

**102358 LICENSE EXEMPTIONS****102358****(a) POLICY**

Examples of **relatives** are spouse, parent, stepparent, son, daughter, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin or any such person of the preceding generation denoted by the prefix “grand” or “great” or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.

Exemptions are granted for any combination of the above exemption criteria.

102358

## LICENSE EXEMPTIONS (Continued)

102358

(a)

## POLICY (Continued)

In addition to the provision that no payment be made for care provided, a **parent/authorized representative** cooperative must meet all of the following criteria to be exempted from licensure:

1. In a cooperative arrangement, parents must combine their efforts so that each **parent/authorized representative**, or set of parents, rotates as the responsible caregiver with respect to all the children in the cooperative, on an approximately equal time basis.
2. Any person caring for children must be a **parent/authorized representative**, legal guardian, or stepparent of at least one of the children in the cooperative.
3. Although there can be neither payment of money **or receipt of in-kind** income in exchange for the provision of care, it is not the intent of this policy to prohibit payment for outside activities, the amount of which may not exceed the actual cost of the activity. Examples of such activities may include a trip to the circus or to the movies, or hiring a magician or a clown to come into the home.
4. Supplies may be contributed but may not be used as compensation for care, or be contributed in lieu of participation as a caregiver.

Dual licenses for family child care and foster family home are not prohibited by either the California Community Care Facilities Act, California Child Day Care Act, or related regulations. On this basis, a person(s) may apply for a license to provide both family child care and foster family home at the same physical location for the same time period. The licensee must meet the licensing requirements for each category. Each category will be licensed by the licensing agency having responsibility for the category (e.g., a county who only contracts for foster family homes will license that category and the State district office will license the family child care). Licensing information may be shared between these offices.

An additional criterion which allows exemption from licensure is the provision of care by a **parent/authorized representative** or non-parent in more than one home on a rotating basis. Because a day care license is composed of a name inseparably attached to an address and is not transferable, care provided in more than one home by the same person or persons could not be licensed.

Facilities located on federal government property, including military bases, are exempt from licensure because State laws do not apply on most federal lands. This exemption also applies to facilities located on Indian reservations.

### PROCEDURE

When facilities located on federal government properties or Indian reservations require and/or request licensure, an application for a license may be processed if the personnel in charge of the operations on the land (i.e., military base commander, director, etc.), or in the case of Indian reservations, the Indian tribal council, agrees to cooperate with all licensing procedures and abide by rules and regulations. This agreement must be obtained on the standard form LIC 996 or LIC 996A as appropriate.

Additionally, a written agreement from the applicant may be obtained, and reflected on the standard applicant agreement form LIC 997 or LIC 997A as appropriate. The agreements should be signed by the Regional Office Manager or the County Welfare Director, or his/her designee.

**PROCEDURE** (Continued)

Upon completion of an agreement with an Indian Tribal Council, the Bureau of Indian Affairs should be notified. A copy of the agreement should be sent to:

U. S. Department of Interior  
Sacramento Area  
Bureau of Indian Affairs  
2800 Cottage Way  
Sacramento, CA 95825  
Attention: Area Director

The following information is provided as a result of questions posed related to the use of the agreement forms and should clarify any immediate questions related to this process.

1. If the LIC 997 or LIC 997A are completed in addition to the agreements with the federal entity or Indian Tribal Council (LIC 996 or 996A), then a new LIC 997 or LIC 997A should be completed at time of **annual** visit. This serves as a reminder to the licensee of his/her responsibilities for licensure.
2. The processing of administrative actions should be handled in the same manner as with any other facility. No special procedures are necessary or required. However, if an administrative action is initiated, the federal or Indian entity should be informed immediately in order to elicit their cooperation.
3. This agreement does not limit the authority of federal personnel to investigate abuse complaints. Rather, this agreement provides assurances that the licensing representatives be allowed to also conduct investigations when the complaint involves a licensed facility.
4. If a facility is issued an order for temporary suspension or revocation and the facility fails to cease operation, the federal entity must ensure that all operations cease immediately. If the federal entity fails to cooperate, the agreement can be terminated and licenses deemed invalid.

If it is not clear whether a facility is exempt from licensure, discuss with your supervisor the need for a policy determination from **Advocacy & Policy Branch**.

---

**ARTICLE 3 APPLICATION PROCEDURES****102368 LICENSE****102368**

(c)

**POLICY**

As places of public accommodation, licensed child care facilities have obligations under federal and state disability laws including Title III of the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. 12181, et seq., and the California Unruh Civil Rights Act and California Disabled Persons Act. (Civil Code Sections 51 et seq. and 54 et seq.) The Americans with Disabilities Act makes it illegal for places of public accommodation, which include child care facilities, to discriminate against a child with a disability.

Under the Americans with Disabilities Act, an individual (including a child) is considered “disabled” if he/she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment (meaning other people treat the individual as if he/she is disabled whether or not that is actually the case.) For example, this might include a child who requires medication or services for conditions such as asthma, allergies, diabetes, epilepsy, or gastric tube feeding.

A child care facility may not refuse outright to serve a child with a disability, but is required to undertake an individualized assessment of the situation if the facility receives a request to provide an accommodation for a child with a disability. A child care facility shall make reasonable accommodations as necessary to provide equal services to a child with a disability. However, a child care facility is not required to provide an accommodation if doing so would fundamentally alter the basic nature of the services it offers. The laws do not require an accommodation if the requested action would impose an undue burden.

Applicants should be aware that it is the responsibility of each child care licensee to determine its legal obligations under the Americans with Disabilities Act and California disability laws. Child care applicants and licensees may want to consult with an attorney for advice.

**PROCEDURE**

Consistent with its policies, the Department allows the accommodation of children with disabilities in licensed child care facilities, including the provision of incidental medical services.

Licensing Program Analysts may share the following information with applicants, licensees, parents, and the public when questions arise related to the Americans with Disabilities Act:

- The U.S. Department of Justice operates a toll-free Americans with Disabilities Act Information Line to provide information and materials to the public about the requirements of the Americans with Disabilities Act. To get answers to technical questions, obtain general Americans with Disabilities Act information, or order free Americans with Disabilities Act materials, child care facilities, parents, and other members of the public may call 800-514-0301(voice)/800-514-0383 (TTY).
- U.S. Department of Justice publications include a Commonly Asked Questions about Child Care Centers and the Americans with Disabilities Act, available at <http://www.ada.gov/childqanda.htm>.

**PROCEDURE** (Continued)

- For additional information, individuals should contact:

U.S. Department of Justice  
 950 Pennsylvania Avenue, NW  
 Civil Rights Division  
 Disability Rights Section - NYA  
 Washington, D.C. 20530  
 (800) 514-0301  
 (800) 514-0383 (TTY)

Individuals may also contact the following agency:

- The local office of the California Department of Fair Employment and Housing. The California Department of Fair Employment and Housing has information and will coordinate with federal agencies as appropriate. The website is located at: [www.dfeh.ca.gov](http://www.dfeh.ca.gov).

(d)

**POLICY**

Co-licensees are allowed to be on the license; this includes married and unmarried co-licensees provided they live in the home. Each licensee must attend the orientation, sign the application, and meet all background check and training requirements including CPR, First Aid, and preventive health practices.

**POLICY****CONDITIONS FOR FOREITURE OF LICENSE – NON-PAYMENT OF FEES**

Section 1596.803 is added to the Health and Safety Code which states in part that failure to pay the required license fees, including the finding of insufficient funds to cover bona fide business or personal checks submitted for this purpose, shall constitute grounds for denial of a license or forfeiture of a license. Until regulations are developed regarding forfeiture of a license due to nonpayment of licensing fees use Health and Safety Code Section 1596.803 as your citing authority.

The object of citing a licensee as “unlicensed” without an actual facility visit when the licensee admits to continuing operation will save both the time and the effort of local licensing office staff.

**PROCEDURE**

Refer to Evaluator Manual Annual Fees Section 3-1400.

The **PROCEDURE** stated below applies to Health and Safety Code Section 1596.803.

When there is no proof of payment or information stating the licensee has ceased operation and surrendered their license in the facility file, licensing staff shall attempt to contact the licensee to find out if the licensee plans to continue operating.

If the licensee is believed to be operating, licensing staff are to contact the licensee by phone and advise them that their annual licensing fee must be paid prior to their anniversary date. Licensees are to be advised that failure to pay their annual fee shall result in the forfeiture of their license and may make them subject to civil penalties.

**POLICY****CONDITIONS FOR FORFEITURE OF LICENSE – (SELL/TRANSFER, SURRENDER, MOVING, CONVICTIONS, DEATH, ABANDONMENT)**

Section 1596.858 is added to the Health and Safety Code which clarifies that a license is forfeited by law prior to the expiration date under the following circumstances.

1. The licensee sells or transfers the facility or facility property (unless the property sale/transfer does not result in a change of licensee).
2. The licensee surrenders the license to the licensing agency.
3. The licensee moves the facility from one location to another. Licensees do not have to complete the entire application process when applying for a license for the new location.
4. The licensee is convicted of an offense specified in Sections 220, 243.4, 264.1, paragraph (1) of 273(a), 273d, 288, 289 of the Penal Code or is convicted of another crime specified in 667.5(c) of the Penal Code.
5. The licensee dies.
6. The licensee moves or abandons the facility without notifying the department.

A licensee may retain a license even if he/she has voluntarily chosen to discontinue operating the facility. In such cases, the licensee is not relieved of the responsibility to comply with regulations Section 102417. For example, the licensee must maintain a working smoke detector device, fire extinguisher, etc.

In keeping with this policy, Community Care Licensing Division is prohibited from requiring a licensee to relinquish the facility license because the facility is not operating; however, the licensee may choose the option of voluntarily surrendering the license. If the facility is in substantial compliance and no administrative action is being considered, the evaluator should encourage this option. Acceptance of a surrendered license shall be approved only by the District Office Manager or his/her designee. Explain to the licensee that a surrendered license is equivalent, under the law, to forfeiture of license.

The local licensing office shall acknowledge, in writing, receipt of the surrendered license, or receipt of a statement of intent to surrender the license. Under no circumstances shall the surrendered license deprive the Department of its authority to institute or continue administrative actions against the licensee.

When forfeiture is the result of a surrender of a license, do not use the term “surrender”; use the language in the following procedures.

**PROCEDURE**

1. If there is no pending or planned administrative action and the licensee surrenders his/her license to the local licensing office stating any of the following:
  - He/she will no longer operate;
  - The facility is going out of business;
  - The licensee is moving;
  - The licensee has moved.
  - a. Send written acknowledgement to the licensee at the last known address stating the following:

“Effective (date), your license is forfeited by operation of law pursuant to Health and Safety Code Section 1596.858. Your license is no longer valid and all provision of care and supervision must cease. If you have not already done so, please send your license to the above address. If you wish to operate a community care facility again you must reapply and be approved for a new license.”

**NOTE:** The effective date should be the date of notification, unless a later closure date has been agreed upon.
  - b. Close the facility file.
2. When the licensee of a family child care home surrenders his/her license to the local licensing office stating that he/she will no longer operate and there is evidence which may support an administrative action, or an administrative action has been initiated:
  - a. Acknowledge receipt of the license as follows:

“We acknowledge receipt of your license and/or your statement that you no longer wish to be licensed for a **child care facility**. This acknowledgement does not deprive the Department of its authority to institute or continue an administrative action against your license. You cannot apply for a new license until two years have elapsed from the date of a revocation.”
  - b. District Offices are to notify legal staff; county licensing agencies are to notify regional administrative action analyst to discuss the appropriateness of pursuing/continuing the administrative action.
  - c. If the Department/Licensing Agency decides to drop the administrative action, the licensee must be notified in writing of the effective forfeiture of the license.
  - d. Document in the case file the reason for acknowledging the receipt of the license and/or the licensee’s statement that they are surrendering their license, but not consenting to the surrender.

**102368 LICENSE (Continued)****102368****PROCEDURE (Continued)**

3. When the licensee of a family child care home surrenders the license in order to avoid having to comply with licensing regulations, but continues to operate, i.e., provide care and supervision:
  - a. Acknowledge receipt of the license as follows:
 

“We acknowledge receipt of your license and your statement that you no longer wish to be licensed as a family child care home. This acknowledgement is not consent to the surrender of your license. Since you continue to operate a family child care home, you are required by law to be licensed. You are, therefore operating a licensed facility and must comply with the rules and regulations related to such operations.”
  - b. Until the facility ceases operation, continue to visit the facility, document any deficiencies on the LIC 809 Facility Evaluation Report, and monitor all corrective actions.
  - c. **Follow the steps in Family Child Care Homes Regulations Section 102357 Operation Without a License and Evaluator Manual Section 1-0050, Unlicensed Facilities.**
4. When the Licensing Agency discovers that the licensee has moved, but the Community Care Licensing Division has not been notified of the move, and there is no pending administrative action:
  - a. Refer to Procedure 1, above.
  - b. **Document in the file acknowledgement of the forfeited license outlining the reasons, conditions and documentation that led to this action.**
1. The applicant and each person subject to fingerprint requirements has signed and submitted the criminal record statement stating he/she has never been convicted of a crime other than a minor traffic infraction.

**102369 APPLICATION FOR INITIAL LICENSE****102369****(a) POLICY**

Section 1596.877 of the Health and Safety Code became effective January 1, 1986. Those persons who are required to submit a fingerprint card are also required to complete the Child Abuse **Central** Index Check (LIC 198) and submit both the fingerprint card and the Child Abuse **Central** Index Check to the Licensing Agency.

A family child care license is not to be issued until the Child Abuse **Central** Index Check is cleared.

(b)(5)

**POLICY**

Sufficient qualifying experience consists of one year's experience working with children at the elementary school age level and below, including but not limited to:

Sunday school teachers

Teachers' aides

Baseball, soccer, or other sports coach

Campfire, Brownie, Bluebird, Cub Scout, Boy Scout, Girl Scout, or other comparable group leaders

- (8)** To initiate the application process, all required documents must be properly completed and submitted to the licensing agency. The Application for Family Child Care **Home** Licensing (LIC 279), Criminal Record Statement (LIC 508) or (LIC 279A), Child Abuse Index Check (LIC 198) and Fingerprint Card **(FD 258)** are mandatory license application forms.

Incomplete application packages should not be accepted and should be returned to the applicant.

Health and Safety Code Section 1597.59 requires a family child care license to be granted or denied within 30 days after receipt of all appropriate licensing materials provided:

1. A site visit has been made which determines the home is in compliance.
2. The applicant and each person subject to fingerprint requirements has signed and submitted the criminal record statement stating he/she has never been convicted of a crime other than a minor traffic infraction.

obtained through a written statement by the subject individual. It is, however, necessary to obtain a certified copy of the judgment of conviction in **all cases** when the conviction is grounds for denial or revocation of a license.

---

**102370.1 CRIMINAL RECORD EXEMPTIONS 102370.1**

(a)(1-4) and (b)(1-2)

**POLICY**

With the exception of the licensee, spouse, or dependent adult living in the facility, individuals with non-exemptible, felony, or violent misdemeanor convictions must be immediately removed from a licensed facility. Individuals with non-exemptible convictions are not eligible for an exemption. Persons with felony or violent misdemeanor convictions may request an exemption, but must remain out of the facility pending an exemption decision. Individuals may also be excluded from a licensed facility if an exemption is denied or if a previously granted exemption is rescinded. The notification process and Confirmation of Removal form discussed below are applicable in these circumstances. If the individual is a licensee, spouse, or dependent adult living in the facility, see Evaluator Manual Reference Material, Background Check Procedures Section 7-1820 to determine what action should be taken.

The Licensing Agency or County Licensing Office will contact the licensee by telephone and advise that the individual must be removed from the facility. If the cause for removal is a conviction that can be exempted, the individual and the licensee of the facility with which they are associated, are sent a letter informing them that an exemption must be obtained before the individual can return to the licensed facility. For all removals, the licensee is sent a Confirmation of Removal form, the Family Child Care Home Notification of Parents' Rights Addendum to Exclude form (LIC995B), and any other pertinent documents by the Licensing Agency. The licensee must complete the Confirmation of Removal form and return the form to the appropriate Regional or County Licensing Office by the date indicated on the notice. The Confirmation of Removal form confirms in writing that the person ordered removed from the facility is, in fact, removed.

*For State licensed facilities, the above notification process is completed by the Caregiver Background Check Bureau, which processes criminal record information and requests for exemptions for all state licensed child care facilities. The Caregiver Background Check Bureau will send the Regional Office copies of the notification letter and Confirmation of Removal form for tracking and follow-up purposes. Caregiver Background Check Bureau will attempt telephone contact the same day the letter is initiated (dated).*

*Contract County Licensing Offices must complete the notification and the confirmation of removal process, as they are responsible for processing criminal record information and requests for exemptions for County licensed child care facilities. (See Evaluator Manual Section 7-0000 through 7-2300 Background Check Procedures.)*

**102370.1 CRIMINAL RECORD EXEMPTIONS (Continued)****102370.1**(a)(1-4) and (b)(1-2)**PROCEDURE**

When a person has been ordered out of the facility, the Regional or County Licensing Office must have a tracking system in place to ensure that the Confirmation of Removal form is received at the licensing field office by the date indicated on the notice.

If the Confirmation of Removal form is received by the date indicated on the notice, the Regional or County Licensing Office will file the Confirmation of Removal form in the public section of the facility file; no site visit is required unless determined necessary (see C. below.)

If the Confirmation of Removal form is not received by the date indicated on the notice, the Licensing Program Analyst will telephone the licensee within two (2) business days to verify that the person has been removed from the facility.

**The following procedures are to be followed depending on the information received from the telephone call:**

**A. If the licensee states that the person has been removed from the facility but they failed to return the Confirmation of Removal form to the Regional or County Licensing Office, the Licensing Program Analyst will:**

1. Inform the licensee that a citation for failure to return the Confirmation of Removal form will be issued by mail, unless a site visit is made to issue the citation (see C. below). The citation will be issued on the LIC 809 Facility Evaluation Report.
2. Require the licensee, as a plan of correction, to fax or deliver the Confirmation of Removal form to the licensing office by the close of the next business day.

The Confirmation of Removal forms are available to the public at the Department's website at: [www.cclcd.ca.gov](http://www.cclcd.ca.gov). Internet access is available at most public libraries. The Licensing Program Analyst will inform the licensee of the correct Confirmation of Removal form to complete if the licensee indicates that they no longer have the form. (Note: if the licensee returns the wrong Confirmation of Removal form, it is acceptable as long as the identifying information on the form is completed for both the individual removed and the licensee.)

- LIC 300A Confirmation of Removal form - Exemption Needed
  - LIC 300B Confirmation of Removal form - Exemption Denied
  - LIC 300C Confirmation of Removal form - Exemption Rescinded
  - LIC 300D Confirmation of Removal form - Non-Exemptible Conviction
  - LIC 300E Confirmation of Removal form – Counties
3. Advise the licensee that failure to fax or otherwise deliver to the Regional or County Licensing Office the Confirmation of Removal form by the plan of correction date (the close of the next business day) will result in the assessment of civil penalties of \$50 per day until corrected.
  4. Mail the LIC 809 (via regular mail) with the citation to the licensee within one (1) business day of the plan of correction due date.

**102370.1 CRIMINAL RECORD EXEMPTIONS (Continued)****102370.1**

5. The Licensing Program Analyst will know by the time the LIC 809 is mailed whether the plan of correction has been completed. If the licensee complies with the plan of correction to return the form, the violation is cleared and no civil penalties shall be issued. If the plan of correction has not been completed, follow Evaluator Manual Section 1-0060 for civil penalty procedures. (A visit must be made to assess civil penalties.)

**The following is sample language to use for the citation:**

**Citation with Plan of Correction Completed and Deficiency Cleared**

“The following violation of the California Code of Regulations, Title 22, Division 12, deficiency is hereby cited: Section 102370.1(b) Criminal Record Exemption. The licensee failed to return the Confirmation of Removal form to the licensing field office by the due date indicated on the form. This presents an immediate threat to the health and safety of children in care as the Confirmation of Removal form is written documentation that the individual ordered removed is, in fact, removed from the facility.

As a plan of correction, the licensee was instructed to fax and/or deliver the Confirmation of Removal form to this licensing office by (date). Verification was received on (date) and the deficiency is cleared.

Please review this report, make any comments you wish, sign, make a copy for your records, and mail the original back to the licensing office by (date) at: (note licensing office and mailing address.)”

**Citation with Plan of Correction Not Completed (Deficiency not Cleared)**

“The following violation of the California Code of Regulations, Title 22, Division 12, deficiency is hereby cited: Section 102370.1(b) Criminal Record Exemption. The licensee failed to return the Confirmation of Removal form to the licensing field office by the due date indicated on the form. This presents an immediate threat to the health and safety of children in care as the Confirmation of Removal form is written documentation that the individual ordered removed is, in fact, removed from the facility.

As a plan of correction, the licensee was instructed to fax and/or deliver the Confirmation of Removal form to this licensing office by (date). Verification has not been received and the deficiency is not cleared.

Please review this report, make any comments you wish, sign, make a copy for your records, and mail the original back to the licensing office by (date) at: (note licensing office and mailing address.)”

**B. If the licensee states that the individual has not been removed from the facility, the Licensing Program Analyst will:**

1. Inform the licensee that the individual must be removed from the facility that day and that failure to comply with the order to remove the individual is grounds for administrative action against the license.

**102370.1 CRIMINAL RECORD EXEMPTIONS (Continued)****102370.1**

2. Inform the licensee that citations for failure to remove the individual and failure to return the Confirmation of Removal form will be issued by mail, unless a site visit is made to issue the citation (see C. below).
3. Follow steps A. 2. – 5. above. Add a citation for violation of Section 102370.1(a) for failure to remove the individual when ordered to by the Licensing Agency.

**C. The Licensing Agency always reserves the right to make a visit to a facility to determine if an individual has been removed from the facility or present any time children are in care. If at any time the Licensing Program Analyst has reason to believe that the individual is still working or residing in the facility, the analyst must consult with the Local Unit Manager or Licensing Supervisor to determine if and when an on-site visit is necessary to investigate the situation. If it is determined that the individual is still working or residing in the facility during the visit, then the Licensing Program Analyst will:**

1. Inform the licensee that the individual must be removed from the facility that day, and failure to comply with the order to remove the individual is grounds for administrative action against the license.
2. Issue a citation for violation of Section 102370.1(a) for failure to remove the individual.
3. Consult with the Local Unit Manager or County Licensing Supervisor to initiate the appropriate administrative action (revocation and/or temporary suspension order). (Also see Evaluator Manual, Reference Material – Enforcement Section 1-1455.)

**102371 FIRE SAFETY CLEARANCE****102371**

(a)

**POLICY**

Family child care homes with a capacity of **eight** or fewer are not required to have a fire clearance issued by the State Fire Marshal even if nonambulatory children are in care.

All family child care homes shall have both a smoke detector device and a fire extinguisher that meet standards set by the State Fire Marshal. Fire extinguishers must be rated 2A, 10B:C to meet the State Fire Marshal's standards. Advise family child care home providers they should contact their local fire department if they are unsure if their smoke detector device and fire extinguisher meet the State Fire Marshal standards.

Family child care homes for 9-14 children are required to secure an appropriate fire clearance. The fire clearance request shall state the total number (licensed capacity) of children who will be cared for in the family child care home. No distinction should be indicated on the request for fire clearance between the natural children of the care provider(s) and the day care children. A child is not deemed nonambulatory solely because he/she is deaf, is blind, or prefers to use a mechanical aid.

For fire extinguisher or smoke detector requirements, see **Family Child Care Regulations Section 102369(b)(7)**.

Due to statutory changes effective January 1, 1991, State or local fire jurisdictions are no longer responsible for processing requests for fire clearances for large family child care homes. All fire jurisdictions have been instructed that the responsibility for such clearances has been transferred to the local building inspectors. This action is based on a change in responsibility for all R-3 occupancies, specifically large family child care homes.

Policy regarding bedridden children is as follows:

1. Family child care homes with a capacity of six or fewer and family child care homes for 7-14 children are required to obtain a bedridden fire clearance prior to accepting a child who is bedridden.
2. The Uniform Building Code Section 403, defines a bedridden person as "a person confined" to a bed, requiring assistance in turning or unable to independently transfer to and from bed, and unable to leave a building unassisted during emergency conditions." This does not apply to infants ages zero to two years of age.
3. Bedridden children shall be allowed in family child care homes so long as the facility does not provide medical care to the child.
4. No bedridden child shall be admitted to a family child care home unless the home has secured a bedridden fire clearance.

Licenses found caring for bedridden children shall be informed that the child cannot be cared for unless the facility obtains the appropriate fire clearance. The licensee shall be instructed to immediately notify the child's parents concerning this requirement. If the licensee requests a bedridden clearance, the licensing analyst shall indicate on the STD 850 that a bedridden clearance is required.

**102371 FIRE SAFETY CLEARANCE (Continued)****102371****(a) PROCEDURE**

Determine whether a fire safety inspection is necessary and, if so, request a fire clearance using the Fire Safety Inspection Request (STD 850).

There may be arrangements made at the local level for fire departments to continue processing fire clearances through an agreement with the building officials or at least until other systems are developed. For those situations when processing by the fire authority has ceased, the district office should identify the county agency responsible for enforcing building standards and submit the fire clearance request to the alternative agency using the roster of local building officials available in the district office. If a response to the fire clearance request is not obtained within a reasonable amount of time, a follow-up should be sent.

**102384 APPLICATION/ANNUAL FEES****102384**

See Evaluator Manual Sections 3-1000 through 3-1700 for information about annual licensing fees and procedures.

**PROCEDURES****For District Office**

**NOTE:** *The Annual License Fee Notice is now a back-to-back one-page letter generated by the Licensing Information System. The LIC 201F will no longer be used.*

**102391 INSPECTION AUTHORITY****102391****(a) POLICY**

For proper identification when visiting facilities, all evaluators will obtain a picture identification card issued by the State or county. Until this picture ID card is received, a letter of introduction on Department letterhead or on an official business card is acceptable.

Additionally, Section 1596.857 has been added to the Health and Safety Code establishing the parent's or **authorized representative** to enter and inspect Child Care Facilities without advance notice during normal operating hours while his/her child is receiving care. The facility may deny access to adults whose behavior presents a risk to children **or others**. Discrimination or retaliation against the child, parent or **authorized representative** for exercising the right to inspect or for having lodged a complaint with the licensing agency against the facility is prohibited. Also, the facility is required to inform the children's parents and guardians of the right to inspect and to post a written notice of this right. The licensing agency is required to issue a warning citation for initial violation of this section. Subsequent violations are subject to a \$50 civil penalty.

**102391 INSPECTION AUTHORITY (Continued)****102391****(a) PROCEDURE**

1. Include in the application packets for day care centers and family child care home, the **Family Child Care Homes** Notification of Parents' Rights (LIC 995A) and discuss during applicant orientation meetings.
2. Advise licensees that they must provide a copy of the LIC 995A to the parents, obtain parents' signatures acknowledging receipt and that the signed form must be maintained in the child's file for review. (The form has been designed so that the signature and date portion may be detached for filing in the child's record.)
3. Provide a copy of the LIC 995A to current licensees at the time of the next site visit. Additional forms can be photocopied, ordered through the Department of Social Services warehouse, or retrieved from the Internet at [www.dss.ca.gov](http://www.dss.ca.gov). The Licensing Program Analyst must note on the LIC 809 that the forms have been provided.
4. Check the children's files for copies signed by parents or authorized representative(s) and cite if not there.

Facilities are subject to a notice of deficiency when a parent/guardian is denied access or retaliated against for exercising their rights. Deficiencies shall be cited using the LIC 809 and related processes. Additionally, a civil penalty of \$50 per violation may be imposed for any subsequent violation of this right. Existing civil penalty procedures and forms currently in use by District Office staff shall continue to be used for this purpose.

**102392 SITE VISITS****102392****(a)(3) POLICY**

Sexual or physical abuse must be reported to State Department of Education-funded Resource and Referrals and/or State Department of Education within 24 hours of substantiation.

**PROCEDURE**

See **Family Child Care Regulations Section 102403** for **Licensee** Complaints.

If an evaluator observes, or has reason to believe, the home is operating outside the hours of operation listed on the Application for a Family Child Care License (LIC 279), inspection during these hours is permitted to verify if, in fact, that is happening. If the facility is operating at that time, providing care and supervision, a full facility inspection is permitted. In addition, during routine inspections of the home, if children are seen in areas designated "off limits", inspection of these areas is permitted to determine the adequacy of care and supervision.

**102392 SITE VISITS (Continued)****102392****PROCEDURE (Continued)**

- Before making a field visit, review the facility file to determine the days and hours of operation listed by the licensee on the LIC 279.
- Verify with the licensee the days and hours of operation during the home visit. If the days and hours are different than listed on the LIC 279, document the new days and hours on the LIC 809.
- Licensing evaluators shall attempt to secure voluntary entrance to family child care homes. If admittance to the home is refused, document such on the **Facility Evaluation Report** (LIC 809), notify the licensing supervisor, and attempt to obtain a law enforcement escort. If this is unsuccessful, the District Manager should notify the Regional Office to contact Department of Social Services staff attorneys to secure an inspection warrant. County licensing agencies should notify the Regional Office Administrative Action Analyst.
- Licensing evaluators shall attempt to secure voluntary permission from the licensee to view “off limit” areas if children are suspected of occupying an “off limit” area. If the licensee refuses to allow access to this area(s) document such on **the Facility Evaluation Report** (LIC 809).

The licensing evaluator shall then take other measures, e.g. wait outside and count children in care as they leave, interview children and/or **parents/authorized representatives**, notify the licensing supervisor and determine if the District Manager should notify the Regional Office to contact Department of Social Services staff attorneys to secure an inspection warrant. County licensing agencies shall notify the Regional Office Administrative Action Analyst.

See Evaluator Manual Reference Material **Documentation** Section for **completing the LIC 809**.

**ARTICLE 5 ADMINISTRATIVE ACTIONS****102401 DENIAL OF A LICENSE****102401****(a) POLICY**

No person shall be denied a family child care home license solely because he or she is a recipient of food stamps, Aid to Families with Dependent Children; Supplemental Security Income/State Supplemental Program, or some other welfare benefit.

If an applicant appears “mentally ill” and there is medical evidence which demonstrates a mental illness which would preclude the applicant from having the ability/capability to care for children, the license should be denied. This medical evidence may be obtained by requiring a medical/psychiatric examination before licensure as well as character references from doctors, neighbors, etc. Health and Safety Code Sections 1596.72, 1596.73 and 1597.30 may be cited as the authority.

Licensing agencies are to notify Resource and Referral Agencies funded by the State Department of Education, Child Development Division of the denial of an application. **Notification is not required if the State Department of Education funding is solely through the Office of Child nutrition (food service).**

The following is a list of some common conditions which may necessitate the denial of the application:

1. Failure to meet regulations for securing fire, (if applicable), health, and safety clearances.
2. A history of criminal convictions with insufficient evidence of rehabilitation or convictions for crimes prohibited from exemption (See Health and Safety Code Section 1596.871).
3. The proposed home does not meet licensing requirements.
4. The applicant fails to follow through with the application process.

When it is determined that an application will be denied, applicants shall not be given the option to withdraw the application prior to the denial action. In this circumstance, licensing agencies shall not consent to a request to withdraw an application. If the licensing agency accepts a withdrawal of the application in writing, the licensing agency cannot proceed with any administrative action on the case. The denial of a license process serves to officially document and record the denial actions for future reference. The denial process does not apply when an applicant withdraws his/her application and the licensing agency, at the time of the withdrawal action, has no grounds for a license denial action. See Family Child Care Home Regulations 102401 and Evaluator Manual Enforcement Actions Section (Administrative Action Options).

**PROCEDURE**

A Notification of Initial Application Denial (LIC 192) signed by the **Regional** Office Manager or County Licensing Supervisor advises the applicant of the reasons for denial.

The licensing agency shall send all denial letters by certified mail. **Regional and county** offices shall send a copy of the denial letter to the **Child Care Program Office** via fax at (916) 229-4508 or e-mail to the office secretary. The letter of denial further informs the applicant that the denial action can be appealed within 15 days and to send written appeal to the appropriate **Child Care Program Administrator**.

(c)

**PROCEDURE**

In the event the applicant appeals the denial, the **Child Care Program** office shall acknowledge receipt of the letter, advising the applicant that an administrative hearing will be scheduled. A copy of the acknowledgment letter is sent to the **Regional** Office or the county. Steps will be initiated by the regional office for an administrative hearing to review the denial action. During this hearing the evaluator may be required to testify. The documentation previously gathered by the evaluator will be used to show why the denial action was justified. If the applicant does not file an appeal the denial action is complete and no further action is needed other than verifying that the facility is no longer operating.

See Evaluator Manual Enforcement Actions Section (Administrative Action Options).

**102402 REVOCATION OR SUSPENSION OF A LICENSE  
OR REGISTRATION****102402**

(a)

**POLICY**

The Community Care Licensing Division is to notify Resource and Referral Agencies and agencies funded by the State Department of Education, Child Development Division, of the following:

- Revocation or Temporary Suspension Order actions when issued against child care facilities; and
- Cases of physical or sexual abuse within 24 hours of substantiation; and
- Final resolution of both of the above.
- In addition, the licensing agency is to notify the Child Development Division of State Department of Education of substantiated serious allegations against facilities funded by the Child Development Division.

**Notification is not required if the State Department of Education funding is solely through the Office of Child Nutrition (food service).**

For information regarding time frames, procedures, and notification requirements to other agencies, see Health and Safety Code 1596.8865 and 1596.8895; and the Enforcement Section of the Evaluator Manual.

**102403 LICENSEE COMPLAINTS****102403**

(a)

**POLICY**

**NOTE:** Licensees shall be made aware of **their appeal rights regarding disputed issues.**

---

## ARTICLE 6 CONTINUING REQUIREMENTS

## 102416.5 STAFFING RATIO AND CAPACITY

102416.5

(a)

## POLICY

The license shall be issued for the **maximum** number of children **eight or 14** who may be cared for at any one time; this number shall be printed on the license. The licensing agency may reduce the allowable capacity with consent of the applicant/licensee. Otherwise, reduction in capacity may be required if the children in care are/would be subject to hazardous health or safety conditions.

The capacity includes the licensee's and/or assistant caregiver's own children under the age of ten who live in the family child care home and are present in the home while care is being provided. Capacity means the number of children in care at any given time, with no overlaps (e.g., during the morning the small family child care home provider cares for four infants, later one leaves and three older children come to the facility, the provider now may care for three infants plus three older children **or two infants, six year olds, and four preschool children**).

**Children of visiting relatives, such as nieces, nephews, etc., shall be counted in the capacity--if ten years old or younger--when the parent/authorized representative of the child is not present.**

Friends of the licensee's children must be included in the capacity when the child is under the age of ten and or the child cannot come and go as he/she pleases and the parents pay for and/or expect child care services. In addition, when the licensee's child is under ten years of age and brings his/her friends over, the friends, regardless of their age are counted in the capacity.

**If** the Licensing Program Analyst has concerns regarding the safety of children in care, each situation would require close examination and Licensing Program Analyst judgment to determine if there is a licensing violation. The main factors to be considered are:

1. Does the presence of **friends of the licensee's** children endanger the children receiving child care services?
2. Does the presence of **friends of the licensee's** children prevent or impede the licensee from providing adequate care and supervision to the children receiving child care services?
3. Do the parents of **friends of the licensee's** children visiting in the home pay for and/or expect child care services?
4. Does the child/friend **of the licensee's children** require care and supervision, such as being disabled and not able to perform daily living functions, or is the licensee providing care and supervision of the disabled child/friend.

If any of these circumstances exist and there is an obvious health and safety risk for children in care, then the licensee should be cited for a licensing violation.

**102416.5 STAFFING RATIO AND CAPACITY** (Continued)**102416.5**

(a)

**POLICY** (Continued)

The stated capacity shall not be reduced at the request of the licensee. The licensee is, of course, allowed to accept **fewer** children for care than the Stated capacity. However, the license shall still state the maximum capacity (either eight or 14) and the notation that the licensee's **own** children under the age of ten are counted in the total capacity.

If the licensing agency reduces capacity below the maximum, and the applicant/licensee agrees with the limited capacity and so amends the application, the appropriate license shall be issued. If the applicant/licensee objects to the lower capacity, the licensing agency shall immediately send by certified mail a written denial of maximum capacity using the Notification of Initial Application Denial (LIC 192).

When the license is issued for fewer children than requested, the licensee shall be notified in writing of the reasons for the limitation and of the licensee's rights to appeal the decision.

If the licensee does not agree to the decrease in capacity, the Department has the authority to initiate revocation action.

It should be noted that an applicant who has been denied the maximum capacity and who has submitted a written appeal, may commence operation of his/her facility at the capacity that the licensing agency has approved, providing all other requirements have been met, and a license has been issued to accommodate this. The applicant shall be sent a license for the approved capacity at the same time the license for the maximum capacity is denied.

In addition, those facilities which currently have licenses for other than the maximum capacity, but meet all requirements for the maximum capacity, shall be accorded an increase in capacity at time of annual visit, or as requested by the applicant or licensee, whichever is earlier.

In the instance of a dual-licensed foster family home/family child care home, for purposes of determining family child care capacity, a provider's foster children under the age of ten shall be considered as the provider's own children, and shall be counted in the capacity on a "when in the home" basis.

**102417 OPERATION OF A FAMILY CHILD CARE HOME****102417****Incidental Medical Services****POLICY**

As specified in Health and Safety Code Section 1596.750, in general **F**amily **C**hild **C**are **H**omes provide nonmedical care and supervision to children. However, the use of the term "nonmedical" does not preclude the provision of *some* incidental medical services to a child in a child day care facility as specified herein. This could include handling prescription **and** non-prescription medications, and providing other incidental medical services.

It is the responsibility of the licensee, not the Department, to make admission and retention decisions for individual children. It is the responsibility of the licensee to ensure the child's needs can be met at the time of admission and throughout the child's attendance at the facility.

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****POLICY (Continued)**

As places of public accommodation, licensed child care facilities have obligations under federal and state disability laws including Title III of the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. 12181 et seq., and the California Unruh Civil Rights Act and California Disabled Persons Act (Civil Code Sections 51 et seq. and 54 et seq.). It is the responsibility of each child care licensee to determine the licensee's legal obligations under the ADA and California disability laws. Disability laws require a child care facility to undertake an individualized assessment of a situation if the child care facility receives a request to provide incidental medical services as an accommodation to a child with a disability. Consistent with the policies below, the Department permits the provision of incidental medical services in licensed child care settings. Child care licensees may want to consult with an attorney for advice.

The U.S. Department of Justice operates a toll-free ADA Information Line to provide information and materials to the public about the requirements of the ADA. To get answers to technical questions, obtain general ADA information, or order free ADA materials, child care facilities, parents, and other members of the public may call 800-514-0301(voice)/800-514-0383 (TTY).

U.S. Department of Justice publications include a [Commonly Asked Questions about Child Care Centers and the ADA](http://www.ada.gov/childqanda.htm), available at <http://www.ada.gov/childqanda.htm>.

Under specified conditions as discussed more fully below, a licensee may provide incidental medical services when the parent/authorized representative has provided written authorization and obtained written instructions from the child's physician. The licensee must submit a [Plan for Providing](#) Incidental Medical Services. Please see section on [Plan for Providing](#) Incidental Medical Services below.

The term "parent/authorized representative" as used herein is defined in California Code of Regulations, Title 22, Section 102352(p)(1):

"Parent/Authorized Representative" means any person or entity authorized by law to act on behalf of any child. Such person or entity may include but not be limited to a minor's parent, a legal guardian, a conservator or a public placement agency.

**Blood-Glucose Monitoring for Diabetic Children****POLICY**

AB 221, Chapter 550 (Statutes of 1997) added Health and Safety Code Section 1596.797, effective January 1, 1998 to provide:

(a) Blood glucose testing for the purposes of monitoring a minor child diagnosed with diabetes may be performed in a child day care facility in accordance with paragraph (6) of subdivision (b) of Section 1241 of the Business and Professions Code.

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****POLICY (Continued)**

AB 221 also amended Section 2058 of the Business and Professions Code. This section is part of the Medical Practice Act and allows obtaining a blood specimen by skin puncture for the purposes of performing blood glucose testing for the purpose of monitoring a minor child in accordance with paragraph (6) of subdivision (b) of Business and Professions Code Section 1241.

Section 1241 of the Business and Professions Code (Clinical Laboratory Technology) permits a trained layperson to perform blood glucose testing to monitor a child with diabetes if certain conditions are met:

- Child care staff performing the test must be entrusted with the child's care by the child's parent or authorized representative.
- The test must be approved by the **U.S.** Food and Drug Administration for over-the-counter sale to the public without a prescription.
- Child care staff performing the test must have written permission from the child's parent or authorized representative to administer the test to the child.
- Child care staff performing the test must comply with written instructions from the child's physician (or designee, such as a nurse practitioner).
- Child care staff performing the test must obtain written instructions from the child's physician or designee regarding how to:
  - Properly use the monitoring instrument and handle any lancets, test strips, cotton balls, or other items used while conducting the test. (All this must be in accordance with the manufacturer's instructions).
  - Determine if the test results are within the normal or therapeutic range for the child, and any restrictions on activities or diet that may be necessary.
  - Identify the symptoms of hypoglycemia or hyperglycemia, and actions to take when results are not within the normal or therapeutic range for the child and any restrictions on activities or diet that may be necessary.
  - The written instructions must include the telephone numbers of the child's physician and parent or authorized representative.
- Child care staff performing the test must record the test results and provide them to the child's parent or authorized representative on a daily basis.

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****POLICY (Continued)**

- Child Care Centers and Family Child Care Homes must post a list of universal precautions in a prominent place in the area where the test is performed.
- Child care staff must comply with universal precautions.
- Registration as required by Section 1241(c) of the Business and Professions Code.

Use the statutory provisions in Health and Safety Code Section 1596.797 and Business and Professions Code Section 1241 as the authority for implementation.

**PROCEDURE**

Licensing staff should ensure that applicants/licensees who wish to perform blood glucose monitoring do the following:

1. Submit a Plan for Providing Incidental Medical Services, in accordance with Health and Safety Code Section 1597.54(h). Please see section on Plan for Providing Incidental Medical Services below.
2. Notify the Department and update the facility's Plan for Providing Incidental Medical Services when there are changes to the services provided, in accordance with Health and Safety Code Section 1597.54(h).
3. Comply with Health and Safety Code Section 1596.797 (which refers to the conditions in the Business and Professions Code Section 1241 identified above.)

Licensees who do not comply should be cited under the appropriate California Code of Regulations, Title 22 sections or Health and Safety Code Section 1596.797.

SAMPLE CITATION LANGUAGE: HEALTH AND SAFETY CODE SECTION 1596.797:

- The person performing the blood glucose test is not entrusted with the care and control of the child by the child's parent or authorized representative.
- The blood glucose test used is not approved by the U.S. Food and Drug Administration for over-the-counter sale to the public without a prescription.
- The person performing the blood glucose test does not have the written permission from the child's parent or authorized representative to administer the test.

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****PROCEDURE (Continued)**

- The person performing the blood glucose test is not complying with the written instructions from the child's (insert physician or designee such as a nurse practitioner).
- The person performing the blood glucose test has not obtained written instructions from the child's physician or designee regarding how to properly use the monitoring instrument and equipment.
- The person performing the blood glucose test has not obtained written instructions from the child's physician or designee regarding how to determine if the results of the test are within the normal or therapeutic range for the child.
- The person performing the blood glucose test has not obtained written instructions from the child's physician or designee regarding how to determine if any restrictions on activities or diet are necessary.
- The person performing the blood glucose test has not obtained written instructions from the child's physician or designee regarding how to identify the symptoms of hypoglycemia or hyperglycemia, and actions to be taken when the results are not within the normal or therapeutic range for the child.
- The written instructions for the blood glucose test do not include the telephone number of the child's physician.
- The written instructions for the blood glucose test do not include the telephone number for the child's parent or authorized representative.
- The person performing the blood glucose test did not record the results of the blood glucose test.
- The person performing the blood glucose test did not provide the results of the blood glucose test to the child's parent or authorized representative on a daily basis.
- The person performing the blood glucose test did not comply with universal precautions.
- The person performing the blood glucose test did not post a list of universal precautions in a prominent place in the area where the test is given.

**Administering Inhaled Medication****POLICY**

Senate Bill 1663, Chapter 625, Statutes of 1998 added Health and Safety Code Section 1596.798, which specifies the requirements that must be met should licensees and staff persons in child care facilities administer inhaled medication to children in care.

Health and Safety Code Section 1596.798 states:

- (a) Notwithstanding any other provision of law, licensees and staff of a child day care facility may administer inhaled medication to a child if all of the following requirements are met:
  - (1) The licensee or staff person has been provided with written authorization from the minor's parent or legal guardian to administer inhaled medication and authorization to contact the child's health care provider. The authorization shall include the telephone number and address of the minor's parent or legal guardian.
  - (2) The licensee or staff person complies with specific written instructions from the child's physician to which all of the following shall apply:
    - (A) The instructions shall contain all of the following information:
      - (i) Specific indications for administering the medication pursuant to the physician's prescription.
      - (ii) Potential side effects and expected response.
      - (iii) Dose-form and amount to be administered pursuant to the physician's prescription.
      - (iv) Actions to be taken in the event of side effects or incomplete treatment response pursuant to the physician's prescription.
      - (v) Instructions for proper storage of the medication.
      - (vi) The telephone number and address of the child's physician.
    - (B) The instructions shall be updated annually.

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****POLICY (Continued)**

- (3) The licensee or staff person that administers the inhaled medication to the child shall record each instance and provide a record to the minor's parent or legal guardian on a daily basis.
  - (4) Beginning January 1, 2000, a licensee or staff person who obtains or renews a pediatric first aid certificate pursuant to Section 1596.866 shall complete formal training designed to provide instruction in administering inhaled medication to children with respiratory needs. This training shall include, but not be limited to, training in the general use of nebulizer equipment and inhalers, how to clean the equipment, proper storage of inhaled medication, how a child should respond to inhaled medication, what to do in cases of emergency, how to identify side effects of the medication, and when to notify a parent or legal guardian or physician. This training shall be a component in the pediatric first aid certificate requirement as provided in Section 1596.8661.
  - (5) For a specified child, the licensee or staff person who administers inhaled medication has been instructed to administer inhaled medication by the child's parent or guardian.
  - (6) Beginning January 1, 2000, any training materials pertaining to nebulizer care that licensees or staff receive in the process of obtaining or renewing a pediatric first aid certificate pursuant to paragraph (4) shall be kept on file at the child care facility. The materials shall be made available to a licensee or staff person who administers inhaled medication. This requirement shall only apply to the extent that training materials are made available to licensees or staff who obtain or renew a pediatric first aid certificate pursuant to paragraph (4).
- (b) For purposes of this section, inhaled medication shall refer to medication prescribed for the child to control lung-related illness, including, but not limited to, local held nebulizers.
  - (c) Nothing in this section shall be interpreted to require a certificated teacher who provides day care pursuant to Chapter 2 (commencing with Section 8200) of Part 6 of the Education Code in a public school setting to administer inhaled medication.

**PROCEDURE**

Licensing staff should ensure that applicants/licensees who wish to administer inhaled medications do the following:

## 102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)

102417

## PROCEDURE (Continued)

1. Submit a Plan for Providing Incidental Medical Services, in accordance with Health and Safety Code Section 1597.54(h). Please see section on Plan for Providing Incidental Medical Services below.
2. Notify the Department and update the facility's Plan for Providing Incidental Medical Services when there are changes to the services provided, in accordance with Health and Safety Code Section 1597.54(h).
3. Comply with Health and Safety Code Section 1596.798.
  - A. Check facility records to ensure all requirements of Health and Safety Code 1596.798 are met.
  - B. The Nebulizer Care Consent/Verification – Child Care Facilities (LIC 9166) form may be used to document authorization from the child's parent/authorized representative, as well as verification of written instructions for administering the inhaled medication.

**EpiPen Jr. and EpiPen****POLICY**

Business and Professions Code Section 2058(a) provides the following emergency exception to the California Medical Practices Act: "Nothing in this chapter prohibits service in the case of emergency ...!"

Pursuant to Business and Professions Code Section 2058, nonmedical personnel such as child care facility staff may administer the EpiPen Jr. Auto-Injector or the EpiPen Auto Injector as prescribed by a physician and in emergencies only.

Both the EpiPen Jr. and the EpiPen are disposable, prefilled automatic injection devices designed to deliver a single dose of epinephrine for allergic emergencies. They should only be used by, and/or administered to, a hypersensitive (allergic) person in the event of an allergic emergency as prescribed by a physician. Such emergencies may occur from insect stings or bites, foods, drugs or other allergens, as well as from idiopathic or exercise-induced anaphylaxis.

The EpiPen Jr. Auto Injector delivers a single dose of 0.15 mg epinephrine for people weighing between 33 and 66 pounds. The EpiPen delivers a single dose of 0.3 mg epinephrine for people weighing over 66 pounds.

The use of the EpiPen Jr. and the EpiPen is being permitted pursuant to Business and Professions Code Section 2058 because of its demonstrated potential to save lives when there may be only minutes to spare; and because it is premeasured and contained in an automatic injection device. However, whenever these devices are used, the licensee must still obtain emergency medical treatment for the child. The use of these devices is emergency supportive therapy only and is not a replacement or substitute for immediate medical or hospital care.

**PROCEDURE**

1. Use in accordance with the directions and as prescribed by a physician.
2. Keep ready for use at all times.
3. Protect from exposure to light and extreme heat.
4. Note the expiration date on the unit and replace the unit prior to that date.
5. Replace any auto-injector if the solution is discolored or contains a precipitate. (Both the EpiPen Jr. and the EpiPen have a see-through window to allow periodic examination of its contents. The physician may recommend emergency use of an auto-injector with discolored contents rather than postponing treatment.)
6. Call 911 and the child's parent/authorized representative immediately after administering the EpiPen Jr. or the EpiPen.

Licensing staff should ensure that applicants/licensees who wish to administer EpiPen Jr. and EpiPen do the following:

1. Submit a Plan for Providing Incidental Medical Services, in accordance with Health and Safety Code Section 1597.54(h). Please see section on Plan for Providing Incidental Medical Services below.
2. Notify the Department and update the facility's Plan for Providing Incidental Medical Services when there are changes to the services provided, in accordance with Health and Safety Code Section 1597.54(h).
3. Notify the Department as required by California Code of Regulations, Title 22, Section 102416.2(b).

**Glucagon Administration****POLICY**

Business and Professions Code Section 2058(a) provides the following emergency exception to the California Medical Practices Act: "Nothing in this chapter prohibits service in the case of emergency ..."

Glucagon is an emergency intervention injected into a child diagnosed with diabetes in the event of a severely low blood sugar level resulting in disorientation, seizures, convulsions, or unconsciousness. Without this emergency intervention a diabetic child could sustain brain damage or die; therefore, it is important to know when this intervention is necessary.

**PROCEDURE**

Licensees who administer glucagon to a child in care must comply with the following conditions:

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****PROCEDURE (Continued)**

- Written permission must be obtained from the child’s parent or authorized representative.
- Child care staff administering glucagon must be trained by a competent person designated in writing by the child’s physician; verification of the training must be maintained in staff files.
- The person designated by the physician to provide the training may be the child’s parent or authorized representative.
- At least one staff person trained to administer glucagon must be available any time a child requiring this emergency intervention is in care, including activities away from the facility.
- Child care staff administering glucagon must comply with written instructions from the child’s physician or designated person regarding how to:
  - Recognize the symptoms of hypoglycemia and take appropriate action.
  - Properly administer the glucagon.
  - Call 911 and the child’s parent or authorized representative immediately after administering the glucagon.
  - Recognize potential side effects of glucagon such as nausea and vomiting and the need to place the child on his or her side to prevent choking.
  - Review the glucagon for expiration.
  - Document the child’s file each time glucagon is administered.

Licensees who administer glucagon as a life-saving intervention to a child diagnosed with diabetes shall do the following:

- (1) Submit a Plan for Providing Incidental Medical Services, in accordance with Health and Safety Code Section 1597.54(h). Please see section on Plan for Providing Incidental Medical Services below.
- (2) Notify the Department and update the facility’s Plan for Providing Incidental Medical Services when there are changes to the services provided, in accordance with Health and Safety Code Section 1597.54(h).

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****PROCEDURE (Continued)**

- (3) Notify the Department as required by California Code of Regulations, Title 22, Section 102416.2(b).

**Gastrostomy Tube Care****POLICY**

There is nothing to prohibit licensees and staff from administering routine gastrostomy-tube (G-tube) feeding, or administering routine LIQUID medication through a G-tube, to an infant or a child in care who is in stable condition if all of the requirements outlined in this policy are met.

Routine G-tube care of an infant or a child who is in stable condition is not prohibited because the Medical Board of California has determined that such care is not considered a medical procedure.

**Nasogastric or Nasoenteric Tube Feeding Prohibited**

However, FEEDING THROUGH A NASOGASTRIC OR NASOENTERIC TUBE IS NOT ALLOWED UNDER ANY CIRCUMSTANCES. (The nasogastric or nasoenteric tube is a long, thin, flexible feeding tube passed through the nose into the stomach or small intestine.)

**Administration of Crushed Medications Prohibited**

In addition, a layperson in a licensed child care facility is prohibited from administering CRUSHED MEDICATIONS to an infant or child through a G-tube because this procedure would increase the potential for harm to the infant or child.

**Background**

The G-tube is a feeding tube that is placed in the stomach surgically. It allows liquid nutrients to be delivered directly into the stomach if the infant or child is unable to eat or unable to eat enough to remain healthy. One end of the tube is in the stomach and the other end comes out through the skin of the abdomen.

The gastric feeding button is a special type of feeding device that is surgically placed into the stomach, or it may be used to replace an already existing feeding tube. The device is level with the skin. During the feeding, an adaptor is used. When the feeding is complete, the adaptor is removed and the button is again level with the skin.

Intermittent gravity feeding means that the G-tube is held above the patient and the liquid formula is put into a syringe attached to the G-tube and delivered by gravity to the stomach. This method of feeding works for most patients who have G-tubes. However, an enteral (means "into the stomach") feeding pump can also be used to deliver formula through the G-tube to the stomach.

For more specific information on G-tube feedings, please see medical texts or related Internet websites.

**PROCEDURE**

1. Overall procedures
  - a. When a Family Child Care Home accepts its first child who needs G-tube care, licensing staff must verify that all of the requirements in policy have been met BEFORE the child receives G-tube care at the Family Child Care Home.
  - b. Thereafter, the Family Child Care Home must notify the Department each time it accepts another child who needs G-tube care at the Family Child Care Home. This will enable licensing staff to track how many children are receiving G-tube care in licensed Family Child Care Homes and to address any subsequent concerns that may arise.
2. Revised application information
  - a. In accordance with Health and Safety Code Section 1597.54(h), the licensee must do the following when the facility wishes to begin providing G-tube care:
    - Notify the Department of the facility's intent to provide G-tube care and obtain approval from the Department to provide this care; and
    - Submit an attachment to the original application information that confirms that the licensee intends to provide G-tube care to the child.
  - b. In accordance with California Code of Regulations, Title 22, Sections 102416 and 102423(a)(2), the revised application information must include a statement on how child care staff will be trained. Please also see Plan for Providing Incidental Medical Services below for additional information required.
3. Written permission from the child's authorized representative
  - a. In accordance with California Code of Regulations, Title 22, Section 102423(a)(2), the licensee must obtain written permission from the child's authorized representative for the licensee or designated staff member(s) to:
    - Administer G-tube feeding to the child;
    - Administer liquid medication to the child through a G-tube (if the child requires such medication); and
    - Contact the child's health care provider.
  - b. This documentation must include the telephone numbers (both home and work) and address of the child's authorized representative.

## 102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)

102417

## PROCEDURE (Continued)

- c. The Gastrostomy-Tube Care Consent/Verification – Child Care Facilities (LIC 701B) form may be used to document permission from the child's authorized representative.
4. Instruction in G-tube feeding/administration of liquid medication by a competent person designated by the child's physician
    - a. In accordance with California Code of Regulations, Title 22, Sections 102416 and 102423(a)(2), the licensee must ensure that staff who administer G-tube feeding to the child are competent to do so. STAFF WHO PROVIDE G-TUBE CARE MUST BE AT LEAST 18 YEARS OLD.
    - b. Therefore, for each individual child, each individual licensee or staff person who provides G-tube care to the child must be instructed on how to provide G-tube care to the child by a competent person designated by the child's physician. Instruction in G-tube care is to include:
      - How to administer G-tube feeding to the child;
      - How to administer liquid medication to the child through a G-tube (if the child requires such medication); and
      - Troubleshooting, including actions to take in an emergency (please see Number 6f as well).

The designated person may be the child's authorized representative if the physician deems the authorized representative competent to provide the instruction.

    - c. The child's physician must designate in writing the person authorized to provide instruction in G-tube care. Gastrostomy-Tube Care: Physician's Checklist (Child Care Facilities) (LIC 701A) may be used for this purpose. In accordance with California Code of Regulations, Title 22, Section 102421, this documentation must be kept in the child's file.
    - d. Completion of instruction in G-tube care by the licensee and/or staff person must be verified in writing. The written verification must include the name of the instructor, date of the instruction, areas the instruction covered, and duration of the instruction (number of hours). In accordance with California Code of Regulations, Title 22, Sections 102416 and 102423(a)(2), this documentation must be kept in the employee's personnel file.
    - e. It is also recommended that the licensee or staff person complete additional training in G-tube care. This training may be taken from a G-tube manufacturer's representative or through a local class.

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****PROCEDURE (Continued)****5. Assessment of appropriateness of G-tube care by the child's physician**

- a. In accordance with California Code of Regulations, Title 22, Section 102423(a)(2), the child's medical assessment must include an assessment of whether the child's medical condition is stable enough for a layperson in a child care setting to safely administer G-tube feeding and/or liquid medication to the child through a G-tube.
- b. Gastrostomy-Tube Care: Physician's Checklist (Child Care Facilities) (LIC 701A) may be used to document the child's medical assessment for purposes of receiving G-tube care in a licensed Family Child Care Home. (A child in a licensed Family Child Care Home is not otherwise required to have a medical assessment.)

**6. Written instructions from the child's physician**

The licensee or staff person who provides G-tube care must follow specific written instructions from the child's physician or a health care provider working under the supervision of the child's physician (for example, a physician's assistant, nurse practitioner or registered nurse). These instructions are to be attached to the child's Gastrostomy-Tube Care: Physician's Checklist (Child Care Facilities) (LIC 701A).

In accordance with California Code of Regulations, Title 22, Section 102423(a)(2), the written instructions must be updated annually, or whenever the child's needs dictate (for example, if the child obtains a different type of G-tube or if the frequency of feeding and amount/type of formula or liquid medication to be administered to the child changes). The written instructions can only be updated by the child's physician or a health care provider working under the supervision of the child's physician. In addition, the written instructions must include specific, explicit steps for a layperson to administer G-tube feeding or liquid medication to the child and provide related necessary care. This includes, but may not be limited to, the following:

- a. Any limitations or modifications to normal activity required by the presence of the G-tube.
- b. Frequency of feeding and amount/type of formula or liquid medication to be administered to the child in accordance with the physician's prescription.
- c. Hydration of the child with water or other liquids as determined by the child's physician.
- d. Method of feeding, administering liquid medication or hydrating the child, including how high the syringe is to be held during the feeding. If applicable, this includes how to use an enteral (means "into the stomach") feeding pump.
- e. Positioning of the child.

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****PROCEDURE (Continued)**

- f. Potential side effects, e.g., nausea, vomiting, abdominal cramping. (Decompression - the removal of gas in the gastrointestinal tract - is not to be performed on the child beyond briefly removing the cap from the gastric feeding button. Pressing on the child's stomach to try and remove air may harm the child and should not be done. However, the cap may be taken off the gastric feeding button for a brief time only, which may or may not help relieve gas in the child.)
  - g. Specific actions to be taken in the event of specific side effects or an inability to complete a feeding, administration of liquid medication to the child, or hydration of the child in accordance with the physician's prescription. This includes actions to be taken in an emergency.
  - h. How and when to flush out the G-tube with water, including what to do if the G-tube becomes clogged. Specific instructions on how many cc's of water to use when flushing out the G-tube.
  - i. Instructions for proper sanitation, including care and cleaning of the stoma site.
  - j. Instructions for proper storage of the formula or the liquid medication.
  - k. Instructions for proper care and storage of equipment.
  - l. The telephone number and address of the child's physician or designee.
7. Manufacturer's instructions to be kept on file
- In accordance with California Code of Regulations, Title 22, Sections 102421 and 102423(a)(2), a copy of the G-tube manufacturer's instructions must be kept on file at the child care facility. (Note: If there is a conflict between the physician's instructions and the manufacturer's instructions, the physician's instructions should always be followed.)
8. Record of G-tube care
- a. In accordance with California Code of Regulations, Title 22, Sections 102421 and 102423(a)(2), the licensee or staff person must keep a record of each time he or she administers a G-tube feeding, liquids (hydration) or liquid medication to the child. This record must be provided to the child's authorized representative on a daily basis and be available to licensing representatives upon request.

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****PROCEDURE (Continued)**9. Summary of record requirements

The following is a summary of all of the items, described above at the locations indicated after each item, which must be on file with regard to providing G-tube care in a licensed Family Child Care Home:

- a. Licensee's Plan for Providing Incidental Medical Services, which includes the statement of intent to provide G-tube care and how staff are to be trained in G-tube care. Attached to the application in the office file. [2a]
- b. Written permission from the child's authorized representative for the licensee or designated staff member(s) to provide G-tube care to the child. Gastrostomy-Tube Care Consent/Verification – Child Care Facilities (LIC 701B) may be used for this purpose. A separate LIC 701B must be on file for EACH person who provides G-tube care to the child. Included in the child's file and in each respective employee's personnel file at the facility. [3a]
- c. Physician's written designation of person deemed competent to provide instruction in G-tube care. The Gastrostomy-Tube Care: Physician's Checklist (Child Care Facilities) (LIC 701A) form has space for this information. Included in the child's file at the facility. [4c]
- d. Written verification of the licensee's or employee's completion of instruction in G-tube care. Included in each respective employee's personnel file at the facility. [4d]
- e. Child's medical assessment, including the physician's assessment of the appropriateness of providing G-tube care to the child. The Gastrostomy-Tube Care: Physician's Checklist (Child Care Facilities) (LIC 701A) may be used to document this information. Included in the child's file at the facility. [5a]
- f. Written instructions from the physician, with any updates attached. Should be attached to the Gastrostomy-Tube Care: Physician's Checklist (Child Care Facilities) (LIC 701A). Included in the child's file at the facility. [6]
- g. A copy of the G-tube manufacturer's instructions. Included in the child's file at the facility. [7]
- h. Record of administration of G-tube feedings, liquids (hydration) and liquid medications. Included in the child's file at the facility. [8]

10. Meeting the child's needs

- a. The licensee of the facility in which the care is provided must ensure that the child's needs and the needs of the other children in care are met.

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****PROCEDURE (Continued)**

- b. As appropriate, this includes ensuring that trained backup staff are available to assist the child if necessary.
- c. If the child's needs are not met, cite the licensee under California Code of Regulations, Title 22, Section 102423(a)(2). In addition, if the Licensing Program Analyst suspects that something is wrong with the way the licensee is handling the child's G-tube care (e.g., the equipment does not look like it is being properly cared for, the records do not look right, etc.), the Licensing Program Analyst should consult with the Licensing Program Manager to decide whether to contact the child's authorized representative or physician regarding those concerns.

**Emptying an Ileostomy Bag****POLICY**

An ileostomy bag is a bag attached to the outside of the abdomen that may be emptied of feces and resealed while remaining attached to the abdomen of the child. After consultation with the California Board of Registered Nursing, it has been determined that emptying the ileostomy bag is not considered a medical procedure. It is equivalent to changing a diaper and may be done by the licensee or staff in a licensed child care facility.

**Carrying Out the Medical Orders of a Child's Physician****POLICY**

Business and Professions Code Section 2727(e) provides an exception to the California Nursing Practices Act (NPA). The NPA does not prohibit:

- (e) The performance by any person of such duties as required in the physical care of a patient and/or carrying out medical orders prescribed by a licensed physician; provided, such person shall not in any way assume to practice as a professional, registered, graduate or trained nurse.

The California Supreme Court concluded the medical orders exception in Business and Professions Code Section 2727(e) does permit a layperson to carry out a physician's medical orders, for a patient, even orders that would otherwise fall within the definition of nursing practice, without violating the rule against unauthorized practice of nursing. To fall outside the exception, one must go further by holding oneself out, explicitly or implicitly, to be a nurse in fact. (See American Nurses Association et al. v. Tom Torlakson et al., American Diabetes Association, Intervener and Appellant, (2013) 57 Cal.4<sup>th</sup> 570, 585.)

The following may be provided by a child care facility licensee or staff who is not a licensed medical professional, provided that it is to carry out medical orders prescribed by a licensed physician and specific safety procedures have been met:

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****POLICY (Continued)**

- Insulin administration by injection or pump.
- Emergency anti-seizure medication, such as diazepam (generic for Diastat), rectal gel, as an emergency intervention for a child experiencing an epileptic seizure.
- Other incidental medical services.

**PROCEDURE**

A licensee or facility staff person who is not a licensed medical professional or nurse may administer insulin, emergency anti-seizure medication, or provide other incidental medical services only when carrying out medical orders as prescribed by a licensed physician and all of the following safety procedures are met:

1. Parent/Authorized Representative Written Permission

- The licensee obtains express written consent from the child's parent/authorized representative to permit the licensee or designated facility staff to carry out the physician's medical orders for a specified child.

2. Physician's Medical Orders

- The licensee has obtained from the child's parent/authorized representative a copy of written medical orders prescribed by the child's physician. The medical orders will include:
  - A description of the incidental medical service needed, including identification of any equipment and supplies needed.
  - A statement by the child's licensed physician that the medical orders can be safely performed by a layperson.
  - Description from the child's licensed physician of the training required of the facility licensee or staff to carry out the physician's medical orders for a specified child and whether the training can only be provided by a licensed medical professional.
- If the medical orders include the administration of medication by a designated lay person, the physician's orders shall include the name of the medication; the proper dosage; the method of administration; the time schedules by which the medication is to be administered; and a description of any potential side effects and the expected protocol, which may include how long the child may need to be under direct observation following administration of the medication, whether the child should rest and when the child may return to normal activities.

## 102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)

102417

**PROCEDURE** (Continued)3. Compliance

The licensee will be responsible to ensure the following:

- The facility has obtained from the parent/authorized representative of the child the medication, equipment, and supplies necessary to carry out the medical orders of the child's physician.
- The person(s) designated to carry out the medical orders prescribed by the child's licensed physician will not in any way assume to practice as a professional, registered, graduate or trained nurse.
- At least one of the persons designated and trained to carry out the physician's medical orders will be onsite or present at all times when the child is in care.
- The persons designated to carry out the physician's medical orders have completed the training indicated by the child's physician.
- The person designated to carry out the physician's medical orders shall comply with proper safety precautions such as wearing gloves during any procedure that involves potential exposure to blood or body fluids, performing hand hygiene immediately after removal and disposal of gloves, and disposal of used instruments in approved containers.

4. Facility Record Keeping and Notification

A licensee who carries out the medical orders of a physician for a child in their care shall do the following:

- Include plans to provide this care in the facility's Plan for Providing Incidental Medical Services as required by Health and Safety Code Section 1597.54(h). Please also see Plan for Providing Incidental Medical Services below.
- Notify the Department and update the facility's Plan for Providing Incidental Medical Services when there are changes to the services provided, as required by Health and Safety Code Section 1597.54(h).
- Maintain a written record of when the medical orders have been performed, including if medications have been administered and inform the parent/authorized representative of each occurrence when the medical orders have been carried out.
- Notify the Department as required by California Code of Regulations, Title 22, Section 102416.2(b).

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****PROCEDURE (Continued)**

- The Centrally Stored Medication and Destruction Record (LIC 622) form is available for maintaining records.
- Maintain, in the child's file, a copy of the parent/authorized representative written authorization.
- Maintain, in the child's file, a copy of the written medical orders of the physician.
- Maintain, in personnel files, a copy of the written verification that the designated licensee or staff have completed the training required by the physician's medical orders.

**Plan for Providing Incidental Medical Services****POLICY**

A facility that cares for children who need incidental medical services shall identify those services in their Plan for Providing Incidental Medical Services. In accordance with Health and Safety Code Section 1597.54(h), a new applicant shall submit the Plan for Providing Incidental Medical Services at the point of application. Currently licensed facilities shall submit the Plan for Providing Incidental Medical Services with a copy of their original application. The Plan for Providing Incidental Medical Services shall describe the facility's policies and procedures that ensure the proper safeguards are in place.

Topics to be covered in the Plan for Providing Incidental Medical Services shall include, but not be limited to:

- Types of incidental medical services to be provided.
- Records to be obtained and maintained, such as parental/authorized representative permission to provide the incidental medical service; written instructions from the child's physician; verification of staff training; records of medication/service provided.
- Storage of medication, equipment, and supplies.
- Training requirements, including how to administer medication/service; use and maintenance of required equipment/supplies; what to do in emergencies; who will provide the training to staff or licensee.
- Staffing requirements, including number of trained staff that will be available when children needing specified incidental medical services are in care; plan for field trips away from facility to ensure services are not interrupted.
- Plan for ensuring proper safety precautions are in place, such as wearing gloves during any procedure that involves potential exposure to blood or body fluids; performing hand hygiene immediately after removal and disposal of gloves; disposal of used instruments in approved containers.

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****POLICY (Continued)**

- Plan for transporting medication, equipment, and supplies with child(ren) to ensure incidental medical services are not interrupted when there is a disaster that requires relocation of children from the facility.
- Explain how parents/authorized representatives will be informed of each occurrence of incidental medical service to their child.
- Reporting requirements to Department of Social Services including serious incidents, as well as any changes to the Plan for Providing Incidental Medical Services to the Licensing Office.

**PROCEDURE****Plan for Providing Incidental Medical Services**

If during a facility inspection, the facility is found to be providing incidental medical services, and does not have a Plan for Providing Incidental Medical Services, require submission of a Plan for Providing Incidental Medical Services.

If a facility does have a Plan for Providing Incidental Medical Services and is found to be providing services that are not included in the plan during a facility inspection, require submission of a revised Plan for Providing Incidental Medical Services.

While conducting the inspection, check to ensure the facility meets the requirements for providing incidental medical services by reviewing the storage of medication and equipment/supplies, checking the records of the individual children being provided the service for required documentation, interviewing staff and checking staff records for written verification of training, and ensuring that at least one trained staff member is available to provide the service needed. If violations are found, cite the appropriate law or regulation. Please see Regulation Interpretations and Procedures for Family Child Care Homes Section 102417 for specific requirements.

Include the following statement in the narrative section of the Facility Evaluation Report (LIC 809): “This facility provides Incidental Medical Services – IMS. LPA reviewed storage of medication and equipment/supplies, and reviewed children’s, personnel, and administrative records.”

**Review of the Plan for Providing Incidental Medical Services:**

Upon receipt of any Plan for Providing Incidental Medical Services, review the plan to ensure it meets requirements established in law and regulation. Please see Regulation Interpretations and Procedures for Family Child Care Homes Section 102417 for specific requirements.

Document the review of the Plan for Providing Incidental Medical Services on a Detail Supportive Information (LIC 812) form. For tracking purposes in the Field Automation System, name the document “IMS-PO” (which stands for Incidental Medical Services Plan of Operation). Save the form in the Field Automation System and file a hard copy in the facility file.

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****PROCEDURE (Continued)**

At the next facility inspection, check to ensure the facility is operating in accordance with its Plan for Providing Incidental Medical Services. This inspection shall include, but not be limited to, reviewing the storage of medication and equipment/supplies, checking the records of the individual children being provided the service, interviewing staff and checking staff records for written verification of training, and ensuring that at least one trained staff member is available to provide the service needed, when applicable.

Include the following statement in the narrative section of the Facility Evaluation Report (LIC 809): “This facility provides Incidental Medical Services – IMS. LPA reviewed storage of medication and equipment/supplies, and reviewed children’s, personnel, and administrative records.”

**POLICY****Restraints**

- i. If a child in care requires supportive restraints, the use of a restraint must be approved in advance by an individual exception only.

**PROCEDURE**

To evaluate and process the exception follow Evaluator Manual Reference Material Section 2-5000.

If behavioral restraints were allowed in the past through an exception upon expiration, the exception should not be renewed. If the exception has not expired and the licensee is not complying with any terms then the exception shall be rescinded.

**PROCEDURE**

If the licensee refuses to discontinue the use of the restraint(s) or to relocate the child(ren), the Department shall take other administrative action as appropriate.

**POLICY****Postural Supports/Protective Devices**

- ii. Postural Supports/Protective Devices may be used with prior approval by the Department.

Soft Ties means soft cloth (e.g., muslin sheeting) that does not cause abrasion, that does not restrict blood circulation, and that can be easily removed in the event of an emergency. Under no circumstances shall supportive restraints include tying, depriving or limiting the use of a child’s hands or feet.

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****POLICY (Continued)**

Children may be placed in supportive restraints upon the written order of a physician and with the written approval of the child's authorized representative. Such order shall not run beyond 90 days without a reorder by a physician, based upon observation of the child.

Children in supportive restraints shall be observed at least every 30 minutes or more often if needed, by the **person responsible** for the child's care. Observations shall be put in writing (for example, by using a card file, listing, or log. It shall be documented whenever a restraint is applied to or removed from the child. This documentation shall be kept in the child's record on file at the family child care home.

**A postural restraint is not permitted without an appropriate fire clearance from the State Fire Marshal. For the purpose of securing an appropriate fire clearance, children in supportive restraints shall be considered non-ambulatory. On the request for a fire clearance, it shall be noted that the family child care home intends to use supportive restraints by marking ITEM 15 on the STD 850.**

**PROCEDURES**

Supportive restraints shall be limited to appliances or devices, including straps, spring-release trays or soft ties, that are used to support a child in a bed, chair or wheelchair to prevent falling.

All requests to use supportive restraints shall be in writing and shall include a written order from a physician indicating the need for such restraints. The Department is authorized to require additional documentation in order to evaluate the request.

Approved supportive restraints shall be fastened or tied in a manner that permits quick release.

The Department shall approve the use of supportive restraints only after appropriate fire clearance, as required by Section 102371, has been secured. Advise the clerk to note on the STD 850, ITEM 15, that the family child care home intends to use supportive restraints.

The Department has the authority to grant conditional and/or limited approvals to use supportive restraints.

(a)

**POLICY**

An assistant provider under the age of 18 is never to be left alone with children. An adult must always be present. If the licensee is absent from the home an adult substitute may be left in charge, provided the substitute has been background-and TB-cleared.

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****(a) POLICY (Continued)**

The intent of this 20 percent provision is to ensure that the licensee is the primary caregiver and does not delegate this to someone else on a regular basis. Co-licensees are presumed to have primary involvement even if the time of involvement is unequal. The regulation is met if one licensee is present during 80% of operating hours or if both licensees in any combination of hours are present during 80% of operating hours. Each licensee is equally responsible for actions taken under the license irregardless of individual time spent providing care and supervision. Analysts are to use the 20 percent provision as a guide and should look at the reason for the absence (e.g., a two-day conference regarding child care would be appropriate, as well as care related tasks, including but not limited to, picking up children from school, child's medical/dental appointments, grocery shopping, etc.). Outside employment is not considered temporary, nor within the intent of the 20 percent provision.

While the regulation refers to "20 percent per day", the allowable time for absence may be used cumulatively. That is, the licensee may be absent for vacations, conferences or any emergency which may demand the licensee's attention, up to 20 percent of the time the day care home cares for children. Therefore, within a year's time, a licensee who operates year round may be absent from the home up to a total of 10.4 weeks per year, provided a substitute caregiver is present in the home.

Additionally, a licensee may not engage in outside employment which may directly or indirectly impair her function as the primary caregiver. That is, the licensee may not engage in outside employment during the hours the home normally provides care; and may not engage in other employment (such as night shift work) which would require her to sleep during the day on a regular basis, and employ a substitute caregiver as the primary caregiver.

The licensee may either close down and notify the parents or arrange for a substitute, provided that the criteria as specified below is met:

1. The substitute is at least 18 years of age as provided in Section 102352(a).
2. The substitute has signed the Criminal Record Statement, (LIC 508) and has submitted their fingerprints as required by Section 102370(b).
3. The substitute has submitted a Child Abuse Index form (LIC 198A) as required by Section 102370.2(b).
4. The substitute has obtained a TB clearance as required by Section 102369(b)(9).
5. In order to provide night care (overnight care, less than 24 hours):

The provider must remain awake whenever children are awake.

The door to the room where the provider is sleeping must remain open when the provider is sleeping.

If the sleeping arrangements are not situated in such a way that the provider can be assured of hearing a child waken, a monitor system must be used, and must be maintained in good working order at all times.

The home must be equipped with smoke alarms and a fire extinguisher approved for home use in or near all sleeping areas.

Appropriate cribs or beds, complete with adequate and clean bedding and nightclothes, must be available.

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued) 102417****(b) POLICY**

If there are documented sanitation problems, discuss with your supervisor the need for consultation from a local sanitation consultant.

---

**(d) POLICY**

Licensees can be required to provide toys, that the toys be safe as reflected in Section 102417(d), and that the toys be age-appropriate (e.g., bicycles for infants are not appropriate). It is a generally accepted practice to require toys at the preclicensing visit in order to demonstrate readiness for operation.

Section 1596.846 is added to the Health and Safety Code which states in part that a baby walker shall not be kept or used on the premises of a Child Care Facilities. A baby walker is defined as an article known as a “baby bouncer”, “walker jumper”, “baby walker” or any similar article.

The above Health and Safety Code is not intended to prohibit the storage and use of a baby walker in a provider’s own home for their own children. The intention is to prohibit the use of a baby walker during the hours of operation as a child care home. Therefore, baby walkers may be in a child care home, but they cannot be used by the children and they must be stored in an area not accessible to children during the hours of operation as a child care home.

**PROCEDURE**

If toys are not available during the preclicensing visit, the LIC 809 Facility Evaluation Report should so state. Discuss with your supervisor if it is acceptable for the applicant to submit photos and receipts of purchased toys. If this is agreeable, the LIC 809 should reflect that no toys are available at preclicensing visit, and that prior to issuance of license, the applicant will submit photos and receipts for purchased toys.

---

**(e) POLICY**

If the ill child is suspected of having a communicable disease, the licensee shall immediately notify the child’s parent/authorized representative and request that the child be removed from the family child care home.

Additionally, the licensee shall determine the nature of the child’s illness to establish that other children in care have not been exposed to any major health risks. The licensee may determine the nature of the child’s illness by contacting the child’s parent/authorized representative or examining physician. If there are health or safety concerns for other children in care as a result of the contact with the child’s parent/authorized representative or physician, the other children’s parents should be informed.

---

**(g)(1) POLICY**

California Code of Regulations Title 22 Section 102417(g)(1) also applies to wood or coal burning stoves used for heating purposes.

Small and large family child care homes are required to have **both** a fire extinguisher **and** a smoke detector device which meet standards established by the State Fire Marshal.

---

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417**

(g)(3)

**POLICY**

When children are being cared for on both floors of a multiple story home, both the upstairs and downstairs must be barricaded when day care children are on both floors. A safety gate in front of the room may be used to prevent access to stairs rather than a barricade directly on the stairway.

---

(g)(4)

**POLICY**

Storage areas for poisons shall be locked. A lock is defined as: a key or combination-operated mechanism used to fasten shut a door, lid, or the like. Child proof devices and safety latches are not considered locks unless they are key or combination-operated. For purposes of the locking requirement, poison is defined to include only the most lethal substances, most often those designed specifically for killing, such as bug spray, rat poison, weed killer, etc.

A number of other common household items are clearly potentially hazardous to the health of children and need to be made inaccessible. Something which is inaccessible is capable of being reached only with great difficulty or not at all because of its location, or because of some kind of barrier or device that effectively prevents a child from getting to it. Placing an item in a cupboard above the refrigerator is considered to be making it inaccessible. A hook and eye latch on a cabinet or door, placed where a child would be unable to reach it would not be considered a lock (see above) but would be acceptable as a means of keeping items inaccessible. Products advertised as childproof devices or safety latches can be used to make items inaccessible, as long as they are correctly installed, are sturdy enough to withstand pulls and tugs from children and easy for an adult to install and use. Safety latches are not a guarantee of protection. No device is completely childproof: proper supervision is always necessary and required.

**PROCEDURE**

Examples of hazardous materials which need to be kept out of reach of children include:

- **Kitchen:** all sharp utensils and cutlery, cleaning supplies, medicines, liquor cabinets, plastic bags, sharp or small things children can swallow, etc.
- **Bathroom:** shampoo, mouthwash, toothpaste, medicines, perfumes/lotions, cosmetics, solvents, etc.
- **Garage and outdoors:** solvents, gasoline, oil, turpentine, paint, sharp tools, lawnmowers, gardening tools, and any other possible danger to children, etc.

The Consumer Products Safety Commission publication: "Childproofing Your Home" has a listing of 12 Safety Devices to Protect Your Children. This publication may be accessed at: [www.cpsc.gov](http://www.cpsc.gov); click on CPSC Publication; click on Child Safety; scroll down to the publication.

(g)(4)

**POLICY**

A trigger lock is a separate key lock usually fitting inside the trigger guard which totally prevents firing. The normal safety lock that is part of the firearm is not a trigger lock.

No other alternative to locked storage of firearms is acceptable.

---

(g)(5)

**POLICY**

Pool inaccessibility does not relieve the licensee from his/her obligation to provide supervision. Both supervision of children and pool inaccessibility are required.

Pool covers embossed or labeled "F 1346-91" by the American Society for Testing Materials will support the weight of an adult. Pool domes are tent-like structures that fit over the pool for heating purposes. Domes are not designed to keep children out and are not acceptable substitutes for covers.

Fences must be in good repair and completely surround the pool. Division 1, Appendix Chapter 4 of the 1994 Uniform Building Code provides in pertinent part:

1. **Bottom**

The bottom of the fence shall be no more than two inches from the ground (four inches if the fence is on a hard surface such as a concrete deck or mounted on top of an above ground pool structure).

2. **Sides**

**Separation Fence**

No door or window of the home shall provide direct access to the pool. If a wall of the dwelling contains doors or windows which provide direct access to the pool, a separation fence shall be provided.

**Indentations and Protrusions**

On the side away from the pool, protrusions, and indentations are prohibited if they render the barrier easily climbable by children under the age of six. In particular, horizontal bars or beams on the side away from the pool shall be spaced at least 45 inches apart.

**Openings**

No opening shall permit passage of a 1 3/4 - inch (44 mm) diameter sphere (golf ball, which has a diameter of 42.67 mm, provides a good approximation.) However, for picket fences (fencing made up of vertical and horizontal members), if the tops of the horizontal beams are at least 45 inches apart, the pickets may be up to four inches apart.

**Thickness**

Wire used in chain link fences must be thick enough that it cannot easily be broken, removed, or stretched by children. Chicken wire, for example, is unacceptable.

Mesh fences (and/or any fence materials) that meet regulatory standards for swimming pool fencing may be used provided that the licensee agrees on the LIC 809 Facility Evaluation Report that the fence will remain in place whenever licensed care is provided, and so long as the fence makes the swimming pool, body of water, or other hazard inaccessible to children, as determined by Community Care Licensing Staff.

Day care children may use the swimming pool while in care as long as the licensee provides adequate physical supervision.

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued) 102417****(g)(5) POLICY (Continued)**

A pool safety net, covering the surface of the pool water and anchored around the pool on the decking, is not an acceptable alternative to pool fencing or a pool cover. It is a net, not a cover, and does not meet the regulatory requirement.

**PROCEDURE**

A waiver to the requirements for pool covers and fences may be granted as follows:

1. The pool is regulated by the State Department of Health (examples include pools situated in apartment houses, mobile home parks, auto and trailer parks, condominiums, townhouses, public or private schools, hotels, motels, and homeowner's associations) and the waiver request is supported by a copy of a current certificate of compliance with public pool regulations (24 California Code of Regulation Part 2, State Chapter 90) issued by the local health authority. This documentation must be updated for continued approval at the next evaluation visit.
2. Apartment complexes in which the building encloses the pool area and is itself the pool barrier pose special problems. In this case, the waiver shall require either of the following for each door or the apartment which gives direct access to the pool.
  - a. Installation of an alarm on the door of the licensee's apartment. The alarm shall meet the requirements of the 1994 edition of the Uniform Building Code Appendix Chapter 4, Division 1, Section 421.(5) (2). [Section 421.1(5) (2) provides that the alarm must be capable of being heard throughout the house during normal household activities. The alarm must also sound continuously for at least ten (10) (seconds) immediately after the door and its screen, if present, is opened. A switch or touch pad must be installed at least 4 ½ feet from the floor which permits the alarm to be deactivated for a single opening of no more than 15 seconds. The alarm must automatically reset under all conditions) Or,
  - b. Installation of self-closing and self-latching devices with the release mechanism located a minimum of 54 inches above the floor.

Where windows of the apartment give direct access to the pool, the waiver shall also require that the window be secured so that it cannot be removed by the children such as clamps fixed in place by screws for aluminum windows or slats nailed into the tracks of wood framed windows.

3. The degree of protection afforded is substantially the same as that afforded by the regulations. In processing the waiver, the local building department may be used as a consultant.

The following examples of waivers are not intended to be all inclusive:

- a. When doors or windows of the facility provide direct access to the pool and the proximity of the pool to the building does not permit the construction of a separation fence, a waiver may be granted as described in 2., above.
- b. A waiver may be granted to allow reduction in the size of fence openings using wire mesh or Plexiglas meeting the above thickness standards and securely fastened to the fence.
- c. A waiver may be granted to allow the use of slats fastened at the top or the bottom of a chain link fence to reduce the size of the openings.

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****PROCEDURE (Continued)**

- d. A waiver may be granted to permit gates that are not equipped with self-latching or self-closing devices or which do not open away from the pool. These waivers shall be granted only if the licensee agrees to the following conditions: 1) There is at least one access gate to the pool that meets the regulatory requirements. 2) This gate is used as the primary access to the pool. 3) The remaining gates shall be kept locked at all times.

(g)(6)

**POLICY**

If outdoor play space is not fenced, the licensee should sign a statement on the LIC 809 Facility Evaluation Report that the licensee will provide on-site supervision at all times. Occasional checking is not adequate in this situation.

Fencing used to make a hazard inaccessible from an activity space may obscure the hazard from view. However, if the hazard is a pool, including swimming pools, fixed-in-place wading pools, hot tubs, spas, fish ponds or similar bodies of water, the fence shall be constructed so that it does **NOT** obscure the pool from view.

(g)(8)

**POLICY**

Health and Safety Code Section 1596.841 requires that family child care homes maintain a facility roster which includes children's names, addresses, and daytime phone numbers for the child's parent/authorized representative, and the name and phone number of the child's physician. In addition, Health and Safety Code Section 1596.876 requires the licensee or person in charge of a family child care home to release the address and phone number of the parent/authorized representative or guardian of any child to a peace officer.

**PROCEDURE**

Notify the licensee at the time of a site visit that the Health and Safety Code requirements are in effect. The LIC 809 Facility Evaluation Report will be used to document that the licensee was so instructed. If the licensee does not comply with these requirements cite as a deficiency using the appropriate Health and Safety Code Section.

The Identification and Emergency Information (LIC 601) and Consent for Medical Treatment (LIC 627) may be used for this purpose.

See California Code of Regulations Section 102417(g)(7).

(g)(9)

**POLICY**

The licensee shall include an Earthquake Preparedness Checklist as an attachment to the written disaster plan of action pursuant to Health and Safety Code Section 1596.867.

(g)(9)

**PROCEDURE**

The Emergency Care and Disaster Plan—Family Child Care Home (LIC 610A) may be used for the purpose of this subsection.

If a family child care home is located in a second-story apartment with only one exit from the apartment and general fire safety is questionable, the licensee can be requested to

**PROCEDURE (Continued)**

demonstrate his/her disaster plan. If care is provided to nine or more children, a fire clearance should address this concern.

Health and Safety Code Section 1596.867 states in part:

- a. Child day care facilities, as defined in Section 1596.750, shall include an Earthquake Preparedness Checklist as an attachment to the disaster plan prescribed by Section 1597.54. However, the Earthquake Preparedness Checklist shall not be considered a requirement for obtaining or maintaining a license for a family child care home. The Earthquake Preparedness Checklist shall be made accessible to the public at the family child care home. The licensing agency shall not monitor or be responsible for enforcing any provision contained in the Earthquake Preparedness Checklist or ensuring that the checklist is made accessible to the public.
- b. The Earthquake Preparedness Checklist shall not exceed two typewritten pages and the Department may add to or delete from the list, as it deems appropriate. The checklist may include, but not be limited to, all the procedures that are listed in the following proposed Earthquake Preparedness Checklist. A licensee of a family child care home shall have the option of selecting from the checklist the procedures, if any, the licensee chooses to use in the family child care home.

**Earthquake Preparedness Checklist****Eliminate potential hazards in classrooms and throughout the site:**

- Bolt book cases in high traffic areas securely to wall studs.
- Move heavy books and items from high to low shelves.
- Secure and latch filing cabinets.
- Secure cabinets in high traffic areas with child safety latches.
- Secure aquariums, computers, typewriters, TV-VCR equipment to surfaces, such as by using Velcro tabs.
- Make provisions for securing rolling portable items such as TV-VCRs, pianos, and refrigerators.
- Move children's activities and play areas away from windows, or protect windows with blinds or adhesive plastic sheeting.
- Secure water heater to wall using plumber's tape.
- Assess and determine possible escape routes.

**Establish a coordinated response plan involving all of the following:****Involving Children:**

- Teach children about earthquakes and what to do (see resource list below).
- Practice "duck, cover, and hold" earthquake drills under tables or desks no less than four times a year.

**Involving Parents:**

- Post, or make available to parent's/authorized representatives copies of the school earthquake safety plan (including procedures for reuniting parents or alternate guardians with children, location of planned evacuation site, method for leaving messages and communicating).
- Enlist parent/authorized representative and community resource assistance in securing emergency supplies or safeguarding the child day care site:

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****PROCEDURE (Continued)**

- Store a 3-day supply of nonperishable food (including juice, canned food items, snacks and infant formula).
- Store a 3-day supply of water and juice.
- Store food and water in an accessible location, such as portable plastic storage containers.
- Store other emergency supplies such as flashbacks, a radio with extra batteries, heavy gloves, trash bags, and tools.
- Maintain a complete, up-to-date listing of children, emergency numbers, and contact people for each classroom stored with emergency supplies.

**Involving child day care personnel and local emergency agencies:**

- Identify and assign individual responsibilities for staff following an earthquake (including, accounting for and evacuating children, injury control, and damage assessment).
- Involve and train all staff members about the earthquake safety plan, including location and procedure for turning off utilities and gas.
- Contact nearby agencies (including police, fire, Red Cross, and local government) for information and materials in developing the child day care center earthquake safety plan.

**For more free resources contact:**

- (1) Federal Emergency Management Agency (FEMA)
- (2) Office of Emergency Services (OES)
- (3) Red Cross

- c. Nothing in this section shall be construed to prevent the adoption or enforcement of earthquake safety standards for child day care facilities by local ordinance.
- d. Nothing in this section shall be construed to prevent the Department from adopting or enforcing regulations on earthquake safety or making earthquake safety drills mandatory.

(1)

**POLICY**

It is important to remember that a citation for deficiency(ies) of this regulation section is to be done only when you observe transporting of children/infants by the licensee or when the licensee voluntarily states he/she transports children. In this case, you should request to inspect the vehicle to ensure it is safe and that there are seat belts, car seats for infants, if appropriate, and that the licensee's and assistant's (if appropriate) driver's license is current and valid.

Licensees shall not be required to have their motor vehicles periodically safety checked.

**PROCEDURE**

Review the licensee's and assistant's (if appropriate) driver's license to ensure it is current and valid.

Seating capacity shall be verified by reviewing the vehicle owner's manual or by counting the number of passenger restraints (seat belts) in the vehicle.

**102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued)****102417****PROCEDURE (Continued)**

If you observe any vehicle used to transport children, which appears to be in an unsafe operating condition (e.g., bald tires, broken headlight, shattered windshield, etc.) develop a plan with the licensee to (1) correct the obvious problem(s) and (2) submit to the licensing agency a safety check from a service station or garage certified to perform this service.

If you observe licensees transporting children, check to ensure the vehicle has seat belts. If infants are being transported, ensure they are in an appropriate car seat which is secured in the vehicle. If car seats are not being used and infants are transported, advise the licensee they should request that the parent(s)/authorized representative(s) of the infant(s) loan the licensee the infant's own car seat for use during those times the licensee will be transporting the infant(s).

**POLICY**

The pamphlet "Facing the Facts: A Parent's Guide to the Understanding of Child Sexual Abuse" (PUB 106) is no longer available. It is not known when, or even if it will ever be reprinted for distribution. Therefore citations are not to be issued for noncompliance. Licensees should be advised not to attempt to reorder PUB 106 from the Department of Social Services Warehouse and that when their current supply is depleted, they may ignore the regulation until notified by Community Care Licensing Division that the pamphlet is again available.

**102423 PERSONAL RIGHTS****102423**

(a)(2)

**POLICY**

Regulations do not require specific sleeping accommodations per se for napping children. Therefore, if a licensee chooses to let children nap on the floor using a blanket, mat, etc., to lie on, this is acceptable. The licensees can be asked about their sleeping accommodations plan and suggestions may be made. The regulations are silent in regards to specific sleeping accommodations; however, safe accommodations must be provided. For example, if only beds are provided for infants where the infant may roll off, then the beds are not considered safe.