

EVALUATOR MANUAL TRANSMITTAL SHEET

| | |
|--|---|
| <p><u>Distribution:</u></p> <p><input checked="" type="checkbox"/> All Child Care Evaluator Manual Holders <input type="checkbox"/> All Residential Care Evaluator Manual Holders <input type="checkbox"/> All Evaluator Manual Holders</p> | <p style="text-align: center;"><u>Transmittal No.</u></p> <p style="text-align: center;">15FCCH-01</p> <hr/> <p style="text-align: center;"><u>Date Issued</u></p> <p style="text-align: center;">July 2015</p> |
|--|---|

Subject:

FAMILY CHILD CARE HOMES
 Regulation Interpretations and Procedures

Operation of a Family Child Care Home – Describes updated requirements concerning the operation of a Family Child Care Home

Reason for Change:

Revise Section 102417 – Operation of a Family Child Care Home

Filing Instructions:

REMOVE: pages 19 through 43

INSERT: pages 19 through 49

Approved:

SIGNED BY SHANICE BOYETTE

7/2/2015

SHANICE BOYETTE, Chief
 Policy and Administrative Support Bureau
 Community Care Licensing Division

 Date

Contact Person: Shanice Boyette

Phone Number: (916) 651-6040

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 family child care homes 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 medications, 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.

Under specified conditions as discussed more fully below, a licensee may choose to provide

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

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 to Provide Incidental Medical Services. Please see section on Plan to Provide 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.

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 Federal 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:

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

- 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.
- 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 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 to Provide 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.)

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

Licensees who do not comply should be cited under the appropriate 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 Federal 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.
- 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.

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

- 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 choose to 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.

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

- (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.
- (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).

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

- (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:

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 to Provide 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 form LIC 9166 (Nebulizer Care Consent/Verification – Child Care Facilities) 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 an emergency exception to the 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

POLICY (Continued)

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 to Provide 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).

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

Business and Profession Code Section 2058(a) provides an emergency exception to the 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

Licenseses, who choose to administer glucagon to a child in care, must comply with the following conditions:

- 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 the glucagons 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.

PROCEDURE (Continued)

- Document the child's file each time glucagon is administered.

Licensees who choose to 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 to Provide 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).

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 California Medical Board 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.

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

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 web sites.

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.

102417 OPERATION OF A FAMILY CHILD CARE HOME (Continued) 102417**PROCEDURE (Continued)****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.
- c. The LIC 701B, "Gastrostomy-Tube Care Consent/Verification - Child Care Facilities," 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
 - Trouble-shooting, 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.

PROCEDURE (Continued)

- c. The child's physician must designate in writing the person authorized to provide instruction in G-tube care. The LIC 701A, "Gastrostomy-Tube Care: Physician's Checklist (Child Care Facilities)," 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.

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. The LIC 701A (G-tube physician's checklist) 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 LIC 701A (G-tube physician's checklist).

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:

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

- 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.
 - 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

PROCEDURE (Continued)

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.

9. Summary of record requirements

Following is a summary of all of the items that must be on file with regard to providing G-tube care in a licensed family child care home:

- a. Licensee's Plan to Provide 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. The LIC 701B (G-tube consent/verification) 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 LIC 701A (G-tube physician's checklist) 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 LIC 701A (G-tube physician's checklist) 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 LIC 701A (G-tube physician's checklist). 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]

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

- 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.
- b. As appropriate, this includes ensuring that trained back-up 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 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 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 re-sealed while remaining attached to the abdomen of the child. After consultation with the Board of Registered Nursing, it is 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 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

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

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.4th 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:

- 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 elect to 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.

PROCEDURE (Continued)

- 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.

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

While participation to carry out the medical orders of the child's physician by a licensee or staff is voluntary, a licensee who chooses to carry 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).

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

- 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).
- The Centrally Stored Medication and Destruction Records form (LIC622) 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 chooses to provide **Incidental Medical Services** to children in care 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 that chooses to provide Incidental Medical Services 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 are not 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

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

- 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, and disposal of used instruments in approved containers.
- 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, cite Health and Safety Code section 1597.54(h): “The family child care home shall submit other information as required by the department,” and require submission of a Plan for Providing Incidental Medical Services as the plan of correction.

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, cite Health and Safety Code section 1597.54(h): “The family child care home shall submit other information as required by the department,” and require submission of a revised Plan for Providing Incidental Medical Services as the plan of correction.

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 Operation of a Family Child Care Home, Section 102417 for specific requirements.

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

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 Operation of a Family Child Care Home, Section 102417 for specific requirements.

Document the review of the Plan for Providing Incidental Medical Services on a Detailed Supportive (LIC 812) form. For tracking purposes in the Field Automation System, name the document “IMS-PO” (IMS-PO 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.

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 is not 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., Muslim 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.

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 regardless 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; 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 ¾ - 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:

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.