
EVALUATOR MANUAL TRANSMITTAL SHEET

<p><u>Distribution:</u></p> <p>_____ Adult and Senior Care Program _____ Children's Residential Program <input checked="" type="checkbox"/> Child Care Program _____ All Programs</p>	<p style="text-align: center;"><u>Transmittal No.</u></p> <p style="text-align: center;">16FCCH-01</p> <hr/> <p style="text-align: center;"><u>Date Issued</u></p> <p style="text-align: center;">July 2016</p>
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Subject:

Regulation Interpretations and Procedures for Family Child Care Homes

Section 102417, Operation of a Family Child Care Home

Reason for Change:

Revises Section 102417.

Filing Instructions:

REMOVE: pages 19 through 39

INSERT: pages 19 through 40

Approved:

Original signed by Shanice Boyette

July 22, 2016

SHANICE BOYETTE, Chief
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 Date

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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, 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).

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.

PROCEDURE1. 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.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:

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.