

DELACARE

Rules for Family Child Care Homes

Office of Child Care Licensing

**Division of Family Services,
Department of Services for Children, Youth and Their
Families**

FOREWORD

Early Care and Education and School-Age Care generally known as “day care” or “child care”, are the terms now used to refer to the range of services available for children who are away from their own homes for part of the day. Generally parents/guardians seek substitute care for reason of employment, although a variety of situations prompt the need for care outside of their own homes. The primary characteristic of early care and education and school-age care is the delegation by the parents/guardians of the responsibility for care, education, protection, supervision or guidance of the child to the early care and education or school-age care provider.

The need for protecting children receiving care outside their own homes was recognized by the Delaware General Assembly as early as 1915. Delaware currently requires early care and education and school-age care facilities to be licensed as authorized in the Delaware Code, Title 31, Subchapter III, Subsections 341-345, also known since July 2001 as “The Delaware Child Care Act”. The licensing law defines the type of facilities that are to be regulated by the State, and gives the authority to “prescribe reasonable standards” and “license such of these (facilities)” to the Office of Child Care Licensing. The purpose of the law is to protect the health, safety and well-being of the children who receive care in early care and education and school-age facilities. Licensing of these facilities is a preventive function which has as its purpose setting rules which must be met in order for a facility to be able to operate.

Family Child Care is an early care and education and/or school-age care service offered by a person in his or her private home. During the revision process of the *Delacare: Requirements for Family Child Care Homes (1994)*, the Office of Child Care Licensing reviewed other Delaware facility rules concerning the care of children, the licensing rules of other States, current research in child development, early care and education, school-age care, health, safety, nutrition, statistical and demographic reports, and national professional accreditation standards applicable to Family Child Care. Also the advice and assistance of persons knowledgeable about the field of early care and education and school-age care, primarily of which were Family Child Care and Large Family Child Care providers, was sought through task force, focus group and survey participation. Public comment was also received on the revisions to the rules. These new rules, now titled *Delacare: Rules for Family Child Care Homes* are the final result of these efforts.

The new rules are divided into sections relating to General Provisions, Family Child Care Licensure, Provisions for Operation of a Family Child Care Home, Licensee Responsibilities, Physical Environment, Health, and Program for Children. Through this design, the Office of Child Care Licensing has attempted to define specific rules rather than broad standards so that compliance can be measured accurately and consistently.

The Office of Child Care Licensing appreciates the contributions of all the individuals in the development of *Delacare: Rules for Family Child Care Homes* and asks for their continued support in working together to provide better care and services to children in all types of early care and education and school-age care services.

The following individuals participated in the task force to offer advice and assistance during the development of *Delacare: Rules for Family Child Care Homes and Delacare: Rules for Large Family Child Care Homes*.

Member List

John Bates Division of Family Services	Shamaine Johnson-Moore Division of Social Service – Purchase of Care
Michele Billups Office of Child Care Licensing	Evelyn Keating The Family and Workplace Connection
Phyllis Cannon Large Family Child Care Provider	Sara Kelley Office of Child Care Licensing
Edward Carr Division of Public Health	Rosalia Lopez Family Child Care Provider
Janet Carter Office of Early Care and Education	Allison McDowell The Office of the Child Advocate
Deborah Case-Lasher Office of Child Care Licensing	Shannon Moody Large Family Child Care Provider
Sally Coonin Office of the Governor	Linda Morrow Family Child Care Provider
Jennifer Cortes Family Child Care Provider	Dorothy Onn Nemours Health & Prevention Services
Samtra Devard Parent Representative	Ann Ryan Office of Child Care Licensing
Lovye Dixon Family Child Care Provider	Cynthia Sampere Family Child Care Provider
Christine Docherty Family Child Care Provider	Donna Scott Family Child Care Provider
Sharrika Frisby Delaware Family Child Care Alliance	Fanilda Shaw Parent Representative
Margarita Gomez Large Family Child Care Provider	Barbara Sheppard Delaware Technical and Community College
Tina Hall Family Child Care Provider	Sharon Williams Family Child Care Provider
Nina Hickman Family Child Care Provider	Donna Zeberkiewicz Family Child Care Provider
Thelma Jamison Family Child Care Provider	

Advisor List

Louis Bartoszesky Coordinating Council for Children with Disabilities	Pamela Maier State Representative
Dory Connor State Senate	Teresa Schooley State Representative
Charles Copeland State Senate	Barbara Tayman National Child Care Information Center
Norma Everett Department of Health & Social Services – Family & Community Health	Janet Umble United Way of Delaware, Success By 6
Bethany Hall-Long State Representative	Beth Wetherbee Department of Education, Child and Adult Care Food Program
John A Kowalko, Jr. State Representative	Ann Wick Delaware Early Childhood Council

The task force was coordinated by **Patricia Quinn**, Administrator, Office of Child Care Licensing and **Lynn Jezyk**, Rule Development Manager, Office of Child Care Licensing.

Table of Contents

	Page
Notice of Rescission and Promulgation	2
Foreword	3
Task Force	4
Table of Contents	5
Introduction	7
Legal Base	7
Purpose	7
General Provision	7
Definition of Regulated Service	7
Definition of Terms	7
Family Child Care Licensure	11
Authority to Inspect	12
Application Process	12
Annual Family Child Care License	14
Provisional Family Child Care License	14
Family Child Care License Renewal	15
Notification to the Office of Child Care Licensing	15
Nullification of Family Child Care License	16
Complaint Investigation	16
Denial, Suspension, or Revocation of a Family Child Care License	17
Appeal	18
Rule Variances	18
Provisions For Operation Of A Family Child Care Home	19
General Qualifications and Requirements of Licensee, Household Members, and Substitute	19
Qualification Process	21
Qualifications – Level I Family Child Care Home	21
Qualifications – Level II Family Child Care Home	21
First Aid and CPR Training	22
Annual Training	23
Use of a Substitute	23
General Family Child Care Capacity and Licensee to Child Ratio	24
Change of Shift Ratio	25
Night Child Care Ratio	26
Maximum Consecutive Hours of Child Care	26
Licensee Responsibilities	26
Enrollment	26
Child Health Appraisal	26
Parent(s)/Guardian(s) Communication	27
Child File	28
Daily Attendance of Children	29
Release of Children	29
Physical Environment	30
General and Fire Safety	31
Kitchen	34
Indoor Space	34
Outdoor Play Area	34
Riding Toys	36
Swimming	36
Pets	36
Smoking Prohibited	37
Emergency Planning	37
Health	37
Child Health	37

Standard Precautions	40
First Aid	40
Child Accident and Injury	41
Administration of Medication	41
Diapering and Toileting	42
Sanitation	43
Food Service and Nutrition	44
Program for Children	48
Activities and Interactions	48
Equipment	50
Positive Behavior Management	51
Napping/Sleeping Accommodation	52
Night Child Care	54
Off Premises of Family Child Care Home	55
Transportation in a Vehicle	56
Appendix	58
A. The Delaware Child Care Act – Delaware Child Care Licensing Law	59
B. Child Abuse Reporting Law	61
C. Level I Family Child Care Home Ratio Options	72
D. Level II Family Child Care Home Ratio Options	73
E. Recommended Immunization Schedule for Persons Aged 0-6 Years	75
F. Recommended Immunization Schedule for Persons Aged 7-18 Years	76
G. Catch-up Immunization Schedule	77
H. United States Department of Agriculture (USDA)/Child and Adult Care Food Program (CACFP) Infant Meal Pattern Requirements and Policies	78
I. United States Department of Agriculture (USDA)/Child and Adult Care Food Program (CACFP) Child Meal Pattern Requirements and Policies	80

INTRODUCTION

Legal Base

1. The legal base for these Licensing Rules is in the Delaware Code, Title 31, Welfare, In General, Chapter 3, Child Welfare, Subchapter III, The Delaware Child Care Act, Subsections 341 – 345 and Title 29, State Government, Part VIII, Departments of Government, Chapter 90, Department of Services For Children, Youth And Their Families, Subsection 9003 (7).

Purpose

2. The overall purpose of these Rules is the protection and promotion of the health, safety, well-being, and positive development of children who receive licensed child care services in Family Child Care Homes.

GENERAL PROVISIONS

Definition of Regulated Service

3. Family Child Care is a licensed child care service provided for part of a twenty-four (24) hour day, offered by a person who advertises or holds himself or herself out as conducting such a service on a regular basis, unattended by parent or guardian, and receives compensation for the service. This person has in custody or control one (1) to a maximum of six (6) children preschool-age or younger who live at and/or are present at the Family Child Care Home. In addition to the children preschool-age or younger, this person may also have custody or control of one (1) to a maximum of three (3) school-age children who do not live at the Family Child Care Home but are present only for before and after school, and/or during school holidays, and/or school vacation during the summer. All of these children are provided care, education, protection, supervision or guidance in the person's private home. This does not include a child care service provided exclusively to relatives as defined by these Rules.

Definition of Terms

4. "Administrator" means the individual responsible for the supervision and administration of the Office of Child Care Licensing.
5. "Administrative Action" means the term applied to a group of enforcement actions initiated by the Office of Child Care Licensing against an Applicant or Licensee.
6. "Administrative Appeal Hearing" means the hearing provided to an Applicant or Licensee when the Applicant or Licensee has requested an appeal of the Division's decision to deny an application or revoke a Family Child Care License.
7. "Administrative Review Hearing" means the hearing provided to a Licensee when the Licensee has requested an appeal of the Office of Child Care Licensing's decision on violations of these Rules.
8. "Adult" means a person who has reached his or her eighteenth (18th) birthday.
9. "Agreement of Understanding" means a formal written document that is part of an administrative action, part of a corrective action plan, or used when a formal agreement is deemed necessary between the Licensee and the Office of Child Care Licensing which clearly explains and memorializes what actions a Licensee must take in order to maintain licensure.

10. "Applicant" means any person applying for a Family Child Care License through the Office of Child Care Licensing."
11. "Background check" means a State (Delaware) and Federal (National) report of a person's entire criminal history, a search of the Department's child abuse and neglect records, and when applicable, a search of the Department of Health and Social Services' adult abuse registry or any other checks as required by State or Federal law.
12. "Business Day(s)" means any weekday Monday through Friday. It does not include any weekend day (Saturday and Sunday) or any State of Delaware legal holiday that falls on a weekday.
13. "Change of Shift" means the two (2) hour period of time overlapping between two (2) full shifts of child care. A full shift shall be at least eight (8) hours long.
14. "Child" means any person who has not reached the age of eighteen (18) years.
15. "Child Abuse" means the abuse of a child as defined in Delaware Code, Title 16, Chapter 9.
16. "Child Care" means the providing of care, education, protection, supervision or guidance of children in a Family Child Care Home.
17. "Child Care Licensing Specialist" means an employee of the Department of Services for Children, Youth and their Families, Division of Family Services, Office of Child Care Licensing who is responsible for performing regulatory activities including investigations, enforcement actions and decisions for licensure as set forth in Delaware Code and these Rules.
18. "Child Care Licensing Supervisor" means an employee of the Department of Services for Children, Youth and their Families, Division of Family Services, Office of Child Care Licensing who is responsible for performing supervisory and regulatory activities including investigations, enforcement actions and decisions for licensure as set forth in Delaware Code and these Rules.
19. "Child Neglect" means the neglect of a child as defined in Delaware Code, Title 16, Chapter 9.
20. "Child Sex Abuse" means any act against a child that is described as a sex offense as defined in Delaware Code, Title 11, Subsection 761 (d) or in subpart D. "sexual offenses" of subchapter I. of Chapter 5 of Title 11 of the Delaware Code.
21. "Child with Disabilities" means a child who has been diagnosed by a qualified professional as having a physical, intellectual, emotional, developmental or chronic medical condition(s) or impairment(s) which would require modification(s) in the regular program of activities for that child or as defined by applicable Federal and State laws.
22. "Clock Hour(s)" means the actual number of hours or time a licensee or staff member spends attending the instructional portion of a training to develop or enhance child care competencies.
23. "Complaint" means an accusation that a Licensee is not in compliance with these Rules or any applicable laws. Complaints may be written or oral and may be anonymous.

24. "Complaint Investigation" means the process followed by the Office of Child Care Licensing to effectively investigate an accusation that a Licensee is not in compliance with these Rules or any applicable laws. The Licensee is notified of the complaint generally at the time of an unannounced visit regarding the particular complaint(s) and a written report is created stating the results of the investigation to the Licensee.
25. "Corrective Action Plan" means a plan developed with the Licensee by the Office of Child Care Licensing which specifies any non-compliance, what the Licensee shall do to become compliant, and the time frame in which the non-compliance shall be corrected.
26. "Department" means the Department of Services for Children, Youth and Their Families.
27. "Denial" means the refusal by the Office of Child Care Licensing to issue a Family Child Care License after the receipt of an original or renewal application and the completion of an investigation. This constitutes refusal of official permission for the Applicant or Licensee to provide regulated service.
28. "Direct Voice Contact" means a Licensee speaking directly with a Child Care Licensing Specialist, Child Care Licensing Supervisor, or the Administrator from the Office of Child Care Licensing through a telephone call or face-to-face contact. A voice mail message is not acceptable and does not constitute direct voice contact.
29. "Division" means the Division of Family Services within the Department.
30. "Division Director" means the Director of the Division of Family Services within the Department.
31. "Family Child Care Home" means a private home in which a Licensee resides and provides a licensed child care service.
32. "Family Child Care License" means a formal written document issued by the Office of Child Care Licensing permitting a person to operate a Family Child Care Home and verifying that he/she has demonstrated compliance with the *Delacare: Rules for Family Child Care Homes* and the applicable codes, regulations, and laws.
33. "Health Care Provider" means a professionally licensed physician, advance practice nurse, (nurse practitioner), or physician assistant, such license being issued by an established licensing body.
34. "Household member(s)" means persons living together permanently or temporarily without regard to whether they are related to each other by marriage or blood and without regard to the length of time or continuity of such residence, and it may include persons who previously lived in the household such as paramours of a member of the household.
35. "Infant" means any child who is under the age of twelve (12) months.
36. "Informal Conference" means a meeting between the Office of Child Care Licensing and the Licensee to discuss non-compliance of a serious or repeated nature which, if not corrected on time and in an acceptable manner, may result in administrative action.
37. "Institutional Child Abuse or Neglect" means child abuse or neglect which has occurred to a child in the Department's custody and/or while placed in a facility, center or home operated, contracted or licensed by the Department.

38. "Licensee" means the person who is issued the Family Child Care License, has legal responsibility for the Family Child Care Home, resides in the Family Child Care Home, provides child care, has control over the furnishings and use of space, and meets the qualifications and requirements of a Licensee as defined in these Rules.
39. "Licensure" means the issuing of a Family Child Care License by the Office of Child Care Licensing when the Applicant has demonstrated compliance with *Delacare: Rules for Family Child Care Homes* and applicable codes, regulations, and laws.
40. "Meal" means breakfast, lunch, or dinner.
41. "Night Child Care" means child care provided in the evening and/or overnight between the hours of 8:00 P.M. and 6:00 A.M.
42. "Office of Child Care Licensing" means the governmental organization within the Department authorized under Delaware Code, Title 31, Chapter 3, Subchapter III, to prescribe, by regulations or otherwise, any reasonable standards for the conduct of child care facilities, institutions, agencies, associations or organizations and may license such of these to conform to such standards.
43. "Parent(s)/guardian(s)" means a birth or adoptive parent, legal guardian or any other person having responsibility for, or legal custody of, a child.
44. "Preschool-Age Child" means a child who is between thirty-six (36) months and five (5) years of age who is not yet attending a public or private kindergarten program outside of the Family Child Care Home. If a child is older than five (5) years of age and is not yet attending a public or private kindergarten program that child shall be considered in the preschool-age group until attending kindergarten or first grade whichever comes first.
45. "Private Home" means a non-public residence such as a house, duplex, townhouse, apartment or mobile home where the Licensee resides and has control over the furnishings and use of space. An individual unit in public housing and university housing complexes may be considered a private home.
46. "Regularly or on a regular basis" means child care services which are available and provided at a Family Child Care Home on more than one (1) day in any one (1) week or for periods longer than three (3) weeks in any calendar year.
47. "Relative" means a person having any of the following relationships by blood, marriage, or adoption between the Licensee, Substitute, household member and the child in child care: parent, grandparent, great-grandparent, brother, sister, aunt, uncle, stepparent, stepbrother, and stepsister. A cousin, for the purpose of this definition, shall not be considered a relative.
48. "Revocation" means the process of rescinding a Family Child Care License during the effective dates of the Family Child Care License. If the process concludes with the decision of the Secretary of the Department to revoke the Family Child Care License, the Licensee shall cease operation of a Family Child Care Home within thirty (30) days of the decision.
49. "Rule(s)" means a baseline or minimum standard required for a particular aspect of child care provided in a Family Child Care Home as established by the Office of Child Care Licensing and known as *Delacare: Rules for Family Child Care Homes*. A Licensee of a Family Child Care Home may and is encouraged to exceed the baseline or minimum standard required by these Rules.

50. "Secretary" means the Cabinet Secretary of the Department of Services for Children, Youth and Their Families
51. "School-age care" means child care for school-age children who attend kindergarten or higher grade in a public or private school outside of the Family Child Care Home and are present at the Family Child Care Home during any of the following circumstances: before and/or after school; during school holidays; and/or summer months.
52. "School-age Child" means any child age five (5) years or older who is attending kindergarten or higher grade in a public or private school outside of the Family Child Care Home. A child shall be considered school-age beginning the first day attending kindergarten or first grade; whichever comes first.
53. "Snack" means supplemental food served between meals.
54. "Substitute" means an adult designated by the Licensee, and approved by the Office of Child Care Licensing to provide child care in the Family Child Care Home when the Licensee is not present due to emergency or specific planned, non-emergency situation(s) and who meets the qualifications and requirements of a Substitute as defined in these Rules.
55. "Supervision" means the Licensee or Substitute is physically present in the area or room where the children are being cared for and is constantly aware of where each child is, what each child is doing, how each child is managing, and is readily available to respond to each child's needs, requests and any emergency.
56. "Suspension Hearing" means an informal hearing between the Division Director or his/her designee, and the Licensee in order to determine whether the Family Child Care License remains suspended.
57. "Suspension Order" means a notice issued by the Office of Child Care Licensing to the Licensee directing that Family Child Care services be discontinued on a specified date. The Licensee shall not provide Family Child Care services during the term of a Suspension Order.
58. "Toddler" means a child between the age of twelve (12) months and under thirty-six (36) months.
59. "Training" means the successful participation in an organized professional development activity that is approved or accepted by the Office of Child Care Licensing in order to develop or enhance child care competencies of the Licensee and Substitute of the Family Child Care Home.
60. "Variance" means the nontransferable written authorization issued by the Division after the Licensee has demonstrated an alternative means by which to meet the intent of a specific Rule. A variance is a conditional approval to operate outside of these Rules and is based on the need(s) or circumstance(s) of the Licensee and Family Child Care Home and does not endanger the health, care, safety, protection and supervision of children in child care.

FAMILY CHILD CARE LICENSURE

61. A person shall not operate or provide child care services as defined in these Rules unless a Family Child Care License to do so is issued by the Office of Child Care Licensing. Anyone who operates a Family Child Care Home without a license violates Delaware Code, Title 31, Chapter 3. Subchapter III, The Delaware Child Care Act and shall be fined not more than \$100 or imprisoned not more than three (3) months, or both.

Authority to Inspect

62. The Licensee, adult household member(s), and Substitute shall permit access to the Family Child Care Home during the hours of operation by representatives of the Office of Child Care Licensing and other State or local officials with responsibilities for monitoring, approving, or authorizing the use or safety of a Family Child Care Home, or provides payment for services provided at the Family Child Care Home.
63. The Licensee, adult household member(s), and Substitute shall respond to and cooperate with requests from representatives of the Office of Child Care Licensing, and other authorized State or local officials and allow for the announced or unannounced inspection of any area or aspect of the operation of the Family Child Care Home which affects or potentially affects the children in child care including access to and request for information, files and records, and unlicensed space of the Family Child Care Home for the purposes of determining compliance and/or investigating complaints of non-conformity with applicable provisions of these Rules, or any other applicable codes, regulations, and laws including suspected child abuse and neglect.
64. The Licensee shall not impede and shall permit the interview of him or herself, household members, Substitute, any child in child care, and the parent(s)/guardian(s) of a child in child care by representatives of the Office of Child Care Licensing, and other authorized State or local officials for the purposes of determining compliance and/or investigating complaints of non-conformity with applicable provisions of these Rules, or any other applicable codes, regulations, and laws.

Application Process

65. The Applicant shall attend informational and orientation sessions as provided by the Office of Child Care Licensing to receive information on the *Delacare: Rules for Family Child Care Homes* and the licensure process.
66. The Applicant shall successfully complete the application process as described in Rules #66-76 within a time period as established by the Office of Child Care Licensing.
67. The Applicant shall apply for a Family Child Care License on a form provided by the Office of Child Care Licensing. An application shall be required for initial licensure. A renewal application received by the Office of Child Care Licensing at least thirty (30) days prior to the expiration date of a Family Child Care License shall be required when seeking to continue the operation of a Family Child Care Home.
68. The Applicant shall sign a statement which certifies that he/she:
 - A. Has read and understands these Rules;
 - B. Intends to maintain compliance with these Rules and any other applicable codes, regulations, and laws;
 - C. Intends to provide child care for children throughout the majority of the licensure period(s);
 - D. Has provided information that is true to the best of his/her knowledge; and
 - E. Will not discriminate on the basis of sex, race, religion, cultural heritage, disability, marital status, or economic status.
69. The Applicant shall demonstrate to the satisfaction of the Office of Child Care Licensing that he/she and the Family Child Care Home is in compliance with applicable provisions of these Rules, and any other applicable codes, regulations, and laws to qualify for a Family Child Care License.

70. The Applicant shall submit a completed and signed application including all required materials to the Office of Child Care Licensing and when applicable, any other authorizations, inspections, or documents that state any limitations on the use of a home and/or property through deed restrictions, homeowners' association, lease or rental agreements, or as required by codes, regulations, or laws such as, but not limited to, the Division of Public Health, City or State Fire Marshal, Division of Revenue, Department of Natural Resources and Environmental Control, Land Use or Zoning.
71. The Applicant shall provide written proof of an electrical inspection of the Family Child Care Home conducted by an inspection agency that is approved by the State Fire Marshal.
72. The Applicant shall submit documentation of current certification in cardiopulmonary resuscitation (CPR) and completion of a current first aid course each applicable to the ages of the children in child care.
73. The Applicant shall provide three (3) written letters of reference from three (3) adults who are familiar with the Applicant but who are not related to the Applicant. These references shall verify that the Applicant is of good character and reputation, respects and understands children, and is sensitive to meeting their needs.
74. The Applicant shall sign a release of employment history form provided by the Office of Child Care Licensing that permits the Office of Child Care Licensing to obtain service letters as per Delaware Code, Title 19, Chapter 7, Section 708 from a current or most recent previous employer for him or herself, and any health care and/or child care facility for which the Applicant was employed within the past five (5) years of application for initial licensure.
 - A. If an Applicant has no prior employment history, five (5) letters of reference as specified in Rule #73 shall be required to be provided.
75. The Applicant, all household member(s), and Substitute shall provide or authorize the release of information required to determine that the health, safety or welfare of any child in child care would not be at risk.
 - A. The applicant, household member who is eighteen (18) years of age or older, and Substitute shall be fingerprinted by the Delaware State Police for Family Child Care.
 - B. The Office of Child Care Licensing may, when there is cause to believe the health, safety, or welfare of a child in child care may be at risk, request consent from a parent/guardian for a background check on a household member under eighteen (18) years of age.
 - C. The Office of Child Care Licensing may, when there is cause to believe the health, safety, or welfare of a child in child care may be at risk, request medical, psychological, counseling, school, probation and/or Division of Family Services records.
 - D. The applicant shall sign a release for the results of an adult abuse registry check through the Department of Health and Social Services.
76. The Applicant shall provide written evidence of health appraisals attesting to his/her health, the health of any adult household member, and Substitute.
 - A. The written report from a health care provider shall have been completed within one (1) year prior to the date of initial licensure and include, at a minimum:
 - i. Health history;
 - ii. Physical exam;
 - iii. Vision and hearing screening;

- iv. Freedom from communicable tuberculosis (Tb) verified within one (1) year prior to the date of initial licensure, with further testing every five (5) years;
 - v. A review of immunization status (such as measles, mumps, rubella, diphtheria, tetanus, and polio);
 - vi. A review of occupational health concerns;
 - vii. Assessment of need for vaccines against illnesses such as but not limited to, influenza, pneumococcus, and hepatitis B, and of risk from exposure to common childhood infections, such as parvovirus, CMV, and chicken pox; and
 - viii. Assessment of health related limitations or communicable diseases that may impair a person's ability to perform the child care or have direct access to children.
77. The Applicant shall provide health appraisals for children preschool-age or younger and not yet attending kindergarten, including school-age children who are not attending a public or private school and are living in the Family Child Care Home as specified in Rule #155.

Annual Family Child Care License

78. The annual Family Child Care License shall be issued when the Office of Child Care Licensing determines that the Applicant and Family Child Care Home are in compliance with applicable provisions of these Rules.
79. The Licensee shall maintain compliance with applicable provisions of these Rules and all other applicable local, State and Federal codes, regulations, and laws throughout the licensure period(s).
80. The annual Family Child Care License shall be issued only to the Licensee and for the address of the Family Child Care Home shown on the application. A Family Child Care License is not transferable, assignable or subject to sale.
81. The annual Family Child Care License shall be effective for one (1) year from the date of issuance, unless it is:
- A. Modified to a provisional Family Child Care License;
 - B. Revoked;
 - C. Surrendered prior to the expiration date;
 - D. Nullified; or
 - E. Suspended.
82. The Licensee shall post the Family Child Care License inside the Family Child Care Home in the area where child care is provided and visible to parent(s)/guardian(s).
83. The Licensee shall comply with any restrictions on the maximum number of children in child care which may be placed upon the Family Child Care Home by the Office of Child Care Licensing and/or other applicable agencies' codes, regulations and laws such as those related to fire safety and zoning.

Provisional Family Child Care License

84. A provisional Family Child Care License may be issued when a Licensee is temporarily unable to comply with all of these Rules and the Office of Child Care Licensing has determined that:
- A. There is no serious risk to the health, safety and well-being of the children;
 - B. The Licensee has agreed to fulfill and operate under conditions as stated in a

- written corrective action plan as developed by the Office of Child Care Licensing and the Licensee;
- C. The Licensee demonstrates to the Office of Child Care Licensing of intent to comply with the corrective action plan; and
 - D. The Licensee demonstrates good faith efforts to achieve compliance but requires additional time to achieve compliance with applicable provisions of these Rules.
85. A provisional Family Child Care License may be replaced with an annual Family Child Care License when the Licensee makes a written request to the Office of Child Care Licensing after the corrective action plan is completed by the Licensee and approved by the Office of Child Care Licensing in advance of the expiration date of the provisional Family Child Care License.

Family Child Care License Renewal

86. The Licensee shall be required to renew a Family Child Care License annually.
- A. An annual Family Child Care License shall expire one (1) year from the date of issuance.
87. At least ninety (90) calendar days before the expiration of the current Family Child Care License, the Licensee shall make a request to the Office of Child Care Licensing by direct voice contact or in writing to obtain the Family Child Care License renewal application materials.
88. The Licensee shall submit a fully completed, signed, and notarized Family Child Care License application form and all required materials to the Office of Child Care Licensing at least thirty (30) calendar days prior to the expiration of current Family Child Care License.

Notification to the Office of Child Care Licensing

89. A Licensee shall immediately notify the Office of Child Care Licensing by direct voice contact during the Office of Child Care Licensing's business hours of the death of a child while in child care. If the death occurs after such business hours, the Licensee shall immediately call the 24-Hour Child Abuse/Neglect Hotline (currently listed as 1-800-292-9582).
90. A Licensee shall notify the Office of Child Care Licensing within one (1) business day by direct voice contact during the Office of Child Care Licensing's business hours if any of the following occur:
- A. Any fire; flood; or any other serious damage due to any natural or man-made disaster(s) that impacts the ability to operate safely;
 - B. Injury of a child while in the child care at a Family Child Care Home requiring inpatient or outpatient treatment. The direct voice contact shall be followed by a written report on a form provided by the Office of Child Care Licensing;
 - C. Suspected abuse or neglect of a child enrolled at the Family Child Care Home after immediately calling the 24-hour Child Abuse/Neglect Hotline (currently listed as 1-800-292-9582) to report the suspected abuse or neglect;
 - D. Any subsequent charges, arrests, or convictions of himself/herself, the Substitute or household member;
 - E. Any involvement with the Department due to child abuse or neglect of himself/herself, the Substitute, or household member; or
 - F. Any breakdown of equipment that could pose a threat to the health and safety of children in child care, including but not limited to, lack of operating toilets, interruption of running water, loss of telephone service, failure of smoke/fire alarm

system, and failure of cooling or heating systems so that temperatures cannot be maintained within limits of Rule #174.

91. The Licensee shall notify the Office of Child Care Licensing within five (5) business days by direct voice contact and follow-up in writing to his/her assigned Child Care Licensing Specialist when there is a change in the:
 - A. Telephone number of the Family Child Care Home;
 - B. Shift(s) of child care provided;
 - C. Composition of household;
 - D. Substitute; or
 - E. Intended use of a Substitute as specified in Rule #142.
92. The Licensee shall notify and receive approval by the Office of Child Care Licensing for any change in physical space or rooms prior to being used for child care at the Family Child Care Home.
93. The Licensee shall report to the Office of Child Care Licensing in writing or by direct voice contact at least thirty (30) days in advance of a change in address of the Family Child Care Home. A new Family Child Care License shall be required at the new address prior to providing child care services at the new address.

Nullification of Family Child Care License

94. A Family Child Care License shall immediately become null and void when the following occurs:
 - A. The Licensee no longer resides at the Family Child Care Home for which the Family Child Care License was issued;
 - B. The Licensee changes the location of the Family Child Care Home;
 - C. The Licensee surrenders the Family Child Care License to the Office of Child Care Licensing;
 - D. The Family Child Care License has been denied;
 - E. The Family Child Care License has been revoked; or
 - F. The Family Child Care License has expired.

Complaint Investigation

95. The Office of Child Care Licensing shall investigate when a complaint is received regarding *Delacare: Rules for Family Child Care Homes*. The Office of Child Care Licensing shall notify the Licensee that a complaint is being investigated. The results of the Office of Child Care Licensing's investigation shall be reported in writing to the Licensee investigated. If the complaint is substantiated or if other violations are found as a result of the investigation, the Licensee shall be required to correct the violations and come into compliance with these Rules and any applicable Federal, State or local laws or regulations.
 - A. Complaints relating specifically to codes, regulations, or laws of other State and local agencies may be referred to the appropriate agency for investigation. At the time of the referral, the Office of Child Care Licensing shall request a report from the other State and local agency on the investigation findings to determine compliance with *Delacare: Rules for Family Child Care Homes*.
96. The Office of Child Care Licensing shall investigate a reported unlicensed Family Child Care Home and require the individual(s) providing unlicensed Family Child Care to cease operation upon notice from the Office of Child Care Licensing.

97. The Department of Services for Children, Youth and their Families, Division of Family Services, Office of Children’s Services, Institutional Abuse Investigation Unit shall investigate when a complaint is received regarding the abuse or neglect of a child at the Family Child Care Home. Law enforcement shall be notified and will conduct an investigation of any complaint that may constitute a crime.

Denial, Suspension, or Revocation of a Family Child Care License

98. The Division may deny an application, suspend, or revoke a Family Child Care License for good cause, for reasons including but not limited to the following:
- A. Failure to comply with applicable provisions of State law(s) or these Rules;
 - B. Violation of the terms or conditions of the Family Child Care License, corrective action plan, or agreement of understanding;
 - C. Use of fraud, intentional or negligent misrepresentation in obtaining a Family Child Care License or in the subsequent operation of the Family Child Care Home;
 - D. Refusal to furnish information, files, and records to representatives of the Office of Child Care Licensing and other State or local officials for the purposes of determining compliance and/or investigating complaints of non-conformity with applicable provisions of these Rules, and any other applicable codes, regulations, and laws;
 - E. Refusal to permit access to the Family Child Care Home during the hours of operation by representatives of the Office of Child Care Licensing and other State or local officials with responsibilities for monitoring, approving, or authorizing the use or safety of a Family Child Care Home, or provides payment for services provided at the Family Child Care Home;
 - F. Refusal to respond to and cooperate with requests from representatives of the Office of Child Care Licensing, and other authorized State or local officials and allow for the announced or unannounced inspection of any area or aspect of the operation of the Family Child Care Home which affects or potentially affects the children in child care including access to unlicensed space of the Family Child Care Home for the purposes of determining compliance and/or investigating complaints of non-conformity with applicable provisions of these Rules, or any other applicable codes, regulations, and laws including suspected child abuse and neglect.
 - G. Engagement in any activity, policy, practice or conduct that adversely affects or presents a serious or imminent danger, or risk thereof to the health, safety or well-being of children;
 - H. Conduct that otherwise demonstrates unfitness by the Licensee or Substitute to operate a Family Child Care home; or
 - I. Operation of any activity not permitted under local, State or Federal law at the Family Child Care Home.
99. If the health, safety or well-being of children in child care is in serious or imminent danger, or risk thereof, the Office of Child Care Licensing may immediately suspend the Family Child Care License upon issuance of a suspension order. The suspension order may be verbal or written. Any verbal suspension order shall be followed by a written suspension order. Upon notification from the Office of Child Care Licensing of the initial suspension order, the Licensee shall cease operation of the Family Child Care Home. The written suspension order shall state the reason(s) for the suspension. Within ten (10) business days after the issuance of the written suspension order, the Licensee may relinquish the Family Child Care License to the Office of Child Care Licensing or request a suspension hearing. Upon request of the Licensee for a suspension hearing, the Division Director or his/her designee shall schedule a suspension hearing within ten (10) business days of the request. The Division Director or his/her designee will make a determination if the suspension order will be continued.

Appeal

100. If the Division intends to deny an application, or revoke a Family Child Care License, the Division shall mail a notice of intent to deny or revoke the Family Child Care License to the Licensee. Such notice shall specify the Licensee's right to appeal the decision by requesting an administrative appeal hearing. The Licensee shall request an administrative hearing within ten (10) business days of receipt of the notice.
101. If a written request or a verbal request made by direct voice contact for an administrative appeal hearing is received by the Division within ten (10) business days of the date the notice of the intent to deny or revoke was received, the Division shall schedule an administrative appeal hearing within thirty (30) business days from the date the request for an administrative appeal hearing is received, unless for good cause, the Hearing Officer grants postponement or the parties agree to postponement.
102. The administrative appeal hearing shall be conducted by a Hearing Officer who has had no previous involvement in the matter prompting the administrative appeal hearing.
103. If a Licensee requests an administrative appeal hearing within ten (10) business days of the date the notice of intent to deny or revoke was received, the existing Family Child Care License shall remain in effect until an official written decision has been rendered subsequent to the administrative appeal hearing. The Office of Child Care Licensing shall have the authority to suspend the Family Child Care License immediately whenever the health, safety or well being of children in child care is in serious or imminent danger or risk thereof.
104. If a Licensee does not make a request for an administrative appeal hearing within ten (10) business days of the date the notice of intent to deny or revoke was received, the action in such notice seeking to deny or revoke a Family Child Care License shall become final and binding without any further right of review and take effect thirty (30) business days after the issuance of the notice. However, where stated in the Division's notice, if the health, safety or well-being of children in child care is in serious or imminent danger or risk thereof, denial or revocation shall be effective immediately upon the issuance of a written notice by the Division.

Rule Variances

105. Upon the written request of an Applicant or Licensee, the Division may grant a variance from these Rules if the Applicant or Licensee has documented to the satisfaction of the Division that the intent of the specific Rule shall be satisfactorily achieved in a manner other than that prescribed by the Rule and that the health, safety or well being of children in child care is not in serious or imminent danger or risk thereof.
106. The Division may require a Licensee to provide notice of a variance request to the parent(s)/guardian(s) with children in the Family Child Care Home to offer them the opportunity to provide input on the variance request to the Division.
107. The Division shall render its decision on the request for variance in writing, including the conditions and Rule for which the variance is granted, and shall send a signed copy of the decision to the Applicant or Licensee. A copy of the decision shall be maintained on file by the Division and the Applicant or Licensee.
108. The variance may be, at the Office of Child Care Licensing's discretion, time-limited or indefinite but shall only remain in effect for as long as the Licensee continues to satisfactorily achieve the intent of the Rule, conditions of the variance, and maintain the health, care, safety, protection, supervision, or guidance of children in child care.

109. The Division shall monitor the Licensee's compliance with the variance. If the Licensee fails to comply with the variance, the Division shall initiate necessary enforcement action and may revoke the variance.

PROVISIONS FOR OPERATION OF A FAMILY CHILD CARE HOME

General Qualifications and Requirements of Licensee, Household Members, and Substitute

110. The Licensee and Substitute shall be able to read, understand, and carry out these Rules.
111. The Licensee and Substitute shall have the ability to do the following:
- A. Understand and respect children and their families and culture;
 - B. Meet the needs of children including, but not limited to, meeting their physical needs such as feeding and diapering;
 - C. Supervise children to ensure their safety and health during all activities of child care;
 - D. Support children's physical, intellectual, social and emotional growth;
 - E. Deal with emergencies in a calm manner; and
 - F. Carry out methods of positive behavior management as stipulated in these Rules.
112. The Licensee, household members, and Substitute shall not have any conviction, current indictment, outstanding warrant, or substantial evidence of involvement in:
- A. Any activity involving violence against a person;
 - B. Child abuse or neglect;
 - C. Possession, sale or distribution of illegal drugs;
 - D. Sexual misconduct;
 - E. Gross irresponsibility or disregard for the safety of others; or
 - F. Serious violations of accepted standards of honesty or ethical behavior
- i. The Department may, at its own discretion, make exceptions to the above Rule when it is documented that the health and safety of children would not be endangered except as prohibited by the Child Protection Registry law as defined by Delaware Code, Title 16, Chapter 9, Subchapter II, Subsection 923.
113. The Licensee shall ensure that within five (5) business days of a current household member turning eighteen (18) years of age, an individual who is eighteen (18) years of age or older becoming a new household member, or a new Substitute is designated, such individual is fingerprinted by the Delaware State Police for Family Child Care. The Licensee shall provide verification of such fingerprinting to the Office of Child Care Licensing within fourteen (14) business days of when the fingerprinting occurred.
- A. The Office of Child Care Licensing may, when there is cause to believe the health, safety, or welfare of a child in child care may be at risk, request consent from a parent/guardian for a background check on a household member under eighteen (18) years of age.
114. The Licensee shall ensure that household members eighteen (18) years of age and older and Substitute are not left alone with children in child care at the Family Child Care Home until the results of all background checks are completed, suitability is determined and such household members and Substitute are approved by the Office of Child Care Licensing.

115. Any person who has relinquished or otherwise lost custody of his/her children shall present documentation to the Department regarding the circumstances of this relinquishment or loss of custody, for consideration in determining the suitability of licensure at the Family Child Care Home.
116. Any person who has been convicted of any offense defined as child sex abuse in Delaware Code, Title 11 shall not reside or provide child care in a Family Child Care Home.
117. The Licensee shall ensure that copies of his or her health appraisal, the health appraisal of adult household members, and Substitute are kept on file in the Family Child Care Home and updated to be consistent with household composition.
118. The Licensee, household members, and Substitute shall provide written documentation from a health care provider for the follow-up for known health problems to the Office of Child Care Licensing for the purposes of determining whether the health problem might create a significant risk to children.
119. The Licensee, household members and Substitute shall not be diagnosed or under treatment for any serious mental illness which might create a significant risk of harm to children and shall provide written documentation from a health care provider to the Office of Child Care Licensing for the purposes of determining whether a mental illness might create a significant risk to children.
120. The Licensee, Substitute, household member(s), and any person present in the Family Child Care Home shall not consume or be under the influence of alcohol, illegal drugs or substances, misuse prescription or non-prescription medications any of which adversely affects the ability to provide child care and operation of the Family Child Care Home.
121. The Licensee shall have no other employment during the hours that children are in child care.
122. The Licensee shall ensure that providing child care is the primary focus during the hours of operation of the Family Child Care Home. The Licensee shall not participate or allow participation by the Substitute in activities that distract from providing child care during that time. Examples of such distracting activities include but are not limited to:
 - A. Socializing or entertaining friends, family or others;
 - B. Using, playing with, or watching television, VCR's, DVD's, computers or other electronic equipment;
 - C. Unnecessarily communicating with others on the telephone, cell phone, computer, or other communication equipment;
 - D. Doing intensive housework, household chores, home repairs, or remodeling tasks; and
 - E. Involving oneself in hobbies, craft making, or leisure pursuits.
123. The Licensee shall not provide care for individuals requiring convalescent or nursing care at the Family Child Care Home during the hours children are in child care.
124. The Licensee shall not provide foster care at the Family Child Care Home for children or adults without the prior written approval of the Department.
 - A. The decision for dual service shall be made by the Administrator based upon the recommendation of the Child Care Licensing Specialist and Foster Home Coordinator of the placing agency. The recommendation shall consider the specific needs of potential child care children and foster care placements.
 - B. The written approval shall include the number and ages of children/adults to be

- cared for in each program in accordance with requirements.
 - C. The decision for dual service shall be reviewed periodically.
 - D. Foster care children of preschool age and younger shall be counted in the capacity of the Family Child Care Home.
125. The Licensee or Substitute shall be responsible for the supervision of any child in the Family Child Care Home at all times.
126. The Licensee shall ensure that children of any age present at the Family Child Care Home are not responsible for performing child care duties at any time.

Qualification Process

126. A Licensee and, when applicable, Substitute, shall submit written documentation such as copies of training certificates, transcripts, and/or diplomas to the Office of Child Care Licensing which successfully demonstrates meeting the qualifications for a particular Level and any other required training as stated in these Rules.
- A. Other training may be acceptable when demonstrated to be equivalent to meeting the qualifications in these Rules. The Licensee shall provide documentation which supports his/her assertion that other training meets the qualification. The Office of Child Care Licensing shall make the final determination if the other training is equivalent to the qualifications.

Qualifications - Level I Family Child Care Home

127. The Licensee shall be at least eighteen (18) years of age and have at least a high school diploma or its equivalent to qualify as a Level I Family Child Care Home.
- A. The Licensee shall successfully complete twelve (12) clock hours of training within the first year of licensure. This training shall be approved by the Office of Child Care Licensing specifically for qualifying for a Level I Family Child Care Home and include at least three (3) clock hours in each of the following topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, and Families/Communities.
 - B. The training as stated in the above subsection shall count toward the first year's annual training requirement as per Rule #134 if successfully completed.
128. The Licensee who, before the effective date of these Rules, was licensed as Level I Family Child Care Home may continue to qualify based on *Delacare: Requirements for Family Child Care Homes (1994)* and provide child care as a Level I Family Child Care Home. The qualification as stated in the Rule #127 shall be required in addition to any Level II Family Child Care Home qualifications when moving from Level I Family Child Care Home to Level II Family Child Care Home.

Qualifications - Level II Family Child Care Home

129. A Licensee shall request approval from the Office of Child Care Licensing when wanting to move from a Level I Family Child Care Home to a Level II Family Child Care Home. The Licensee shall not operate as a Level II Family Child Care Home until receiving written approval from the Office of Child Care Licensing which states the new Level and the total number of children served.

130. The Licensee shall have the following experience to qualify as a Level II Family Child Care Home:
- A. Twenty-four (24) months of experience working with children in a group setting; or
 - B. Three (3) months of supervised student teaching with children in a group setting; or
 - C. Twenty-four (24) months providing child care as a Licensed as Level I Family Child Care Home with no substantiated complaints, or substantial noncompliance.
131. The Licensee shall be at least eighteen (18) years of age and have at least a high school diploma or its equivalent, and successfully complete one the following to qualify as a Level II Family Child Care Home:
- A. Sixty (60) clock hours of training with a minimum of three (3) clock hours in each of the following core topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families, and Professionalism/Business Practices/Administration related to operating a Family Child Care Home or child care facility;
 - B. Three (3) college/university credits in courses related to any of the following core topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families/Communities, and Professionalism/Business Practices/Administration related to operating a Family Child Care Home or child care facility; or
 - C. Qualified as at least an Early Childhood Assistant Teacher as per *Delacare: Rules for Early Care and Education and School-Age Centers (2007)*.
132. The Licensee who, before the effective date of these Rules, was licensed as a Level II Family Child Care based on *Delacare: Requirements for Family Child Care Homes (1994)* shall have two (2) years from the effective date or no later than January 1, 2011 to meet one (1) of the qualifications as required in Rule #131.
- A. Failure to meet one of the qualifications as required in Rule #133 on or before January 1, 2011 shall result in the Licensee being lowered to a Level I Family Child Care Home which includes the accompanying decrease in licensed capacity.

First Aid and CPR Training

133. The Licensee and Substitute used for planned, non-emergency situations as stated in Rules #141B, C & D and 142 shall have:
- A. Proof of current First Aid training or First Aid training taken every three (3) years if there is no expiration date;
 - B. Proof of current certification in cardiopulmonary resuscitation (CPR); and
 - C. The First Aid training and CPR certification shall be in accordance with the ages of the children enrolled in the Family Child Care Home at any given time.

Annual Training

134. The Licensee shall successfully complete at least twelve (12) clock hours of annual training as accepted or approved by the Office of Child Care Licensing.
- A. Annual training shall be within at least three (3) different core areas associated with ensuring health, safety or enhancing quality in child care in the Family Child Care Home as specified under subsection "C" (below) of this Rule.
 - B. Annual training may be within one (1) or two (2) core areas if the Licensee is applying credits earned for successfully completing a college/university course or the training is six (6) or more clock hours in length.

- C. Topics shall include the following core areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families/Communities, Professionalism, and Business Practices/Administration related to operating a Family Child Care Home or child care facility.

135. The Licensee shall complete annual training during the time period beginning at the start date and ending at the expiration date of the Family Child Care License.

Use of a Substitute

Also see Rules #110 – 125 and 133

136. The Licensee shall at minimum have an arrangement with a Substitute who is at least eighteen (18) years of age and available to assist in an emergency situation which is defined as an unplanned event or condition such as a serious or sudden illness, accident, or urgent circumstance requiring the immediate attention of the Licensee.

137. The Licensee shall ensure that the name, address and telephone number of the Substitute is provided to the Office of Child Care Licensing and posted with other emergency numbers in the Family Child Care Home.

138. The Licensee shall document on the form provided by the Office of Child Care Licensing that a Substitute is oriented to these Rules and the policies and procedures of the Family Child Care Home and has had the opportunity to ask questions and receive clarification before providing child care.

139. The Licensee shall review written information as provided by the Office of Child Care Licensing on safe sleeping practice, risk reduction of Sudden Infant Death Syndrome (SIDS), and child abuse and neglect reporting with a Substitute before he/she provides child care.

140. The Licensee shall ensure the Substitute has access to each child's file in the Family Child Care Home and has been informed of any special or emergency information about each child and any issues of confidentiality regarding a child's information.

141. The Licensee shall have the choice to close the Family Child Care Home or use a Substitute who provides child care in the Family Child Care Home in the absence of the Licensee. Prior notification to and approval for the use of the Substitute from the Office of Child Care Licensing is not required in the following situations:

- A. Emergencies as defined in Rule #136;
- B. Medical appointments;
- C. School appointments; or
- D. Time off for up to one (1) full week.

142. The Licensee shall have the choice to close the Family Child Care Home or use a Substitute who provides child care in the Family Child Care Home. Prior notification (see Rule #91) to and approval for the use of the Substitute from the Office of Child Care Licensing is required in the following situations:

- A. Participating in training/classes held for three (3) or more sessions, student teaching, internship or practicum related to meeting qualifications, or annual training requirements as required under these Rules;
- B. Time off for more than one (1) full week with child care provided in the Family Child Care Home in the absence of the Licensee; or
- C. Medical or maternity leave for more than one (1) full week with child care provided in the Family Child Care Home and the Licensee remaining in attendance at the

Family Child Care Home.

143. The Licensee shall inform the parent(s)/guardian(s) in advance whenever a Substitute will be caring for their children unless it is an emergency situation that does not allow time for notification. This notification shall include the identity of the Substitute.

General Family Child Care Capacity and Licensee to Child Ratio

144. The actual number of children allowed at the Family Child Care Home or total capacity at any given time shall be determined by the Licensee's experience, qualifications, ages of the children living in and/or present the Family Child Care Home; and the amount of usable space for child care in the Family Child Care Home.
145. Any child preschool-age or younger, living in and/or present the Family Child Care Home shall count toward the total capacity.
146. Any school-age child living in and/or present at the Family Child Care Home who is not attending a public or private school outside of the Family Child Care Home shall count toward the total capacity and will be required to take the place or slot of a child preschool-age or younger.
147. Any school-age child living in and present at the Family Child Care Home shall not count toward the total capacity of children if attending a public or private school outside of the Family Child Care Home.
148. Any school-age child not living in and/or present at the Family Child Care Home shall count toward the total capacity and may attend only for before and/or after school, and/or during school holidays, and/or school vacation in the summer.
149. A Level I Family Child Care Home shall be licensed to provide child care as follows:
- A. Total of five (5) children preschool-age or younger; and no additional school-age children that do not live in the Family Child Care Home;
 - i. No more than two (2) of the five (5) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and
 - ii. No more than three (3) of the five (5) children preschool-age or younger as mentioned above are under the age of twenty-four (24) months; or
 - B. Total of four (4) children preschool-age or younger; and two (2) additional school-age children that do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer;
 - i. No more than two (2) of the four (4) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and
 - ii. No more than three (3) of the four (4) children preschool-age or younger as mentioned above are under the age of twenty-four (24) months; or
 - C. Total of six (6) school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; and no children preschool-age or younger.
 - D. Other combinations of age-groupings of children shall be possible when staying within the limits of the maximum number of children allowed for an age group and for this Level, see examples in the Appendix, *Level I Family Child Care Home*

Ratios.

150. A Level II Family Child Care Home shall be licensed to provide child care as follows:
- A. Total of six (6) children preschool-age or younger; and three (3) additional school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer;
 - i. No more than two (2) of the six (6) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and
 - ii. No more than three (3) of the six (6) children preschool-age or younger as mentioned above are under the age of twenty-four (24) months; or
 - B. Total of six (6) children preschool-age or younger; and two (2) additional school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer;
 - i. No more than two (2) of the six (6) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and
 - ii. No more than four (4) of the six (6) children preschool-age or younger as mentioned above are under the age of twenty-four (24) months; or
 - C. Total of five (5) children preschool-age or younger; and no additional school-age children who do not live in the Family Child Care Home;
 - i. No more than three (3) of the five (5) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and
 - ii. No more than four (4) of the five (5) children preschool-age or younger as mentioned above are under the age of twenty-four (24) months; or
 - D. Total of four (4) children under the age of twenty-four (24) months; and two (2) additional school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer;
 - i. No more than three (3) of the four (4) children preschool-age or younger as mentioned above are under the age of twelve (12) months; or
 - E. Total of nine (9) school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; and no children preschool-age or younger.
 - F. Other combinations of age-groupings of children shall be possible when staying within the limits of the maximum number of children allowed for an age group and for this Level, see examples in the Appendix, *Level II Family Child Care Home Ratios.*

Change of Shift Ratio

151. A Licensee may provide child care for up to two (2) additional children for up to a two (2) hour period of time overlapping between two (2) full shifts.
- A. Change of shift child care shall only be provided if prior approval is received from the Office of Child Care Licensing.

- B. The Licensee shall make a request in writing to the Office of Child Care Licensing and provide information on the ages of the children and exact time involved.
- C. Before/after school child care shall not be provided when caring for additional children during a change of shift.
- D. The number of children younger than twenty-four (24) months of age shall not be exceeded as specified in Rules #149 and 150 when caring for additional children during a change of shift.

Night Child Care Ratio

- 152. The Licensee shall provide child care for no more than four (4) children of any age when licensed as a Level I Family Child Care Home or no more than six (6) children of any age when licensed as a Level II Family Child Care Home when providing night child care in the evening and/or overnight. This includes children preschool-age or younger living in the Family Child Care Home who may sleep in his or her own bedroom.
 - A. The Licensee or Substitute shall remain awake at all times children are in child care.

Maximum Consecutive Hours of Child Care

- 153. The Licensee shall provide no more than seventeen (17) hours of child care within a twenty-four (24) hour period with at least seven (7) consecutive hours of rest. No other employment shall be permitted during the hours of rest.
 - A. A Family Child Care Home licensed before the effective date of these Rules that offered child care for more than seventeen (17) hours shall have one (1) year from the new effective date or until January 1, 2010 to limit child care to no more than seventeen (17) hours within a twenty-four (24) hour period with at least a seven (7) hour period of rest.

LICENSEE RESPONSIBILITIES

Enrollment

- 154. The Licensee shall provide any parent/guardian prior to enrolling a child in the Family Child Care Home with information as furnished by the Office of Child Care Licensing detailing his or her right to inspect the active record and complaint files, procedures for making complaints, and how to find the Rules concerning a Family Child Care Home as described in *The Parents Right to Know Act*. The Licensee shall have written verification that each parent/guardian has received this information by keeping the signed document in the child's file.

Child Health Appraisal

- 155. The Licensee shall ensure that upon enrollment or no longer than one (1) month following enrollment, an age-appropriate health appraisal is on file for each child unless required to enroll without immunization(s) such as specified in the McKinney-Vento Homeless Assistance Act or any applicable local, State and Federal laws. The health appraisal shall have been conducted within the last twelve (12) months prior to admission and signed by a health care provider. Health appraisals shall be updated yearly for children preschool-aged or younger and not yet in kindergarten, including school-age children who are not attending a public or private school and are living in the Family Child Care Home, or in accordance with the recommended schedule for routine health supervision of the American Academy of Pediatrics. The health appraisal shall include:

- A. A health history;
 - B. A physical and behavioral examination;
 - C. Growth and development;
 - D. Recommendations regarding required medication, restrictions or modifications of the child's activities, diet or child care;
 - E. Medical information pertinent to treatment in case of emergency;
 - F. Documentation of any recommended or required screening or testing such as for blood-lead or tuberculosis;
 - G. Documentation of the immunization status, with a listing of day, month and year of administration for each immunization required by the Division of Public Health as specified in **Appendix, Recommended Immunization Schedules**. For current information, the Licensee shall contact the Division of Public Health or refer to the CDC website – <http://www.cdc.gov/nip/recs/child-schedule.htm>
 - i. The Licensee shall not permit a child to be admitted who is not age-appropriately vaccinated according to the most recent directive from the Division of Public Health unless a written plan has been established (see below) or as required by law to be admitted without immunization(s) such as specified in the McKinney-Vento Homeless Assistance Act or any applicable local, State and Federal laws and regulations.
 - ii. If a child has not received immunizations as required for his age, the Licensee shall require a written plan for updating the immunizations within a reasonable time frame to be submitted to the Licensee within fourteen (14) days of the child's admission or as required by law such as specified in the McKinney-Vento Homeless Assistance Act or any applicable local, State and Federal laws and regulations.
 - iii. If the additional required immunizations are not completed within the time frame specified in the written plan, the child shall be excluded from the Family Child Care Home until the immunizations have been obtained and written documentation is signed by the health care provider and has been submitted to the Licensee.
156. The Licensee shall ensure that for school-age children, a copy of the most recent health appraisal as required by the child's school is also on file at the Family Child Care Home.
157. The Licensee shall ensure that a child whose parent(s)/guardian(s) objects to immunizations on a religious basis submits a notarized statement to the Licensee explaining that the exemption is in compliance with State law, or in the case where the health care provider provides written documentation that such immunizations may be detrimental to the child's health, the child will be exempt from the immunization requirement.

Parent(s)/Guardian(s) Communication

158. The Licensee shall have an organized system of respectful communication with parent(s)/guardian(s) that includes verbally discussing the following information during the enrollment process and on-going as needed:
- A. Explaining that parent(s)/guardian(s)' visits and monitoring of the Family Child Care Home are welcomed;
 - B. Explaining required nondiscriminatory practices and respect for each child's family and culture;
 - C. Consulting with parent(s)/guardian(s) about child care practices specific to their children's culture and community, and about providing as much consistency as possible in their child care practices especially concerning infants and toddlers;
 - D. Sharing an understanding that parent(s)/guardian(s) are of primary importance in

- children's development;
 - E. Identifying the on-going needs of the child including learning about parent(s)/guardian(s) preferences and goals and any concerns or special circumstances that may influence the child's development, behavior and learning;
 - F. Establishing a procedure for sharing each infant's feeding, sleeping, and other routine activities with the infant's parent(s)/guardian(s) at the end of each day;
 - G. Explaining safety procedures such as indoor and outdoor safety, fire safety, pets, first aid, smoking prohibited, and emergency planning;
 - H. Explaining sanitation procedures such as disinfecting, standard precautions, and diapering and toileting; and
 - I. Explaining typical routine child care practices such as program for children including activities and equipment and sleeping-napping accommodations including procedures for night child care, if provided.
159. The Licensee shall have an organized system of respectful communication with parent(s)/guardian(s) that incorporates the use of a written policy including information provided during the enrollment process and updated as needed on the following information:
- A. A typical daily schedule;
 - B. Positive behavior management techniques;
 - C. Health including emergency health care, health exclusions, and prevention of outbreak of communicable diseases;
 - D. Food and nutrition;
 - E. Procedures for release of children;
 - F. Reporting of accidents, injuries or critical incidents;
 - G. Mandatory reporting of child abuse and neglect;
 - H. Administration of medication procedures;
 - I. The use of safe sleep procedures for infants;
 - J. The presence of any animals or household pets regardless of the location within the Family Child Care Home; and
 - I. If provided, transportation of children.
160. The Licensee shall ensure that parent(s)/guardian(s) have free access to areas of the Family Child Care Home used for child care during the hours child care services are being provided while their children are in child care.

Child File

161. The Licensee shall maintain an individual file for each child enrolled. The information in the file shall be obtained upon enrollment and updated at least annually or upon known changes to the information. The file shall contain the following information:
- A. The child's full name, address, telephone number, and birth date;
 - B. Home and work addresses and telephone numbers of parent(s)/guardian(s);
 - C. Date of enrollment and hours/days child is scheduled to attend the Family Child Care Home;
 - D. Name, address and telephone number of emergency contact person other than parent(s)/guardian(s);
 - E. Name of person(s) authorized by parent(s)/guardian(s) to whom the child may be released;
 - F. The name and telephone number of the child's health care provider, health appraisal reports, health insurance and policy number for the child, and if applicable, notarized statement regarding objection to immunization(s) or documentation from a health care provider regarding detrimental nature of immunization(s);

- G. If applicable, a written statement signed by the parent(s)/guardian(s) describing any special problems, medical, developmental, or educational needs of the child including allergies, existing illnesses, or injuries, previous serious illness or injuries and any prescription and non-prescription medication including those for both continuous, long-term and emergency situations;
 - H. If applicable, written consents signed by parent(s)/guardian(s) for special dietary needs, emergency medical treatment, release of child, swimming activities, administration of medication and permission for transporting the child on a routine or off-premises basis;
 - I. If applicable, relevant copies of court orders on custody and visitation arrangements provided by the parent(s)/guardian(s);
 - J. Documentation of any notices required by the Federal, State, local governments or the Office of Child Care Licensing such as information specified in *The Parents Right to Know Act* signed by the parent(s)/guardian(s); and
 - K. Reports of accidents, injuries or illnesses involving the child.
162. The Licensee shall keep emergency information about the child accessible at all times and ensure that such information will accompany the child any time the child is taken off the premises of the Family Child Care Home. This information shall include copies of the same information in the child's file except for the following:
- A. Date of enrollment and hours/days child is scheduled to attend the Family Child Care Home;
 - B. Documentation of any notices required by the Federal, State, local governments or the Office of Child Care Licensing – see Rule #161J; and
 - C. Reports of accidents, injuries or illnesses involving the child.
163. The Licensee shall not disclose or permit the use of any information pertaining to an individual child or family unless the parent(s)/guardian(s) of the child has granted written permission to do so, or except in the course of official duties by representative(s) of the Office of Child Care Licensing, Division of Family Services, or other entities with statutory responsibility for issues relating to the health, safety and protection of children.

Daily Attendance of Children

164. The Licensee shall ensure that daily attendance records are kept for children which identify the hours of the children's attendance each day.
165. The Licensee shall ensure that a system is established for taking attendance when the children arrive and depart the Family Child Care Home.

Release of Children

166. The Licensee or Substitute shall release children only to persons authorized by the parent(s)/guardian(s).
167. The Licensee shall have a written policy for the release of children that includes using the following procedures:
- A. A process for documenting the release of a child from the responsibility of the Licensee or Substitute to an authorized person;
 - B. A process for the emergency release of a child as requested by parent(s)/guardian(s);
 - C. A process for handling situations in which a non-custodial parent attempts to claim the child without the consent of the custodial parent/guardian; and
 - D. A process to be followed when a person not authorized to receive a child, or a

person who appears to be intoxicated or otherwise incapable of bringing the child home safely, requests release of a child.

168. The Licensee shall have a procedure to verify the identity of an authorized person who is not previously known to the Licensee or Substitute prior to releasing the child and keep written documentation of such verification in the child's file.
169. The Licensee shall ensure that when a parent/guardian calls the Family Child Care Home requesting emergency release of a child, the identity of the parent/guardian is verified prior to the release of the child to the authorized person.

PHYSICAL ENVIRONMENT

General and Fire Safety

170. The Licensee shall ensure that the physical facilities of the Family Child Care Home and grounds present no hazard to the health and safety of the children.
171. The Licensee shall ensure that the Family Child Care Home and its furnishings are kept in a clean and safe condition. All walls, floors, ceilings and other surfaces shall be clean and in good repair.
172. The Licensee shall ensure that the Family Child Care Home is kept free from rodent and insect infestation.
173. The Licensee shall ensure that screens in good repair are used on all windows, doors or other openings to the outside used for ventilation.
174. The Licensee shall ensure that any room in the Family Child Care Home used by the children is maintained at a minimum temperature of sixty-five (65) degrees Fahrenheit (F.) and a maximum of eighty-five (85) degrees F. unless there is a conflict with Federal and State energy laws. The minimum and maximum temperatures shall be taken at floor level.
 - A. The Licensee shall be required to temporarily close the Family Child Care Home if the minimum or maximum room temperatures cannot be maintained during all of the hours of operation.
175. The Licensee shall be aware of extreme weather conditions such as storms producing excessive wind, rain (flooding), hail, sleet, and snow; poor air quality; heat and humidity including heat advisories; or cold temperatures including wind chill factors that could affect the well being or health of children. Children shall not be allowed to play outside during extreme weather conditions.
176. The Licensee shall ensure that all floor or window fans in the Family Child Care Home are inaccessible to children and bear the safety certification mark of a nationally recognized, independent, third party testing laboratory such as Underwriter Laboratories (UL).
177. The Licensee shall ensure that all heating and cooling equipment is safely shielded to prevent injury to children.
 - A. Any heating equipment prohibited under State Fire Code or Federal, State or local governmental agencies such as the following items: un-vented fuel fired heating equipment, including, but not limited to portable, open-flame, and kerosene space heaters shall not be used.
 - B. Hot water pipes, steam radiators, electric space heaters, and wood-burning stoves shall be equipped with protective guards, or insulated, or inaccessible to protect

- children against burns.
 - C. Electric space heaters shall be listed by a nationally recognized, independent third party testing laboratory such as Underwriter Laboratories (UL) and inaccessible to children, and stable.
 - D. Fireplaces shall be securely screened or equipped with protective guards while in use.
178. The Licensee shall ensure that protective covers are installed on all electrical receptacles in all areas accessible to the children.
179. The Licensee shall ensure that the Family Child Care Home has an in-service cell or land-line telephone.
180. The Licensee shall ensure that telephone numbers of the hospital, ambulance, police department, fire department and poison control center available for assistance in the area serving the location of the Family Child Care Home or as requested for use by parent(s)/guardian(s) of the child enrolled are posted on or near each telephone.
181. The Licensee shall ensure that an operable flashlight is accessible at all times.
182. The Licensee shall ensure that clear glass doors or low windows at or within twenty-four (24) inches of floor-level in rooms used by children in child care at the Family Child Care Home are clearly marked with a vision strip such as a decal(s), sticker(s), rail(s), or mesh located at between one (1) and five (5) feet above floor level to reduce the risk of colliding with the glass.
183. The Licensee shall ensure that stairways over four steps, inside and outside, have railings when used by children at the Family Child Care Home. Safety gates approved by the American Society for Testing and Materials (ASTM) at stairways shall be used at all times when infants and toddlers are in child care.
- A. If the physical characteristics of the Family Child Care Home do not permit the installation of a safety gate(s) in accordance with the manufacturer's instructions, then the Licensee shall have and adhere to a plan which will safely prevent the access of infants and toddlers to stairways.
184. The Licensee shall ensure that stairways, hallways, windows, and doors from rooms and from the Family Child Care Home are unobstructed - not blocked by furnishings or other materials that inhibit movement and are in working condition throughout the hours of operation.
185. The Licensee shall ensure that all areas in a Family Child Care Home that are more than two (2) feet above the floor or grade below, such as porches, elevated walkways and elevated play areas are provided with guards (barriers) to prevent falls over the open side. The height of the guards shall not be less than forty-two (42) inches high and measured vertically to the top of the guard.
186. The Licensee shall ensure that children are cared for on the ground level space in the Family Child Care Home including when night child care is provided.
- A. One (1) level above or below ground level (for example, a split-level home) of the Family Child Care Home may be used if the vertical travel to that level is five (5) feet or less.
 - B. Child care shall not be provided on the second floor of the Family Child Care Home or on a level that requires climbing up a full flight of stairs or with a vertical travel of more than five (5) feet.

187. The Licensee shall ensure that every room used for child care has at least two exits or means of escape, at least one of which shall be a door or stairway providing unblocked travel to the outside of the Family Child Care Home at street or ground level. A second exit or means of escape may be a window which is easily opened, not more than forty-four (44) inches above the floor, and has an opening twenty (20) inches wide and twenty-four (24) inches high and opens to a total area of at least 5.7 square feet.
188. The Licensee may use the basement level space for children in child care only if there is at least one (1) door that exits directly to the outside at ground level with the vertical travel or stairway to the ground level not more than eight (8) feet and at least one of the following is in the basement of the Family Child Care Home:
 - A. One (1) window which is easily opened, is no more than forty-four (44) inches above the floor and has an opening twenty (20) inches wide and twenty-four (24) inches high and opens to a total of at least 5.7 square feet; or
 - B. Another door exits directly to the outside at ground level.
189. The Licensee shall ensure that each door used as an exit is not less than thirty-two (32) inches wide.
190. The Licensee shall ensure that every door lock in the rooms used by children in child care at the Family Child Care Home is designed to permit the opening of the locked door from the outside and the opening device is available to the Licensee or Substitute.
191. The Licensee shall ensure that every closet door latch in the rooms used by children in child care at the Family Child Care Home is designed so that children can open the door from inside the closet.
192. The Licensee may use a bathroom for the children in child care that is not on the ground level if that is the only bathroom in the house.
193. The Licensee shall ensure that no room or space shall be used for child care which is accessible only by ladder, folding stairs, or through a trap door.
194. For a Family Child Care Home licensed on or before the effective date of these Rules, the Licensee shall at least have a battery operated working smoke alarm which is listed by a nationally recognized testing laboratory and properly installed on the ceiling or six (6) to twelve (12) inches below the ceiling of each level of the Family Child Care Home, or follow the fire safety codes and any on-going procedures as required by the State Fire Marshal or other Fire Marshal having jurisdiction over the area in which the Family Child Care Home is located.
 - A. All enclosed sleeping areas, such as bedrooms, shall at least have properly installed and working battery operated smoke alarms.
 - B. Battery operated smoke alarms shall be tested monthly. The monthly tests shall be documented in a log.
 - C. The batteries shall be replaced at least yearly.
195. For a Family Child Care Home licensed on or after the effective date of these Rules, moving from a Level I Family Child Care Home to a Level II Family Child Care Home, or relocating to a new address, the Licensee shall follow the fire safety codes and any on-going procedures as required by the State Fire Marshal or other Fire Marshal having jurisdiction over the area in which the Family Child Care Home is located.
 - A. Approval by the State Fire Marshal or other Fire Marshal having jurisdiction over

the area in which the Family Child Care Home is located shall be provided to the Office of Child Care Licensing prior to offering child care services.

196. The Licensee shall ensure that operable carbon monoxide warning equipment listed by a nationally recognized testing laboratory is at least on the ground level near any sleeping area used by the children in child care at the Family Child Care Home. The equipment shall be installed in accordance with its listing and the manufacturer's instructions.
 - A. Carbon monoxide warning equipment shall be tested monthly. The monthly tests shall be documented in a log.
 - B. The batteries shall be replaced at least yearly.
197. The Licensee shall not be required to have carbon monoxide warning equipment when the Family Child Care Home has:
 - A. No garage or the garage is separate structure from the Family Child Care Home; and
 - B. No fuel-fired equipment using fuels such as gas, oil, wood, and kerosene, and all equipment is electric such as the heater, hot water heater, oven, range, dryer, and fireplaces.
198. The Licensee shall ensure that an electrical inspection of the Family Child Care Home shall be conducted every three (3) years by an inspection agency as accepted by the Office of Child Care Licensing.
199. The Licensee shall ensure that at a minimum, a charged portable dry chemical fire extinguisher rated 1A 10 BC, is available in the kitchen, stored out of the manufacturer's container from which it was purchased, and is easily accessible. The extinguisher shall be used and maintained in accordance with the manufacturer's instructions.
200. The Licensee shall ensure that all flammable and hazardous materials, including matches and lighters, medicines, drugs, alcohol, cleaning materials, detergents, aerosol cans, plastic bags, firearms, ammunition, and other similar materials and objects are stored safely in areas inaccessible to children.
 - A. Firearms and ammunition, if present in the Family Child Care Home, shall be kept in a locked container or locked closet. Ammunition shall be kept separate from firearms.
201. The Licensee shall ensure that the Family Child Care Home's plumbing shall be kept in good working condition.
202. The Licensee shall ensure that the Family Child Care Home shall have at least one (1) flushing toilet and one (1) sink with hot and cold running water in the same indoor bathroom available for use by children in child care.
203. The Licensee shall ensure that garbage is kept in containers in an area inaccessible to children or securely covered.
 - A. Garbage and rubbish shall be removed daily from rooms used by children in child care.
 - B. Garbage and rubbish shall be removed from the Family Child Care Home premises on a regular basis but not less than once a week.

Kitchen

Also see Food Service and Nutrition Rules #263 - 291

204. The Licensee shall ensure that the kitchen and all food preparation, storage and serving areas and utensils in the Family Child Care Home are kept clean and sanitary.
205. The Licensee shall ensure the kitchen in the Family Child Care Home has at least one (1) sink with hot and cold running water in the kitchen/food preparation area.
206. The Licensee shall ensure the Family Child Care Home has a refrigerator to keep perishable foods cold at forty (40) degrees F. or colder with a working thermometer in the refrigerator.
207. The Licensee shall ensure that a freezer is maintained so that food stored in the freezer stays frozen at zero (0) degrees F or colder) with a working thermometer in the freezer.
208. The Licensee shall ensure all dishes and utensils shall be air dried unless sanitized and dried in a dishwasher.
209. The Licensee shall ensure that all dishes, cups and glasses used by the children in child care are free from chips, cracks or other defects.
210. The Licensee shall ensure that each individual child has his or her own clean utensils – fork, spoon, knife, dish, cup or bottle as appropriate to the age of the child to eat with or be fed with. Such utensils or equipment shall not be shared with another child during feeding.

Indoor Space

211. For the Family Child Care Home licensed before the effective date of these Rules, the Licensee shall ensure that the Family Child Care Home provides each child with adequate space for free movement and active play.
 - A. If the total capacity of the Family Child Care Home is increased, or the indoor space used by children at the Family Child Care Home is increased, the Licensee shall be required to ensure a minimum of twenty-five (25) square feet of indoor space for each child in child care,
212. For the Family Child Care Home licensed on or after the effective date of these Rules, the Licensee shall ensure that the Family Child Care Home has a minimum of twenty-five (25) square feet of indoor space for each child in child care that allows for free movement and active play. Measurements shall be from wall to wall on the inside. Furniture that restricts children's free movement and active play shall be considered a deductible factor when determining square footage.
 - A. Toilet rooms, storage spaces, hallways, furnace rooms and other areas not used by children for sleep or play on a routine basis shall not be counted in computing required square footage.

Outdoor Play Area

213. The Licensee shall provide opportunities for vigorous play and large muscle activity with attention to the diverse needs of the children served and their abilities to participate either on the premises of the Family Child Care Home or within safe walking distance of the Family Child Care Home.

214. The Licensee shall ensure that any outdoor play area is inspected before children begin to play to make sure there are no hazards such as, but not limited to, animal feces, toxic plants, outdoor equipment, lawn mower, cooking grill, or debris, and that any play equipment is safe for use.
- A. Tool sheds, garages, and other outdoor facilities shall not accessible to children in child care and securely latched or locked to prevent children from entering.
 - B. Children shall be in constant view while outdoors and not allowed to go in unobservable areas such as behind shrubbery.
215. The Licensee shall ensure that the outdoor play area of the Family Child Care Home is fenced when hazards are in close proximity to that area. Such hazards include, but are not limited to, high traffic roads, water in streams, rivers, ponds, lakes, pools, railroads, steep embankments or drop-offs, and high voltage wires or poles/towers.
- A. Fencing shall be sturdy, safe and reinforced at intervals so as to give support, constructed to discourage climbing and to allow observation of children.
 - B. Fencing shall be a minimum of four (4) feet in height with openings no larger than three and one-half (3 ½) inches.
 - C. Gates shall be equipped with self-closing and positive self-latching closure mechanisms. The latch or securing device shall be high enough or such that small children cannot open it.
 - D. Fenced areas shall have at least two (2) exits, with at least one (1) being remote from the building.
216. For a Family Child Care Home licensed before the effective date of these Rules, the existing fencing of the Family Child Care Home shall be acceptable as long as it is safe, free from hazards and in good repair. When the fencing is replaced, the Licensee shall ensure the new fencing fully complies with Rule #215.
217. The Licensee shall ensure that all outdoor play equipment is sturdy, safe, clean and free from rough edges, sharp corners, pinch and crush points, splinters and exposed bolts.
218. The Licensee shall ensure that large outdoor play equipment is anchored firmly and not located on concrete or asphalt surfaces.
219. The Licensee shall ensure that all surfaces of the outdoor play area are made up of materials that do not present a safety or choking hazard, are free of unsafe contaminants such as steel wires and any unhealthy residue from deterioration of the materials used.
220. The Licensee shall ensure that if using gravel or stone-like surfacing, only pea gravel shall be acceptable as cover for the outdoor play area.
221. For a Family Child Care Home licensed before the effective date of these Rules, the existing gravel or stone-like surfacing shall be acceptable. The Licensee shall ensure that when replacing gravel or stone-like surfacing, only pea gravel shall be acceptable as per Rule #22
222. The Licensee shall ensure that outdoor sandboxes or play areas containing sand shall be maintained in a safe and sanitary manner. Separate outdoor sandboxes shall be covered when not in use.

Riding Toys

223. A Licensee shall ensure that bicycles, tricycles, scooters, and other riding toys are the size appropriate for a child, in good condition and free of sharp edges or protrusions that may injure a child.
224. A Licensee shall prohibit the use of motorized riding toys by children at the Family Child Care Home during the hours of operation.
225. The Licensee shall ensure that all children wear approved safety helmets while riding outside on bicycles and tricycles that have foot pedals.
- A. Children shall not share helmets unless helmets are made with a nonporous interior lining and easily cleanable straps. All interior and exterior surfaces of the helmet shall be wiped clean between users.
 - B. Helmets shall be removed before allowing children to use playground equipment unless a helmet has been medically prescribed by a health care provider for the safety of a particular child.

Swimming

226. The Licensee shall ensure that all children shall be under direct observation and supervision at all times while children are wading or swimming. During any swimming activity involving infants and/or toddlers, the children shall be within arm's length of the Licensee.
- A. Permanent or built-in type swimming pools and wading pools that are left filled when not in use shall be inaccessible to children when not being used by the children.
 - B. The water in swimming pools used by children in child care shall be treated, cleaned and maintained in accordance with health practices and regulations as determined by the Division of Public Health.
 - C. The pool structure and associated equipment shall be maintained in a safe manner and be free of hazards.
 - D. Small portable wading pools shall be thoroughly cleaned and disinfected after each use.

Pets

227. The Licensee shall ensure that any animals or household pets at the Family Child Care Home are vaccinated as prescribed by law.
- A. Animals shall be cared for in a safe and sanitary manner.
 - B. Animals shall only be handled by children under close supervision of the Licensee, Substitute, or adult household member responsible for that pet.
 - C. Animals such as ferrets, turtles, iguanas, lizards or other reptiles, psittacine birds (birds of the parrot family), or any other animals that are known to be carriers of illnesses or are sick with a disease(s) that can be spread to humans shall not be kept in rooms used by children in the Family Child Care Home.
 - D. Litter boxes or any container or materials used for collecting or containing animal feces or urine shall not be kept in rooms used by children in the Family Child Care Home.
 - E. Parent(s)/guardian(s) shall be informed of the presence of any animals or household pets regardless of the location within the Family Child Care Home.

Smoking Prohibited

228. The Licensee shall ensure that smoking is prohibited during the hours of operation of the Family Child Care Home when children attending the Family Child Care Home are present anywhere inside the Family Child Care Home, in the outdoor play area, while transporting children, and in the presence of children when off premises of the Family Child Care Home.

Emergency Planning

229. The Licensee shall have a written emergency plan describing procedures for both natural and man-made disasters for such situations as a fire, flood, earthquake, extreme weather conditions, power failure or utility disruptions, chemical or toxic spills, bomb threat or terrorist attack.
- A. The emergency plan shall include procedures for training household member(s) and the Substitute, when applicable, about specific responsibilities during a disaster, accounting for all children, relocation process (if appropriate) and contacting appropriate emergency response agencies and parent(s)/guardian(s).
230. The Licensee shall have a posted written plan or diagram showing how the Family Child Care Home will be evacuated during an emergency.
- A. Monthly evacuation drills shall be practiced from all exit locations at varied times during the hours of operation of the Family Child Care Home and during varied activities including nap time. Each drill shall be documented and include information on the date and time of day of the drill, who participated, the number of children who participated, and the total amount of time necessary to evacuate the Family Child Care Home.
231. The Licensee shall develop a written plan for procedures to shelter-in-place (staying indoors) at the Family Child Care Home for up to seventy-two (72) hours/three (3) days due to a natural or man-made disaster.
- A. This plan shall include a list of emergency supplies for the child care of children and others present including procedures for feeding children and others present during the extended stay at the Family Child Care Home.

HEALTH

Child Health

232. The Licensee shall ensure that each child is observed upon arrival and checked for common signs of communicable diseases, physical injury or other evidence of ill health.
233. The Licensee shall have a written plan for the routine and emergency health care of children including procedures to be followed in case of illness and plans for accessing emergency services. The Substitute shall receive a copy of this plan and be trained in its implementation. Parent(s)/guardian(s) shall be given a copy of this plan at the time of enrollment. The plan shall include:
- A. Procedures to be followed in case of illness or emergency, including methods of transportation and notification of parent(s)/guardian(s);
- B. Procedures to be followed in case of illness or emergency, when parent(s)/guardian(s) cannot be reached;
- C. Policies regarding administration of medication; and
- D. Plans for the management of communicable disease including the following:

- i. The list of symptoms of illness for which a child will be excluded from the Family Child Care Home or sent to his or her own home if symptoms occur after the child has been admitted for the day as specified in Rule #234;
 - ii. The list of reportable communicable diseases for which a child will not be admitted to the Family Child Care Home without a written statement from a health care provider as specified in Rule #236; and
 - iii. A written notice to the parent(s)/guardian(s) whenever an outbreak or exposure to a reportable communicable disease is known to have occurred.
234. The Licensee shall not permit a child who has symptoms of illness specified below to be admitted or remain in the Family Child Care Home unless written documentation from a health care provider, or verbal approval with written follow-up, states the child has been diagnosed and the illness poses no serious health risk to the child or to other children. The symptoms of illness for exclusion shall include, but not be limited to the following:
- A. Temperature: infants four (4) months old and younger, equivalent to 100 degrees or greater even if there has not been a change in behavior;
 - B. Temperature: children older than four (4) months, equivalent to 101 degrees or greater; accompanied by behavior changes or other signs or symptoms of illness- until medical evaluation indicates inclusion in the Family Child Care Home;
 - i. Temperatures may be taken by way of axillary (armpit) using a glass or digital thermometer, using a temperature scanner, or if the child is four (4) years of age or older, orally (by mouth) using a glass or digital thermometer. Rectal or aural (ear) temperatures shall be taken only by a health care provider.
 - C. Symptoms and signs of possible severe illness such as lethargy (unusual tiredness, not responsive), uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing, or other unusual signs)- until medical evaluation allows inclusion;
 - D. Uncontrolled diarrhea, that is, increased number of stools (bowel movements), increased stool water, and/or decreased form that is not contained by the diaper- until diarrhea stops;
 - E. Blood in stools not explainable by dietary changes, medication, or hard stools;
 - F. Vomiting illness (two (2) or more episodes of vomiting in the previous twenty-four (24) hours) until vomiting resolves or until a health care provider determines the illness to be non-communicable, and the child is not in danger of dehydration;
 - G. Persistent abdominal pain (continues more than two (2) hours) or intermittent pain associated with fever or other signs or symptoms;
 - H. Mouth sores with drooling, unless a health care provider determines the condition is noninfectious;
 - I. Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease;
 - J. Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until twenty-four (24) hours after treatment has been initiated;
 - K. Scabies, Head Lice or other infestation, until twenty-four (24) hours after treatment has been initiated;
 - L. Tuberculosis, until a health care provider states that the child is on appropriate therapy and can attend child care;
 - M. Impetigo, until twenty-four (24) hours after treatment has been initiated;
 - N. Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever;

- O. Varicella-Zoster (chicken pox), until all sores have dried and crusted (usually six (6) days);
 - P. Shingles, only if sores cannot be covered by clothing or a dressing; if not exclude until sores have crusted and are dry;
 - Q. Pertussis, until five (5) days of antibiotic treatment;
 - R. Mumps, until nine (9) days after onset of parotid gland swelling;
 - S. Hepatitis A virus, until one (1) week after onset of illness, jaundice or as directed by the health care provider when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff;
 - T. Measles, until five (5) days after onset of rash;
 - U. Rubella, until six (6) days after onset of rash;
 - V. Herpetic gingivostomatitis (cold sores), if the child is too young to have control of oral secretions; or
 - W. Unspecified illness if it limits the child's comfortable participation in activities or if it results in a need for greater child care than can be provided without compromising the health and safety of other children.
235. The Licensee may allow a child to return to the Family Child Care Home when the symptoms are no longer present or a health care provider indicates the child does not pose a serious health risk to the child or to other children.
236. The Licensee shall not permit a child with a reportable communicable disease, as specified by the Division of Public Health to be admitted to or remain at the Family Child Care Home unless:
- A. Written documentation from the child's health care provider states the child has been evaluated and presents no risk to the children or to others; or
 - B. The Licensee has reported the illness to the Division of Public Health and been advised that the child presents no health risk to others.
 - i. If there is a conflict in opinions of the health care provider and the Division of Public Health regarding the exclusion of a child, the Licensee shall follow the instructions of the Division of Public Health.
237. The Licensee shall report any reportable communicable disease to the Division of Public Health in accordance with Division of Public Health procedures. For current information on reportable communicable disease, the Licensee shall contact the Division of Public Health or refer to their website – <http://www.dhss.delaware.gov/dhss/dph/dpc/rptdisease.html>
238. The Licensee shall ensure that when a child has been diagnosed as having a reportable vaccine-preventable communicable disease, all children who have not been immunized against the disease are excluded from the Family Child Care Home in accordance with Division of Public Health procedures.
239. The Licensee shall ensure that if a child who has already been admitted to the Family Child Care Home manifests any of the illnesses or symptoms specified in Rules #234 and 236, the Licensee shall ensure that the child's individual needs for rest, comfort, food, drink and appropriate activity are met until the child can be picked up by the parent/guardian.

Standard Precautions

240. The Licensee shall ensure the use of standard precautions for protection from disease and infection. Spills of body fluids (i.e., urine, feces, blood, saliva, nasal discharge, eye discharge, and injury or tissue discharges) shall be cleaned up immediately, as follows:
- A. For spills of vomit, urine, and feces on any surface including the floors, walls, bathrooms, table tops, toys, kitchen counter-tops, diaper-changing tables, toilet training chairs, the area shall be cleaned with liquid soap and water and disinfected.
 - B. For spills of blood or blood-containing body fluids and injury and tissue discharges, the area shall be cleaned with liquid soap and water and disinfected. Non-porous gloves shall be used in these situations.
 - C. For cleaning contaminated surfaces, avoid exposure of open skin sores or mucous membranes to blood or blood-containing body fluids and injury or tissue discharges by using non-porous gloves to protect hands when cleaning contaminated surfaces.
 - D. Blood-contaminated material and diapers shall be disposed of in a plastic bag with a secure tie.
 - E. Mops shall be cleaned, rinsed, disinfected, wrung dry and hung to dry.

First Aid

241. The Licensee shall ensure that a first aid kit is readily accessible, but not to children, in the Family Child Care Home. The first aid kit shall at least contain the following:
- A. Disposable nonporous gloves;
 - B. Scissors;
 - C. Tweezers;
 - D. A non-glass thermometer to measure a child's temperature;
 - E. Bandage tape;
 - F. Sterile gauze pads;
 - G. Flexible roller gauze;
 - H. Triangular bandages;
 - I. Safety pins;
 - J. Pen/pencil and note pad;
 - K. Instant cold pack;
 - L. Current American Academy of Pediatrics (AAP) standard first aid chart or equivalent first aid guide;
 - M. Non-medicated adhesive strip bandages; and
 - N. Plastic bags for cloths, gauze, and other materials used in handling blood.
242. The Licensee shall ensure that a first aid kit is taken along when children are being transported off premises of the Family Child Care Home and contains the following materials in addition to those cited in Rule #241:
- A. Water;
 - B. Liquid soap;
 - C. Any regular and emergency medications needed for a child; and
 - D. List of emergency phone numbers, and parent(s)/guardian(s) phone numbers, and the Poison Control Center phone number.

Child Accident and Injury

243. The Licensee shall ensure that when an accident or injury occurs to a child during the hours of child care, emergency action is taken to protect the child from further harm and the child's parent(s)/guardian(s) are notified.
- A. The Licensee shall maintain an injury report for each incident in the child's file and report to the Office of Child Care Licensing an accident or injury which results in death or inpatient or outpatient treatment as required in Rules #89 & 90B. An injury report shall include name of child, date, description of injury, how it occurred, first aid or medical care required, and parent(s)/guardian(s)' signature.
 - B. Whenever an injury report is necessary, the Licensee shall notify the child's parent(s)/guardian(s) of each incident. The Licensee shall maintain a record of when the parent(s)/guardian(s) were notified or of attempts to notify the parent(s)/guardian(s).

Administration of Medication

244. The Licensee shall only administer medication if trained and authorized in accordance with State law to administer medication to children.
245. The Licensee shall ensure that medication is not administered to a child unless the Licensee has received written permission from the child's parent(s)/guardian(s) for each medication to be administered.
246. The Licensee shall ensure that the parent(s)/guardian(s) of a child provide the following information for each medication given and a record (medication log) is kept that includes:
- A. The name of the child;
 - B. The child's date of birth;
 - C. Parent(s)/guardian(s) name(s), signature and date signed;
 - D. Child's known medication allergies;
 - E. Health care provider's name and phone number;
 - F. Pharmacy and phone number;
 - G. Name of medication;
 - H. Name of person administering medication with initials when having administered medication;
 - I. Dosage (amount given);
 - J. Frequency of dosage (how often given)
 - K. Schedule (time dosage is to be administered);
 - L. Route of administration (oral; eye, nose or throat drops; topical);
 - M. Expiration date of medication;
 - N. Start date of administering medication;
 - O. End date when stopping administration of medication;
 - P. Reason for medication;
 - Q. Any special directions; and
 - R. Written notes are recorded for that child and the parent(s)/guardian(s) are advised of the occurrence (specific timing) of any health problems, such as diarrhea, vomiting, continuous hunger, refusal to eat, nosebleeds, skin rash or high temperature.
247. The Licensee shall ensure that all prescription medication is in its original container, properly labeled, has not expired, and is authorized by the child's health care provider.
- A. Medication shall only be given to the child whose name appears on the prescription.

248. The Licensee shall ensure that all non-prescription medication is in its original container, properly labeled with directions for its administration, has not expired, and is labeled with the child's name.
- A. Any deviations from the label instructions shall be in writing from the child's health care provider.
249. The Licensee shall not allow the administration of prescription or non-prescription medication that has expired and will immediately contact the parent(s)/guardian(s) of a child whose medication has expired to inform that parent(s)/guardian(s) of the situation and return the expired medication to the parent(s)/guardian(s).
250. The Licensee shall ensure that all medication in the Family Child Care Home is stored so as to be secure and inaccessible to children.
- A. Medication requiring refrigeration shall be kept in closed containers separate from food.
251. The Licensee shall ensure that unused medication is returned to the parent(s)/guardian(s) when no longer needed by the child.

Diapering and Toileting

252. The Licensee shall ensure that diapers, training pants and other clothing of children are changed when wet or soiled.
- A. The Licensee shall have an established procedure for checking diapers and training pants.
- B. The Licensee shall ensure that a supply of clean diapers, training pants and extra clothing are available for each child either by providing them directly or requiring the parent(s)/guardian(s) to provide.
- C. The Licensee shall place soiled clothing in a sealed plastic container or bag and labeled with the child's name and returned to the child's parent(s)/guardian(s) at the end of the day.
253. The Licensee shall ensure the diaper-changing and toilet-training areas are:
- A. Separate from the kitchen, food preparation and food serving areas; and
- B. Have non-absorbent, non-porous, wipeable and washable surfaces, even after use of protective paper covering.
254. The Licensee shall locate toilet training chairs (potties) in an area that ensures children's privacy but allows for their supervision.
255. The Licensee shall have an established procedure for changing diapers or training pants to include at least the following steps that require:
- A. Changing diapers or training pants only in the diaper changing or toilet training area;
- B. Cleaning each child with an individual disposable sanitary wipe or single service washcloth;
- C. Disposing of a diaper or training pants in accordance with Rule #256;
- D. Washing the hands of the child and the person who changed the diaper or toilet training pants (regardless of glove usage) with soap and water immediately after each diaper change; and

- E. Cleaning and disinfecting the diaper changing or toilet training area with a disinfectant solution after each use.
256. The Licensee shall ensure that:
- A. Non-disposable soiled diapers and training pants are not rinsed and placed into a separate leak-proof plastic container or bag, labeled with the child's name, before transporting to a laundry or returning to the child's parent;
 - B. Soiled disposable diapers are placed into a cleanable, foot-activated, and covered container that is used exclusively for diapers and lined with a leak-proof or impervious liner;
 - C. Diaper containers that require a hand to push the used diaper through a narrow opening or have exterior surfaces that must be touched with a hand or the used diaper itself shall be prohibited;
 - D. The diaper container shall be disinfected daily; and
 - E. All soiled diapers are removed from the Family Child Care Home daily or more often unless the Licensee uses a commercial diaper service.

Sanitation

257. The Licensee shall ensure that a disinfectant solution is used and is either a self-made solution consisting of one-fourth (1/4) cup of household bleach to each gallon of water, which shall be prepared daily, labeled, placed in a bottle that is sealed with a cap and stored out of the reach of children, or a commercially prepared disinfectant which indicates it kills bacteria, viruses and parasites and is used in accordance with label instructions.
258. The Licensee shall ensure that the following equipment, items and surfaces are washed and disinfected after each use:
- A. Toilet training (potty) chairs which have first been emptied into a toilet;
 - B. Sinks and faucets used for handwashing after the sink is used for rinsing a toilet training chair;
 - C. Diaper-changing surfaces;
 - D. Food preparation and eating surfaces such as counters, tables and high chair trays;
 - E. Toys mouthed by children;
 - F. Mops used for cleaning;
 - G. Bibs; and
 - F. Thermometers.
259. The Licensee shall ensure the following equipment, items, and surfaces are washed and disinfected at least daily:
- A. Toilets and toilet seats;
 - B. Sinks and faucets;
 - C. Diaper pails and lids;
 - D. Water tables and water play equipment;
 - E. Play tables;
 - F. Mats that are not stored separately; and
 - G. Smooth surfaced non-porous floors.

260. The Licensee shall take measures to reduce the spread of germs and disease among children in the Family Child Care Home by:
- A. Using only washable toys with diapered child(ren); and
 - B. Washing pacifiers and other items placed in the mouth if dropped to the floor or ground.
261. The Licensee shall ensure that soap, single service towels, and toilet paper shall be available at all times.
262. The Licensee shall ensure that during the hours in which child care is provided any person in direct contact with children at the Family Child Care Home and all children in child care shall wash their hands regardless of glove usage with soap and running water and use single service towels for drying hands at least at the following times:
- A. Before and after eating or handling any food or participating in a food activity;
 - B. Before and after giving medications;
 - C. Before and after caring for a child who may be sick;
 - D. Before and after using a water-play table with other children;
 - E. After toileting or diapering each child;
 - F. After coming into contact with blood, fecal matter, urine, vomit, nasal secretions or other body secretions;
 - G. After handling animals or their equipment or after coming into contact with an animal's body secretions;
 - H. After playing in a sandbox;
 - I. After outdoor play;
 - J. After cleaning; and
 - K. After taking out the garbage.

Food Service and Nutrition

Also see Kitchen Rules #204-210

263. The Licensee shall have a written policy concerning food service provided to parent(s)/guardian(s) that includes the following:
- A. A description of all food services provided;
 - B. Times of snacks and meals;
 - C. Procedures related to food allergies, religious dietary requirements and other special needs;
 - D. If applicable, nutritional information and guidelines concerning content of meals, snacks, or foods for special occasions when provided by parent(s)/guardian(s);
 - E. If applicable, procedures to prevent spoilage of food provided by parent(s)/guardian(s);
 - F. If applicable, a procedure to be followed by the Licensee if food provided by the parent(s)/guardian(s) for the child fails to meet nutritional requirements as specified in Rules # 278-280.
264. The Licensee shall ensure that menus are planned in advance, dated and posted in the kitchen for review by parent(s)/guardian(s). Menus noting actual food served shall be retained for thirty (30) days. Any changes made in actual food served on a particular date shall be documented on the menu on or before that date.
265. The Licensee shall ensure that a supply of food and water shall be kept in stock for emergency situations that require an extended stay such as sheltering-in-place as per Rule #231 at the Family Child Care Home or in case of a power outage. Non-perishable foods, bottled water and any equipment necessary to serve or prepare foods without the use of

electricity shall be included in the supply.

266. The Licensee shall ensure that meals and snacks meeting nutritional requirements as specified in the **Appendix, United States Department of Agriculture (USDA)/Child and Adult Care Food Program (CACFP) Meal Pattern Requirements and Policies for Infants and Children** and are provided at the appropriate time in accordance with the following schedule which indicates the number of hours the child is present at the Family Child Care Home:
- | | | |
|----|--------------------|---|
| A. | 2 hours – 4 hours | 1 snack; |
| B. | 4 hours – 6 hours | 1 meal and 1 snack; |
| C. | 7 hours – 11 hours | 2 meals and 1 snack, or 2 snacks and 1 meal based on time of child's arrival; |
| D. | 12 hours or more | 3 meals and 2 snacks. |
267. The Licensee shall ensure that meals and snacks meeting nutritional requirements as specified in the **Appendix, USDA/CACFP Meal Pattern Requirements and Policies for Infants and Children** are provided and adjusted in accordance to the age of the infant and child.
- A. The Licensee shall have supplemental foods from all basic food groups to serve children if meals or snacks provided by parent(s)/guardian(s) fail to meet nutritional requirements as specified in Rules #278-280.
268. The Licensee shall provide age-appropriate food based on the basic food groups as follows:
- A. Milk: fluid pasteurized cow's milk as age-appropriate;
- B. Proteins: meat, fish, poultry, eggs, yogurt, cheese, peanut butter, dried beans, peas, and nuts;
- C. Fruits and vegetables: include a variety of fresh vegetables and fruits; and
- D. Grains: whole grains and enriched products such as breads, cereals, pastas, crackers and rice.
269. The Licensee shall ensure that all food served to children in the Family Child Care Home is clean, wholesome, flavorful, attractive in appearance, at the appropriate temperature, preserved for nutritional value, free from spoilage and adulteration, correctly labeled, safe for human consumption, and not subject to recall.
270. The Licensee shall ensure that when fruit juice is served, 100% - unsweetened juice is used, and not a fruit drink or fruit cocktail.
271. The Licensee shall ensure that children are encouraged but not forced to eat.
272. The Licensee shall introduce, as appropriate to the age of the child, a variety of food textures, finger foods, and a cup in the training of self-feeding and nutrition education.
273. The Licensee shall ensure that powdered milk is not used as a substitute for fluid milk for drinking purposes but may be used in cooking.
274. The Licensee shall ensure that special, therapeutic diets are served only upon written instruction for a child from the child's health care provider.
275. The Licensee shall ensure that if the parent(s)/guardian(s) of a child requests any modification of basic meal patterns (see **Appendix, USDA/CACFP Meal Pattern Requirements and Policies for Infants and Children**) due to a child's medical need(s)

such as food allergies or food intolerance, the parent(s)/guardian(s) provide the Licensee with written documentation from the child's health care provider permitting the modification.

276. The Licensee shall ensure that if the parent(s)/guardian(s) of a child requests any modification of basic meal patterns (see **Appendix, USDA/CACFP Meal Pattern Requirements and Policies for Infants and Children**) due to a family's food preferences or religious beliefs, the parent(s)/guardian(s) provide the Licensee with written documentation specifying which foods are unacceptable and the food substitution allowed within the same food group.
277. The Licensee shall ensure that every effort will be made to accommodate the needs of the child who is being breast-fed, including allowing the mother to breastfeed her child at a designated place at the Family Child Care Home.

Toddlers and Older Children

278. The Licensee shall ensure that a breakfast served has at least one (1) item each from the milk (A), fruits and vegetables (C) and grain (D) food groups as described in Rule #268.
279. The Licensee shall ensure that a lunch or dinner served has one (1) item from each of the milk (A), protein (B) and grain (D) food groups and two (2) items from the fruit and vegetable (C) food groups as described in Rule #268.
280. The Licensee shall ensure that a snack served has at least one (1) item from two (2) of the food groups as described in Rule #268.
- A. The Licensee shall, at a minimum, provide a snack(s) meeting nutritional requirements, even if parent(s)/guardian(s) provide meals.
 - B. If milk or fruit/vegetable juice is not included with a snack, water shall also be served with that snack.
281. The Licensee shall ensure that the use of a bottle is discouraged for children after one (1) year of age, and instead, the use of a cup is taught and encouraged.

Infants

282. The Licensee shall provide meals and/or snacks for infants according to the following Rules except as noted following the procedures of Rules #275-276.
283. The Licensee shall ensure that a written statement specifying food including specific formula or breast milk, and a feeding schedule shall be obtained from the parent(s)/guardian(s) for each infant as needed.
284. The Licensee shall ensure that a daily written record of each infant's nutritional intake is maintained and provided to the parent(s)/guardian(s) upon request. Any feeding problems experienced by an infant shall be discussed with his/her parent(s)/guardian(s) before the infant's daily departure from the Family Child Care Home.
285. The Licensee shall ensure that an infant is:
- A. Fed on demand or during a span of time consistent with the infant's eating habits;
 - B. Held for all bottle-feeding;
 - C. Not placed in his or her crib with a bottle for feeding;
 - D. Not fed from a propped bottle; and
 - E. Not feed semi-solid foods from a bottle.

286. The Licensee shall ensure that when preparing and/or providing bottles of formula:
- A. Bottles and nipples maintained by the Licensee shall be washed and sanitized before use;
 - B. Unprepared formula brought to the Family Child Care Home by parent(s)/guardian(s) or provided by the Licensee shall come from an unopened, factory-sealed container;
 - C. Each infant's bottle of formula shall be individually labeled with the infant's name and refrigerated immediately upon arrival if prepared by parent(s)/guardian(s) or after preparation by the Licensee;
 - D. Bottles of formula shall be warmed under running warm tap water or by placing them in a container of water that is no warmer than 120 degrees F and not be left in warm water for more than five (5) minutes;
 - E. Bottles of formula shall not be warmed or thawed in a microwave oven;
 - F. Mixing formula with cereal, fruit juice or any other foods in a bottle shall be considered a modification of a basic meal pattern and require written documentation from an infant's health care provider permitting the modification;
 - G. Unused portions of formula in a bottle fed to an infant shall be discarded after each feeding that exceeds a period of one (1) hour from beginning of feeding; and
 - H. Unused bottles of formula shall be dated as to when prepared if not returned to the parent(s)/guardian(s) at the end of each day; and
 - I. Refrigerated, unused, prepared formula shall be discarded after forty-eight (48) hours.
287. The Licensee shall ensure the following when expressed breast milk from a mother is brought into the Family Child Care Home for her own infant:
- A. Breast milk shall be fed only to that mother's own infant;
 - B. Frozen breast milk shall be thawed under running cold water or in the refrigerator;
 - C. Bottles of breast milk shall not be warmed or thawed in a microwave oven;
 - D. Bottles of breast milk shall be warmed under running warm tap water or by placing them in a container of water that is no warmer than 120 degrees F and not be left in warm water for more than five (5) minutes;
 - E. Unused portions of breast milk shall be discarded after each feeding that exceeds a period of one (1) hour from beginning of feeding;
 - F. Expressed breast milk shall be discarded if it is in an unsanitary bottle or has been un-refrigerated for more than one (1) hour;
 - G. Refrigerated, unused, expressed breast milk that was never frozen shall be discarded after forty-eight (48) hours, or by three (3) months if frozen and stored in a deep freezer at zero (0) degrees F; and
 - H. Unused, frozen breast milk that has been thawed in the refrigerator shall be used within twenty-four (24) hours.
288. The Licensee shall ensure that cow's milk is not served to infants.
289. The Licensee shall ensure that when feeding food to infants:
- A. An infant too young or medically unable to use a feeding chair or other age-appropriate seating apparatus shall be held when fed food;
 - B. The introduction to all new foods shall be made only with the parent(s)/guardian(s)' permission.
 - C. New foods shall be introduced one at a time on a gradual basis with the intent of ensuring health and nutritional well being;
 - D. Semi-solid foods may be introduced to infants four (4) to seven (7) months of age as requested by parent(s)/guardian(s) and shall be required once an infant is eight (8) months of age;

- E. Infant foods shall be warmed by placing them in a container of water that is no warmer than 120 degrees F and not be left in warm water for more than five (5) minutes;
 - F. Infant foods shall not be warmed or thawed in a microwave oven;
 - G. Foods for infants shall be of a texture and consistency that promotes safe and optimal consumption; and
 - H. Baby food for each infant shall be served from a dish unless the entire contents of the jar will be served.
290. The Licensee shall encourage the use of a cup when an infant is developmentally capable of drinking from or holding a cup.
291. The Licensee shall ensure that infants are not offered juices until they are able to drink from a cup in order to develop behaviors that may prevent baby bottle tooth decay.

PROGRAM FOR CHILDREN

Activities and Interactions

292. The Licensee shall provide developmentally appropriate activities designed to promote children's development and school-readiness.
293. The Licensee shall ensure that activities and materials reflect children's cultures, and communities, including both familiar and new materials, pictures, and experiences.
294. The Licensee shall ensure that adaptations and accommodations be made in activities and materials as needed to support the positive development of all children including those with disabilities.
295. The Licensee shall develop and follow a daily routine or schedule that is posted for easy reference by parent(s)/guardian(s).
296. The Licensee shall ensure that the daily routine or schedule includes opportunities for all of the following:
- A. Indoor and outdoor time periods;
 - B. Active and quiet activities;
 - C. Individual and group activities that can be done independently and/or with assistance;
 - D. Free choice activities;
 - E. Rest or sleep; and
 - F. Meals and snacks.
297. The Licensee shall ensure that each child, according to his or her ability, is provided the opportunity for a minimum of twenty (20) minutes of moderate to vigorous physical activity indoors and outdoors, for every three (3) hours the child is in attendance between the hours of 7:00AM to 7:00PM.
298. The Licensee shall ensure that children have periods of outside play each day weather conditions permitting (see Rule #175).
299. The Licensee shall ensure that in the case of prolonged periods of inclement or extreme (hot or cold) weather conditions, alternative indoor space for active physical play is provided for the children.

300. The Licensee or Substitute shall give each child individual attention and physical comfort.
301. The Licensee shall interact with **infants** providing the following opportunities throughout the day:
- A. Offering frequent face to face interactions when they are awake;
 - B. Being held and carried;
 - C. Limiting time spent, while awake, in any confining equipment such as a crib, infant seat, swing, high chair or play pen to less than one-half (1/2) hour immediately after which opportunities for freedom of movement are given in a sanitary area protected from foot traffic;
 - D. Talking with infants during play, feeding and routine child care;
 - E. Reading to and looking at books with infants while holding or sitting close to them;
 - F. Providing varied materials, sights, sounds and other experiences for infants to explore with their senses;
 - G. Responding to infants' actions, sounds and beginning language;
 - H. Giving names to objects and experiences in the infants' environment;
 - I. Providing space and equipment to support infants' developing physical skills such as rolling over, sitting, scooting, crawling and standing; and
 - J. Providing materials and encouragement for infants' beginning pretend play alone, with other children and adults.
302. The Licensee shall interact with **toddlers** at their eye level, and whenever appropriate, sitting on the floor with toddlers, providing the following opportunities throughout the day:
- A. Offering frequent face to face interactions with the toddlers;
 - B. Having conversations with toddlers during play, feeding, and routine child care;
 - C. Reading to and looking at books with toddlers individually and in small groups;
 - D. Encouraging children to play with one another with adult help;
 - E. Providing materials and encouragement for pretend play alone and with other children and adults;
 - F. Providing varied materials, sights, sounds, and other experiences for toddlers to explore with all their senses;
 - G. Providing opportunities for children to walk, run, climb, stack, balance, scribble, draw, and develop fine and large motor skills;
 - H. Responding to toddlers' words and actions with interest and encouragement;
 - I. Giving names to objects and experiences in the toddlers' environment; and
 - J. Supporting toddlers' development of independence and mastery of feeding, dressing, and other skills.
303. The Licensee shall interact with **preschool-age** and older children at their eye level, and whenever appropriate, sitting on the floor with the children, providing the following opportunities throughout the day:
- A. Offering frequent face to face interactions with children;
 - B. Having conversations with children during play, meals and routine child care;
 - C. Reading to and looking at books with children individually and in groups;
 - D. Using rhymes, songs, and other ways to help children connect sounds and letters and develop other literacy skills;
 - E. Helping children develop mathematical and scientific concepts through play, projects, and investigations of the Family Child Care Home's environment;
 - F. Supporting the development of social competence through play and cooperative work with other children;
 - G. Providing materials and encouragement for more extended and complex pretend play alone and with other children and staff;
 - H. Providing varied materials, sights, sounds, and other experiences for children to

- investigate and talk about;
 - I. Providing opportunities for children to walk, run, climb, stack, balance, scribble, draw, write, and refine fine and large motor skills;
 - J. Responding to children's words and actions with interest and encouragement;
 - K. Giving names to objects and experiences in the children's environment; and
 - L. Supporting children's development of independence and mastery of skills.
304. The Licensee shall interact with **school-age children** and also provide the following daily opportunities when school-age children are in attendance during out of school time:
- A. Active physical play time and/or outdoor activities. If weather conditions do not permit outdoor play, children shall be given opportunities for active physical play indoors.
 - B. The time for socialization, conversation, relaxation, and quiet activities such as board or card games, reading, homework and studying.
 - C. Responsibility consistent with their ages for choosing, planning, carrying out and evaluating their own activities.
305. The Licensee shall ensure that television, digital video display (DVD) and video cassette viewing is:
- A. Not permitted without the written approval of each child's parent(s)/guardian(s);
 - B. Limited to programs which are age-appropriate, fun, and educational; and
 - C. Limited to one (1) hour daily per child or group of children.
 - i. Viewing time periods may be extended for specific special events or occasions such as a current event, holiday or birthday celebration. Written documentation shall justify the reason(s) for extending the time period.
306. The Licensee shall ensure that the use of the computer shall be as follows:
- A. Prohibited for children under twenty-four (24) months of age;
 - B. Not permitted without the written approval of each child's parent(s)/guardian(s);
 - C. Limited to programs, games and websites which are age-appropriate and educational;
 - D. Protected from exposure to inappropriate websites such as those that are sexually explicit, violent, or use inappropriate language;
 - E. Supervised by an adult; and
 - F. Limited to one (1) hour daily per child or group of children.
 - i. Usage time periods may be extended for special projects such as homework, researching topics, or special events or interests of a child or group of children. Written documentation shall justify the reason(s) for extending the usage period.

Equipment

307. The Licensee shall provide developmentally appropriate equipment and materials for a variety of indoor and outdoor activities. Materials and equipment shall promote a variety of experiences that support all children's social, emotional, language/literacy, intellectual, and physical development.
308. The Licensee shall ensure that materials and equipment are available in a quantity to allow all children to benefit from their use and to allow a range of choices with, at least, duplicates of the most popular materials.

309. The Licensee shall ensure that toys, play equipment and other equipment used by the children are of sturdy and safe construction and free from hazards such as causing entrapment, and having rough edges, sharp corners, pinch and crush points, splinters, exposed bolts, small loose pieces and are free from recall.
- A. For information on the recall of children's toys and equipment, please refer to the U.S. Consumer Product Safety Commission website at www.cpsc.gov
310. The Licensee shall provide infant seats with trays for table play and mealtime for children no longer being held for feeding.
311. The Licensee shall ensure that high chairs or feeding tables with attached seats, if used, have a wide base and a T-shaped safety strap(s).
312. The Licensee shall prohibit the use of walkers unless medically prescribed by a health care provider for the safety and mobility of a particular child.
313. The Licensee shall prohibit toys that explode or fire projectiles.
314. The Licensee shall ensure that infants and toddlers do not have access to plastic bags, styrofoam objects or toys, and objects with a diameter of less than one (1) inch.

Positive Behavior Management

315. The Licensee shall have a written statement in plain language regarding the positive behavior management of children. The statement on positive behavior management shall be provided to parent(s)/guardian(s) and Substitutes.
316. The Licensee shall ensure the use of positive developmentally age-appropriate methods of behavior management of children which encourage self-control, self-direction, positive self-esteem, social responsibility and cooperation.
- A. Prevention of behavioral problems shall be emphasized. Prevention strategies shall include providing appropriate, educationally valuable materials and activities in an organized, stimulating environment, and setting realistic expectations for young children when planning the routine or schedule.
- B. The Licensee shall praise and encourage children for positive behavior and redirect or guide inappropriate behavior into more positive actions, rather than relying on punishment.
- C. Responses to a child's behavior shall be appropriate to the child's level of development and understanding.
- D. "Time-outs" if used, shall be employed as a supplement to, not a substitute for, other developmentally appropriate, positive methods of behavior management. "Time-out" shall be limited to brief periods – no more than one (1) minute for each year of a child's age. Before using "time-out", the Licensee shall ensure the reasons for "time-out" are explained to the child in language appropriate to the child's level of development and understanding.
- i. The first step for "time-out" shall be to remove the child from the group but keep the child within eyesight of the group that continues to participate in the activity. If this step is ineffective, the child may be removed from the room so that he/she is unable to participate, observe or hear the activity. A child removed from the group or room shall remain under visual supervision at all times. Children shall never be left unattended behind closed doors.
- ii. "Time-out" shall be in an area approved for child care that comfortably

accommodates the child. “Time-out” shall be seen as a positive opportunity for the child to regroup and focus on appropriate behavior. Before rejoining the group or returning to the room, the Licensee shall talk to the child about alternatives to the inappropriate behavior in a way that shows faith in the child’s ability to make more positive decisions in the future.

- E. Corporal punishments inflicted in any way on a child's body including shaking, hair pulling, biting, pinching, slapping, or spanking shall be prohibited.
 - F. Children shall not be yelled at, humiliated, frightened, or verbally, physically or sexually abused or placed in an uncomfortable physical position.
 - G. Disparaging comments about a child’s appearance, ability, ethnicity, family and other personal characteristics shall be prohibited.
 - H. Children shall not be deprived of food or toilet use as a consequence of inappropriate behavior.
 - I. Children shall not be tied, taped, chained, caged or placed in mechanical restraints as a consequence of inappropriate behavior.
 - J. Negative or punitive action shall not be taken with children for not going to sleep, toileting accidents, failure to eat all or part of food or failure to complete a prescribed activity.
317. The Licensee shall ensure that she/he and any Substitute models and demonstrates positive behavior management techniques and respectful communication interactions while children are in child care at the Family Child Care Home when relating to any child, parent(s)/guardian(s), other adults, and representatives from the Office of Child Care Licensing and other inspecting agencies.

Napping/Sleeping Accommodations

318. The Licensee shall have documentation from a child’s health care provider when an exception to any Rule regarding napping/sleeping is necessary due to a child’s physical or medical condition. The documentation shall stipulate the reason for the exception and what other accommodations shall be made.
319. The Licensee shall ensure that each child has clean, age-appropriate, individual napping/sleeping equipment such as a crib, port-a-crib, playpen, cot, mat, sleeping bag, or bed.
- A. Children shall not nap together or share the same napping/sleeping equipment.
 - B. A child’s napping/sleeping equipment shall be labeled with the child’s name and used only by that child while attending the Family Child Care Home during a particular shift – see Rule #325B for use by different child during another shift.
320. The Licensee shall ensure that each child under eighteen (18) months of age and not walking shall nap/sleep in a crib, port-a-crib, or playpen.
321. The Licensee shall ensure that a child who is between twelve (12) and eighteen (18) months of age and is walking, may nap/sleep on a cot, mat, or bed with protective rails with written permission from the child’s parent(s)/guardian(s).
322. The Licensee shall ensure that a child who is eighteen (18) months of age and older shall nap/sleep on a cot, mat, sleeping bag, or bed, or may continue to nap/sleep in a crib, port-a-crib, or playpen as long as the child fits comfortably in this type of sleeping equipment.

323. The Licensee shall ensure that a child who is twelve (12) months of age or older (see Rules #327-330 for infants) is provided with seasonably appropriate bedding (coverings, sheets, and blankets) for his/her napping/sleeping equipment as follows:
- A. The top of a mattress, cot, or pad of any napping/sleeping equipment shall be covered with non-absorbent, cleanable covering along with a sheet on top of that covering.
 - B. Additional sheet(s) and/or blanket(s) shall be provided, when necessary to keep a child warm while napping/sleeping.
 - C. A sleeping bag shall be placed on a covered pad (see above subsection “A”) and not directly on the floor.
324. The Licensee shall ensure that napping/sleeping equipment shall be placed at least at least eighteen (18) inches apart.
325. The Licensee shall ensure that napping/sleeping equipment and bedding (covering, sheets, and blankets) are maintained in a clean and sanitary condition as follows:
- A. Cleaned when soiled or wet, or disinfected at least weekly; and
 - B. Cleaned and disinfected prior to being assigned to another child.
326. The Licensee shall ensure that napping/sleeping equipment is stored so that the napping/sleeping side of one piece of equipment is not in direct contact with the napping/sleeping side of another piece of equipment or such side is disinfected before being used again.

Safe Sleep Practices for Infants (Children under Twelve (12) Months of Age)

327. The Licensee shall use safe sleep practices for infants (children under twelve (12) months of age) as recommended by the American Academy of Pediatrics – see current website information at <http://www.aap.org/healthtopics/Sleep.cfm> - as follows:
- A. Soft surfaces such as soft mattresses, pillows, sofas and waterbeds shall be prohibited as sleeping surfaces.
 - B. Stacking cribs shall be prohibited.
 - C. Cribs, port-a-cribs, and playpens shall have slats so placed as to allow gaps of no larger than two and three-eighths (2-3/8) inches.
 - D. Cribs, port-a-cribs, and playpens shall have top rails at least twenty (20) inches above the mattresses with the mattress set at its lowest position and side rails locked in its highest position.
 - E. Any latches on cribs, port-a-cribs, or playpens shall be safe, secured and present no hazard.
 - F. The crib, port-a-crib, and playpen’s mattress or pads shall be firm and tight-fitting, covered with non-absorbent, cleanable covering directly on top of the mattress or pad along with a tight-fitting sheet on top of that covering.
 - G. Toys or objects hung over a crib, port-a-crib, or playpen shall be held securely and be of a size and weight that would not injure a child if the toy or object accidentally falls or if the child pulls on the object.
 - H. All items shall be removed from the crib, port-a-crib, or playpen when an infant is in the crib or playpen. These items include, but are not limited to, heavy blankets, comforters, quilts, pillows, sheep skin, stuffed animals, dolls or any toys.
328. The Licensee shall ensure that an infant is placed on his/her back when putting the infant down to nap/sleep.

329. The Licensee shall use the following options when keeping an infant warm while in a crib, port-a-crib, or playpen:
- A. Use a blanket sleeper that is worn by the infant while napping/sleeping. Such blanket sleepers may be worn separately or on top of other clothing as long as the blanket sleeper fits comfortably (is not too big or small), and the infant does not get overheated; and/or
 - B. Use a thin blanket placed at the foot of the crib, tucked around the mattress or pad, reaching only as far as the infant's chest, and making sure the infant's head remains uncovered during nap/sleep.
330. The Licensee shall ensure that a written record is kept documenting the infant was visually monitored at least every thirty (30) minutes when placed in the crib, port-a-crib, or playpen to nap/sleep to observe the infant for normal breathing.

Night Child Care

331. The Licensee providing night child care shall remain on the same level of the Family Child Care Home with the children in child care (see Rule #186).
332. The Licensee providing night child care shall follow Rules #318-330 and ensure that each child in child care between the hours of 8:00 P. M. and 6:00 A. M., and sleeping at the Family Child Care Home for four (4) or more hours, has the following sleeping equipment;
- A. A child under eighteen (18) months of age and not walking shall sleep in a crib.
 - B. A child who is between twelve (12) and eighteen (18) months of age and is walking may sleep on a bed with protective rails with written permission from the child's parent(s)/guardian(s).
 - C. A child eighteen (18) months of age and older shall sleep on a bed or may continue to sleep in a crib as long as the child fits comfortably in the crib.
333. The Licensee shall ensure each bed is equipped with a mattress that is not directly on the floor.
- A. The top of the mattress shall be covered with non-absorbent, cleanable mattress pad that covers the whole mattress.
 - B. A fitted or folded sheet covering the whole mattress is placed on top of the mattress pad.
 - C. Another sheet that covers the whole mattress is provided to cover the child.
 - D. A pillow covered with a pillow case that covers the whole pillow is provided.
 - E. A blanket/comforter/quilt is provided when necessary to keep a child warm while sleeping.
334. The Licensee providing night child care shall ensure that quiet activities are provided to children for not less than thirty (30) minutes before bedtime.
335. The Licensee providing night child care shall ensure that each child is given individual attention at bedtime and upon awakening.
336. The Licensee providing night child care shall follow the parent(s)/guardian(s) preference regarding any special preferences or habits of a child regarding bedtime and awakening and note the information provided in the child's file.
337. The Licensee providing night child care shall ensure that each child has his or her own combs, toothbrushes, brushes and other such personal items are marked with the child's name, used only by that child, and stored separately.

338. The Licensee providing night child care shall follow the parent(s)/guardian(s) preference regarding bathing the child and note the information provided in the child's file.
- A. If bathtubs and showers are used, they shall be equipped to prevent slipping.
 - B. Infants shall be bathed in age-appropriate bathing facilities.
 - C. Under no circumstances shall a child be bathed in a sink.
 - D. Each child shall be bathed in a bathtub, shower or portable bathing equipment that has been disinfected before each use.
 - E. Children shall be bathed individually and not be placed together in a bathtub or shower.
 - F. Water temperature shall be checked before placing a child into a portable bathing facility, bathtub or shower; or monitored constantly while being rinsed under running water in a portable bathing facility or bath tub to prevent burns or scalding, or for water that is too hot or too cold.
 - G. Individual towels and washcloths shall be provided for each child.
339. The Licensee providing night child care shall ensure that no child is left unsupervised while in a bathtub or shower.
- A. A child capable of bathing alone shall be allowed to bathe in private with written permission from parent(s)/guardian(s). The Licensee shall respect that child's privacy but immediately be available to ensure the child's safety to offer assistance when requested by the child.
340. The Licensee providing night child care shall ensure that children over the age of four (4) do not share a dressing area with persons of the opposite sex.
341. The Licensee providing night child care shall ensure that each child has clean garments made for sleeping comfortably.
342. The Licensee providing night child care shall ensure that there is a working nightlight in the bathroom, hallway, and sleeping areas as dictated by the individual needs of the children.
343. The Licensee providing night care shall ensure a written record is kept documenting the monitoring schedule for each child when placed in his/her sleep equipment to sleep between the hours of 8:00 P.M. and 6:00 A.M. including the following information:
- A. Infants were monitored every thirty (30) minutes as per Rule #330;
 - B. Children twelve (12) months of age and older were monitored every sixty (60) minutes; and
 - C. Child to child physical contact was prevented.

Off Premises of Family Child Care Home

344. The Licensee shall ensure that children are not permitted off the Family Child Care Home premises without the Licensee and/or Substitute.
345. The Licensee and/or Substitute shall provide constant supervision of children whenever off the Family Child Care Home premises to ensure safety.
- A. Volunteering parent(s)/guardian(s) shall be supervised by the Licensee and/or Substitute at all times including during the transportation of children.
 - B. Volunteering parent(s)/guardian(s) shall not be left alone with children at any time other than their own child/children.

346. The Licensee shall have a safety policy for children whenever off the Family Child Care Home premises which includes the following:
- A. A procedure for accounting of children at all times including a documented roll check of taking attendance when departing from the Family Child Care Home, arriving and departing from the destination, and arriving back at the Family Child Care Home;
 - B. A copy of and easy access to medical consent forms and emergency contact information for all children;
 - C. A proper storage container (such as for keeping a medication cool) for any medication that needs to be taken off premises for a child;
 - D. A traveling first aid kit available in accordance with Rule #242;
 - E. A plan for transportation of a child or all children in the event of an emergency; and
 - F. Tags for children or other means of providing only the Family Child Care Home's telephone number;
 - i. For security purposes, a child's name or any type of information that directly identifies the child shall not be placed on the child.
347. The Licensee shall ensure that volunteering parent(s)/guardian(s) comply with the following **Transportation** Rules #348-360 when transporting children other than their own children when on excursions with the Licensee and/or Substitute off the Family Child Care Home premises.

Transportation in a Vehicle

348. The Licensee shall ensure that the vehicle and operator of a vehicle used to transport children are in compliance with all applicable Federal, State and local laws.
349. The Licensee shall ensure that the operator of a vehicle not transport more persons, including children and adults, than the capacity of the vehicle per the manufacturer's specifications.
350. The Licensee shall inspect the vehicle for safety before allowing children in child care to be transported in the vehicle.
351. The Licensee shall ensure that each child is secured in an individual safety restraint system appropriate to the age, weight, and height of the child at all times while the vehicle, other than a school bus is in motion. All safety restraints shall be federally approved and so labeled according to the current applicable Federal Motor Vehicle Safety Standard. Child safety restraints shall be installed and used in accordance with the manufacturer's specifications and vehicle's instruction manual and shall be maintained in a safe working condition and free of any recall.
- A. A child preschool age or younger shall only be transported on a school bus that is properly equipped for child safety restraints unless written permission is received from the parent(s)/guardian(s) of that child allowing the child to be transported on a school bus unrestrained. The Licensee shall explain to parent(s)/guardian(s) in writing that while child safety restraints on school buses for children preschool age or younger are not currently required by State law, the National Highway Traffic Administration recommends that children in this age group always be transported in school buses properly equipped for child safety restraints.

352. The Licensee shall inform and obtain written permission from parent(s)/guardian(s) each time transportation provided. This permission shall:
- A. Identify who is operating each vehicle:
 - B. Specify any special need or problem of a child which might require special attention during transportation; and
 - C. Require the operator of the vehicle to carry of the information with directions on handling any special need or problem.
353. The Licensee shall ensure that the operator of the vehicle shall have a valid driver's license that authorizes the driver to operate the type of vehicle being driven.
354. The Licensee shall ensure that the following are in or available for each vehicle when transporting children:
- A. An operable dry chemical fire extinguisher listed by the Underwriter's Laboratory in each vehicle;
 - B. A working phone such as a cell phone in each vehicle;
 - C. A traveling first aid kit as per Rule #242; and
 - D. Emergency contact information for each child in the vehicle.
355. The Licensee shall ensure that all doors on vehicles are locked whenever the vehicle is in motion.
356. The Licensee shall ensure that children are never left unattended in the vehicle and the vehicle is inspected when finished transporting so that no child is left behind in the vehicle.
357. The Licensee shall not transport children in the open back of a truck.
358. The Licensee shall ensure that children are loaded and unloaded at the curbside of the vehicle or in a protected parking area or driveway.
359. The Licensee shall ensure that a vehicle used to transport children has an operable heater capable of maintaining a temperature of at least fifty (50) degrees F. in the vehicle.
360. The Licensee shall ensure that a vehicle used to transport children either has an air conditioner capable of reducing the temperature or windows able to be opened to provide fresh air when the vehicle's interior temperature exceeds eighty-five (85) degree F.

Appendix

Appendix A: The Delaware Child Care Act – Delaware's Child Care Licensing Law

Welfare
PART I
In General
CHAPTER 3. CHILD WELFARE
Subchapter III. The Delaware Child Care Act

§ 341. Short title.

This act may be referred to and cited as "The Delaware Child Care Act." (73 Del. Laws, c. 165, § 1.)

§ 342. Definitions.

For the purpose of this act:

(1) "Child care" means and includes:

- a. Any person, association, agency or organization which:
 - 1. Has in custody or control 1 child or more under the age of 18 years, unattended by parent or guardian, for the purpose of providing such child or children with care, education, protection, supervision or guidance;
 - 2. Is compensated for their services;
 - 3. Advertises or holds himself, herself or itself out as conducting such child care;
- b. The provision of, or arranging for, the placement of children in foster care homes, adoptive homes or supervised independent living arrangements; and
- c. Family child care homes, large family child care homes, day care centers, child placing agencies, residential child care facilities and day treatment programs as currently defined by regulation. Day-care centers operating part- or full-day are subject to licensure. Homes in which children have been placed by any child placing agency properly licensed to place children in this State shall not be regarded as "child care."

(2) "Office of Child Care Licensing" means the Office of Child Care Licensing within the Department of Services for Children, Youth and Their Families. (Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 31 Del. C. 1953, § 341; 70 Del. Laws, c. 186, § 1; 73 Del. Laws, c. 165, § 1; 73 Del. Laws, c. 279, § 1.)

§ 343. Powers of the Office of Child Care Licensing with respect to child care.

- (a) Any person or association conducting child care and all institutions, agencies and associations or organizations receiving and placing or caring for dependent, neglected or delinquent minors, including organizations providing care of children whether dependent or otherwise, in lieu of the care and supervision ordinarily provided by parents in their own homes for periods of less than 24 hours a day, must accord the Office of Child Care Licensing or its authorized agents right of entrance, privilege of inspection and access to its accounts and reports.
- (b) A person or association conducting child care and all institutions, agencies, associations or organizations receiving and placing or caring for dependent, neglected or delinquent minors shall make reports at such time as is required by the Office of Child Care Licensing as to conditions of such child care, the manner and way in which children are taken care of, former addresses and such other information as will show the social status of the child, how and to whom dismissed, the extent and source of its income, the cost of maintenance and such other reasonable information as will enable the Office of Child Care Licensing to promote the general welfare of the children and to work out a general program for their care and protection.

- (c) The Office of Child Care Licensing may prescribe, by regulation or otherwise, any reasonable standards for the conduct of such child care facilities, institutions, agencies, associations or organizations and may license such of these as conform to such standards. All regulations, enforcement actions, decisions, investigations and the like previously promulgated or taken by the Office of Child Care Licensing shall continue unabated and shall remain in full force and effect notwithstanding passage of this subchapter. (Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 44 Del. Laws, c. 78; 31 Del. C. 1953, § 342; 58 Del. Laws, c. 64, § 1; 64 Del. Laws, c. 108, § 4; 73 Del. Laws, c. 165, § 1.)

§ 344. Child care licenses; investigations; requirements.

- (a) No person may conduct child care, nor may any institution, agency, association or organization conduct child care, unless first having obtained a license from the Office of Child Care Licensing. Such license shall expire 1 year from the date it is issued unless renewed.
- (b) In the case of a person conducting child care, no license shall be issued to such person until the Office of Child Care Licensing has made a thorough investigation and has determined in accordance with reasonable standards:
- (1) The good character and intention of the applicant or applicants;
 - (2) That the individual home or facility meets the physical, social, moral, mental and educational needs of the average child;
 - (3) Whether the rules and requirements of the Office of Child Care Licensing are properly met; and
 - (4) That the required criminal background checks are completed and approved.
- (c) In the case of an institution, agency, association or organization, no license shall be issued until the Office of Child Care Licensing has made a thorough investigation and has made a favorable determination of:
- (1) The good character and intention of the applicant or applicants;
 - (2) The present and prospective need of the service rendered;
 - (3) The employment of capable, trained and experienced workers;
 - (4) Sufficient financial backing to ensure effective work;
 - (5) The probability of the service being continued for a reasonable period of time;
 - (6) Whether the methods used and disposition made of the children served will be to their best interests and that of society;
 - (7) Whether the rules and requirements of the Office of Child Care Licensing are properly met; and
 - (8) That the required criminal background checks are completed and approved.
- (d) This section shall not apply to any institution, agency, association or organization under state ownership and control, nor shall it apply to any maternity ward of a general hospital. (Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 31 Del. C. 1953, § 343; 58 Del. Laws, c. 64, § 1; 64 Del. Laws, c. 108, § 4; 73 Del. Laws, c. 165, § 1.)

§ 345. Penalties for violations.

Anyone who violates a provision of this subchapter shall be fined not more than \$100 or imprisoned not more than 3 months, or both. (Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 31 Del. C. 1953, § 344; 73 Del. Laws, c. 165, § 1.)

Appendix B: Child Abuse Reporting Law

TITLE 16
Health and Safety
PART II
Regulatory Provisions Concerning Public Health
CHAPTER 9. ABUSE OF CHILDREN
Subchapter I. Reports and Investigations of Abuse and Neglect:
Child Protection Accountability Commission

§ 901. Purpose.

It is the intent of the General Assembly that the primary purpose of the child welfare policy of this State shall be to ensure the best interest and safety of the child, including preserving the family unit whenever the safety of the child is not jeopardized. To that end it is the purpose of this chapter to provide for comprehensive protective services for abused and neglected children by mandating that reports of such abuse or neglect be made to the appropriate authorities and by requiring the child protection system to seek and promote the safety of children who are the subject of such reports of abuse or neglect by conducting investigations or family assessments and providing necessary services.

It shall further be the purpose of this chapter to provide for the protection of all children in facilities or organizations required to be licensed under Delaware law whose primary concern is that of child welfare and care by requiring the Attorney General to notify any such facility in cases where an employee of such a facility or any other person associated with such facility has been charged with or convicted of an offense involving child sexual abuse. (16 Del. C. 1953, § 1001; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 68 Del. Laws, c. 440, § 1; 71 Del. Laws, c. 199, § 2.)

§ 902. Definitions [Effective until July 9, 2006. For the version of this section effective July 9, 2006, see the following section, also numbered 902.]

As used in this chapter, the following terms mean:

- (1) "Abuse" shall mean any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in § 468 of Title 11, emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, maltreatment or mistreatment.
- (2) "Baby" shall mean a child not more than 14 days old, except that for hospitals and their employees and volunteers, "baby" shall mean a child reasonably believed to be not more than 14 days old.
- (3) "Child" shall mean any person who has not reached his or her 18th birthday.
- (4) "Child Protection Registry" or "Registry" means a collection of information as described in subchapter II of this chapter about persons who have been substantiated for abuse or neglect as provided in Subchapter II of this chapter or who were substantiated between August 1, 1994, and February 1, 2003.
- (5) "Child welfare proceeding" means any Family Court proceeding and subsequent appeal therefrom involving custody, visitation, guardianship, termination of parental rights, adoption or other related petitions that involve a dependent, neglected or abused child or a child at risk of same as determined by the Family Court.
- (6) "Conviction" or "convicted" means entry of a plea of guilty or nolo contendere, regardless of whether the plea was subsequently discharged or dismissed under the first offenders domestic violence diversion program pursuant to § 1024 of Title 10, or under the first offenders controlled substances diversion program pursuant to § 4764 of this title, or of a Robinson plea, or of a probation before judgment discharge without judgment of conviction notwithstanding the provisions of § 4218(f) of Title 11, or a finding of guilt after trial, or a finding of not guilty after trial as a result of the defense of mental disease or defect pursuant to Title 11, or adjudication of delinquency for conduct which if committed by an adult, would constitute a crime; or "conviction" or "convicted" under similar proceedings of another state, territory or jurisdiction.

- (7) "Director" shall mean the Director of the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (8) "Division" shall mean the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (9) "Family assessment and services" shall mean a case management approach by the Division of Family Services that provides for a prompt assessment of a child and the child's family and the circumstances of the reported incident (including the known history of the child and/or the alleged perpetrator) when there has been a report to the Division that the child was a victim of abuse or neglect, or at risk of maltreatment by a person responsible for that child's care, custody or control. Family assessment and services shall be used in conjunction with the investigation approach defined in subdivision (7) of this section but may not supplant it in circumstances which require an investigation. The family assessment response shall focus on the integrity and preservation of the family and shall assess the status of the child and the family in terms of the risk of abuse and neglect and, if necessary, plan and provide for the provision of community-based services to reduce the risk and to otherwise support the family.
- (10) "Good faith" shall be presumed in the absence of evidence of malice or willful misconduct.
- (11) "Internal information system" shall mean a system of maintaining information related to all reports of abuse, neglect, investigations, family assessments, services and other relevant information.
- (12) "Investigation" shall mean the collection of evidence in response to a report of abuse, neglect, or risk of maltreatment by a person responsible for that child's care, custody or control in order to determine if a child has been abused, neglected, or is at risk of maltreatment. The Division shall develop protocols for its investigations that focus on ensuring the well-being and safety of the child. The Division may conduct an investigation in response to any report of abuse, neglect, or risk of maltreatment but shall conduct an investigation as enumerated under § 906 (b)(3) of this title.
- (13) "Neglect" shall mean the failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary: Education as required by law; nutrition; or medical, surgical or any other care necessary for the child's well-being.
- (14) "Report" shall mean the communication of an allegation of child abuse or neglect to the Division pursuant to § 903 or § 905 of this title;
- (15) "Special Investigator" shall mean a Division employee, appointed by the Secretary, who performs abuse and neglect investigations and possesses additional qualifications and authority as defined by § 9016 of Title 29.
- (16) "Substantiation" means a finding by a preponderance of the evidence that abuse or neglect has occurred.
- (17) "Those responsible for the care, custody, and control of the child" shall include, but not be limited to, the parents or guardian of the child, other members of the child's household, adults within the household who have responsibility for the child's well-being, persons who have temporary responsibility for the child's well being, or a custodian as that term is defined by § 901(6) of Title 10. (60 Del. Laws, c. 494, § 1; 64 Del. Laws, c. 213, § 1; 71 Del. Laws, c. 199, § 3; 72 Del. Laws, c. 179, § 3; 72 Del. Laws, c. 469, § 4; 73 Del. Laws, c. 187, § 2; 73 Del. Laws, 73 Del. Laws, c. 412, §§ 2-5.)

§ 902. Definitions [Effective July 9, 2006. For the version of this section effective until July 9, 2006, see the preceding section, also numbered 902.]

As used in this chapter, the following terms mean:

- (1) "Abuse" shall mean any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in § 468 of Title 11, emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, maltreatment or mistreatment.

- (2) "Child" shall mean any person who has not reached his or her 18th birthday.
- (3) "Child Protection Registry" or "Registry" means a collection of information as described in subchapter II of this chapter about persons who have been substantiated for abuse or neglect as provided in Subchapter II of this chapter or who were substantiated between August 1, 1994, and February 1, 2003.
- (4) "Child welfare proceeding" means any Family Court proceeding and subsequent appeal therefrom involving custody, visitation, guardianship, termination of parental rights, adoption or other related petitions that involve a dependent, neglected or abused child or a child at risk of same as determined by the Family Court.
- (5) "Conviction" or "convicted" means entry of a plea of guilty or nolo contendere, regardless of whether the plea was subsequently discharged or dismissed under the first offenders domestic violence diversion program pursuant to § 1024 of Title 10, or under the first offenders controlled substances diversion program pursuant to § 4764 of this title, or of a Robinson plea, or of a probation before judgment discharge without judgment of conviction notwithstanding the provisions of § 4218(f) of Title 11, or a finding of guilt after trial, or a finding of not guilty after trial as a result of the defense of mental disease or defect pursuant to Title 11, or adjudication of delinquency for conduct which if committed by an adult, would constitute a crime; or "conviction" or "convicted" under similar proceedings of another state, territory or jurisdiction.
- (6) "Director" shall mean the Director of the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (7) "Division" shall mean the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (8) "Family assessment and services" shall mean a case management approach by the Division of Family Services that provides for a prompt assessment of a child and the child's family and the circumstances of the reported incident (including the known history of the child and/or the alleged perpetrator) when there has been a report to the Division that the child was a victim of abuse or neglect, or at risk of maltreatment by a person responsible for that child's care, custody or control. Family assessment and services shall be used in conjunction with the investigation approach defined in subdivision (7) of this section but may not supplant it in circumstances which require an investigation. The family assessment response shall focus on the integrity and preservation of the family and shall assess the status of the child and the family in terms of the risk of abuse and neglect and, if necessary, plan and provide for the provision of community-based services to reduce the risk and to otherwise support the family.
- (9) "Good faith" shall be presumed in the absence of evidence of malice or willful misconduct.
- (10) "Internal information system" shall mean a system of maintaining information related to all reports of abuse, neglect, investigations, family assessments, services and other relevant information.
- (11) "Investigation" shall mean the collection of evidence in response to a report of abuse, neglect, or risk of maltreatment by a person responsible for that child's care, custody or control in order to determine if a child has been abused, neglected, or is at risk of maltreatment. The Division shall develop protocols for its investigations that focus on ensuring the well-being and safety of the child. The Division may conduct an investigation in response to any report of abuse, neglect, or risk of maltreatment but shall conduct an investigation as enumerated under § 906 (b)(3) of this title.
- (12) "Neglect" shall mean the failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary: Education as required by law; nutrition; or medical, surgical or any other care necessary for the child's well-being.
- (13) "Report" shall mean the communication of an allegation of child abuse or neglect to the Division pursuant to § 903 or § 905 of this title;

- (14) "Special Investigator" shall mean a Division employee, appointed by the Secretary, who performs abuse and neglect investigations and possesses additional qualifications and authority as defined by § 9016 of Title 29.
- (15) "Substantiation" means a finding by a preponderance of the evidence that abuse or neglect has occurred.
- (16) "Those responsible for the care, custody, and control of the child" shall include, but not be limited to, the parents or guardian of the child, other members of the child's household, adults within the household who have responsibility for the child's well-being, persons who have temporary responsibility for the child's well being, or a custodian as that term is defined by § 901(6) of Title 10. (60 Del. Laws, c. 494, § 1; 64 Del. Laws, c. 213, § 1; 71 Del. Laws, c. 199, § 3; 72 Del. Laws, c. 179, § 3; 72 Del. Laws, c. 469, § 4; 73 Del. Laws, c. 187, § 2; 73 Del. Laws, 73 Del. Laws, c. 412, §§ 2-5.)

§ 902A. Registration; procedure; notice.

Repealed by 73 Del. Laws, c. 412, § 6, effective February 1, 2003.

§ 903. Reports required.

Any physician, and any other person in the healing arts including any person licensed to render services in medicine, osteopathy, dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner or any other person who knows or in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title. In addition to and not in lieu of reporting to the Division of Family Services, any such person may also give oral or written notification of said knowledge or suspicion to any police officer who is in the presence of such person for the purpose of rendering assistance to the child in question or investigating the cause of the child's injuries or condition. (16 Del. C. 1953, § 1002; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 72 Del. Laws, c. 179, § 4.)

§ 904. Nature and content of report; to whom made.

Any report required to be made under this chapter shall be made to the Division of Child Protective Services of the Department of Services for Children, Youth and Their Families. An immediate oral report shall be made by telephone or otherwise. Reports and the contents thereof including a written report, if requested, shall be made in accordance with the rules and regulations of the Division of Child Protective Services, or in accordance with the rules and regulations adopted by the Division. (16 Del. C. 1953, § 1003; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 64 Del. Laws, c. 108, §§ 4, 11.)

§ 905. Telephone reports, Child Protection Registry and information system.

- (a) The Division shall establish and maintain a 24-hour statewide toll-free telephone report line operating at all times and capable of receiving reports of alleged abuse and neglect pursuant to § 904 of this title or from the public at large.
- (b) The Division shall maintain a Child Protection Registry and an internal information system as defined by § 902 of this title. Reports unsubstantiated may be kept in the internal information system by the Division at its discretion.
- (c) Although reports may be made anonymously, the Division shall in all cases, after obtaining relevant information regarding alleged abuse or neglect, request the name and address of any person making a report.
- (d) Upon receipt of a report, the Division shall immediately communicate such report to its appropriate Division staff, after a check has been made with the internal information system to determine whether previous reports have been made regarding actual or suspected abuse or neglect of the subject child, or any reports regarding any siblings, family members or the alleged perpetrator, and such information as may be contained from such previous reports. Such relevant information as may be contained in the internal information system shall also be forwarded to the appropriate Division staff. (16 Del. C. 1953, § 1004; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 64 Del. Laws, c. 108, § 4; 68 Del. Laws, c. 440, § 2; 70 Del. Laws, c. 186, § 1; 71 Del. Laws, c. 199, § 4; 73 Del. Laws, c. 412, §§ 26, 27.)

§ 906. State response to reports of abuse or neglect.

- (a) The child protection system shall seek to promote the safety of children and the integrity and preservation of their families by conducting investigations and/or family assessments in response to reports of child abuse or neglect. The system shall endeavor to coordinate community resources and provide assistance or services to children and families identified to be at risk, and to prevent and remedy child abuse and neglect.
- (b) In implementing the child protection system, the Division shall:
 - (1) Receive and maintain reports pursuant to the provisions of §§ 903 and 905 of this title;
 - (2) Forward reports to the appropriate Division staff, who shall determine, through the use of protocols developed by the Division, whether an investigation or the family assessment and services approach should be used to respond to the allegation. The protocols for making this determination shall be developed by the Division and shall give priority to ensuring the well-being and safety of the child;
 - (3) The Division may investigate any report, but shall conduct an investigation involving all reports, which if true, would constitute violations against a child by a person responsible for the care, custody and control of the child of any of the following provisions of § 603, 604, 611, 612, 613, 621, 625, 626, 631, 632, 633, 634, 635, 636, 645, 763, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 782, 783, 783A, 791, 1100, 1101, 1102, 1107, 1108, 1109, 1110, 1111, or 1259 of Title 11, or an attempt to commit any such crimes. The Division staff shall also contact the appropriate law enforcement agency upon receipt of any report under this section and shall provide such agency with a detailed description of the report received. The appropriate law enforcement agency shall assist the Division in the investigation or provide the Division, within a reasonable time, an explanation detailing the reasons why it is unable to assist. Notwithstanding any provision of the Delaware Code to the contrary, to the extent the law enforcement agency with jurisdiction over the case is unable to assist, the Division may request that the Delaware State Police exercise jurisdiction over the case and upon such request the Delaware State police may exercise such jurisdiction;
 - (4) The assisting law enforcement agency shall promptly conduct its own criminal investigation, and keep the Division regularly apprised of the status and findings of its investigation. Law enforcement agencies and the Division shall develop protocols to ensure compliance with this subsection."
 - (5) The Division shall have authority to secure a medical examination of a child, without the consent of those responsible for the care, custody and control of the child, if the child has been reported to be a victim of abuse or neglect; provided, that such case is classified as an investigation pursuant to § 906(b)(3) of this title and the Director or the Director's designee gives prior authorization for such examination upon finding that such examination is necessary to protect the health and safety of the child;
 - (6) The investigation shall include, but need not be limited to, the nature, extent and cause of the abuse or neglect, collection of evidence, the identity of the alleged perpetrator, the names and condition of other children and adults in the home, the home environment, the relationship of the subject child to the parents or other persons responsible for the child's care, any indication of incidents of physical violence against any other household or family member, background checks on all adults in the home, and the gathering of other pertinent information;
 - (7) In the family assessment and services approach, assess service needs of the family from information gathered from the family and other sources. The Division shall identify and provide services for families where it is determined that the child is at risk of abuse or neglect. The Division shall document its attempt to provide voluntary services and the reasons these services are important to reduce the risk of future abuse or neglect. If the family refuses to accept or avoids the proffered services, the Division may refer the case for investigation or terminate services;
 - (8) Commence an immediate investigation if at any time during the family assessment and services approach the Division determines that an investigation as delineated in subsection (3) of this section is required or is otherwise appropriate. The Division staff who have

conducted the assessment may remain involved in the provision of services to the child and family;

- (9) Conduct a family assessment and services approach on reports initially referred for an investigation, if it is determined that a complete investigation is not required. The reason for the termination of the investigative process shall be documented;
 - (10) Assist the child and family in obtaining services, if at any time during the investigation it is determined that the child or any member of the family needs services;
 - (11) Identify local services and assist with access to those services for children and families where there is risk of abuse or neglect;
 - (12) Update the internal information system at regular intervals during the course of the investigation. At the conclusion of the investigation or family assessment, the internal information system shall be updated to include a case finding;
 - (13) When a written report is made by a person required to report under § 903 of this title, the Division shall contact the person who made such report within 48 hours of the receipt of the report in order to ensure that full information has been received and to obtain any additional information or medical records, or both, which may be pertinent;
 - (14) Upon completion of an investigation or family assessment and services approach, if the Division suspects that the report was made maliciously or for the purpose of harassment, the Division shall refer the report and any evidence of malice or harassment to the appropriate law enforcement agency;
 - (15) Multidisciplinary services shall be used whenever possible in conducting the investigation or family assessment and services approach, including the services of law enforcement agencies, the medical community, and other agencies, both public and private. The Division and the Attorney General's Office shall cooperate with law enforcement agencies and the Family Court to develop training programs to increase the ability of Division personnel, court personnel, and law enforcement officers to investigate suspected cases of abuse and neglect;
 - (16) A person required to report under § 903 of this title to the Division shall be informed by the Division of the person's right to obtain information concerning the disposition of the report. Such person shall receive, from the local office, if requested, information on the general disposition of the report at the conclusion of the investigation;
 - (17) In any judicial proceeding involving the custody of child, the fact that a report has been made pursuant to § 903 or § 905 of this title shall not be admissible unless offered by the Division as a party or as a friend of the Court or if the Division is a party. However, nothing herein shall prohibit the introduction of evidence from independent sources to support the allegations that may have caused a report to have been made; and
 - (18) To protect the privacy of the family and the child named in a report, the Division shall establish guidelines concerning the disclosure of information concerning the abuse and neglect involving a child. The Division may require persons to make written requests for access to records maintained by the Division. The Division shall only release information to persons who have a legitimate public safety need for such information or a need based on the health and safety of a child subject to abuse, neglect or the risk of maltreatment, and such information shall be used only for the purpose for which the information is released.
- (c) In the event that a criminal prosecution for child sexual abuse or exploitation is initiated by the Department of Justice against a person employed by or associated with a facility or organization required to be licensed or whose staff personnel are required to be licensed under Delaware law whose primary concern is that of child welfare and care, the Attorney General shall notify such employer within 48 hours:
- (1) Upon the return of an indictment charging such person with having committed at least 1 felony offense involving an allegation of child sexual abuse; or

- (2) Upon an adjudication of guilt of such person for any misdemeanor or violation, when such offense involved sexual abuse, in any degree, of a child under age 18.

Any violations of this subsection shall be dealt with administratively by the Attorney General and the penalty provisions of § 914 of this title shall not apply hereto.

- (d) In the event that a criminal prosecution for abuse or neglect is initiated by the Department of Justice pursuant to a report under this chapter and incarceration of the person who is the subject of the report is ordered by the Court, the Attorney General's office shall keep the Division informed of actions taken by the courts which result in the release of any such individual; provided that the Attorney General's office is represented at such a hearing. (71 Del. Laws, c. 199, § 5; 71 Del. Laws, c. 424, § 8; 72 Del. Laws, c. 173, § 5; 73 Del. Laws, c. 412, § 28.)

§ 907. Temporary emergency protective custody.

- (a) A police officer or a physician who reasonably suspects that a child is in imminent danger of suffering serious physical harm or a threat to life as a result of abuse or neglect and who reasonably suspects the harm or threat to life may occur before the Family Court can issue a temporary protective custody order may take or retain temporary emergency protective custody of the child without the consent of the child's parents, guardian or others legally responsible for the child's care.
- (b) Any person taking a child into temporary emergency protective custody under this section shall immediately notify the Division, in the county in which the child is located, of the person's actions and make a reasonable attempt to advise the parents, guardians, or others legally responsible for the child's care. Such person shall also file, as soon as practicable but no later than 12 hours thereafter, a written statement with the Division which sets forth the identity of the child and the facts and circumstances which gave such person reasonable cause to believe that there was imminent danger of serious physical harm or threat to the life of the child. Upon notification that a child has been taken into temporary emergency protective custody, the Division shall immediately respond in accordance with § 906 of this title to secure the safety of the child which may include ex parte custody relief from the Family Court if appropriate.
- (c) Temporary emergency protective custody for purposes of this section shall not exceed 4 hours and shall cease upon the Division's response pursuant to subsection (b).
- (d) For the purposes of this section, temporary emergency protective custody shall mean temporary placement within a hospital, medical facility or such other suitable placement; provided, however, that an abused or neglected child may not be detained in temporary custody in a secure detention facility.
- (e) A Division investigator conducting an investigation pursuant to § 906 of this title shall have the same authority as that granted to a police officer or physician in paragraph (a) of this section, subject to all the same conditions as those listed in paragraphs (a) through (d) of this section, provided that the child in question is located at a school, day care facility or child care facility at the time that the authority is initially exercised. In no other case shall an employee of the Division exercise custody under this section. (71 Del. Laws, c. 199, § 5; 70 Del. Laws, c. 186, § 1; 72 Del. Laws, c. 173, § 7.)

§ 907A. Safe Arms for Babies [Expiration effective July 9, 2006. See notes.]

- (a) The General Assembly finds and declares that the abandonment of a baby is an irresponsible act by parent(s) and places the baby at risk of injury or death from exposure, actions by other individuals, and harm from animals. However, the General Assembly does recognize that delivering a live baby to a safe place is far preferable to a baby killed or abandoned by the parent(s). The General Assembly further finds and declares that the purpose of this section is not to circumvent the responsible action of parent(s) who adhere to the current process of placing the baby for adoption, but to prevent the unnecessary risk of harm to or death of that baby by desperate parent(s) who would otherwise abandon or cause the death of that baby. The General Assembly further finds and declares that medical information about the baby and the baby's parent(s) is critical for the adoptive parents and that every effort should be made, without risking the safe placement of the baby, to obtain that medical information and provide counseling information to those parent(s). The General Assembly further finds and declares that if this section does not result in the safe placement of such babies or is abused by parent(s) attempting to circumvent the current process of adoption, it should be repealed.

- (b) A person may voluntarily surrender a baby directly to an employee or volunteer of the emergency department of a Delaware hospital inside of the emergency department, provided that said baby is surrendered alive, unharmed and in a safe place therein.
- (c) A Delaware hospital shall be authorized to take temporary emergency protective custody of the baby who is surrendered pursuant to this section. The person who surrenders the baby shall not be required to provide any information pertaining to his or her identity, nor shall the hospital inquire as to same. If the identity of the person is known to the hospital, the hospital shall keep the identity confidential. However, the hospital shall either make reasonable efforts to directly obtain pertinent medical history information pertaining to the baby and the baby's family or attempt to provide the person with a postage paid medical history information questionnaire.
- (d) The hospital shall attempt to provide the person leaving the baby with the following:
 - (1) Information about the Safe Arms program;
 - (2) Information about adoption and counseling services, including information that confidential adoption services are available and information about the benefits of engaging in a regular, voluntary adoption process; and
 - (3) Brochures with telephone numbers for public or private agencies that provide counseling or adoption services.
- (e) The hospital shall attempt to provide the person surrendering the baby with the number of the baby's identification bracelet to aid in linking the person to the baby at a later date, if reunification is sought. Such an identification number is an identification aid only and does not permit the person possessing the identification number to take custody of the baby on demand.
- (f) If a person possesses an identification number linking the person to a baby surrendered at a hospital under this section and parental rights have not already been terminated, possession of the identification number creates a presumption that the person has standing to participate in an action. Possession of the identification number does not create a presumption of maternity, paternity or custody.
- (g) Any hospital taking a baby into temporary emergency protective custody pursuant to this section shall immediately notify the Division and the State Police of its actions. The Division shall obtain ex parte custody and physically appear at the hospital within 4 hours of notification under this subsection unless there are exigent circumstances. Immediately after being notified of the surrender, the State Police shall submit an inquiry to the Delaware Missing Children Information Clearinghouse.
- (h) The Division shall notify the community that a baby has been abandoned and taken into temporary emergency protective custody by publishing notice to that effect in a newspaper of statewide circulation. The notice must be published at least 3 times over a 3-week period immediately following the surrender of the baby unless the Division has relinquished custody. The notice, at a minimum, shall contain the place, date and time where the baby was surrendered, the baby's sex, race, approximate age, identifying marks, any other information the Division deems necessary for the baby's identification, and a statement that such abandonment shall be:
 - (1) The surrendering person's irrevocable consent to the termination of all parental rights, if any, of such person on the ground of abandonment; and
 - (2) The surrendering person's irrevocable waiver of any right to notice of or opportunity to participate in any termination of parental rights proceeding involving such child, unless such surrendering person manifests an intent to exercise parental rights and responsibilities within 30 days of such abandonment.
- (i) When the person who surrenders a baby pursuant to this section manifests a desire to remain anonymous, the Division shall neither initiate nor conduct an investigation to determine the identity of such person, and no court shall order such an investigation unless there is good cause to suspect child abuse or neglect other than the act of surrendering such baby. (73 Del. Laws, c. 187, § 3.)

§ 908. Immunity from liability, and special reimbursement to hospitals for expenses related to certain babies [Effective until July 9, 2006. For the version of this section effective July 9, 2006, see the following section, also numbered 908.]

- (a) Anyone participating in good faith in the making of a report or notifying police officers pursuant to this chapter, performing a medical examination without the consent of those responsible for the care, custody and control of a child pursuant to § 906(b)(5) of this title, or exercising emergency protective custody in compliance with § 907 of this title, shall have immunity from any liability, civil or criminal, that might otherwise exist, and such immunity shall extend to participation in any judicial proceeding resulting from the above actions taken in good faith. This section shall not limit the liability of any health care provider for personal injury claims due to medical negligence that occurs as a result of any examination performed pursuant to § 906(b)(3) of this title.
- (b) A hospital, hospital employee or hospital volunteer which accepts temporary emergency protective custody of a baby pursuant to § 907A of this title is absolutely immune from civil and administrative liability for any act of commission or omission in connection with the acceptance of that temporary emergency protective custody or the provision of care for the baby when left at the hospital while said baby is in the hospital's temporary emergency protective custody except for negligence or intentional acts. If a hospital accepts temporary emergency protective custody of a baby pursuant to § 907A of this title, the State shall reimburse the hospital for eligible, medically necessary costs under the Medicaid Fee for Service Program. (16 Del. C. 1953, § 1005; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 71 Del. Laws, c. 199, § 5; 72 Del. Laws, c. 179, § 5; 73 Del. Laws, c. 187, §§ 4, 5.)

§ 908. Immunity from liability [Effective July 9, 2006. For the version of this section effective until July 9, 2006, see the preceding section, also numbered 908.]

Anyone participating in good faith in the making of a report or notifying police officers pursuant to this chapter, performing a medical examination without the consent of those responsible for the care, custody and control of a child pursuant to § 906(b)(5) of this title, or exercising emergency protective custody in compliance with § 907 of this title, shall have immunity from any liability, civil or criminal, that might otherwise exist, and such immunity shall extend to participation in any judicial proceeding resulting from the above actions taken in good faith. This section shall not limit the liability of any health care provider for personal injury claims due to medical negligence that occurs as a result of any examination performed pursuant to § 906(b)(3) of this title. (16 Del. C. 1953, § 1005; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 71 Del. Laws, c. 199, § 5; 72 Del. Laws, c. 179, § 5; 73 Del. Laws, c. 187, §§ 4, 5, 8.)

§ 909. Privileged communication not recognized.

No legally recognized privilege, except that between attorney and client and that between priest and penitent in a sacramental confession, shall apply to situations involving known or suspected child abuse, neglect, exploitation or abandonment and shall not constitute grounds for failure to report as required by § 903 of this title or to give or accept evidence in any judicial proceeding relating to child abuse or neglect. (16 Del. C. 1953, § 1007; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 71 Del. Laws, c. 199, § 5.)

§ 910. Court orders to compel.

- (a) Whenever an investigation has been opened with the Division pursuant to § 906 of this title for potential abuse or neglect of a child, the Division shall have the authority to request an order from the Family Court:
 - (1) To obtain access to the child, or children, and the residence of child, or children;
 - (2) To compel the appearance of a person at an office of the Division in furtherance of the investigation; or
 - (3) To compel compliance with a treatment plan previously agreed to by a child's parent or guardian, if non-compliance with the plan endangers a child's safety.

The Family Court shall issue such an order upon the showing of "need" by the Division and shall enforce noncompliance with such an order pursuant to § 925(3) of Title 10. Formal notice of a request under this section shall be provided to the respondent prior to the filing of the request with the Family Court provided that orders pursuant to this section may be granted on an ex parte basis if the child, or children, at issue are at risk of imminent physical danger. The Family Court shall consider all requests pursuant to this section within 2 business days of the request being made.

- (b) For purposes of this section, "need" shall mean:

- (1) That the Division has in good faith attempted on at least 2 separate prior occasions, at least 1 of which was by written communication sent by certified mail, return receipt requested, to contact the person in question without success; or
- (2) That a child is in danger of imminent physical injury due to the Division's inability to communicate with the person or see the child or the child's residence. (71 Del. Laws, c. 199, § 6; 72 Del. Laws, c. 173, § 6.)

§ 911. Training and information.

- (a) The Division shall, on a continuing basis, undertake and maintain programs to inform all persons required to report abuse or neglect pursuant to § 903 of this title and the public of the nature, problem and extent of abuse and neglect, and of the remedial and therapeutic services available to children and their families and to encourage self-reporting and the voluntary acceptance of such services.
- (b) The Division shall conduct ongoing training programs to advance the purpose of this section.
- (c) The Division shall continuously publicize the existence of the 24-hour report-line to those required to report abuse or neglect pursuant to § 903 of this title of their responsibilities and to the public the existence of the 24-hour statewide toll-free telephone number to receive reports of abuse or neglect. (71 Del. Laws, c. 199, § 6.)

§ 912. The Child Protection Accountability Commission.

- (a) The Delaware Child Protection Accountability Commission is hereby established. The Commission shall consist of 19 members with the at-large members and the Chair appointed by the Governor, shall be staffed by the Office of the Child Advocate and shall be comprised of the following:
 - (1) The Secretary of Services for Children, Youth and Their Families, or the Secretary's designee;
 - (2) The Director of the Division of Family Services, or the Director's designee;
 - (3) Two representatives from the Attorney's General Office, designated by the Attorney General;
 - (4) Two members of the Family Court, designated by the Chief Judge;
 - (5) One member of the House of Representatives, designated by the Speaker of the House;
 - (6) One member of the Senate, designated by the President Pro Tempore of the Senate;
 - (7) The Chair of the Child Placement Review Board, or the Chair's designee;
 - (8) The Secretary of the Department of Education, or the Secretary's designee;
 - (9) The Director of Child Mental Health Services, or the Director's designee;
 - (10) Eight at-large members with 1 person from the medical community, 1 person from the Interagency Committee on Adoption who works with youth engaged in the foster care system, 2 persons from law enforcement agencies and 4 persons from the child protection community.
- (b) The Child Advocate shall serve as the Executive Director of the Commission to effectuate its purposes pursuant to Chapter 90A of Title 29. It shall be the purpose of the Commission to monitor Delaware's child protection system to best ensure the health, safety and well-being of Delaware's abused, neglected and dependent children. To that end, the Commission shall meet on a quarterly basis and shall:
 - (1) Examine and evaluate the policies, procedures and effectiveness of the child protection system and make recommendations for changes therein, focusing specifically on the respective roles in the child protection system of the Division of Family Services, the Division of Child Mental

Health Services, the Office of the Attorney General, the Family Court, the medical community, and law enforcement agencies;

- (2) Recommend changes in the policies and procedures for investigating and overseeing the welfare of abused, neglected and dependent children;
- (3) Advocate for legislation and make legislative recommendations to the Governor and General Assembly;
- (4) Access, develop and provide quality training to staff of the Division of Family Services, Deputy Attorneys General, Family Court, law enforcement officers, the medical community, educators, day-care providers, and others on child protection issues;
- (5) Review and make recommendations concerning the well-being of Delaware's abused, neglected and dependent children including, but not limited to, issues relating to foster care, adoption, mental health services, victim services, education, rehabilitation, substance abuse and independent living; and
- (6) Provide the following reports to the Governor:
 - a. An annual summary of the Commission's work and recommendations, including work of the Office of the Child Advocate, with copies thereof sent to the Governor's Advisory Council for Children, Youth and Their Families for their consideration and comment; and
 - b. A quarterly written report of the Commission's activities and findings with copies thereof distributed to the Chairpersons of the House of Representatives Committee on Health and Human Development and the Senate Committee on Children, Youth and Their Families. (71 Del. Laws, c. 199, § 6; 70 Del. Laws, c. 186, § 1; 73 Del. Laws, c. 116, §§ 1-3, 5[4].)

§ 913. Child under treatment by spiritual means not neglected.

No child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall for that reason alone be considered a neglected child for the purposes of this chapter. (16 Del. C. 1953, § 1006; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1.)

§ 914. Penalty for violation.

Whoever knowingly violates § 903 this title shall be fined not more than \$1,000 or shall be imprisoned not more than 15 days, or both. (16 Del. C. 1953, § 1008; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1.)

Appendix C: Level I Family Child Care Home Ratio Options

149A - Total of five (5) children preschool-age or younger; and no additional school-age children that do not live in the Family Child Care Home

- i. No more than two (2) of the five (5) children preschool-age or younger as mentioned above under the age of twelve (12) months; and
- ii. No more than three (3) of the five (5) children preschool-age or younger as mentioned above under the age of twenty-four (24) months

<u>Under 12 months</u>	<u>Under 24 months</u>	<u>Preschool</u>	<u>School-Age</u>	<u>Total</u>
0	3	2	0	5
1	2	2	0	5
2	1	2	0	5
1	1	3	0	5
2	0	3	0	5
0	1	4	0	5
1	0	4	0	5
0	0	5	0	5

149B - Total of four (4) children preschool-age or younger; and two (2) additional school-age children that do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer

- i. No more than two (2) of the four (4) children preschool-age or younger as mentioned above under the age of twelve (12) months; and
- ii. No more than three (3) of the four (4) children preschool-age or younger as mentioned above under the age of twenty-four (24) months

<u>Under 12 months</u>	<u>Under 24 months</u>	<u>Preschool</u>	<u>School-Age</u>	<u>Total</u>
0	3	1	2	4+2
1	2	1	2	4+2
2	1	1	2	4+2
2	0	2	2	4+2
1	1	2	2	4+2
0	2	2	2	4+2
0	1	3	2	4+2
0	0	4	2	4+2

149C - Total of six (6) school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; and no children preschool-age or younger.

<u>Under 12 months</u>	<u>Under 24 months</u>	<u>Preschool</u>	<u>School-Age</u>	<u>Total</u>
0	0	0	6	6

149D- Other combinations of age-groupings shall be possible when staying within the limits of the maximum number of children allowed for an age group and for this Level.

Appendix D: Level II Family Child Care Home Ratio Options

150A - Total of six (6) children preschool-age or younger; and three (3) additional school-age who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer

- i. **No more than two (2) of the six (6) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and**
- ii. **No more than three (3) of the six (6) children preschool-age or younger as mentioned above are under twenty-four (24) months**

<u>Under 12 months</u>	<u>Under 24 months</u>	<u>Preschool</u>	<u>School-Age</u>	<u>Total</u>
2	1	3	3	6+3
1	2	3	3	6+3
0	3	3	3	6+3
0	2	4	3	6+3
1	1	4	3	6+3
0	1	5	3	6+3
1	0	5	3	6+3
0	0	6	3	6+3

150B - Total of six (6) children preschool-age or younger; and two (2) additional school-age who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer

- i. **No more than two (2) of the six (6) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and**
- ii. **No more than four (4) of the six (6) children preschool-age or younger as mentioned above are under twenty-four (24) months**

<u>Under 12 months</u>	<u>Under 24 months</u>	<u>Preschool</u>	<u>School-Age</u>	<u>Total</u>
0	4	2	2	6+2
1	3	2	2	6+2
2	2	2	2	6+2
0	3	3	2	6+2
1	2	3	2	6+2
2	1	3	2	6+2
1	1	4	2	6+2
0	2	4	2	6+2
0	1	5	2	6+2
0	0	6	2	6+2

150C - Total of five (5) children preschool-age or younger; and no additional school-age children who do not live in the Family Child Care Home

- i. No more than three (3) of the five (5) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and
- iii. No more than four (4) of the five (5) children preschool-age or younger as mentioned above are under twenty-four (24) months

<u>Under 12 months</u>	<u>Under 24 months</u>	<u>Preschool</u>	<u>School-Age</u>	<u>Total</u>
1	4	0	0	5
0	4	1	0	5
1	3	1	0	5
2	2	1	0	5
3	1	1	0	5
0	3	2	0	5
3	0	2	0	5
2	0	3	0	5
0	2	3	0	5
1	0	4	0	5

150D - Total of four (4) children under the age of twenty-four (24) months; and two (2) additional school-age who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer

- i. No more than three (3) of the four (4) children preschool-age or younger as mentioned above are under the age of twelve (12) months

<u>Under 12 months</u>	<u>Under 24 months</u>	<u>Preschool</u>	<u>School-Age</u>	<u>Total</u>
0	4	0	2	4+2
1	3	0	2	4+2
2	2	0	2	4+2
3	1	0	2	4+2

150E- Total of nine (9) school-age who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; and no children preschool-age or younger

<u>Under 12 months</u>	<u>Under 24 months</u>	<u>Preschool</u>	<u>School-Age</u>	<u>Total</u>
0	0	0	9	9

150F- Other combinations of age-groupings shall be possible when staying within the limits of the maximum number of children allowed for an age group and for this Level.

Appendix E: Recommended Immunization Schedule for Persons Aged 0-6 Years
 For current information, contact the Delaware Division of Public Health or refer to the CDC website
 – <http://www.cdc.gov/nip/recs/child-schedule.htm>

Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2008
For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹	HepB	HepB	HepB	^{see footnote 1}		HepB						
Rotavirus ²			Rota	Rota	Rota							
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP	^{see footnote 2}	DTaP					DTaP
<i>Haemophilus influenzae</i> type b ⁴			Hib	Hib	Hib ⁵		Hib					
Pneumococcal ⁶			PCV	PCV	PCV	PCV					PPV	
Inactivated Poliovirus			IPV	IPV		IPV						IPV
Influenza ⁷							Influenza (Yearly)					
Measles, Mumps, Rubella ⁸							MMR					MMR
Varicella ⁹							Varicella					Varicella
Hepatitis A ¹⁰							HepA (2 doses)				HepA Series	
Meningococcal ¹¹												MCV4

Range of recommended ages
 Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not

contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

- Hepatitis B vaccine (HepB).** (Minimum age: birth)
 - At birth:
 - Administer monovalent HepB to all newborns prior to hospital discharge.
 - If mother is hepatitis B surface antigen (HBsAg) positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
 - If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg positive, administer HBIG (no later than age 1 week).
 - If mother is HBsAg negative, the birth dose can be delayed, in rare cases, with a provider's order and a copy of the mother's negative HBsAg laboratory report in the infant's medical record.
 - After the birth dose:
 - The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered no earlier than age 24 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of at least 3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).
 - 4-month dose:
 - It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.
- Rotavirus vaccine (Rota).** (Minimum age: 6 weeks)
 - Administer the first dose at age 6–12 weeks.
 - Do not start the series later than age 12 weeks.
 - Administer the final dose in the series by age 32 weeks. Do not administer any dose later than age 32 weeks.
 - Data on safety and efficacy outside of these age ranges are insufficient.
- Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** (Minimum age: 6 weeks)
 - The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
 - Administer the final dose in the series at age 4–6 years.
- Haemophilus influenzae* type b conjugate vaccine (Hib).** (Minimum age: 6 weeks)
 - If PRP-OMP (Pedvax-HB[®] or ComVax[®] [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
 - Tri-Hibit[™] (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children age 12 months or older.
- Pneumococcal vaccine.** (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPV])
 - Administer one dose of PCV to all healthy children aged 24–59 months having any incomplete schedule.
 - Administer PPV to children aged 2 years and older with underlying medical conditions.
- Influenza vaccine.** (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])
 - Administer annually to children aged 6–59 months and to all eligible close contacts of children aged 0–59 months.
 - Administer annually to children 5 years of age and older with certain risk factors, to other persons (including household members) in close contact with persons in groups at higher risk, and to any child whose parents request vaccination.
 - For healthy persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.
 - Children receiving TIV should receive 0.25 mL if age 6–35 months or 0.5 mL if age 3 years or older.
 - Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season but only received one dose.
- Measles, mumps, and rubella vaccine (MMR).** (Minimum age: 12 months)
 - Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided 4 weeks or more have elapsed since the first dose.
- Varicella vaccine.** (Minimum age: 12 months)
 - Administer second dose at age 4–6 years; may be administered 3 months or more after first dose.
 - Do not repeat second dose if administered 28 days or more after first dose.
- Hepatitis A vaccine (HepA).** (Minimum age: 12 months)
 - Administer to all children aged 1 year (i.e., aged 12–23 months). Administer the 2 doses in the series at least 6 months apart.
 - Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
 - HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.
- Meningococcal vaccine.** (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])
 - Administer MCV4 to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. MPSV4 is also acceptable.
 - Administer MCV4 to persons who received MPSV4 3 or more years previously and remain at increased risk for meningococcal disease.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).
 DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION • SAFER • HEALTHIER • PEOPLE[™]

CDC

Appendix F: Recommended Immunization Schedule for Persons Aged 7-18 Years

For current information, contact the Delaware Division of Public Health or refer to the CDC website – <http://www.cdc.gov/nip/recs/child-schedule.htm>

Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2008
For those who fall behind or start late, see the green bars and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Diphtheria, Tetanus, Pertussis ¹		see footnote 1	Tdap	Tdap
Human Papillomavirus ²		see footnote 2	HPV (3 doses)	HPV Series
Meningococcal ³		MCV4	MCV4	MCV4
Pneumococcal ⁴			PPV	
Influenza ⁵			Influenza (Yearly)	
Hepatitis A ⁶			HepA Series	
Hepatitis B ⁷			HepB Series	
Inactivated Poliovirus ⁸			IPV Series	
Measles, Mumps, Rubella ⁹			MMR Series	
Varicella ¹⁰			Varicella Series	

 Range of recommended ages
 Catch-up immunization
 Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 7–18 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not

contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for high-risk conditions: <http://www.cdc.gov/vaccines/pubs/AICIP-iss.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

- 1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (*Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL™*)
 - Administer at age 11–12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoids (Td) booster dose.
 - 13–18-year-olds who missed the 11–12 year Tdap or received Td only are encouraged to receive one dose of Tdap 5 years after the last Td/DTaP dose.
- 2. Human papillomavirus vaccine (HPV).** (*Minimum age: 9 years*)
 - Administer the first dose of the HPV vaccine series to females at age 11–12 years.
 - Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose.
 - Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.
- 3. Meningococcal vaccine.**
 - Administer MCV4 at age 11–12 years and at age 13–18 years if not previously vaccinated. MPSV4 is an acceptable alternative.
 - Administer MCV4 to previously unvaccinated college freshmen living in dormitories.
 - MCV4 is recommended for children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups.
 - Persons who received MPSV4 3 or more years previously and remain at increased risk for meningococcal disease should be vaccinated with MCV4.
- 4. Pneumococcal polysaccharide vaccine (PPV).**
 - Administer PPV to certain high-risk groups.
- 5. Influenza vaccine.**
 - Administer annually to all close contacts of children aged 0–59 months.
 - Administer annually to persons with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at higher risk.

- Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season but only received one dose.
 - For healthy nonpregnant persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.
- 6. Hepatitis A vaccine (HepA).**
 - Administer the 2 doses in the series at least 6 months apart.
 - HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.
 - 7. Hepatitis B vaccine (HepB).**
 - Administer the 3-dose series to those who were not previously vaccinated.
 - A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.
 - 8. Inactivated poliovirus vaccine (IPV).**
 - For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
 - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
 - 9. Measles, mumps, and rubella vaccine (MMR).**
 - If not previously vaccinated, administer 2 doses of MMR during any visit, with 4 or more weeks between the doses.
 - 10. Varicella vaccine.**
 - Administer 2 doses of varicella vaccine to persons younger than 13 years of age at least 3 months apart. Do not repeat the second dose if administered 28 or more days following the first dose.
 - Administer 2 doses of varicella vaccine to persons aged 13 years or older at least 4 weeks apart.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION
 HHS • 1616/0808 • 5010101

012324

Appendix G: Catch-up Immunization Schedule

For current information, contact the Delaware Division of Public Health or refer to the CDC website – <http://www.cdc.gov/nip/recs/child-schedule.htm>

Catch-up Immunization Schedule UNITED STATES • 2008
for Persons Aged 4 Months–18 Years Who Start Late or Who Are More Than 1 Month Behind

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS–6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Rotavirus ²	6 wks	4 weeks	4 weeks		
Diphtheria, Tetanus, Pertussis ³	6 wks	4 weeks	4 weeks	6 months	6 months ⁴
<i>Haemophilus influenzae</i> type b ⁴	6 wks	4 weeks If first dose administered at younger than 12 months of age 8 weeks (as final dose) If first dose administered at age 12–14 months No further doses needed if first dose administered at 15 months of age or older	4 weeks ⁵ If current age is younger than 12 months 8 weeks (as final dose) ⁶ If current age is 12 months or older and second dose administered at younger than 15 months of age No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Pneumococcal ⁵	6 wks	4 weeks If first dose administered at younger than 12 months of age 8 weeks (as final dose) If first dose administered at age 12 months or older or current age 24–59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks If current age is younger than 12 months 8 weeks (as final dose) If current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Inactivated Poliovirus ⁴	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months			
Hepatitis A ⁹	12 mos	6 months			

CATCH-UP SCHEDULE FOR PERSONS AGED 7–18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis ¹⁰	7 yrs ¹⁰	4 weeks	4 weeks If first dose administered at younger than 12 months of age 6 months If first dose administered at age 12 months or older	6 months If first dose administered at younger than 12 months of age	
Human Papillomavirus ¹¹	9 yrs	4 weeks	12 weeks (and 24 weeks after the first dose)		
Hepatitis A ⁹	12 mos	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Inactivated Poliovirus ⁴	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	4 weeks If first dose administered at age 13 years or older 3 months If first dose administered at younger than 13 years of age			

- Hepatitis B vaccine (HepB).**
 - Administer the 3-dose series to those who were not previously vaccinated.
 - A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.
- Rotavirus vaccine (Rota).**
 - Do not start the series later than age 12 weeks.
 - Administer the final dose in the series by age 32 weeks.
 - Do not administer a dose later than age 32 weeks.
 - Data on safety and efficacy outside of these age ranges are insufficient.
- Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).**
 - The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.
 - DTaP is not indicated for persons aged 7 years or older.
- Haemophilus influenzae* type b conjugate vaccine (Hib).**
 - Vaccine is not generally recommended for children aged 5 years or older.
 - If current age is younger than 12 months and the first 2 doses were PRP-DNP (PolvaxHIB® or ComVax® [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.
 - If first dose was administered at age 1–11 months, administer 2 doses separated by 4 weeks plus a booster at age 12–15 months.
- Pneumococcal conjugate vaccine (PCV).**
 - Administer one dose of PCV to all healthy children aged 24–59 months having any incomplete schedule.
 - For children with underlying medical conditions, administer 2 doses of PCV at least 8 weeks apart if previously received less than 3 doses, or 1 dose of PCV if previously received 3 doses.
- Inactivated poliovirus vaccine (IPV).**
 - For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age 4 years or older.
- Measles, mumps, and rubella vaccine (MMR).**
 - The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired.
 - If not previously vaccinated, administer 2 doses of MMR during any visit with 4 or more weeks between the doses.
- Varicella vaccine.**
 - The second dose of varicella vaccine is recommended routinely at age 4–6 years but may be administered earlier if desired.
 - Do not repeat the second dose in persons younger than 13 years of age if administered 28 or more days after the first dose.
- Hepatitis A vaccine (HepA).**
 - HepA is recommended for certain groups of children, including in areas where vaccination programs target older children. See MMWR 2006;55(No. RR-7):1–23.
- Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).**
 - Tdap should be substituted for a single dose of Td in the primary catch-up series or as a booster if age appropriate; use Td for other doses.
 - A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose. A booster (fourth) dose is needed if any of the previous doses were administered at younger than 12 months of age. Refer to ACIP recommendations for further information. See MMWR 2006;55(No. RR-3).
- Human papillomavirus vaccine (HPV).**
 - Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

Information about reporting reactions after immunization is available online at <http://www.vaers.hhs.gov> or by telephone via the 24-hour national toll-free information line 800-822-7117. Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for immunization, is available from the National Center for Immunization and Respiratory Diseases at <http://www.cdc.gov/vaccines> or telephone, 800-CDC-INFO (800-232-4636).
 DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION • SAFER • HEALTHIER • PEOPLE

CS 1/2009

Appendix H: USDA/CACFP Infant Meal Pattern Requirements and Policies

Infant Meal Pattern Breakfast		
Birth through 3 Months	4 through 7 Months	8 through 11 Months
4-6 fluid ounces of formula ¹ or breastmilk ^{2,3}	4-8 fluid ounces of formula ¹ or breastmilk ^{2,3} ; 0-3 tablespoons of infant cereal ^{1,4}	6-8 fluid ounces of formula ¹ or breastmilk ^{2,3} ; and 2-4 tablespoons of infant cereal ¹ ; and 1-4 tablespoons of fruit or vegetable or both
<p>¹ Infant formula and dry infant cereal must be iron-fortified. ² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. ³ For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered if the infant is still hungry. ⁴ A serving of this component is required when the infant is developmentally ready to accept it.</p>		

Infant Meal Pattern Lunch or Supper		
Birth through 3 Months	4 through 7 Months	8 through 11 Months
4-6 fluid ounces of formula ¹ or breast milk ^{2,3}	4-8 fluid ounces of formula ¹ or breast milk ^{2,3} ; 0-3 tablespoons of infant cereal ^{1,4} ; and 0-3 tablespoons of fruit or vegetable or both ⁴	6-8 fluid ounces of formula ¹ or breast milk ^{2,3} ; 2-4 tablespoons of infant cereal ¹ ; and/or 1-4 tablespoons of meat, fish, poultry, egg yolk, cooked dry beans or peas; or ½-2 ounces of cheese; or 1-4 ounces (volume) of cottage cheese; or 1-4 ounces (weight) of cheese food or cheese spread; and 1-4 tablespoons of fruit or vegetable or both
<p>¹ Infant formula and dry infant cereal must be iron-fortified. ² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. ³ For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.</p>		

⁴ A serving of this component is required when the infant is developmentally ready to accept it.

**Infant Meal Pattern
Snack**

Birth through 3 Months	4 through 7 Months	8 through 11 Months
4-6 fluid ounces of formula ¹ or breast milk ^{2,3}	4-6 fluid ounces of formula ¹ or breast milk ^{2,3}	2-4 fluid ounces of formula ¹ or breast milk ^{2,3} , or fruit juice ⁵ ; and 0-½ bread ^{4,6} or 0-2 crackers ^{4,6}

¹ Infant formula and dry infant cereal must be iron-fortified.
² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months.
³ For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.
⁴ A serving of this component is required when the infant is developmentally ready to accept it.
⁵ Fruit juice must be full-strength.
⁶ A serving of this component must be made from whole-grain or enriched meal or flour.

Appendix I: CACFP Child Meal Pattern Requirements and Policies

Child Meal Pattern Breakfast			
Select All Three Components for a Reimbursable Meal			
Food Components	Ages 1-2	Ages 3-5	Ages 6-12¹
1 milk fluid milk	1/2 cup	3/4 cup	1 cup
1 fruit/vegetable juice, ² fruit and/or vegetable	1/4 cup	1/2 cup	1/2 cup
1 grains/bread³ bread or	1/2 slice	1/2 slice	1 slice
cornbread or biscuit or roll or muffin or	1/2 serving	1/2 serving	1 serving
cold dry cereal or	1/4 cup	1/3 cup	3/4 cup
hot cooked cereal or	1/4 cup	1/4 cup	1/2 cup
pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column. ² Fruit or vegetable juice must be full-strength. ³ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.			

Child Meal Pattern Lunch or Supper			
Food Components	Ages 1-2	Ages 3-5	Ages 6-12¹
1 milk fluid milk	1/2 cup	3/4 cup	1 cup
2 fruits/vegetables juice, ² fruit and/or vegetable	1/4 cup	1/2 cup	3/4 cup
1 grains/bread³ bread or	1/2 slice	1/2 slice	1 slice
cornbread or biscuit or roll or muffin or	1/2 serving	1/2 serving	1 serving
cold dry cereal or	1/4 cup	1/3 cup	3/4 cup
hot cooked cereal or	1/4 cup	1/4 cup	1/2 cup
pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
1 meat/meat alternate meat or poultry or fish ⁴ or	1 ounce	1 1/2 ounces	2 ounces
alternate protein product or	1 ounce	1 1/2 ounces	2 ounces
	1 ounce	1 1/2 ounces	2 ounces

cheese or	1/2 egg	3/4 egg	1 egg
egg or	1/4 cup	3/8 cup	1/2 cup
cooked dry beans or peas or			
peanut or other nut or seed butters or	2 Tbsp.	3 Tbsp.	4 Tbsp.
nuts and/or seeds ⁵ or	1/2 ounce	3/4 ounce	1 ounce
yogurt ⁶	4 ounces	6 ounces	8 ounces
<p>¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.</p> <p>² Fruit or vegetable juice must be full-strength.</p> <p>³ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.</p> <p>⁴ A serving consists of the edible portion of cooked lean meat or poultry or fish.</p> <p>⁵ Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement.</p> <p>⁶ Yogurt may be plain or flavored, unsweetened or sweetened.</p>			

**Child Meal Pattern
Snack**

Select Two of the Four Components for a Reimbursable Snack

<i>Food Components</i>	<i>Ages 1-2</i>	<i>Ages 3-5</i>	<i>Ages 6-12¹</i>
1 milk fluid milk	1/2 cup	1/2 cup	1 cup
1 fruit/vegetable juice, ² fruit and/or vegetable	1/2 cup	1/2 cup	3/4 cup
1 grains/bread³ bread or	1/2 slice	1/2 slice	1 slice
cornbread or biscuit or roll or muffin or	1/2 serving	1/2 serving	1 serving
cold dry cereal or	1/4 cup	1/3 cup	3/4 cup
hot cooked cereal or	1/4 cup	1/4 cup	1/2 cup
pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
1 meat/meat alternate meat or poultry or fish ⁴ or	1/2 ounce	1/2 ounce	1 ounce
alternate protein product or	1/2 ounce	1/2 ounce	1 ounce
cheese or	1/2 ounce	1/2 ounce	1 ounce
egg ⁵ or	1/2 egg	1/2 egg	1/2 egg
cooked dry beans or peas or	1/8 cup	1/8 cup	1/4 cup

peanut or other nut or seed butters or nuts and/or seeds or yogurt ⁶	1 Tbsp. 1/2 ounce 2 ounces	1 Tbsp. 1/2 ounce 2 ounces	2 Tbsp. 1 ounce 4 ounces
<p>¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.</p> <p>² Fruit or vegetable juice must be full-strength. Juice cannot be served when milk is the only other snack component.</p> <p>³ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.</p> <p>⁴ A serving consists of the edible portion of cooked lean meat or poultry or fish.</p> <p>⁵ One-half egg meets the required minimum amount (one ounce or less) of meat alternate.</p> <p>⁶ Yogurt may be plain or flavored, unsweetened or sweetened.</p>			