DELACARE

Regulations for Early Care and Education and School-Age Centers

State of Delaware
Department of Education
Office of Child Care Licensing

FINAL I SEPTEMBER 2020

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NOTICE OF RESCISSION AND PROMULGATION

The Department of Education's Office of Child Care Licensing adopts and promulgates the following regulations for early care and education and school-age centers as authorized in 14 **Delaware Code**, §§3001A-3005A also known as "The Delaware Child Care Act." On September 10, 2020, these regulations shall take effect and all previous requirements and regulations pertaining to such facilities shall become void.

The actions hereinabove referred to were taken by the Secretary pursuant to 14 **Del.C.** §122 on August 17, 2020. The effective date of this Order shall be ten (10) days from the date this Order is published in the *Delaware Register of Regulations*.

IT IS SO ORDERED the 17th day of August 2020.

Department of Education

Susan S. Bunting, Ed.D., Secretary of Education

Approved this 17th day of August 2020

FOREWORD

The Delaware General Assembly recognized the need for protecting children receiving care outside their own homes as early as 1915. Delaware currently requires early care and education and school-age centers to be licensed as authorized in the 14 **Delaware Code**, §§3001A-3005A, also known as “The Delaware Child Care Act.” The licensing law defines the type of facilities that the State regulates, and gives the authority to “prescribe reasonable standards” and “license these (facilities)” to the Office of Child Care Licensing (OCCL). The purpose of the law is to protect the health, safety, and well-being of the children who receive care in out-of-home settings. An early care and education and school-age centers must meet the requirements of these regulations in order to operate.

While creating these regulations, OCCL considered the following: comments from early child care professionals, school-age child care professionals, stakeholders, and the Provider Advisory Board; federal requirements; licensing regulations of other states; and current research in child development, early care and education, school-age care, health, safety, and nutrition, applicable to early care and education and school-age centers.

INTRODUCTION

1. Legal Base

The legal base for these licensing regulations is in 14 **Del.C.** §§3001A-3005A and 29 **Del.C.** §9003(a)(7).

2. Purpose

The purpose of these regulations is to protect and support the health, safety, well-being, and positive development of children who receive care in early care and education and school-age centers. These regulations establish minimum standards that licensed centers are required to follow. Licensed centers may exceed the regulations set by the Office of Child Care Licensing (OCCL) by joining Delaware Stars for Early Success or by the licensee's own efforts.

PART I GENERAL PROVISIONS

3. Definition of Terms

The following words and terms when used in these regulations have the following meaning unless the context clearly indicates otherwise:

"**Administration of medication certificate**" means a document issued by OCCL that gives permission for a staff member to administer medication to children in care as described in the Administration of Medication Self-Study Guide.

"**Agreement of Understanding**" means a document that is part of a corrective action plan or used when necessary to ensure regulation compliance. This document contains requirements the licensee must follow to maintain licensure.

"**Applicant**" means the individual or entity, such as a company, corporation, business, or agency, seeking a license to operate an early care and education and school-age center.

"**Business day**" means a weekday Monday through Friday not including State of Delaware legal holidays that fall on a weekday.

"**Center**" means the licensed early care and education or school-age center located in one or more buildings at the address listed on the application.

"**Child**" means a person who has not reached the age of 18 years.

"**Child abuse**" means to cause or inflict sexual abuse on a child; or an act by a person that has care, custody, or control of a child that causes or inflicts physical injury through unjustified force, emotional abuse, torture, exploitation, maltreatment or mistreatment as defined in 10 **Del.C.** §901.

“**Child care”** or “**early care and education**” means the providing of care, education, protection, supervision, or guidance of children in a center.

“**Child neglect**” means 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 as defined in 10 **Del.C.** §901.

“**Child sexual abuse**” means an act against a child that is described as a sexual offense or child exploitation as defined in 11 **Del.C.** §8550(2).

“**Child with disabilities**” means a child diagnosed by a qualified professional as having a physical, intellectual, emotional, or developmental disability, or chronic medical condition.

“**CHU**” means the Criminal History Unit in the Department of Services for Children, Youth and Their Families.

“**Clock hours**” means the actual number of hours a person spends attending the instructional portion of a training designed to develop or enhance early care and education and school-age competencies.

“**Complaint investigation**” means the process followed by OCCL to investigate accusations that a licensee is not complying with these regulations or applicable laws.

"**Compliance review**" means an inspection of the center, grounds, and files to determine compliance with these regulations.

“**Comprehensive background check**” means a State of Delaware and federal (national) fingerprinted report of a person’s entire criminal history including a search of the National Crime Information Center’s National Sex Offender Registry; and a search of state criminal, sex offender, and child abuse and neglect registries, repositories, or databases in the state where the person resides, and in each state in which the person resided during the past five years.

"**Conference**" means a meeting between OCCL and a licensee to discuss serious non-compliance as defined in these regulations or to discuss the denial of a variance request.

“**Corrective action plan**” means a document listing non-compliance that a licensee must correct, how to correct it, and the date OCCL requires the corrections to be completed. This document serves as written notice of non-compliance with these regulations.

"**CPSC**" means the U.S. Consumer Product Safety Commission.

“**Denial**” means the process of refusing to grant a license after OCCL receives an application. This constitutes refusal of permission to operate.

“**Department**” means the Delaware Department of Education.

“**Designated representative**” means the person who has been assigned by the licensee, organization, corporation, entity, LLC, school district, or State agency to act on his, her, or its behalf and granted authority over program operations and to represent him, her, or it in dealings with OCCL. This person may sign the application with written authorization from the applicant or licensee.

“**Direct child care**” means the providing of care, education, protection, supervision, or guidance of children.

“**Direct observation**” (of children or staff members) means that staff members are physically present in the same room or area with children or other staff members, visually monitoring the interactions of children or staff members, and alert to problems that may occur.

“**Division**” means the Division of Family Services within the Department of Services for Children, Youth and Their Families.

“**DOE**” means the Delaware Department of Education.

"**DPH**" means the Delaware Division of Public Health.

“**Early care and education**” or “**child care**” means the care, education, protection, supervision, or guidance of children beginning at birth.

“**Early childhood administrator**” means a staff member with direct responsibility for the center’s total program of services provided to children and their families, and when applicable, the administrative aspects. This person approves curriculum, and when also serving as the early childhood curriculum coordinator develops and evaluates curriculum and monitors implementation of curriculum and daily activities for children. This person supervises all staff members and meets the qualifications listed in these regulations.

“**Early childhood aide**” means a staff member who performs direct child care duties in this time-limited, entry-level position. This person works under the supervision of at least an early childhood teacher and the direct observation of at least an early childhood assistant teacher or early childhood caregiver. This person has not completed the accepted training required for the position of early childhood intern and may never be alone with children. This person meets the qualifications listed in these regulations. This person will only count in staff/child ratios during the first year of employment at a center.

“**Early childhood assistant teacher**” means a staff member who performs direct child care duties. This person works under the supervision of at least an early childhood teacher and assists in the implementation of curriculum. This person may supervise early childhood interns, early childhood aides, volunteers, and substitutes and meets the qualifications listed in these regulations.

“**Early childhood caregiver**” means a staff member who was formerly qualified by January 1, 2009, as a caregiver at a center licensed before January 1, 2007. This person may transfer to a center licensed before January 1, 2007, that is owned by the same licensee. This person works under the supervision of at least an early childhood teacher. This person performs direct child care duties and assists in the implementation of curriculum. This person may supervise early childhood interns, early childhood aides, volunteers, and substitutes and meets the qualifications listed in these regulations.

“**Early childhood curriculum coordinator**” means a staff member who works under the supervision of the early childhood administrator and may be responsible for the direct care, supervision, guidance, and education of children at the center. This person develops and evaluates curriculum and monitors implementation of curriculum and daily activities for children. This person may supervise early childhood teachers, early childhood assistant teachers, early childhood caregivers, early childhood interns, early childhood aides, volunteers, and substitutes and meets the qualifications listed in these regulations.

“**Early childhood intern**” means a staff member who performs direct child care functions and related duties. This person works under the supervision of an early childhood teacher and the direct observation of at least an early childhood assistant teacher or early childhood caregiver. This person may be alone with children as listed in these regulations and meets the qualifications listed in these regulations.

“**Early childhood teacher**” means a staff member who performs direct child care duties. This person works under the supervision of an early childhood administrator or early childhood curriculum coordinator, and is immediately responsible for the direct care, supervision, guidance, and education of children at a center. This person may develop the curriculum and implements the curriculum and daily activities for a group of children. This person may supervise early childhood assistant teachers, early childhood caregivers, early childhood interns, early childhood aides, volunteers, and substitutes and meets the qualifications listed in these regulations.

“**Enforcement action**” means an action taken by OCCL to promote compliance such as warning of probation, probation, suspension, revocation, or denial.

“**Experience**” means the practical knowledge or skill gained from documented direct participation in working with children birth through second grade in a group setting for early care and education positions or with children kindergarten through sixth grade in a group setting for school-age positions.

“**Field trip**” means a trip or program activity off the licensed site and is not a routine program outing.

“**Governing body**” means the person or group of people with ultimate responsibility for and authority over the operation of a center, as for example, an owner or Board of Directors.

“**Group size or maximum group size**" means the number of children permitted by these regulations to be assigned to a specific staff member or group of staff members, occupying an individual classroom or well-defined physical space within a large room.

“**Hazardous material**” means any item or agent (biological, chemical, radiological, and/or physical), that has the potential to cause harm to humans, animals, or the environment, by itself or through interaction with other factors.

“**Health care provider**” means a professional who practices medicine with or without supervision and is sanctioned by an established licensing body. The most common types of health care providers include physicians, advanced practice nurses or nurse practitioners, and physician assistants.

"**Hearing**" means the hearing provided to a licensee or applicant when requesting an appeal of OCCL's decision to place the facility on an enforcement action such as warning of probation, probation, suspension, revocation, or denial. A licensee or applicant may provide evidence to contest the action.

“**Individualized educational program**” or “IEP” means a document written at least yearly which describes the services and supports needed for a child identified for special education usually for a child age three years and older.

“**Individualized family service plan**” or “IFSP” means a document written at least yearly about the required services for an infant or toddler (ages birth-two years) with an identified disability.

“**Infant**” means a child less than 12 months old.

“**License**” means the document issued by OCCL granting authority to a licensee at the center’s location to operate under applicable State laws.

“**Licensee**” means the individual or entity, such as a company, corporation, organization, business, school district, or agency, legally responsible for a licensed center.

“**Licensing specialist**” means an OCCL employee who is responsible for performing regulatory activities including monitoring child care facilities, investigating complaints, monitoring the need for enforcement actions, and making recommendations for licensure as set forth in Delaware Code and these regulations.

“**Licensing supervisor**” means an OCCL employee who is responsible for supervising licensing specialists. This person may perform regulatory actions and ensures licensing specialists are performing regulatory activities. This person approves complaint investigations, enforcement actions, and licenses.

“**Licensure**” means the status of a licensee when OCCL issued a child care license when the applicant demonstrated compliance with these regulations and applicable codes, regulations, and laws.

"**Office of Child Care Licensing**" or "**OCCL**" means the agency within the department authorized under 14 **Del.C.** §§3001A-3005A to promulgate and enforce regulations for child care, to license child care facilities, and to develop and implement policies and procedures.

"**Overnight care**" means care for a child between the hours of 10 PM and 6 AM, when four or more hours are during a child's normal sleeping hours.

"**Parent/guardian**" means a birth or adoptive parent, legal guardian, or other person having responsibility for, or legal custody of, a child.

"**Plan review**" means the document submitted by an applicant to OCCL requesting approval to open a new center or by a licensee for an expansion or renovation of a licensed building's indoor or outdoor space to ensure compliance with these regulations.

"**Preschool-age child**" means a child age three through five who is not yet attending kindergarten or a higher grade. If a child is older than age five and is not yet attending kindergarten or a higher grade, OCCL considers that child in the preschool-age group.

"**Probation**" means an enforcement action initiated by OCCL due to the center being cited for serious non-compliance with these regulations.

"**Professional development**" means training and education designed to improve and increase the abilities of staff members.

"**Provisional license**" means a license issued for a maximum period of three months when the licensee is temporarily unable to comply with these regulations and there is no serious risk to the health, safety, or well-being of children. The licensee must agree to comply with a corrective action plan or an agreement of understanding. An extension beyond this time requires the OCCL administrator's approval.

"**Quality-assured training**" means training that is monitored to ensure that the content of the training is research-based and aligned with State standards for the field.

"**Regulation**" means the minimum standard established by OCCL that is required for a particular aspect of child care.

"**Revocation**" means the process of rescinding a license during the license's effective dates withdrawing permission to operate.

"**Routine program outing**" means an activity occurring at least weekly that appears on the posted classroom activity schedule and involves children leaving the center's premises such as a routine walk to a playground or a walk around the block.

"**School-age administrator**" means a staff member of a school-age center with direct or supervisory responsibility for the school-age center's total program of services provided to children and their families including, when applicable, the administrative aspects. This person approves curriculum and also, when not assigning such duties to a school-age site coordinator, develops and evaluates curriculum and implements or

monitors implementation of curriculum and daily activities for children at the school-age center. This person supervises all school-age staff members and meets the qualifications listed in these regulations.

"**School-age aide**" means a staff member of a school-age center who performs direct child care duties in this time-limited, entry-level position. This person works under the supervision of at least a school-age site coordinator and the direct observation of at least a school-age site assistant. This person has not completed the accepted training required for the position of school-age intern, may never be alone with children, and meets the qualifications listed in these regulations. This person will only count in staff/child ratios during the first year of employment at a center.

"**School-age care**" means care, education, protection, supervision, or guidance for school-age children before or after school, during school holidays, or during summer months.

"**School-age center**" means a center that exclusively provides care for school-age children.

"**School-age child**" means a child who attends or has attended kindergarten or a higher grade.

"**School-age intern**" means a staff member of a school-age center who performs direct child care duties. This person works under the supervision of at least a school-age site coordinator or school-age site assistant who is designated as responsible for the school-age center. This person works under the direct observation of at least a school-age site assistant, may be alone with children as listed in these regulations, and meets the qualifications listed in these regulations.

"**School-age site assistant**" means a staff member of a school-age center who performs direct child care duties. This person works under the supervision of at least a school-age site coordinator and assists in the implementation of curriculum. This person may supervise school-age interns, school-age aides, volunteers, and substitutes. This person meets the qualifications listed in these regulations.

"**School-age site coordinator**" means a staff member of a school-age center who performs direct child care duties. This person works under the supervision of the school-age administrator and is immediately responsible for the day-to-day operations of the school-age center, direct care, supervision, guidance, and education of the children. This person implements curriculum and daily activities for children at the school-age center. In addition, when assigned such duties, this person develops and evaluates curriculum and monitors implementation of curriculum. This person may supervise school-age site assistants, school-age interns, school-age aides, volunteers, and substitutes and meets the qualifications listed in these regulations.

"**Secretary**" means the Secretary of the Department of Education.

"**Section 504 Plan**" means a document describing accommodations provided to a child with a disability to ensure full participation at the center.

“**Serious injury**” means any impact or injury to a child’s face or head, or any physical injury that creates a substantial risk of death or causes serious and prolonged disfigurement, prolonged impairment of health, or prolonged loss or impairment of the function of a body part.

“**Serious non-compliance**” means an action or actions that violate the terms of a license and presents a significant risk to children. Serious non-compliance includes, but is not limited to the following: child abuse or neglect, excessive non-compliance, failing to admit authorized people into the facility, failing to cooperate with an investigation, failing to report abuse or neglect, improper discipline, improper release of children, improper staff-to-child ratios, inappropriate adult behavior, lack of supervision, medication errors, having no administrator or curriculum coordinator, being over-capacity, participating in fraud or making false statements, safe sleep violations, being sanctioned by another agency, providing transportation in an unsafe manner, being under the influence of drugs and/or alcohol, leaving unqualified staff alone with children, failing to complete comprehensive background checks as required, having an unsafe building/environment, violating an agreement of understanding, or refusing to sign an agreement of understanding.

“**Service Letters**” as required by the Delaware Department of Labor, 19 **Del.C. §**708, are used to determine whether a person seeking employment was counseled, warned, reprimanded, suspended, or discharged as a result of a reasonably substantiated incident involving his/her violent behavior or threat of violence in the workplace, or for abuse or negligence/neglect of patients/clients/residents/children.

“**Staff member**” means a full- or part-time employee of a center and all substitutes.

“**Substitute**” means a paid staff member who is temporarily filling in for a position during the absence of a permanent staff member. This person works under the supervision of at least an early childhood teacher, school-age site coordinator, or school-age site assistant who is designated as responsible for the school-age center. If not qualified to be alone with children, the substitute must work under the direct observation of at least an early childhood assistant teacher, early childhood caregiver, or school-age site assistant.

“**Successful completion**” means earning at least a grade of C- or its equivalent in early childhood education or child development course work from a regionally accredited college or university or completion of a quality-assured training course.

“**Supervised experience**” means completion of the process specified by OCCL to reduce the amount of experience required to qualify for specific early childhood and school-age positions.

“**Supervision of children**” means the correct number of staff members are physically present in the area or room, including outside, with children. Supervision includes providing watchful oversight and timely attention to children’s actions and needs.

“**Supervision of staff**” means performing monitoring and evaluation of assigned staff, which includes the observation of interactions of assigned staff members with children and families, and staff’s adherence to these regulations and the center’s policies and

procedures. When performing monitoring functions, supervisory staff members must be physically present in the same room or area as assigned staff members and directly observe staff to monitor on-going interaction with children.

"**Suspension order**" means a notice issued by OCCL directing a licensee to stop providing child care as of a specific date. While the license is suspended, a licensee may not provide child care.

"**Toddler**" means a child at least 12 months old and less than 36 months old.

"**Training**" means an organized professional development activity that is accepted by OCCL as designed to develop or enhance the early care and education or school-age competencies.

"**Variance**" means OCCL's approval for a licensee to meet the intent of a specific licensing regulation in a way that is different from the way the regulation specifies. OCCL will only give this approval when the change will not endanger the health, safety, or well-being of children in care.

"**Volunteer**" means a person who provides an unpaid service or support to a center. Unless qualified to be alone with children as stated in these regulations, volunteers must be directly supervised at all times by at least an early childhood assistant teacher, early childhood caregiver, or school-age site assistant.

"**Warning of probation**" means an enforcement action initiated by OCCL because the center was cited for serious non-compliance.

"Youth camp" means a child-serving entity having custody or control of one or more school-age children, unattended by parent or guardian, for the purpose of providing a program of recreational, athletic, educational and/or religious instruction or guidance and operates for up to 12 weeks for three or more hours per day, during the months of May through September or some portion thereof, or during holiday breaks in the course of a school year, and is operated in a space or location that is not subject to licensing pursuant to 14 **Del.C.** §3004A.

4. Definition of Regulated Service

A. Early care and education and school-age centers provide care, education, protection, supervision, and guidance for 13 or more children, including children who are related to the licensee. This service is provided to an individual child for less than 24 hours per day and children attend without a parent/guardian. A licensee receives payment for services provided. This definition includes, but is not limited to, full- and part-time child care or daycare, early care and education, preschool, nursery school, before- or after-school care, school vacation or holiday care, and summer child care.

B. An individual, corporation, LLC, organization, entity, program, or agency that operates a center at a public or private school is required to obtain a license unless a public or private school operates the program.

C. The following facilities that operate for less than 24 hours per day shall be exempt from licensure under these regulations:

Exempt Facilities Include the Following:
• Youth camps that provide care for only school-age children and are issued permits by the Division of Public Health (DPH);
• An institution, agency, association, or organization under State of Delaware ownership and control;
• Religion classes conducted by religious institutions during the summer that do not exceed four weeks;
• Programs established in connection with a business, recreation center, or religious institution in which children are provided care for brief periods of time, while a parent/guardian is on the premises and readily accessible at all times;
• Programs that offer activities for school-age children who attend at their own discretion on an 'open door' basis, where there is no payment and no agreement, written or implied, between the program and the parent/guardian for the program to be responsible for the care of the child;
• Programs that offer school-age care on a limited basis in order to meet an emergency need or special need, or only during school in-service days, school holidays, or school vacations;
• Programs that solely provide lessons or classes, such as tutoring, music, dance, sport, or art; or
• A public or private school that provides education in the subjects prescribed for the schools of the State. This school reports to the State Board of Education pursuant to 14 **Del.C.** §2704. This exclusion includes programs and preschool education programs for people with disabilities as defined by 14 **Del.C.** §3101(4) operated by these schools, except as stated in subsection 4.B.

D. An individual, corporation, LLC, organization, entity, program, agency, or school district may not operate a center or provide child care services as defined in these regulations unless issued a license by OCCL. Anyone who operates a center without a license violates 14 **Del.C.** §§3001A-3005A. The Delaware Child Care Act, and shall be fined not more than $100 or imprisoned not more than three months, or both.

5. Authority to Inspect

A. Applicants, licensees, staff members, and volunteers, if applicable, shall allow access to the center during the hours of operation. This includes access to information, files, documents, and video recordings needed to determine compliance. Access must be granted to officials from OCCL and other State and local agencies to determine compliance with applicable codes, regulations, or laws. A licensee shall ensure agencies providing payment for child care services are also granted access.

B. Applicants, licensees, staff members, and volunteers, if applicable, shall allow and not hinder the interviewing of a licensee, staff member, substitute, child in care, or child's parents/guardians by officials from OCCL or other State and local agencies. Interviews will occur to determine compliance with these regulations

and other applicable codes, regulations, or laws. A licensee shall cooperate and have staff members cooperate with investigations regarding allegations of child abuse or neglect conducted by the Department of Services for Children, Youth and Their Families.

6. License Requirements

A. A license remains the property of OCCL and is not transferable or subject to sale.
B. A licensee shall post the license where it is visible to the public.
C. When a center is sold, closes, relocates, or when the license has been suspended or revoked, the license immediately becomes not valid.
D. In the event of the licensee's death, the early childhood administrator or a staff member shall inform OCCL within 10 business days. The center may continue to operate for 90 days to allow time for a new applicant to complete the licensing process or to allow families to find alternate care because the center is closing. The license will no longer be valid 90 days after the licensee's death.
E. A separate application must be made for each center's address. A separate license is not required for a center that operates in two or more buildings at the same address.

PART II LICENSING PROCESS AND PROCEDURES

7. Procedures for Initial Licensure

A. An applicant shall complete the following steps and submit the following information to OCCL when seeking a license:

1. Attend OCCL's information session and orientation to learn the application process and regulations (an applicant may send the designated representative).
2. Submit a completed Initial License Application (see Appendix I), which includes:

Required Application Information:
• Applicant's name, address, email, and phone numbers;
• Applicant's references: for corporations contact information for officers; for LLCs contact information for managing member; for public and private schools contact information for the superintendent or equivalent officer;
• Previous licensure information, if applicable;
• Program information (including ages of children to be served);
• Staffing information (including names of proposed employees); and
• Certifications that include: o Agreement to comply with federal and State laws and regulations; o Statement that information supplied is true and correct; and o Acknowledgment that OCCL is required to make a thorough investigation of the applicant.

3. Submit the following items to OCCL:

Items to be Submitted:
• Blueprints or diagrams of the center;
• Plan review including an emergency plan;
• Sample two-week menu, if providing meals or snacks (if using a catering service, a copy of the caterer's food establishment permit);
• Business plan;
• Deed, lease, or documentation showing a lease/sale will be entered into at a date prior to licensure for the center. If located in a school, written permission to use an area or classroom is needed. An actual deed or lease is required before the pre-licensing visit is conducted;
• Fire marshal approval from State fire marshal or designated fire marshal when located within the city limits of Wilmington, Newark, New Castle, or Dover;
• Proof of compliance with zoning codes/certificate of occupancy or use, and, if applicable, other codes, regulations, guidelines, or laws, such as those regarding building construction, plumbing, Department of Natural Resources and Environmental Control for septic systems, and Office of Drinking Water for well water;
• Lead-paint risk assessment and requirements of subsection 45.B, if the center was built before 1978;
• Release of employment form that allows OCCL to collect service letters as per 19 **Del.C**. §708. The form will list the applicant's current or most recent employer and all health care and child care facilities where the applicant worked within the past five years. If an applicant has no former employer, the applicant shall provide information for two more references;
• Comprehensive background checks, as described in subsection 28.C, for the applicant, early childhood or school-age administrator, and early childhood teacher or school-age site assistant;
• If an applicant will be present at the center, an applicant's health appraisal must contain a TB test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or other staff, and was conducted within one year before the application date. This form must confirm the individual's health and document medical or physical conditions that may limit the person's ability to perform child care or have access to children or others and any reasonable accommodations that may be required;
• For early care and education programs, DE First certificates for an early childhood administrator and at least one early childhood teacher and for school-age programs, DE First certificates for a school-age administrator and at least one school-age site assistant;
• Parent handbook;
• Staff handbook;

Items to be Submitted:
• Evidence showing each room used for child care to be free of radon hazards using the Environmental Protection Agency's guidelines: ○ Testing may be performed by the property owner or an inspector certified by the American Association of Radon Scientists, the National Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program. ○ If testing indicates a radon level over 4.0 pCi/l, radon mitigation according to industry standards must occur or a long-term radon test (90-120 days) must indicate a level less than 4.0 pCi/l.
• Certification of indoor air quality, if applicable;
• Certificate of liability insurance due by pre-licensing visit; and
• State business license.

B. Upon receipt of the completed application and required information, a licensing specialist will:

1. Review the application and information, and inspect the premises to determine whether the applicant complies with these regulations;
2. Make a recommendation for licensure. If a license is granted, it will be a six-month initial provisional license; and
3. Notify the applicant as stated in subsection 13.D if an initial provisional license to operate is denied.

C. A licensing specialist shall conduct a compliance review at the center before the expiration of the initial provisional license. Once this review is completed, OCCL will issue a provisional or annual license depending upon whether full compliance is obtained. This license will be valid for six months.

8. License Renewal

A. A licensee shall submit a completed Renewal License Application (see Appendix II) to OCCL at least 60 days before the current license expires that includes the following:

1. A sample two-week menu of meals or snacks, if the center provides meals or snacks;
2. Certificate of liability insurance; and
3. A copy of the current State business license.

B. Applications received less than 60 days before the license expiration will be cited as late on the compliance review.

C. When a licensee applies on time, the existing license will not expire until OCCL makes a decision on the renewal application.

D. When a licensee applies after the license expires, if approved, the new license will start the date OCCL received the application. A license will not be backdated.

E. A licensing specialist or licensing supervisor shall verify during an unannounced annual compliance review that the licensee complies with these regulations.

1. A licensee found to be noncompliant with the regulations will be cited and given a corrective action plan.
2. Within five days of the citation, a licensee may dispute citations by contacting a licensing supervisor to request a conference or by discussing the citations over the phone.

    a. A licensee may provide evidence that the facility was wrongly cited.
    b. After the conference or phone conversation, the supervisor will then discuss the information with the licensing specialist and determine whether to remove the non-compliance from the corrective action plan.

F. OCCL will issue one of the following types of licenses:

1. An annual license for 12 months when the licensee is in full compliance with the regulations;
2. A provisional license when the licensee is unable to achieve full compliance before the current license expires and the licensee agrees to comply with the corrective action plan; or
3. A license extension when compliance has not been determined through no fault of the licensee.

9. Changes Affecting a License

A. A licensee shall submit a new application and receive approval before changing the center's name or the type of authorized regulated service.
B. A licensee shall submit a revised plan review and receive approval before:

1. Making additions or renovations to the indoor areas/classroom or outdoor areas of the center: or
2. Changing meal services provided at the center.

C. Before the new or renovated area is used or the new meal service begins, a licensing specialist will conduct an on-site visit to confirm the plan was followed.
D. A licensee may be required to submit a revised plan review when changing the ages of children served.
E. A licensee and prospective licensee shall follow the procedures in subsection 14.A in preparation for the sale of the center.

10. Relocation of a Center

A. A licensee planning to relocate shall notify OCCL at least 90 days before a planned relocation of a center. A licensee shall complete a Relocation Application (see Appendix II) and submit the following information on the new location to OCCL before a licensing specialist conducts a compliance review:

Required Documents for Relocations:
• Blueprints or diagrams of the center;
• Plan Review including an emergency plan;
• Deed, lease, or documentation showing a lease will be entered into at a date prior to licensure for the center or if located in a school, permission to use an area or classroom;
• Fire marshal approval for the center;
• Proof of compliance, if applicable, from the appropriate regulatory bodies governing zoning/certificate of occupancy or use, building construction, plumbing, Department of Natural Resources and Environmental Control for septic systems, and Office of Drinking Water for well water;
• Certification of indoor air quality, if applicable;
• Evidence showing each room used for child care to be free of radon hazards as stated in subsection 7.A.3;
• Insurance documentation;
• Lead-paint risk assessment and requirements of subsection 45.B, if the center was built before 1978; and
• Radon testing and mitigation, if necessary, as stated in subsection 45.C.

B. A licensee may not provide child care at the new location until OCCL issues a license at the new address.

11. Regulation Variance

A. An applicant or licensee shall comply with all regulations unless an applicant or licensee requests a variance from OCCL and receives approval.

B. The applicant or licensee shall describe on a written variance request form (see Appendix III) how the applicant or licensee will meet the intent of a specific regulation in a different way from the way the regulation states.

1. The change may not endanger the health, safety, or well-being of children in care.
2. The licensee shall keep the variance approval and make it available on request. A variance is valid only for this licensee. If the licensee fails to comply with the variance, OCCL will cancel the variance and require the licensee to comply as the regulation states.
3. A variance denial may be appealed by requesting a conference with OCCL.

12. Complaints

A. OCCL shall investigate when a complaint is received regarding a possible violation of these regulations.

B. OCCL shall notify the licensee or a staff member that a complaint is being investigated at an unannounced visit.

C. OCCL shall report the results of the investigation in writing.

D. If the complaint is substantiated or if other violations are found during the investigation, a licensee shall correct the violations and come into compliance with these regulations.

1. Within five days of receiving the complaint investigation report, a licensee may dispute citations or findings by contacting a licensing supervisor to request a conference or by discussing the citations over the phone.
2. A licensee may provide evidence that the facility was wrongly cited.
3. After the conference or phone conversation, the supervisor will then discuss the information with the licensing specialist and determine whether to remove the non-compliance from the corrective action plan.

E. Complaints relating specifically to laws, rules, or regulations of other governmental entities (including but not limited to the Americans with Disabilities Act and Delaware Equal Accommodations Law) will be referred to the appropriate entity, charged with enforcement authority, for investigation. At the time of the referral, OCCL shall request a report of the findings. OCCL shall assist the complaining party with the referral process or make the referral itself, as appropriate. OCCL shall request a report of the findings at the conclusion of the investigation. These findings may be used as the basis for an OCCL enforcement action.

F. An investigation by the Department of Services for Children, Youth, and Their Families' Institutional Abuse Unit will be made if a complaint is received regarding the abuse or neglect of a child at the center by a staff member.

13. Enforcement Actions

A. To maintain licensure, a licensee shall follow these regulations and applicable federal, State, and local laws and regulations. Failure to do so will result in a corrective action plan or an enforcement action.

1. An enforcement action, such as warning of probation, probation, suspension, revocation, or denial of a license application, may be initiated by OCCL when a licensee fails to comply with a corrective action plan or agreement of understanding, or has been cited for serious non-compliance.
2. A licensee may appeal an enforcement action by requesting a hearing within 10 business days of notification of OCCL's decision to impose the action.

   a. This appeal request may be written or verbal for warning of probation or probation. All other appeal requests must be provided by the applicant or licensee in writing.
   b. A licensee may provide evidence that the facility was wrongly cited.

B. **License Suspension**

1. OCCL may immediately suspend a license if the health, safety, or well-being of children in care is in serious or imminent danger.

a. A suspension order requires the licensee to immediately stop providing child care. Absent extenuating circumstances, a suspension order shall be in writing.
b. If a verbal suspension order is provided, it will be followed by a hand-delivered written suspension order by 11 AM the following business day.
c. A written suspension order must state the reason or reasons for the enforcement action.

2. Within 10 business days of OCCL issuing the written order, the licensee may choose to close permanently, remain suspended until the reason for the suspension has been corrected, or remain suspended and request a hearing in writing.
3. A hearing must be scheduled and held within 10 business days of the licensee's written request for a hearing.

a. A hearing officer with no previous involvement in the matter must be assigned by the associate secretary of early childhood support.
b. The hearing officer may allow delays in the hearing only for good cause.
c. After a hearing officer makes a recommendation, the secretary determines whether to adopt the recommendation and issues a final decision.
d. The licensee will be notified in writing of the decision of the secretary. The decision will become final 10 business days after it is mailed or delivered to the licensee.

4. A licensee dissatisfied with the department's decision for suspension may file an appeal within 30 business days after the mailing or delivery of the decision notice.

a. A licensee appeals to the Delaware Superior Court in the county where the center is located, by filing the appeal in the Office of the Prothonotary for the Superior Court.
b. A licensee shall supply a copy of the appeal to the department.
c. The licensee pays any costs for this appeal that Superior Court rules require to be paid by the filing party.
d. The final decision of the secretary will remain in place during the appeal process unless otherwise ordered by the court pursuant to 29 **Del.C.** §10144.

C. **Warning of Probation or Probation**

1. OCCL may place a center on warning of probation or probation when serious non-compliance is cited.

a. OCCL shall notify the licensee in writing of the reasons it intends to place the center on warning of probation or probation.

b. This letter will describe how a licensee may appeal the decision by requesting a hearing to present information that the cited violations are not valid.
c. Warning of probation may initially last up to six months and may be renewed. Probation may initially last up to one year and may be renewed.

2. Within 10 business days of receiving the written notice, the licensee shall request a hearing or accept the enforcement action.
3. A hearing must be held within 30 calendar days of the hearing request.

   a. The department will assign a hearing officer with no previous involvement in the matter.
   b. A hearing officer may allow delays in the hearing only for good cause.

4. After a hearing officer makes a recommendation regarding warning of probation, OCCL's administrator determines whether to adopt the recommendation and makes a final decision. After a hearing officer makes a recommendation regarding probation, the associate secretary of early childhood support determines whether to adopt the recommendation and makes a final decision. OCCL shall notify the licensee in writing of the decision.
5. A licensing specialist shall conduct unannounced visits during the enforcement period to ensure compliance with these regulations is maintained.

   a. The findings will be reported to the licensee in writing.
   b. A licensee found to be noncompliant with the regulations will be cited and given a corrective action plan.

      1) Within five days of the citation, a licensee may dispute citations by contacting a licensing supervisor to request a conference or by discussing the citations over the phone.
      2) A licensee may provide evidence that the facility was wrongly cited.
      3) After the conference or phone conversation, the supervisor will then discuss the information with the licensing specialist and determine whether to remove the non-compliance from the corrective action plan.

6. Failure to comply with licensing regulations while on warning of probation or probation may result in having the enforcement action extended or heightened.
7. A licensee may not increase the licensed capacity or receive a new license at an additional site while on an enforcement action or when issued a notice regarding OCCL's intent to place the center on an enforcement action.

D. **Denial of a License Application or Revocation**

1. OCCL may deny a license application or revoke a license for good cause, including but not limited to the following:

Reasons for Denial or Revocation:
• Failure to comply with applicable provisions of federal, State, or local laws or of these regulations;
• Violation of the terms or conditions of its license;
• Fraud or misrepresentation in obtaining a license or in the subsequent operation of the center;
• Refusal to furnish OCCL with files, reports, or records as required by the law;
• Refusal to permit an authorized representative of OCCL to gain admission to the center during operating hours;
• Engaging in any activity, policy, practice, or conduct by the licensee or staff member that adversely affects or is deemed by OCCL to be detrimental to the education, health, safety, or well-being of children; or
• Conduct that otherwise demonstrates unfitness by the licensee or early childhood or school-age administrator to operate a center.

2. OCCL shall notify the applicant or licensee in writing of the reasons it intends to deny a license application or revoke a license. This letter will describe how an applicant or licensee may appeal the decision by requesting a hearing to present information that the cited violations or reasons for the denial are not valid.

   a. Within 10 business days of receiving the written notice, the applicant or licensee shall request a hearing in writing or accept the denial or revocation and close within the time stated in the notice.
   b. If an applicant or licensee does not make a timely request for a hearing as stated in subsection 13.D.2.a, the denial or revocation will take effect 30 business days after receiving the written notice from OCCL.

3. A hearing will be held within 30 calendar days of the hearing request.

   a. The department will assign a hearing officer with no previous involvement in the matter.
   b. A hearing officer may allow delays in the hearing only for good cause.

4. If an applicant or licensee requests a hearing in a timely manner, its existing license will be valid until the department provides a written decision after the hearing. However, OCCL may suspend a license immediately whenever the health, safety, or well-being of children in care is in serious or imminent danger.
5. After a hearing officer makes a recommendation, the secretary determines whether to adopt the recommendation and issues a final decision. The

applicant or licensee will be notified in writing of the decision. The decision will become final 10 business days after it is mailed or delivered to the applicant or licensee.

6. An applicant or licensee who is dissatisfied with the department's decision regarding revocation or denial may file an appeal within 30 business days after the mailing or delivery of the decision notice.

   a. The applicant or licensee appeals to the Delaware Superior Court in the county where the center is located, by filing the appeal in the Office of the Prothonotary for the Superior Court.
   b. The applicant or licensee shall supply a copy of the appeal to the department.
   c. The applicant or licensee pays any costs for this appeal that Superior Court rules require to be paid by the filing party.
   d. The final decision of the secretary will remain in place during the appeal process unless otherwise ordered by the court pursuant to 29 **Del.C.** §10144.

7. When a license has been revoked or an application has been denied, the licensee or applicant may not apply for a license from OCCL for three years from the date that the revocation or denial was upheld. A facility's designated representative, early childhood administrator, school-age administrator, or person in a leadership role will not be issued a license during this three-year period.

PART III ADMINISTRATION AND ORGANIZATION

14. Notification to OCCL

A. A licensee shall notify OCCL in writing at least 90 days before the expected closing of the center or a change of ownership, sponsorship, location, center name, capacity, or type of regulated service being provided such as changes the ages of children served.

   1. When a licensee plans to sell a currently licensed center, the prospective licensee shall follow the procedures listed in Section 7, before the center is sold so that a child care license can be issued to the new owner when all licensing criteria are met and the sale is finalized. Lead-risk assessments are transferrable.
   2. Once the initial licensing procedures are completed by the prospective owner, a licensing specialist will conduct a pre-licensing visit to issue a license that becomes effective the date the facility is sold. If non-compliance is cited, a corrective action plan will be created with a maximum of 30 days for completion assuming no major health or safety violations were cited.
   3. The prospective licensee shall provide a copy of the bill of sale to OCCL before OCCL will issue the license.

B. A licensee shall notify OCCL within five business days of the resignation, termination, transfer, or hiring of the early childhood or school-age administrator,

early childhood curriculum coordinator, or school-age site coordinator. An early childhood administrator or staff member shall notify OCCL within 10 business days of the death of the licensee.

C. A licensee shall ensure OCCL is called within one business day Monday-Friday from 8:00 AM to 4:30 PM (The caller must speak with someone; leaving a message is not acceptable) in the event of:

Notify OCCL Within One Business Day in the Event of:
• A fire, flood, or other disaster causes damage that affects the center's ability to operate safely;
• Injury of a child while in the care of a center, when the center is informed the child required medical/dental treatment other than any first aid provided at the center. A licensee shall follow this call with a written report within three business days;
• Suspected abuse or neglect of a child while in care (after reporting the suspicion to the 24-Hour Child Abuse Report Line, currently listed as 1-800-292-9582);
• A known arrest or conviction of a staff member or licensee;
• A child had a reaction to medication requiring medical treatment or received medical treatment because of a medication error such as administering the wrong medication to a child, administering the wrong dose, failure to administer the medication, administering a medication to the wrong child, or administering the medication by the wrong route. The licensee shall follow this call with a written report within three business days;
• The phone number of the center changes (must also notify parents/guardians and staff members);
• A child is abducted from the center or is missing while in the center's care; or
• An equipment breakdown that threatens the health and safety of children in care, including but not limited to lack of working toilets, interruption of running water, loss of phone service or power, smoke/fire alarm system failure, and heating or air-conditioning failure.

D. The licensee shall immediately call the 24-Hour Child Abuse Report Line (currently listed as 1-800-292-9582) when a child in care dies. After this call, a licensee shall immediately notify OCCL.

E. A licensee shall ensure telephone calls from OCCL requiring a response are returned within two business days.

15. Governing Body

A. A licensee shall have an identifiable owner or governing body with responsibility for and authority over the operation of the center. The owner or governing body shall designate a qualified person to function as the center's early childhood or school-age administrator.

B. A licensee, governing body, if applicable, and employees shall follow all applicable federal, State, and local laws and regulations, including, but not limited to, the Americans with Disabilities Act and Delaware Equal Accommodations Law.

C. A licensee shall have an organized system of business management and have sufficient staff, space, and equipment to fulfill, at a minimum, administrative, fiscal, clerical, cleaning, maintenance, food services, direct child care, and supervisory functions.

16. Insurance Coverage

A licensee shall have documentation of motor vehicle insurance if transporting children in a vehicle that is owned or leased by the center, comprehensive general liability insurance, and other insurance as required by State law.

17. Telephones

A. A licensee shall ensure a center has a working, publicly-listed phone number. This on-site phone must have a feature that allows a caller to leave a voicemail message. The licensee shall provide the new phone number to the parent/guardian, staff, and OCCL within one business day if it changes.

B. A licensee shall post emergency phone numbers by telephones accessible to staff members for ambulance or emergency medical services, police, fire departments (911), Poison Control Center, and the 24-Hour Child Abuse Report Line (currently listed as 1-800-292-9582).

18. General Human Resources and Personnel Policies

A licensee shall have and follow written policies and practices that include procedures for positive behavior management of children, handling allegations of child abuse and neglect, hiring, discipline, dismissal, dishonesty, suspension, and lay-off of staff members in accordance with applicable laws. These policies must be available to staff members and on request by prospective staff.

19. Child Abuse and Neglect Reporting Requirements

A. A licensee shall develop, adopt, follow, and maintain on file written policies and procedures for handling an incident of suspected child abuse or neglect that occurs while a child is in or out of the center's care to comply with applicable laws.

B. Allegations of Abuse or Neglect against a Staff Member

1. The licensee shall ensure children are not abused or neglected.
2. The licensee shall eliminate the factors or circumstances that may result in a continuing risk of abuse or neglect to children if the abuse or neglect occurred at the center by a staff member.
3. A staff member alleged to have abused or neglected a child may not have direct contact with any child until the completion of the incident's investigation. However, at the licensee's discretion, the staff member may be reassigned to other duties that do not involve contact with children.

20. Positive Behavior Management

A. A licensee shall have and follow an easy-to-understand written children's behavior management statement. The statement shall be posted in a noticeable place in the center and provided to a parent/guardian and staff.

B. A licensee shall ensure that all staff use prevention strategies, appropriate redirection rather than restraint, and positive developmentally-appropriate methods of behavior management of children, which encourage self-control, self-direction, positive self-esteem, social responsibility, and cooperation.

1. Staff shall give directions and guidance in a clear, non-threatening manner.
2. In addition, staff members shall intervene quickly to ensure the safety of children and others; redirect children by suggesting other acceptable behaviors; escort the child to a different setting when necessary and speak so children understand their feelings are important and acceptable, but their disruptive behavior is not.
3. As children develop, these methods must be modified to encourage them to control their own behavior, cooperate with others, and solve problems by developing ideas about the best possible solution.

C. A licensee shall ensure staff members consult with a child's parent/guardian and professionals, if necessary, to design effective positive behavioral interventions and to adapt behavior management practices for a child who has a special need, including a behavioral or emotional disability.

D. A licensee shall ensure staff members teach by example by always being respectful when speaking to children and others such as other staff and families while at the center.

E. A licensee shall ensure that if "time-out" is used, it is used only as necessary to help the child gain control of behavior and feelings. It must be used as a supplement to, not a substitute for, other developmentally-appropriate methods of behavior management.

1. "Time-out" must be limited to brief periods of no more than one minute for each year of a child's age.
2. "Time-out" may not be used for infants.
3. Before using "time-out", the staff member shall discuss the reason for the "time-out" in language appropriate to the child's level of development and understanding.
4. A child removed from the group or room during a "time-out" must be supervised. Before rejoining the group or at another time, a staff member must talk to the child in ways that encourages the child to make better decisions in the future.

F. A licensee shall ensure the following actions are prohibited:

Prohibited Acts:
• Roughly handling a child or physical punishment inflicted on a child's body, including, but not limited to the following: shaking, grabbing, striking, hair-pulling, biting, pinching, plucking, slapping, hitting, kicking, or spanking;
• Yelling at, humiliating, or frightening children;
• Physically or sexually abusing a child;
• Making negative comments about a child's looks, ability, ethnicity, family, or other personal traits;
• Denying children food, water, or toilet use because of inappropriate behavior;

• Tying, taping, chaining, caging, or restraining a child by a means other than holding. The child may be held only as long as necessary for the child to regain control;
  ○ If the child or others are in imminent danger or a risk to themselves or others, physical holding for as brief as possible to remedy the risk or removing the child to a safer location is permissible. Supervision is required.
  ○ In the event physical holding is used, documentation must occur by the staff. The early childhood or school-age administrator shall be involved in monitoring and managing the situation to ensure safety of all (child and staff member).

• Punishing children for a toileting accident, or for failing to fall asleep, eat food, or complete an activity;
• Withholding physical activity as punishment; or
• Encouraging or allowing children to hit, punish, or discipline each other.

21. Food Service Policy

A. A licensee shall have and follow a written policy concerning food service. This policy must be given to a parent/guardian at enrollment and when updated. This policy must include:

1. A statement that children are encouraged but not forced to eat;
2. Approximate times of snacks and meals;
3. Procedures to address food allergies (for foods provided by the center or parents/guardians); and
4. A description of which food services will be provided by the licensee or by a parent/guardian.

B. A licensee shall ensure when meals or snacks are provided by the center the food service policy includes:

1. Procedures to address religious dietary requirements and other dietary requests or restrictions; and
2. A policy on whether additional servings of foods will be served to a child who has been fed and is still hungry.

C. A licensee shall ensure when meals and snacks are provided by a parent/guardian the food service policy includes:

1. Statements that meals or snacks may not be shared with others;
2. Statements that foods must be clean and safe and comply with the center's written policy concerning the content of foods provided by a parent/guardian;
3. Written procedures to be followed to prevent spoilage of foods brought from home; and
4. Procedures that the center will follow to provide a meal or snack to a child who has not brought one or both.

22. Breast Feeding

A licensee shall have and follow a policy to address the needs of a child who is breastfed. This policy must include allowing a mother to breastfeed her child at the center in a designated place in the center that is clean, removed from public view, and not located in a toilet room or kitchen.

23. Center Policies-Parent/Guardian Handbook

A licensee shall have and follow an organized system of respectful communication with parents/guardians and provide a handbook at enrollment that includes the following information:

Parent/Guardian Handbook Requirements:
• Assurances that parent/guardian's visits and monitoring of the program are welcomed and permitted without prior approval;
• Assurances of nondiscrimination based on race, color, national origin, gender, age, sex, pregnancy, marital status, sexual orientation, gender identity or expression, religion, creed, disability, veteran's status, or any other category protected by state and/or federal laws;
• A statement of the center's developmental and educational goals for children as stated in subsection 73.B.1 including procedures for regularly informing the parent/guardian about the program and the child's developmental and educational progress including a minimum of one annual conference between center staff and the parent/guardian;
• A written explanation of the mandatory reporting of child abuse and neglect;
• Information about procedures used to assess children's accomplishments and needs and, when there are concerns, to refer the parent/guardian for additional help in the community;
• Upon request, a procedure for informing the parent/guardian of the identities and contact information of the governing body members and owners, as applicable;
• A procedure encouraging the parent/guardian to review current licensing regulations that are made available at the center;
• A procedure for accepting and handling complaints from the parent/guardian;

Parent/Guardian Handbook Requirements:
• Procedures related to the release of children including: ○ Releasing children only to people approved by a parent/guardian including a process for the emergency release of a child; ○ Allowing school-age children to walk home or from the school bus stop to the center each with written parent/guardian permission; ○ Checking the identity of an unknown approved person before releasing the child and keeping documentation of this verification except for bus drivers contracted by the child's school; ○ Handling situations in which a non-custodial parent attempts to claim the child without custodial parent/guardian permission; ○ Handling situations in which an unapproved person attempts to pick up a child; and ○ Handling situations when a person who seems to be intoxicated or unable to bring the child home safely requests the release of a child;
• Procedures to report accidents or critical incidents involving the child and other important information relating to the child;
• Procedures stating that written permission from the parent/guardian is required before disclosing or using a child's written, electronic, or digital information except to employees of OCCL or other entities with statutory responsibilities for issues relating to the health, safety, and well-being of children;
• Procedures for using a written transition plan when enrolling a child or when moving a child permanently from a particular group or room. The parent/guardian must be informed in advance;
• Policies for routine and emergency health care including procedures to follow in case of illness; plans for accessing emergency services, including transportation and parent/guardian notification; illness exclusions including reportable communicable diseases; parent/guardian notification of communicable disease or condition; and administration of medication policies including reasonable accommodations for a child with disabilities;
• Policies for child suspension and expulsion such as the "Best Practice Statement for the Prevention of Expulsion and Suspension in Delaware Early Childhood Programs," that can be found on the "My Child DE" website;
• Policies on positive behavior management, food and nutrition services as described in Section 21, safety and sanitation, physical activity, screen time, photographing or videotaping children, and transporting children, as applicable; and
• A typical daily schedule of the center's programs and activities.

STAFFING REQUIREMENTS AND QUALIFICATIONS

24. Staff Qualifications

A. A licensee shall ensure sufficient qualified staff members are hired and retained to meet the requirements of these regulations. A licensee shall ensure a copy of the qualifications certificate is kept in the staff member's file.

B. Staff members qualified by Delaware First, before the effective date of these regulations shall keep that qualification.

C. A licensee shall ensure each staff member without a qualifications certificate submits, within 60 days of hire, true and accurate documentation to Delaware First showing how the staff member is qualified for a position. OCCL shall determine what education, training, or experience is acceptable as an equivalent to meeting the stated qualifications. Credits from a regionally accredited college or university may be used as other equivalent training as accepted by OCCL or its designee.

1. If false qualifications documentation is submitted to OCCL or its designee, the applicant will be notified and will be unable to submit new or updated documentation for one year.
2. OCCL and its designee will only accept high school diplomas obtained through regionally accredited agencies. The secondary credential assessment, such as the GED ® Test and alternatives, will only be accepted if the examination was completed through the American Council on Education or individual state-sanctioned agencies.
3. A licensee shall ensure high school diplomas or equivalents, college transcripts, or degrees from other countries used to verify education for a position are evaluated by an independent credentialing agency accepted by OCCL or its designee.

D. Supervised experience may be used for designated positions and will reduce the required experience by half.

1. To participate in supervised experience, a staff member shall demonstrate the ability to select and present developmentally-appropriate lessons, activities, and curriculum for individual children as well as for small and whole groups of children.
2. Demonstration must be observed and documented by an early childhood administrator or early childhood curriculum coordinator, each with a degree. Supervised experience for school-age positions may be observed and documented by a school-age administrator or school-age site coordinator.
3. Supervised experience may only be earned at a licensed center.
4. The process and forms used to document supervised experience are located on OCCL's website. OCCL's approval is needed before supervised experience begins.

E. Early Childhood Administrator

1. A licensee shall ensure that the early childhood administrator is at least 21 years old and meets the following education and experience qualifications:

Early Childhood Administrator Qualifications			
Education	**Area of Study/Major**	**Regionally Accredited College or University Credits[1,2]**	**Experience [2,3]**
At least a bachelor's degree or associate degree from a regionally accredited college or university	All areas of study	Successful completion of at least 15 credits from a regionally accredited college or university with at least three credit hours in each of the following areas: child development/learning, environment/curriculum, social-emotional development, observation/assessment; and at least one three hour early childhood elective of the student's choice	12 months of experience working with children ages birth through second grade in a group
[1] An administrator's credential may substitute for three college or university credits when issued by DOE or other OCCL approved agencies. Having an early childhood or school-age administrator's credential alone does not qualify a person as an early childhood administrator.			
[2] A currently certified teacher who is certified to work with children birth through second grade meets the education and experience qualifications to be an early childhood administrator.			
[3] Three months of supervised student teaching of children birth through second grade may substitute for six months of the required experience.			

2. An early childhood administrator without a degree, who formerly qualified as the program director at a center licensed before January 1, 2007, is able to serve as the early childhood administrator. To keep this qualification, this person must remain at that original center or may transfer only to a center licensed before January 1, 2007, that is owned by the same licensee. This center must have a qualified early childhood curriculum coordinator with at least an associate degree functioning in that role.

F. Early Childhood Curriculum Coordinator

1. A licensee shall ensure an early childhood curriculum coordinator is at least 20 years old and meets one of the following education and experience qualifications:

Early Childhood Curriculum Coordinator Qualifications			
Education	Area of Study/Major	Regionally Accredited College or University Credits	Experience [1]
Bachelor's degree from a regionally accredited college or university	Early childhood education, child development, elementary education, elementary special education or child psychology	Successful completion of at least 15 credits from a regionally accredited college or university in child development or early childhood education including six credits in early childhood curriculum development and planning	Three months of supervised student teaching birth through second grade - or - Six months of experience working with children birth through second grade in a group
	All other areas of study/majors	Same as above	Six months of experience working with children birth through second grade in a group
Associate degree from a regionally accredited college or university	Early childhood education, child development, elementary education, or elementary special education	Successful completion of at least 15 credits from a regionally accredited college or university in child development or early childhood education including six credits in early childhood curriculum development and planning	Three months of supervised student teaching birth through second grade - and - Three months of experience working with children birth through second grade in a group
			Six months of experience working with children birth through second grade in a group
	All other areas of study/majors	Same as above	12 months of experience working with children birth through second grade in a group
High school diploma or equivalent recognized by DOE	All areas of study	Successful completion of at least 15-credit-hours from a regionally accredited college or university in child development or early childhood education including six credits in early childhood curriculum development and planning	24 months of experience working with children birth through second grade in a group
[1] Supervised experience may substitute for half of the required experience.			

2. An early childhood curriculum coordinator without a degree may fill this position when the early childhood administrator is qualified with at least an associate degree.

G. Early Childhood Administrator or Early Childhood Curriculum Coordinator – Specialized Training

1. If the center serves infants or toddlers, a licensee shall ensure either the early childhood administrator or early childhood curriculum coordinator has successfully completed 15-clock-hours of accepted training in infant or toddler development and curriculum. The clock hours may be from college or university credits.
2. If the center serves school-age children, a licensee shall ensure either the early childhood administrator or early childhood curriculum coordinator has successfully completed 15-clock-hours of accepted training in school-age care. The clock hours may be from college or university credits. A

center employing a school-age administrator who functions in that role is exempt from this requirement.

H. Early Childhood Teacher

A licensee shall ensure an early childhood teacher is at least 18 years old and meets one of the following education and experience qualifications:

Education	Area of Study/Major	Regionally Accredited College or University Credits	Experience [1]
Bachelor's degree or associate degree from a regionally accredited college or university	Early childhood education, child development, elementary education, elementary special education, or child psychology	Successful completion of at least six credits from a regionally accredited college or university in child development or early childhood education	Three months of supervised student teaching birth through second grade - or - Six months of experience working with children birth through second grade in a group
	All other areas of study/majors	Same as above	Six months of experience working with children birth through second grade in a group
High school diploma or equivalent recognized by DOE	All areas of study	Successful completion of at least nine credits from a regionally accredited college or university of which three credits must be in early childhood education, child development, and positive behavior management. -or- Valid Child Development Associate Credential (CDA) -or- Successful completion of Training for Early Care and Education 1 and 2 (TECE 1 and TECE 2) or equivalent training as recognized by OCCL, such as training that has received the Council for Professional Recognition's CDA Gold Standard℠ Comprehensive certification -or- Montessori Infant and Toddler Full/Associate Credential or Montessori Early Childhood Full/Associate Credential from a MACTE approved training program -or- Successful completion of the Delaware Department of Labor's Early Childhood Apprenticeship Program -or- Successful completion of a vocational or technical high school's three-year program in early childhood education accepted by DOE -or- Successful completion before 2007 of a one-year early childhood diploma program from a two-year college	12 months of experience working with children birth through second grade in a group

[1] Supervised experience may substitute for half of the required experience.

I. Early Childhood Assistant Teacher

A licensee shall ensure an early childhood assistant teacher is at least 18 years old and meets the following education and experience qualifications:

Education	Area of Study/Major	Regionally Accredited College or University Credits	Experience [1]
High school diploma or equivalent recognized by DOE	All areas of study	Successful completion of at least three credits in early childhood education and three credits in child development from a regionally accredited college or university - or - Successful completion of Training for Early Care and Education 1 (TECE 1) or equivalent training as recognized by OCCL, such as within the Council for Professional Recognition's CDA Gold Standard℠ Comprehensive certification - or - Successful completion of a traditional high school's career pathway program in early childhood education accepted by DOE	Six months of experience working with children birth through second grade in a group
[1] Supervised experience may substitute for half of the required experience.			

J. Early Childhood Caregiver

1. A licensee shall ensure a staff member who formerly qualified as an early childhood caregiver at a specific center licensed before January 1, 2007, may continue to serve in that role.
2. To keep this qualification, a caregiver remains at that original center or transfers only to a center licensed before January 1, 2007, that is owned by the same licensee.

K. Early Childhood Intern

1. A licensee shall ensure an early childhood intern is at least 16 years old.

    a. An early childhood intern may be 15 years old if attending a high school's early childhood education program and enrollment documentation is on file at the center.
    b. An early childhood intern may count in the staff/child ratio.
    c. An early childhood intern must always be under the direct observation of at least an early childhood assistant teacher or early childhood caregiver except as listed in subsection 24.K.3.
    d. An early childhood intern must be at least four years older than any child in his or her direct care.

2. A licensee shall ensure an early childhood intern meets one of the following education qualifications:

Required Education for Early Childhood Interns:
• Successful completion of at least 15-clock-hours of quality-assured training in early care and education;
• Successful completion of at least three college or university credits from a regionally accredited college or university in either child development or early childhood education; or
• Successful completion of the education requirement for a higher position in these regulations.

3. While maintaining required ratios and group size, a qualified early childhood intern who is at least 18 years old may be alone with children when:

Early Childhood Interns May be Alone with Children When:
• Walking children to or from a bathroom;
• Walking children to or from receiving first aid treatment;
• Walking children to or from a bus stop;
• Walking children from one classroom or area to another within the center;
• Supervising an ill child while waiting for pick-up by a parent/guardian; and
• Supervising a group of napping children, ages one and older.

L. Early Childhood Aide

1. A licensee shall ensure an early childhood aide is at least 16 years of age.
2. An early childhood aide may be 15 years old if attending a high school's early childhood education program and enrollment documentation is on file at the center.
3. An early childhood aide must always be under the direct observation of at least an early childhood assistant teacher or early childhood caregiver.
4. An early childhood aide may not be alone with children.
5. An early childhood aide must be at least four years older than any child in his or her direct care.
6. An early childhood aide will count in the staff/child ratio only during the first 12 months of employment at a single center or affiliated center.
7. An early childhood aide attending a high school's early childhood education program with enrollment documentation on file at the center may count in the staff/child ratio while enrolled in the high school program.

25. Substitutes, Volunteers, and Contracted Special Services Persons

A. Substitutes

1. A licensee shall ensure a person may be a substitute at age 15 years old only if attending a high school's early childhood education program. A licensee shall ensure enrollment documentation is on file at the center.
2. A licensee shall have substitute staff members that are at least 16 years old. Documentation of their qualifications to fill a position during the absences of staff is required if alone with children.

3. Substitutes may count toward staff/child ratios for one year without being qualified as at least an early childhood intern.
4. A licensee shall ensure a substitute who is not qualified to be alone with children is under the direct observation of at least an early childhood assistant teacher, early childhood caregiver, or school-age site assistant at all times.
5. When the position of early childhood administrator or early childhood curriculum coordinator is vacant for 30 days or more, a substitute or person filling that role must be qualified for and function in the designated position.
6. As described in Section 30, a licensee shall ensure each substitute has a complete file.
7. Substitutes working less than 25 hours per week are exempt from having a professional development plan and completing annual training hours.

B. Volunteers

1. A licensee shall ensure a person may be a volunteer at age 15 years old only if attending a high school's early childhood education program. A licensee shall ensure enrollment documentation is on file at the center.
2. A licensee shall ensure volunteers are at least 16 years old if counted toward staff/child ratios. Volunteers may count toward staff/child ratios for one year without being qualified as at least an early childhood intern.
3. Volunteers providing unpaid services of less than five days or 40 hours a year are not required to have comprehensive background checks or a file and may never be alone with children.
4. A licensee shall ensure volunteers providing unpaid services of more than five days or 40 hours a year are fingerprinted by State Police before beginning to volunteer and complete a comprehensive background check as described in subsection 28.C. Volunteers who had a comprehensive background check and were determined eligible may be alone with children if qualified as at least an early childhood assistant teacher or school-age site assistant.
5. A licensee shall ensure an on-site file is created for each volunteer who volunteers five days or 40 hours per year before the volunteer begins to volunteer that includes the following:

Requirements for Volunteer Files:
• Personal data sheet, containing the person's name, date of birth, home address, and phone number;
• Volunteer start date and end date (as applicable);
• Qualifications certificate, if applicable;
• Health appraisal that includes verification of the person's ability to perform essential job functions. This appraisal must include a TB test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or other staff. This appraisal must be conducted within one year before a person's start date and submitted within the first month of volunteering. Written evidence of follow-up of any known health conditions of the volunteer that pose a direct threat to the health and safety of children or others and any reasonable accommodations that may be required. This documentation shall be provided to OCCL for the purposes of determining whether the health condition creates a significant risk to children;

Requirements for Volunteer Files:
• Statement signed by the volunteer stating whether the volunteer has previous convictions, current indictments, or involvement in criminal activity involving violence against a person, child abuse or neglect; possession, sale or distribution of illegal drugs; sexual offense; gross irresponsibility or disregard for the safety of others; or a substantiated case of child abuse or neglect;
• Verification of fingerprinting form completed before the adult volunteer's start date or within five days of a volunteer turning 18;
• Comprehensive background check results;
• Verification of adult abuse registry check;
• Documentation acknowledging that using alcohol or a drug that could adversely affect job functions, or having illegal drugs or substances, or non-prescribed controlled substances, is prohibited at the center;
• If transporting children, a copy of a current driver's license;
• Written proof of an annual review of safe sleep procedures (for programs serving infants);
• Written proof of an initial and annual review of child abuse and neglect recognition and reporting procedures;
• Orientation form that includes documentation that the center's policies and procedures as applicable to assigned duties was reviewed; and
• If counting toward staff/child ratios, a professional development plan and record of annual training hours as listed in subsections 33.B and 33.C.

6. Volunteers working as part of an institution of higher education's degree-granting program and assigned to a center may be present on a provisional basis after completing a State and federal fingerprint check for that center.

    a. They must be supervised at all times. When eligibility is determined and if qualified as at least an early childhood assistant teacher or school-age site assistant, they may be alone with children.
    b. When being fingerprinted, volunteers may list multiple centers on the consent form.
    c. The fingerprint verifications for these students must be on file at the center.
    d. A complete file is not required.

C. Contracted Special Services Persons

1. A licensee shall ensure individuals providing contracted special services (such as tutoring, computer education, and language lessons) who are not employees of the center are not alone with children, unless they complete a comprehensive background check for the center and are determined eligible. Documentation of eligibility must be on file at the center. Written parent/guardian permission is required for participation in the activity.
2. A staff file is not required for individuals described in subsection 25.C.1.

26. Staffing

A. A licensee shall ensure the center has a qualified early childhood administrator who functions in that role.

B. A licensee shall ensure the center has a qualified early childhood curriculum coordinator who functions in that role.

C. An early childhood administrator shall also be able to serve as the early childhood curriculum coordinator if the early childhood administrator has at least an associate degree and:

1. The center has a capacity of 60 or fewer children; or
2. The licensee has a written plan approved by OCCL that the center's human resources/personnel and fiscal duties are not the responsibility of the early childhood administrator. The written plan must identify the person/entity performing these duties and the qualifying factors regarding the person/entity. A change involving the person/entity performing these duties requires a new plan approved by OCCL.

D. A licensee shall ensure an early childhood administrator or early childhood curriculum coordinator is at the center at least 60% of the hours of operation and functioning in that role. The early childhood administrator shall be present at least 20 hours a week during the hours of operation.

1. When the early childhood administrator or early childhood curriculum coordinator is not present, a licensee shall ensure a staff member who is qualified as at least an early childhood teacher is present and designated as responsible for the center. This staff member must receive documented training in the emergency procedures, opening/closing procedures, location of and access to child and staff files, and supervision of children and staff.
2. If an early childhood administrator is also serving as a curriculum coordinator for two centers, each with capacities of 60 or fewer children, this person must be at each center at least 50% of the hours of operation.

E. A licensee shall follow a one-to-four ratio of early childhood teachers to early childhood assistant teachers, early childhood caregivers, early childhood interns, and early childhood aides as shown in the table below during hours of operation:

Number of Early Childhood Teachers	Number of Early Childhood Assistants, Caregivers, Interns, and Aides
1	1 to 4
2	5 to 8
3	9 to 12
4	13 to 16
5	17 to 20
(continue as needed)	

F. A licensee shall ensure a staff member with a valid administration of medication certificate is available at all times as described in subsection 63.A.

G. Staff members providing care for children may not be given other duties or participate in personal activities, such as using a cell phone that would interfere with providing care to children. A licensee shall ensure providing care is the primary focus for all direct-care staff members during the hours of operation and that supervision of each child is provided at all times.

27. Ratios, Group Size, and Supervision

A. A licensee shall ensure supervision and direct observation of children is provided at all times. This supervision occurs through the assignment of qualified staff members who are physically present and working with children. The licensee shall maintain the minimum staff/child ratio, except as stated in subsection 27.E, and maximum group size for each age group as listed in the table below:

Age of Child		Minimum Staff/Child Ratio	Maximum Group Size
Infant	Under 12 months	1:4	8
Young toddler (1 year old)	12 through 23 months	1:6	12
Older toddler (2 year old)	24 through 35 months	1:8	16
Young preschool child (3 year old)	36 through 47 months	1:10	20
Older preschool child (4 year old)	48 months or older and not yet attending kindergarten or higher	1:12	24
School-age child	Attending kindergarten or higher	1:15[1]	30

[1] A licensee may apply for a variance from the minimum staff/child ratio to a staff/child ratio of 1:20 when a currently certified State of Delaware teacher is teaching school-age children in the teacher's area of certification. The licensee shall have and follow a plan to comply with the staff/child ratio of 1:15 when a certified teacher as described above is not present (such as during planned or unplanned absences, before and after care, etc.). A copy of the teacher's current certification and the licensee's plan for a teacher's absence must be submitted to OCCL with the Variance Request form. No variance from the maximum group size of 30 will be granted.

B. A licensee shall maintain the staff/child ratio for infants at all times. A staff member shall be assigned to care for specific infants and toddlers within his or her group.

C. For mixed age groups, the staff/child ratio and group size requirements are for the age of the youngest child present.

D. Maximum group size does not have to be maintained when 12 or fewer children are present in the center.

E. During nap times when children one year and older are sleeping, a licensee shall ensure at least half of the required staff members are present and directly observing the children.

1. A staff member may not sit between multiple classrooms or areas and monitor groups of napping children.
2. Maximum group size must be maintained.

F. A licensee shall ensure a staff member who is qualified as at least an early childhood teacher is present at all times during the hours of operation. A licensee shall have at least two staff present when seven or more children one year and older are present. The licensee shall have and follow emergency procedures providing immediate access to emergency services and an additional staff when only one staff member is present with children.

G. A licensee shall ensure infants and toddlers are cared for in rooms and outdoor play areas separate from older children except in the following situations:

Infants and Toddlers Can be Cared for with Older Children in the Following Situations:
• When 12 or fewer children in total are present;
• During the first 90 minutes and last 90 minutes of the hours of operation;
• When toddlers turn three years old and remain with their classes until new classrooms are assigned; or
• During special events or occasions.

H. A licensee shall ensure when 10 or more school-age children are present, the school-age children are cared for in an area physically separated from younger children.

28. General Qualifications

A. A licensee shall ensure each staff member has an understanding of and respect for children and their needs. This includes an understanding of and respect for a child's family and culture.

B. A licensee shall ensure using alcohol or a drug that could adversely affect job functions, or having illegal drugs, substances, or a non-prescribed controlled substance is prohibited in the workplace.

C. A licensee shall ensure a staff member schedules a fingerprinting appointment with Delaware State Police and is fingerprinted for a Delaware SBI and FBI check before the start of employment.

Comprehensive Background Check Requirements:
• Staff members shall provide the fingerprint verification form to the licensee before working with children.
• In addition to the Delaware fingerprinting, staff members who currently reside outside of Delaware must contact their state of residence and complete a fingerprinted state criminal history search and a name- based child abuse and neglect search.
• Staff members who have resided outside of Delaware in the last five years shall contact each state of residence, and request a criminal history search and a name-based child abuse and neglect search.
• After the out-of-state searches are completed, the early childhood or school-age administrator shall submit the results immediately to the Criminal History Unit (CHU).
• While waiting for the results of the background check, a staff member must be supervised at all times by a person who has completed the background check process and been determined eligible.

Comprehensive Background Check Requirements
• A staff member may not be alone with children until CHU reviews the comprehensive background check and determines eligibility.
• A licensee shall ensure results of all record checks are placed in the staff member's file.

D. A licensee shall complete an adult abuse registry check through the Department of Health and Social Services' website (currently listed as http:dhss.delaware.gov/dhss/dltcrp/Default.aspx) for staff members before their start date. A licensee shall ensure the results are printed and placed in the staff member's file.

E. A licensee may not own or be employed at a center if the licensee is prohibited from working in child care in Delaware, based on both State law and the federal Child Care Development Block Grant Act. Applicants and licensees who have a child or children currently or permanently removed from their custody because of abuse, neglect, or dependency are prohibited from providing child care.

1. A licensee shall comply with the DELACARE Regulations - Background Checks For Child-Serving Entities.
2. A licensee may not employ or retain a person who is prohibited from working in child care in Delaware based on both the State law and the federal Child Care Development Block Grant Act. If a person is determined ineligible, the licensee shall make the final determination on whether to hire or retain the person.
3. The licensee may not employ or retain in any capacity a person convicted of an offense defined as child sexual abuse in 11 **Del.C.** §8550; or who is on the Child Protection Registry at a Level III or Level IV.
4. When known, the licensee may not employ or retain in any capacity a person whose child or children are currently removed from this person's custody because of abuse or neglect.
5. After receiving an eligibility determination, a person who is determined ineligible or prohibited under the DELACARE Regulations - Background Checks for Child Serving Entities, is entitled to an administrative review for reconsideration.
   a. If the person requests an administrative review, the licensee and the person shall be bound by the final eligibility decision of the administrative review.
   b. If a person is determined ineligible, the licensee shall make the final determination on whether to hire or retain the person.
   c. If a person is determined prohibited, the person may not work in child care.

F. A licensee shall require staff members to be truthful when providing information to parents/guardians and OCCL.

29. Adult Health Requirements

A licensee shall ensure a staff member with a known contagious communicable disease does not provide personal care to or have direct contact with children. A licensee shall inform DPH of a reportable communicable disease. Information regarding the

communicable diseases that require reporting may be located on DPH's website (currently listed as http://dhss.delaware.gov/dph/dpc/rptdisease.html). Attendance of staff shall be under DPH's direction.

30. Personnel Files

A licensee shall have an on-site confidential paper or accessible electronic file for each staff member and substitute. This file must be available upon request for at least three months after employment ends. Except as noted, all file contents are required at the start of employment and must include the following:

Personnel File Requirements:
• Personal data sheet, completed application, or résumé containing the person's name, date of birth, home address, and phone number;
• Date of employment and termination date (as applicable);
• Two references from adults who are not related to the person who can verify the person is of good character and can meet the needs of children. These references can be letters or written notes gathered by calling the reference. Phone references require the reference's name, phone number, date called, information about the staff member's character and if the reference has knowledge about how the person works with children, and the name of the person receiving the reference;
• Release of employment history form and received Service Letters or documentation showing two requests and follow-up for Service Letters has been made. If the person has not worked or if unable to get at least one completed Service Letter, two additional reference letters or phone references are required;
• Statement signed by the staff member stating whether the staff member has previous convictions, current indictments, or involvement in criminal activity involving violence against a person, child abuse or neglect; possession, sale or distribution of illegal drugs; sexual offense; gross irresponsibility or disregard for the safety of others; or a substantiated case of child abuse or neglect;
• Documentation acknowledging that using alcohol or a drug that could adversely affect job functions, or having illegal drugs, substances, or non-prescribed controlled substances, is prohibited in the center;
• Orientation form that includes documentation of training in topics as listed in Section 32;
• Verification of fingerprinting form completed before the adult staff member's start date or within five days of a staff member turning 18;
• Copy of job description;
• Comprehensive background check eligibility letter;
• Adult abuse registry check;
• Health appraisal on file within the first month of employment, conducted within one year before the start date. This appraisal must confirm the individual's health and document medical or physical conditions that may limit the person's ability to perform child care or have direct access to children and any reasonable accommodations that may be required. Written evidence of follow-up of any known health conditions of the staff member that pose a direct threat to the health and safety of children or others and any reasonable accommodations that may be required. This documentation shall be provided to OCCL for the purposes of determining whether the health condition creates a significant risk to children;
• TB test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or other staff on file within the first month of employment, conducted within one year before the start date;
• Written proof of an annual review of safe sleep procedures (for programs serving infants);

Personnel File Requirements:
• Written proof of an initial and annual review of child abuse and neglect recognition and reporting procedures;
• Professional development plan within three months of hire, if applicable;
• Qualifications certificate, if applicable;
• Current first aid and CPR certifications within two months of hire, if applicable;
• Administration of medication certificate and record of annual training hours, if applicable; and
• If transporting children, a copy of a current driver's license.

31. Owner's File

A. The center's owner shall be considered a staff member and actively involved if present at the center during hours of operation for seven or more hours per week and providing direct child care. A licensee shall ensure the file of such an owner is on-site, available for review, and only required to include the following:

Owner's File Requirements if Providing Direct Child Care:
• Job description;
• A professional development plan;
• Record of annual training hours;
• Current first aid and CPR certifications;
• Qualifications certificate, if applicable;
• Written proof of an annual review of safe sleep procedures (for programs serving infants);
• Written proof of an initial and annual review of child abuse and neglect recognition and reporting procedures; and
• If transporting children, a copy of a valid driver's license.

B. Owners of a center who do not meet the requirements of subsection 31.A are not required to have a personnel file on-site.

32. Orientation

A. A licensee shall document that all staff members, all substitutes, and volunteers working more than five days or 40 hours a year receive training in the following topics before working with children:

Orientation Requirements:
• DELACARE Regulations (related to job duties);
• Emergency preparedness, disaster and evacuation plans and procedures;
• Personnel and administrative policies;
• Release of children including procedures for situations listed in Section 23;
• Positive behavior management;
• Safe sleep procedures including prevention of sudden infant death syndrome if the center serves infants;
• Shaken baby syndrome and abusive head trauma if the center serves infants;

Orientation Requirements:
• Routine and emergency health care including health exclusions, prevention, and recognition of the symptoms of childhood illnesses, including reportable communicable diseases;
• Prevention and response to emergencies due to food allergies;
• Building and physical premises safety;
• Handling and storage of hazardous materials; proper disposal of bio-contaminants;
• Child accident and injury procedures;
• Administration of medication, within two months of hire;
• Child care goals and program for children;
• Recordkeeping, including documenting children and their own attendance;
• Family involvement;
• Food and nutrition services, including proper handling, storage, preparation, and feeding of breast milk and formula, if applicable;
• Safety and sanitation procedures;
• Physical activity;
• Screen time as described in subsection 76.D;
• Photographing or videotaping children;
• Transporting children, if applicable;
• Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law and reporting requirements, and the center's procedures to report abuse and neglect; and
• Information on federal and State laws or regulations applicable to children and families in care, including non-discrimination.

B. The orientation must include the opportunity for staff members to ask questions and receive clarification on their job functions, licensing regulations, and center policies. When information is revised, a licensee shall ensure staff members are informed of the changes.

C. Orientation counts as three-clock-hours toward annual training unless quality-assured training certificates listing a higher number of specific clock hours are provided.

33. Annual Training

A. A licensee shall ensure and provide documentation that the early childhood and school-age administrator and all staff members providing direct care to children, including owners and volunteers who count toward staff/child ratios, participate in annual training related to the person's position.

1. Training in administration of medication counts toward annual training.
2. Training in CPR and first aid counts toward annual training for initial certification, and when required to be renewed.

B. Staff members, including early childhood or school-age administrators working 25 or more hours per week, shall complete 18-clock-hours of training annually including at least two hours of health or safety training.

C. Staff members, including early childhood or school-age administrators working less than 25 hours per week, shall complete nine-clock-hours of training annually including at least one hour of health or safety training.

D. Staff members not providing direct child care, such as those assigned only to clerical, bus driver/operator, janitorial, or food service duties, are exempt from annual training.

E. A licensee shall ensure training is associated with improving quality in early care and education and school-age care. Acceptable topics include child development; developmental curriculum planning/environment and curriculum; observation and assessment; positive behavior management/social-emotional development; health, safety, physical activity, and nutrition; family and community; professionalism; and management and administration.

F. A licensee shall ensure training taken covers a minimum of three topics unless:

1. The staff member's professional development plan shows specific training is needed;
2. The staff member has completed a regionally accredited college or university course;
3. The staff member is working toward a credential issued by the department; or
4. The training is six or more clock hours in length.

G. A licensee shall ensure new staff members who have been employed at the center for at least six months, but less than one year, complete at least half of the required training hours for their position since starting employment.

H. A licensee shall ensure staff members complete annual training during the period beginning at the start date and ending at the expiration date of the center's license.

34. Annual Professional Development Plan

A licensee shall ensure that a written professional development plan is completed for the early childhood or school-age administrator and each staff member providing direct care to children within three months of hire and updated annually.

A. This plan must be kept in the staff member's file and include professional development goals for the upcoming year.

B. This plan must be signed by the person required to have training.

35. First Aid and CPR Training

A. Unless a staff member is currently certified, a licensee shall ensure all staff members, except for early childhood aides and school-age aides, complete certifications in first aid and in cardiopulmonary resuscitation (CPR) within two months of hire.

1. The certifications must be appropriate to the ages of the children in care.
2. CPR classes must include a "hands-on" skill demonstration.

3. Once staff members become qualified as an early childhood or school-age intern, they must complete CPR and first aid certifications within two months.
4. Certifications must be kept current.

B. At least one staff member certified in first aid and CPR, applicable to the ages of the children, must be present when children are present, including the beginning and end of the day and during off-site activities.

36. Staff Attendance

A licensee shall keep a daily written or electronic record of each staff member's exact hours worked in each classroom or area, and be documented at the time of the arrival and departure of the staff member. A licensee shall keep these records for at least three months.

37. Staff Communication

A licensee shall have and follow an organized system of documented communication among staff. This system must ensure when another staff member assumes responsibility for a child or children, the staff member is informed of significant information, problems, needs, or special circumstances involving a child or children.

38. Parent's Right To Know

A licensee shall provide a parent/guardian with information about the person's right to review the center's licensing record as stated in 31 **Del.C.** §398.

A. As a part of the enrollment inquiry process, a licensee shall require the parent/guardian to read and sign *The Parents Right to Know Act* form and keep the signed form on file.
B. A copy of the form must be given to the parent/guardian.
C. A licensee shall keep a log that documents the printed names of the child and parents/guardians and the date the *Parents Right to Know Form* was provided. This information shall be included for children who do not become enrolled, are currently enrolled, and are no longer enrolled.

1. This log shall be signed by the parent/guardian.
2. This log shall be provided to OCCL at each annual compliance review.
3. Once a log is provided to OCCL, a licensee is not required to keep that log on file at the center.

39. Enrollment

A. A licensee shall ensure the number of children at the center does not exceed the licensed capacity.
B. A child may only attend the center when the information listed in Section 40 is obtained from the parent/guardian and placed in the child's on-site confidential file.

C. A licensee shall ensure that enrollment procedures involve a meeting with the parent/guardian and the child, when possible, to:

1. Determine if the center's program can meet the child's developmental and educational needs and to determine the accommodations or other planning needed to do so; and
2. Provide an opportunity for the parent/guardian and child to observe the center and program.

40. Child Files

A. A licensee shall have an on-site confidential paper or accessible electronic file for each child. A licensee shall have a procedure to ensure that each child's information is kept current and available to staff members responsible for a particular child on a need-to-know basis. This file must be available upon request for at least three months after disenrollment. Except as noted, all file contents are required at enrollment and must include the following:

Child File Requirements:
• Child's first and last name, date of birth, address, and parents/guardians' home and cell phone numbers, if applicable;
• Parents/guardians' names, places and hours of employment, and work phone numbers, if applicable;
• Names and emergency phone numbers for at least two people approved to pick up the child (may include child's parent or guardian);
• Name and phone number of the child's health care provider;
• Health appraisal and immunization record (or notarized religious or medical exemption from immunization) on file at the center within 30 days of enrollment;
• First and last names of all people approved to pick the child up;
• If applicable, copies of court orders on custody and visitation arrangements provided by the parent/guardian;
• Date child began care, hours/days child is to attend, and date child left care, if applicable;
• If applicable, a statement of the child's medical, developmental, or educational special needs including, but not limited to: copies of an IEP, IFSP, and Section 504 plan and information on allergies, current illnesses or injuries, previous serious illnesses or injuries, and needed medications;
• Written approvals from parent/guardian for: emergency medical treatment, release of child, and if applicable, special dietary needs, swimming, administration of medication, use of electronics, sleeping on a mat as described in subsection 56.C.2, and transporting the child;
• If applicable, administration of medication records and accident and injury reports; and
• *The Parents Right to* Know *Form* signed by the child's parent/guardian.

B. A licensee may not give out or allow the use of a child/family's information without written permission from the parent/guardian to do so, unless required by

employees of OCCL, the division, or other agencies with responsibility for issues relating to the health, safety, and well-being of children.

41. Child Health Appraisal

A. A licensee shall ensure that within one month of starting care, each child's file has a health appraisal that includes an immunization record. A health care provider shall have conducted this health appraisal within the last 12 months. A licensee does not need a child's health appraisal if other federal or State laws, such as specified in the McKinney-Vento Homeless Assistance Act, require the center to admit a child without one. Health appraisals and immunization records must be updated every 13 months. A licensee shall keep the most recent health appraisal on file and it must include:

Health Appraisal Requirements:
• A health history;
• Physical examination;
• Growth and development;
• Age-appropriate immunization as described in Appendix IV;
• Proof of blood lead test for children ages 12 months and older;
• Medical information for treatment in case of emergency; and
• Recommendations regarding required medication, allergies, restrictions or modifications of the child's activities, diet, or care, if applicable.

B. A licensee is not required to update health appraisals for children in grades kindergarten or higher after receiving one completed after the child began kindergarten or a higher grade.

C. A licensee shall ensure a child whose parent/guardian objects to immunizations on a religious basis or whose health care provider certifies that the immunization may be harmful to the child's health will be exempt from the immunization requirement.

1. A notarized statement or documentation from a health care provider is required for this exemption.
2. A licensee shall place this documentation in the child's file.

42. Documenting Children's Progress

A. A licensee shall follow an organized system for documenting the annual progress of each child preschool-age and younger in relation to appropriate developmental and educational goals.

1. The information gathered to document a child's progress must be kept in the child's file and shared with the parent/guardian at an annual conference.
2. With the parent/guardian's permission, information may also be shared with other professionals when referring the child for special services.

B. A licensee shall ensure that individual plans are developed for each infant and toddler in care within 45 days of the first day of attendance and are approved by the early childhood administrator or early childhood curriculum coordinator.

1. A licensee shall ensure the plan includes both age and developmentally appropriate goals and describe specific activities and experiences to be provided by staff members in support of these goals.
2. Staff members must record these and note developmental milestones, accomplishments, and concerns.
3. Plans must be reviewed and updated at least three times a year.
4. This information must be shared with the child's parent/guardian.

43. Children's Attendance

A licensee shall have and use a system for documenting children's attendance that includes the exact arrival and departure times in the child's classroom and be entered at the time of the arrival and departure of the child.

A. This system must verify the location of individual children when a child does not remain with his or her assigned class.

B. A licensee shall keep these records for at least three months.

44. Observation

A. A licensee shall ensure each child is observed on arrival by a staff member trained in recognizing common signs of communicable disease, physical injury, other evidence of ill health as listed in Section 62, and signs of child abuse or neglect.

1. Specific concerns and observations as well as the steps taken to assist the child must be documented and kept in the child's file.
2. A person who suspects child abuse or neglect shall make an immediate report to the Child Abuse Report Line.

B. At the request of a parent/guardian, a licensee shall permit qualified professionals to complete an observation or assessment of the child while at the center.

PART IV PHYSICAL ENVIRONMENT AND SAFETY

45. Hazardous Materials

A. A licensee shall ensure the center is free of unacceptable exposure to hazardous materials.

B. An applicant and licensee shall ensure the center is free of lead-based paint hazards. Buildings constructed in or after 1978 are exempt from lead-paint risk assessments and testing.

1. If the buildings were constructed before 1978, an applicant or licensee shall provide to OCCL a lead-paint risk assessment performed by an

environmental testing firm certified by DPH showing the center to be free of lead-based paint hazards.

a. Before license renewal, unless previously submitted to OCCL, a licensee shall submit this risk assessment.
b. If lead paint is identified but intact (i.e. not chipping, flaking, or peeling), the licensee shall monitor the identified areas at least every six months and document that the lead-based paint is intact (in good repair and not deteriorated). Lead-based paint is not regarded as a hazard if it is intact, not present in an accessible surface, a friction surface, or an impact surface that could result in an adverse human health effect.

2. If lead-paint hazards are identified in the risk assessment, the applicant or licensee shall remedy the hazards by hiring a lead-safe contractor (lead abatement or renovation firm) certified by DPH to make the repairs.

a. Once the repairs are made, a lead-dust clearance inspection must be performed by an environmental testing firm certified by DPH to confirm the center is free of lead-based paint hazards.
b. The applicant or licensee shall provide the lead-dust clearance testing results to OCCL within five business days to confirm the center is free of lead-based paint hazards.
c. Children may not be present during repairs and the center must stay closed until the results of the lead dust clearance are at appropriate levels and the lead-safe contractor states it is safe for the center to be open.

3. If any lead-based paint identified in a risk assessment becomes deteriorated or if lead-based paint is located in an area to be remodeled, a licensee shall retain a contractor certified by DPH to work using lead-safe work practices (lead abatement/lead renovator) to perform any renovation/repair in a pre-1978 child-occupied facility.

a. Records of any renovation or repair work must be forwarded to OCCL within five business days.
b. Children may not be present during repairs or renovation until a lead-dust clearance test is obtained and the lead-safe contractor states it is safe for the center to be open.

C. A licensee shall ensure radon testing is performed in each room used for child care once every five years between the months of October and March and within six months after any remodeling, renovations, or construction.

1. This testing may be performed by the property owner or an inspector certified by the American Association of Radon Scientists, the National Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program.

2. If testing indicates a radon level over 4.0 pCi/l, a licensee shall ensure acceptable radon mitigation occurs or a long-term radon test (90-120 days) indicates a level less than 4.0 pCi/l.
3. A licensee shall ensure copies of radon testing results are sent to OCCL within five business days of receiving the results.

D. A licensee shall ensure containers of poisonous, toxic, or hazardous materials are:

1. Labeled with the contents;
2. Used only in the manner and under the conditions that will not contaminate food or constitute a hazard to children or to staff; and
3. Stored in a locked storage space accessible only to staff.

E. Materials required for routine cleaning and maintenance must be stored out of children's reach and used in a safe manner.
F. The storage of flammable liquids and gases is not be permitted except as allowed by the Office of the Fire Marshal.

46. Air Quality and Windows

A. A licensee shall ensure a center is ventilated to ensure the air quality provides a healthy environment for children and adults. Painting and remodeling projects may not affect the air quality during hours of operation.
B. A licensee shall ensure screening, on windows, doors, or openings to the outside used for ventilation, is in good repair.
C. If a ventilation system is not provided, a center must have window area equal, at a minimum, to 4.5% of the floor area of the center. Half of this window area must be operable.
D. A center located in a building that previously contained or currently contains a dry cleaner, nail salon, or any other use that may result in an unacceptable indoor air quality, will not be licensed or have a license renewed, unless the applicant/licensee obtains indoor air sampling as required per 7 **DE Admin. Code** 1375 that shows there is no impact to the center.

47. Smoking and Vaping

A licensee shall inform staff members and others at the facility that smoking and vaping are prohibited inside the center, in the outdoor play area, while transporting children, in the presence of children, and during field trips or routine program outings.

48. Heating and Cooling

A. A licensee shall ensure heating and cooling equipment, hot water pipes, or radiators are safely shielded or insulated to prevent the injury of children.
B. Heating, cooling, and plumbing equipment must be properly installed, cleaned, and maintained to operate safely.

C. Floor or window fans and cords must be inaccessible to children and have a safety certification mark from a nationally recognized testing laboratory such as Underwriters Laboratories or Electro-Technical Laboratory.

D. Portable space heaters are prohibited.

E. A licensee shall ensure that temperatures in rooms used by children are kept at a minimum temperature of 68°F and a maximum of 82°F measured three feet above floor level unless there is conflict with federal and State energy laws.

1. For centers licensed after January 1, 2007, a licensee shall use air conditioning during hot weather to keep rooms used by children within the required temperature range.
2. Except as stated below, a licensee shall be required to inform OCCL and close temporarily if the minimum or maximum room temperature cannot be maintained.
3. OCCL allows an exception if a room temperature drops within the range of 60°F - 67°F or rises within the range of 83°F - 90°F, and a licensee can return the proper temperature within the next four hours.

   a. If the room temperature cannot be restored within four hours or the temperature is below 60°F or above 90°F, the center must close unless children are moved to another approved area of the center that has the proper temperature.
   b. When the center closes because the proper temperature cannot be maintained, the center must remain closed until the heating or cooling problem is resolved and the correct temperature is maintained.
   c. A licensee shall ensure OCCL is informed when closing is necessary.

49. Indoor Space

A. A licensee shall show evidence of security procedures that ensures access to children is limited to authorized people.

B. A licensee shall ensure the center is constructed, used, furnished, maintained, and equipped in compliance with all applicable requirements established by federal, State, local and municipal regulatory bodies. A licensee shall have written certification of compliance from the appropriate regulatory bodies governing zoning, building construction, safety, sanitation, and fire safety including Department of Natural Resources and Environmental Control for air quality and radon testing and Department of Health and Social Services Office of Drinking Water for well water.

C. A licensee shall keep all areas of the center in a clean and safe condition. Floors, walls, counter surfaces, toilets, and surfaces or finishes must be cleanable and in good repair.

D. A licensee shall ensure a center has enough lighting to allow for the supervision of children in areas where children’s activities occur.

E. A licensee shall ensure interior space designated for children’s use is available to children when the center is in operation.

1. This space must be arranged to allow each child adequate space for free movement and active play.
2. A center must have at least 35 square feet of usable floor space for each child in each area or room used by children.

    a. Measurements are from wall to wall excluding areas that are not used by children.
    b. Toilet rooms, kitchen areas, isolation areas for ill children, offices, storage spaces, hallways, furnace rooms, gymnasiums, and other areas not used as classroom space will not be counted in determining a center's capacity.

F. A licensee shall provide children with individual storage space so personal belongings, clothing, or bedding does not touch another child's belongings. This storage space must be labeled with the child's name.

G. A licensee shall ensure all unused electrical outlets accessible to children including unused power strips are covered. Child-resistant ground-fault circuit-interrupter "GFCI" type is exempt from being covered.

H. A licensee shall ensure every exit, exit access, and exit discharge is free of obstruction at all times. All closets must be provided with doors that can be readily opened from both sides.

I. A licensee shall ensure glass doors and windows within 36 inches of the floor have a vision strip or decal at children's eye level.

J. A licensee shall keep the center rodent-free and free of insect infestation. If pesticides are used, a licensee shall ensure they are used according to the instructions listed on the label.

K. A licensee shall ensure the following:

Plumbing Requirements:
• The water temperature does not exceed 120°F from faucets and other sources accessible to children;
• All sinks supply hot and cold water under pressure at all times;
• All plumbing complies with State and local plumbing codes; and
• Portable sinks are prohibited.

L. A licensee shall ensure garbage and trash are stored securely in non-combustible, covered containers.

1. Recyclable paper may be in uncovered containers.
2. Indoor containers must be emptied at least daily to an outdoor receptacle and kept clean.
3. Outdoor trash/garbage containers must be inaccessible to children, emptied at least weekly, and, with the exception of dumpsters, cleaned as needed.

M. A licensee shall ensure firearms or ammunition are not within the center's premises. This regulation does not apply to law enforcement officers in the performance of their official duties.

50. Kitchen and Food Preparation

A. At OCCL's request, a licensee shall contact DPH to determine whether the center requires a Food Establishment permit.

B. A licensee shall not change the center's approved type of food operation without notifying OCCL and receiving approval.

C. A licensee shall ensure a kitchen or food preparation area is provided with the necessary operable equipment to prepare, store, serve, and clean-up all meals and snacks for children and staff. Dishes and utensils must be air-dried.

1. A center that does not prepare food on-site is exempt from subsections 50.C through 50.F.

   a. There may be no food preparation in the facility, except for heating up foods brought from children's homes in the microwave.

   b. When food preparation is not permitted, a licensee shall ensure utensils and dishware are single-service and discarded after each use.

D. The kitchen requirements for centers that prepare and serve meals and snacks are:

Kitchen Requirements to Serve Meals and Snacks:
• One Refrigerator;
• Three-compartment sink; or
• Two-compartment sink and sanitizing basin; or
• Two-compartment sink and dishwasher; and
• Separate hand-washing sink;
• Range or cooktop;
• Oven or microwave; and
• Food storage areas.

E. The kitchen requirements for centers that prepare and serve only snacks are:

Kitchen Requirements to Serve Only Snacks:
• Refrigerator;
• Three-compartment sink; or
• Two-compartment sink and sanitizing basin; or
• Two-compartment sink and dishwasher; and
• Separate hand-washing sink.

F. A licensee shall ensure a kitchen or food preparation area has floors, walls, and counter surfaces that are easily cleanable and non-porous.

G. A licensee shall ensure a center has a refrigerator to keep perishable food, including lunches prepared at home, cold at 40°F or colder, and food stored in a freezer frozen at 0°F or colder.

1. A working thermometer must be in refrigerators and freezers.
2. Unused freezer compartments in mini-refrigerators do not need a thermometer.

H. A licensee shall ensure food provided and prepared by the center complies with the center's written policy on nutritional quality.

I. A licensee shall ensure the food is clean, wholesome, free from spoilage and contamination, and safe to eat.

1. Prepared food items must be correctly labeled with the contents and date of preparation.
2. Prepared food that is served to a child and not eaten must be thrown away and not given to another child.

J. Food storage areas and appliances must be cleanable and free of food particles, dust, and dirt.

1. All food items must be stored off the floor
2. Food must be stored separately from cleaning materials.
3. Food must be stored in closed or sealed containers that are labeled with the contents and expiration date.

K. A licensee shall ensure the kitchen or food preparation area is constructed and supervised to prevent children's access unless a staff member is conducting an educational activity within this area.

51. Toilet Facilities

A. A licensee shall ensure a center has enclosed toilet rooms on each floor where child care has been approved. Each toilet room must have at least one sink with warm running water and one operable window or ventilation fan. All door locks, if present, must be designed to permit staff members to open the locked door readily.

B. A licensee shall ensure a center serving toddlers, preschool, and school-age children has at least the number of toilets and sinks in the following ratios.

Ages of Children	Ratio of Number of Toilets to Number of Children [1, 2]
24 Months through preschool	1:10
School-age	1:25
[1] Urinals may be counted as half of a toilet if placed at a height as to be accessible to the age and size of the population served, provided the population served includes a significant number of males, and that a minimum of two flush toilets are available and accessible to both males and females.	
[2] Staff members shall be counted at the school-age ratio in determining the number of toilets if the center does not provide separate toilet facilities for staff.	

C. A licensee shall ensure a center serving only children less than 24 months old has at least one toilet and sink when fewer than 20 children are served and at least two toilets and sinks when more than 20 children are served.

D. For a center licensed before January 1, 2007, the existing number of toilets and sinks is acceptable. If the capacity of this center increases, the licensee shall ensure the toilets and sinks comply with these regulations.

E. A licensee shall ensure potty-chairs are not substituted for toilets. If using potty-chairs for toilet training, a licensee shall ensure they are placed in the toilet room. Potty-chairs must be made of a non-porous material. They must be cleaned with soap and water and sanitized after each use.

F. A licensee shall ensure liquid soap, toilet paper, and paper towels or a mechanical hand dryer are available at all times in the toilet rooms.

G. A licensee shall ensure toilet rooms are kept in a sanitary condition and cleaned daily or more frequently if needed. All surfaces in a toilet room must be smooth, cleanable, and non-absorbent.

52. Area for Children Who Become Ill

A. A licensee shall ensure a center has a separate area, not located in the kitchen or toilet area, where children who are showing signs of ill health as stated in Section 62, are cared for until they can be removed from the center or are determined to pose no risk to themselves or others.

B. The separate area must have rest equipment and clean bedding.

C. A licensee shall ensure the child's individual needs for rest, comfort, food, drink, and activity are met until the child can be picked up by a parent/guardian or it is determined by a health care provider/consultant that the illness or symptoms pose no serious health risk to the child or to other children.

D. A licensee shall ensure all items used by an ill child, including rest equipment, bedding, utensils, and toys are cleaned with soap and water and then disinfected before being used by another child.

53. Outdoor Area

A. A licensee shall ensure the following:

1. Structures, fences, equipment, and the grounds are maintained in a clean and safe condition;
2. Outdoor areas that are used while it is dark have appropriate lighting;
3. Grounds drain naturally or through installed drainage systems so there is no standing water on the premises. Standing water after a storm must drain within 48 hours; and
4. All areas determined to be unsafe including steep grades, cliffs, open pits, swimming pools, high voltage boosters, propane gas tanks, streets or roads, driveways, railroad tracks, or parking lots are fenced off or have natural barriers to protect children.

B. A licensee shall ensure that raised areas on the premises, other than stairways, over two feet, such as porches, elevated walkways, and elevated play areas, have walls or barriers to prevent falls over the open side. The walls or barriers must be at least 36 inches tall.

C. A licensee shall ensure stairways, over four steps indoors and outdoors, have handrails at a maximum height of 38 inches that are safe for children and adults.

D. A licensee shall ensure children have access to an outdoor play area with at least 75 square feet for each child for the maximum number of children who will use the playground at one time.

1. A licensee shall ensure this play area has space suitable for moderate to vigorous physical activities, including running.
2. A licensee shall ensure this play area is large enough to accommodate at least 1/4 of the center's licensed capacity at one time.
3. Maximum group size is not required in the outdoor play area or approved indoor play area as long as the required square footage is maintained for each child.

E. A licensee shall ensure the outdoor play area for school-age children is physically separated or used at separate times from the area provided for younger children.

F. A licensee shall ensure a center licensed before January 1, 2007, has access to an outdoor play area with at least 50 square feet for each child for the maximum number of children who will use the playground at one time.

1. A licensee shall ensure this play area is large enough to accommodate at least 1/4 of the center's licensed capacity at one time.
2. If the capacity of a center licensed before January 1, 2007, increases, the licensee shall ensure the outdoor play area complies with these regulations.

G. A licensee shall ensure the outdoor play area is on-site, next to, or within a close safe walking distance of the center.

1. This play area must have a shaded rest area for children.
2. Staff members shall inspect outdoor areas before children begin to play to ensure there are no hazards present and play equipment is safe for use.
3. Outdoor sandboxes or play areas containing sand must be kept in a safe and clean manner including being covered when not in use.
4. Use of trampolines at the center is prohibited.

H. A licensee shall ensure the center's outdoor play areas are fenced. Use of parks or other off-site play areas that are not fenced, but used to comply with the outdoor space regulations, requires OCCL approval.

Fencing Requirements:
• A licensee shall ensure fencing is sturdy, safe, and reinforced at intervals to give support, constructed to discourage climbing, and allows for viewing the children by staff.
• A licensee shall ensure fencing is a minimum of four feet in height with openings no larger than 3½ inches.
• A licensee shall ensure fenced areas have at least two exits, with at least one being remote from the building.

Fencing Requirements:
• A licensee shall ensure gates have self-closing and positive self-latching closure mechanisms. A licensee shall ensure the latch or securing device is high enough or made so small children cannot open it. When opened, a licensee shall ensure the gate moves freely and is not hindered by scraping the ground. A licensee shall ensure fences' gates are not locked during the center's hours of operation.

I. For a center licensed before January 1, 2007, the existing fencing 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 these regulations.

J. A licensee shall ensure the protective surface of the outdoor play area beneath and in the fall zones of climbing equipment, slides, swings, and similar equipment is of approved resilient material, which absorbs falls.

1. A licensee shall ensure the fall zone depth and materials follow the instructions as listed in the most recent publication of the Consumer Product Safety Commission's (CPSC's) *Handbook for Public Playground Safety* regarding critical heights of tested materials located on CPSC's website. A licensee shall ensure all materials used for protective surfaces are of a size and material that do not present a safety or choking hazard. Only pea gravel shall be acceptable as cover for the outdoor play area if using a gravel or stone-like surfacing.
2. A licensee shall ensure protective surfaces of the fall zone extend at least six feet in all directions from the equipment. For swings, a licensee shall ensure the protective surfacing extends, in back and front, twice the height of the suspending bar unless otherwise directed by the CPSC or other recognized authority on playground safety.

Inches	Type of Material	Protects to Fall Height
6	Shredded/recycled rubber	10 feet
9	Sand	4 feet
9	Pea gravel	5 feet
9	Wood mulch	7 feet
9	Wood chips	10 feet
Poured-in-place surfacing or rubber mats designed for outdoor use, if used, must be in the required fall zone and at a sufficient depth or thickness as required by manufacturer's specifications or other approved entity.		

K. A licensee shall ensure outdoor play equipment is securely anchored unless portable by design.

1. A licensee shall ensure this play equipment is in good repair and placed with regard for safe use.

2. A licensee shall ensure this play equipment includes equipment for vigorous play and large muscle activity and meets the diverse needs and abilities of children served.

L. When a licensee cannot meet the outdoor space requirement, the licensee shall provide a minimum of 700 square feet of open, accessible indoor play space for large muscle activity.

1. This indoor play space must be on-site and is in addition to the 35 square feet per child requirement.
2. The licensee shall have and follow a written plan approved by OCCL, which specifies how large muscle activity will be provided.

M. For a center licensed before January 1, 2007, the indoor play space listed in subsection 53.L may be at a nearby facility that was previously approved by OCCL. If the capacity of the center increases allowing room for an indoor play space, the center must have 700 square feet of open indoor play space.

N. A licensee shall ensure a rooftop or elevated play space above the first floor is protected by a non-climbable, secure, and hazard-free barrier that is at least seven feet in height.

54. Pools and Swimming

A licensee shall ensure an individual with current water safety instructor training or senior lifesaving training from the American Red Cross or its equivalent is on duty when children are swimming.

A. Portable wading pools are prohibited.

B. Permanent or built-in swimming and wading pools that are left filled when not in use must be inaccessible to children.

55. Riding Toys

A. A licensee shall ensure bicycles, tricycles, scooters, and other riding toys are the size appropriate for a child.

B. A licensee shall ensure riding toys are in good condition, free of sharp edges or protrusions that may injure a child, and not motorized.

C. Children over one year of age shall wear approved safety helmets while riding toys with wheels of 20 or more inches in diameter.

1. Riding bicycles and using wheeled equipment (roller blades, skateboards, scooters, etc.) require children to wear helmets.
2. A licensee shall ensure helmets are not shared unless cleaned between users by wiping the lining with a damp cloth.
3. A licensee shall ensure helmets are removed as soon as children stop riding helmet-required equipment.

56. Sleeping Accommodations and Safe Sleep Environments

A. A licensee shall ensure the program includes times for rest/sleep appropriate to each child's individual physical needs.

1. A quiet activity must be provided for children who have rested or slept for 30 minutes and do not seem to need or want more rest.
2. Preschool children are not required to rest/sleep.
3. Full staff/child ratios must be maintained during quiet play when children do not nap/sleep.

B. Rest or sleep equipment must meet the safety standards required by CPSC or other recognized authority approved by OCCL and kept in a safe condition.

C. A licensee shall ensure each child, except children who do not sleep at the center, has clean, safe, age-appropriate rest equipment. This may be a crib, playpen, pack-and-play (without ripped mesh), cot, bed, or mat.

1. Each child under 18 months old who does not walk must sleep in a crib, playpen, or pack-and-play.
2. Each child between 12 and 18 months old who walks may sleep on a cot, bed, or mat with written permission from the child’s parent/guardian.
3. Preschool-age and school-age children who do not nap at the center do not need sleep equipment.

D. A licensee shall ensure a child's rest equipment is labeled with the child's name or assigned chart number and used only by that child while attending the program.

1. A licensee shall ensure chart numbers and assignments are documented and kept current.
2. Children must use their assigned equipment while enrolled in the center.
3. A licensee may assign a crib or pack-and-play to two children who attend on different days if it is cleaned and sanitized each day.

E. Mattresses and sleep equipment must be non-absorbent and cleanable.

1. Cots, mats, and crib mattresses must be cleaned with soap and water and then sanitized weekly and when soiled or wet.
2. Mats must be stored so there is no contact with the sleep surface of another mat or cleaned and disinfected after each use.
3. Sleep equipment and bedding must be cleaned and sanitized before being assigned to another child.

F. Children over age one must be provided with top and bottom covers.

1. Sheets and blankets or other bedding must be cleaned at least weekly and when soiled or wet.

2. Bedding must be stored so there is no contact with another child's bedding.

G. A licensee shall ensure sleep equipment is placed at least 1½ feet apart while in use.

H. The rest area must provide enough light to allow the children to be seen.

I. A licensee shall follow Safe Sleep Practices for Infants.

Safe Sleep Practices Include the Following:
• A licensee shall ensure cribs meet the current standards of CPSC or other safety authority recognized by OCCL.
• Cribs must not be stacked while in use.
• Cribs must not have gaps larger than 2 3/8 inches between the slats.
• Infants must sleep only in cribs, pack-and-plays, and playpens. ○ The use of soft surfaces, such as soft mattresses, pillows, sofas, and waterbeds, are prohibited as infant sleep surfaces. ○ A licensee shall ensure infants who fall asleep in car seats, swings, seats, or other equipment are immediately moved to cribs, pack-and-plays, or playpens.
• Cribs, pack-and-plays, and playpens must have top rails at least 20 inches above the mattresses. ○ The mattress must be set at its lowest position. ○ Latches on cribs, pack-and-plays, or playpens must be safe, secured, and hazard-free.
• Crib mattresses must be firm and tight fitting to the frame and covered with a tight-fitting bottom sheet only.
• Pillows, bibs, blankets, bumper pads, cloth diapers other than those worn by an infant, comforters, top sheets, quilts, sheepskin, stuffed toys, sleep positioning devices (except as described below), stuffed toys, and other items are prohibited in a crib, pack-and-play, and playpen. ○ Infants may use pacifiers in a crib. ○ Toys or objects attached to cribs, pack-and-plays, or playpens are prohibited.
• Swaddling of infants requires written parent/guardian permission. Blankets are prohibited for swaddling when laying an infant down to sleep. However, swaddle-blanket sleepers may be used.
• Infants must be placed on their backs when laid down to sleep as recommended by the American Academy of Pediatrics. ○ OCCL allows an exception if the infant's health care provider documents that a physical or medical condition requires a different sleeping position or use of a sleep-positioning device. ○ The health care provider must document the new sleep position or the device and how to use it.

57. Equipment

A. A licensee shall provide developmentally-appropriate equipment and materials for a variety of indoor and outdoor activities. There must be enough equipment and materials for all children to use. Materials and equipment must help provide many

experiences and choices that support all children's social-emotional, language/literacy, intellectual, and physical development.

B. A licensee shall ensure that for children less than 24 months old, developmentally-appropriate supplies or equipment are provided in quantities as described in subsection 57.A in each of the following categories:

Equipment Requirements for Children Less than 24 Months Old:
• Sensory, such as teething toys, busy boxes, baby mirrors, rattles, melody chimes, squeeze toys; or other similar items;
• Language/dramatic play, such as picture books, toy telephones, CDs, hand puppets, washable stuffed animals and dolls, photographs, or other similar items;
• Manipulative, such as squeeze and grip toys, boxes, sorting and stacking toys, three or four piece wooden inlay puzzles, puzzle blocks, simple threading toys, mobile pull toys, balls, or other similar items;
• Building, such as soft lightweight blocks, toy cars, trains or boats, figures of animals and people, stacking rings or cups, nesting toys, or other similar items;
• Large muscle, such as low climbers, slides, riding/rocking toys, foam or soft plastic balls, gym mats, play tunnels, or other similar items; and
• Music, such as rhythm instruments, a CD player and CDs, toys with musical tones, musical mobiles or busy boxes, drums, xylophones or pianos, or other similar items.

C. A licensee shall ensure for children over 24 months old, developmentally-appropriate supplies or equipment are provided in quantities as described in subsection 57.A in each of the following categories:

Equipment Requirements for Children Over 24 Months Old:
• Language/literacy, such as books, flannel board, upper and lower case letters, pictures for discussion, materials for recognition, identification, or classification, poetry, puppets, audio-visual materials, show and tell items, or other similar items;
• Science and math, such as plants and gardening equipment, aquarium with fish or other appropriate live animals, water table with supplies, sand table with supplies, cooking supplies, weather chart or thermometer, counting equipment, balance scale, or other similar items;
• Manipulative, such as puzzles, pegs and pegboards, lacing boards, building toys, stencils, dominoes, pounding bench, lotto games, or other similar items;
• Large muscle such as rocking boat, wheel toys, climbers, slides, balance beam, barrels or large cartons, parachute, balls and beanbags, outdoor play equipment, gym mats, or other similar items;
• Building activities, such as unit blocks (minimum of four sizes), transportation toys, farm animals, play people, work bench and tools, building toys, building logs, or other similar items;
• Art, such as crayons, tempera paint, large brushes and newsprint, finger paint and finger paint paper, construction paper in assorted colors, paste or glue, blunt scissors, collage materials, non-toxic felt tip markers, easels, clay or play dough, or other similar items;

Equipment Requirements for Children Over 24 Months Old:
• Music, such as a CD player and CDs, piano or organ, guitar, rhythm sticks, drums, cymbals and bells, or other similar items; and
• Dramatic play, such as toy dishes, ironing board, telephones, occupational props or uniforms, dress-up clothes, housekeeping area (stove, sink, refrigerator), cradle or doll bed, doll carriage, dolls, puppets, play grocery store, post office or hospital, or other similar items.

D. A licensee shall ensure toys and equipment used by the children are sturdy, safely assembled, hazard-free, and not recalled. Toys and equipment may not cause children to become trapped or have rough edges, sharp corners, pinch and crush points, splinters, exposed bolts, or small loose pieces.

E. A licensee shall ensure furniture is durable and child-sized or adapted to children's use. Tables must be at waist height of the intended child-user and the child's feet must reach a firm surface while the child is seated.

F. A licensee shall ensure equipment and materials are selected or adapted to allow all children, including a child with disabilities or other special needs, to benefit from the program.

G. A licensee shall ensure equipment and supplies are relevant to the cultural background and community of all children and raise awareness of other cultures and communities.

H. A licensee shall prohibit toys that explode or shoot objects.

58. Sanitation

A. A licensee shall ensure that areas and equipment listed in subsection 58.B are washed with soap and water and then disinfected as required. For sanitizing and disinfecting, a licensee shall ensure one of the following is used: an EPA-registered product, a commercially prepared product, or a bleach and water solution.

1. A licensee shall follow the manufacturer's instructions for use.
2. These products must be labeled with the contents.
3. Their instructions for use must be available at all times.

B. A licensee shall ensure staff members wash with a soap and water solution and then disinfect the following equipment, items, or surfaces, as listed below:

After Each Use:	At Least Daily:
• Potty-chairs that have first been emptied into a toilet	• Toilet and toilet seats
• Sinks and faucets used for hand washing after the sink has been used for rinsing a potty-chair	• Sinks and faucets
• Diapering surfaces, as required in subsection 61.F	• Diaper pails and lids
• Food preparation and eating surfaces such as counters, tables, and high chair trays	• Drinking fountains

After Each Use:	At Least Daily:
• Toys mouthed by children	• Water table and water play equipment
• Mops used for cleaning must be rinsed, disinfected, wrung dry, and hung to dry	• Play tables
• Plastic bibs (cloth bibs may be used only once before laundering)	• Rest mats that are not stored separately as listed in these regulations
• Thermometers	• Cleanable, non-absorbent activity mats such as those used for infant tummy time
	• Smooth surfaced non-porous floors

C. At least weekly, a licensee shall ensure non-porous toys and play equipment are washed with a soap and water solution and then disinfected.

D. At least weekly, a licensee shall ensure stuffed animals are laundered.

59. Hand Washing

A licensee shall ensure staff members and children wash their hands with soap and running water, including when gloves have been worn, and use paper towels or a hand-drying device, as follows:

Before and After:	After:
• Eating or handling food	• Toileting or diapering
• Giving medications	• Coming into contact with blood, fecal matter, urine, vomit, nasal secretions, or other body secretions
• Caring for a child who may be sick	• Handling animals or their equipment or after coming into contact with an animal's body secretions
• Using a water-play or other sensory table/container with other children	• Playing in a sandbox • Outdoor play
• Using shared play dough or clay	• Cleaning
	• Taking out the garbage

60. Standard Precautions

A licensee shall ensure Standard Precautions are used to protect against disease and infection. Spills of bodily fluids (i.e. urine, feces, blood, saliva, and discharges from the nose, eyes, an injury, or other tissue) must be cleaned up immediately, as follows:

A. For vomit, urine, and feces on a surface including the floors, walls, toilet rooms, tabletops, toys, toilet training chairs, and diaper-changing tables, the area must be immediately cleaned with soap and water and then disinfected.

B. For blood, blood-containing fluids, and tissue discharges, a licensee shall ensure staff members avoid exposure of open skin sores or mucous membranes, wear non-porous gloves, clean the area with soap and water, and then disinfect the area.

C. Bloody disposable diapers and material must be put in a plastic bag, tied securely, and thrown away. Bloody clothing and reusable diapers must be placed in a plastic bag, tied securely, and returned to the child's parent/guardian at pick up.

D. Mops must be cleaned, rinsed, disinfected, wrung, and hung to dry.

61. Diapering and Soiled Clothing

A. A licensee shall have and follow a procedure for checking diapers for wetness and feces at least hourly and whenever the child acts as though the diaper is wet or soiled.

1. Diapers and other clothing must be changed when they are found to be wet or soiled.
2. Diaper changes must be documented for infants.

B. The licensee shall keep a supply of clean diapers and extra clothing available for children even if a parent/guardian does not provide them when required.

C. A licensee shall ensure soiled or wet clothing and reusable diapers are not emptied or rinsed.

1. Each must be placed in a sealed plastic bag with clothing separated from reusable diapers.
2. The bag must be labeled with the child's name and sent home with the child at the end of the day.

D. A licensee shall ensure a center has a diaper-changing area with a clean, washable, and non-porous surface. This area may not be located in the kitchen.

1. Disposable covers must be used for each diaper change.
2. There must be a hand-washing sink with running warm water within five feet of the changing area. This sink must be cleaned with soap and water and disinfected before using for food preparation.

E. A licensee shall ensure used disposable diapers are placed in a foot-activated trashcan that is used only for diapers.

1. This trashcan must be within arm’s reach of the changing area, lined with a plastic bag, and sanitized daily.
2. Diapers must be removed from the center daily or more frequently to prevent odors and placed in a closed trashcan outside the building.

F. A licensee shall have and follow a procedure for changing diapers that includes the following:

Diaper Changing Procedures:
• Posting the diaper-changing procedure in the diaper-changing area;
• Using a diaper-changing area when changing diapers;
• Disposing of diapers as stated in these regulations;
• Washing each child during each diaper change with a clean wipe or single-use washcloth;
• Hand washing for the person who changed the diaper and for the child with soap and water immediately after each diaper change; and
• Cleaning with soap and water and then disinfecting the diaper-changing area after each use.

62. Child Health Exclusions

A. A licensee may not permit a child who has symptoms of illness listed below to be admitted or remain at the center. The child may only return when the symptoms are gone or with documentation from a health care provider, stating the child has been diagnosed and the illness or symptoms pose no serious health risk to the child or to other children. The symptoms for exclusion must include, but not be limited to, the following:

Symptoms of Illness for Exclusion Includes:
• Temperature of 100°F or higher without medication even if there has not been a change in behavior for infants four months old and younger;
• Temperature of 101°F or higher without medication accompanied by behavior changes or symptoms of illness for children older than four months;
• Symptoms of possible severe illness, such as unusual tiredness, uncontrolled coughing, unexplained irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs;
• Diarrhea; two or more times of loose stool during the past 24 hours, or if diarrhea is accompanied by fever, exclude for 48 hours after the symptoms end;
• Blood in stools not due to change in diet, medication, or hard stools;
• Vomiting; two or more times in the past 24 hours, or one time if accompanied by a fever until 48 hours after the symptoms end or until a health care provider determines the vomiting is not contagious and the child is not in danger of dehydration;
• Ongoing stomach pain (more than two hours) or off-and-on pain due to a fever or other symptom;
• Mouth sores with drooling;
• Rash with fever or behavior change;
• Purulent conjunctivitis “pink eye” (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after starting antibiotic treatment;
• Scabies, until 24 hours after starting treatment;
• Pediculosis “head lice” or nits, until 24 hours after starting treatment;
• Tuberculosis, as directed by DPH;
• Impetigo, until 24 hours after starting antibiotic treatment and sores are dry;
• Strep throat or other streptococcal infection, until 24 hours after starting antibiotic treatment;

Symptoms of Illness for Exclusion Includes:
• Varicella-Zoster “chicken pox,” until all sores have crusted and are dry (usually six days);
• Shingles, only if sores cannot be covered by clothing or a bandage; if not, exclude until sores have crusted and are dry;
• Pertussis, until completing five days of antibiotic treatment;
• Mumps, until five days after onset of glandular swelling;
• Hepatitis A virus, until one week after onset of jaundice, or as directed by DPH;
• Measles, until four days after arrival of rash;
• Rubella, until seven days after arrival of rash;
• Herpetic gingivostomatitis “cold sores,” if the child is too young to have control of saliva; or
• Unspecified short-term illness, not chronic illness, if the child is unable to participate in activities or the center cannot provide care for this child and the other children.

B. Temperatures for children under three years old must be taken using a non-glass thermometer under the arm or by a forehead scan. Oral temperatures may be taken on children ages three and older when a digital thermometer is used. Rectal and ear temperatures may be taken only by a licensed health care professional.

C. A licensee shall ensure that if a child shows signs of ill health, as listed above, the licensee will remove the child from the group of well children to a separate area as described in Section 52.

D. A licensee may permit a child to return to the center when the symptoms are gone, documentation from the child’s health care provider states the child has been diagnosed and the illness or symptoms poses no serious health risk to the child or to other children, or the child does not have symptoms for exclusion as listed in the center’s written health exclusion policy.

E. A licensee shall ensure parents/guardians are notified when their child has been exposed to a contagious disease or condition.

F. A licensee shall report a reportable communicable disease to DPH. For information on these diseases, the licensee shall contact DPH or refer to their website (currently listed as http://www.dhss.delaware.gov/dhss/dph/dpc/rptdisease.html.)

G. A licensee may not permit a child with a reportable communicable disease to be admitted to or remain at the center, unless the child's health care provider documents the child has been evaluated and the disease poses no health risk to the child or to others or DPH has advised that the child is not a health risk to others. If the health care provider states the child may return and DPH says the child cannot return, the licensee shall follow DPH’s instructions.

H. When a health care provider diagnosed a child as having a reportable vaccine-preventable communicable disease, a licensee shall exclude all children who were not immunized against the disease following DPH’s instructions.

63. Administration of Medication

A. A licensee shall ensure a trained staff member, who has received a valid administration of medication certificate from OCCL, is present at all times to provide both scheduled and emergency medications to children in care. A certified staff member shall be present during field trips and routine program outings to administer medication when needed. The administration of medication certificate must be on file at the center for each certified staff member.

1. OCCL only allows staff members who are at least 18 years old to be certified to give medication to children. This certification includes passing OCCL's designated test on the information in the Administration of Medication Self-Study Training Guide as described in Appendix V. Health care providers, nurses, or other qualified medical health personnel are permitted to administer medication to children in a center.
2. Written permission from the child's parent/guardian for each medication to be administered is required.
3. Unused medication must be returned to the parent/guardian when no longer needed by the child.
4. A licensee has discretion to designate which staff members shall administer medication.

B. A licensee shall ensure that the parent/guardian of a child provides the following information for each medication given:

Information Required for Administering Medication:
• The name and birth date of the child;
• Medication allergies;
• Doctor name and phone number;
• Pharmacy name and phone number;
• Name of medication;
• Dosage (amount given);
• Time or frequency (when given);
• Route of administration, such as oral, eye, nose, mouth, topical, inhalation, injection;
• Medication expiration date;
• End date (when to stop giving);
• Reason for medication; and
• Special directions.

C. A licensee shall ensure all prescription medication is given as prescribed. Prescription medication must be:

Prescription Medication Must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and labeled with directions on how to give or use it;
• Current and has not expired;

Prescription Medication Must be:
• Given only to the child who has been prescribed the medication, verified by the child's name on the container; and
• Given to the child according to the dosage and administration instructions on the medication container. If no dosage or administration information is listed on the container, such information must be provided in writing by the child's health care provider.

D. A licensee shall ensure the following requirements are followed when non-prescribed medication is given:

Non-prescription Medication Must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and properly labeled with directions on how to give or use it;
• Current and has not expired;
• Labeled with the child's name; and
• Given as written on the container's instructions, or as otherwise instructed in writing by the child's health care provider.

E. A licensee shall keep a written record of medication administered to children recorded on the Medication Administration Record (MAR) including each medication dosage, time administered, by whom administered, adverse effects observed, and medication errors.

1. Medication errors include giving the wrong medication, giving the wrong dose, failing to give the medication, giving medication to the wrong child, giving the medication by the wrong route, or accidental spills of medication.
2. Adverse effects or errors in administering must be immediately reported to the parent/guardian.
3. When known, a licensee shall notify OCCL when unwanted effects or errors in administering medication result in death or medical treatment as described in subsection 14.C.
4. Documentation of administration of medication must be placed in the child's file or in a central administration of medication log and kept while the child is enrolled in the center.

F. A licensee may administer medication to a child who has a medical need during child care hours that requires the administration of medication by a non-intravenous injection. In addition to the requirements in subsection 63.B, the parent/guardian shall provide the licensee with the following information, when medication is administered by non-intravenous injection:

1. Written parent/guardian permission for the center to provide the requested medical care; and
2. A written statement from the child's health care provider stating:

a. The specific medication by injection needed by the child;
b. That for the child's health, the requested medication by injection must be administered during the hours the child attends the center;
c. That the requested medication by injection may be appropriately administered at the center by non-medical child care staff; and
d. Whether any additional training is necessary for non-medical staff members to administer the medication or medical care appropriately. If additional training is required, the health care provider shall provide instructions including information about: the type of training, who may provide such training (which may include the child's parent/guardian), and any other instructions needed to provide the requested medication by injection.

    1) If additional training is required, the licensee shall identify staff members who are certified to administer medication and have them complete the additional training specified by the child's health care provider. Such training must be completed in a reasonable time based on the availability of such training.
    2) The licensee shall keep documentation of this training with the child's MAR and inform the parent/guardian in writing which staff members are authorized and trained to perform the requested medication by injection. This information must be updated as needed.
    3) The licensee shall ensure that at least one staff member, who is trained as required by 63.F.2.d.1, to provide the requested medical care, is present at the center at all times while the child is present.

e. A licensee shall ensure this information is reviewed with the child's parent/guardian and health care provider yearly, and as needed. Reviews and changes must be written, dated, agreed upon by all parties, and kept with the MAR.
f. A school-age child may self-administer medical care, as described in Section 63 with written parent/guardian permission and written health care provider permission. These permissions must indicate the child is able to safely self-administer the prescribed medical care, identify and select the correct medicine and dosage, if applicable, and administer the medical care at the correct time and frequency. The licensee shall keep documentation of these permissions with the child's MAR. A staff member with a current administration of medication certificate shall be present during the self-administration and document all information required on the MAR, including that the medication was self-administered by the child.

G. The administration of medication may be required under State and federal laws even though it is not mandated pursuant to these regulations. If an agency, administrative body, court, or other entity responsible for enforcing Federal, State, and local laws and regulations (including but not limited to the Americans

with Disabilities Act and the Delaware Equal Accommodations Law) makes a finding that the refusal of a licensee to administer medication is a violation of the law, OCCL shall take appropriate enforcement action consistent with subsection 12.E, due to licensee's failure to comply with subsection 15.B.

64. Child Accident and Injury

A. When known, a licensee shall ensure if a child in care has an accident or injury, a staff member provides assistance to protect the child from further harm.

1. For a serious or potentially serious injury, a licensee shall ensure the parent/guardian is notified immediately after staff members have assisted the child and contacted an ambulance, if needed.

    a. Serious injuries are described in the definitions.
    b. For these injuries, a licensee shall document when the parent/guardian was informed or when calls were made to the parent/guardian or emergency contact, but no one answered.

2. A less serious accident or injury requires parent/guardian notification before the child leaves for the day.
3. A licensee shall complete and keep a written accident or injury report for each incident in the child's file or a central log for the center.

    a. A licensee shall ensure the report includes the name of the child, date of injury, description of the injury, how it occurred, first aid or medical care provided, and parent/guardian/authorized release person's signature.
    b. The parent/guardian/authorized release shall be provided a copy of the report on the day of the accident/injury or within one business day.

B. If a child has a medical event, such as a seizure, asthma attack, or severe allergic reaction, the parent/guardian shall be notified immediately after assisting the child and contacting an ambulance, if needed.
C. When known, the licensee shall notify OCCL when an accident or injury results in death or medical/dental treatment other than first aid provided at the center, as described in subsection 14.C.

65. First Aid Kits

A licensee shall have at least one complete first aid kit in a location accessible to staff members but not to children. A first aid kit must be taken on field trips/program outings.

On-Site First Aid Kit Requirements:	Off-Site First Aid Kit Requirements:
• Disposable non-porous gloves;	• All items listed in the first column;
• Scissors;	• Bottled Water;
• Tweezers;	• Liquid soap;
• A non-glass thermometer to measure a child's temperature;	• Emergency and other needed medication needed; and

On-Site First Aid Kit Requirements:	Off-Site First Aid Kit Requirements:
• Bandage tape;	• List of emergency phone numbers, parents/guardians' home and work phone numbers, and the Poison Control Center phone number.
• Sterile gauze pads;	
• Flexible rolled gauze;	
• Triangular bandage or sling;	
• Safety pins;	
• Eye patch or eye pad;	
• Pen/pencil and note pad;	
• Instant cold pack or frozen ice pack;	
• Current American Academy of Pediatrics (AAP) standard first aid chart or equivalent first aid guide;	
• Small plastic, metal, or wooden finger splints;	
• Non-medicated adhesive strip bandages; and	
• Plastic bags for gauze and other materials used in handling blood.	

66. Emergency Planning

A. A licensee shall have and follow a written emergency plan that describes procedures for natural and man-made disasters. A licensee shall train staff members on the plan. The emergency plan must include information and procedures in the following areas:

Emergency Plan Requirements:
• Preparing for a disaster;
• Assigning specific responsibilities to staff members during a disaster;
• Keeping track of children and staff;
• Moving to a new location, if appropriate;
• Communicating with and returning children to families;
• Meeting the needs of infants, toddlers, and children with disabilities or medical conditions;
• Caring for children after the disaster;
• Contacting appropriate emergency response agencies and the parents/guardians; and
• Locking down the center.

B. Monthly evacuation drills must be practiced from all exit locations during different times of the day, including nap time. Evacuation routes must be posted in each room that the children use. Each drill must be documented and include:

Document Each Drill and Include:
• Drill date and time;
• Numbers of children and staff members who participated;
• Exits used; and
• Total time to evacuate the center.

C. A licensee shall develop and follow a written plan describing procedures to shelter-in-place at the center for up to 24 hours due to a disaster. The plan must include a list of emergency supplies kept on-site, including enough foods that will not spoil, bottled water, and supplies to serve or prepare foods without the use of electricity.

D. A licensee shall conduct a monthly fire prevention inspection and post the latest inspection report in a visible place.

67. Transportation

A. Use of a vehicle, other than a school bus, with a rated capacity as defined by the manufacturer, to carry more than 10 passengers in addition to the driver to transport children is prohibited. A licensee shall ensure 12-15 passenger vans are not used to transport children. Passenger includes the driver.

B. A licensee shall ensure when transporting children that the driver, when volunteering or employed by the center, and vehicle, when owned or leased by the center, comply with all applicable federal and State laws.

1. The driver shall be at least 21 years old.
2. The driver shall have a valid driver's license that authorizes the driver to operate the vehicle being driven.
3. The driver shall have a comprehensive background check confirming eligibility to be alone with children during transport.
4. The driver does not need to be qualified by Delaware First.
5. The driver may not transport more children and adults than the vehicle's capacity.

C. A licensee shall ensure children are transported using child-safety restraints as required by State and federal laws.

D. A licensee shall ensure that companies contracted by the center to provide transportation services to children follow applicable State and federal laws.

E. A licensee shall ensure 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.

1. Safety restraints must be federally approved and labeled according to the applicable Federal Motor Vehicle Safety Standard.
2. Child safety restraints must be installed and used as determined by the manufacturer and vehicle's instruction manual.
3. Safety restraints must be kept in a safe working condition and free of recall.

F. If using a school bus, children preschool-age or younger must only be transported on a school bus that is properly equipped with child safety restraints unless the licensee explains to parents/guardians 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 using child safety restraints, and

the licensee receives written parent/guardian permission stating the child may be transported on a school bus unrestrained.

G. A licensee shall ensure vehicles used to transport children, including parent/guardian vehicles used for field trips (unless only transporting his or her own children), have and use the following:

Vehicle Requirements:
• A working heater capable of keeping an interior temperature of at least 50°F;
• Air-conditioning to reduce the interior temperature when it exceeds 82°F (school buses are exempt);
• A working phone;
• A traveling first aid kit including children's emergency contact information; and
• A dry chemical fire extinguisher approved by Underwriters Laboratory.

H. A licensee shall ensure children are loaded and unloaded at the vehicle's curbside or in a protected parking area or driveway.

I. A licensee shall ensure all doors are locked when the vehicle is moving.

J. A licensee shall have written parent/guardian permission for transportation provided by the center.

1. A licensee shall document arrangements with the parent/guardian including the pickup and drop off times when driving a child to and from the child's school.
2. A licensee shall inform the parent/guardian of the person or transportation service who is driving the vehicle and ask about special needs the child may have during the ride.

K. A licensee shall ensure children are never alone in the vehicle and that the vehicle is visually checked at the final location so that no child is left behind.

L. A licensee may not transport children in the open back of a truck.

68. Field Trips and Program Outings

A. A licensee shall have and follow a plan to keep track of children at all times during field trips or routine program outings.

B. A licensee shall have written parent/guardian permission before taking a field trip. The permission must state the location and date of the trip and who will provide transportation.

C. Medical consent forms and emergency contact information for all children, a traveling first aid kit as described in these regulations, and a working phone must accompany staff on trips and outings. Children must have tags or other means of providing the center’s name and phone number.

D. A licensee shall ensure during field trips or routine program outings, a licensee maintains the following staff/child ratios with a minimum of two staff members present at all times except when the children are school-age:

	Age of Child:	Minimum Staff/Child Ratio:
Infant	Under 12 months	1:2
Young toddler (1 year old)	12 through 23 months	1:4
Older toddler (2 year old)	24 through 35 months	1:6
Young preschool child (3 year old)	36 through 47 months	1:8
Older preschool child (4 year old)	48 months or older and not yet attending kindergarten or higher	1:10
School-age child	Attending kindergarten or higher	1:15

1. For a routine program outing where children are always contained in a buggy/stroller, classroom ratios must be maintained in accordance with Section 27.
2. Volunteers count toward the staff/child ratio for field trip or routine program outing purposes only if not accompanied by other children who are not enrolled at the center. Volunteers may not be left alone with children other than their own children, unless they had a comprehensive background check and were determined eligible.
3. A licensee shall ensure staff members or volunteering parents/guardians follow the transportation regulations when transporting children on field trips.

69. Pets

A. A licensee shall ensure pets kept by or located in the center are cared for in a safe and sanitary manner.
B. A licensee shall keep proof of vaccination as required by State law (currently this is rabies vaccinations for dogs and cats).
C. Poisonous or aggressive animals or animals that are known to be carriers of illnesses, such as ferrets, turtles, iguanas, lizards or other reptiles, psittacine birds or birds of the parrot family, or animals who are sick with a disease that may be spread to humans may not be kept or brought into the center.
D. A licensee shall keep containers used solely for collecting animal feces or urine out of rooms used by children.
E. A licensee shall inform parents/guardians of animals or pets kept or brought into the center.
F. Children may handle animals only with adult supervision.

70. Water

A licensee shall ensure drinking water is always available to children in their classrooms and outdoors and supplied to them on their request or available for self-service as appropriate.

71. Meals and Snacks

A. A licensee shall ensure meals and snacks are served on the following schedule depending on the number of hours the child is present:

Number of Hours	Meals/Snacks Required
2 hours - 4 hours	1 snack
4 hours - 6 hours	1 meal and 1 snack
7 hours – 11 hours	2 meals and 1 snack or 2 snacks and 1 meal based on time of child's arrival
12 hours or more	3 meals and 2 snacks

B. A licensee shall ensure meals and snacks are provided by a center except when:

1. The parent/guardian chooses to provide the child's food and provides a signed statement stating this choice. The center must keep the statement on file;
2. The center does not provide meals or snacks and informs the parent/guardian at the time of enrollment that meals or snacks are to be provided by the parent/guardian. The center must inform the parent/guardian of the importance of sending nutritional meals or snacks; or
3. The center has a field trip or a specific activity requiring special meal arrangements.

C. A licensee shall encourage adults to eat healthy foods when eating with children.

D. A licensee shall ensure staff members responsible for food service have knowledge of nutrition, sanitary food preparation, storage, and cleaning, and follow the center's policy on food service.

E. A licensee shall ensure staff members' responsibilities for food service do not reduce staff/child ratios, interfere with the center's program, or lessen supervision of children.

F. A licensee shall ensure meals and snacks provided by the center:

1. Follow the meal pattern requirements (see Appendix VI and Appendix VII) which are appropriate to the child's age;
2. May include 100% unsweetened juice, not a juice drink or cocktail;
3. May include powdered milk used only for cooking and not instead of liquid milk for drinking; and
4. Are planned on a menu, dated, and posted in a noticeable place.

    a. Menus listing food served must be kept for 30 days.
    b. Changes to the food served on a particular date must be written on the menu on or before that date.

G. A licensee shall ensure that special, therapeutic diets are prepared and served by staff members only upon written instructions by a health care provider. A health care provider's written permission is required for a change in meal patterns.

H. A licensee shall ensure when a parent/guardian requests a change of meal patterns due to a family's food preferences or religious beliefs, the parent/guardian provides the center with a list of the foods that are unacceptable and the substitutions allowed.

I. Meal Components for Toddlers and Older Children

1. As described in Appendix VI, a licensee shall ensure a breakfast provided and served by a center has at least one age-appropriate serving-size item each from the milk, fruit and vegetable, and grain food groups.
2. As described in Appendix VI, a licensee shall ensure lunch or dinner provided and served by a center has one age-appropriate serving-size item from each of the milk, meat or meat alternate, and grain food groups and two items from the fruit and vegetable food group.
3. As described in Appendix VI, a licensee shall ensure that a snack provided and served by a center has at least one age-appropriate serving-size item from two of the food groups. If milk or 100% juice is not included with a snack provided and served by the center, water must be served with that snack.

J. For foods prepared and served by the center, a licensee shall introduce a variety of food textures, finger foods, and a cup and utensils for self-feeding. If needed, a licensee shall ensure food is cut to prevent choking.

K. A licensee shall ensure each child has his or her own utensils, such as a fork, spoon, knife, dish, cup or bottle, as appropriate to the child's age. This equipment may not be shared with another child or adult during feeding.

L. All single-service dinnerware or utensils provided by the center for meals or snacks must be thrown away immediately after use.

M. Staff members shall encourage the use of a cup when a child is at least one year old and is developmentally able to drink from or hold a cup.

72. Feeding of Infants

A. As described in Appendix VII, a licensee shall ensure a breakfast provided and served by a center has at least one age-appropriate serving-size item from each of the required food groups including breast milk or formula.

B. As described in Appendix VII, a licensee shall ensure lunch or dinner provided and served by a center has one age-appropriate serving-size item from each of the required food groups including breast milk or formula.

C. As described in Appendix VII, a licensee shall ensure that a snack provided and served by a center has at least one age-appropriate serving-size item from each of the required food groups including breast milk or formula, grain, and fruit and vegetable food groups.

D. A licensee shall ensure an infant is given foods and drinks on demand or according to the infant's eating habits using the following guidelines:

Infant Feeding Requirements:
• A parent/guardian provides a written feeding statement listing the foods and drinks, including specific formula or breast milk, an infant eats or drinks. This schedule must be updated monthly and as needed;

Infant Feeding Requirements:
• Mixing prepared formula or breast milk in a bottle with anything else requires written permission from an infant's health care provider;
• A written record of each infant's food intake must be shared with the parent/guardian daily. Feeding problems must be discussed with the parent/guardian before the infant leaves that day;
• An infant must be held for bottle-feeding. When an infant is able to hold a bottle or does not want to be held while fed, the infant may be placed in a high chair or at a feeding table; and
• Introduction to all new foods and beverages must be made only with the parent/guardian's permission.

E. Infants must be allowed to take breaks during feedings. Infants must be observed for signs of fullness and must be allowed to stop a feeding when full unless documentation from an infant's health care provider requires the feeding to continue;
F. Parent/guardian permission is needed to feed formula to an infant receiving only breast milk;
G. A staff member shall hold only one infant at a time while bottle-feeding;
H. An infant must never be placed in sleeping or relaxing equipment with a bottle or have a bottle propped for feeding;
I. Bottles and infant foods must be warmed for no more than five minutes under running warm tap water or by placing them in a container of water that is no warmer than 120°F. They may not be warmed or thawed in a microwave oven;
J. For infants age four months or older, semi-solid foods may be fed as requested by the parent/guardian and are required once an infant is eight months old unless the parent/guardian provides documentation from the infant's health care provider stating otherwise;
K. Foods for infants must be a texture and consistency that helps them eat safely. Puréed foods must be served from a dish unless serving the entire contents of the jar;
L. Cow's milk may not be served to infants;
M. Juice may not be fed to infants;
N. Bottles and nipples kept by center must be washed and sanitized before each use;
O. Each infant's bottle must be labeled with the infant's name and refrigerated immediately after preparation by center staff members or on arrival if prepared by a parent/guardian;
P. Unused bottles must also be dated as to when prepared if not returned to the parent/guardian at the end of each day;
Q. Unused portions of formula must be thrown away after each feeding that exceeds one hour;
R. Formula must be prepared from a factory-sealed container;
S. Refrigerated, unused, prepared formula must be thrown away after 48 hours; and
T. Breast milk must be fed only to the infant it was intended for.

1. Frozen breast milk must be thawed under running cold water or in the refrigerator and used within 24 hours.

2. Expressed breast milk must be returned to the parent if it is in an unsanitary bottle, partially used, or if it has been unrefrigerated for more than four hours at room temperature.
3. Refrigerated, unused, expressed breast milk that was never frozen must be returned to the parent after 48 hours.
4. Breast milk that was frozen and stored in a freezer at 0°F must be thrown away after six months.

PART V EARLY CARE AND EDUCATION

73. Program Goals and Planning

A. A licensee shall ensure the program provides physical care routines (such as diapering/toileting, feeding, and hand washing) appropriate to each child's developmental needs.

B. A licensee shall develop written goals of what the center plans to accomplish for enrolled children's development and education.

1. Goals must include areas of physical, social-emotional, language/literacy, and cognitive development and be developmentally appropriate for the children enrolled.

   a. The curriculum goals and daily activities for each group of children must be implemented by an assigned staff member who is qualified as at least an early childhood assistant teacher, school-age site assistant, or early childhood caregiver.
   b. The early childhood administrator, school-age administrator, early childhood curriculum coordinator, or school-age site coordinator when assigned this duty shall approve and monitor the assigned staff member's job performance.

74. Lesson Plans

A. A licensee shall have and follow a written lesson plan of varied, developmentally-appropriate activities designed to help all children preschool-age and younger reach the goals described in subsection 73.B.1.

1. The lesson plan must be current and posted for easy reference by parents/guardians and staff, unless the plan is given to a parent/guardian in advance and available electronically for viewing. Upon request, the plan must be provided to parents/guardians.
2. The lesson plan must include at least one daily activity for each goal listed in subsection 73.B.1. Activities that allow children to choose to participate with the whole group, part of the group, or independently must be included.
3. The plan must show that the children have the choice to participate in at least four activities each day. These activities must be conducted at least 1/3 of the time the child is present for a particular day.
4. Adult-child interactions, teaching strategies, activities, materials, and equipment must be adapted as needed to support all children's learning,

including those with goals described in IEPs, IFSPs, and Section 504 plans. A licensee shall allow services to be provided at the center for a child with disabilities.

5. Lesson plans must be based on best practices and accepted research in the field of early care and education and in alignment with principles and foundations of learning and development, such as the Delaware Early Learning Foundations: Preschool, Delaware Early Learning Foundations: Infant/Toddler, and also as set forth by the Delaware or United States Department of Education.

B. A licensee shall ensure for children 24 months and older there are weekly opportunities documented on the lesson plan for children to learn in the following areas:

Required Weekly Activities for Children 24 Months and Older:
• Cooking or food exploration/healthy habits, such as talking about healthy habits or comparing the taste/texture of different foods;
• Science and nature investigation, such as talking about the weather, observing insects/birds, having a leaf collection, blowing bubbles, or having a pet;
• Music and rhythm, such as singing, simple instruments, or music toys; and
• Multi-sensory play, such as sand or water play with containers, spoons, scoops, trucks, or toy people.

C. A licensee shall ensure activities and materials reflect children's cultures and communities, including both familiar and new materials, pictures, and experiences.

75. Activity Areas

A licensee shall ensure for children 24 months and older, indoor physical space is organized into activity areas where an identifiable space with related equipment and materials are kept in an orderly fashion. Daily opportunities to use these areas must be documented on the lesson plan. These areas must be accessible to children and include the following areas:

Required Activity Areas for Children 24 Months and Older:
• Language and literacy, such as books and writing materials;
• Dramatic play, such as play materials, furniture, dress-up, and props;
• Construction/Blocks, such as unit blocks and accessories;
• Creative arts, such as drawing materials, clay or play dough; and
• Manipulative/Mathematics/Problem solving, such as puzzles, small construction toys, or objects to sort.

76. Activity Schedule

A. A licensee shall develop and follow a schedule for each group of children that is posted for easy reference by parents/guardians and staff.

1. The schedule must list times for the following activities: learning opportunities; active or outdoor play; free choice and staff-directed activities, rest or at least 30 minutes of quiet play, meals, and snacks.

2. This schedule may be flexible based on the needs and interests of the children.

B. Weather permitting, a licensee shall ensure daily outdoor play is provided for infants, toddlers, and older children when the wind chill factor is 32°F or higher or the heat index is 89°F or lower.

1. Outdoor play during periods outside this temperature range may be determined by the licensee.
2. Children must be appropriately dressed for the weather.
3. A licensee shall ensure the guidelines of the National Weather Service (currently www.weather.gov) are followed if an advisory regarding health or safety risks has been issued.
4. For infants, this may include riding in a stroller or carriage, but must also include opportunities for gross motor development. This may occur on a blanket or other hazard-free space.

C. A licensee shall provide opportunities for physical activity for each child one year and older, according to his or her ability.

1. For every four hours the child is in care between 7 AM and 7 PM, 30 or more minutes of moderate to vigorous physical activity indoors or outdoors must be provided.
2. Daily active play may happen in one or more blocks of time.
3. Structured physical activities must be adapted to allow inclusion of children of all abilities.

D. A licensee shall ensure screen time activities, such as watching television, using a gaming device, tablet, phone, or computer, are supervised by a staff member, age-appropriate, and educational. Screen time activities require written parent/guardian permission and are limited to one hour or less per day, unless a special event occurs. Children younger than two years are prohibited from participating in screen time activities. Assistive technology is not included in screen time restrictions.

77. Infant and Toddler Care

A. A licensee shall ensure safety gates approved by the American Society for Testing and Materials are used in stairway areas where infants and toddlers are in care.

1. Gates must have latching devices that adults, but not children, can open easily.
2. Pressure or accordion gates may not be used.

B. A licensee shall provide low chairs and tables, infant seats with trays, or feeding tables with attached seats for table play and mealtime for children no longer being held for feeding. High chairs must have a wide base. A T-shaped safety

strap must be used for infant seat with trays, high chairs, feeding tables with attached seats, or other infant seats.

C. A licensee shall provide a rocking chair or other comfortable adult-size seating for at least half of the staff members on duty in the infant area.

D. A licensee shall ensure children under three years old do not have access to plastic bags except for small bags used in supervised activities. Styrofoam objects/cups/bowls/toys, latex balloons, and objects less than one inch wide are prohibited.

E. A licensee shall prohibit the use of walkers unless prescribed by a child's health care provider. A copy of the prescription or medical authorization must be kept in the child's file.

F. A licensee shall ensure staff members document an infant's feeding, sleeping, diapering, and other routine activities daily. These records must be shared with the infant's parent/guardian at the end of each day.

G. This daily record must include documentation that each infant was checked every 30 minutes when placed in the crib, playpen, or pack-and-play to nap/sleep. Staff members are to observe the infant for normal breathing, signs of distress, and to be ready to respond in case of emergency.

78. Interactions with Infants

A licensee shall ensure staff members interact with infants. Staff members shall use activities and interactions, such as those found in the Delaware Early Learning Foundations including the following:

Required Interactions with Infants:
• Offering frequent face-to-face interaction with infants when they are awake;
• Being held and carried;

• Limiting time spent in confining equipment, such as a crib, infant seat, swing, high chair, or playpen, to less than 30 minutes at a time while awake.
  ○ Other than in a crib, playpen, or pack-and-play, infants must be provided with an age-appropriate activity.
  ○ After removing the infant from the equipment, the infant must be able to move freely on the floor in a clean area protected from foot traffic.

• Providing opportunities for large muscle activities appropriate to the infant's developmental level, such as supervised tummy times for a few minutes, while the infant is awake;
• Providing daily outdoor play opportunities as described in subsection 76.B;
• Talking with infants during play, feeding, and routine care;
• Reading to and looking at books with infants while holding or sitting close to them;
• Providing varied materials, sights, sounds, and other experiences for infants to explore with their senses;
• Responding to infants' actions, sounds, and beginning language;
• Giving names to objects and experiences in the infants' environment;
• Providing space and equipment to support infants' developing physical skills, such as rolling over, sitting, scooting, crawling, and standing; and
• Providing materials and encouragement for infants' beginning pretend play alone, with other children, and with staff.

79. Interactions with Toddlers

A licensee shall ensure staff members interact with toddlers at their eye level, and whenever appropriate, sit on the floor with the toddlers. Staff members shall use activities and interactions, such as those found in the Delaware Early Learning Foundations including the following:

Required Interactions with Toddlers:
• Offering frequent face-to-face interactions with the toddlers;
• Having conversations with toddlers during play, feeding, and routine care;
• Reading to and looking at books with toddlers individually and in small groups;
• Encouraging children to play with one another with adult help;
• Providing materials and encouragement for pretend play alone and with other children and staff;
• Providing varied materials, sights, sounds, and other experiences for toddlers to explore with all their senses;
• Providing opportunities for children to walk, run, climb, stack, balance, scribble, draw, and develop fine and large motor skills, including daily opportunities for outdoor play as described in subsection 76.C;
• Limiting time spent in confining equipment, such as a crib, seat, swing, high chair, or playpen, to less than 30 minutes at a time while awake.
• Toddlers must be provided with an age-appropriate activity.
• After removing the child from the equipment, the child must be able to move freely on the floor;
• Responding to toddlers' words and actions with interest and encouragement;
• Giving names to objects and experiences in the toddlers' environment; and
• Supporting toddlers' development of independence and mastery of feeding, dressing, and other skills.

80. Interactions with Preschool and School-Age Children

A. A licensee shall ensure staff members interact with preschool-age children at their eye level, and whenever appropriate, sit on the floor with the children. Staff members shall use activities and interactions, such as those found in the Delaware Early Learning Foundations including the following:

Required Interactions With Preschool-Age Children:
• Offering frequent face-to-face interactions with children;
• Having conversations with children during play, meals, and routine care;
• Reading to and looking at books with children individually and in groups;
• Using rhymes, songs, and other ways to help children connect sounds and letters and develop other literacy skills;
• Helping children develop mathematical and scientific concepts through play, projects, and investigations of the center's environment;
• Supporting the development of social competence through play and cooperative work with other children;
• Providing materials and encouragement for more extended and complex pretend play alone and with other children and staff;
• Providing varied materials, sights, sounds, and other experiences for children to investigate and talk about;

Required Interactions With Preschool-Age Children:
• Providing opportunities for children to walk, run, climb, stack, balance, scribble, draw, write, and refine fine and large motor skills, including daily opportunities for outdoor play as described in subsection 76.C;
• Responding to children's words and actions with interest and encouragement;
• Giving names to objects and experiences in the children's environment; and
• Supporting children's development of independence and mastery of skills.

B. When caring for school-age children, a licensee shall ensure staff members provide activities, opportunities, materials, and equipment as described in Part VI, Additional Provisions for School-Age Only Centers.

PART VI ADDITIONAL PROVISIONS FOR OVERNIGHT CARE

81. General

A. Overnight care may be provided by a center licensed to provide only overnight care or as a part of a licensed center.
B. A center licensed to provide only overnight care is exempt from Section 53.

82. Staffing

A. A licensee shall ensure staff members are awake and supervising sleeping children at all times.
B. A licensee shall ensure a single staff member provides no more than 16 hours of care within 24 hours.

1. This staff member must have at least seven consecutive hours of rest off the center's premises.
2. No other employment is permitted during the hours of rest.

C. A licensee shall ensure when children one year and older are sleeping, at least half of the required staff members are directly supervising the children.
D. A licensee shall ensure at least two staff members are present with the children when seven or more children one year and older are present.

1. The licensee shall have and follow emergency procedures providing immediate access to emergency services and an additional staff when only one staff member is present with children.
2. When only one staff member is present with the children, the staff member shall have no other responsibilities than providing direct care during that time.

83. Activities

A. A licensee shall ensure a program of activities is provided to children before bedtime.

B. A licensee shall ensure each child is given individual attention at bedtime and upon waking. The licensee shall discuss with the parent/guardian any special preferences or habits regarding bedtime and waking and share this information with the staff member in charge of the child.

84. Sleeping Arrangements

A. A licensee shall ensure sleeping children are separated from children who are awake.

B. A licensee shall ensure school-age children do not share a dressing area with people of the opposite sex.

C. In addition to the sleeping equipment and bedding requirements listed in Section 56, a licensee shall provide the following for children sleeping four or more hours at the center between the hours of 10:00 PM and 6:00 AM:

Required Sleeping Equipment for Overnight Care:
• A crib, playpen, or pack-and-play for each infant;
• A child under 18 months old who does not walk must sleep in a crib, playpen, or pack-and-play;
• A child between 12 and 18 months old who walks may sleep on a bed with safety rails with written parent/guardian permission;
• Children 18 months old and older may sleep in a crib, playpen, or pack-and-play if the child fits comfortably or in an individual bed with a mattress that is covered with sheets and a blanket; and
• A pillow with a pillowcase for each child in a bed.

D. A licensee shall ensure that each child has clean and comfortable sleeping garments.

85. Bathing and Grooming

A. A licensee shall follow the parents/guardian’s wishes regarding bathing the child and note this request in the child's record.

1. Each child must be bathed individually.
2. Bathing equipment must be cleaned with soap and water and then sanitized before each use and equipped to prevent slipping.
3. An infant must be bathed in age-appropriate bathing equipment.
4. No child may be bathed in a sink used for cleaning dishes or utensils.
5. Water temperature must be checked to prevent burns or scalding, or for water that is too cold.
6. Individual towels and washcloths must be provided for each child.

B. A licensee shall ensure no child is unsupervised while in a bathtub or shower. A child capable of bathing alone must be allowed to bathe in private with written parent/guardian permission. A staff member must respect that child’s privacy but be immediately available to ensure the child’s safety and to offer help if requested.

C. A licensee shall ensure there is a night light in the toilet room, hallway, and sleeping areas as dictated by the individual needs of the children.

D. A licensee shall ensure that combs, toothbrushes, brushes, and other personal items are labeled with the child's name, stored separately, and used only by that child.

PART VII ADDITIONAL PROVISIONS FOR SCHOOL-AGE ONLY CENTERS

86. General

A. School-age care may be provided by a school-age center that offers care, education, protection, supervision, or guidance for only school-age children before or after-school, during school holidays, or summer months.

B. A school-age center must follow all regulations contained in this document except for the following from which they are exempt:

School-Age Programs are Exempt from:
• Section 22 (Breast Feeding);
• Subsection 26.E (Staffing Ratio);
• Subsection 49.G (General Safety Practices – Outlet Covers);
• Section 42 (Documenting Children's Progress);
• Section 56 (Sleeping accommodations; unless there are children who nap/sleep at the school-age center);
• Subsection 57.B (Equipment);
• Section 61 (only Diapering);
• Sections 71 and Section 72 (Infant and Toddler Food and Nutrition);
• Section 74 (Lesson Plans) through Section 80 (Interactions with Preschool Children); and
• School-age only programs located in a public or private school are exempt from the covered trashcan requirement found in subsection 49.L.

87. School-Age Staff Qualifications

A. School-Age Administrator

A licensee shall ensure a school-age administrator is at least 21 years old and is fully qualified as an early childhood administrator with at least 15-clock-hours of accepted training in school-age care or meets the following education requirements:

Education	Area of Study/Major	Regionally Accredited College or University Credits[1,2]	Experience [2,3]
At least a bachelor's degree or associate degree from a regionally accredited college or university	All areas of study	Successful completion of at least 15 credits from a regionally accredited college or university with at least three credit hours in each of the following areas: child development/learning, environment/curriculum, social-emotional development, observation/assessment; and at least one three-hour school-age elective of the student's choice	12 months of experience working with children kindergarten through sixth grade in a group

[1] An administrator's credential may substitute for three college or university credits when issued by DOE or other OCCL approved agencies. Having an early childhood or school-age administrator's credential alone does not qualify a person as a school-age administrator.

[2] A currently certified teacher who is certified to work with children kindergarten through sixth grade meets the education and experience qualifications to be a school-age administrator.

[3] Three months of supervised student teaching of children kindergarten through sixth grade may substitute for six months of the required experience.

B. School-Age Site Coordinator

A licensee shall ensure a school-age site coordinator is at least 20 years old and is fully qualified as at least an early childhood curriculum coordinator or meets the following education and experience qualifications:

Education	Area of Study/Major	Regionally Accredited College or University Credits[1]	Experience [2,3]
At least a high school diploma or equivalent recognized by DOE	Any	Successful completion of at least 12 credits from a regionally accredited college or university in recreation, elementary education, school-age care, or school-age administration - or – Successful completion of at least 6 credits from a regionally accredited college or university in recreation, elementary education, school-age care, or school-age administration and the School-age Bundle offered by the Delaware Institute for Excellence in Early Childhood	6 months of experience working with children kindergarten through sixth grade in a group
At least a high school diploma or equivalent recognized by DOE	Any	Successful completion of the School-age Bundle offered by the Delaware Institute for Excellence in Early Childhood	12 months of experience working with children kindergarten through sixth grade in a group
[1] A school-age credential may substitute for three college or university credits when issued by DOE or other accepted agencies.			
[2] Three months of supervised student teaching of children kindergarten through sixth grade may substitute for six months of the required experience.			
[3] Supervised experience may substitute for half of the required experience.			

C. School-Age Site Assistant

A licensee shall ensure a school-age site assistant is at least 18 years old and is fully qualified at least as an early childhood assistant teacher or meets one of the following education and experience qualifications:

Education	Area of Study/Major	Regionally Accredited College or University Credits or Quality-Assured Training	Experience[1]
High school diploma or equivalent recognized by DOE	All areas of study	Successful completion of three credits from a regionally accredited college or university in recreation, elementary education, school-age care, or school-age administration - or - 45-clock-hours of quality-assured training related to the needs of the school-age children served	Part-time employment for one school year from September to June providing education/care to children kindergarten through sixth grade in a group - or - Full-time employment during the majority of one summer season (June through August) providing education/care to children kindergarten through sixth grade in a group setting

Education	Area of Study/Major	Regionally Accredited College or University Credits or Quality-Assured Training	Experience[1]
High school diploma or equivalent recognized by DOE	All areas of study	Successful completion of at least 15-clock-hours of quality-assured training in school-age care	Part-time employment from September to June for two school years or full-time employment for one school year providing education/care to children kindergarten through sixth grade in a group - or - Full-time employment during the majority of two summer seasons (June through August) providing education/care to children kindergarten through sixth grade in a group
[1]**Supervised experience may substitute for half of the required experience.**			

D. School-Age Intern

1. A licensee shall ensure a school-age intern is at least 16 years of age.

   a. A school-age intern may be 15 years old if attending a high school's early childhood education program and enrollment documentation is on file at the center.
   b. A school-age intern must be at least four years older than any child in his or her direct care.
   c. A school-age intern must always be under the direct observation of at least a school-age site assistant except as stated in subsection 87.D.3.
   d. A school-age intern may not be alone with children except as stated in subsection 87.D.3. A school-age intern may count in the staff/child ratio.

2. A licensee shall ensure a school-age intern meets one of the following qualifications:

Required Education for School-Age Interns:
• Successful completion of at least three college or university credits from a regionally accredited college or university in recreation, elementary education, school-age care, or school-age administration;
• Successful completion of at least 15-clock-hours of quality-assured training in school-age care; or
• Successful completion of the education requirement for a higher-level school-age position contained in these regulations.

3. While maintaining required ratios and group size, a qualified school-age intern who is at least 18 years old may be alone with children when:

School-Age Interns May be Alone with Children when:
• Walking children to or from a bathroom;
• Walking children to or from receiving first aid treatment;
• Walking children to or from a bus stop;
• Walking children from one classroom or area to another within the center; and
• Supervising an ill child while waiting for pick-up by a parent/guardian.

E. School-Age Aide

1. A licensee shall ensure a school-age aide is at least 16 years of age.
2. A school-age aide may be 15 years old if attending a high school's early childhood education program and enrollment documentation is on file at the center.
3. A school-age aide must be at least four years older than a child in his/her direct care.
4. A school-age aide always must be under the direct observation of at least a school-age site assistant.
5. A school-age aide may not be alone with children.
6. A school-age aide will count in the staff/child ratio only during the first 12 months of employment at a single center or affiliated center.

88. Staffing

A. A licensee shall ensure a school-age center has a qualified school-age administrator who functions in that role. When a school-age administrator is responsible for more than one center, the school-age administrator is required to visit each school-age center for at least 30 consecutive minutes each week. This visit is to be documented.

B. A licensee shall ensure when the school-age administrator is responsible for more than one school-age center, each school-age center has a qualified school-age site coordinator who functions in that role.

C. A licensee shall ensure the school-age administrator or school-age site coordinator is present at least 50% of the hours of operation.

D. A licensee shall ensure a school-age site coordinator is responsible for no more than two school-age centers.

E. A licensee shall ensure a school-age center has at least one school-age site assistant.

F. A licensee shall ensure when a school-age administrator or school-age site coordinator is not present at the school-age center, an assigned staff member that at least meets the qualifications of school-age site assistant is present and designated as responsible for the school-age center. This staff member must have documented training in the day-to-day operations of the center and supervision of children and staff.

G. When 75% of center's population consists of school-age children, the center may operate with a school-age administrator and an early childhood curriculum coordinator who are each onsite 20 hours per week when care is provided. Preschool-age and younger children must be supervised by the appropriate early childhood qualified staff members. During the summer months, the early

childhood curriculum coordinator shall be onsite 60% of the hours of operation while children are in care.

89. Outdoor Play Area

A. A licensee shall have a safe outdoor play area. This outdoor area must be approved by OCCL. This outdoor space for running and games may be provided at the center or by outings to public or private playgrounds.

B. A licensee operating a school-age center at a public or private school may use that school's playground upon approval by OCCL.

90. Snacks and Meals

When provided and served by the facility, a licensee shall ensure a nutritious snack comprised of one age-appropriate serving size item from each of two of the food groups as described in these regulations is served to each child in after-school care.

A. If breakfast is not served at the school-age center, a nutritious snack must be served to each child who is in before school care for more than two hours.

B. If milk or 100% juice is not included with a snack, water must also be served with that snack.

91. Child Care Activities

A licensee shall ensure that a program of indoor and outdoor activities and supplies and equipment is provided based on the ages and developmental levels of school-age children served.

A. As described in Section 57, supplies and equipment must be adapted to suit the different ages and interests of the school-age children, including books for all reading abilities.

1. There must be enough supplies and equipment to allow children the opportunity to choose activities or materials.
2. There must be a system of sharing high demand items, such as computers, when they cannot be supplied to all children.

B. Children must have the opportunity to be responsible for choosing, planning, carrying out, and evaluating their own activities depending on their ages. Children must have opportunities to experience many activities that reflect the various communities, languages, and cultures of the children in care.

C. The daily schedule for school-age children must be posted and include the following opportunities:

Daily Schedule Requirements for School-Age Children:
• Moderate to vigorous active physical play, such as games, sports, dancing, running, jumping, climbing, or exploring the environment;
• Outdoor activities or active physical indoor play when weather conditions do not permit outdoor play; and
• Socialization, conversation, relaxation, and quiet activities such as board or card games, reading, homework and studying.

D. In addition to the daily schedule, a licensee shall ensure a monthly activity plan is posted and shows school-age children are working on projects that require extended time to complete in such topics as science, math, social studies, language arts, cooking, drama, creative arts, or music. This monthly activity plan may be included in the daily schedule.

Appendices

OFFICE USE ONLY	
Date assigned:	_____
Licensing specialist:	_____
Supervisor:	_____

STATE OF DELAWARE
DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE LICENSING (OCCL)

EARLY CARE AND EDUCATION AND SCHOOL AGE-CENTER INITIAL LICENSE APPLICATION

Please Print all responses.

Date received:

Before completing this application, review *DELACARE: Regulations for Early Care and Education and School-Age Centers.* Answer all applicable questions and attach all required application materials/documents.

- The applicant is the individual owner, the name of corporation or limited liability company (LLC), head of the state-operated agency, or the superintendent of the school district. **The individual owner, president of the corporation, managing member of the LLC, head of the state-operated agency, or the superintendent of the school district must sign the application in section G or provide written authorization allowing the designated representative to sign.**
- The "facility" is the legal name by which the center will be known.
- The "designated representative" means the person who has been assigned by the licensee, organization, corporation, entity, LLC, school district, or State agency to act on his, her, or its behalf and granted authority over program operations and to represent him, her, or it in dealings with OCCL. This person may sign the application with written authorization from the applicant.
- The "entity" is the corporation, LLC, state agency, or school that is responsible for and has authority over the operation of the center.

This application will be active for one year. If you are not licensed within one year of OCCL receiving this application, you will need to attend an information session and orientation again and submit a new application. Other information may also need to be updated.

SECTION A – Identification

Applicant name: _____ Will this person be on-site or have access to children in care? ☐ Yes ☐ No

Phone #: _____ Cell phone #: _____ Email: _____

Facility name: _____

Phone #: _____ Fax #: _____ Business Email: _____

Site address: _____
(street) (city) (county) (state) (zip)

Mailing address: _____
(street) (city) (county) (state) (zip)

Designated representative name: _____ Will individual be on-site or have access to c children in care? ☐ Yes ☐ No

Cell phone #: _____ Email: _____

CHU contact

Please provide a contact person and email to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person's eligibility for employment.

CHU contact name: _____ Email: _____

SECTION B – Entity: Individual Owner, Corporation Information, LLC Information, State Operated Agency Information, or School Information

Please submit as applicable:

☐ DE State business license

☐ Proof of non-profit status (for example, letter of tax- exempt status or 501(c)(3) documents

☐ Certificate of Incorporation or LLC

☐ DE DOE School Registration #_____

Name: _____ Type: ☐ Individual ☐ Corporation ☐ Limited liability company (LLC) ☐ State-operated ☐ School

Address: _____
(street) (city) (state) (zip)

Phone #: _____ Fax #: _____ Email: _____

1. If entity is an LLC, list below a name, address, and phone number for the managing member.
2. If entity is a corporation, list below a name, address, and phone number for each corporate officer.
3. If entity is a state-operated agency or a school district, list below a name, address, and phone number for designated representative.

For corporation: officers **For LLC: managing member** **For state-operated or school district: designated representative**	**Title**	**Address**	**Email**	**Will this person be on-site or have access to children in care?**	
				No	**Yes**

SECTION C – References for the Applicant (individual owner, president of the corp., managing member of the LLC, head of the state-operated agency, or superintendent of the school district)

List three individuals who are not related to the applicant. If the applicant has no previous work history in the last five years, list five individuals. These individuals must be able to verify that the applicant is of good character and reputation, respects and understands children, and is sensitive to meeting children's needs. **OCCL will contact these references.**

Name	Address	Telephone/Email

SECTION D – Previous Licensure

Has any person listed on page 1 or 2 of this application been previously licensed or approved to care for children in DE or any other state? ☐ No ☐ Yes If yes, specify state: _____

List the name and address of the licensed/approved facility/home and the dates of approval/licensure.

_____

_____

Has any person listed on page 1 or 2 of this application ever had an application or license to provide care for children in DE or any other state denied, revoked, suspended, withdrawn, or placed on probation? ☐ No ☐ Yes state:_____

List the name and address of the facility/home, the person's relationship to the facility, and the type and date of action.

_____

_____

SECTION E – Program Information

Hours of operation:
_____ a.m. – _____ p.m. or a.m. (circle one)
_____ p.m. – _____ p.m.

Days of operation:
☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Months of operation:
☐ January to December
☐ August to June
☐ _____ to _____

Ages of children accepted: (use "kindergarten" for 5-year-olds attending kindergarten. Otherwise, use exact ages.)
Example: From <u>6 weeks</u> to <u>12 years</u> From _____ to _____

Program components:

☐ Purchase of Care Transportation: ☐ field trips ☐ daily ☐ other _____

☐ Food program (CACFP) agency:_____ ☐ Other (specify): _____

SECTION F – Staffing (attach an additional sheet if needed)

Legal name	Employee title/position	DE FIRST certificate, if any	Date of birth	Race*	Works 25 or more hours/week
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Substitutes and Volunteers (attach an additional sheet if needed)

Legal Name	DE FIRST certificate, if any	Date of birth	Race	Works 7 or more hours/week providing direct care
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

SECTION G – Applicant Certification and Signature

- I have read and understand *DELACARE: Regulations for Early Care and Education and School-Age Centers*.
- I understand that the Department of Education, Office of Child Care Licensing, is required under Delaware Code, Title 14 , §§3001A-3005A to make a thorough investigation to determine the good character and intention of the applicant or applicants; the present and prospective need of the service rendered; that capable, qualified workers will be employed; that there is sufficient financial backing to ensure effective work; that there is a probability of the service being continued for a reasonable period of time; that the methods used and disposition made of the children served will be to their best interests and that of society; and that the required criminal background checks are completed and approved.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement action, non-compliances, and substantiated complaints will be made available to the public through a variety of means, including via the OCCL website.
- I hereby certify that to the best of my knowledge the applicant, owner, designated representative, members of the child care staff do not have any conviction, current indictment, or current arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual offense; or gross irresponsibility or disregard for the safety of others. I also certify that to the best of my knowledge the board members and officers of the corporation who have direct access to the children do not have any conviction, current indictment, or current arrest involving violence against a person; child abuse or neglect; sexual offense; or gross irresponsibility or disregard for the safety of others. I further certify if I gain knowledge of any convictions, current indictments, or current arrests involving any of the persons cited above, I will promptly notify OCCL.
- I certify that to the best of my knowledge each member of the child care staff has not been diagnosed or is not under any treatment for any serious mental illness that limits the person's ability to perform child care or have access to children that cannot be addressed by a reasonable accommodation. I also certify to the best of my knowledge child care staff members do not have an addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving child care staff members, I will promptly notify OCCL.
- I agree to comply with all federal, state, and local laws and regulations.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, revocation of the license, or denial of a license application.

_____ _____

Signature of applicant Date

Notice: See the definition of "applicant" on page 1 for guidance on who may sign.

_____

Print name and title

STATE OF _____)
: SS
COUNTY OF _____)

Signed and attested before me this _____.
Date

_____ _____

Signature of notarial officer Print name

(seal)

APPENDIX II: RENEWAL/RELOCATION LICENSE APPLICATION

OFFICE USE ONLY	
Date assigned:	_____
Licensing specialist:	_____
Supervisor:	_____

STATE OF DELAWARE
DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE LICENSING (OCCL)

EARLY CARE AND EDUCATION AND SCHOOL-AGE CENTER RENEWAL/RELOCATION LICENSE APPLICATION

Please Print all responses.

Date received:

License expiration date: ____/____/____ License number: _____

Check application type: ☐ Renewal ☐ Relocation

Before completing this application, review *DELACARE: Regulations for Early Care and Education and School-Age Centers.* Answer all applicable questions and attach all required application materials/documents.

- The applicant is the individual owner, the name of corporation or limited liability company (LLC), head of the state-operated agency, or the superintendent of the school district. **The individual owner, president of the corporation, managing member of the LLC, head of the state-operated agency, or the superintendent of the school district must sign the application in section G or provide written authorization allowing the designated representative to sign.**
- The "facility" is the legal name by which the center will be known.
- The "designated representative" means the person who has been assigned by the licensee, organization, corporation, entity, LLC, school district, or State agency to act on his, her, or its behalf and granted authority over program operations and to represent him, her, or it in dealings with OCCL. This person may sign the application with written authorization from the applicant.
- The "entity" is the corporation, LLC, state agency, or school that is responsible for and has authority over the operation of the center.

SECTION A – Identification

Applicant name: _____ Will this person be on-site or have access to children in care? ☐ Yes ☐ No

Phone #: _____ Cell phone #: _____ Email: _____

Facility name: _____

Phone #: _____ Fax #: _____ Business Email: _____

Site address: _____
(street) (city) (county) (state) (zip)

Mailing address: _____
(street) (city) (county) (state) (zip)

Designated representative name: _____ Will individual be on-site or have access to children in care? ☐ Yes ☐ No

Cell phone #: _____ Email: _____

CHU contact

Please provide a contact person and email to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person's eligibility for employment.

CHU contact name: _____ Email: _____

SECTION B – Relocation (if applicable)

If this application is to receive a license at a new location the following documents are required:

- The deed or lease;
- Blueprints/diagrams; and
- The plan review narrative including a completed Emergency Plan for Early Care and Education and School-Age Centers template.

☐ submitted

SECTION C – Entity: Individual Owner, Corporation Information, LLC Information, State Operated Agency Information, or School Information

Please submit as applicable:

☐ DE State business license

☐ Proof of non-profit status (for example, letter of tax- exempt status or 501(c)(3) documents

☐ Certificate of Incorporation or LLC

☐ DE DOE School Registration #_____

Name: _____ Type: ☐ Individual ☐ Corporation ☐ Limited liability company (LLC) ☐ State-operated ☐ School

Address: _____
(street) (city) (state) (zip)

Phone #: _____ Fax #: _____ Email: _____

1. If entity is an LLC, list below a name, address, and phone number for the managing member.
2. If entity is a corporation, list below a name, address, and phone number for each corporate officer.
3. If entity is a state-operated agency or a school district, list below a name, address, and phone number for designated representative.

For corporation: officers **For LLC: managing member** **For state operated or school district: designated representative**	**Title**	**Address**	**Email**	**Will this person be on-site or have access to children in care?**	
				No	**Yes**

SECTION C – Program Information

Hours of operation:
_____ a.m. – _____ p.m. or a.m. (circle one)
_____ p.m. – _____ p.m.

Days of operation:
☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Months of operation:
☐ January to December
☐ August to June
☐ _____ to _____

Ages of children accepted: (use "kindergarten" for 5-year-olds attending kindergarten. Otherwise, use exact ages.)
Example: From <u>6 weeks</u> to <u>12 years</u> From _____ to _____

Program components:
☐ Purchase of Care Transportation: ☐ field trips ☐ daily ☐ other _____
☐ Food program (CACFP) agency: _____
☐ Other (specify): _____

SECTION D – Staffing (attach an additional sheet if needed)

Legal name	Employee title/position	DE FIRST certificate, if any	Date of birth	Race*	Works 25 or more hours/week
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Substitutes and Volunteers (attach an additional sheet if needed)

Legal Name	DE FIRST certificate, if any	Date of birth	Race	Works 7 or more hours/week providing direct care
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

SECTION G – Applicant Certification and Signature

- I have read and understand *DELACARE: Regulations for Early Care and Education and School-Age Centers*.
- I understand that the Department of Education, Office of Child Care Licensing, is required under Delaware Code, Title 14, §§3001A-3005A to make a thorough investigation to determine the good character and intention of the applicant or applicants; the present and prospective need of the service rendered; that capable, qualified workers will be employed; that there is sufficient financial backing to ensure effective work; that there is a probability of the service being continued for a reasonable period of time; that the methods used and disposition made of the children served will be to their best interests and that of society; and that the required criminal background checks are completed and approved.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement action, non-compliances, and substantiated complaints will be made available to the public through a variety of means, including via the OCCL website.
- I hereby certify that to the best of my knowledge the applicant, owner, designated representative, members of the child care staff do not have any conviction, current indictment, or current arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual offense; or gross irresponsibility or disregard for the safety of others. I also certify that to the best of my knowledge the board members and officers of the corporation who have direct access to the children do not have any conviction, current indictment, or current arrest involving violence against a person; child abuse or neglect; sexual offense; or gross irresponsibility or disregard for the safety of others. I further certify if I gain knowledge of any convictions, current indictments, or current arrests involving any of the persons cited above, I will promptly notify OCCL.
- I certify that to the best of my knowledge each member of the child care staff has not been diagnosed or is not under any treatment for any serious mental illness that limits the person's ability to perform child care or have access to children that cannot be addressed by a reasonable accommodation. I also certify to the best of my knowledge child care staff members do not have an addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving child care staff members, I will promptly notify OCCL.
- I agree to comply with all federal, state, and local laws and regulations.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, revocation of the license, or denial of a license application.

_____ _____

Signature of applicant Date

Notice: See the definition of "applicant" on page 1 for guidance on who may sign.

_____

Print name and title

STATE OF _____)
: SS
COUNTY OF _____)

Signed and attested before me this _____.
Date

_____ _____

Signature of notarial officer Print name

(seal)

DEPARTMENT OF EDUCATION
Office of Child Care Licensing

New Castle County:
3411 Silverside Road, Concord Plaza, Hagley Building
Wilmington, DE 19810
Phone: (302) 892-5800 Fax: (302) 633-5112

Kent & Sussex Counties:
821 Silver Lake Boulevard, Suite 103
Dover, DE 19904
Phone: (302) 739-5487 Fax: (302) 739-6589

Variance Request (one request per form)

Name | Title | Date

Facility Name | License #

Facility Address	Email Address
_____	
_____	

Variance requested for regulation/rule number: _____

Regulation Type (check one): ☐ Center ☐ Child Placing Agency ☐ Family ☐ Large Family ☐ Residential/Day Treatment

Status of License (check one): ☐ Annual ☐ Initial-Provisional ☐ Provisional ☐ Applicant

Current Enforcement Action (check one): ☐ Warning of Probation ☐ Probation ☐ None

Ages and Number of Children Affected:

A. Licensed capacity: _____ C. Ages of children served: _____

B. Current enrollment: _____ D. Days and hours of operation: _____

Time period requested for variance:_____

Provide <u>detailed</u> responses to items 1 through 4.

1. Reason variance is being requested:

_____

_____

_____

2. Describe alternative method proposed for meeting intent of the regulation:

_____

_____

_____

3. Reason this variance should be granted:

_____

_____

_____

4. Possible adverse effect on children in care if variance is approved:

_____

_____

_____

Signature: _____ Date: _____

(My signature attests that the above information is true to the best of my knowledge.)

Office of Child Care Licensing use only

Recommendation(s)/Conditions: _____

_____

_____

_____

_____

_____

_____

DETERMINATION:

☐ Approved as submitted

☐ Approved with the conditions as described above

☐ Denied as described above

_____

Director, Office of Child Care Licensing Date

_____

(Permanent Variance) Associate Director of Early Childhood Support Date

2018 Recommended Immunizations for Children from Birth Through 6 Years Old

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
HepB	HepB			HepB	HepB	HepB	HepB	HepB	HepB	
		RV	RV	RV						
		DTaP	DTaP	DTaP		DTaP	DTaP	DTaP		DTaP
		Hib	Hib	Hib	Hib	Hib				
		PCV13	PCV13	PCV13	PCV13	PCV13				
		IPV	IPV	IPV	IPV	IPV	IPV	IPV		IPV
				Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*	Influenza (Yearly)*
					MMR	MMR				MMR
					Varicella	Varicella				Varicella
					HepA§	HepA§	HepA§	HepA§		

Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE:
If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the last dose. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against *Haemophilus influenzae* type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR**vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord) , encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.
** MMR combines protection against measles, mumps, and rubella.

State of Delaware
Office of Child Care Licensing
ADMINISTRATION OF MEDICATION
SELF-STUDY TRAINING GUIDE

The Nurse Practice Act allows child care providers to administer medication to children in child care facilities regulated by the State. The law allows child care providers to give prescription and non-prescription medication, as long as a parent/guardian has given written permission and the child care provider giving the medication successfully passed the Administration of Medication test on the information found in this training guide.

MEDICATION ADMINISTRATION EXAM AND DEMONSTRATION OF SKILLS COMPETENCY

- Child care providers must score at least 85% on the test to receive the administration of medication certificate.
- If you do not receive a passing grade, you will need to contact OCCL to register to take the test again. A fee is charged each time you take the test.
- Your certificate is valid for five years.
- You must keep the original certificate as proof that you passed the test. OCCL does not keep copies of these certificates.
- This certificate is valid only in Delaware licensed family and large family child care homes and in Delaware licensed early care and education and school-age centers.

Course Overview

Module I: Legal Responsibilities, Administration of Medication, and the "Six Rights" of Medication

- Legal and ethical responsibilities;
- Administration of medication by child care providers; and
- "Six Rights" of Medication Administration.

Module II: Classification and Use of Medication

- Classification of medication; and
- Using, misusing, and abusing medication.

Module III: Preparation for Administration of Medication

- Requirements;
- Properly labeled prescription;
- When <u>not</u> to administer medication;
- Refusal of medication;
- Proper use of medication.

Module IV: Medication Administration Procedures

- General procedures for medication administration;
- Specific procedures for medication administration; and
- Medication techniques for infants/toddlers.

Module V: Medication Administration Record (MAR) Documentation, Medication Errors, and Avoiding Medication Errors

- Documentation on the Medication Administration Record (MAR);
- Medication Errors; and
- Avoiding Medication Errors.

Module VI: Medication Effects

- Three basic effects of major medication groups; and
- The Adverse Effects of Medication.

Module VII: Emergency-Use Medication

- Administering Diastat® for seizures;
- Administering an EpiPen® for anaphylaxis; and
- Diabetes maintenance and administering Glucagon®

Module VIII: Storage and Disposal of Medication

- Storage of medication; and
- Disposal of medication.

MODULE I: LEGAL RESPONSIBILITIES, ADMINISTRATION OF MEDICATION, AND THE "SIX RIGHTS" OF MEDICATION

A. Legal and Ethical Responsibilities

Many children enrolled in child care programs require medication while away from home. The number of children with complex health conditions is increasing. You should be familiar with both applicable federal and state laws and state child care licensing regulations for administering medications to children in early care and education settings. When administering medications, you are legally responsible for making sure medications are properly labeled and in the original containers. An understanding of federal and state laws and Office of Child Care Licensing (OCCL) regulations is necessary to reduce the potential liability issues of medication administration in the child care setting.

Delaware code permits OCCL to allow adults working in child care facilities to administer medication to children after successful completion of the approved medication certification test. When administering medication, OCCL expects you to act in a manner that protects the child from harm. A basic understanding of the medication that you are giving is important to the child's overall well-being. Therefore, you must receive the required information regarding a medication to carry out your role in the safest manner.

The Americans with Disabilities Act (ADA) is a federal law that allows a child with special health care needs to have reasonable accommodations so they can be included in early care and education settings. Early learning professionals play a key role in allowing children who are not acutely ill to attend child care outside the home, as required by ADA.

OCCL expects from both a legal and ethical standpoint that you will not knowingly participate in practices that are outside of your legally permissible role or that may endanger the well-being of the child.

B. Administration of Medication by Child Care Providers

In addition to becoming certified to administer medication, you as the child care provider, by law, must meet two other conditions before giving medication:

1. A parent/guardian must complete the OCCL Medication Administration Record (MAR) for each prescription and non-prescription medication that you are to give the child. This will give you the child's name, the name of the medication, the proper dosage, the time(s) the medication is to be given, and the route by which the medication is to be given.
2. By federal and state law and regulation, all prescription and non-prescription medication must be in its original container with a label that contains all necessary information, including the instructions for how to give it.

A school-aged child may self-administered medication with written permission from his or her parent/guardian and his/her health care provider's authorization. This authorization must be completed by the health care provider, signed by the parent/guardian, and on file with the MAR. This authorization must be renewed annually and as needed. Reviews and changes shall be written, dated, and signed by the parent/guardian and health care provider. The documentation from the health care provider must state the child is able to complete the following:

- Safely self-administer the prescribed medication;
- Identify and select the correct medication and dosage, if applicable; and
- Administer the medication at the correct time and frequency.

The medication may not be shared with any other children. Self-administration of medication must be recorded on the MAR. If the child uses the medication inappropriately or more often than prescribed, the parent/guardian must be notified immediately.

C. "Six Rights" of Medication Administration

You must be certain you are giving the right medication to the right child in the right amount at the right time using the right route and have the right documentation. Each time you give a medication, you must carefully check your procedure against these six rights:

1. RIGHT CHILD: Confirm you have the right child. If you are not certain you have the right child, STOP. Seek help from another staff member who is familiar with the child or call the parent/guardian.
2. RIGHT MEDICATION**:** Compare the MAR with the pharmacy/packaging label and make sure they match.
3. RIGHT DOSAGE: Compare the MAR and pharmacy/packaging label to make sure they list the same dosage. Carefully measure or count the correct dosage AND compare this amount with the pharmacy/packaging label.
4. RIGHT TIME: Check the label on the medication container and follow the MAR. When prescribing a medication, the health care provider will list how often the child is to take the medication.
5. RIGHT ROUTE: Read the label on the medication and compare it to the MAR. The following are routes of administration:

- Oral – by mouth
- Topical – placed directly on the skin
- Otic – ear drops placed into ear canal
- Nasal – nose drops/spray dropped or sprayed into the nostril
- Optic – placed in the eye
- Inhalation – using a nebulizer or inhaler
- Injection – using a syringe, pen, or electronic infusion device
- Rectal – inserted into rectum

6. RIGHT DOCUMENTATION: Document when each medication is given. It provides communication between individuals who care for children. The MAR is a legal document that verifies whether or not someone administered a medication(s). (Remember, if a medication has been given but not documented, there is a potential for overdosing.)

MODULE II: CLASSIFICATION AND USE OF MEDICATION

A. Classification of Medication

1. Prescription Medication

This group includes all medications that a qualified health care provider must order and only a health care provider or pharmacist provides. A health care provider prescribes a prescription drug to treat one person for a specific condition. It is very important that medications are:

- Kept in a storage area inaccessible to children; and
- Returned to the parent/guardian for proper disposal.

2. Non-Prescription Medication

Non-prescription medication is also called "over-the-counter" (OTC) medication. People can purchase OTC medication without a prescription. Common OTC medications include diaper cream, sunscreen, pain relievers which include acetaminophen such as Tylenol® or ibuprofen such as Advil® and Motrin®, and certain cold remedies like Dimetapp®, and Robitussin®. OTC medication is to be used for specific reasons. The label lists the symptoms that the medication was designed to treat. Guidance from a doctor is a good idea, but not required when using OTC medication.

B. Using, Misusing, and Abusing Medication

1. Using medication is appropriate when:

- The health care provider has prescribed the medication for the person taking it.
- The person takes the correct amount prescribed by the health care provider, or as directed by the label for OTC medication.
- The person takes the medication at the proper times for the number of days shown on the label.
- The right child receives the right medicine at the right time in the right dose by the right route and then the child care provider correctly documents this information.

2. Misusing medication occurs when:

- A person takes medication prescribed for someone else.
- A person changes the amount of the medication dosage.

- A person does not take the medication at the correct time(s) or for the length of time required.
- A person keeps unused medications beyond the expiration date for "future" use.
- A child does not take the medication as prescribed by a health care provider because the child care provider violated at least one of the "Six Rights" of Medication Administration.

3. Abuse of medication occurs when:

- A person gets prescriptions from several different doctors for the same false symptoms.
- A person intentionally takes medication to such an extent that he/she is unable to function and has strange behavior.
- A person takes medication repeatedly to experience effects that are not those intended by the health care provider.

MODULE III: PREPARATION FOR ADMINISTRATION OF MEDICATION

A. Requirements

Before being able to give medication, the following information must be available:

1. There must be written parent/guardian permission to give the specific medication. This written permission must be in the form of a signed Medication Administration Record (MAR). Parent/Guardian permission in any other form is not acceptable.
2. The prescription medication label must be clear, with proper directions, and list the name of the child receiving the prescription. The medication must be in its original container.
3. In the case of over-the-counter (OTC) medication, the label must be clear so that directions for use, dosage, and storage are readable. When a parent requests an OTC medication be used for a child under two years old, but the medication is not to be used for this age group**,** a health care provider's note explaining the amount to give and how often to give medication must accompany the container.

B. Properly Labeled Prescription

The prescription is a written order from the doctor to the pharmacist. The pharmacist provides the medication in a container that has a pharmacy label. The label should contain at least as much information as the doctor's prescription.

Below are examples of a proper pharmacy label and an explanation of the information on the label:

Line 1	Pharmacy's Phone Number, Name, and Address
Line 2	Name of the person for whom the medication is intended and date prescribed
Line 3	Name of medication, strength of each capsule, and number of capsules in the container
Line 4	Directions for taking the medication
Line 5	Prescription number and the health care provider's name
Line 6	Number of times a person may renew the medication without a new prescription
Line 7	Expiration date: (It is unsafe to take some medications after a certain time. If the medication has an expiration date, it should appear on the pharmacy label.)

Line 1	432-7107	My Pharmacy	732 S. Ocean Street Town, Delaware 19XXX
Line 2	Tim Potter		04/01/2018
Line 3	Ampicillin	250 Mg	#24
Line 4	Take one (1) capsule four (4) times a day		
Line 5	RX 2284593		Dr. T. Berry
Line 6	Refills Remaining: 0		
Line 7	Exp. Date: 04/01/2019		

C. When Not To Administer Medication

Do not administer medication if:

- The MAR containing the parent/guardian permission or a readable pharmacy label is missing;
- The child showed a dramatic change in attitude and/or behavior when given the medication before; or
- You have any doubt that you have the right child, right medication, right dosage, right time, or right route. Get assistance from another staff member, if applicable, or call the parent/guardian before giving the medication.

If a child has difficulty taking the medication, such as swallowing a large pill, check with the parent/guardian for administration techniques specific to that child's needs. If you do not administer the medication, immediately notify a parent/guardian, explain why you made this decision, and document it on the MAR.

D. Refusal of Medication

In some instances the child care provider may be unable to administer medication because the child refused the medication. Refusal of medication is not considered a medication error. It should be documented on the MAR as "refused medication" to document the reason the medication was not given. When a child refuses medication, the parent/guardian should be notified immediately.

E. Proper Measuring of Medication

When giving medication, especially liquid, use an accurate measuring device. Use the measuring device provided with the medication. Be accurate, measure liquid medicine at eye level, and never guess at the dose.

Check the markings carefully on the measuring device. Most liquid medication is measured by teaspoon (tsp) or milliliter (mL).

2.5 mL	=	½ teaspoon (tsp. or t.)		
5 mL	=	1 tsp.		
15 mL	=	3 tsp.	=	1 tablespoon (tbl. or Tbsp. or T.)
30 mL	=	2 Tbsp.	=	1 fluid ounce (oz.)

Some of the more common measurements to be aware of include:

2 Tbsp.	=	1 fluid oz.
1 Tbsp.	=	½ fluid oz.
1 tsp.	=	⅓ Tbsp.

Prescription labels are written in a manner that is easy to understand, such as "take one teaspoon every four hours," or "take one capsule daily."

DO NOT USE kitchen tableware instead of an accurate measuring device. An error in measuring liquid medication can result in the wrong dose – either too much or too little of the medication. For example, a large kitchen spoon can hold twice as much liquid as a small kitchen spoon.

MODULE IV: MEDICATION ADMINISTRATION PROCEDURES

A. General Procedures for Medication Administration

1. Before Administering

   Before administering any medication to a child, always wash your hands with soap and water. If the child will touch the medication, he/she must also wash his/her hands.

   When you give the child a medication, you become responsible for following the "Six Rights" of Medication Administration. They are the following:

   - The right medication;
   - To the right child;
   - At the right time;
   - In the right dose;
   - By the right route; and
   - With the right documentation.

This means you are responsible for the following information:

Responsibilities Before Administering Medication
• Know the time the child is to take each medication.
• Check the medication label to: o Make sure you have the right medication to give at the right time; o Make yourself familiar with how the child takes the medication (for example, is it a pill? a lotion to be applied? ear drops? etc.); o Note any special instructions for using it (for example, "take with milk" or "shake well before using"); and o Determine the correct dosage.
• Give the right medication to the right child using the proper equipment. (This may include a cup, spoon, drink of water, dropper, etc.).
• Measure and administer medication at the right time by the right route. (This may be by mouth, application to skin, in eye or nose, etc.).
• Return the closed medication container to the proper storage area that is inaccessible to children.
• Document the date and time you gave the medication. Document any medication errors and any adverse effects to the child.

2. The Timing of Dosage

   Sometimes a medication label will not state the time to take the medication. The label may simply say, for example, "*Take three times a day*." To find out the time to give a medication ordered in this manner, ask the parent/guardian with the child took the last dose and when the child should receive the next dose.

4 times a day = 6 hours between doses
3 times a day = At meal times (check the label to see if the medication should be taken before, after, or with the meal
2 times a day = On waking and at bedtime

3. Field Trips

   If a child is attending a field trip during a scheduled medication time, a child care provider with a valid Administration of Medication certificate may administer the medication while on the field trip. Medication should not be removed from the original packaging. The child care provider may request that the parent/guardian send a separate bottle with only the amount required for the day of the field trip. The child care provider must use the Medication Administration Record (MAR) to document that the child was given his/her medication at the time it was given.

A. Specific Procedures of Medication Administration

1. Oral Medication Administration

   - Follow the "Six Rights" of Medication Administration.

Oral medications include solids such as tablets and capsules. These should not be crushed without written instruction from the medical professional. Tablets come in the following forms:

- Regular tablets – taken with liquid and swallowed
- Chewable tablets – should be chewed before being swallowed
- Coated tablets – coated so they dissolve in the small intestine and should not be split or crushed
- Sublingual tablets – placed under the tongue and allow to dissolve and be absorbed
- Buccal medication – placed inside the cheek and along the gum line to be dissolved and be absorbed

Oral medication can be liquids such as syrups, elixirs, and suspensions:

- Syrups and elixirs – translucent liquid
- Suspensions – not clear liquids; contain medication that does not dissolve completely and usually requires refrigeration. Because they can separate they always need to be shaken for 15 seconds before administering.

Oral medications should always be given with four to six ounces of water to allow for easy swallowing.

- Verify the child has swallowed the medication;
- Document that you have administered the medication on the MAR;
- Put the medication back into the storage area; and
- Observe the child for any adverse medication reactions.

2. Liquid Medication Administration

   - Follow the "Six Rights" of Medication Administration;
   - Have the container at eye level;
   - Hold the bottle so the label is in the palm of the hand, pour the liquid into a marked plastic medication cup or measure using the provided syringe or dropper. Make sure the dosage is accurate;
   - Verify the child has swallowed the medication;
   - Document that you have administered the medication on the MAR;
   - Put the medication back into the storage area; and
   - Observe the child for any adverse medication reactions.

3. Eye Drop or Eye Ointment Administration
   - Follow the "Six Rights" of Medication Administration;
   - Know which eye is to be treated; O.D. = right eye, O.S. = left eye, O.U. = both eyes;
   - Stabilize the child's head by having the child tilt his/her head backward or lie down;
   - Have the child look upward;
   - Place drops into the eye by gently pulling down the skin beneath the lower eyelid and gently placing the drops into the space between the lower eyelid and the eye. Have the child blink several times. Do not allow the bottle tip to touch the eye or eyelid;
   - Have the child close his/her eyes for a few moments;
   - Dab around the eye with a tissue to remove excess medication;
   - Document that you have administered the medication on the MAR;
   - Put the medication back into the storage area; and
   - Observe the child for any adverse medication reaction.

4. Ear Drop Administration
   - Follow the "Six Rights" of Medication Administration;
   - Loosen the lid on the medication and squeeze the rubber stopper to fill the dropper;
   - Stabilize the child's head by tilting it toward the opposite shoulder and turn head to side;
   - Gently pull the top of the ear (cartilage) back and up and hold;
   - Place the prescribed number of drops into ear canal without touching the dropper to the ear;
   - Have the child remain in the same position for a few minutes to avoid leakage;
   - Document that you have administered the medication on the MAR;
   - Put the medication back into the storage area; and
   - Observe the child for any adverse medication reactions.

5. Topical Ointment or Cream Administration
   - Follow the "Six Rights" of Medication Administration;
   - Put on gloves;
   - Loosen cap on medication and squeeze recommended amount onto a cotton applicator (Q-Tip);
   - Apply the ointment directly to the area;
   - Cover area if indicated;
   - Remove gloves;
   - Document that you have administered the medication on the MAR;
   - Put the medication back into the storage area; and
   - Observe the child for any adverse medication reactions.

6. Nasal Spray Administration
   - Follow the "Six Rights" of Medication Administration;
   - Have the child blow his/her nose;
   - Have the child block one nostril with a finger;

- Insert the nozzle of the medication into the other nostril;
- Aim so that the spray is directed upward and toward the center of the nostril;
- Instruct the child to exhale;
- Squeeze the medication quickly and firmly, then have the child inhale;
- Repeat if required for the other nostril;
- Document that you have administered the medication on the MAR;
- Put the medication back into the storage area; and
- Observe the child for any adverse medication reactions.

7. Metered Dose Inhaler Administration

- Follow the "Six Rights" of Medication Administration;
- Shake the inhaler several times;
- Check that the canister is firmly positioned in the plastic holder;
- Have the child slightly tilt his/her head backward;
- Have the child breath out completely;
- Have the child place the mouthpiece between the teeth and close lips around it;
- Squeeze inhaler to discharge the medicine and have the child begin to inhale immediately;
- Instruct child to breathe in slowly and deeply for 3-5 seconds. Once inhaled, have child remove inhaler from mouth, have child hold his/her breath for 5-10 seconds then exhale;
- Rest for a minute, then repeat this sequence for the number of prescribed puffs;
- Document that you have administered the medication on the MAR;
- Put the medication back into the storage area; and
- Observe the child for any adverse medication reactions.

B. Medication Techniques for Infants/Toddlers

Assisting with medications in very young children may be difficult and will require special methods. You may use the following techniques to help give infants medication:

- Young Infant: Place the measured medication in an empty nipple and allow the infant to suck it out.
- Older Infant: Place the medication in a small cup or measuring spoon. Hold the infant firmly; hold the infant's hands so the infant does not push the medication out of your hand. Gently pour the medication into the child's mouth.

Never put the medication in a bottle. There is no way to be certain the child will take all the medication and there is always the danger the child will refuse to drink this and other fluids.

- Toddler (1-3 years): Never ask if the toddler wants to take medication now. You may get a "no" response and if you proceed to give the medication anyway, you will lose the toddler's trust. If the child is unable to handle a cup well, use the same process as with the older infant. If the child can handle a cup easily, pour the medication into a small cup, and allow the child to drink the medication with supervision. Pills used for this age group are usually in chewable form. Stay with the child to make sure the child chewed and swallowed the pill.

MODULE V: MEDICATION ADMINISTRATION RECORD (MAR) DOCUMENTATION, MEDICATION ERRORS, AND AVOIDING MEDICATION ERRORS

A. Documentation on the Medication Administration Record (MAR)

When you give a child medication, it is necessary to document the time and dosage. This is especially important if you share the responsibility of giving medication with another person in your facility, if more than one child is receiving medication, or if someone other than yourself is sharing medication information with parents/guardians at the end of the day. Additionally, it is essential in terms of your liability, to keep records of medication you have administered. You are required to keep this information on a MAR.

The MAR is a legal document that shows the medication that someone administered. There are two types of MARs. One record is for medications that are used routinely or for a limited time. The other one is for medications that are given as needed or used for emergencies.

The record should include the following documentation:

Documentation Required on the MAR
• The medication name, dosage, route, reason, date to start medication, date to end medication (if known), and special instructions for each medication the child is to take during the day;
• The child's name and date of birth;
• The date and time the medication was administered;
• The initials and name of the person who administered the medication;
• If the child refused to take the medication;
• Any change that is different from the child's normal condition; and

• If a medication error occurred:
  o Document the error in the medication error section; and
  o Write your initials and circle them in the space where you should have documented the medication administration.

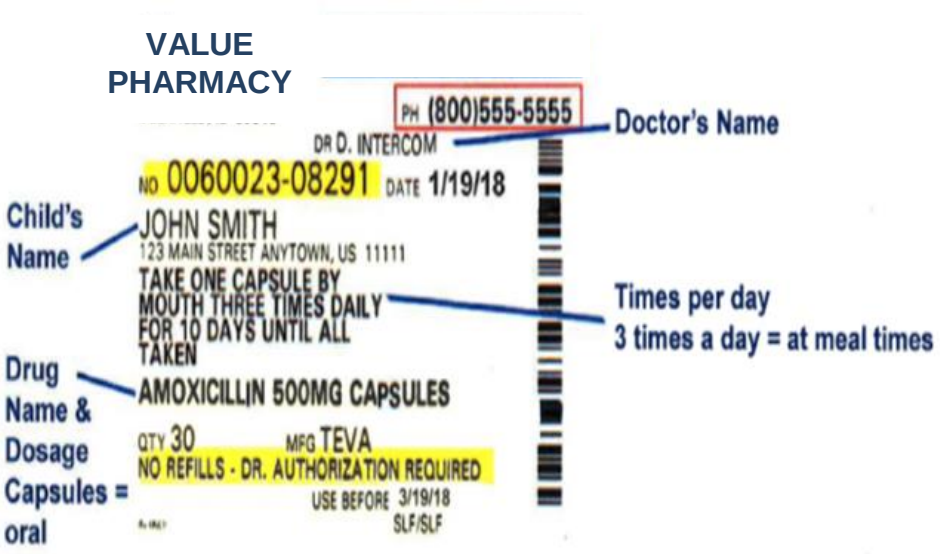
Do:

- Give your full attention to the task;
- Check the name of the child and date of birth on the MAR;
- Prepare medication for only one child at a time;
- Remain with the child until you are sure the medication has been taken; and
- Record giving the medication on the MAR neatly and accurately; use non-erasable ink (black preferred).

Do not:

- Use pencils;
- Erase entries;
- Use white-out;
- Scribble out entries;
- Leave blank spaces; or
- Destroy or alter any part of the MAR.

EXAMPLE OF COMPLETED MAR USING A PRESCRIPTION LABEL



MEDICATION ADMINISTRATION RECORD (MAR)
(FOR MEDICATIONS GIVEN ROUTINELY OR FOR A LIMITED TIME)

CHILD'S NAME: John Smith DOB: 1/22/13 ALLERGIES: Eggs
PARENT'S/GUARDIAN'S NAME: Mary Smith DOCTOR: D. Intercom TELEPHONE: (302) 123-4567
MONTH AND YEAR: January, 2019

MEDICATION INFO	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MEDICATION NAME:	8:30																						IL	PJ	IL	PJ	IL			IL		
Amoxicillin	12:30																						PJ	PJ	IL	IL	PJ			IL		
DOSAGE: 500 MG																																
ROUTE: Oral																																
REASON: Ear Infection																																
START DATE: 1/22/19																																
END DATE: 1/29/19																																
SPECIAL INSTRUCTIONS: Give with food																																

I, Mary Smith, the parent/guardian of the above listed child, give permission for the above medication to be administered.

Mary Smith
Signature

1/23/19
Date

DATE:	TIME:	COMMENTS/MEDICATION ERRORS/ADVERSE EFFECTS:	DATE AND TIME PARENT/GUARDIAN WAS INFORMED OF ERRORS OR ADVERSE EFFECTS
1/23/2019	12:30 p.m.	John received medication at 12:45 p.m. because he was not ready to eat and the medication requires being taken with food.	Mom was called at 12:46 p.m. and notified

NAME OF PERSON ADMINISTERING	INITIALS	ROUTE OF ADMINISTRATION; SELECT ONE
Patty Jones	PJ	ORAL *(BY MOUTH)*
Ian Long	IL	EYE DROPS *(OPTIC)*
		NOSE DROPS/SPRAY *(NASAL)*
		EAR DROPS *(OTIC)*
		TOPICAL *(ON SKIN)*
		INHALATION *(NEBULIZER)*
		INJECTION *(SYRINGE, PEN, OR ELECTRONIC INFUSION DEVICE)*
		RECTAL

EXAMPLE USING THE MAR FOR A MEDICATION FOR USE AS NEEDED

MEDICATION ADMINISTRATION RECORD (MAR)
(FOR MEDICATIONS GIVEN AS NEEDED OR FOR EMERGENCY USE)

CHILD'S NAME: John Smith DOB: 1/22/13 ALLERGIES: Eggs
PARENT'S/GUARDIAN'S NAME: Mary Smith DOCTOR: D. Intercom TELEPHONE: (302) 123-4567

MEDICATION INFO	TIME:	DATE:	NAME OF PERSON ADMINISTERING:	ROUTE OF ADMINISTRATION; SELECT ONE
MEDICATION NAME: Benadryl Anti-Itch Gel	3:00 p.m.	5/17/18	Shelly Smith	ORAL *(BY MOUTH)*
DOSAGE: Enough to cover area				EYE DROPS *(OPTIC)*
ROUTE: Topical				NOSE DROPS/SPRAY *(NASAL)*
REASON: Itchy skin				EAR DROPS *(OTIC)*
START DATE: 4/16/18				TOPICAL *(ON SKIN)*
SPECIAL INSTRUCTIONS: For reaction to bug bites				INHALATION *(NEBULIZER)*
				INJECTION *(SYRINGE, PEN, OR ELECTRONIC INFUSION DEVICE)*
				RECTAL
				Dates and times of sunscreen, diaper cream, and insect repellent applications do not need to be documented. However, all other information and parent permission for these medications are required on the MAR.

I, Mary Smith, the parent/guardian of the above listed child, give permission for the above medication to be administered.

Mary Smith
Signature

4/16/18
Date

DATE:	TIME:	COMMENTS/MEDICATION ERRORS/ADVERSE EFFECTS:	DATE AND TIME PARENT/GUARDIAN INFORMED OF ERRORS OR ADVERSE EFFECTS

OTC medications are widely used and can range from acetaminophen such as Tylenol® to sunscreen. OTC medications should be documented and safely stored the same as prescription medications.

Exceptions to this rule are sunscreens, diaper rash creams, insect repellants, and medicated powders. Parent's/Guardian's permission is required on a MAR; however, you do not need to document on the MAR each time you apply these topical ointments/creams/powders.

The MAR for routinely used medications is located in Appendix II. The MAR for medications used as needed or for emergencies is located in Appendix III.

B. Medication Errors

Preventing errors begins with good communication about medication use between the child's family and staff both at drop-off and pick-up. More importantly, clear communication between staff members is critical whenever supervision of a child requiring medication administration transfers from one staff member to another. Both verbal and written communication help prevent errors in medication administration. The first dose of any new medication should be given at home. A medication error occurs when you violate any of the "Six Rights" of Medication Administration. A medication error has occurred if:

- The child took the wrong medication;
- The child took the wrong dose;
- The child took the medication at the wrong time or the medication was not taken at all;
- The medication was taken by the wrong route;
- The medication was given to the wrong child; or
- The medication was given without documenting it.

If a medication error occurs, you must:

- Call 9-1-1, if the child's health is in jeopardy;
- **Immediately call** the child's parent/guardian. Tell the parent/guardian:

WHAT	***What type of error was made***
WHEN	***When the error occurred***

- **If you cannot reach the parent/guardian**, call the prescribing health care provider or the Poison Control Center and provide them with the name and dosage of the medication taken in error, the child's age and approximate weight, and the name and dosage of any other medication that the child receives;
- Follow the instructions of the health care provider or Poison Control Center to determine if the child requires emergency care;
- Keep the child in the area designated for sick children;
- Observe the child and document any adverse reactions or concerns;
- Notify the administrator or owner of the child care program, if applicable;
- Report all medication errors that result in the child needing medical attention to OCCL within one business day by calling and speaking to someone. Avoiding or choosing not to report and document errors could lead to a serious injury or death of a child and violates DELACARE Regulations and your ethical responsibilities when giving medication; and
- Complete an incident form that includes all actions taken after the medication error. Send a copy of this form to OCCL within three business days (See Appendix I).

C. Avoiding Medication Errors

In addition to the "Six Rights" of Medication Administration, there are some additional safeguards to help reduce medication risks.

Always check the medication label when:

- Removing the medication from storage; and
- Removing the medication from its container.

Do:

- Give your full attention to the task;
- Remain with the child until you are sure the child took the entire medication; and
- Prepare and administer medication to only one child at a time.

Do not:

- Administer medication prepared by another person;
- Take medication from a container that has an unreadable label; and
- Try to hide a medication error.

It is very important to check the medication label many times during the above process to ensure you follow the "Six Rights" of Medication Administration.

MODULE VI: MEDICATION EFFECTS

A. Three Basic Effects of Major Medication Groups

For each child's protection and safety, it is important for you to notice the effect the medication has on the child. You can find the length of time between taking a medication and its onset of action by using a medication handbook or asking the pharmacist. Each medication has a different time for onset of action. Always look for the onset of action and take the time to notice the effect of the medication.

A medication, when taken, can have three basic effects:

- No effect;
- Desired effect; or
- Undesired effect.

Examples:

- A person may be taking cough syrup for a cough, yet after a half-hour, there is no improvement in the cough. This is an example of a medication having no effect.
- A person may take two Tylenol® for a headache and within the hour, the headache is gone. This is an example of a medication having a desired effect.
- A person may be taking penicillin for a strep throat. An hour after taking the medication, the person may notice a very itchy rash developing. This is an example of a medication having an undesired effect.

In order to determine what effect the medication is having on a child, you must first be familiar with the desired effect of the medication.

Medication for children may be divided into five basic groups. Each group of medications has a different effect on the child:

- Heart medications – are used to slow down or change the heart's function and may cause palpitations, headache, or upset stomach. (Example: Digoxin®)
- Anticonvulsants – are used for seizure disorders and may cause drowsiness. (Example: Phenobarbital®)
- Antibiotics – are used to fight infection and may cause allergic reactions. (Example: amoxicillin or penicillin)
- Analgesics – are used to reduce fever or pain and may cause upset stomach. (Example: ibuprofen such as Advil® or Motrin® or acetaminophen such as Tylenol®)
- Mood-changing medicines – may cause drowsiness or over activity. (Example: Valium® or Ritalin®)

B. The Adverse Effects of Medication

The child in question has a sore throat and has already missed one day in care because of this. He is now taking penicillin – 1 teaspoon, four times a day. About 15 minutes after his noon dose, you notice him scratching. A rash has developed on his face, neck, and arms. It is getting harder for him to breathe. How would you react?

This is an example of an extreme medication reaction. Many times, seemingly harmless medications have an adverse reaction in sensitive people.

ALWAYS take the time to notice the effect of the medication the child has taken.

When a reaction is severe enough to threaten the child's life, as in the above example where it has affected breathing, call for help by dialing 9-1-1. After calling for help, notify the child's parent/guardian.

How do you respond when you notice a child is having an adverse reaction to a medication?

1. STOP giving the medication.
2. CALL and inform the parent/guardian of the child's reaction.
3. If he/she is unavailable, call the prescribing health care provider, and the child's emergency contact.

How do you know if what you are seeing is a medication reaction?

KNOW about the medication before you give the medication to the child. It is important to be familiar with any medication that is being administered. Find the medication information by checking the package inserts that come with the medication, calling your local pharmacist, or checking the official medication company's website. Read the medication information to know what adverse reaction symptoms to look for.

The adverse effect of medications can also be found in a current medication handbook. These handbooks are updated on an annual basis and contain the most current information on newly developed medications to include recommended dosages; what diagnosis or symptom the medication treats; how the medication is absorbed; and most importantly the potential side effects/adverse effects of the medication. Medication information is also available online at the:

National Institute of Health's website Medline Plus:
http://nlm.nih.gov/medlineplus/druginformation.html

If you are unsure if what you are seeing is an adverse reaction, call the prescribing health care provider or local pharmacy for help.

MODULE VII: EMERGENCY-USE MEDICATIONS

A. Administering Diastat® for Seizures

You may administer emergency medications through a child's rectum. A common medication that is administered rectally is Diazepam (Diastat®). You must know how to administer this medication BEFORE a child needs it. You must have a parent/guardian train you on administration of these medications.

- Diastat® is an emergency medication inserted rectally for seizure control. The parent/guardian must provide written instructions and training to the child care provider stating the conditions under which the medication should be given, how to give the medication, and follow-up requirements. **If you administer Diastat®, you must administer the medication first, and then immediately call 9-1-1 and notify the child's parent/guardian that the medication was given. If someone else is present, while you administer the medication, have him or her call 9-1-1 immediately and then call the child's parent/guardian.**

Epilepsy is a neurological disorder that causes a child to have recurrent seizures. Seizures are caused by a brief disruption in the brain's electrical activity resulting in altered or loss of awareness, shaking, convulsing, confusion, or sensory experiences. Seizures may last for a few seconds to a few minutes. Most seizures are not medical emergencies. There are several kinds of seizures. Discuss the child's type of seizures with the parent/guardian.

Common types of seizures include:

- Generalized Tonic Clonic (Grand Mal) – convulsions, muscle rigidity, jerking;
- Absence (Petit Mal) – blank stare lasting only a few seconds, sometimes accompanied by blinking or chewing motions;
- Complex Partial (Psychomotor/Temporal Lobe) – random activity where the child is out of touch with his/her surroundings;
- Simple Partial – jerking in one or more parts of the body or sensory distortions that may or may not be obvious to onlookers;
- Atonic (Drop Attacks) – sudden collapse with recovery within a minute; and
- Myoclonic – sudden, brief, massive jerks involving all or part of the body.

Time the seizure from beginning to end. During the seizure, turn the child to one side, clear the area surrounding the child, and make sure the child's airway is open. Do not place an object into the child's mouth. Do not attempt to restrain or hold down the child. **It is important for children who receive seizure medication to have a written Seizure Emergency Action Plan of Care that outlines when emergency medication should be given. The expiration date of the Diastat® should be checked monthly and the parent/guardian notified prior to the expiration date.**

A seizure is generally considered an emergency under the following conditions:

- Convulsive (Tonic-Clonic) seizure lasts longer than five minutes;
- The child has repeated seizures without regaining consciousness;
- The child is injured or has diabetes;
- The child has a first-time seizure; or
- The child has difficulty breathing.

How to Administer Diastat® AcuDial (Diazepam rectal gel)

Important: Check the required dose when receiving Diastat® from a parent/guardian

- Diastat® AcuDial™ has a unique locking mechanism that ensures that the child receives the correct dose. ALWAYS make sure the green "READY" is visible. If you do not see the green "READY" band, the medication is not properly locked in. **Do not accept the prescription** and have the parent/guardian contact the pharmacist and return the Diastat® to the pharmacy immediately. **Do not administer Diastat® that does not have the correct dose properly locked in. If you are required to use Diastat®, you inject the medication into the rectum and then immediately call 9-1-1 for assistance and contact the parent/guardian. If someone else is present, while you administer the medication, have him or her call 9-1-1 immediately and then call the child's parent/guardian.**

Administration Procedures

- If you are alone follow these steps and then immediately call 9-1-1 and the child's parent/guardian. If someone else is present, have him or her contact 9-1-1 and the child's parent/guardian;
- Turn child on side where he/she can't fall;
- Put on gloves;
- Remove medication (syringe) from container; (Note: seal pin is attached to the cap)
- Push up with thumb and pull to remove protective cap from syringe tip (Be sure seal pin is removed with the cap);
- Lubricate rectal area with lubricating jelly from kit;
- Turn child on side facing you and lower clothing;
- Bend upper leg forward to expose rectum;
- Separate buttocks to expose rectum;
- Gently insert lubricated syringe tip into rectum (Rim of syringe should be against rectal opening);
- Slowly count to three while gently pushing plunger until it stops;
- Slowly count to three before removing syringe from rectum;
- Slowly count to three while holding buttocks together to prevent leakage;
- Keep child on his/her side, note the time Diastat® was given, continue to observe until emergency medical services (EMS) arrive;
- Give EMS the used Diastat® syringe (Note: recap the syringe); and
- Document the administration of Diastat® on the child's MAR.

B. Administering an EpiPen® for Anaphylaxis

In an emergency situation you may administer an EpiPen®.

- An EpiPen® is a medical device that serves as an auto-injector for epinephrine. Health care providers often prescribe an EpiPen® to children who have survived a life-threatening allergic reaction. If a child in your care has an EpiPen®, you should become familiar with the instructions on the kit in case the child is exposed to a specific allergen. **If you are required to use the EpiPen®, you inject the medication and then immediately call 9-1-1 for assistance and contact parents/guardians. If someone else is present, while you administer the medication, have him or her call 9-1-1 immediately and then call the child's parent/guardian.**
- Even if the EpiPen® has been effective, transport the child to an emergency room for evaluation and treatment.

Symptoms of anaphylaxis include:

- Itching and/or hives, particularly in the mouth or throat;
- Swelling of the throat, lips, tongue, and/or eye area;
- Difficulty breathing, swallowing, or speaking;
- Increased heart rate and/or sense of impending doom;
- Abdominal cramps, nausea, vomiting, and/or diarrhea; and
- Weakness, collapse, paleness, lightheadedness, or loss of consciousness.

It is important for children with severe allergies who are at risk of anaphylaxis to have a written Allergy or Anaphylaxis Emergency Action Plan of Care that outlines when medication should be given. The expiration date of the EpiPen® should be check monthly and the parent/guardian notified prior to the expiration date. An EpiPen® should be stored at room temperature in a dark area.

How to Administer an EpiPen®

- If you are alone follow these steps and then immediately call 9-1-1 and the child's parent/guardian. If someone else is present, have him or her contact 9-1-1 and the child's parent/guardian;
- Flip open cap at top of tube;
- Remove EpiPen® from carrier tube and remove the blue safety release;
- Form a fist around the unit with orange tip pointing downward;
- Swing and firmly push orange tip against outer thigh until click is heard. (Auto-injector may be given through clothing);
- **Hold in place for 10 seconds**. The injection is now complete;
- Remove pen from thigh and massage injection site for10 seconds;
- Place used auto-injector into carrier tube and give to emergency medical services (EMS) when they arrive; and
- Document administration of EpiPen® on MAR.

  Note: Always refer to the package insert for additional information on administration.

C. Diabetes Maintenance and Administering Glucagon®

It is important for children who receive insulin for treatment of diabetes to have a written Emergency Diabetes Action Plan of Care completed and signed by the parent/guardian and the health care provider. This plan is in addition to the Medication Administration Record (MAR) and outlines how glucose is monitored, when medication should be given, and includes additional information related to the specific care required for the child. When a child with diabetes will be taken off site for a field trip, for example, child care staff must bring necessary supplies, medications, and snacks as described in the child's Diabetes Action Plan of Care.

1. Glucose Monitoring

   Child care providers are permitted to provide glucose monitoring to children with diabetes by piercing the skin with a lancet (typically on the finger) to draw blood, then applying the blood to a chemically active disposable "test-strip." Lancets must be disposed of according to biohazard regulations or collected in a hard plastic container and returned to the parent/guardian for disposal. Before lancets are used to monitor glucose at the child care facility, the child care providers must be trained by a qualified instructor which can include parents/guardians.

   Continuous Glucose Monitors (CGMS) provide real-time glucose data on a visual display in five-minute intervals for earlier identification of low glucose. CGMS alarms alert the user when glucose levels are above or below a pre-programed target range. Child care providers should be prepared to respond and provide assistance. Before the CGMS is used at the child care facility, the child care providers must be trained to use the CGMS by a qualified instructor which can include parents/guardians. If the monitor is not properly attached to the child's skin, immediately call the parent/guardian.

2. Insulin Pump

   An insulin pump is a device that allows the user to enter required information to make sure the child is receiving the proper amount of insulin. Before the insulin pump is used at the child care facility, the child care providers must be trained to use the insulin pump by a qualified instructor which can include parents/guardians. If the pump's catheter comes out of the child's skin, immediately call the parent/guardian. Child care providers may not insert catheters.

3. Insulin Injections

   Child care providers may administer insulin injections to children with diabetes if the provider has a valid Administration of Medication certificate and the additional training specified by the child's health care provider that explains how to properly administer insulin injections. Child care providers must keep this documentation with the MAR. Information regarding insulin dosages will be provided by the child's health care provider and must be appropriate to the child's Diabetes Action Plan of Care.

4. Glucagon®

   Glucagon® is an emergency medication used to treat severe low blood sugar (hypoglycemia) by increasing blood glucose levels. Due to its emergency nature, it may be given by injection by a child care provider. The parent/guardian must provide written instructions and training to the provider stating the conditions under which the medication should be given, how to give the medication, and any follow-up requirements. If you administer Glucagon, you must notify the child's parent/guardian immediately that the medication was given.

   Hypoglycemia may result from:

   - Too much insulin;
   - Insulin was administered without eating;
   - Too little food consumed;
   - A delay in receiving a snack/meal;
   - Increased physical activity; or
   - Illness.

How to Administer Glucagon® for Hypoglycemia

- If you are alone follow these steps and then immediately call 9-1-1 and the child's parent/guardian. If someone else is present, have him or her contact 9-1-1 and the child's parent/guardian;
- Put on gloves;
- Open kit;
- Remove flip top seal from vial;
- Remove needle protector from syringe;
- Slowly inject all sterile water from syringe into vial of Glucagon® (leave needle in vial if possible);
- Gently shake or roll the vial to mix until solution is clear. (May leave syringe in vial);
- Withdraw amount of Glucagon® prescribed from vial back into syringe;
- Inject straight (90˚angle) into
  -arm (upper)
  -leg (thigh)
  -or buttocks
  (as directed in the physician's instructions;
  may inject through clothing if necessary);
- Slowly inject Glucagon® into site;
- Withdraw needle, apply light pressure at injection site;
- Turn child onto side, child may vomit;
- Place used needle back in kit and close lid (do not recap);
- Give used kit to EMS personnel; and
- Document administration of Glucagon® on MAR.

MODULE VIII: STORAGE AND DISPOSAL OF MEDICATION

A. Storage of Medication

For your safety and the safety of the children in your care, use the following guidelines to store medications:

- Medications are to be in their original, labeled container.
- For prescription medications, the label must include the child's name, the date the prescription was issued, and the prescribed dose.

- All medications are to be stored securely out of children's reach.
- All medications stored in a refrigerator are to be kept in a separate container, preferably a locked one.
- All medications must be stored under proper conditions of sanitation, temperature, light, and moisture.

It is strongly recommended that the key to the medicine cabinet be kept either in one specific location or with the person who is responsible for administering medication. Medications are not required to be in a locked cabinet but must be inaccessible to children.

Medications are always labeled with specific written instructions regarding special storage requirements. Always read the label carefully. Some medications require refrigeration between uses.

B. Disposal of Medication

When a prescription is no longer needed, out-of-date, or if medications are left after a child leaves care, the medications should be returned to the parent/guardian or disposed of in a safe manner, such as using a medication collection site.

APPENDIX I

SAMPLE Medication Administration Error Report Form

Child's Name: _____

Child Care Provider's Name: _____

Date and Time of Error: _____

Name of Person Administering Medication: _____

Name of Medication: _____ Dosage: _____Route:_____

Time(s) to be Given: _____

Circle all that apply to this medication error:

Wrong Child	Wrong Time	Wrong Dose
Wrong Route	Wrong Medication	Wrong Documentation

Describe the error (Should be completed by the person making the error. If wrong medication given, include the name and dosage and what was given):

_____

_____

_____

Action Taken/Intervention: _____

_____

Person Notified at Time of Error: _____

Administrator Signature: _____ Date and Time of Notification: _____

Parent/Guardian Notified: Yes No Attempted Date and Time of Notification: _____

Child's Health Care Provider Notified: Yes/No Date/Time of Notification: _____

Name of Person Completing Error Report: _____

Signature of Person Completing Error Report: _____

Today's Date: _____

Follow-Up Care/Information (if applicable):_____

_____

APPENDIX II
MEDICATION ADMINSTRATION RECORD (MAR) INSTRUCTIONS

After each MAR is completed, keep it in the child's file. Centers may use a central administration of medication log, if preferred.

MEDICATION LOG INSTRUCTIONS	
CHILD'S NAME	Clearly print the child's first and last names.
DATE OF BIRTH	
ALLERGIES	List allergies.
PARENT'S/GUARDIAN'S NAME	
DOCTOR'S NAME & PHONE	For quick reference to gather further information
MEDICATION NAME	Name of medication
DOSAGE	Amount of medication to be given, i.e., 1 teaspoon
ROUTE	Route of administration; how will it be administered?
REASON	Why medication is needed, i.e., ear infection
START DATE	Date medication is to begin
END DATE	Date medication is to end
SPECIAL DIRECTIONS	Such as take before eating
TIME	List the time of day medication is to be given
The numbers across the top are the days of the month. The parent/guardian must sign and date the permission statement after you or the parent/guardian fills out the information section on a specific medication. Place your initials in the appropriate box according to the time and date you give each dose.	
DATE, TIME, COMMENTS/ MEDICATION ERRORS/ADVERSE EFFECTS	Space to document reactions to the medication, date, time, your response, any medication errors, and your attempts to notify the parent/guardian
NAME OF PERSON ADMINISTERING	Identifies the full name of the person(s) whose initials appear

APPENDIX II

MEDICATION ADMINISTRATION RECORD (MAR)
(FOR MEDICATIONS GIVEN ROUTINELY OR FOR A LIMITED TIME)

CHILD'S NAME: _____ DOB: _____ ALLERGIES: _____

PARENT'S/GUARDIAN'S NAME: _____ DOCTOR: _____ TELEPHONE: _____

MONTH AND YEAR: _____

MEDICATION INFO	**TIME**	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MEDICATION NAME:																																
DOSAGE:																																
ROUTE:																																
REASON:																																
START DATE:																																
END DATE:																																
SPECIAL INSTRUCTIONS:																																

I, _____, the parent/guardian of the above listed child, give permission for the above medication to be administered.

_____ _____

Signature Date

DATE:	**TIME:**	**COMMENTS/MEDICATION ERRORS/ADVERSE EFFECTS:**	**DATE AND TIME PARENT/GUARDIAN INFORMED OF ERRORS OR ADVERSE EFFECTS**

NAME OF PERSON ADMINISTERING	**INITIALS**	**ROUTE OF ADMINISTRATION; SELECT ONE**
		ORAL *(BY MOUTH)*
		EYE DROPS *(OPTIC)*
		NOSE DROPS/SPRAY *(NASAL)*
		EAR DROPS *(OTIC)*
		TOPICAL *(ON SKIN)*
		INHALATION (*NEBULIZER)*
		INJECTON (*SYRINGE, PEN, OR ELECTRONIC INFUSION DEVICE*)
		RECTAL

APPENDIX III

MEDICATION ADMINISTRATION RECORD (MAR)
(FOR MEDICATIONS GIVEN AS NEEDED OR FOR EMERGENCY USE)

CHILD'S NAME: _____ DOB: _____ ALLERGIES: _____

PARENT'S/GUARDIAN'S NAME: _____ DOCTOR: _____ TELEPHONE: _____

MEDICATION INFO		**TIME:**	**DATE:**	**NAME OF PERSON ADMINISTERING:**	**ROUTE OF ADMINISTRATION; SELECT ONE**
MEDICATION NAME:					ORAL *(BY MOUTH)*
					EYE DROPS *(OPTIC)*
DOSAGE:					NOSE DROPS/SPRAY *(NASAL)*
ROUTE:					EAR DROPS *(OTIC)*
REASON:					TOPICAL *(ON SKIN)*
START DATE:					INHALATION (*NEBULIZER)*
SPECIAL INSTRUCTIONS:					INJECTION (*SYRINGE, PEN, OR ELECTRONIC INFUSION DEVICE)*
					RECTAL

Dates and times of sunscreen, diaper cream, and insect repellent applications do not need to be documented. However, all other information <u>and parent permission</u> for these medications are required on the MAR.

I, _____, the parent/guardian of the above listed child, give permission for the above medication to be administered.

_____ _____

Signature Date

DATE:	**TIME:**	**COMMENTS/MEDICATION ERRORS/ADVERSE EFFECTS:**	**DATE AND TIME PARENT/GUARDIAN INFORMED OF ERRORS OR ADVERSE EFFECTS**

APPENDIX VI: CHILD MEAL PATTERNS

Child Meal Patterns

Breakfast (Select all three components)			
Food Components and Food Items	**Ages 1-2**	**Ages 3-5**	**Ages 6-12**
Fluid Milk[1]	4 fluid ounces	6 fluid ounces	8 fluid ounces
Vegetables, fruits, or portions of both[2]	¼ cup	½ cup	½ cup
Grains (oz eq) [3]			
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin	½ serving	½ serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal, cereal grain, and/or pasta	¼ cup	¼ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold)			
Flaked or rounds	½ cup	½ cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup

Lunch and Supper (Select all five components)			
Food Components and Food Items	**Ages 1-2**	**Ages 3-5**	**Ages 6-12**
Fluid Milk[1]	4 fluid ounces	6 fluid ounces	8 fluid ounces
Meat/meat alternatives			
Lean meat, poultry, or fish	1 ounce	1 ½ ounce	2 ounces
Tofu, soy products, or alternate protein products	1 ounce	1 ½ ounce	2 ounces
Cheese	1 ounce	1 ½ ounce	2 ounces
Large egg	½	¾	1
Cooked dry beans or peas	¼ cup	⅜ cup	½ cup
Peanut butter or soy nut butter or other nut or seed butters	2 tbsp	3 tbsp	4 tbsp
Yogurt, plain or flavored, unsweetened or sweetened	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts, or seeds (1 ounce of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	½ ounce = 50%	¾ ounce = 50 %	1 ounce = 50 %
Vegetables[2]	⅛ cup	¼ cup	½ cup
Fruits[2]	⅛ cup	¼ cup	¼ cup
Grains (ounce equivalents)[3]			
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin	½ serving	½ serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal, cereal grain, and/or pasta	¼ cup	¼ cup	½ cup

[1] Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old or older.

[2] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snacks, per day.

[3] At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the grains requirement.

APPENDIX VI: CHILD MEAL PATTERNS

Child Meal Patterns

Snack (Select two of the five components)			
Food Components and Food Items	**Ages 1-2**	**Ages 3-5**	**Ages 6-12**
Fluid Milk[1]	4 fluid ounces	4 fluid ounces	8 fluid ounces
Meat/meat alternatives			
Lean meat, poultry, or fish	½ ounce	½ ounce	1 ounces
Tofu, soy products, or alternate protein products	½ ounce	½ ounce	1 ounces
Cheese	½ ounce	½ ounce	1 ounces
Large egg	½	½	½
Cooked dry beans or peas	⅛ cup	⅛ cup	¼ cup
Peanut butter, soy nut butter, or other nut or seed butters	1 tbsp	1 tbsp	2 tbsp
Yogurt, plain or flavored, unsweetened or sweetened	2 ounces or ¼ cup	2 ounces or ¼ cup	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seed	½ ounce	½ ounce	1 ounce
Vegetables[2]	½ cup	½ cup	¾ cup
Fruits[2]	½ cup	½ cup	¾ cup
Grains (ounce equivalents)[3]			
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin	½ serving	½ serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal, cereal grain, and/or pasta	¼ cup	¼ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold)			
Flaked or rounds	½ cup	½ cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup

[1] Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old or older.

[2] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snacks, per day.

[3] At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the grains requirement.

APPENDIX VII: INFANT MEAL PATTERNS

Infant Meal Patterns

Breakfast, Lunch, and Dinner (Select all three components)	
Birth through 5 months	**6 through 11 months**
4 -6 fluid ounces breastmilk[1] or formula[2]	6-8 fluid ounces breastmilk[1] or formula[2]; and 0-4 tablespoons of • Infant cereal[2] • Meat • Fish • Poultry • Whole egg • Cooked, dry beans or • Cooked dry peas or 0-2 ounces of cheese or 0-4 ounces (volume) of cottage cheese; or • 0-4 ounces or ½ cup of yogurt; or a combination of the above[3]; and 0-2 tablespoons vegetable or fruit or a combination of both.[3,4]
Snacks (Select all three components)	
Birth through 5 months	**6 through 11 months**
4-6 ounces of breastmilk[1] or formula[2]	2-4 fluid ounces breastmilk or formula[2]; and • 0-1/2 slice bread[3,5] or • 0-2 crackers [3,5] or • 0-4 tablespoons infant cereal [2,3] and 0-2 tablespoons vegetable or fruit, or a combination of both. [3,4]

[1] Breastmilk or formula, or portions of both, must be served: however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

[2] Infant formula and dry infant cereal must be iron fortified.

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

[4] Fruit and vegetable juices must not be served.

[5] A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

TITLE 14
Education
Free Public Schools
CHAPTER 30A. The Delaware Child Care Act

§ 3001A Short title.

This chapter may be referred to and cited as "The Delaware Child Care Act."

82 Del. Laws, c. 184, § 3.;

§ 3002A Definitions.

For the purpose of this chapter:

(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 pursuant to the provisions of Title 31; 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" (or "OCCL") means the Office of Child Care Licensing within the Department of Education.

82 Del. Laws, c. 184, § 3.;

§ 3003A 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. Regulations promulgated under this chapter must include all of the following:

(1) Any application form required to apply for licensure under this chapter.

(2) All of the specific requirements to obtain, retain, or renew a license under this chapter.

(3) Due process provisions that provide all of the following:

a. That notice is required when a deficiency is alleged.

b. The informal and formal procedures to contest an alleged deficiency.

82 Del. Laws, c. 184, § 3.;

§ 3004A Child care licenses; investigation; requirements; notice; hearings and appeals.

(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.
(e) Before any license issued under this chapter is revoked or a license application is denied, notice shall be given in writing to the holder of the license setting forth the particular reasons for such action.
(1) Such revocation or license application denial shall become effective 30 business days after the date of the receipt by certified mail, regular U.S. mail, or personal service of the notice, unless the applicant or licensee within 10 business days from the date of the receipt of such notice gives written notice to the Office of Child Care Licensing requesting a hearing, in which case the proposed action shall be deemed to be suspended.
(2) If a hearing has been requested, the applicant or licensee shall be given an opportunity for a prompt and fair hearing before a hearing officer designated by the Department of Education in accordance with § 10125 of Title 29.
(3) At any time during, or prior to the hearing, the Office of Child Care Licensing may rescind any notice upon being satisfied that the reasons for revocation or license application denial have been or will be removed.
(f) The procedure governing hearings authorized by this section shall be in accordance with § 10125 of Title 29 and regulations promulgated by the Department of Education.
(g) A full and complete record shall be kept of all proceedings, and all testimony shall be reported but need not be transcribed unless the decision is appealed pursuant to this section. A copy or copies of the transcript may be obtained by a party upon payment of the cost of preparing the transcript. Witnesses may be subpoenaed by either party.
(h) Within 10 business days of the date of the revocation or license application denial hearing, or within 5 business days of the date of a suspension hearing, the hearing officer will issue recommendations to the Secretary of the Department of Education, with a copy to each party, which shall include:
(1) A brief summary of the evidence and recommended findings of fact based upon the evidence;
(2) Recommended conclusions of law; and
(3) Recommended decision.
(i) The Secretary of the Department of Education shall accept, deny, accept in part, and/or deny in part the recommendations of the hearing officer in the case and issue a final decision within 10 business days of the date of mailing of the recommendations.
(j) A copy of the decision of the Department setting forth the finding of facts and the particular reasons for the decision shall be sent by certified mail, regular U.S. mail, or served personally upon the

applicant or licensee. The decision shall become final 10 business days after it is so mailed or served. The applicant or licensee shall have 30 business days in which to appeal the decision to the Superior Court as provided in this section. The final decision of the Secretary will not be stayed pending appeal unless the Court so determines pursuant to § 10144 of Title 29.

(k) Any applicant or licensee who is dissatisfied with the decision of the Department as a result of the hearing provided in this section, may, within 30 business days after the mailing or service of the notice of decision as provided in said section, file a notice of appeal to the Superior Court in the office of the Prothonotary of the Superior Court of the county in which the child care facility is located or to be located and serve a copy of said notice of appeal upon the Department. The Department shall promptly certify and file with the Court a copy of the record and decision, including the transcript of the hearings on which the decision is based. Proceedings thereafter shall be governed by the Rules of the Superior Court of the State. This review shall be in accordance with the provisions of § 10142 of Title 29.

(l) *Emergency suspension order.* — If the health, safety, or well-being of children in care of a licensee is in serious or imminent danger, the Office of Child Care Licensing may immediately suspend the license on a temporary basis without notice.

(1) Such emergency suspension may be verbal or written, and the licensee shall cease all operation as stated in the emergency suspension order.

(2) Any verbal suspension order shall be followed by a written emergency suspension order within 3 business days.

(3) The order shall be temporary and state the reason(s) for the suspension.

(4) Within 10 business days of the issuance of the suspension order, the licensee may give written notice to the Office of Child Care Licensing requesting a hearing. This hearing will be scheduled within 10 business days of the receipt of the request.

(5) If no hearing is requested as provided above, the temporary order becomes a final order.

(6) At any time during, or prior to the hearing, the Office of Child Care Licensing may reinstate the license upon being satisfied that the reasons for the emergency suspension order have been removed.

82 Del. Laws, c. 184, § 3.;

§ 3005A Penalties for violations.

(a) The Office of Child Care Licensing may impose civil penalties not to exceed $100 for each violation of § 3004A of this title.

(b) The Office of Child Care Licensing may proceed for the collection of the money civil penalty not otherwise paid through an action brought by the Office of Child Care Licensing in any court of competent jurisdiction.

(c) Anyone who violates a provision of this chapter may be fined not more than $100 or imprisoned not more than 3 months, or both.

82 Del. Laws, c. 184, § 3.;

§ 3006A Provider Advisory Board; appointments; composition; terms; vacancies.

(a) There is hereby established within the Office of Child Care Licensing, a Provider Advisory Board.

(b) The Board shall consist of 7 members, who are residents of this State and are appointed by the Governor. The following shall be members of the Board:

(1) One provider from a family child care home from each of New Castle County, Kent County, and Sussex County;

(2) One director/owner of a private day care center from each of New Castle County, Kent County, and Sussex County; and

(3) One provider from a family child care home or 1 director/owner of a private day care center from the City of Wilmington.

Furthermore, at least 1 of the members of the Board appointed pursuant to this subsection (b) shall also be from a Boys and Girls Club within this State. For purposes of this subsection, a day care center at a Boys and Girls Club shall be considered a private day care center.

(c) The term of a Board member appointed by the Governor shall be 3 years and shall terminate upon the Governor's appointment of a new member to the Board. A Board member shall continue to serve until his or her successor is duly appointed but a holdover under this provision does not affect the expiration date of a succeeding term.

(d) In case of a vacancy on the Board before the expiration of a Board member's term, a successor shall be appointed by the Governor within 30 days of the vacancy for the remainder of the unexpired term.

(e) The Board shall elect 1 of its members as Chair to serve for a 1-year term and who shall be eligible for reelection.

(f) The Board shall meet at the call of the Chair but no fewer than 4 times a year.

82 Del. Laws, c. 184, § 3.;

§ 3007A Provider Advisory Board; powers and duties.

The Board shall have the authority to serve in an advisory capacity to the Office of Child Care Licensing with regard to adopting, promulgating, and amending such rules and regulations as are required to carry out this chapter with respect to early care and education and school-age centers.

82 Del. Laws, c. 184, § 3.;

§ 3008A Transfers and continuity.

(a) All investigations, petitions, hearings and legal proceedings pending before or instituted by the Office of Child Care Licensing within the Department of Services for Children, Youth and Their Families and not concluded prior to July 1, 2020, shall continue unabated and remain in full force and effect, notwithstanding the passage of this chapter and, where necessary, may be completed before, by, or in the name of the Department of Services for Children, Youth and Their Families. All orders, enforcement actions, agreements of understanding, rules, and regulations made by the Office of Child Care Licensing within the Department of Services for Children, Youth and Their Families and which are in effect on July 1, 2020, shall remain in full force and effect until revoked or modified in accordance with the law by the Department of Education. All contracts and obligations of the Department of Services for Children, Youth and Their Families made or undertaken in the performance of a function transferred to the Department of Education by this chapter and being in force on July 1, 2020, shall, notwithstanding this chapter, remain in full force and effect and be performed by the Department of Education until and unless the Department of Education takes formal action to modify any such contracts or obligations.

(b) Employees of the Office of Childcare Licensing within the Department of Services for Children, Youth and Their Families whose functions are consistent with and have been transferred to the Department of Education by this chapter shall continue and be deemed to be the employees of the Department of Education on July 1, 2020, and, where applicable, with all the benefits accrued as merit employees as of July 1, 2020.

82 Del. Laws, c. 184, § 3.;