



Administering Medications

This brief, one in a series of nine addressing health and safety requirements specified in the *Child Care Development Block Grant Act of 2014*, provides an overview of administering medications in center-based and home-based child care settings. Licensing administrators and CCDF administrators may find the brief helpful as they begin to assess and consider future revisions to state standards for both licensed and license-exempt providers. They may also be of value to child care and Head Start providers in understanding and improving the health and safety of their early learning and development settings.

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New Federal Requirements

The *Child Care and Development Block Grant Act of 2014* includes provisions related to health and safety requirements for all providers that receive payment from the Child Care and Development Fund (CCDF).¹

(I) Health and Safety Requirements. - The plan shall include a certification that there are in effect within the State, under State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers that provide services for which assistance is made available under this subchapter. Such requirements

(i) shall relate to matters including health and safety topics consisting of

(III) the administration of medication, consistent with standards for parental consent;

..., and

(XI) minimum health and safety training, to be completed pre-service or during an orientation period in addition to ongoing training, appropriate to the provider setting

¹ The Child Care and Development Block Grant Act of 2014 and section 418 of the Social Security Act (42 USC 618), as amended, provide the statutory authority for implementation of the CCDF program as designated by ACF. Retrieved from <http://www.acf.hhs.gov/programs/occ/resource/ccdf-law>.

involved that addresses each of the requirements relating to matters described in subclauses (I) through (X);

Administering Medications in Child Care Settings

Medicines can be crucial to the health and wellness of children. An increasing number of children, who are not acutely ill, often take medication so they can attend a child care program. National data indicate that at any one time, between 16% and 40% of the pediatric population is taking antipyretics or analgesics [acetaminophen and ibuprofen generally prescribed to reduce fever and improve the child's overall comfort].² Safe medication administration in child care is extremely important, and training of caregivers/teachers is essential.³

Every year, more than 60,000 kids are taken to the emergency room because they accidentally got into some medicine when an adult wasn't looking.⁴ Over 80% of emergency department (ED) visits among children under the age of 12 are due to unsupervised children taking medications on their own.⁵ Children less than 5 years old are twice as likely as older children to be taken to the ED for an adverse drug event, and one out of every 180 two-year-olds visits an ED for a medication poisoning annually.⁶ Prevent poisonings by keeping medications inaccessible, and out of sight and reach of children. Ensure each caregiver and all visitors' purses, bags and coats, which may contain medication, are also out of children's reach. Post the poison control number 1-800-222-1222, the universal number for all 55 Poison Control Centers in the United States, in readily visible locations near telephones and add the number to cell phones, in the event an accidental overdose occurs.

Medications can also be very dangerous if the wrong type or wrong amount is given to the wrong person or at the wrong time. Over 7,000 children visit the emergency department every year for problems related to medication reactions and errors in giving medication.⁷ Over the counter medications, such as acetaminophen and ibuprofen, can be just as dangerous as prescription medications and can result in illness or even death when these products are misused or unintentional poisoning occurs.

Misreading medication names that look-alike or sound-alike can result in medication errors. All medicines require clear, accurate instruction and medical confirmation of the need for the medication to be given while the child is in care. Because of the potential for errors in medication administration in child care facilities, it may be safer for a parent/guardian to administer their child's medicine at home. Prescription medications can often be timed to be given at home, and this should be encouraged.⁸ When medication must be administered while the child is in care, clear policies, thorough training, documentation, and communication on medication administration are necessary to avoid misunderstandings, oversights, and medication errors so that children remain safe.

2 Vernacchio, L., J. P. Kelly, D. W. Kaufman, A. A. Mitchell. 2009. Medication use among children <12 years of age in the United States: Results from the Slone Survey. *Pediatrics* 124:446-54. Retrieved from *Caring for Our Children, Third Edition* at <http://www.cfoc.nrckids.org/StandardView/3.6.3.3>

3 Heschel, R. T., A. A. Crowley, S. S. Cohen. 2005. State policies regarding nursing delegation and administration in child care settings: A case study. *Policy, Politics, and Nursing Practice* 6:86-98. Retrieved from *Caring for Our Children, Third Edition* at <http://www.cfoc.nrckids.org/StandardView/3.6.3.3>

4 Retrieved from HealthyChildren.org, Medication Safety, American Academy of Pediatrics webpage at <https://www.healthychildren.org/English/safety-prevention/at-home/medication-safety/Pages/Medication-Safety-Video.aspx>

5 Schillie SF, Shehab N, Thomas KE, Budnitz DS. Medication overdoses leading to emergency department visits among children. *Am J Prev Med* 2009;37:181-7. Retrieved from Medication Safety: The Protect Initiative, Advancing Children's Medication Safety, Centers for Disease Control and Prevention webpage at http://www.cdc.gov/MedicationSafety/protect/protect_Initiative.html

6 Retrieved from Medication Safety: Program focus and activities, Centers for Disease Control and Prevention, webpage at http://www.cdc.gov/MedicationSafety/program_focus_activities.html

7 Retrieved from Medication Safety Tips, American Academy of Pediatrics webpage at <https://www.healthychildren.org/English/safety-prevention/at-home/medication-safety/Pages/Medication-Safety-Tips.aspx>

8 *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Out-of-home Child Care, Third Edition* (2011). Retrieved from <http://cfoc.nrckids.org/StandardView/3.6.3.1>

Caring for Our Children Basics

Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education (CFOCB). CFOCB, released June 2015 by the Administration for Children and Families, U.S. Department of Health and Human Services, represents the minimum health and safety standards experts believe should be in place where children are cared for outside of their homes.⁹ The following standards from CFOCB address administering medications to children while in care.

1.4.1.1/1.4.2.3 Pre-service Training/Orientation

Before or during the first three months of employment, training and orientation should detail health and safety issues for early care and education settings including, but not limited to, typical and atypical child development; pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); poison prevention; shaken baby syndrome and abusive head trauma; standard precautions; emergency preparedness; nutrition and age-appropriate feeding; medication administration; and care plan implementation for children with special health care needs. Caregivers/teachers should complete training before administering medication to children. See Standard 3.6.3.3 for more information. All directors or program administrators and caregivers/teachers should document receipt of training.

Providers should not care for children unsupervised until they have completed training in pediatric first aid and CPR; safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID); standard precautions for the prevention of communicable disease; poison prevention; and shaken baby syndrome/abusive head trauma.

3.2.2.1 Situations that Require Hand Hygiene

All staff, volunteers, and children should abide by the following procedures for hand washing, as defined by the U.S. Centers for Disease Control and Prevention (CDC):

- a) Upon arrival for the day, after breaks, or when moving from one group to another.
- b) Before and after:
 - ◆ Preparing food or beverages;
 - ◆ Eating, handling food, or feeding a child;
 - ◆ Brushing or helping a child brush teeth;
 - ◆ Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered;
 - ◆ Playing in water (including swimming) that is used by more than one person; and
 - ◆ Diapering.
- c) After:
 - ◆ Using the toilet or helping a child use a toilet;
 - ◆ Handling bodily fluid (mucus, blood, vomit);

⁹ *Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education*, (2015), by the Administration for Children and Families, U.S. Department of Health and Human Services, Retrieved from <http://www.acf.hhs.gov/programs/ecdc/caring-for-our-children-basics>

- ◆ Handling animals or cleaning up animal waste;
- ◆ Playing in sand, on wooden play sets, and outdoors; and
- ◆ Cleaning or handling the garbage.

Situations or times that children and staff should perform hand hygiene should be posted in all food preparation, diapering, and toileting areas.

3.6.3.1/3.6.3.2 Medication Administration and Storage

The administration of medicines at the facility should be limited to:

- a) Prescription or non-prescription medication (over-the-counter) ordered by the prescribing health professional for a specific child with written permission of the parent/guardian. Prescription medication should be labeled with the child's name; date the prescription was filled; name and contact information of the prescribing health professional; expiration date; medical need; instructions for administration, storage, and disposal; and name and strength of the medication.
- b) Labeled medications (over-the-counter) brought to the early care and education facility by the parent/guardian in the original container. The label should include the child's name; dosage; relevant warnings as well as specific; and legible instructions for administration, storage; and disposal.

Programs should never administer a medication that is prescribed for one child to another child. Documentation that the medicine/agent is administered to the child as prescribed is required. Medication should not be used beyond the date of expiration. Unused medications should be returned to the parent/guardian for disposal.

All medications, refrigerated or unrefrigerated, should have child-resistant caps; be stored away from food at the proper temperature, and be inaccessible to children.

3.6.3.3 Training of Caregivers/Teachers to Administer Medication

Any caregiver/teacher who administers medication should complete a standardized training course that includes skill and competency assessment in medication administration. The course should be repeated according to state and/or local regulation and taught by a trained professional. Skill and competency should be monitored whenever an administration error occurs.

9.4.2.1 Contents of Child Records

Programs should maintain a confidential file for each child in one central location on-site and should be immediately available to the child's caregivers/teachers (who should have parental/guardian consent for access to records), the child's parents/guardians, and the licensing authority upon request. The file for each child should include the following:

- a) Pre-admission enrollment information;
- b) Admission agreement signed by the parent/guardian at enrollment;
- c) Initial and updated health care assessments, completed and signed by the child's primary care provider, based on the child's most recent well care visit;
- d) Health history completed by the parent/guardian at admission;
- e) Medication record;

- f) Authorization form for emergency medical care;
- g) Results of developmental and behavioral screenings;
- h) Record of persons authorized to pick up child;
- i) Written informed consent forms signed by the parent/guardian allowing the facility to share the child's health records with other service providers.

Caring for Our Children Standards

Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Out-of-home Child Care, Third Edition (CFOC3), is a collection of 686 national standards that represent the best evidence, expertise, and experience in the country on quality health and safety practices and policies that should be followed in today's early care and education settings. CFOC3 can help programs and providers implement CFOCB and move to higher levels of quality in health and safety. CFOC3 is available at <http://cfoc.nrckids.org/>.¹⁰

The following links to CFOC3 pertain to administering medication to children. The links go to the full text of the standard, with a rationale supported by research.

Standard 3.6.3.1: Medication Administration

<http://cfoc.nrckids.org/StandardView/3.6.3.1>

Standard 3.6.3.3: Training of Caregivers/Teachers to Administer Medication

<http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.6.3.3>

Standard 3.6.3.2: Labeling, Storage, and Disposal of Medications

<http://cfoc.nrckids.org/StandardView/3.6.3.2>

Trends in Child Care Licensing Requirements

The following table provides information about the number of States¹¹ that have requirements related to administering medication in their licensing regulations for child care centers¹², family child care (FCC) homes¹³, and group child care (GCC) homes.¹⁴

In 2014, 100% of states reported they have requirements about administering medication for licensed child care centers, but only 32% of states reported that they require child care center providers obtain training on

10 Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Out-of-home Child Care, Third Edition (2011), developed by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education, with funding from the Maternal and Child Health Bureau. Retrieved from <http://cfoc.nrckids.org/>.

11 "States" includes the 50 States, the District of Columbia, and two U.S. Territories – Guam and the Virgin Islands.

12 National Center on Early Childhood Quality Assurance (2015). Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies for 2014. Retrieved from <https://childcareta.acf.hhs.gov/resource/research-brief-1-trends-child-care-center-licensing-regulations-and-policies-2014>

13 National Center on Early Childhood Quality Assurance (2015). Research Brief #2: Trends in Family Child Care Home Licensing Regulations and Policies for 2014. Retrieved from <https://childcareta.acf.hhs.gov/resource/research-brief-2-trends-family-child-care-home-licensing-regulations-and-policies-2014>

14 National Center on Early Childhood Quality Assurance (2015). Research Brief #3: Trends in Group Child Care Home Licensing Regulations and Policies for 2014. Retrieved from <https://childcareta.acf.hhs.gov/resource/research-brief-3-trends-group-child-care-home-licensing-regulations-and-policies-2014>.

administering medication. Even fewer states require this training for family child care homes (19%) and group child care homes (25%).

Medication Administration

Licensing Requirements	Child Care Centers (N = 53)	FCC Homes (N = 46)	GCC Homes (N = 40)
State has requirements about medication administration	53	42	38
State requires facilities to obtain permission from parents to administer medications	50	41	37
State requires facilities to obtain written instructions on the administration of medication from parents or physician	47	37	35
State requires facilities to keep records of medications administered to children	49	34	31
Staff/providers are required to complete training about medication administration	17	9	10

N = the number of States that regulate the type of facility

Examples of State Licensed Child Care Requirements

Licensing of center-based care and family child care homes is a process that establishes the minimum requirements necessary to protect the health and safety of children in care. State licensing requirements are regulatory requirements, including registration or certification requirements, established under State law necessary for a provider to legally operate and provide child care services.¹⁵ The following excerpts, related to administering medication to children while in care, are from licensing requirements in Colorado, Maryland, Texas and Washington. These examples do not include all States that have these requirements, but are meant to represent a range of approaches States have taken in their regulations. A document with links to all States' child care licensing regulations is available at <https://childcareta.acf.hhs.gov/resource/state-and-territory-licensing-agencies-and-regulations>

Colorado

Child Care Centers

Child Care Facility Licensing, 12 Ccr 2509-8, 7.700 Child Care Facility Licensing, 7.701 General Rules For Child Care Facilities (November 2015)
<https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6472&fileName=12 CCR 2509-8>

¹⁵ Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education, (2015), by the Administration for Children and Families, U.S. Department of Health and Human Services, Retrieved from <http://www.acf.hhs.gov/programs/eecd/caring-for-our-children-basics>

7.702.62 Health Care

C. Medication

1. Prescription and non-prescription (over-the-counter) medications for eyes or ears, all oral medications, topical medications inhaled medications, and certain emergency injections can be administered only with the written order of a person with prescriptive authority and with written parental consent. Centers may administer medications for chronic health conditions or emergency situations.

2. The written order by the licensed prescribing practitioner must include:

- ◆ Child's name
- ◆ Licensed prescribing practitioner name, telephone number, and signature
- ◆ Date authorized
- ◆ Name of medication and dosage
- ◆ Time of day medication is to be given
- ◆ Route of medication
- ◆ Length of time the medication is to be given
- ◆ Reason for medication (unless this information needs to remain confidential)
- ◆ Side effects or reactions to watch for
- ◆ Special instructions

3. Medications must be kept in the original labeled bottle or container. Prescription medications must contain the original pharmacy label that lists:

- ◆ Child's name
- ◆ Prescribing practitioner's name
- ◆ Pharmacy name and telephone number
- ◆ Date prescription was filled
- ◆ Expiration date of the medication
- ◆ Name of the medication
- ◆ Dosage
- ◆ How often to give the medication
- ◆ Length of time the medication is to be given

Over-the-counter medication must be kept in the originally labeled container and be labeled with the child's first and last name.

4. In the case medication needs to be given on an ongoing, long-term basis, the authorization and consent forms must be reauthorized on an annual basis. Any changes in the original medication authorization require a new written order by the prescribing practitioner and a change in the prescription

label. Verbal orders taken from the licensed prescriber may be accepted only by a licensed registered nurse.

5. All child care staff designated by the center director to give medications must complete the 4-hour Department-approved medication administration training and have current first aid and universal precautions training prior to administering medication. Staff of drop-in child care centers may complete training from their nurse consultant delegating medication.

6. The centers' licensed health consultant:

- ◆ Must observe and document the competency of each staff member involved in medication administration
- ◆ Must delegate to one or more of the child care staff the task of medication administration, to include routine medications only. For medications not covered in the medication training, the health consultant must provide additional training, delegate on a one-to-one (1:1) basis, and provide ongoing supervision.

7. Medications must be kept in an area, locked and inaccessible to children. Controlled medications must be counted and safely secured, and specific policies regarding their handling require special attention in the center's policies. Access to these medications must be limited (see Section 12-22-318, C.R.S.).

8. Children are not allowed to bring medications to child care unless accompanied by a responsible adult. If a medication is out of date or left over, parents are responsible for picking up the medication. If parents do not respond, the center is responsible for the disposal of medications according to center policy and procedures. Disposal of medications must be documented.

9. A written medication log must be kept for each child. This log is part of the child's records. The log must contain the following:

- ◆ Child's name
- ◆ Name of the medication, dosage, and route
- ◆ Time medication is to be given
- ◆ Special instructions
- ◆ Name and initials of the individuals giving the medication
- ◆ Notation if the medication was not given and the reason

10. Topical preparations such as petroleum jelly, diaper rash ointments, sunscreen, bug sprays, and other ointments may be administered to children with written parental authorization. These preparations may not be applied to open wounds or broken skin unless there is a written order by the prescribing practitioner.

Maryland

Child Care Centers

COMAR 13A.16.01-.19 Child Care Centers (July 2015)

http://www.marylandpublicschools.org/msde/divisions/child_care/docs/Subtitle_16_Centers_COMAR_Online.pdf

.04 Medication Administration and Storage.

A. Medication Administration.

(1) Medication, whether prescription or non-prescription, may not be administered to a child in care unless:

(a) Parental permission to administer the medication is documented on a completed, signed, and dated medication authorization form, provided by the office, that is received at the center before the medication is administered; and

(b) A licensed health practitioner has approved the administration of the medication and the medication dosage.

(2) A prescription medication may not be administered to a child unless at least one dose of the medication has been given to the child at home.

(3) If the medication is by prescription, it is labeled by the pharmacy or physician with:

(a) The child's name;

(b) The date of the prescription;

(c) The name of the medication;

(d) The medication dosage;

(e) The administration schedule;

(f) The administration route;

(g) If applicable, special instructions, such as "take with food";

(h) The duration of the prescription; and

(i) An expiration date that states when the medication is no longer useable.

B. Topical Applications. A diaper rash product, sunscreen, or insect repellent supplied by a child's parent may be applied without prior approval of a licensed health practitioner.

C. Medication shall be administered according to the instructions on the label of the medication container or a licensed health practitioner's written instructions, whichever are more recently dated.

D. Recording Requirements.

(1) Each administration of a prescription or non-prescription medication to a child, including self-administration of a medication by the child, shall be noted in the child's record.

(2) Application of a diaper rash product, sunscreen, or insect repellent supplied by a child's parent shall be recorded in the child's record.

E. Medication Storage.

(1) Each medication shall be:

(a) Labeled with the child's name, the dosage, and the expiration date;

(b) Stored as directed by the manufacturer, the dispensing pharmacy, or the prescribing physician; and

(c) Discarded according to guidelines of the Office of National Drug Control Policy or the U.S. Environmental Protection Agency, or returned to the child's parent upon expiration or discontinuation.

(2) All medications shall be stored to make them inaccessible to children in care but readily accessible to each employee designated by the operator to administer medication.

F. Effective July 1, 2011:

(1) Whenever children in care are present, there shall be at least one center employee present who has completed medication administration training approved by the office.

(2) Medication may be administered to a child in care only by an employee who has completed approved medication training.

G. Section F of this regulation shall not apply if:

(1) The center employs a registered nurse, licensed practical nurse, or medication technician certified by the Maryland Board of Nursing to administer medication to children in care; or

(2) Responsibility for administering medication to children in care is delegated to a center employee by a delegating nurse in accordance with COMAR 10.27.11.

H. Self-Administration of Medication.

(1) Before a child may self-administer medication while in care, the operator shall:

(a) Have a written order from the child's physician and the written request of the child's parent for the child's self-administration of medication;

(b) In consultation with the child's parent, establish a written procedure for self-administration of medication by the child based on the physician's written order; and

(c) Authorize the child to self-administer medication.

(2) Revocation of Authorization to Self-Administer.

(a) An operator may revoke a child's authorization to self-administer medication if the child fails to follow the written procedure required by §H(1)(b) of this regulation.

(b) Immediately upon revoking the child's authorization to self-administer medication, the operator shall notify the child's parent of that revocation.

(c) The operator shall document the revocation of authorization to self-administer and the notification to the child's parent in the child's record.

Texas

Registered and Licensed Child Care Homes

Chapter 747 Minimum Standards For Child-Care Homes *Subchapter S, Safety Practices Division 2, Medication and Medical Assistance* (June 2015)

http://www.dfps.state.tx.us/documents/Child_Care/Child_Care_Standards_and_Regulations/747_Homes.pdf

§747.3605 How must I administer medication to a child in my care?

(a) Medication must be given:

- (1) As stated on the label directions; or
- (2) As amended in writing by the child's health-care professional.

(b) Medication must:

- (1) Be in the original container labeled with the child's full name and the date brought to the operation;
- (2) Be administered only to the child for whom it is intended; and
- (3) Not be administered after its expiration date.

(c) When you administer medication to a child in your care, you must make a record of the following:

- (1) Full name of the child to whom the medication was given;
- (2) Name of the medication;
- (3) Date, time, and amount of medication given; and
- (4) Full name of the caregiver administering the medication, if it is not the primary caregiver.

(d) You must keep all medication records for at least three months after administering the medication.

Washington

Licensed Family Home Child Care Standards

Chapter 170-296A WAC (August 2015)

<http://apps.leg.wa.gov/WAC/default.aspx?cite=170-296A>

WAC 170-296A-3315

Medication Management.

- (1) The licensee's medication management policy must include:
 - (a) Safe medication storage, including the licensee's family medications; and
 - (b) Whether the licensee chooses to give medications to children in care.
- (2) If the licensee chooses to give medications to children in care, the licensee's policy must include:
 - (a) How giving medications will be documented (medication log), including documenting when a medication is given or not given as prescribed or as indicated on the permission form;
 - (b) Permission to give medications to a child signed by the child's parent or guardian, and by a licensed medical professional when appropriate; and
 - (c) That only the licensee or primary staff person may give medication or observe a child taking his or her own medication as described in WAC 170-296A-3550.
- (3) If the licensee chooses not to give any medications to children in care, the licensee must inform parents in the parent/guardian handbook.
- (4) If the licensee or primary staff person decides not to give a specific medication to a child after having received written permission by the child's parent or guardian, the licensee or primary staff person must immediately notify the parent or guardian of the decision to not give the medication.
- (5) The licensee must make reasonable accommodations and give medication if a child has a condition where the Americans with Disabilities Act (ADA) would apply.

WAC 170-296A-3375

Medication permission.

- (1) The licensee must have written permission from a child's parent or guardian to give a child any medication. The permission must include:
 - (a) Child's name;
 - (b) Name of the medication and condition being treated;
 - (c) Dose and frequency to be given;
 - (d) Instructions for any specialized equipment or procedures for giving the child's medication;

(e) Start and stop date for administering medication not to exceed thirty calendar days, except as provided in subsection (2) of this section;

(f) Parent or guardian signature; and

(g) Date of signature.

(2) A parent or guardian may give the licensee ninety calendar days permission for use of the following:

(a) Diaper ointments and talc free powders used as needed that are intended specifically for use in the diaper area of children;

(b) Sun screen;

(c) Hand sanitizers; or

(d) Hand wipes with alcohol.

(3) The licensee must keep a written record of medication administration (medication log) that includes the:

(a) Child's name;

(b) Name of medication;

(c) Dose given;

(d) Dates and time of each medication given; and

(e) Name and signature of the person giving the medication.

(4) The licensee must return any unused medication to the child's parent or guardian.

(5) Medication permission forms and medication logs must be kept confidential. The licensee must allow a child's parent or guardian to review their own child's medication administration records.

(6) Medication permission forms and medication logs for the previous twelve months must be kept in the licensed space and be available for review by the licensor.

Examples of State License-Exempt Child Care Requirements

States have exemptions in law or regulation that define the types of center-based facilities and home-based providers that are not required to obtain a state license to operate legally.¹⁶ Most States allow exempt providers to receive CCDF funding. And while exempt providers are not subject to the regulatory requirements set forth by the licensing agency, the *Child Care and Development Block Grant Act of 2014* (CCDBG Act of 2014) requires States and Territories to have health and safety requirements in ten different topic areas for all providers participating in the CCDF subsidy program, as well as preservice and ongoing training on those topics.¹⁷ The following excerpts, on administering medication to children while in care, are license-exempt requirements from Arizona and Iowa. These examples do not include all States that have these requirements, but are meant to represent a range of approaches States have taken in establishing requirements for license-exempt programs.

¹⁶ National Center on Early Childhood Quality Assurance (2015). Monitoring License-Exempt CCDF Homes. Retrieved from <https://childcareta.acf.hhs.gov/topics/health-and-safety-and-licensing>

¹⁷ National Center on Early Childhood Quality Assurance (2015). Monitoring and Supporting License-Exempt Care: Case Studies. Retrieved from <https://childcareta.acf.hhs.gov/topics/health-and-safety-and-licensing>

Arizona

Certified Family Child Care Home Providers

Title 6, Chapter 5, Arizona Administrative Code, Department of Economic Security and Social Services, Article 52. Certification and Supervision of Family Child Care Home Providers
http://apps.azsos.gov/public_services/Title_06/6-05.pdf

R6-5-5218. Health Care; Medications

G. Only a provider shall administer medication with signed written instructions for administering the medication from the child's parent.

H. A provider shall not administer:

1. Medication that is date expired or in something other than its original container; or
2. Prescription medication that does not bear the date of issue, the child's name, the amount and frequency of dosage, and the doctor's name.

I. A provider shall maintain a written log of all medications administered. The log shall include:

1. The name of the child receiving the medication;
2. The name of the medication;
3. The date and time of administration; and
4. The dosage administered.

A provider shall use a sanitary medication measure for accurate dosage.

J. A provider shall keep all medication in a locked storage container, and refrigerate if necessary.

Iowa

Non-Registered Child Care Home

Iowa Department of Human Services, Minimum Health and Safety Requirements for Non-Registered Child Care Home Providers (2013) <http://dhs.iowa.gov/sites/default/files/Comm95.pdf>

Health and Safety Requirements

Your child care home must be clean, safe and free of hazards. You will need to:

Lock all medicines and cleaners up so children cannot get into them.

Give medications only with the parent, guardian or doctor's written permission.

Additional Resources

- ◆ As part of the *Healthy Futures: Improving Health Outcomes for Young Children* project, the American Academy of Pediatrics (AAP) has developed a medication administration curriculum designed for early education and child care professionals entitled **Medication Administration in Early Education and Child Care**. This course is available through PediaLink, American Academy of Pediatrics On-line Learning Center. Access the training at <http://www.healthychildcare.org/HealthyFutures.html> or <http://shop.aap.org/Medication-Administration-in-Early-Education-and-Child-Care>
- ◆ **Caring for Children with Special Healthcare Needs (CSHCN) in Early Care and Education** available at <http://nrckids.org> and http://cfoc.nrckids.org/StandardView/SpCol/Children_with_Special_Needs provides a compilation of standards from *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition* that address the needs of this vulnerable population.
- ◆ **Medication Safety Program: Up and Away Initiative**, Centers for Disease Control and Prevention. Webpage available at <http://upandaway.org/> and <http://upandaway.org/resource/up-and-away-tip-sheet-2/>
- ◆ **Tips to Prevent Poisoning**, Centers for Disease Control and Prevention. Webpage available at <http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/preventiontips.htm>
- ◆ **Medication Safety**, American Academy of Pediatrics. Webpage available at <https://healthychildren.org/english/safety-prevention/at-home/medication-safety/Pages/default.aspx>

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