TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 340:110-1, Table of Contents; 110-1-9.4; 340:110-3, Table of Contents; 110-3-5 through 110-3-5.1; 110-3-27; 110-3-39 through 110-3-40; 110-3-49.3; 110-3-81 through 110-3-82; 110-3-84 through 110-3-88; 110-3-89.1 through 110-3-94; 110-3-97 through 110-3-97.1; 110-3-223 through 110-3-224; and 110-3-237.

EXPLANATION: Policy revisions were approved by the Commission and the Governor as required by the Administrative Procedures Act.

Revisions allow for increased health and safety requirements for children in licensed family child care homes and large family child care homes. Most critical revisions occur in the area of fire safety and qualifications of the primary caregiver. Revisions also clarify and improve division policy and practice when issuing an emergency order and allow for increased accessibility of licensing information for parents and the public.

340:110-1-9.4 is amended to clarify situations for issuance of an emergency order including procedures with regard to timeframes, review of issuance, delivery of emergency order, and rescinding an emergency order.

340:110-3-5 and 340:110-3-5.1 is amended to increase accessibility of licensing information for parents and public.

340:110-3-27 is amended as the poison control center is no longer recommending first aid kits contain syrup of ipecac or activated charcoal.

340:110-3-39 and 340:110-3-40 is amended to increase accessibility of licensing information for parents and public.

340:110-3-49.3 is amended as the poison control center is no longer recommending first aid kits contain syrup of ipecac.

340:110-3-81 is amended to include revisions to definitions of an infant, primary caregiver, and toddler.

340:110-3-82 is amended to clarify division practice as it relates to application, denial or revocation of a license.

340:110-3-84 is amended to clarify capacity of family child care homes, obtaining of references on caregivers and the conditions of notifying licensing when specific events occur.

340:110-3-85 is amended to include increased qualifications,
training and responsibilities of primary, assistant, and substitute caregivers. Revisions also include limitations of inactive status of the primary caregiver and clarification of approval of dual foster care certifications.

340:110-3-86 is amended to increase space used routinely by children, staff-child ratio as it relates to swimming supervision of animals, and development of emergency procedures in the event of a natural or man-made disaster. Revisions also clarify sanitation, lighting, and fencing requirements.

340:110-3-87 is amended to clarify transportation requirements.

340:110-3-88 is amended to increase accessibility of licensing information, record information regarding caregivers, and attendance of children in care.

340:110-3-89.1 is amended to increase information regarding the caregiver’s policy for parents.

340:110-3-90 is amended to increase practices of hand washing, disease control, and safety of medication when administered by injections.

340:110-3-91 is amended to clarify appropriate media use for children. Revisions also include the movement of requirements relating to places to rest and sleeping environments to a separate requirement section.

340:110-3-91.1 is amended to clarify requirements relating to places to rest and sleeping environments.

340:110-3-92 is amended to increase positive guidance practices and to clarify prohibitive behavior and guidance practices.

340:110-3-93 is amended to clarify appropriate daily routines and bottle-feeding practices for infants, toddlers, and two year olds.

340:110-3-94 is amended to include required second servings of food and to clarify food and nutrition practices.

340:110-3-97 is amended to prohibit security bars on homes unless equipped with proper release mechanisms, and use of second story for naptime of children. Revisions also include increase of the number of fire and tornado drills, smoke detector testing, and requirement of an operable carbon monoxide detector. Clarification of exits and railings for steps was also provided.

340:110-3-97.1 is amended to require inspections by a state or local fire official for large family child care homes licensed in mobile homes. Revisions also include increased qualifications of primary caregiver and substitute caregiver.
340:110-3-223 and 340:110-3-224 is amended to increase accessibility of licensing information for parents and public. 340:110-3-237 is amended to include contact of poison control when suspicion of child poisonings occur.

Original signed on 9-4-07

Mark Lewis, Director
Division of Child Care

Sharon Neuwald, Coordinator
Office of Legislative Relations and Policy

WF # 07-16 (NAP)
INSTRUCTIONS FOR FILING MANUAL MATERIAL

OAC is the acronym for Oklahoma Administrative Code. If OAC appears before a number on an Appendix or before a Section in text, it means the Appendix or text contains rules or administrative law. Lengthy internal policies and procedures have the same Chapter number as the OAC Chapter to which they pertain following an "OKDHS" number, such as personnel policy at OKDHS:2-1 and personnel rules at OAC 340:2-1. The "340" is the Title number that designates OKDHS as the rulemaking agency; the "2" specifies the Chapter number; and the "1" specifies the Subchapter number.

The chronological order for filing manual material is: (1) OAC 340 by designated Chapter and Subchapter number; (2) if applicable, OKDHS numbered text for the designated Chapter and Subchapter; and (3) all OAC Appendices with the designated Chapter number. For example, the order for filing personnel policy is OAC 340:2-1, OKDHS:2-1, and OAC 340:2 Appendices behind all Chapter 2 manual material. Any questions or assistance with filing manual material will be addressed by contacting Policy Management Unit staff at 405-521-4326.

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Revised 10-1-07

(a) Purpose. An Emergency Order directing the closure of a child care facility and/or immediate removal of children may be issued by the Oklahoma Department of Human Services (OKDHS) when there is a direct and serious hazard to the health, safety or welfare of any child cared for by the facility. Examples of serious hazardous situations may include but is not limited to the following circumstances:

(1) that result in the serious injury or death of a child;
(2) that place a child at a high risk for death or injury;
(3) when compelling evidence of child abuse or neglect exists;
(4) when a child leaves a facility without the staff's knowledge;
(5) when a child is left at a location away from the facility;
(6) when a child is left unattended in a vehicle;
(7) when a child is left alone in a facility;
(8) when there are serious non-compliance issues;
(9) when a person is on the premises whose health or behavior would endanger the health, safety or well-being of children; or
(10) when there is compelling evidence of the presence of illegal drugs and/or drug paraphernalia.

(b) Issuance of Emergency Order.

If the operator is unable or unwilling to correct the hazardous situation and/or refuses to voluntarily cease care of children:

(1) the licensing specialist or the licensing supervisor submits a request for an Emergency Order to the licensing regional programs manager or assistant licensing coordinator or statewide licensing coordinator;

(2) the licensing regional programs manager may contact the operator by phone to
determine if the operator will voluntarily cease care of children. A voluntary cease care agreement by the operator does not prohibit the issuance of an Emergency Order; and

(3) a request for an Emergency Order is considered by the licensing regional programs manager, assistant licensing coordinator or licensing coordinator within one facility business day. The decision to issue an Emergency Order may be made by the licensing regional programs manager, after consultation with assistant licensing coordinator or statewide licensing coordinator. Upon making a decision, the official will:

   (A) issue a written Emergency Order, signed by the approving official and notify the licensing specialist, the licensing supervisor, the assistant licensing coordinator and statewide licensing coordinator; or

   (B) submit a written denial notice to the licensing specialist, the licensing supervisor, the assistant licensing coordinator and the statewide licensing coordinator.

(c) **Provisions of the Emergency Order.** The Emergency Order shall provide for:

   (1) basis for the Emergency Order;

   (2) if the facility is to close;

   (3) if children are to be removed from the facility;

   (4) the Emergency Order is effective immediately;

   (5) the Emergency Order remains in effect until modified or rescinded; and

   (6) the right to have a hearing on the Emergency Order.

(d) **Serving of the Emergency Order.** The procedures for serving an Emergency Order are:

   (1) prior to delivery, the licensing specialist contacts law enforcement and requests assistance in serving the Emergency Order on the operator; and

   (2) an Emergency Order is served on the operator within one business day of issuance, or an alternate date, if approved by an assistant licensing coordinator or statewide licensing coordinator.
(e) **Removal of children.** If there is a threat of a direct and serious hazard to the health, safety and welfare of children and the operator is unable or unwilling to correct the situation and immediate removal from the child care facility is indicated, a licensing regional programs manager, assistant licensing coordinator or statewide licensing coordinator may give verbal approval for removal of children. Parents are provided a letter explaining the emergency order and how to locate other child care programs. Two options available are:

1. the operator and parents are told that the child care facility will not reopen on the following day; or

2. parents are contacted and advised to pick up their children immediately. If every effort has been made to contact the parents, and children are at imminent risk of harm, the licensing staff contacts law enforcement to request children be taken into protective custody.

(f) **Duration of Emergency Order.**

1. The facility remains closed and care of children by the operator is prohibited pending a hearing on the Emergency Order.

2. A review of the Emergency Order is conducted. If the decision to deny or to issue an Emergency Order is made by a licensing regional programs manager, an assistant licensing coordinator reviews all requests for an Emergency Order within three business days from the date of the decision by the licensing regional program manager. The assistant licensing coordinator provides written notification to the licensing specialist, licensing supervisor, regional programs manager, and statewide licensing coordinator that they:

   (A) concur with the issuance of the Emergency Order;

   (B) issue a modified Emergency Order; or

   (C) rescind the Emergency Order.

3. Modification or recission of Emergency Order may occur when there is documentation that the direct and serious hazard has been corrected, or that children are no longer at imminent risk of serious harm.

(g) **Violation of the Emergency Order.** If an operator violates the conditions set forth in the emergency order, the licensing specialist, after consultation with the approving
official, requests assistance from the District Attorney, Attorney General or the OKDHS Legal Division for further action.

INSTRUCTIONS TO STAFF 340:110-1-9.4

Revised 10-1-07

1. Staff:

   (1) contacts the regional programs manager immediately with a description of the circumstances;

   (2) submits a request for an Emergency Order be issued;

   (3) forwards supporting documentation upon request if available; and

   (4) documents the above information on Form 07LC080E, Licensing

2. Whenever possible the licensing specialist is accompanied by a witness.

3. Licensing specialists provide the letter to parents that are present at the time of the emergency order delivery. For parents not notified in this manner, their names and addresses are obtained and the letter is mailed to them.
SUBCHAPTER 3. LICENSING STANDARDS FOR CHILD CARE FACILITIES

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340:110-3-194. Food service sanitation [REVOKED]
340:110-3-195. Building and fire safety [REVOKED]

PART 14. REQUIREMENTS FOR SCHOOL-AGE PROGRAMS

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340:110-3-5. Organization

Revised 10-1-07

(a) Responsible agent. A child care center is operated by a public or private organization or an individual.

(1) A public child care center is created and exists by an act of the state, county, city, or other political subdivision and operated under the control of a governmental agency.

(2) A not-for-profit center operates under a governing board responsible for developing policies and establishing and maintaining a sound financial structure.

(3) A proprietary child care center’s owner is responsible for the policy and financial structure of the child care center.

(b) Purpose. A statement defining the purpose or function of the child care center is filed with the Oklahoma Department of Human Services (OKDHS) and includes:

(1) ages of children accepted;

(2) hours of operation; and

(3) type of care and services offered.

(c) Notifications. Requirements pertaining to notifications are contained in this subsection.

(1) The items posted in a prominent place where staff, parents, and others may view them are the:

   (A) center's license, permit, or notice of denial or revocation of license;

   (B) name of the person responsible for the center during the director's absence;

   (C) notice of the requirement to report suspected child abuse and neglect;

   (D) notice prohibiting smoking anywhere in the facility while children are in care;

   (E) emergency procedure;
(F) weekly menu of all food provided by the center; and

(G) evacuation plan.

(2) The items accessible in a place where staff, parents, and others may easily view them are:

(A) the daily program schedule;

(B) record of dates when fire and tornado drills were conducted, in accordance with OAC 340:110-3-11(c)(2);

(C) a time schedule for use of outdoor play space if the center is licensed for 24 or more children and has outdoor play space of less than 75 square feet per child, in accordance with OAC 340:110-3-11(d)(2); and

(D) a certificate of One Star Plus, Two Star, or Three Star status, if applicable.

(3) A notice of staff-child ratios and group size is posted in every room where children are in care.

(4) In accordance with Section 7103 of Title 10 of the Oklahoma Statutes, any person who has reason to believe a child has been abused or neglected is required to report the matter promptly to OKDHS. It is a misdemeanor for any person to fail to report.

(5) The center is required to notify the OKDHS Division of Child Care Licensing Services (Licensing) on the next working day of:

(A) a temporary, unscheduled, or permanent closing of the center;

(B) a change in the director;

(C) any damage to the facility that affects the amount of usable square footage or compliance with any requirement;

(D) legal action against a center or staff person which involves or affects a child in care or the operation of the center;

(E) any known criminal charges or child abuse investigations involving staff which are pending or have had a disposition;
(F) an accident involving transportation unless there were no injuries and only minor damage to the vehicles;

(G) any injury to a child requiring emergency medical attention; and

(H) the death of a child that occurred while the child was in care.

(6) The center is required to notify Licensing at least 30 days prior to:

(A) a change in ownership or sponsorship;

(B) a change in name of the center;

(C) any change or alteration to the physical facility that affects the amount of usable square footage or compliance with any requirements;

(D) the anticipated closing or relocation of the child care center; and

(E) a proposed change in the licensed capacity.

(d) Public access to records-Compliance Posting.

(1) The items (A ) - (B) are posted within clear view of the main entrance:

(A) OKDHS provided "Notice to Parents"; and

(B) Form 04CP004E, Notification to Division of Child Care of Child Welfare Investigative Summary, with findings of "Confirmed," for 120 days from the completion of the investigation.

(2) The granted waiver notification for individuals who have criminal histories as defined in Section OAC 340:110-3-7.1(c) are posted in a prominent place for as long as they are employed or living in the facility.

(e) Compliance file. A compliance file that is accessible to staff, parents, and others shall contain:

(1) the most recent child care licensing monitoring report provided by the licensing specialist;

(2) the following documents issued by Child Care Licensing within the last 120 days:
(A) child care licensing monitoring reports and licensing correspondence;

(B) Form 07LC037E, Notice to Comply;

(C) licensing complaints; and

(D) unconfirmed Form 04CP004E, Notification to Division of Child Care of Child Welfare Investigative Summary; and

(3) confirmed Form 04CP004E, Notification to Division of Child Care of Child Welfare Investigative Summary, for one year from the completion of the investigation.

(f) **Effect of change in ownership or location on license.** When a center changes ownership or location:

(1) the license is not transferable and is returned to OKDHS; and

(2) the center is required to meet current licensing requirements.
340:110-3-5.1. Policy and procedure

Revised 10-1-07

(a) **Content.** A written statement of the child care center's policy and procedure is available to staff and parents and includes, but is not limited to:

(1) ages of children accepted;

(2) days and hours of operation including the holidays the program is closed;

(3) the location and accessibility of the licensing compliance file;

(4) procedure for:

   (A) receiving and releasing a child from the center, including a method of verifying the identity of a caller or person who picks up a child and prompt notification of parents when a child does not arrive as scheduled;

   (B) handling illnesses and injuries, including procedures when away from the child care center;

   (C) storing and administering children's medicines;

   (D) notifying parents of field trips; and

   (E) transportation of children;

(5) mandatory reporting of child abuse; and

(6) discipline policy.

(b) **Personnel policy.** When there are more than four staff persons, the child care center is required to provide written personnel policy to staff that includes:

(1) essential job functions, qualifications, and lines of authority; and

(2) staff performance evaluation and termination procedure.
340:110-3-27. Health

Revised 10-1-07

(a) **Cleanliness.** Requirements pertaining to cleanliness are listed in this subsection.

(1) Caregivers attend promptly to children's personal hygiene needs.

(2) Caregivers thoroughly wash their hands with soap and warm, running water:

   (A) before handling food;

   (B) before feeding children or eating;

   (C) after diapering or toileting;

   (D) after touching or cleaning up body fluids, including wiping noses;

   (E) after handling or feeding pets;

   (F) after playing outdoors or in sand or water; and

   (G) before medication is dispensed.

(3) Staff ensure that children wash their hands with soap and warm, running water:

   (A) before eating;

   (B) after toileting;

   (C) after handling pets;

   (D) after playing outdoors or in sand or water; and

   (E) after wiping their noses.

(4) When a child older than three years of age in diapers is cared for in a room without a diaper-changing area, arrangements are made for sanitary diaper changing, hand-washing, and privacy.

(5) A child's wet or soiled clothing is changed immediately, and placed in a labeled, sealed, moisture-proof bag to be sent home. A supply of clean clothing is available.
(6) Toys and items that are in contact with children's mouths are washed and sanitized after each child's use or as needed; and if contaminated by other body fluids, toys, and equipment are set aside to be washed and sanitized.

(7) Each toilet article, for example, wash cloth, towel, comb, or toothbrush, is individually assigned and stored and is not used jointly by or on children.

(b) **Health records.** Upon admission of a child, parents are required to submit the child's immunization record, a listing of special health needs, and the name of the child's physician.

(c) **Immunizations.** Children have or are in the process of obtaining all required immunizations at the medically appropriate time. If a child is accepted for whom an exemption is claimed, documentation of the exemption is kept on file at the center.

(d) **Disease control.** At the time of enrollment, parents are informed of the center's policy regarding ill children.

   (1) Each child is carefully observed by staff members for symptoms of illness or infestation.

   (2) Any child showing symptoms of illness or infestation is separated from the group and parents are notified as needed.

   (3) The local or state health department is notified upon discovery of any case of hepatitis, meningitis, Shigellosis, Giardiasis, measles, rubella, whooping cough, tuberculosis, E coli 0157:H7, Salmonellosis, or any Haemophilus influenza invasive disease in any person associated with the center. If a center has concerns about the health of a child, the local or state health department may be contacted.

   (4) Cots, cribs, bedding, and play equipment are cleaned and sanitized after use by an ill child.

   (5) Disposable, nonporous gloves are used to clean up blood, vomit, or body fluids that may contain blood. Disposable gloves are discarded in a closed container immediately after use, and staff wash their hands.

   (6) A commercial sanitizer or a bleach solution of one tablespoon of bleach to one gallon of warm water, made fresh daily, is used to sanitize surfaces whenever needed.

   (7) For diaper-changing surfaces, the solution used is:
(A) one-fourth cup of bleach to one gallon of water;

(B) two tablespoons of bleach to one-half gallon of water;

(C) one tablespoon bleach to one quart of water; or

(D) two teaspoons of bleach to one pint of water.

(8) Parents are notified as soon as possible of children's exposure to a contagious illness or infestation.

(9) Staff with symptoms of a communicable disease or illness are not permitted in the center.

(10) A child's temperature is not taken orally or rectally.

(e) Medication. The requirements pertaining to administering medication are contained in this subsection.

(1) The parent signs an authorization for center staff to administer each medication. Directions are recorded for the proper amount (dosage), including time and days medication is to be administered.

(2) If a child has a chronic medical problem, the parent may sign a medication authorization for up to a nine-month period for prescribed medication to be administered by staff as needed. The child's parents are notified whenever medication is administered.

(3) Prescription medication is not administered unless the medication is a part of a prescribed therapeutic treatment.

(4) Medication is provided by the parent in the original container and labeled with the child's full name.

(5) Staff administers medication according to the label or written doctor's directions and only to the child for whom it is intended.

(6) To avoid duplication, each dosage administered is recorded on individual medication logs by designated staff. Medication logs are readily available to parents.

(7) All medications are inaccessible to children and stored in a manner which
prevents contamination of food.

(8) Medication is either returned to the parent or disposed of properly when it is out-of-date or the child has withdrawn from the center.

(f) **Injuries.** The center:

1. contacts poison control with any suspected child poisonings;
2. notifies parents as soon as possible of any known cuts, burns, animal bites, or injuries that may need evaluation by a physician; and
3. maintains a log or report of all injuries that occur at the program.

(g) **Emergency procedures.** A written emergency procedure for severe injury or acute illness is prominently displayed at the child care center. The emergency procedure includes:

1. administration of first aid and location of the first aid kit;
2. name and telephone number of the emergency service, physician and/or clinic;
3. notification of parent; and
4. notification of Division of Child Care Licensing Services regarding the death of a child while in care or any injury to a child that requires emergency medical attention, in accordance with OAC 340:110-3-5(c)(5)(G) and (H).

(h) **First aid kits.** Readily available first aid kits are maintained in the center and are taken on each field trip.

1. Each kit is a closed container for storing first aid supplies which is accessible to staff at all times but inaccessible to children.
2. First aid kits are restocked as needed.
3. At a minimum, the first aid kit contains:
   - (A) disposable nonporous gloves;
   - (B) blunt-tipped scissors;
(C) tweezers;
(D) a thermometer;
(E) bandage tape;
(F) sterile gauze pads;
(G) rolled flexible or stretch gauze;
(H) non-medicated adhesive strips; and
(I) current standard first aid text or equivalent first aid guide.

(4) First aid kits taken on field trips also include:

(A) liquid soap and water or individually packaged towelettes;
(B) pen or pencil and note pad;
(C) cold pack;
(D) coins for use in a pay phone;
(E) the poison control center telephone number, 1-800-222-1222; and
(F) plastic bags for disposal of items contaminated with blood and/or body fluids.

Revised 10-1-07

(a) **Sponsor.** A part-day children's program may be sponsored by a public or private group or by an individual. It may be operated by public or private community organizations or by private ownership.

(b) **Purpose.** A statement defining the purpose or function of the part-day child care program is filed with the Oklahoma Department of Human Services (OKDHS). The statement includes:

1. the licensed capacity;
2. age of children accepted;
3. hours of operation;
4. type of care; and
5. services offered.

(c) **Responsible agent.** The responsible agent for the different types of child care facilities is given in (1) - (3) of this subsection.

1. A not-for-profit children's program operates under a governing board responsible for developing policies and establishing and maintaining a sound financial structure.
2. A proprietary program's owner is responsible for the policy and financial structure of the program.
3. A public program is created and exists by act of the state, county, city or other political subdivision. The operation shall remain under the control of a governmental agency.

(d) **Notifications.** Requirements pertaining to notifications are contained in this subsection.

1. The items posted in a prominent place where staff, parents, and others may view them are:
   
   (A) the program's license, permit or notice of denial or revocation of license;
(B) name of the person responsible for the program during the director's absence;

(C) notice of the requirement to report suspected child abuse and neglect;

(D) notice prohibiting smoking anywhere in the facility while children are in care;

(E) the daily program schedule;

(F) emergency procedure;

(G) weekly menu of all food provided by the program;

(H) evacuation plan; and

(I) a record of monthly fire drills.

(2) In accordance with Section 7103 of Title 10 of the Oklahoma Statutes, any person who has reason to believe a child has been abused or neglected report the matter promptly to OKDHS. It is a misdemeanor for any person to fail to report.

(3) The program is required to notify Licensing Services on the next working day of:

(A) unscheduled or permanent closing of the program;

(B) a change in the director;

(C) any damage to the facility that affects the amount of useable square footage or compliance with any requirements;

(D) legal action against a program or staff person which pertains to licensing requirements;

(E) any known criminal charges or child abuse investigations involving staff which are pending or have had a disposition;

(F) an accident involving transportation unless there were no injuries and only minor damage to the vehicles;

(G) any injury to a child requiring emergency medical attention; and
(H) the death of a child which occurred while the child was in the program.

(4) The program is required to notify Licensing Services at least 30 days prior to any of the proposed changes listed in paragraphs (A) - (E) of this subsection:

(A) a change in owner(s) or sponsorship;

(B) change in name of the program;

(C) any change or alteration to the physical facility that affects the amount of usable square footage or compliance with any requirements;

(D) anticipated closing or relocation of the program; and

(E) proposed change in the licensed capacity of the program.

(e) Public access to records-Compliance Posting.

(1) The items (A) - (B) are posted within clear view of the main entrance:

(A) OKDHS provided "Notice to Parents";

(B) Form 04CP004E, Notification to Division of Child Care of Child Welfare Investigative Summary, with findings of "Confirmed," for 120 days from the completion of the investigation.

(2) The granted waiver notification for individuals who have criminal histories as defined in section OAC 340:110-3-42(c) are posted in a prominent place for as long as they are employed or living in the facility.

(f) Compliance file. A compliance file that is accessible to staff, parents, and others shall contain:

(1) the most recent child care licensing monitoring report provided by the licensing specialist;

(2) the following documents issued by Child Care Licensing within the last 120 days:

(A) child care licensing monitoring reports and licensing correspondence;

(B) Form 07LC037E, Notice to Comply;
(C) licensing complaints; and

(D) unconfirmed Form 04CP004E, Notification to Division of Child Care of Child Welfare Investigative Summary; and

(3) confirmed Form 04CP004E, Notification to Division of Child Care of Child Welfare Investigative Summary, for one year from the completion of the investigation.

(g) **Effect of change in ownership or location on license.** When changing ownership or location:

(1) the license is not transferable and is returned to **OKDHS**; and

(2) the program is required to meet current licensing requirements.
340:110-3-40. Policy and procedure

Revised 10-1-07

(a) Content. A written statement of the program’s policy and procedure is available to staff and parents and includes, but is not limited to:

(1) a brief program description;

(2) ages of children accepted;

(3) days and hours of operation, including the holidays the program is closed;

(4) fees;

(5) the location and accessibility of the licensing compliance file;

(6) procedure for receiving and releasing children from the program, including a method of verifying the identity of a caller or person picking up a child;

(7) procedure concerning children's personal belongings and money;

(8) procedure for the handling of illnesses and injuries, including procedures when away from the program;

(9) procedure for storing and administering children's medicines;

(10) mandatory reporting of child abuse;

(11) procedure for notifying parents of field trips;

(12) procedure for transportation of children;

(13) procedure for caring for children who arrive late for field trips when that child's group has already left the programs;

(14) meals and snacks, including days when children are on field trips; and

(15) discipline policy.

(b) Personnel policy. When there are more than 10 staff persons, the program is required to provide written personnel policy to staff that includes:
(1) job responsibilities, qualifications and lines of authority; and

(2) staff performance evaluation and termination procedure.

(c) **Access to the program.** Parents of enrolled children are permitted reasonable access to all parts of the program’s physical facility during hours of operation.
340:110-3-49.3. Health

Revised 10-1-07

(a) **Cleanliness.** Staff shall attend promptly to children's personal hygiene needs.

(1) Caregivers shall thoroughly wash their hands with soap and warm, running water:

(A) before handling food;

(B) before feeding children or eating;

(C) after diapering or toileting;

(D) after touching or cleaning up body fluids including wiping noses; and

(E) after handling or feeding pets.

(2) Children shall be encouraged to wash their hands with soap and water before eating, after toileting, after handling pets and after playing outdoors or in sand or water.

(3) When a child over three years of age in diapers is cared for in a room without a diaper-changing area, arrangements shall be made for sanitary diaper-changing, hand-washing and privacy.

(4) A child's wet or soiled clothing shall be changed immediately, and a supply of clean clothing shall be available.

(5) Toys and items that are in contact with children's mouths shall be washed and sanitized after each child's use or as needed. If contaminated by other body fluids, toys and equipment shall be set aside to be washed and sanitized.

(6) Any toilet article, e.g., wash cloths, towels, combs, toothbrushes, shall be individually assigned and stored. Such articles shall not be used jointly by or on children.

(b) **Health records.** Upon admission of their child to a part-day program, parents shall be required to submit the child's immunization record, a listing of special health needs and the name of the child's physician.
(c) **Immunizations.** The program shall comply with the requirements pertaining to immunizations contained in this subsection.

(1) Children shall have or be in the process of obtaining all required immunizations at the medically appropriate time. However, if a program chooses to accept a child for whom an exemption is claimed, documentation of the exemption shall be kept on file at the facility.

(2) As a general rule, healthy children between the ages of fifteen months and five years of age require at least:

   (A) three doses of polio vaccine;

   (B) four doses of DTP vaccine;

   (C) one to four doses of HbCV (HIB) (depending on the child's first dose of HbCV); and

   (D) one dose each of measles, mumps and rubella vaccines administered on or after the first birthdate.

(d) **Disease control.** At the time of enrollment, each program shall inform parents of the policy regarding ill children.

(1) Each child shall be carefully observed by staff members for symptoms of illness or infestation.

(2) Any child showing symptoms of illness or infestation shall be separated from the group. Parents or the child's physician shall be notified as needed.

(3) The local or state health department shall be notified upon discovery of any case of hepatitis, meningitis, Shigellosis, Giardiasis, measles, rubella, whooping cough, tuberculosis or any Hemophilus influenza invasive disease in any person associated with the program. If a program has concerns about the health of a child, the local or state health department may be contacted.

(4) Any cot or crib, bedding and play equipment shall be cleaned and sanitized following use by an ill child.

(5) Staff shall use disposable, nonporous gloves when cleaning up blood, vomit or body fluids that may contain blood. Disposable gloves shall be discarded immediately after use, and hands shall be washed.
(6) A commercial disinfectant or a bleach solution of two teaspoons of bleach to one gallon of water, made fresh daily, shall be used to disinfect surfaces whenever needed. For diaper changing the solution shall be two teaspoons of bleach to one-half gallon of water or one teaspoon bleach to one quart of water or one-half teaspoon of bleach to one pint of water.

(7) Parents shall be notified as soon as possible if their children have been exposed to a contagious illness.

(8) Staff persons with symptoms of a communicable disease or illness shall not be present in the program.

(e) Medication. The program shall comply with the requirements pertaining to medication contained in (1)-(8) of this subsection.

(1) When a child needs medication, the parent shall sign an authorization for the program to administer each medication. Directions for the proper amount (dosage), and time and days medication is to be administered shall be recorded.

(2) If a child has a chronic medical problem, the parent may sign a medication authorization for up to a six-month period for prescribed medication to be given when symptoms occur. However, parents shall be notified whenever medication is administered.

(3) No prescription medication shall be given unless the medication being administered is a part of a prescribed therapeutic treatment.

(4) Medication shall be provided by the parent in the original container and labeled with the child's full name.

(5) Staff shall administer medication according to the label directions and only to the child for whom it is intended.

(6) To avoid duplication, each dosage administered shall be recorded by designated staff and the records readily available to parents.

(7) All medications shall be inaccessible to children and stored in a manner which prevents contamination of food.

(8) When medication is out-of-date or the child has withdrawn from the program, the medication shall be returned to the parent or disposed of properly.
(f) **Injuries.** The program shall:

1. contact poison control with any suspected child poisonings;
2. Notify parents as soon as possible of any known cuts, burns, animal bites or injuries that may need evaluation by a physician; and
3. maintain a log or report of all injuries that occur at the program.

(g) **Emergency procedure.** Emergency procedure for severe injury or acute illness shall be written and prominently displayed in the facility. The emergency procedure shall contain the steps to be taken in case of emergency, including:

1. administration of first aid and location of the first aid kit;
2. name and telephone number of the emergency service, physician and/or clinic;
3. notification of parent; and

(h) **First aid kits.** Readily available first aid kits shall be maintained in the program as well as on each field trip away from the facility.

1. Each kit shall be a closed container for storing first aid supplies, accessible to staff at all times but inaccessible to children.
2. First aid kits shall be restocked as needed.
3. The first aid kit shall contain at least:
   - (A) disposable nonporous gloves;
   - (B) scissors, blunt-tipped;
   - (C) tweezers;
   - (D) thermometer;
   - (E) bandage tape;
(F) sterile gauze pads;
(G) rolled flexible or stretch gauze;
(H) non-medicated adhesive strips;
(I) current standard first aid text or equivalent first aid guide; and

(4) First aid kits taken on field trips shall also include:
(A) liquid soap and water or individually packaged towelettes;
(B) pen/pencil and note pad;
(C) cold pack;
(D) coins for use in pay phone; and
(E) poison control center telephone number.
340:110-3-81. Definitions

Revised 10-1-07

The following words and terms, when used in this Subchapter, have the following meaning, unless the context clearly indicates otherwise:

"Assistant caregiver" means a person at least 16 years of age who assists the caregiver in caring for children.

"Child" means a person younger than 18 years of age.

"Department" means the Oklahoma Department of Human Services (OKDHS).

"Family child care home" means a family home that provides care and protection for seven or fewer children for part of the 24-hour day.

"Infant" means a child younger than 12 months of age.

"Large family child care home" means a residential family home that provides care and supervision for eight to twelve children for part of the 24-hour day.

"Parent" means any adult who is legally responsible for the child, such as a mother, father, grandmother, grandfather, aunt, uncle, or legal guardian.

"Primary caregiver" means the caregiver who is present in the child care home and is responsible for the day-to-day operation of the program.

"Substitute caregiver" means a person who is designated by the primary caregiver to provide substitute child care for short periods of time.

"Toddler" means a child 12 months up to 24 months of age.

"Relative" means a person with the relationship, whether by marriage, blood, or adoption, of:

(A) parent;
(B) grandparent;
(C) brother;
(D) sister;
(E) step-parent;
(F) step-sister;
(G) step-brother;
(H) uncle;
(I) aunt; or
(J) cousin.
340:110-3-82. Necessity and issuance of license

Revised 10-1-07

(a) **License required.** No child care facility may be legally operated or maintained in the State of Oklahoma after June 20, 1964, unless licensed by the Oklahoma Department of Human Services (OKDHS).

(b) **Application for license.** Application for license is made on forms provided by OKDHS and in the manner prescribed.

(c) **License issued.** In order to provide care for children in a child care facility, a license is obtained from OKDHS that is issued on the basis of meeting minimum requirements essential for the health, safety, and well-being of the children in care.

   (1) The license granted applies to the ownership and location specified at the time of licensing. If ownership or location changes, OKDHS is notified.

   (2) The license is not transferable.

   (3) A provisional license may be issued to any applicant whose services are needed but who is temporarily unable to conform to all the rules and regulations.

   (4) The license is in force until the facility closes or the license is revoked.

(d) **Application denied or license revoked.** OKDHS may deny an application or revoke a license if the applicant or licensee violates any provision of the Oklahoma Child Care Facilities Licensing Act, Section 401 et seq. of Title 10 of the Oklahoma Statutes, or rules of the Commission for Human Services.

   (1) No application is denied or license revoked unless the licensee is given 30 days notice in writing of the grounds for the proposed denial or revocation.

   (2) If the denial or revocation is protested within 30 days of receipt of the written notice, a hearing is conducted at which the licensee is given the opportunity to present testimony.

   (3) When OKDHS denies an application or revokes a license, the sole proprietor, corporation, limited liability company, partnership, or responsible entity cannot make application for a new child care facility license within Oklahoma per OKDHS Appendix L-7, Ownership Proof Chart:
(A) following notification to the agent of the application denial or license revocation;

(B) during the appeal process; and

(C) for five years following closure of the family child care home.
340:110-3-84. Ages and number of children

Revised 10-1-07

(a) **Total number of children.** The maximum number of children in care at one time, whether on or off the premises, does not exceed the number of children specified on the license. The total number of children in a family child care home is limited to seven, that includes:

1. children **younger than** five years of age who live in the home and are present in the home while children are in care;

2. foster children **12** years of age and younger who live in the home and are present in the home while children are in care; and

3. the children of any substitute or assistant caregiver.

(b) **One caregiver.**

1. When only one caregiver is present, the total number and ages of children that may be in care at any one time are:

   (A) seven children, with no more than two children **younger than** two years of age;

   (B) six children, with no more than three children **younger than** two years of age; or

   (C) five children of any age.

2. Examples of number and ages of children are presented in this paragraph.

<table>
<thead>
<tr>
<th>Total Number of Children in Care</th>
<th>Under 2 Years</th>
<th>2 Years and Older</th>
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(c) **Two caregivers.** Two caregivers must be present and providing care when:
(1) seven children are in care and more than two children are younger than two years of age; or

(2) six children are in care and more than three children are younger than two years of age.

(d) Additional staff provisions are made for enrollment of children with disabilities who require individual attention.
(a) **Responsibilities of caregivers.** Responsibilities of caregivers are outlined in this subsection.

1. **Primary caregiver.** The primary caregiver is present in the home at least 80 percent of weekly operating hours and is responsible for the day-to-day operation of the program. The sole proprietor must be the primary caregiver.

2. **Care and supervision.** The caregiver provides care and supervision of children at all times, both indoors and outdoors. Supervision of children means observing, overseeing, and guiding a child or group of children including:

   - (A) awareness of and responsibility for the ongoing activity of each child and being near enough to intervene if needed; and
   - (B) frequent observation of children in cribs and playpens.

3. **Supervision of outdoor play.** In addition to the requirements in (2) of this subsection, the caregiver remains outdoors with children at all times to ensure their safety when:

   - (A) there is a potentially hazardous situation such as a pool on the premises or a trampoline in the outdoor play area;
   - (B) there is access to a dog(s) outdoors;
   - (C) there are children three years of age or younger present; or
   - (D) the outdoor area is not completely fenced.

4. **Supervision of overnight care.** If children are in care overnight and more than one caregiver is required due to the ages and number of children present, at least one caregiver must be awake at all times.

5. **Assistant and substitute caregivers.** If the primary caregiver employs a person to assist with the care of children or to provide care and supervision in the primary caregiver’s absence, the primary caregiver ensures that the assistant or substitute caregiver is qualified and understands and complies with requirements.
(A) **Required records.** Prior to employment, a staff information form provided by Oklahoma Department of Human Services (OKDHS) is completed and three references are verified. References from relatives are not accepted. Personnel records on all assistant and substitute caregivers are maintained at the home and made available to licensing staff upon request.

(B) **Assistant caregiver.** If an assistant caregiver is employed to meet the required staff to child ratio, the assistant caregiver must be a responsible, mature, healthy person at least 16 years of age. The caregiver is prohibited from leaving children alone in the care of any person younger than 18 years of age.

(C) **Substitute caregiver.** A substitute caregiver, at least 18 years of age, is available to provide care for short periods of time in the absence of the caregiver.

   (i) The substitute caregiver may be used in emergency situations and occasionally in non-emergency situations. In non-emergency situations, the caregiver must notify parents in advance that the substitute will be caring for their child at these times.

   (ii) The name, address, and telephone number of the substitute is provided to OKDHS and is posted with the other required emergency numbers in the family child care home.

(6) **Realistic expectations.** The caregiver demonstrates a capacity for setting realistic expectations for behavior and performance based on the age, abilities, and special needs of the children.

(7) **Constructive influence.** The caregiver's family members and others living in the home accept the children in care and provide constructive influence. There must be indication of a stable and harmonious home life.

(8) **Hazards.** The caregiver recognizes and acts to correct hazards to children's safety, both indoors and outdoors.

(9) **Child abuse reporting.** The primary caregiver, assistant caregiver, and substitute caregiver immediately report any suspicion of child abuse or neglect to the local OKDHS office or the Statewide Child Abuse Hotline, 1-800-522-3511. Failure to report is a misdemeanor offense and upon conviction is punishable by law.

(10) **Notification of Licensing Services.** The primary caregiver notifies Licensing Services:
(A) within 24 hours of the death of a child in care;
(B) within 24 hours of any accident involving transportation unless there were no injuries and only minor damage to the vehicles;
(C) within 24 hours of any injury to a child requiring emergency medical attention;
(D) within 24 hours of any remodeling, changes, or damage to the physical facility that affect compliance with any requirement;
(E) within 24 hours of any known arrest, criminal investigation, criminal charges, or child abuse investigations involving persons who live in the home, provide care, or assist with the care of children;
(F) within 24 hours of any legal action against a caregiver that involves or affects a child in care or the operation of the family child care home;
(G) within 24 hours when an animal bites a child and the skin is broken;
(H) within five days when a person moves into the home; and
(I) at least 30 days in advance of a move from one residence to another unless an emergency exists. The new home must comply with minimum licensing requirements.

(11) Posting of license. The permit or license is displayed in the home.

(12) Other employment. The caregiver is prohibited from conducting business in the home during the hours children are in care. The primary caregiver is not employed outside the home during the hours of child care.

(13) Foster care. The caregiver may not provide therapeutic foster care. The caregiver may provide foster care only with prior written approval from OKDHS Licensing Services for each child placement.

(A) The written approval includes the number and ages of foster children.

(B) Foster children 12 years of age and younger are counted in the capacity of the family child care home.

(14) Inactive care. A primary caregiver is determined to be in inactive status when care has not been provided for more than 90 consecutive days.
(A) Prior to resuming care, the caregiver must notify OKDHS Licensing Services to verify compliance with family child care home requirements.

(B) If care has not been provided for more than 12 consecutive months, the family child care home is closed and must reapply and be approved for a license prior to resuming care.

(b) Qualifications of caregivers. Qualifications of caregivers are described in this subsection.

(1) General. The caregiver is a responsible, mature, healthy adult who is capable of understanding and complying with minimum licensing requirements and meeting the needs of the children in care. The caregiver demonstrates good judgment, as evidenced by prudent and responsible behavior that reasonably ensures the health, safety, and well-being of children in care.

(A) Primary caregivers applying for a license after October 1, 2007 are at least 21 years of age.

(B) Primary caregivers applying for a license after October 1, 2007 have obtained a high school diploma or General Educational Development (GED).

(C) All caregivers left alone with children have the ability to read and write for keeping required records, reading the licensing requirements, and administering medication.

(D) All caregivers cooperate with licensing staff during monitoring visits and OKDHS investigations.

(2) Health. The requirements relating to the health of the caregiver, assistant caregiver and members of the household are contained in (A) - (C) of this paragraph.

(A) General health. All caregivers and all members of the household where licensed care is provided must be in good physical, mental, and emotional health. If it is reported or observed that a caregiver or household member has a physical, mental, or emotional condition that could negatively impact the care of children, a physician's statement is requested.

(B) Tuberculosis testing. The need for tuberculin skin testing of employees is based upon a local identified tuberculosis exposure, the degree of risk of transmission of latent tuberculosis infection, the impact to public health and
safety, and the specific recommendations of the Oklahoma State Department of Health.

(C) **Immunizations.** There is documentation verifying that all children living in the home have or are in the process of obtaining the required immunizations at the medically appropriate time. The schedule for required immunizations is found in Supplement IX of OKDHS Publication No. 86-104, Licensing Requirements for Family Child Care Homes and Large Family Child Care Homes.

(3) **References.** The primary caregiver submits to child care licensing the names of three references other than relatives, which may include a personal or family physician.

(c) **Background investigations and restrictions for caregivers.** The requirements for background investigations and restrictions for caregivers are contained in paragraphs (1) - (6).

(1) **Criminal history investigations.**

   (A) Criminal history investigations are required for:

   (i) all adults living in the home; and

   (ii) each substitute and assistant caregiver, prior to caring for children.

   (B) Criminal history investigations are not required for:

   (i) persons who have documentation of a criminal history investigation within the last 12 months;

   (ii) provider's children who become 18 years of age during continuous residence in the home; and

   (iii) a parent volunteer who transports children on an irregular basis.

   (C) Criminal history investigations must be obtained from:

   (i) the Oklahoma State Bureau of Investigation (OSBI); and

   (ii) the appropriate agency in the previous state of residence if the person has resided in Oklahoma less than one year.
(D) The OSBI report must include a search of the Department of Corrections files maintained by the OSBI pursuant to the Sex Offenders Registration Act.

(2) **Child abuse registry check.** A child abuse registry check is conducted on all persons who sign the license application. A confirmed allegation of child abuse or neglect is considered when evaluating the qualifications of the applicant and the safety and well-being of the children in care.

(3) **Restrictions.** Persons who have pending charges or are convicted of or enter a plea of guilty or nolo contendere, no contest, to certain crimes cannot be licensed to care for children, live in a family child care home, provide care for children, or be a substitute or assistant caregiver, or be on the premises when children are in care. Those crimes include:

(A) violence against a person;

(B) child abuse or neglect;

(C) possession, sale, or distribution of illegal drugs;

(D) sexual misconduct;

(E) gross irresponsibility or disregard for the safety of others;

(F) animal cruelty; or

(G) a pattern of criminal activity.

(4) **Request for waiver.** A primary caregiver may request a waiver from the requirement described in paragraph (3). A waiver may not be requested or granted to any person who has been convicted of a sex offense pursuant to the Sex Offenders Registration Act. [50 O.S. § 581]

(A) The waiver request is made in writing to OKDHS and considered by the statewide licensing coordinator in Licensing Services.

(B) The person for whom the waiver is requested cannot be on the premises when children are in care while a decision is pending.

(C) The person for whom the waiver has been denied cannot be on the premises when children are in care.
(5) **Endangerment of children.** A person whose health or behavior would endanger the health, safety or well-being of children is not permitted to live in the home or be on the premises when children are in care.

(6) **Alcohol, drugs, medication.** When children are in care, no caregiver is under the influence of:

(A) alcohol or illegal drugs; or

(B) medication that impairs functioning.

(d) **Training requirements.** Training requirements for caregivers are contained in (1) - (3) of this subsection. The training listed in paragraphs (2) through (3) is required prior to issuance of the initial permit.

(1) **General.** The primary caregiver is required to complete 12 clock hours of training annually through workshops, formal training, videos, or individual job-related readings. Annually, no more than six hours of videos or individual job-related readings is counted toward the required 12 hours.

(2) **CPR and first aid training.** Prior to issuance of the initial permit, the primary caregiver and any person who cares for children alone must have documentation, which is maintained by the caregiver at the facility, of current completed training in cardiopulmonary resuscitation (CPR), including infant and child, and first aid.

(A) CPR training must be conducted by a person certified as an instructor through the:

(i) American Red Cross;

(ii) Emergency Medical Services (EMS) Safety Services;

(iii) Emergency Care and Safety Institute;

(iv) American Heart Association or American Heart sponsored CPR for Family and Friends; or

(v) American Safety and Health Institute.

(B) First aid training must be conducted by a person certified as a first aid instructor, or a health professional using a curriculum from an OKDHS approved source, through:
(i) Emergency Medical Services for Children (EMSC) First Care;

(ii) American Red Cross;

(iii) EMS Safety Services;

(iv) Emergency Care and Safety Institute;

(v) American Heart Association;

(vi) American Safety and Health Institute;

(vii) American Academy of Pediatrics First Aid for Caregivers and Teachers (PedFACTs); or

(viii) other OKDHS approved source.

(3) Health and safety training. Prior to issuance of the initial permit the primary caregiver obtains training in:

(A) disease and injury prevention measures;

(B) use of a fire extinguisher; and

(C) health and safety issues, including:

   (i) shaken baby syndrome;

   (ii) Sudden Infant Death Syndrome (SIDS);

   (iii) car seat safety;

   (iv) safeguarding the home;

   (v) immunizations;

   (vi) the definition, identification, and mandatory reporting of child abuse and neglect; and

   (vii) behavior and guidance methods.
340:110-3-86. Home environment

Revised 10-1-07

(a) **Physical conditions.**

(1) **Accessibility to licensing staff.** All areas of the home are accessible to licensing staff.

(2) **Indoor space.** There is minimum indoor space available for routine use by children in child care of not less than 35 square feet per child exclusive of hallways, bathrooms, kitchen, and space not intended for children’s use. Rooms used exclusively for napping are not counted toward the capacity.

(3) **Maintenance.** The home is in a good state of repair and maintained in a clean and sanitary condition, with operable utilities.

(4) **Toilet facilities.** The home has:

   (A) a sink with comfortably warm or tempered running water with the temperature not to exceed 120 degrees Fahrenheit;

   (B) an operable toilet available for children’s use;

   (C) soap for hand-washing and individual use towels; and

   (D) toilet paper within easy reach of children.

(5) **Hazards.** The premises are free of hazards, indoor and out.

   (A) All medicines, cleaning products, hazardous items, and smoking materials are inaccessible to children.

   (B) The premises are free of illegal drugs and paraphernalia.

   (C) Clear glass doors are plainly marked at the child's eye level to avoid accidental impact.

   (D) All stairways with four or more steps have a railing. Indoor stairways are made inaccessible when infants and toddlers are in care.

(6) **Weapons.** All weapons are stored unloaded in a locked container, cabinet, or
closet. Ammunition is stored in a locked area separate from weapons.

(7) **Trampolines.** The use of trampolines by children in care is prohibited.

(8) **Lighting and ventilation.** Rooms used by children are lighted enough to accommodate activities with comfort and allow the caregiver to see children’s facial features at all times. Rooms used by children are ventilated.

(9) **Tobacco products.** When children are in care, smoking is prohibited inside the home and in the presence of children. Other tobacco products are not used in the presence of children or in areas designated for children's use. Parents are informed upon enrollment of the presence of smokers in the home.

(10) **Indoor temperature.** The indoor temperature is maintained between 65 and 80 degrees Fahrenheit.

(11) **Screens.** When windows or doors are kept open, screens are maintained to minimize the entry of insects.

(12) **Outdoor play safety.** There is an outdoor play area on the premises of not less than 75 square feet per child.

   (A) This area must be hazard free, away from traffic, water, and other dangers.

   (B) A fence beginning at ground level that is in good repair is required. OKDHS may grant an exception when the safety of children can be ensured.

(13) **Outdoor play.** Children play outdoors daily when weather conditions do not pose a significant health risk.

(14) **Fire safety.** The home complies with all fire safety requirements, per OAC 340:110-3-97.

(15) **Water supply and waste disposal.** Water supply, sewage disposal, and solid waste disposal meet local city ordinances and Oklahoma Department of Environmental Quality regulations.

(16) **Water testing.** When not on a public water supply, water is tested initially and annually for lead, bacteria, and nitrates.

(17) **Questionable conditions.** If the fire, safety, or health conditions are questionable, the appropriate state or local agency is requested to inspect the
(b) **Water safety.**

(1) **Supervision.** Any play activity that involves water is supervised constantly.

(2) **Accessibility of ponds, pools, and hot tubs.** No ponds, pools, or hot tubs are left accessible to children.

(3) **Fencing.** Pools are fenced to prevent unsupervised access. All doors and gates leading to the pool are locked. There is:

   (A) a sturdy fence at least four feet high that cannot be easily climbed; or

   (B) a fence that connects to the top of an above-ground pool and extends two feet above the pool.

(4) **Wading pools.** The use of portable wading pools is prohibited.

(5) **Swimming.** In accordance with Oklahoma law, swimming pools used by the child care home are considered public bathing places and must be in compliance with the water quality, occupancy, and fencing standards in Design Standards and Operational Criteria for Public Bathing Places, Oklahoma State Department of Health Engineering Bulletin. This includes wading pools, water parks, in-ground pools, and above-ground pools. When children swim in a pool:

   (A) the caregiver is at or in the water and is appropriately dressed to enter the water at any time;

   (B) a person with a Community Water Safety Certificate or a comparable certificate as approved by OKDHS is in attendance at all times; and

   (C) the adult to child ratio for:

   (i) infants and toddlers is one adult to one child. This adult is not counted in any other adult-child ratios. The adults remain in direct physical contact with infants at all times during swimming or wading; and

   (ii) children two years and older is in accordance with OAC 340:110-3-84(a) through (d) for family child care homes and 340:110-3-97.1(e) for large family child care homes. When four or more children are two years of age through three years of age, one additional adult is required.
(6) **Restrictions.**

   (A) The use of hot tubs by children in care is prohibited. The hot tub must be equipped with a hard cover.

   (B) Swimming and wading is not permitted at a lake, pond, or other body of water.

(c) **Animals and household pets.**

   (1) Patrons are advised of the presence of animals.

   (2) Animals are in good health, do not show evidence of carrying disease, are friendly, and do not present a threat to the health, safety, and well-being of children.

   (3) All contact between animals and children is supervised by a caregiver who is close enough to remove the child immediately if the animal shows signs of distress or the child shows signs of treating the animal inappropriately.

   (4) Documentation of current rabies vaccinations administered by a licensed veterinarian for dogs and cats is filed on the premises.

   (5) Ferrets, turtles, and any wild or dangerous animals are kept in an area that is inaccessible to children.

   (6) Reptiles such as crocodiles, alligators, poisonous snakes and lizards, pythons, and boa constrictors are not kept on the premises.

   (7) Animals are restricted from areas where food is prepared or served and from children's sleeping surfaces.

   (8) Animal litter boxes are not located in food preparation areas and are not easily accessible to children in other areas of the home.

   (9) Outdoor play areas are cleaned of animal waste before children play outside.

   (10) If an animal bites a child and the skin is broken, the child's parent is contacted immediately. The licensing staff and the county or state department of health are notified within 24 hours.

(d) **Emergency procedures.** The caregiver is familiar with emergency procedures.
(1) There is a planned source of medical care, such as a hospital emergency room, clinic, or other medical facility or physician acceptable to parents.

(2) The caregiver has emergency transportation available.

(3) The home has an operable telephone. Emergency information posted next to the telephone includes:

   (A) address of the home;
   (B) physician or clinic;
   (C) fire department;
   (D) police department;
   (E) poison control, 1-800-222-1222; and
   (F) substitute caregiver.

(4) First aid supplies are available in the home but made inaccessible to children. Supplies include:

   (A) thermometer;
   (B) disposable nonporous gloves;
   (C) blunt-tipped scissors;
   (D) tweezers;
   (E) bandage tape;
   (F) sterile gauze;
   (G) non-medicated adhesive strips; and
   (H) current standard first aid text or equivalent first aid guide.

(5) Fire and tornado drills are conducted monthly. A record of the drills is maintained at the home.
(6) The primary caregiver has a written plan for reporting and protecting from outside threats, and evacuating in case of fire, flood, tornado, blizzard, power failure, or other natural or man-made disaster that could create structural damage to the facility or pose health hazards.

(7) Caregiver contacts poison control with any suspected child poisonings.

(e) **Overnight care.** Overnight care can only be provided by a caregiver who is licensed at his or her primary residence.
340:110-3-87. Transportation

Revised 10-1-07

(a) **Driver qualifications.** All drivers must:

1. be at least 21 years old;
2. have an operator's license of the type appropriate for the vehicle that is valid in the driver's state of residence;
3. have no conviction within the last three years of driving under the influence of alcohol or drugs or other impaired driving offense; and
4. if driving a vehicle designed to transport ten or more passengers, complete training specific to the safe operation of that type of vehicle within three months of providing transportation to children.

(b) **Written permission.** The primary caregiver maintains on file written permission from the parent or guardian to transport children.

(c) **Verifications.** The vehicle is covered by liability insurance.

(d) **Records.** The driver is provided the names of the children being transported and a method to contact the children's parents or guardians in case of an emergency.

(e) **Passenger restraints.** Children transported are properly secured in a child passenger restraint system (car seat) or individual seat belt, in compliance with applicable state law, per Section 11-1112 of Title 47 of Oklahoma Statutes.

1. The car seat is:
   - (A) federally approved;
   - (B) installed according to the manufacturer's instructions;
   - (C) appropriate to the height, weight, and physical condition of the child, according to the manufacturer's instructions; and
   - (D) properly maintained.

2. Each seat belt:
(A) is properly anchored to the vehicle; and

(B) fits snugly across the child's hips or securely anchors the car seat.

(3) Children age 12 years and younger are prohibited from sitting in the front seat of an airbag equipped passenger vehicle unless an airbag cut off switch is installed and activated or if the vehicle has airbags equipped with weight sensitive devices. If a child 12 years of age or younger must be placed in front of an air bag, because all other positions are taken, it must be a child whose age and weight requires a forward facing harness seat.

(f) **Vehicle requirements.** All vehicles used to transport children have:

(1) door locks. Doors are kept locked when the vehicle is moving;

(2) a first aid kit as described in OAC 340:110-3-86(d)(4); and

(3) an operable heater, capable of maintaining a temperature of 65 degrees Fahrenheit in the vehicle, and a ventilation system.

(g) **Supervision and safety.**

(1) Children are never left unattended.

(2) Safe conduct to and from all vehicles and safe off-street loading space is provided to protect children from:

(A) backing vehicles;

(B) being between vehicles; and

(C) all traffic hazards.
340:110-3-88. Records

Revised 10-1-07

(a) General requirements. Children's records are kept on forms provided by the Oklahoma Department of Human Services (OKDHS) or on forms containing the same information. Records are kept current and easily accessible. OKDHS staff is allowed access to all records.

(b) Caregiver records. Records on all caregivers, including the primary caregiver, assistant caregivers, and substitute caregivers, are completed and maintained in the home. Records include:

1. staff information forms provided by OKDHS;
2. criminal history investigations with records maintained in a confidential manner;
3. documentation of training; and
4. attendance records for each caregiver that reflect days and hours worked and are maintained on file for 120 days.

(c) Identification and health records. Identification and health records include:

1. the child's name, date of birth, name of parent(s), home address, parents' place of employment, and telephone numbers;
2. the names and telephone numbers of responsible persons to contact in an emergency if a parent cannot be located promptly;
3. permission of a parent authorizing the caregiver to transport the child to emergency medical care;
4. names and relationships of persons authorized to pick up the child;
5. health information, including record of immunizations;
6. name, address, and telephone number of the child's physician;
7. medication and transportation permission, if applicable; and
8. date child began care.
(d) **Attendance records.** Daily attendance records, including arrival and departure times, are maintained for each child and maintained on file a minimum of 120 days.

(e) **Public access to records-Compliance Posting.**

1. The items listed in (A) - (B) are posted within clear view of the main entrance:
   
   (A) OKDHS provided "Notice to Parents"; and
   
   (B) Form 04CP004E, Notification to Division of Child Care of Child Welfare Investigative Summary, with findings of "Confirmed," for 120 days from the completion of the investigation.

2. The granted waiver notification for individuals who have criminal histories as defined in OAC 340:110-3-85(c) are posted in a prominent place for as long as they are employed or living in the facility.

(f) **Compliance file.** A compliance file that is accessible to staff, parents, and others shall contain:

1. the most recent child care licensing monitoring report provided by the licensing specialist;

2. the following documents issued by Child Care Licensing within the last 120 days:
   
   (A) child care licensing monitoring reports and licensing correspondence;
   
   (B) Form 07LC037E, Notice to Comply;
   
   (C) licensing complaints; and
   
   (D) unconfirmed Form 04CP004E, Notification to Division of Child Care of Child Welfare Investigative Summary; and

3. confirmed Form 04CP004E, Notification to Division of Child Care of Child Welfare Investigative Summary, for one year from the completion of the investigation.
340:110-3-89.1. Parent communication

Revised 10-1-07

(a) Policy. A written statement of the caregiver's business policy is provided to parents, including:

(1) the location and accessibility of the licensing compliance file;

(2) days and hours of operation, including the holidays the program is closed;

(3) procedure for:

   (A) receiving and releasing a child from care, including a method of verifying the identity of a caller or person who picks up a child;

   (B) notifying parents if a concern exists when a child does not arrive as scheduled;

   (C) handling illness and injuries;

   (D) storing and administering children's medication;

   (E) notifying parents of field trips; and

   (F) transporting children;

(4) care of ill children;

(5) mandatory reporting of child abuse or neglect; and

(6) behavior and guidance policy.

(b) Well-being of the child. The caregiver informs parents of the child's physical and emotional well-being.

(c) OKDHS child care information. Oklahoma Department of Human Services (OKDHS) Publication No. 87-91, The Parent's Guide to Selecting Quality Child Care, is made available to parents upon their child's enrollment.

(d) Access to the home. Parents are provided access to all areas of the home used for child care during the hours that children are in care.
340:110-3-90. Child health

Revised 10-1-07

(a) Immunizations. Children have or are in the process of obtaining all required immunizations at the medically appropriate time. Supplement IX of Oklahoma Department of Human Services (OKDHS) Publication No. 86-104, Licensing Requirements for Family Child Care Homes and Large Family Child Care Homes, contains a list of the required immunizations and the recommended immunization schedule.

(b) Medication.

(1) Original container. Medications must be provided by the parent in the original container and clearly labeled with the child’s name and directions.

(2) Parental permission. Medication is accompanied with written dated permission from the parent giving the exact dosage and times to be administered.

(3) Records. To avoid duplication, each dosage administered is recorded by the caregiver and the record is readily available to parents.

(4) Storage. All medications are properly stored separately from food and kept in a safe place out of children’s reach.

(5) Medication injections. When medication is administered by injection, the requirements in this paragraph apply.

(A) Syringes, needles, and lancets are only used one time.

(B) Approved sharps containers are used for any medical waste that is sharp or could cause a cut or wound. Examples include syringes, needles, and lancets used to administer insulin or test blood sugar.

(C) When the container is full, arrangements for disposal are made with the local pharmacy, county health department, or personal physician.

(c) Ill children.

(1) Contagious illness. Any child showing symptoms of contagious illness is separated from the group.
(2) **Disease control.** The local or state health department is notified upon discovery of any case of hepatitis, meningitis, Shigellosis, Giardiasis, measles, rubella, whooping cough, tuberculosis, E coli 0157:H7, Salmonellosis, or any Haemophilus influenza invasive disease in any person associated with the family child care home.

(3) **Notification of parents.** Parents of the ill child are notified as symptoms develop or change.

(4) **Decision to provide care.** When symptoms of illness are present, the primary caregiver determines whether to provide care for the child, based upon the apparent degree of illness, other children present, and facilities available to provide care for the ill child.

(d) **Cleanliness.**

(1) **Handwashing - caregivers.** Caregivers wash their hands with soap and running water:

   (A) prior to food preparation;
   
   (B) before feeding children or eating;
   
   (C) after diapering or toileting;
   
   (D) after touching or cleaning up body fluids, including wiping noses; and
   
   (E) after handling or feeding pets.

(2) **Handwashing - children.** Caregivers ensure that children wash their hands with soap and running water:

   (A) before eating;
   
   (B) after toileting;
   
   (C) after handling pets;
   
   (D) after playing outdoors; and
   
   (E) after wiping their noses.

(3) **Handwashing supplies.** Soap and clean individual or paper towels are easily
accessible to the caregiver and children for handwashing.

(4) **Children's clothing.** A child's clothing is changed immediately following a toileting accident or in other situations when clothing becomes unsanitary. Soiled clothing is placed in a sealed, moisture-proof bag and sent home.
340:110-3-91. Daily routine and equipment

Revised 10-1-07

(a) **Program.** The caregiver provides a balanced program of opportunities for learning, indoor and outdoor play, rest periods, and meals.

(b) **Media use.** Television, videos, computers, and video games, if used, are age-appropriate and used with discretion and selectivity.

(c) **Play equipment.** A variety of indoor and outdoor play equipment that meets the varied developmental needs and interests of children in care is readily accessible.

   (1) Equipment must be available from the categories of:

   (A) art supplies;

   (B) books;

   (C) large muscle equipment;

   (D) musical equipment;

   (E) blocks and accessories;

   (F) dramatic play materials;

   (G) manipulative toys; and

   (H) science materials.

   (2) Equipment is maintained in good working condition and is clean, safe, and free from rough edges, sharp corners, pinch and crush points, splinters, and exposed nails or bolts.

   (3) Outdoor equipment, such as swings, slides, and climbing apparatus, is not located on a hard surface.

   (4) Equipment not designed to be portable is anchored firmly to the ground.

   (5) All equipment is placed in a safe location.
(d) **Tables and chairs.** Tables and chairs that ensure children's safety and comfort are provided for meals and snacks.
340:110-3-91.1. Rest time

Issued 10-1-07

(a) **Place to rest.**

(1) Each child has an appropriately sized, individual place to rest, such as a crib, playpen, bed, cot, or mat, with clean individual bedding. The place to rest is maintained in a clean and sanitary condition and in good repair.

(2) Waterbeds, sofas, soft mattresses, bassinettes, stacked cribs, pillows, beanbag chairs, and other soft surfaces are prohibited as infant sleeping surfaces.

(b) **Mats.** Mats are not used for overnight care. When used for napping, each mat is:

(1) at least two inches thick and covered with a fitted, durable, washable, waterproof material; and

(2) only used on clean carpeted surfaces.

(c) **Cribs and playpens.** A crib, port-a-crib, or playpen with a firm waterproof mattress or pad and a tight-fitting sheet is used for each child younger than one year of age.

(d) **Crib, port-a-crib, and playpen safety features.**

(1) Cribs, port-a-cribs, and playpens with more than 2 and 3/8 inches between slats or between the side and end panels are not allowed.

(2) Cribs with decorative cutout areas in crib-end panels or tall decorative knobs on the corner posts, that can entrap the child’s head or catch the child’s clothing, are not allowed.

(3) Mattresses must be tight-fitting with no more than one inch between the mattress and crib.

(4) Drop-side latches hold sides securely and are not accessible by the child in the crib.

(5) Pillows, quilts, comforters, sheepskins, stuffed toys, bumper pads, and other soft products are not permitted in infant cribs, playpens, or port-a-cribs.

(e) **Sleep positioning.**
(1) To reduce the risk of Sudden Infant Death Syndrome (SIDS), infants younger than 12 months of age are placed on their back for sleeping unless there is a medical reason documented by a doctor, the infant should not sleep in this position. Documentation is maintained at the facility.

(2) Infants who are able to turn themselves over are placed initially on their back for sleeping but allowed to sleep in a position they prefer.

(3) Children's heads and faces are not covered.
340:110-3-92. Behavior and guidance

Revised 10-1-07

(a) Positive guidance. Discipline is constructive and educational in nature and appropriate to the child's age and circumstances. The caregiver:

(1) recognizes and encourages acceptable behavior;

(2) teaches by example and uses fair and consistent rules in a relaxed atmosphere with discipline that is relevant to the child's behavior;

(3) supervises with an attitude of understanding and firmness;

(4) redirects children by stating alternatives when behavior is unacceptable;

(5) when necessary, intervenes as quickly as possible to ensure the safety of all children;

(6) gives clear directions and provides guidance appropriate to the child's level of understanding;

(7) speaks so that children understand they and their feelings are acceptable but unacceptable action or behavior is not;

(8) encourages children to control their own behavior, cooperate with others, and solve problems by talking things out;

(9) uses safe, natural, and logical consequences to address inappropriate behavior; and

(10) uses "time-out" periods only as necessary to enable the child to gain control of himself or herself. Time-out periods do not exceed five minutes. No more than one minute of time-out for each year of a child's age is recommended. Time-out periods are not required to be completed should the child regain control.

(b) Acts prohibited. The caregiver is prohibited from:

(1) subjecting children to punishment of a physical nature, such as shaking, striking, spanking, biting, swatting, thumping, pinching, popping, shoving, spitting, yanking, hair pulling, slamming, excessive exercise, or any cruel treatment that may cause pain;
(2) subjecting children to punishment of a psychological nature, such as humiliation, making derogatory or sarcastic remarks about them or their families, or using harsh or profane language, or making actual or implied threats of physical punishment;

(3) punishing or threatening children in association with food, rest, or toilet learning;

(4) putting anything in or on a child’s mouth as punishment;

(5) seeking or accepting parental permission to use any punishment or act prohibited by this subsection;

(6) restraining a child by any means other than holding. The child is only held as long as is necessary for the child to regain control;

(7) isolating a child without supervision or placing the child in a dark area;

(8) permitting a child to discipline other children; and

(9) punishing an entire group due to the actions of a few children.
340:110-3-93. Infants, toddlers, and two-year-olds

Revised 10-1-07

(a) Responding to needs. The caregiver holds, cuddles, talks to, and sings to infants and toddlers and understands and responds to their particular needs.

(b) Daily routine. The daily routine is adapted to the individual needs of each infant and toddler and fits as much as possible into the schedule set up by the parent.

   (1) The daily schedule is accessible and followed with reasonable regularity.

   (2) Children are not left for more than 30 minutes while awake in playpens, swings, high chairs, or stationary activity centers.

(c) Bottle-feeding. Bottles are not propped by any means at any time.

   (1) Infants up to the age of six months are held while bottle-fed.

   (2) Infants of more than six months are held while bottle-fed until they are able to hold their own bottle securely.

   (3) Children are not given bottles in cribs or moving swings due to increased risk of choking, ear infections, and tooth decay.

   (4) Breast milk is refrigerated or frozen until immediately before feeding.

   (5) Bottles of premixed formula are refrigerated until immediately before feeding.

   (6) Unused breast milk or formula left in the bottle is disposed of after feeding.

   (7) Bottles of formula or breast milk are not warmed in a microwave oven.

(d) Diaper-changing. Diapers are changed promptly when wet or soiled.

   (1) A clean nonporous surface or pad is used for diaper changes and sanitized after each use. Care is taken to prevent spread of germs.

   (2) Caregivers wash their hands thoroughly with soap and warm running water after each diaper change.

(e) Availability and disposal of diapers.
(1) Sufficient quantities of clean diapers are available.

(2) A closed container for soiled diapers is provided and used.

(f) **Toilet learning.** Toilet learning is a relaxed, pleasant activity.

   (1) The caregiver shares the child’s toilet learning progress with the parent.

   (2) Training pants or underwear are changed promptly when wet or soiled.

   (3) Fecal content may be disposed of in a toilet, but soiled diapers or training pants are not rinsed in the toilet.

(g) **Potty chairs.** Potty chairs are emptied and sanitized after each use.
340:110-3-94. Food and nutrition

Revised 10-1-07

(a) Daily requirement. A child remaining in the family child care home for longer than a four-hour period is served a balanced meal that provides at least one-third of the child's total daily nutritive requirement. The minimum meal pattern for children is found in Supplement VI of Oklahoma Department of Human Services (OKDHS) Publication No. 86-104, Licensing Requirements for Family Child Care Homes and Large Family Child Care Homes.

(b) Snacks. Snacks are provided at mid-morning and mid-afternoon when the interval between regular meals is four hours or longer.

(c) Provision of food.

(1) The caregiver provides the food for all children who are able to eat regular food. The caregiver may require the parent to provide food for an infant or child requiring a special diet.

(2) Second servings are available for children.

(d) Encouragement to children. Children are encouraged to try new food but are not forced to eat or punished for not eating.

(e) Menus. Weekly menus are planned in advance, readily available, and closely followed. Reasonable substitutions are permissible.

(f) Water. Water is offered to children at various times throughout the day.

(g) Prohibited foods. Foods that may not be served or offered to children are:

(1) home-canned foods;

(2) raw seed sprouts;

(3) prepackaged unpasteurized juices, milk, or juices that have a warning label;

(4) unpasteurized milk from animals;

(5) raw or undercooked animal foods, such as hamburger, fish, or eggs;
(6) lightly cooked or uncooked foods containing raw shell eggs, such as meringue, eggnog, ice cream, or egg beverages.

(h) **Food storage.** Food is covered and protected from contamination and spoilage while being obtained, stored, prepared, or served.

   (1) All equipment and surfaces are maintained in a clean and sanitary condition.

   (2) Refrigerated foods are maintained at 41 degrees Fahrenheit or below. Stored frozen foods are maintained frozen. A thermometer is located in the refrigerator.

   (3) Chemicals and toxins are not stored in the food storage area.

   (4) Dishes washed by hand are sanitized and air-dried.

(i) **Dishes, cups, and eating utensils.** Each child is provided with clean individual dishes, cups, and eating utensils. **Disposable items are used only one time.**
340:110-3-97. Fire safety

Revised 10-1-07

(a) General requirements. It is the responsibility of the primary caregiver to ensure compliance with the construction and equipment requirements contained in this subsection. State or local fire officials are consulted as needed.

(1) Any building used as a family child care home meets local minimum building codes. In localities where a building code does not exist, construction conforms to the current state adopted building code.

(2) If care is provided on the second floor of a multi-family dwelling, the structure meets the life safety code provisions for multi-family occupancies.

(3) Electrical wiring is installed in accordance with state and local codes or ordinances.

(4) All heating and air conditioning equipment is installed in accordance with state and local building codes.

(5) Water heaters are equipped with a pressure-relief valve.

(b) Exits.

(1) Each room used for child care has at least two means of escape, at least one of which is a door leading to an unobstructed path to the outside. The second means of escape may be an unobstructed, operable window not less than 820 square inches and large enough to allow all adults and children to escape.

(2) Security bars, when present, must be hinged with a quick release mechanism inside the home that requires one motion to operate, or be unlocked during the hours of child care.

(3) Care of children, including naptime, is not provided for children three years or younger on any floor above ground level.

(4) No story above the second level, excluding basements, is used for child care.

(5) When care is provided on the second level, the second route of escape must be a safe means to ground level.
(6) Space that is accessible only by a ladder, folding stairs, or through a trap door is not used for child care.

(7) When care of children is permitted on the floor below ground level, basement, at least one exit is a door leading directly to the outside at ground level. The second means of escape may be an unobstructed, operable window not less than 820 square inches and large enough to allow all adults and children to escape. Care of children is not provided more than one story below the ground.

(8) Every stairway is maintained free of obstructions and provides safe passage.

(9) Stairways within the exits with four or more steps have a railing.

c) Doors.

(1) Each door that is a means of exiting the home opens without a key and is no less than 28 inches wide.

(2) Every closet door latch is such that children can open the door from inside the closet.

(3) Every bathroom door lock is designed to permit opening of the locked door from the outside with a readily accessible opening device.

d) Smoke detectors.

(1) There is at least one operable smoke detector on each level of the home located at the top of any stairs.

(2) Any room used by children for playing or sleeping, except the kitchen, has a smoke detector.

(3) Smoke detectors are tested monthly and a record of the date is documented.

e) Carbon monoxide detectors.

(1) One operable carbon monoxide detector is installed according to manufacturer instructions when there is a fuel burning appliance in the home.

(2) Carbon monoxide detectors are tested monthly and a record of the date is documented.
(f) Fire extinguishers.

(1) A portable fire extinguisher, Class ABC or BC, with a gauge is provided for the cooking area. It is readily accessible.

(2) Disposable fire extinguishers with a gauge are acceptable.

(3) Extinguishing devices are UL-approved.

(4) All fire extinguishers are replaced or serviced and tagged by a competent authority every three years or when the seal is broken.

(g) Heating equipment.

(1) Unvented, ventfree, or open-face heaters are not used while children are in care.

(2) Portable heaters are not used while children are in care, with the exception of electric oil-filled space heating units.

(3) A guard is provided to protect children from hot surfaces and open flames.

(4) Fireplaces in use while children are in care have solid doors that are kept closed.

(5) A stove or combustion heater is not located where it would prevent escape in case of malfunctioning of the stove or heater.

(6) Heating equipment not specifically designed or installed as a normal heating source is not used for that purpose.

(h) Electrical services.

(1) The use of temporary wiring or extension cords as permanent wiring is prohibited.

(2) Electrical outlet covers are used in all areas occupied by children.

(3) An operable flashlight is available at all times.

(i) Mobile homes.

(1) Documentation is maintained that a mobile home, when used as the family child care home and manufactured after June 25, 1976, is in compliance with the current
(2) The mobile home is anchored and enclosed to ground level with a wind-resistant material.
340:110-3-97.1. Requirements for large family child care homes

Revised 10-1-07

(a) **Large family child care home.** A large family child care home is a residential family home that provides care and supervision for eight to 12 children for part of the 24 hour day.

(b) **Requirements.** Large family child care homes are required to meet the rules contained in OAC 340:110-3-81 through 340:110-3-97, except as otherwise provided in this Section.

(c) **Mobile homes.** Large family child care homes operated in a mobile home are required to obtain an approved fire inspection by the state or local fire official prior to caring for children.

(d) **Capacity.** Large family child care homes are required to meet the rules found in OAC 340:110-3-84(a), except the total number of children in care in a large family child care home is limited to 12.

(e) **Supervision of outdoor play.** Large family child care homes are required to meet the rules contained in OAC 340:110-3-85(a)(3) pertaining to supervision of outdoor play, except when two or more staff are needed to meet the required child to staff ratio, at least one staff is present with children outdoors at all times.

(f) **Required number of caregivers.** Large family child care homes are exempt from the requirements regarding the number of caregivers in OAC 340:110-3-84(b) and (c). The number of caregivers required in a large family child care home is described in this subsection.

(1) **One caregiver.** One caregiver may care for:

   (A) up to five children of any age;

   (B) up to six children, with no more than three children younger than two years of age;

   (C) up to seven children, with no more than two children younger than two years of age;

   (D) up to seven children, if the children are two years of age and older;
(E) up to eight children, if the children are three years of age and older;

(F) up to ten children, if the children are four years of age and older; or

(G) up to 12 children, if the children are five years of age and older.

(2) **Two caregivers.** Two caregivers may care for:

(A) up to eight children younger than two years of age; or

(B) up to twelve children, with no more than six children younger than two years of age.

(3) **Three caregivers.** Three caregivers may care for up to twelve children, with no more than eight children younger than two years of age.

(g) **Qualifications of caregivers.** Primary, assistant, and substitute caregivers at large family child care homes are required to meet the qualifications in OAC 340:110-3-85(a) and (b), except as otherwise described in this subsection.

(1) **Primary caregiver.** The primary caregiver or any person substituting for the primary caregiver must be at least 21 years of age. For any person applying after October 1, 2007, the primary caregiver must:

(A) have six months of satisfactory experience as the primary caregiver in a licensed family child care home in Oklahoma; and

(B) meet one of the requirements listed in (i) through (iv):

   (i) a high school diploma or General Educational Development (GED) and 12 college credit hours in child development or early childhood education;

   (ii) a vo-tech occupational child care program diploma;

   (iii) a Child Development Associate (CDA) credential; or

   (iv) an associate or bachelor degree in child development or early childhood education.

(2) **Assistant caregiver.** The assistant caregiver or any person substituting for the assistant caregiver must be at least 16 years of age. Children are not left alone in the care of any person younger than 21 years of age.
(3) **Substitute caregiver.** Any person substituting for the primary caregiver is required to be at least 21 years of age and have current documentation of cardiopulmonary resuscitation (CPR) and first aid training.

(h) **Training requirements.** The primary caregiver and assistant caregiver at large family child care homes are required to meet the training requirements outlined in OAC 340:110-3-85(d), except as otherwise described in this subsection.

1. The primary caregiver is required to complete 15 clock hours of training annually.
2. The assistant caregiver is required to complete 12 clock hours of training annually.
3. No more than 6 hours of videos or individual job-related readings is counted toward the annual required training hours for the primary caregiver or assistant caregiver.
4. Within two years prior to license application, the primary caregiver must have completed and documented all health and safety training listed in OAC 340:110-3-85(d)(3)(A) - (C).
5. The primary caregiver must have documentation of current completed training in CPR and first aid prior to issuance of the initial permit.
6. The assistant caregiver completes and documents all health and safety training listed in OAC 340:110-3-85(d)(3)(A) - (C) within six months of employment. CPR and first aid training are completed before the assistant caregiver is left alone with children.

(i) **Outdoor play space.** The requirements regarding outdoor play space found in OAC 340:110-3-86(a)(12) must be met. The outdoor play space must be enclosed by a building or a fence that is in good repair, begins at ground level, and is at least four feet high. No exceptions are granted by the Oklahoma Department of Human Services.
340:110-3-223. Organization

Revised 10-1-07

(a) Responsible agent. A school-age program is operated by a public or private organization or an individual.

(1) A public school-age program is created and exists by an act of the State, county, city or other political subdivision and operated under the control of a governmental agency.

(2) A not-for-profit school-age program operates under a governing board responsible for developing policies and establishing and maintaining a sound financial structure.

(3) A proprietary school-age program's owner is responsible for the policy and financial structure of the program.

(b) Purpose. A statement defining the purpose or function of the program is filed with OKDHS and includes:

(1) licensed capacity;

(2) ages of children accepted;

(3) hours of operation; and

(4) type of care and services offered.

(c) Notifications. Requirements pertaining to notifications are contained in this subsection.

(1) The items displayed in a prominent place where staff, parents, and others may view them are:

   (A) the program's license, permit, or notice of denial, or revocation of license;

   (B) name of the person responsible for the program during the director's absence;

   (C) notice of the requirement to report suspected child abuse and neglect;
(D) notice prohibiting smoking anywhere in the facility while children are in care;

(E) the daily program schedule;

(F) emergency procedure;

(G) weekly menu of all food provided by the program;

(H) evacuation plan;

(I) dates fire and tornado drills were conducted; and

(J) a time schedule for use of outdoor play space if the program is licensed for 24 or more children and has outdoor play space of less than 75 square feet per child.

(2) In accordance with Section 7103 of Title 10 of the Oklahoma Statutes, any person who has reason to believe a child has been abused or neglected is required to report the matter promptly to OKDHS. It is a misdemeanor for any person to fail to report.

(3) The program is required to notify Division of Child Care Licensing Services (Licensing) by the next working day of:

(A) a temporary, unscheduled, or permanent closing of the program;

(B) a change in the director;

(C) any damage to the facility that affects the amount of usable square footage or compliance with any requirement;

(D) legal action against a program or staff person which involves or affects a child in care or the operation of the program;

(E) any known criminal charges or child abuse investigations involving staff that are pending or have had a disposition;

(F) an accident involving transportation unless there were no injuries and only minor damage to the vehicles;

(G) any injury to a child requiring emergency medical attention; and
(H) the death of a child that occurred while the child was in care.

(4) The program is required to notify Licensing at least 30 days prior to:

(A) a change in ownership or sponsorship;

(B) a change in the name of the program;

(C) any change or alteration to the physical facility that affects the amount of usable square footage or compliance with any requirements;

(D) the anticipated closing or relocation of the program; and

(E) a proposed change in the licensed capacity.

(d) **Public access to records-Compliance Posting.**

(1) The items (A) - (B) are posted within clear view of the main entrance:

(A) OKDHS provided "Notice to Parents"; and

(B) Form 04CP004E, Notification to Division of Child Care of Child Welfare Investigative Summary, with findings of "Confirmed", for 120 days from the completion of the investigation.

(2) The granted waiver notification for individuals who have criminal histories as defined in section OAC 340:110-3-226(c) are posted in a prominent place, for as long as they are employed or living in the facility.

(e) **Compliance file.** A compliance file that is accessible to staff, parents, and others shall contain:

(1) the most recent child care licensing monitoring report provided by the licensing specialist;

(2) the following documents issued by Child Care Licensing within the last 120 days:

(A) child care licensing monitoring reports and licensing correspondence;

(B) Form 07LC037E, Notice to Comply;

(C) licensing complaints; and
(D) unconfirmed Form 04CP004E, Notification to Division of Child Care of Child Welfare Investigative Summary; and

(3) confirmed Form 04CP004E, Notification to Division of Child Care of Child Welfare Investigative Summary, for one year from the completion of the investigation.

(f) **Effect of change in ownership or location on license.** When a program changes ownership or location:

(1) the license is not transferable and is returned to OKDHS; and

(2) the program is required to meet current licensing requirements.
340:110-3-224. Policy and procedure
Revised 10-1-07

(a) **Content.** A written statement of the program’s policy and procedure is available to staff and parents and includes, but is not limited to:

1. a brief program description;
2. ages of children accepted;
3. days and hours of operation including the holidays the program is closed;
4. fees;
5. the location and accessibility of the licensing compliance file;

(b) procedure for:

(A) receiving and releasing children from the program including a method of verifying the identity of a caller or person who picks up a child;

(B) prompt notification of parents when a child does not arrive as scheduled;

(C) storing children’s personal belongings and money;

(D) the handling of illnesses and injuries, including procedures when children are away from the program;

(E) storing and administering children's medicines;

(F) notifying parents of field trips;

(G) transportation of children;

(H) caring for school-age children who arrive late for field trips when that child's group has already left the program;

(I) mandatory reporting of child abuse;

(J) meals and snacks including days when children are on field trips; and
(K) discipline policy.

(b) Personnel policy. When there are more than four staff persons, the program is required to provide written personnel policy to staff that includes:

(1) job responsibilities, qualifications, and lines of authority; and

(2) staff performance evaluation and termination procedure.
340:110-3-237. Health

Revised 10-1-07

(a) **Cleanliness.** Requirements pertaining to cleanliness are listed in this subsection.

(1) Caregivers thoroughly wash their hands with soap and warm, running water:

   (A) before handling food;

   (B) before feeding children or eating;

   (C) after touching or cleaning up body fluids; and

   (D) after handling or feeding pets.

(2) Children are encouraged to wash their hands with soap and water before eating and after toileting, handling pets, playing outdoors, or playing in sand or water.

(3) A child's wet or soiled clothing is changed immediately and discreetly, privacy is provided, and a supply of clean clothing is available.

(4) Each toilet article, for example, wash cloth, towel, comb, and toothbrush, is individually assigned and stored and is not used jointly by or on children.

(5) When a child with special needs is in diapers, arrangements are made for sanitary diaper changing, hand-washing, and privacy.

(b) **Health records.** Upon admission of a child, parents are required to submit:

(1) the child's immunization record; and

(2) current information regarding any special health needs of the child, with the name of the child's physician.

(c) **Immunizations.** Children have, or are in the process of obtaining, all required immunizations at the medically appropriate time. When a child is accepted for whom an exemption is claimed, documentation of the exemption is kept on file at the program.

(d) **Disease control.** At the time of enrollment, parents are informed of the program's policy regarding children who are ill.
(1) Each child is carefully observed by staff members for symptoms of illness or infestation.

(2) Any child showing symptoms of illness or infestation is separated from the group and the child's parent or physician is notified as needed.

(3) The local or state health department is notified upon discovery of any case of hepatitis, meningitis, Shigellosis, Giardiasis, measles, rubella, whooping cough, tuberculosis, or any Haemophilus influenza invasive disease in any person associated with the program. If a program has concerns about the health of a child, the local or state health department may be contacted.

(4) Cots, bedding, and play equipment are cleaned and sanitized after use by an ill child.

(5) Disposable, nonporous gloves are used to clean up blood, vomit, or body fluids that may contain blood. Disposable gloves are discarded in a closed container immediately after use, and staff wash their hands.

(6) A commercial disinfectant or a bleach solution of one tablespoon of bleach to one gallon of water, made fresh daily, is used to disinfect surfaces when needed.

(7) Parents are notified as soon as possible of children's exposure to a contagious illness or infestation.

(8) Staff with symptoms of a communicable disease or illness are not permitted in the program.

(e) Medication. The requirements pertaining to administering medication are contained in this subsection.

(1) The parent signs an authorization for program staff to administer each medication. Directions are recorded for the proper amount or dosage, including time and days medication is to be administered.

(2) If a child has a chronic medical problem, the parent may sign a medication authorization for up to a nine-month period for prescribed medication to be administered when symptoms occur. Parents are notified when medication is administered.

(3) Prescription medication is not administered unless the medication is part of a prescribed therapeutic treatment.
(4) Medication is provided by the parent in the original container and labeled with the child's full name.

(5) Staff administers medication according to the label directions and only to the child for whom it is intended.

(6) To avoid duplication, each dosage administered is recorded by designated staff, and the records are readily available to parents.

(7) All medications are inaccessible to children and stored in a manner that prevents contamination of food.

(8) Medication is either returned to the parent or disposed of properly when it is out-of-date or the child has withdrawn from the program.

(f) Injuries. The program:

   (1) contacts poison control with any suspected child poisonings;

   (2) notifies parents as soon as possible of any known cuts, burns, animal bites, or injuries that may need evaluation by a physician; and

   (3) maintains a log or report of all injuries that occur at the program.

(g) Emergency procedures. A written emergency procedure for severe injury or acute illness is prominently displayed at the program. The emergency procedure includes:

   (1) administration of first aid and location of the first aid kit;

   (2) name and telephone number of the emergency service, physician, or clinic;

   (3) notification of the parent; and

   (4) notification of Licensing Services regarding the death of a child or any injury to a child that requires emergency medical attention that occurred while the child was in care, in accordance with OAC 340:110-3-223(c)(3)(G) and (H).

(h) First aid kits. Readily available first aid kits are maintained at the program and taken on each field trip.

   (1) Each kit is a closed container for storing first aid supplies which is accessible to staff at all times but inaccessible to children.
(2) First aid kits are restocked as needed.

(3) At a minimum the first aid kit contains:

   (A) disposable nonporous gloves;

   (B) blunt-tipped scissors;

   (C) tweezers;

   (D) a thermometer;

   (E) bandage tape;

   (F) sterile gauze pads;

   (G) rolled flexible or stretch gauze;

   (H) non-medicated adhesive strips; and

   (I) current standard first aid text or equivalent first aid guide.

(4) First aid kits taken on field trips also include:

   (A) liquid soap and water or individually packages towelettes;

   (B) pen or pencil and note pad;

   (C) cold pack;

   (D) coins for use in a pay phone; and

   (E) the poison control center's telephone number, 1-800-222-1222.