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MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES:
A COMPARISON OF STATE REGULATIONS WITH NATIONAL STANDARDS

Thesis
Submitted to the Faculty
Yale School of Nursing

In Partial Fulfillment
of the Requirements for the Degree
Master of Science in Nursing

Katelynn Rei

May 20, 2013

MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES

This thesis is accepted in partial fulfillment of the requirements for the degree Master of Science
in Nursing.

Angela A. Crowley PhD, APRN, PNP-BC, FAAN

Date May 7, 2013

MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES

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Katelynn Rei

MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES

Abstract

MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES: A COMPARISON OF STATE REGULATIONS WITH NATIONAL STANDARDS

The purpose of this cross-sectional study was to compare the 50 state and D.C. family child care home regulations with standards regarding medication administration in *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, 3rd edition (CFOC, 2011). A data collection instrument, which included seven CFOC (2011) standards and three CFOC (2011) partial standards on medication administration, was developed by a team of national experts, and used to measure compliance of state regulations with the standards. None of the states' regulations (N=51) met the criteria for all ten standards. Most of the states (98%) met some criteria for standards on medication administration (94%), labeling, storage, disposal (94%), contents of medication record (88%), and maintenance of records (73%). However, only a few states had regulations which included some of the criteria for training of caregivers (27%), a medication policy (35%), and records of injury (12%). Similarly, the partial standard regarding sun safety was only fulfilled by 16 states (31%). The other two partial standards regarding insect repellent and care plans for children with special health care needs were fulfilled either partly or completely by only 13 states (25%) and 8 states (16%), respectively. Most state regulations for medication administration in family child care homes do not meet CFOC (2011) standards, thus failing to ensure safe medication administration practices and optimal health outcomes for children in these settings.

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Chapter 1

Description of the Problem

In the United States, approximately 11 million children under age five years have mothers in the workforce and attend out-of-home child care every week (Child Care in America, 2013). Child care can occur in a variety of settings, including licensed child care centers, licensed family child care homes, unlicensed child care homes, as well as in family members', friends', and neighbors' homes (Oliveira, 2007). About 6% of children in child care are cared for by a non-relative in a family child care home (Child Care in America, 2012). A significant number of children who participate in child care arrangements have special health care needs. According to the 2009-2010 National Survey of Children with Special Health Care Needs, sponsored by the Maternal and Child Health Bureau and the U.S. Department of Health and Human Services, 15.1% of children in the United States have special health care needs (Child and Adolescent Health Measurement Initiative, 2012).

The Americans with Disabilities Act (ADA) prevents children with special health care needs from being excluded from child care programs, including family child care homes. Furthermore, this Act requires child care providers to administer medication to children with special health care needs (CHSCN) when necessary (U.S. Department of Justice, 2007). According to the 2009-2010 National Survey of Children with Special Health Care Needs, 86% of CHSCN require long-term prescription medication (Children and Adolescent Health Measurement Initiative, 2012). Often, children will need these prescription medications administered while attending child care. For this reason, "child care programs must be prepared to administer medications, at the very minimum, as required by the ADA" (Heschel, Crowley, & Cohen, 2005, p. 87).

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It is imperative that medication administration in child care be studied because, to date, there is minimal data on the effects of medication errors and injuries in the outpatient and ambulatory settings. “The majority of medication use in children occurs in ambulatory clinics, yet few studies have assessed medication errors” and adverse drug events in this setting (Kaushal et al., 2007, p. 383). In the state of Connecticut, the Department of Public Health requires that all injuries or accidents that happen in child care be reported and kept on file for two years (Connecticut Department of Public Health, 2013). However, “medication error is not explicitly listed among injuries, and there is no system in place to validate that all injuries are reported” (Crowley & Rosenthal, 2009, p. 20). Because the short and long-term effects of medication errors in the outpatient setting are not well researched, adults giving medications to children must take caution to ensure correct and safe administration.

Each state has established regulations that child care providers must follow when administering medications to children. The American Academy of Pediatrics, the American Public Health Association and the National Resource Center for Health and Safety in Child Care and Early Education (NRC) has created evidence-based standards, *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd edition (CFOC, 2011)* regarding medication administration in child care settings. Presently, it is not known how each state’s regulations compare to these published standards.

As of March 2012, there was currently no source that had “tabulated the number of states that have regulations for family child care homes around medication administration” (Banghart, & Kreader, 2012, p. 3). The purpose of this thesis is to review all state regulations for family child care homes regarding medication and compare them with CFOC (2011) standards. The goal of this research is to identify areas where state regulations fulfill CFOC (2011) standards, as

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well as areas where improvements can be made. Results of this study have the potential to impact state child care regulations, which could ultimately lead to safer medication administration practices in family child care homes.

Conceptual Framework

The efficacy of medication administration in family child care homes can be affected by multiple factors including the child receiving the medication, the provider administering the medication, and medication being administered. Each factor that contributes to the process of medication administration can be considered its own “system.” One theoretical framework that considers the impact of each system and its effects on the individual is Neuman’s Systems Model. The systems involved in Neuman’s model, developed in 1970, include: the person, his or her environment, his or her health, and nursing. The “person” system is composed of five interrelated variables: physiological, psychological, sociocultural, developmental, and spiritual (Wallace, 2005). The “environment” system consists of internal, external, and created environments. The internal environment includes intrapersonal stressors, while the external environment consists of other stressors (interpersonal and extrapersonal). The “health” system is “determined by the degree of harmony among the five client variables and basic structure factors” (Wallace, p. 369). Neuman’s framework also states, “the nurse is an intervener who uses three levels of prevention (primary, secondary, and tertiary) to achieve the goal of reducing the client’s encounter with stressors and/or mitigating the impact of the stressor” (Wallace, p. 369).

When considering medication administration in family day care homes in the context of Neuman’s theory, the “person” system would be the child receiving medication. Variables within this system include the child’s ability to take the medication (physiological and developmental variables) and the child’s temperament and willingness to take the medication (psychological

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variable). The “environment” system includes the provider administering the medication and their interpersonal relationship with the patient. Medication administration would be considered “secondary prevention” because it is given to prevent possible complications of acute or chronic illness.

Review of Literature

Extensive research regarding pediatric outpatient medication administration, its risks, and the consequences of administration errors has not been conducted. Furthermore, even less research is available regarding medication administration in family child care homes. The following literature review analyzes the noteworthy research conducted to date. While some of the literature discusses the role of parents in medication administration, similar concepts can be applied to child care providers. Parents and child care providers are not necessarily licensed health care professionals and are both at risk for making medication administration errors in the outpatient setting.

Outpatient Pediatric Medication Administration

A prospective cohort study conducted by Kaushal et al. (2007) examined the prevalence of adverse drug events in the ambulatory or outpatient setting. Over a two-month period, data regarding adverse drug events in pediatric patients were collected from six office practices in the Boston, Massachusetts area. Two of the 6 practices were associated with teaching hospitals, 2 were urban health centers, and 2 were located in affluent, suburban neighborhoods. Data were collected by prescription review, telephone surveys, and chart review. The use of human subjects was approved by the IRB and participants were given the opportunity to opt out of the study on two different occasions. The SAS statistical package was used for data analysis, and it was found that adverse drug events occur in 16% of children who received medication in the

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outpatient setting. Kaushal et al. found that “factors contributing to errors include weight-based dosing, the often-required dilution of stock medications, recompounding of pills and powders as liquid preparations, and multiple formulations of pediatric medications” (Kaushal et al., p. 383). The study noted that most preventable drug errors occurred due to miscommunication between parents and providers. Implications for future practice included increased parental education and improved communication (Kaushal et al.).

Zandieh et al. (2008) used the same data set as Kaushal et al. (2007) to conduct further research on this topic. The goals of this study were to determine if there was a relationship between preventable adverse drug events and “racial/ethnic, socioeconomic, linguistic, or educational disparities” (Zandieh et al., p. 225). After data analysis, researchers did not find any disparities in preventable adverse drug events. However, it was concluded that children with multiple prescriptions were at increased risk of a preventable adverse drug events. Limitations to this study included a lack of generalizability, despite efforts to use a diverse sample (Zandieh et al.). This study also identified the need for improved communication between providers and parents as a way to prevent medication errors. Implications for practice included the need for better methods of identifying preventable adverse drug events, as well as the need for the “identification of parent’s health literacy” level and “appropriate tailoring of medication-related information” (Zandieh et al., p. 230).

Lemer et al. (2009) conducted a third study using the data set of Kaushal et al. (2007). This study delved deeper into the miscommunications between providers and parents that led to preventable medication administration errors. It was hypothesized that “effective and efficient communication of advice may reduce the prevalence of medication administration errors” (Lemer et al., p. 169). The data were analyzed in order to examine “current advice provision by

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physicians and pharmacists to parents and children regarding prescribed medications” (Lemer et al., p. 169). Multivariable analysis was performed “to examine whether advice provision reduced reported medication and administration error rates” (Lemer et al., 2009, p. 169). The study concluded that inadequate amounts of advice and guidance were being provided to parents. This work states that strategies for advice delivery, such as web-based initiatives and motivational interviewing, need to be developed and tested. It also stated that, for these new approaches to be effective, information must be delivered at the capacity and literacy level of the child’s caregiver (Lemer et al.).

Medication Administration in Child Care

While the above literature is significant in that it discusses medication administration errors in the pediatric outpatient setting, it does not address this concept with respect to child care centers or family child care homes. However, a study by Crowley and Rosenthal (2009) examined this topic. This cross-sectional study analyzed the results of 1,422 routine, unannounced random inspections of licensed child care facilities. This study examined data from 676 child care center inspections involving 41% of 1,650 centers and 746 inspections of family day care homes involving 28% of 2,700 homes. Analysis of the data determined that 67% of child care centers and 21% of family day care homes were administering medication at the time of inspection. Implications for future policy included a recommendation that Connecticut’s Department of Public Health “designate and support a best practice medication administration training program for all child care providers to improve compliance, reduce the probability of medication errors, and promote access to training and thus inclusion of children with special health care needs” (Crowley & Rosenthal, 2009, p. 33).

Research by Sinkovits, Kelly, & Ernst (2003) also examines the use of medication in

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child care centers. Although this work may be considered outdated, it is relevant to this literature review due to the small amount of published research in this area. This cross-sectional study interviewed supervisors at licensed day care centers in eastern Iowa. It used “descriptive, self-reported information, including frequency of medication administration on-site, types of medications administered, procedures for storing and dispensing medications, record keeping, and training of staff” (Sinkovits, et al., p. 379). The study concluded that 5.5% of children received medications while attending child care during a 2-week period. Medications administered most frequently included antibiotics, cold medications, analgesics, and attention-deficit/hyperactivity disorder medications. The two most common errors reported were missed doses and medications being unavailable for administration. Additional study results conclude that only 50% of providers surveyed had received specialized medication administration training (Sinkovits, et al.). Family child care homes were not included in this research. Recommendations for future practice included increased education to child care providers in order to “help reduce the risk of medication misadventures” (Sinkovits, et al., 2003, p. 379).

Summary

The limited research available regarding medication administration in child care settings, especially in family child care homes, demonstrates the need for additional information in this area. Ideally, this thesis will demonstrate the need for additional research on the safety of medication administration practices in family child care settings.

Research Question

How do each state’s regulations for medication administration in child care homes compare with national standards set forth by the National Resource Center for Health and Safety in Child Care and Early Education (NRC)?

Operational Definitions

For the purposes of this thesis, the following are defined as:

Small family child care homes. According to CFOC (2011), these homes provide care for one to six children, including the caregiver's own children, in the home of the caregiver. Many states vary in their definition of and names for small family child care homes (see Results section).

Large family child care homes. These homes provide care for seven to 12 children, including the caregiver's own children, in the home of the caregiver. To meet child: staff ratios, there are one or more qualified assistants present (CFOC, 2011). Many states vary in their definition of and names for large family child care homes (see Results section).

Standard. A standard is a statement that defines a goal of practice. A standard is validated using data or represents the widely agreed upon, high-quality level of practice (when data are unavailable) (CFOC, 2011).

Chapter 2

Data Collection Instrument

The instrument used for data collection was developed in 2011 by Angela Crowley, PhD., Sarah Viall, a Yale School of Nursing graduate, and staff members at the National Resource Center for Health and Safety in Child Care and Early Education (see Appendix A). The instrument highlights ten standards contained within CFOC (2011). Six standards address medication use in child care including administration, labeling, storage, and disposal, training of caregivers, and maintenance and contents of administration records (including records of injury). One standard addresses written policies on medication use. Three partial standards address requirements for sunscreen use, insect repellent use, and care plans for children with special healthcare needs. Each standard is composed of multiple criteria and each criterion was considered “met” or “unmet” depending on whether or not it was addressed in state regulations. A proportion was calculated to reflect the number of criteria that were “met” compared to the total number of criteria in each standard. The instrument also contained a “comments” section, which allowed the investigator to keep notes during analysis.

Sample

This cross-sectional study examined regulations for small and large family child care homes from the National Resource Center for Health and Safety in Child Care and Early Education (NRC) website found at <http://www.nrckids.org>. This website contains a database that includes current licensing regulation documents for the 50 states and the District of Columbia relating to small and large family child care homes.

For this thesis, all regulations for small and large family child care homes were evaluated. In states where small and large family child care homes are each subject to their own set of

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regulations, both sets of regulations were evaluated using the data collection instrument. In states where small and large family child care homes are subject to the same regulations as child care centers, center-based regulations were evaluated. In states where small family child care homes have a specific set of regulations, while large family child care homes are subject to the same set of regulations as child care centers, the set of regulations for small family child care homes was evaluated. The set of regulations for large family child care homes and child care centers was not reviewed. In states where small and large family child care homes are subject to the same set of regulations, while child care centers are subject to a different set of regulations, only the set of regulations for small and large family children care homes were evaluated. Regulations for child care centers were not reviewed.

Categories Based on Maximum Capacities of Family Child Care Homes

In order to organize the results, five different categories reflecting the different capacities of family child care homes were created: less than or equal to two children, three to six children, seven to 12 children, 13-16 children, and 18-20 children (Table 2). In Chapter 3, results are organized using these categories.

However, not all states' regulations fit neatly into these categories. For example, Virginia's small family child care homes serve up to five children and their large homes serve 6 to 12 children. Therefore, both sets of regulations apply to the "three to six children" category. In cases like these, the set of regulations that met a greater proportion of the standards' criteria was used. This procedure was also used with Ohio, Oregon, and Tennessee. In Ohio and Oregon, regulations for large family child care homes were used. However, in Tennessee, regulations for small family child care homes met a greater proportion of the standards' criteria than for large homes. Therefore, the set of regulations for small family child care homes was used.

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In instances where two sets of regulations applied to one category, but one set of regulations was identical to centers, and thus was not evaluated in this thesis, the set of regulations that was evaluated was used. For example, Missouri's small family child care homes can serve up to 10 children and large family child care homes serve 11-20 children. Both sets of regulations would apply to the category for 7-12 children. However, because the regulations for large family child care homes in this state are identical to centers, those regulations were not reviewed. Therefore, regulations for small family child care homes (up to 10 children) were used in this category of 7-12 children.

In Wisconsin, there are two sets of regulations for family child care homes serving one to three children. The first set of regulations, entitled Child Care Certification, is only applicable to homes serving one to three children younger than seven years old that are seeking public funding. The second set of regulations, entitled Family Child Care Centers, is applicable to homes serving one to eight children. The second set of regulations met a greater proportion of the standards' criteria and, thus, was used in the "less than or equal to two children" category for the state of Wisconsin.

South Carolina was the only state with regulations for small family child care homes, serving one to six children, which had no regulations regarding medication administration and, thus, fulfilled no CFOC (2011) standards. This state's regulations for large family child care homes, serving seven to 12 children, did contain regulations regarding medication administration and partially fulfilled some of CFOC (2011) standards.

Variation in Maximum Capacities Amongst States

In addition to a variety of names for and definitions of small and large family child care homes in each state, the maximum capacity for each type of home differed among states as well.

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If maximum capacities for family child care homes were other than 2, 6, 12, 16, or 20 children, this was denoted in Table 1 by a footnote. For example, the maximum capacity for family child care homes in the District of Columbia is 5 children. Therefore, in Table 1, the categories for 7 to 12 children, 13 to 16 children, and 17 to 20 children were left blank. Also, if states did not have regulations for a specific capacity category available on the NRC website, this was denoted by “NA” in Table 1. For example, family child care home regulations in New York only address homes serving three or more children. Therefore, “NA” was used to denote an absence of regulations for homes serving less than or equal to two children in this state.

Table 1 also indicates when family child care home regulations are the same as child care center regulations. In Alaska, all family child care home regulations are identical to center regulations and the maximum capacity for family child care homes is 12 children. This information is conveyed in Table 1 with the word “centers” in Alaska’s row, meaning that family child care home regulations are identical to centers. This word is only placed in the categories for less than or equal to two children, three to six children, and seven to 12 children. To reiterate, columns for 13-16 children and 17-20 children are blank because family child care homes in Alaska do not allow those numbers of children.

It should be noted that, on the NRC website, Louisiana only had regulations for child care centers. There were no regulations available for family child care homes. Therefore, family child care center regulations were evaluated assuming that these regulations apply to family child care homes as well, although this could not be confirmed with the available information at the NRC website. In order to prevent bias, in this circumstance and for all other questions, no representatives or agencies of the individual states were contacted for clarification.

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Data Collection Procedure

The review of small and large family child care home regulations was conducted between July 2012 and September 2012. All documents with titles indicating family child care homes were subjected to a word search of “definitions” for the facility type described in the document’s title. The documents of which definitions matched or were similar to the definition of small and large family child care homes (described in the Operational Definitions section) were selected for review.

For each set of regulations selected for review a word search for the following terms was conducted: medication, medicine, policy, medication policy, procedure, medication procedure, sun, repellent, care plan, plan of care, and error. All regulations that contained any of these terms were read in their entirety and compared to the standards in the data collection instrument. In order for each criterion within the standard to be considered “met,” regulations must have clearly and indisputably fulfilled all elements of each criterion. If language within a regulation was unclear, regarding relevance or interpretation, I consulted Dr. Crowley and together we made decisions about the interpretation of the regulation. Clarification regarding specific state regulations was not pursued with specific state agencies in order to maintain impartiality across all states.

Regulations for all states were reviewed using the data collection instrument. Because each standard has multiple criteria, a proportion was calculated to reflect how many criteria were fulfilled compared to the standards’ total number of criteria. A proportion was calculated for each of the six standards regarding general medication administration, labeling/storage/disposal, medication administration training, maintenance of records, records of injury, and contents of medication records and results were organized according to the aforementioned categories

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(Tables 3-7). The same procedure was followed for each of the nine criteria of the written policy standard (Tables 8-12). Also, a proportion for each of the three partial standards regarding sunscreen, insect repellent, and children with special health care needs was calculated (Tables 13-17).

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Table 1

Family Child Care Home Categories by State Based on Capacity

State	≤2	3-6	7-12	13-16	17-20
Alabama	X	X	X		
Alaska	Centers	Centers	Centers		
Arizona	X	X	X ¹		
Arkansas	X	X	X	X	
California	X	X	X		
Colorado	X	X	X		
Connecticut	X	X	Centers		
Delaware	X	X	X		
D.C.	Centers	Centers ²			
Florida	X	X	X		
Georgia	X	X	X	X	X ³
Hawaii	NA ⁴	X	Centers		
Idaho	Centers	Centers	Centers		
Illinois	NA	X ⁵	X		
Indiana	X	X	X	X	
Iowa	X	X	X	X	
Kansas	X	X	X		
Kentucky	X	X			
Louisiana ⁶	Centers	Centers	Centers	Centers	Centers
Maine	NA	X	X		
Maryland	X	X	X ⁷		
Massachusetts	X	X	X ⁸		
Michigan	X	X	X		
Minnesota	X	X	X	X ⁹	
Mississippi	X	X	X		
Missouri	X	X	X (>10: Centers)	Centers	Centers
Montana	NA	X	X		
Nebraska	X	X	X		
Nevada	NA	Centers ¹⁰	Centers		
New Hampshire	Centers	Centers	Centers		
New Jersey	NA	X ¹¹			
New Mexico	X	X (>4: Centers)	Centers		
New York	NA	X	X		
North Carolina	X	X	X ¹²		
North Dakota	X	X	X	X	X ¹³
Ohio	X	X	X		
Oklahoma	X	X	X		
Oregon	NA	X ¹⁴	X	X	
Pennsylvania	NA	X ¹⁵	X	X	
Rhode Island	NA	X ¹⁶	X		
South Carolina	X	X	X		
South Dakota	X	X	X	X	X
Tennessee	X	X	X		
Texas	X	X	X		
Utah	X	X	X	X	
Vermont	X	X	X		
Virginia	X	X	X		
Washington	X	X	X		
West Virginia	X	X	X		
Wisconsin	X	X	X ¹⁷		
Wyoming	X	X	X	X ¹⁸	

¹Arizona: up to 10 children

²District of Columbia: up to 5 children

³Georgia: up to 18 children

⁴NA: no regulations available on NRC website

⁵Illinois: no regulation if less than 4 children

⁶Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁷Maryland: up to 8 children

⁸Massachusetts: up to 10 children

⁹Minnesota: up to 14 children

¹⁰Nevada: no regulations if less than 5 children

¹¹New Jersey: up to 5 children

¹²North Carolina: up to 8 children

¹³North Dakota: up to 18 children

¹⁴Oregon: no regulations if less than 4 children

¹⁵Pennsylvania: no regulation if less than 5 children

¹⁶Rhode Island: no regulations if less than 4 children

¹⁷Wisconsin: up to 8 children

¹⁸Wyoming: up to 15 children

Chapter 3

Results

Definitions of Small and Large Family Child Care Homes Across States

There are a variety of definitions of small and large family child care homes across states (Table 2). In accordance with CFOC (2011), twenty-one states (41%) define small family child care homes as six or fewer children (Alabama, California, Colorado, Connecticut, Delaware, Georgia, Hawaii, Idaho, Kentucky, Massachusetts, Michigan, Montana, Nevada, New Hampshire, New Mexico, New York, Ohio, Pennsylvania, South Carolina, Texas, West Virginia). In seven states (14%), small family child care homes' maximum capacities are less than six children, ranging from three to five children (Arizona, Arkansas, District of Columbia, Iowa, New Jersey, Virginia, and Wisconsin). In twenty-two states (49%), small family child care homes' maximum capacities are greater than six children, ranging from 7 to 16 children (Alaska, Florida, Illinois, Indiana, Kansas, Maine, Maryland, Minnesota, Mississippi, Missouri, Nebraska, North Carolina, North Dakota, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Utah, Vermont, Washington, and Wyoming). Louisiana is not considered due to an unclear definition of family child care home.

In accordance with CFOC (2011), 26 states define large family child care homes as homes serving up to 12 children (Alabama, Alaska, California, Colorado, Connecticut, Delaware, Florida, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, Ohio, Oklahoma, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, and West Virginia). In three states (6%), large family child care homes' maximum capacities are less than 12 children, ranging from 8 to 10 children (Arizona, Massachusetts, and Wisconsin). In 11 states (22%), large family child care homes'

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maximum capacities are greater than 12 children, ranging from 14 to 20 children (Arkansas, Georgia, Indiana, Iowa, Minnesota, Missouri, North Dakota, Oregon, Pennsylvania, South Dakota, Wyoming). Ten states (20%) do not have established definitions for family child care homes (California, District of Columbia, Illinois, Kentucky, Maine, Maryland, Mississippi, North Carolina, Utah, and Washington). Louisiana is not considered due to an unclear definition of family child care home (Table 2).

In addition to differing definitions of small and large family child care homes, a variety of different names are used amongst states. Small family child care homes are most often referred to as Family Day Care Homes. They are also described as Registered Family Child Care Homes (Arkansas, New Mexico, Oregon, and Texas), Child Development Homes (District of Columbia), Class I Child Care Homes (Indiana), Type B Homes (Ohio), and Licensed Family Child Care Homes (Washington).

Large family child care homes are most often referred to as Group Day Care Homes. They are also described as Licensed Family Child Care Homes (Arkansas), Class II Child Care Homes (Ohio), Child Development Homes A, B, and C (Iowa), Family Child Care Plus (Massachusetts), Type A Home (Ohio), Certified Family Child Care Homes (Oregon), Licensed Child Care Homes (Texas and Virginia), Family Child Care Facilities (West Virginia), and Family Child Care Centers (Wisconsin and Washington).

Regulations for Small and Large Family Child Care Homes As Compared to Centers Across States

In 18 states (35%), small and large family child care homes are each subject to their own set of regulations (Arizona, Arkansas, Delaware, Georgia, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont,

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Virginia, West Virginia, Wisconsin, and Wyoming). In six states (12%) small and large family child care homes are subject to the same regulations as child care centers (Alaska, District of Columbia, Idaho, Louisiana, Nevada, and New Hampshire). In four states (8%), small family child care homes have a specific set of regulations while large family child care homes are subject to the same set of regulations as centers (Connecticut, Hawaii, Missouri, New Mexico). In these instances, the regulations for small family child care homes were evaluated. In 14 states (27%), small and large family child care homes are subject to the same set of regulations while child care centers are subject to a different set of regulations (Alabama, California, Colorado, Florida, Indiana, Iowa, Kansas, Massachusetts, Michigan, Minnesota, Montana, Nebraska, Oklahoma, and Texas).

In four states (8%), it is optional for family child care homes to follow established regulations depending on the homes' capacity (Arizona, Idaho, Iowa, Virginia). Five states (10%) do not have regulations for homes serving less than three children (Hawaii, Maine, Montana, New Jersey, New York). Three states (6%) do not have regulations for homes serving less than four children (Illinois, Oregon, and Rhode Island). Two states (4%) do not have regulations for homes serving less than 5 children (Nevada and Pennsylvania).

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Table 2

List of Small and Large Family Child Care Home and Their Capacities

State	Types of FCCH	Capacity	Notes
Alabama	Family Day Care Home	≤ 6	Subject to same set of statutes.
	Group Child Care Home	7-12	
Alaska	Child Care Home	≤8	Subject to same set of regulations as <i>child care centers</i> .
	Child Care Group Home	9-12	
Arizona	DES Certified Child Care Home	≤ 4	Subject to the same sets of statutes.
	Alternate Approval Child Care Homes	≤ 4	
	Unregulated Child Care Home*	≤4	*These homes are not regulated by any state agency.
	Group Child Care Home	5-10	
Arkansas	Registered Family Child Care Home	≤5	
	Licensed Family Child Care Home	6-16	
California	Small Family Child Care Home	≤6	Subject to same set of statutes.
	Large Family Child Care Home	7-12	
Colorado	Family Child Care Home	≤6	Subject to same set of statutes.
	Large Child Care Home	7-12	
Connecticut	Family Day Care Home	<6	
	Group Day Care Home	7-12	
Delaware	Family Child Care Home	1-6	
	Large Family Child Care Home	7-12	
District of Columbia	Child Development Home	≤5	Subject to same set of regulations as <i>child care centers</i> .
Florida		Varies by age...	Subject to same set of statutes.
	Family Day Care Home	Max of 10	
	Large Family Child Care Home	Max of 12	
Georgia	Family Day Care Home	≤6	
	Group Day Care Home	7-18	
Hawaii	Family Child Care Home	3-6	
	Group Child Care Home	7-12	
Idaho	Family Daycare Home*	≤6	*These homes are not required to be licensed, but may be voluntarily licensed. Subject to same set of regulations as <i>child care centers</i> .
	Group Daycare Facility	7-12	Subject to same set of regulations as <i>child care centers</i> .
Illinois	Day Care Homes	4-12	
Indiana	Class I Child Care Homes	1-12	Class II homes subject to same statutes as class I, plus additional statutes. No difference regarding medication administration regulations.
	Class II Child Care Homes	13-16	
Iowa	Child Care Home*	≤5	*These homes are not required to be registered, but may be voluntarily registered as a child development home.
		Varies by age...	Subject to same set of statutes.
	Child Development Home A	≤8	
	Child Development Home B	≤12	
	Child Development Home C	≤16	
Kansas	Day Care Home	≤10	Subject to same set of statutes.
	Group Day Care Home	11-12	
Kentucky	Family Child Care Home	≤6	
Louisiana	Class A Home	Varies based on size of location	Unsure of applicability to FCCH. Subject to same set of regulations as <i>child care centers</i> .
Maine	Family Child Care Program	3-12	
Maryland	Family Child Care Home	≤8	
Massachusetts	Family Child Care (FCC)	≤6	Subject to same set of statutes.
	Family Child Care Plus (FCCP)	7-8	
	Large Family Child Care (LFCC)	≤10	
Michigan	Family Child Care Home	≤6	Subject to same set of statutes.
	Group Child Care Home	7-12	
Minnesota	Family Day Care	≤10	Subject to same set of statutes.
	Group Family Day Care	≤14	
Mississippi	Facility for 12 of fewer children in operator's home	≤12	
Missouri	Family Child Care Home	≤10	
	Group Child Care Home	11-20	
Montana	Family Day Care Home	3-6	Subject to same set of regulations as <i>child care centers</i> .

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	Group Day Care Home	7-12	
Nebraska	Family Child Care Home I	≤8	Family Child Care Home II homes are subject to same statutes as Family Child Care Home I, plus additional statutes. No difference regarding medication administration regulations.
	Family Child Care Home II	9-12	
Nevada	Family Home	5-6	Subject to same set of regulations as <i>child care centers</i> .
	Group Home	7-12	
New Hampshire	Family Child Care Home	≤6	Subject to same set of regulations as <i>child care centers</i> .
	Family Group Child Care Home	7-12	
New Jersey	Family Child Care Home	3-5	
New Mexico	Non-licensed/Registered Family Child Care Home	≤4	
	Family Child Care Home	5-6	Subject to same set of regulations as <i>child care centers</i> .
	Group Child Care Home	7-12	
New York	Family Day Care Home	3-6	
	Group Family Day Care Home	7-12	
North Carolina	Family Child Care Home	≤8	
North Dakota	Family Child Care Home	≤7	
	Group Child Care Home	≤18	
Ohio	Type B Home - Professional Certification	1-6	
	Type B Home - Limited Certification	1-6 children related to the provider or all of whom have the same caretaker	
	Type A Home	7-12	
Oklahoma	Family Child Care Home	≤7	Subject to same set of statutes.
	Large Family Child Care Home	8-12	
Oregon	Registered Family Child Care Home	4-10	
	Certified Family Child Care Home	Max of 16	
Pennsylvania	Family Day Care Home	5-6	
	Group Child Day Care Home	7-16	
Rhode Island	Family Child Care Home	4-8	
	Group Family Child Care Home	9-12	
South Carolina	Family Child Care Home	≤6	No regulations regarding medication administration.
	Group Child Care Home	7-12	
South Dakota	Family Day Care Home	<12	
	Group Family Day Care Home	13-20	
Tennessee	Family Child Care Home	≤7	
	Group Child Care Home	8-12	
Texas	Registered Child-Care Home	≤6 (after school care for up to 6 more children). Max of 12	Subject to same set of statutes.
	Licensed Child Care Home	Varies by age. Max of 12	
Utah	Licensed Family Child Care	1-16	
Vermont	Family Day Care Home	≤10	
	Licensed Family Child Care Home	≤12	
Virginia	Family Day Home	1-5	These homes may be voluntarily registered. Homes caring for >4 children <2 y/o must be <i>either</i> voluntarily registered <i>or</i> licensed.
	Licensed Family Day Home	6-12	
Washington	Licensed Family Home Child Care	≤12	
West Virginia	Informal/Relative Child Care Home	≤3	
	Family Child Care Home	4-6	
	Family Child Care Facility	7-12	"Facility": provider's residence or separate building. Different than child care center regulations.
Wisconsin	Child Care Certification	1-3	These regulations are used for public funding of child care providers who care for 1-3 children <7 y/o.
	Family Child Care Center	Max of 8	
Wyoming	Family Child Care Home	≤10	
	Family Child Care Center	Max of 15	

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Overview of Standards

The results of the analysis for the 10 CFOC (2011) standards are presented by standard and included in Tables 3-20.

Standard 3.6.3.1. Medication Administration

This standard contains six general criteria for medication administration in child care, including ordering of medication, parental permission, medication labeling and documentation of administration. Due to the broad nature of the criteria, this standard reflects a state's general compliance with CFOC (2011) standards.

Regarding the criteria for ordering prescription medication, the standard states that prescription medication be "ordered by a prescribing health professional for a specific child." However, this phrase was rarely found in state regulations and, thus, was considered fulfilled when regulations required that medication be stored in its original container because the pharmacy label identifies both the specific child and prescriber.

The requirement that medications be in their original container was also considered to meet the standard regarding proper prescription labeling all information (name, date, prescriber, pharmacy, phone number, dosage/instructions, and warnings) are contained on pharmacy label of original container.

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Table 3

Frequency of State Compliance with Standard 3.6.3.1 Medication Administration for Family Child Care Home Regulations by Capacity Categories

State	Date Reviewed	Regulations for ≤ 2 children	Regulations for 3-6 children	Regulations for 7-12 children	Regulations for 13-16 children	Regulations for 17-20 children
Alabama	7/18/12	67	67	67	NA ¹	NA
Alaska	7/18/12	67	67	67	NA	NA
Arizona	9/3/12	67	83	83 ²	NA	NA
Arkansas	8/13/12	50	50	50	50	NA
California	7/25/12	0	0	0	NA	NA
Colorado	8/26/12	83	83	83	NA	NA
Connecticut	7/19/12	83	83	NA	NA	NA
Delaware	9/4/12	67	67	67	NA	NA
D.C.	7/26/12	50	50 ³	NA	NA	NA
Florida	9/4/12	67	67	67	NA	NA
Georgia	7/31/12	100	100	83	83	83 ⁴
Hawaii	7/31/12	NA	50	NA	NA	NA
Idaho	9/4/12	0	0	0	NA	NA
Illinois	7/31/12	NA	67 ⁵	67	NA	NA
Indiana	7/31/12	67	67	67	67	NA
Iowa	7/31/12	50	50	50	50	NA
Kansas	8/2/12	50	50	50	NA	NA
Kentucky	8/2/12	17	17	NA	NA	NA
Louisiana ⁶	8/2/12	67	67	67	67	67
Maine	8/4/12	NA	67	67	NA	NA
Maryland	8/4/12	67	67	67 ⁷	NA	NA
Massachusetts	9/2/12	83	83	83 ⁸	NA	NA
Michigan	8/6/12	67	67	67	NA	NA
Minnesota	8/7/12	50	50	50 ⁹	NA	NA
Mississippi	8/7/12	17	17	17	NA	NA
Missouri	8/8/12	67	67	17	NA	NA
Montana	8/8/12	NA	83	83	NA	NA
Nebraska	8/9/12	67	67	67	NA	NA
Nevada	8/9/12	NA	67 ¹⁰	67	NA	NA
New Hampshire	8/14/12	83	83	83	NA	NA
New Jersey	8/15/12	NA	67 ¹¹	NA	NA	NA
New Mexico	8/15/12	17	17 ¹²	NA	NA	NA
New York	8/15/12	NA	100	100	NA	NA
North Carolina	8/16/12	83	83	83 ¹³	NA	NA
North Dakota	9/2/12	50	50	67	67	67 ¹⁴
Ohio	8/30/12	50	50	83	NA	NA
Oklahoma	8/16/12	67	67	67	NA	NA
Oregon	8/16/12	NA	67 ¹⁵	67	67	NA
Pennsylvania	8/16/12	NA	67 ¹⁶	67	67	NA
Rhode Island	8/16/12	NA	67 ¹⁷	67	NA	NA
South Carolina	8/17/12	0	0	67	NA	NA
South Dakota	8/17/12	50	50	50	50	50
Tennessee	8/17/12	33	33	33	NA	NA
Texas	8/19/12	83	83	83	NA	NA
Utah	8/19/12	67	67	67	67	NA
Vermont	8/21/12	33	33	33	NA	NA
Virginia	8/21/12	17	83	83	NA	NA
Washington	9/2/12	67	67	67	NA	NA
West Virginia	8/28/12	0	50	67	NA	NA
Wisconsin	8/28/12	67	67	67 ¹⁸	NA	NA
Wyoming	9/2/12	67	67	67	67 ¹⁹	NA

¹NA: no regulations available on NRC website

²Arizona: up to 10 children

³District of Columbia: up to 5 children

⁴Georgia: up to 18 children

⁵Illinois: no regulations if less than 4 children

⁶Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁷Maryland: up to 8 children

⁸Massachusetts: up to 10 children

⁹Minnesota: up to 14 children

¹⁰Nevada: no regulations if less than 5 children

¹¹New Jersey: up to 5 children

¹²New Mexico: up to 4 children

¹³North Carolina: up to 8 children

¹⁴North Dakota: up to 18 children

¹⁵Oregon: no regulations if less than 4 children

¹⁶Pennsylvania: no regulation if less than 5 children

¹⁷Rhode Island: no regulations if less than 4 children

¹⁸Wisconsin: up to 8 children

¹⁹Wyoming: up to 15 children

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Of those states with regulations for homes with two or fewer children (N=41), 90% of states partially (50%-83%) fulfilled this requirement with the exception of California, Idaho, South Carolina, and West Virginia, which did not include any of these criteria in the regulations. Georgia was the only state to fulfill the criteria of this standard in its entirety.

For the states with regulations for homes with three to six children (N=51), all states except California, Idaho, and South Carolina (94%) partially fulfilled this standard. New York was the only additional state to fulfill the standard in its entirety.

In homes with seven to 12 children (N=45), New York was the only state that completely met this standard. Interestingly, Georgia's regulations for large family child care homes, which were used for this category, fulfilled only 83% of this standard.

Of the 12 states that have regulations for 13-16 children (N=11), all partially fulfilled this standard, ranging from 50% to 83%. The same is true of the 4 states that serve 18-20 children (N=4) (Table 3).

Standard 3.6.3.2. Labeling, Storage, Disposal of Medications

This standard contains eight criteria related to the labeling, storage, and disposal of medications. Although there is some overlap with Standard 3.6.3.1 regarding labeling, this standard addresses the labeling of prescription and non-prescription medication separately.

As with Standard 3.6.3.1 storage in the original container fulfilled the labeling requirements of prescription medications. Conversely, over-the-counter (OTC) and non-prescription medications must be in their original container, labeled by the parent with child's name and instructions. Manufacturer instructions alone are not sufficient. For example, in Massachusetts, non-prescription medication must be in the original container, contain the original label, and have the child's name affixed. Because parent instructions are not required,

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this criterion of the standard was not fulfilled.

The fifth criterion of this standard, “All medications must be stored at proper temperature,” was considered fulfilled if regulations discussed the need to refrigerate medications according to manufacturer instructions. Regulations in Massachusetts were some of the most explicit and specific regarding proper temperature. In that state, refrigerators that store medication must be kept between 38 and 42 degrees Fahrenheit.

The seventh criterion of this standard addressed the proper disposal of expired or unused medications. This criterion was considered fulfilled if expired or unused medications were required to be returned to the child’s parent or guardian or disposed of according to US Food and Drug Administration recommendations. Regulations that require medications to be “properly disposed of” or “discarded” were too vague and, therefore, were considered unmet.

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Table 4

Frequency of State Compliance with Standard 3.6.3.2 Labeling, Storage and Disposal of Medications for Family Child Care Home Regulations by Capacity Categories

State	Date Reviewed	Regulations for ≤ 2 children	Regulations for 3-6 children	Regulations for 7-12 children	Regulations for 13-16 children	Regulations for 17-20 children
Alabama	7/18/12	50	50	50	NA ¹	NA
Alaska	7/18/12	75	75	75	NA	NA
Arizona	9/3/12	38	50	50 ²	NA	NA
Arkansas	8/13/12	38	38	38	38	NA
California	7/25/12	13	13	13	NA	NA
Colorado	8/26/12	63	63	63	NA	NA
Connecticut	7/19/12	100	100	NA	NA	NA
Delaware	9/4/12	75	75	75	NA	NA
D.C.	7/26/12	0	0 ³	NA	NA	NA
Florida	9/4/12	50	50	50	NA	NA
Georgia	7/31/12	38	38	50	50	50 ⁴
Hawaii	7/31/12	NA ⁴	38	NA	NA	NA
Idaho	9/4/12	25	25	25	NA	NA
Illinois	7/31/12	NA	25 ⁵	25	NA	NA
Indiana	7/31/12	13	13	13	13	NA
Iowa	7/31/12	50	50	50	50	NA
Kansas	8/2/12	25	25	25	NA	NA
Kentucky	8/2/12	25	25	NA	NA	NA
Louisiana ⁶	8/2/12	63	63	63	63	63
Maine	8/4/12	NA	25	25	NA	NA
Maryland	8/4/12	38	38	38 ⁷	NA	NA
Massachusetts	9/2/12	63	63	63 ⁸	NA	NA
Michigan	8/6/12	50	50	50	NA	NA
Minnesota	8/7/12	25	25	25	25 ⁹	NA
Mississippi	8/7/12	25	25	25	NA	NA
Missouri	8/8/12	75	75	75	NA	NA
Montana	8/8/12	NA	63	63	NA	NA
Nebraska	8/9/12	75	75	75	NA	NA
Nevada	8/9/12	NA	75 ¹⁰	75	NA	NA
New Hampshire	8/14/12	63	63	63	NA	NA
New Jersey	8/15/12	NA	25 ¹¹	NA	NA	NA
New Mexico	8/15/12	0	0 ¹²	NA	NA	NA
New York	8/15/12	NA	75	75	NA	NA
North Carolina	8/16/12	38	38	38 ¹³	NA	NA
North Dakota	9/2/12	38	38	38	38	38 ¹⁴
Ohio	8/30/12	63	63	63	NA	NA
Oklahoma	8/16/12	50	50	50	NA	NA
Oregon	8/16/12	NA	50 ¹⁵	63	63	NA
Pennsylvania	8/16/12	NA	50 ¹⁶	50	50	NA
Rhode Island	8/16/12	NA	38 ¹⁷	38	NA	NA
South Carolina	8/17/12	0	0	63	NA	NA
South Dakota	8/17/12	50	50	50	50	50
Tennessee	8/17/12	25	25	25	NA	NA
Texas	8/19/12	50	50	50	NA	NA
Utah	8/19/12	75	75	75	75	NA
Vermont	8/21/12	25	25	25	NA	NA
Virginia	8/21/12	0	63	63	NA	NA
Washington	9/2/12	50	50	50	NA	NA
West Virginia	8/28/12	0	13	13	NA	NA
Wisconsin	8/28/12	63	63	63 ¹⁸	NA	NA
Wyoming	9/2/12	50	50	50	50 ¹⁹	NA

¹NA: no regulations available on NRC website

²Arizona: up to 10 children

³District of Columbia: up to 5 children

⁴Georgia: up to 18 children

⁵Illinois: no regulations if less than 4 children

⁶Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁷Maryland: up to 8 children

⁸Massachusetts: up to 10 children

⁹Minnesota: up to 14 children

¹⁰Nevada: no regulations if less than 5 children

¹¹New Jersey: up to 5 children

¹²New Mexico: up to 4 children

¹³North Carolina: up to 8 children

¹⁴North Dakota: up to 18 children

¹⁵Oregon: no regulations if less than 4 children

¹⁶Pennsylvania: no regulation if less than 5 children

¹⁷Rhode Island: no regulations if less than 4 children

¹⁸Wisconsin: up to 8 children

¹⁹Wyoming: up to 15 children

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Of states with regulations for family child care homes serving two or fewer children, most (88%) partially fulfilled this standard. The District of Columbia, New Mexico, South Carolina, Virginia, and West Virginia did not fulfill any criteria of this standard. Connecticut was the only state that met this standard in its entirety.

For family child care homes serving three to six children, almost all states (94%) partially fulfilled this standard. Only the District of Columbia, New Mexico, and South Carolina did not fulfill any criteria of this standard. Again, Connecticut was the only state to fulfill this standard in its entirety.

For homes serving seven to 12 children all states partially met this standard ranging from 13% to 75%. Of the homes with regulations for serving 13 to 16 children, all partially fulfilled this standard also ranging from 13% to 75%. Of the four states serving 17 to 20 children, all partially fulfilled this standard ranging from 38% to 63% (Table 4).

Standard 3.6.3.3. Training of Caregivers to Administer Medications

This standard contains five criteria regarding the training of caregivers to administer medications in family child care homes. The following requirements are addressed within the standard: the use of a standardized training program, the inclusion of skills and competency assessment, use of a licensed health professional as the trainer, and the annual evaluation of skill competency.

The majority of states (90%) did not address any criteria of this standard in their regulations. Among states that addressed training of caregivers, there was wide variation amongst these regulations. For this reason, a separate table was created to illustrate the differing requirements for training among states (Appendix B). CFOC (2011) recommends that each state have a standardized medication administration training program to be completed by caregivers.

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This standardized program shall include demonstration of proper techniques and completion of a post-test that reflects the information presented in the program. The post-test ensures that caregivers “understand the rationale for the procedures that have been taught, demonstrated, and return demonstrated...Also, the written posttest is an opportunity to test literacy skills that are essential for interpreting medication orders, drug labels, and drug information" (Viall, 2012).

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Table 5

Frequency of State Compliance with Standard 3.6.3.3 Training of Caregiver to Administer Medications for Family Child Care Home Regulations by Capacity Categories

State	Date Reviewed	Regulations for ≤ 2 children	Regulations for 3-6 children	Regulations for 7-12 children	Regulations for 13-16 children	Regulations for 17-20 children
Alabama	7/18/12	0	0	0	NA ¹	NA
Alaska	7/18/12	0	0	0	NA	NA
Arizona	9/3/12	0	0	0 ²	NA	NA
Arkansas	8/13/12	0	0	0	0	NA
California	7/25/12	0	0	0	NA	NA
Colorado	8/26/12	20	20	20	NA	NA
Connecticut	7/19/12	40 (NS) ³	40 (NS)	NA	NA	NA
Delaware	9/4/12	0 (NS)	0 (NS)	0 (NS)	NA	NA
D.C.	7/26/12	0	0 ⁴	NA	NA	NA
Florida	9/4/12	0	0	0	NA	NA
Georgia	7/31/12	0	0	0 (NS)	0 (NS)	0 (NS) ⁵
Hawaii	7/31/12	NA ⁶	0	NA	NA	NA
Idaho	9/4/12	0	0	0	NA	NA
Illinois	7/31/12	NA	0 ⁶	0	NA	NA
Indiana	7/31/12	0	0	0	0	NA
Iowa	7/31/12	0	0	0	0	NA
Kansas	8/2/12	0	0	0	NA	NA
Kentucky	8/2/12	0	0	NA	NA	NA
Louisiana ⁷	8/2/12	0 (NS)	0 (NS)	0 (NS)	0 (NS)	0 (NS)
Maine	8/4/12	NA	0	0	NA	NA
Maryland	8/4/12	0 (NS)	0 (NS)	0 (NS) ⁸	NA	NA
Massachusetts	9/2/12	20 (NS)	20 (NS)	20 (NS) ⁹	NA	NA
Michigan	8/6/12	0	0	0	NA	NA
Minnesota	8/7/12	0	0	0	0 ¹⁰	NA
Mississippi	8/7/12	0	0	0	NA	NA
Missouri	8/8/12	0 (NS)	0 (NS)	0 (NS)	NA	NA
Montana	8/8/12	NA	0	0	NA	NA
Nebraska	8/9/12	0	0	0	NA	NA
Nevada	8/9/12	NA	0 (NS)	0 (NS) ¹¹	NA	NA
New Hampshire	8/14/12	0 (NS)	0 (NS)	0 (NS)	NA	NA
New Jersey	8/15/12	NA	0 (NS) ¹²	NA	NA	NA
New Mexico	8/15/12	0	0 ¹³	NA	NA	NA
New York	8/15/12	NA	40	40	NA	NA
North Carolina	8/16/12	0	0	0 ¹⁴	NA	NA
North Dakota	9/2/12	0	0	0	0	0 ¹⁵
Ohio	8/30/12	0 (NS)	0 (NS)	0 (NS)	NA	NA
Oklahoma	8/16/12	0	0	0	NA	NA
Oregon	8/16/12	NA	0 ¹⁶	0	0	NA
Pennsylvania	8/16/12	NA	0 ¹⁷	0	0	NA
Rhode Island	8/16/12	NA	0 ¹⁸	0	NA	NA
South Carolina	8/17/12	0	0	0	NA	NA
South Dakota	8/17/12	0	0	0	0	0
Tennessee	8/17/12	0	0	0	NA	NA
Texas	8/19/12	0	0	0	NA	NA
Utah	8/19/12	0 (NS)	0 (NS)	0 (NS)	0 (NS)	NA
Vermont	8/21/12	0	0	0	NA	NA
Virginia	8/21/12	0	20	20	NA	NA
Washington	9/2/12	0	0	0	NA	NA
West Virginia	8/28/12	0	0	0 (NS)	NA	NA
Wisconsin	8/28/12	0 (NS)	0 (NS)	0 (NS) ¹⁹	NA	NA
Wyoming	9/2/12	0 (NS)	0 (NS)	0 (NS)	0 (NS) ²⁰	NA

¹NA: no regulations available on NRC website

²Arizona: up to 10 children

³NS: training program required, but program is not standardized

⁴District of Columbia: up to 5 children

⁵Georgia: up to 18 children

⁶Illinois: no regulations if less than 4 children

⁷Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁸Maryland: up to 8 children

⁹Massachusetts: up to 10 children

¹⁰Minnesota: up to 14 children

¹¹Nevada: no regulations if less than 5 children

¹²New Jersey: up to 5 children

¹³New Mexico: up to 4 children

¹⁴North Carolina: up to 8 children

¹⁵North Dakota: up to 18 children

¹⁶Oregon: no regulations if less than 4 children

¹⁷Pennsylvania: no regulation if less than 5 children

¹⁸Rhode Island: no regulations if less than 4 children

¹⁹Wisconsin: up to 8 children

²⁰Wyoming: up to 15 children

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Of the homes with regulations for two or fewer children, Colorado was the only state to require a standardized training program. Colorado, New York, and Virginia were the only states with regulations for three to six children (6%) and seven to 12 children (7%) that require a standardized medication administration training program. No states with regulations for 13 to 16 children or 17 to 20 children require a standardized, department-approved training program.

Some states, such as Connecticut, Delaware, Maryland, and Massachusetts, require some form of general, non-standardized, training for caregivers. For homes with two or fewer children, 11 states (27%) require some general training (Connecticut, Delaware, Louisiana, Maryland, Massachusetts, Missouri, New Hampshire, Ohio, Utah, Wisconsin and Wyoming). Thirteen states (25%) serving three to six children and seven to twelve children (29%) also require some general caregiver training. Of the states serving 13 to 16 children, four states (33%) require caregiver training. Two states (50%) with regulations for 17 to 20 children also require some general training in order to administer medications (Table 5).

Standard 9.4.1.2. Maintenance of Records

The two criteria of this standard require the maintenance of a medication administration log and the length of time the log should be kept on file.

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Table 6

Frequency of State Compliance with Standard 9.4.1.2 Maintenance of Records for Family Child Care Home Regulations by Capacity Categories

State	Date Reviewed	Regulations for ≤ 2 children	Regulations for 3-6 children	Regulations for 7-12 children	Regulations for 13-16 children	Regulations for 17-20 children
Alabama	7/18/12	50	50	50	NA ¹	NA
Alaska	7/18/12	50	50	50	NA	NA
Arizona	9/3/12	50	100	100 ²	NA	NA
Arkansas	8/13/12	0	0	0	0	NA
California	7/25/12	0	0	0	NA	NA
Colorado	8/26/12	50	50	50	NA	NA
Connecticut	7/19/12	50	50	NA	NA	NA
Delaware	9/4/12	50	50	50	NA	NA
D.C.	7/26/12	0	0 ³	NA	NA	NA
Florida	9/4/12	100	100	100	NA	NA
Georgia	7/31/12	50	50	50	50	50 ⁴
Hawaii	7/31/12	NA ⁵	0	NA	NA	NA
Idaho	9/4/12	0	0	0	NA	NA
Illinois	7/31/12	NA	50 ⁶	50	NA	NA
Indiana	7/31/12	50	50	50	50	NA
Iowa	7/31/12	0	0	0	0	NA
Kansas	8/2/12	50	50	50	NA	NA
Kentucky	8/2/12	0	0	NA	NA	NA
Louisiana ⁵	8/2/12	50	50	50	50	50
Maine	8/4/12	NA	50	50	NA	NA
Maryland	8/4/12	100	100	100 ⁷	NA	NA
Massachusetts	9/2/12	50	50	50 ⁸	NA	NA
Michigan	8/6/12	100	100	100	NA	NA
Minnesota	8/7/12	0	0	0	0 ⁹	NA
Mississippi	8/7/12	100	100	100	NA	NA
Missouri	8/8/12	100	100	100	NA	NA
Montana	8/8/12	NA	50	50	NA	NA
Nebraska	8/9/12	50	50	50	NA	NA
Nevada	8/9/12	NA	50 ¹⁰	50	NA	NA
New Hampshire	8/14/12	50	50	50	NA	NA
New Jersey	8/15/12	NA	50 ¹¹	NA	NA	NA
New Mexico	8/15/12	0	0 ¹²	NA	NA	NA
New York	8/15/12	NA	50	100	NA	NA
North Carolina	8/16/12	100	100	100 ¹³	NA	NA
North Dakota	9/2/12	50	50	50	50	50 ¹⁴
Ohio	8/30/12	100	100	100	NA	NA
Oklahoma	8/16/12	50	50	50	NA	NA
Oregon	8/16/12	NA	100 ¹⁵	50	50	NA
Pennsylvania	8/16/12	NA	50 ¹⁶	50	50	NA
Rhode Island	8/16/12	NA	50 ¹⁷	50	NA	NA
South Carolina	8/17/12	0	0	50	NA	NA
South Dakota	8/17/12	0	0	0	0	0
Tennessee	8/17/12	50	50	50	NA	NA
Texas	8/19/12	100	100	100	NA	NA
Utah	8/19/12	100	100	100	100	NA
Vermont	8/21/12	0	0	0	NA	NA
Virginia	8/21/12	0	50	50	NA	NA
Washington	9/2/12	100	100	100	NA	NA
West Virginia	8/28/12	0	0	0	NA	NA
Wisconsin	8/28/12	50	50	50 ¹⁸	NA	NA
Wyoming	9/2/12	50	50	50	50 ¹⁹	NA

¹NA: no regulations available on NRC website

²Arizona: up to 10 children

³District of Columbia: up to 5 children

⁴Georgia: up to 18 children

⁵Illinois: no regulations if less than 4 children

⁶Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁷Maryland: up to 8 children

⁸Massachusetts: up to 10 children

⁹Minnesota: up to 14 children

¹⁰Nevada: no regulations if less than 5 children

¹¹New Jersey: up to 5 children

¹²New Mexico: up to 4 children

¹³North Carolina: up to 8 children

¹⁴North Dakota: up to 18 children

¹⁵Oregon: no regulations if less than 4 children

¹⁶Pennsylvania: no regulation if less than 5 children

¹⁷Rhode Island: no regulations if less than 4 children

¹⁸Wisconsin: up to 8 children

¹⁹Wyoming: up to 15 children

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Of the 41 states that have regulations for two or less children, 10 states (21%) fulfilled this standard in its entirety (Florida, Maryland, Michigan, Mississippi, Missouri, North Carolina, Ohio, Texas, Utah, and Washington). Fourteen states (34%) did not fulfill either of the two criteria of this standard (Arkansas, California, District of Columbia, Idaho, Iowa, Kentucky, Minnesota, New Mexico, South Carolina, South Dakota, Vermont, Virginia, West Virginia, Wisconsin).

Of the states with regulations for family child care homes serving three to six children (N=51), 12 states (24%) fulfilled this standard in its entirety. In addition to the states mentioned in the first category, Arizona and Oregon also met 100% of this standard. Twelve states (24%) did not meet either criterion of this standard. When compared to the states that met 0% of the standard in the category above, Hawaii is the only additional state that did not meet any criteria of this standard. Virginia and Wisconsin, both of which met 0% of this standard in the category for two or fewer children, met 50% of this standard in the category of three to six children. In both of these states, regulations for larger numbers of children are in greater compliance with CFOC (2011) standards.

Of the 45 states with regulations for 7 to 12 children, 8 (18%) did not meet either criterion of this standard (Arkansas, California, Idaho, Iowa, Minnesota, South Dakota, Vermont, and West Virginia). Eleven states (24%) fulfilled this standard in its entirety (Arizona, Florida, Maryland, Michigan, Mississippi, Missouri, North Carolina, Ohio, Texas, Utah, Washington). Compared to the categories above, Oregon only fulfilled 50% of this standard in this category, despite fulfilling 100% of this standard in the category of three to six children. Oregon has two sets of regulations that fit into this category and, overall, the regulations for large family child care homes met a greater proportion of the standards' criteria than those for small family child

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care homes. However, regulations for small family child care homes met a higher proportion than large family child care homes for this one particular standard. Regulations for large family child care homes were evaluated because of the greater compliance related to a larger number of standards.

Of the 12 states with regulations for 13 to 16 children 58% met some criteria (list range here). Additionally, Utah was the only state to fulfill this standard in its entirety. Four states (33%) did not meet either criterion of this standard (Arkansas, Iowa, Minnesota, and South Dakota).

Of the four states with regulations for 17 to 20 children, South Dakota was the only state that did not fulfill either criterion of this standard. No state fulfilled this standard in its entirety (Table 6).

Standard 9.4.1.9. Records of Injury

This standard contains three criteria related to maintaining records of injuries that occur in child care settings. This standard states that an injury report be generated when an injury occurs, that copies of the report be maintained, and that facilities plan to take corrective action based on this injury report. Medication administration errors are included among “injuries,” and, thus, a report should be completed when these errors occur. Some states require that injuries be immediately reported. However, if regulations did not state that a written report is required, the three criteria of this standard were considered unfulfilled. Additionally, if regulations specified that a report was to be completed, but not that an injury log was to be maintained, the second and third criteria of this standard were not considered fulfilled.

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Table 7

Frequency of State Compliance with Standard 9.4.1.9 Records of Injury for Family Child Care Home Regulations by Capacity Categories

State	Date Reviewed	Regulations for ≤ 2 children	Regulations for 3-6 children	Regulations for 7-12 children	Regulations for 13-16 children	Regulations for 17-20 children
Alabama	7/18/12	0	0	0	NA ¹	NA
Alaska	7/18/12	0	0	0	NA	NA
Arizona	9/3/12	0	0	0 ²	NA	NA
Arkansas	8/13/12	0	0	0	0	NA
California	7/25/12	0	0	0	NA	NA
Colorado	8/26/12	0	0	0	NA	NA
Connecticut	7/19/12	33	33	NA	NA	NA
Delaware	9/4/12	0	0	0	NA	NA
D.C.	7/26/12	0	0 ³	NA	NA	NA
Florida	9/4/12	0	0	0	NA	NA
Georgia	7/31/12	0	0	0	0	0 ⁴
Hawaii	7/31/12	NA ⁵	0	NA	NA	NA
Idaho	9/4/12	0	0	0	NA	NA
Illinois	7/31/12	NA	0 ⁵	0	NA	NA
Indiana	7/31/12	0	0	0	0	NA
Iowa	7/31/12	0	0	0	0	NA
Kansas	8/2/12	0	0	0	NA	NA
Kentucky	8/2/12	0	0	NA	NA	NA
Louisiana ⁶	8/2/12	0	0	0	0	0
Maine	8/4/12	NA	0	0	NA	NA
Maryland	8/4/12	0	0	0 ⁷	NA	NA
Massachusetts	9/2/12	33	33	33 ⁸	NA	NA
Michigan	8/6/12	0	0	0	NA	NA
Minnesota	8/7/12	0	0	0	0 ⁹	NA
Mississippi	8/7/12	0	0	0	NA	NA
Missouri	8/8/12	0	0	0	NA	NA
Montana	8/8/12	NA	0	0	NA	NA
Nebraska	8/9/12	0	0	0	NA	NA
Nevada	8/9/12	NA	0	0 ¹⁰	NA	NA
New Hampshire	8/14/12	0	0	0	NA	NA
New Jersey	8/15/12	NA	0 ¹¹	NA	NA	NA
New Mexico	8/15/12	0	0 ¹²	NA	NA	NA
New York	8/15/12	NA	33	33	NA	NA
North Carolina	8/16/12	0	0	0 ¹³	NA	NA
North Dakota	9/2/12	33	33	33	33	33 ¹⁴
Ohio	8/30/12	33	33	0	NA	NA
Oklahoma	8/16/12	0	0	0	NA	NA
Oregon	8/16/12	NA	0 ¹⁵	0	0	NA
Pennsylvania	8/16/12	NA	0 ¹⁶	0	0	NA
Rhode Island	8/16/12	NA	0 ¹⁷	0	NA	NA
South Carolina	8/17/12	0	0	33	NA	NA
South Dakota	8/17/12	0	0	0	0	0
Tennessee	8/17/12	0	0	0	NA	NA
Texas	8/19/12	0	0	0	NA	NA
Utah	8/19/12	33	33	33	33	NA
Vermont	8/21/12	0	0	0	NA	NA
Virginia	8/21/12	0	0	0	NA	NA
Washington	9/2/12	0	0	0	NA	NA
West Virginia	8/28/12	0	0	0	NA	NA
Wisconsin	8/28/12	0	0	0 ¹⁸	NA	NA
Wyoming	9/2/12	0	0	0	0 ¹⁹	NA

¹NA: no regulations available on NRC website

²Arizona: up to 10 children

³District of Columbia: up to 5 children

⁴Georgia: up to 18 children

⁵Illinois: no regulations if less than 4 children

⁶Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁷Maryland: up to 8 children

⁸Massachusetts: up to 10 children

⁹Minnesota: up to 14 children

¹⁰Nevada: no regulations if less than 5 children

¹¹New Jersey: up to 5 children

¹²New Mexico: up to 4 children

¹³North Carolina: up to 8 children

¹⁴North Dakota: up to 18 children

¹⁵Oregon: no regulations if less than 4 children

¹⁶Pennsylvania: no regulation if less than 5 children

¹⁷Rhode Island: no regulations if less than 4 children

¹⁸Wisconsin: up to 8 children

¹⁹Wyoming: up to 15 children

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Overall, few states addressed this standard in their regulations for family child care homes. Of states with regulations for homes serving two or fewer children, only 5 states (12%) partially fulfilled this standard with 33% of the standard being met (Connecticut, Massachusetts, North Dakota, Ohio, and Utah). In states with regulations for three to six children, only 6 states (12%) partially fulfilled this standard with 33% of the standard being met. In addition to the above-mentioned states, New York is the only state to have fulfilled a portion of this standard. Only four states with regulations for seven to 12 children met 33% of this standard. South Carolina was the only state in addition to the above-mentioned states to fulfill a portion of this standard. Interestingly, Ohio's regulations for this capacity of children did not meet any criteria of this standard. However, Ohio's regulations for small family child care homes met 33% of this standard (Table 7).

Standard 9.4.2.6. Contents of Medication Record

This standard is composed of 12 criteria, many of which overlap with criteria of previous standards. This standard covers standards relating to content of medication administration logs, proper labeling of medications, parent permission and provider authorization for both prescription and non-prescription medications, and listing of potential side effects.

Of particular note is the eighth criterion of this standard, which requires an authorization from a prescribing health professional for prescription medications. In contrast to the first criterion of Standard 3.6.3.1, which requires that prescription medications must be ordered by a prescribing health professional for a specific child, this standard necessitates a separate, written authorization by the prescriber, which includes medication administration details. Thus, regulations that only indicated that the medication be in its original container and were considered met in standard 3.6.3.1, were not adequate for fulfillment in this standard. Of note,

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multiple states had requirements for a written medical assessment, complete with a list of the child's medications, from a health care provider prior to enrollment in a family child care home. This medication list was not considered to fulfill this specific criterion of this standard because it did not specifically state that the provider was providing authorization for the medications to be administered while in child care.

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Table 8

Frequency of State Compliance with Standard 9.4.2.6 Contents of Medication Records for Family Child Care Home Regulations by Capacity Categories

State	Date Reviewed	Regulations for ≤ 2 children	Regulations for 3-6 children	Regulations for 7-12 children	Regulations for 13-16 children	Regulations for 17-20 children
Alabama	7/18/12	42	42	42	NA ¹	NA
Alaska	7/18/12	42	42	42	NA	NA
Arizona	9/3/12	42	58	50 ²	NA	NA
Arkansas	8/13/12	8	8	8	8	NA
California	7/25/12	0	0	0	NA	NA
Colorado	8/26/12	67	67	67	NA	NA
Connecticut	7/19/12	83	83	NA	NA	NA
Delaware	9/4/12	75	75	75	NA	NA
D.C.	7/26/12	33	33 ³	NA	NA	NA
Florida	9/4/12	50	50	50	NA	NA
Georgia	7/31/12	58	58	67	67	67 ⁴
Hawaii	7/31/12	NA	8	NA	NA	NA
Idaho	9/4/12	0	0	0	NA	NA
Illinois	7/31/12	NA	33 ⁵	33	NA	NA
Indiana	7/31/12	33	33	33	33	NA
Iowa	7/31/12	25	25	25	25	NA
Kansas	8/2/12	17	17	17	NA	NA
Kentucky	8/2/12	0	0	NA	NA	NA
Louisiana ⁶	8/2/12	42	42	42	42	42
Maine	8/4/12	NA	42	42	NA	NA
Maryland	8/4/12	33	33	33 ⁷	NA	NA
Massachusetts	9/2/12	67	67	67 ⁸	NA	NA
Michigan	8/6/12	42	42	42	NA	NA
Minnesota	8/7/12	25	25	25	25 ⁹	NA
Mississippi	8/7/12	17	17	17	NA	NA
Missouri	8/8/12	42	42	42	NA	NA
Montana	8/8/12	NA	42	42	NA	NA
Nebraska	8/9/12	42	42	42	NA	NA
Nevada	8/9/12	NA	33 ¹⁰	33	NA	NA
New Hampshire	8/14/12	50	50	50	NA	NA
New Jersey	8/15/12	NA	25 ¹¹	NA	NA	NA
New Mexico	8/15/12	0	0 ¹²	NA	NA	NA
New York	8/15/12	NA	83	83	NA	NA
North Carolina	8/16/12	75	75	75 ¹³	NA	NA
North Dakota	9/2/12	50	50	50	50	50 ¹⁴
Ohio	8/30/12	42	42	58	NA	NA
Oklahoma	8/16/12	42	42	42	NA	NA
Oregon	8/16/12	NA	25 ¹⁵	50	50	NA
Pennsylvania	8/16/12	NA	50 ¹⁶	50	50	NA
Rhode Island	8/16/12	NA	33 ¹⁷	33	NA	NA
South Carolina	8/17/12	0	0	33	NA	NA
South Dakota	8/17/12	25	25	25	17	17
Tennessee	8/17/12	25	25	25	NA	NA
Texas	8/19/12	58	58	58	NA	NA
Utah	8/19/12	42	42	33	42	NA
Vermont	8/21/12	8	8	42	NA	NA
Virginia	8/21/12	0	58	8	NA	NA
Washington	9/2/12	67	67	58	NA	NA
West Virginia	8/28/12	0	17	67	NA	NA
Wisconsin	8/28/12	50	50	50 ¹⁸	NA	NA
Wyoming	9/2/12	42	42	42	42 ¹⁹	NA

¹NA: no regulations available on NRC website

²Arizona: up to 10 children

³District of Columbia: up to 5 children

⁴Georgia: up to 18 children

⁵Illinois: no regulations if less than 4 children

⁶Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁷Maryland: up to 8 children

⁸Massachusetts: up to 10 children

⁹Minnesota: up to 14 children

¹⁰Nevada: no regulations if less than 5 children

¹¹New Jersey: up to 5 children

¹²New Mexico: up to 4 children

¹³North Carolina: up to 8 children

¹⁴North Dakota: up to 18 children

¹⁵Oregon: no regulations if less than 4 children

¹⁶Pennsylvania: no regulation if less than 5 children

¹⁷Rhode Island: no regulations if less than 4 children

¹⁸Wisconsin: up to 8 children

¹⁹Wyoming: up to 15 children

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For homes with regulations for two of fewer children, most states (80%) partially fulfilled this standard ranging from 8% to 83%. Eight states (20%), California, Idaho, Kentucky, New Mexico, South Carolina, Virginia, West Virginia, and Wisconsin, did not include any criteria of this standard (Table 8).

For homes serving three to six children, only five states did not fulfill any criterion of this standard. Other than Virginia, West Virginia, and Wisconsin, the states that did not fulfill any portion of this standard are listed above. All other states (91%) fulfilled this standard partially, also ranging from 8% to 83% (Table 8).

For homes serving seven to 12 children, all states except California and Idaho partially fulfilled this standard, ranging from 17% to 83% (Table 8).

For those 12 states with regulations serving 13 to 16 children, all partially fulfilled this standard ranging from 8% to 67%. Similarly, of those homes serving 17 to 20 children, each fulfilled this standard partially from 17% to 67% (Table 8).

Standard 9.2.3.9. Written Policy on Use of Medications

This standard pertains to written policies regarding the use of medications and contains numerous criteria, which are divided into nine subcategories (Tables 9-17). A separate table was created to illustrate each state's degree of compliance with written policy standards based on the family child care homes' capacities (Appendix C).

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Table 9

Frequency of State Compliance with Medication Administration Policy Standard 9.2.3.9.a Policy on Permission for Family Child Care Home Regulations by Capacity Categories

State	Date Reviewed	Regulations for ≤ 2 children	Regulations for 3-6 children	Regulations for 7-12 children	Regulations for 13-16 children	Regulations for 17-20 children
Alabama	7/18/12	0	0	0	NA ¹	NA
Alaska	7/18/12	100	100	100	NA	NA
Arizona	9/3/12	0	100	100 ²	NA	NA
Arkansas	8/13/12	0	0	0	0	NA
California	7/25/12	0	0	0	NA	NA
Colorado	8/26/12	0	0	0	NA	NA
Connecticut	7/19/12	100	100	NA	NA	NA
Delaware	9/4/12	0	0	0	NA	NA
D.C.	7/26/12	0	0 ³	NA	NA	NA
Florida	9/4/12	0	0	0	NA	NA
Georgia	7/31/12	0	0	100	100	100 ⁴
Hawaii	7/31/12	NA	0	NA	NA	NA
Idaho	9/4/12	0	0	0	NA	NA
Illinois	7/31/12	NA	0 ⁵	0	NA	NA
Indiana	7/31/12	0	0	0	0	NA
Iowa	7/31/12	0	0	0	0	NA
Kansas	8/2/12	0	0	0	NA	NA
Kentucky	8/2/12	0	0	NA	NA	NA
Louisiana ⁶	8/2/12	0	0	0	0	0
Maine	8/4/12	NA	100	100	NA	NA
Maryland	8/4/12	0	0	0 ⁷	NA	NA
Massachusetts	9/2/12	0	0	0 ⁸	NA	NA
Michigan	8/6/12	0	0	0	NA	NA
Minnesota	8/7/12	0	0	0	0 ⁹	NA
Mississippi	8/7/12	0	0	0	NA	NA
Missouri	8/8/12	0	0	0	NA	NA
Montana	8/8/12	NA	0	0	NA	NA
Nebraska	8/9/12	0	0	0	NA	NA
Nevada	8/9/12	NA	0 ¹⁰	0	NA	NA
New Hampshire	8/14/12	0	0	0	NA	NA
New Jersey	8/15/12	NA	0 ¹¹	NA	NA	NA
New Mexico	8/15/12	0	0 ¹²	NA	NA	NA
New York	8/15/12	NA	0	0	NA	NA
North Carolina	8/16/12	0	0	0 ¹³	NA	NA
North Dakota	9/2/12	0	0	100	100	100 ¹⁴
Ohio	8/30/12	0	0	0	NA	NA
Oklahoma	8/16/12	0	0	0	NA	NA
Oregon	8/16/12	NA	0 ¹⁵	0	0	NA
Pennsylvania	8/16/12	NA	0 ¹⁶	0	0	NA
Rhode Island	8/16/12	NA	0 ¹⁷	0	NA	NA
South Carolina	8/17/12	0	0	0	NA	NA
South Dakota	8/17/12	0	0	0	0	0
Tennessee	8/17/12	0	0	0	NA	NA
Texas	8/19/12	0	0	0	NA	NA
Utah	8/19/12	0	0	0	0	NA
Vermont	8/21/12	0	0	0	NA	NA
Virginia	8/21/12	0	0	0	NA	NA
Washington	9/2/12	100	100	100	NA	NA
West Virginia	8/28/12	0	0	0	NA	NA
Wisconsin	8/28/12	0	0	0 ¹⁸	NA	NA
Wyoming	9/2/12	0	0	0	0 ¹⁹	NA

¹NA: no regulations available on NRC website

²Arizona: up to 10 children

³District of Columbia: up to 5 children

⁴Georgia: up to 18 children

⁵Illinois: no regulations if less than 4 children

⁶Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁷Maryland: up to 8 children

⁸Massachusetts: up to 10 children

⁹Minnesota: up to 14 children

¹⁰Nevada: no regulations if less than 5 children

¹¹New Jersey: up to 5 children

¹²New Mexico: up to 4 children

¹³North Carolina: up to 8 children

¹⁴North Dakota: up to 18 children

¹⁵Oregon: no regulations if less than 4 children

¹⁶Pennsylvania: no regulation if less than 5 children

¹⁷Rhode Island: no regulations if less than 4 children

¹⁸Wisconsin: up to 8 children

¹⁹Wyoming: up to 15 children

MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES

Table 10

Frequency of State Compliance with Medication Administration Policy Standard 9.2.3.9.b Policy on Prescription/Order for Family Child Care Home Regulations by Capacity Categories

State	Date Reviewed	Regulations for ≤ 2 children	Regulations for 3-6 children	Regulations for 7-12 children	Regulations for 13-16 children	Regulations for 17-20 children
Alabama	7/18/12	0	0	0	NA ¹	NA
Alaska	7/18/12	0	0	0	NA	NA
Arizona	9/3/12	0	0	0 ²	NA	NA
Arkansas	8/13/12	0	0	0	0	NA
California	7/25/12	0	0	0	NA	NA
Colorado	8/26/12	0	0	0	NA	NA
Connecticut	7/19/12	100	100	NA	NA	NA
Delaware	9/4/12	0	0	0	NA	NA
D.C.	7/26/12	0	0 ³	NA	NA	NA
Florida	9/4/12	0	0	0	NA	NA
Georgia	7/31/12	0	0	0	0	0 ⁴
Hawaii	7/31/12	NA	0	NA	NA	NA
Idaho	9/4/12	0	0	0	NA	NA
Illinois	7/31/12	NA	0 ⁵	0	NA	NA
Indiana	7/31/12	0	0	0	0	NA
Iowa	7/31/12	0	0	0	0	NA
Kansas	8/2/12	0	0	0	NA	NA
Kentucky	8/2/12	0	0	NA	NA	NA
Louisiana ⁶	8/2/12	0	0	0	0	0
Maine	8/4/12	NA	0	0	NA	NA
Maryland	8/4/12	0	0	0 ⁷	NA	NA
Massachusetts	9/2/12	0	0	0 ⁸	NA	NA
Michigan	8/6/12	0	0	0	NA	NA
Minnesota	8/7/12	0	0	0	0 ⁹	NA
Mississippi	8/7/12	0	0	0	NA	NA
Missouri	8/8/12	0	0	0	NA	NA
Montana	8/8/12	NA	0	0	NA	NA
Nebraska	8/9/12	0	0	0	NA	NA
Nevada	8/9/12	NA	100	100 ¹⁰	NA	NA
New Hampshire	8/14/12	0	0	0	NA	NA
New Jersey	8/15/12	NA	0 ¹¹	NA	NA	NA
New Mexico	8/15/12	0	0 ¹²	NA	NA	NA
New York	8/15/12	NA	0	0	NA	NA
North Carolina	8/16/12	0	0	0 ¹³	NA	NA
North Dakota	9/2/12	0	0	50	50	50 ¹⁴
Ohio	8/30/12	0	0	0	NA	NA
Oklahoma	8/16/12	0	0	0	NA	NA
Oregon	8/16/12	NA	0 ¹⁵	0	0	NA
Pennsylvania	8/16/12	NA	0 ¹⁶	0	0	NA
Rhode Island	8/16/12	NA	0 ¹⁷	0	NA	NA
South Carolina	8/17/12	0	0	0	NA	NA
South Dakota	8/17/12	0	0	0	0	0
Tennessee	8/17/12	0	0	0	NA	NA
Texas	8/19/12	0	0	0	NA	NA
Utah	8/19/12	0	0	0	0	NA
Vermont	8/21/12	0	0	0	NA	NA
Virginia	8/21/12	0	50	50	NA	NA
Washington	9/2/12	50	50	50	NA	NA
West Virginia	8/28/12	0	0	0	NA	NA
Wisconsin	8/28/12	0	0	0 ¹⁸	NA	NA
Wyoming	9/2/12	0	0	0	0 ¹⁹	NA

¹NA: no regulations available on NRC website

²Arizona: up to 10 children

³District of Columbia: up to 5 children

⁴Georgia: up to 18 children

⁵Illinois: no regulations if less than 4 children

⁶Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁷Maryland: up to 8 children

⁸Massachusetts: up to 10 children

⁹Minnesota: up to 14 children

¹⁰Nevada: no regulations if less than 5 children

¹¹New Jersey: up to 5 children

¹²New Mexico: up to 4 children

¹³North Carolina: up to 8 children

¹⁴North Dakota: up to 18 children

¹⁵Oregon: no regulations if less than 4 children

¹⁶Pennsylvania: no regulation if less than 5 children

¹⁷Rhode Island: no regulations if less than 4 children

¹⁸Wisconsin: up to 8 children

¹⁹Wyoming: up to 15 children

MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES

Table 11

Frequency of State Compliance with Medication Administration Policy Standard 9.2.3.9.c Policy on Administration for Family Child Care Home Regulations by Capacity Categories

State	Date Reviewed	Regulations for ≤ 2 children	Regulations for 3-6 children	Regulations for 7-12 children	Regulations for 13-16 children	Regulations for 17-20 children
Alabama	7/18/12	0	0	0	NA ¹	NA
Alaska	7/18/12	0	0	0	NA	NA
Arizona	9/3/12	0	17	17 ²	NA	NA
Arkansas	8/13/12	0	0	0	0	NA
California	7/25/12	0	0	0	NA	NA
Colorado	8/26/12	0	0	0	NA	NA
Connecticut	7/19/12	33	33	NA	NA	NA
Delaware	9/4/12	0	0	0	NA	NA
D.C.	7/26/12	0	0 ³	NA	NA	NA
Florida	9/4/12	0	0	0	NA	NA
Georgia	7/31/12	0	0	0	0	0 ⁴
Hawaii	7/31/12	NA	0	NA	NA	NA
Idaho	9/4/12	0	0	0	NA	NA
Illinois	7/31/12	NA	0 ⁵	0	NA	NA
Indiana	7/31/12	0	0	0	0	NA
Iowa	7/31/12	0	0	0	0	NA
Kansas	8/2/12	0	0	0	NA	NA
Kentucky	8/2/12	0	0	NA	NA	NA
Louisiana ⁶	8/2/12	0	0	0	0	0
Maine	8/4/12	NA	17	17	NA	NA
Maryland	8/4/12	0	0	0 ⁷	NA	NA
Massachusetts	9/2/12	0	0	0 ⁸	NA	NA
Michigan	8/6/12	0	0	0	NA	NA
Minnesota	8/7/12	0	0	0	0 ⁹	NA
Mississippi	8/7/12	0	0	0	NA	NA
Missouri	8/8/12	0	0	0	NA	NA
Montana	8/8/12	NA	0	0	NA	NA
Nebraska	8/9/12	0	0	0	NA	NA
Nevada	8/9/12	NA	0 ¹⁰	0	NA	NA
New Hampshire	8/14/12	0	0	0	NA	NA
New Jersey	8/15/12	NA	0 ¹¹	NA	NA	NA
New Mexico	8/15/12	0	0 ¹²	NA	NA	NA
New York	8/15/12	NA	0	0	NA	NA
North Carolina	8/16/12	0	0	0 ¹³	NA	NA
North Dakota	9/2/12	0	0	0	0	0 ¹⁴
Ohio	8/30/12	0	0	0	NA	NA
Oklahoma	8/16/12	0	0	0	NA	NA
Oregon	8/16/12	NA	0 ¹⁵	0	0	NA
Pennsylvania	8/16/12	NA	0 ¹⁶	0	0	NA
Rhode Island	8/16/12	NA	0 ¹⁷	0	NA	NA
South Carolina	8/17/12	0	0	0	NA	NA
South Dakota	8/17/12	0	0	0	0	0
Tennessee	8/17/12	0	0	0	NA	NA
Texas	8/19/12	0	0	0	NA	NA
Utah	8/19/12	0	0	0	0	NA
Vermont	8/21/12	0	0	0	NA	NA
Virginia	8/21/12	0	17	17	NA	NA
Washington	9/2/12	0	0	0	NA	NA
West Virginia	8/28/12	0	0	0	NA	NA
Wisconsin	8/28/12	0	0	0 ¹⁸	NA	NA
Wyoming	9/2/12	0	0	0	0 ¹⁹	NA

¹NA: no regulations available on NRC website

²Arizona: up to 10 children

³District of Columbia: up to 5 children

⁴Georgia: up to 18 children

⁵Illinois: no regulations if less than 4 children

⁶Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁷Maryland: up to 8 children

⁸Massachusetts: up to 10 children

⁹Minnesota: up to 14 children

¹⁰Nevada: no regulations if less than 5 children

¹¹New Jersey: up to 5 children

¹²New Mexico: up to 4 children

¹³North Carolina: up to 8 children

¹⁴North Dakota: up to 18 children

¹⁵Oregon: no regulations if less than 4 children

¹⁶Pennsylvania: no regulation if less than 5 children

¹⁷Rhode Island: no regulations if less than 4 children

¹⁸Wisconsin: up to 8 children

¹⁹Wyoming: up to 15 children

MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES

Table 12

Frequency of State Compliance with Medication Administration Policy Standard 9.2.3.9.d Policy on Refusing Administration for Family Child Care Home Regulations by Capacity Categories

State	Date Reviewed	Regulations for ≤ 2 children	Regulations for 3-6 children	Regulations for 7-12 children	Regulations for 13-16 children	Regulations for 17-20 children
Alabama	7/18/12	0	0	0	NA ¹	NA
Alaska	7/18/12	0	0	0	NA	NA
Arizona	9/3/12	0	0	0 ²	NA	NA
Arkansas	8/13/12	0	0	0	0	NA
California	7/25/12	0	0	0	NA	NA
Colorado	8/26/12	0	0	0	NA	NA
Connecticut	7/19/12	33	33	NA	NA	NA
Delaware	9/4/12	0	0	0	NA	NA
D.C.	7/26/12	0	0 ³	NA	NA	NA
Florida	9/4/12	0	0	0	NA	NA
Georgia	7/31/12	0	0	0	0	0 ⁴
Hawaii	7/31/12	NA	0	NA	NA	NA
Idaho	9/4/12	0	0	0	NA	NA
Illinois	7/31/12	NA	0 ⁵	0	NA	NA
Indiana	7/31/12	0	0	0	0	NA
Iowa	7/31/12	0	0	0	0	NA
Kansas	8/2/12	0	0	0	NA	NA
Kentucky	8/2/12	0	0	NA	NA	NA
Louisiana ⁶	8/2/12	0	0	0	0	0
Maine	8/4/12	NA	17	17	NA	NA
Maryland	8/4/12	0	0	0 ⁷	NA	NA
Massachusetts	9/2/12	0	0	0 ⁸	NA	NA
Michigan	8/6/12	0	0	0	NA	NA
Minnesota	8/7/12	0	0	0	0 ⁹	NA
Mississippi	8/7/12	0	0	0	NA	NA
Missouri	8/8/12	0	0	0	NA	NA
Montana	8/8/12	NA	0	0	NA	NA
Nebraska	8/9/12	0	0	0	NA	NA
Nevada	8/9/12	NA	0 ¹⁰	0	NA	NA
New Hampshire	8/14/12	0	0	0	NA	NA
New Jersey	8/15/12	NA	0 ¹¹	NA	NA	NA
New Mexico	8/15/12	0	0 ¹²	NA	NA	NA
New York	8/15/12	NA	0	0	NA	NA
North Carolina	8/16/12	0	0	0 ¹³	NA	NA
North Dakota	9/2/12	0	0	17	17	17 ¹⁴
Ohio	8/30/12	0	0	0	NA	NA
Oklahoma	8/16/12	0	0	0	NA	NA
Oregon	8/16/12	NA	0 ¹⁵	0	0	NA
Pennsylvania	8/16/12	NA	0 ¹⁶	0	0	NA
Rhode Island	8/16/12	NA	0 ¹⁷	0	NA	NA
South Carolina	8/17/12	0	0	0	NA	NA
South Dakota	8/17/12	0	0	0	0	0
Tennessee	8/17/12	0	0	0	NA	NA
Texas	8/19/12	0	0	0	NA	NA
Utah	8/19/12	0	0	0	0	NA
Vermont	8/21/12	0	0	0	NA	NA
Virginia	8/21/12	0	0	0	NA	NA
Washington	9/2/12	0	0	0	NA	NA
West Virginia	8/28/12	0	0	0	NA	NA
Wisconsin	8/28/12	0	0	0 ¹⁸	NA	NA
Wyoming	9/2/12	0	0	0	0 ¹⁹	NA

¹NA: no regulations available on NRC website

²Arizona: up to 10 children

³District of Columbia: up to 5 children

⁴Georgia: up to 18 children

⁵Illinois: no regulations if less than 4 children

⁶Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁷Maryland: up to 8 children

⁸Massachusetts: up to 10 children

⁹Minnesota: up to 14 children

¹⁰Nevada: no regulations if less than 5 children

¹¹New Jersey: up to 5 children

¹²New Mexico: up to 4 children

¹³North Carolina: up to 8 children

¹⁴North Dakota: up to 18 children

¹⁵Oregon: no regulations if less than 4 children

¹⁶Pennsylvania: no regulation if less than 5 children

¹⁷Rhode Island: no regulations if less than 4 children

¹⁸Wisconsin: up to 8 children

¹⁹Wyoming: up to 15 children

MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES

Table 13

Frequency of State Compliance with Medication Administration Policy Standard 9.2.3.9.e Policy on Safety and Documentation of Administration for Family Child Care Home Regulations by Capacity Categories

State	Date Reviewed	Regulations for ≤ 2 children	Regulations for 3-6 children	Regulations for 7-12 children	Regulations for 13-16 children	Regulations for 17-20 children
Alabama	7/18/12	0	0	0	NA ¹	NA
Alaska	7/18/12	0	0	0	NA	NA
Arizona	9/3/12	0	17	17 ²	NA	NA
Arkansas	8/13/12	0	0	0	0	NA
California	7/25/12	0	0	0	NA	NA
Colorado	8/26/12	0	0	0	NA	NA
Connecticut	7/19/12	33	33	NA	NA	NA
Delaware	9/4/12	0	0	0	NA	NA
D.C.	7/26/12	0 ³	0	NA	NA	NA
Florida	9/4/12	0	0	0	NA	NA
Georgia	7/31/12	17	17	0	0	0 ⁴
Hawaii	7/31/12	NA	0	NA	NA	NA
Idaho	9/4/12	0	0	0	NA	NA
Illinois	7/31/12	NA	0 ⁵	0	NA	NA
Indiana	7/31/12	0	0	0	0	NA
Iowa	7/31/12	0	0	0	0	NA
Kansas	8/2/12	0	0	0	NA	NA
Kentucky	8/2/12	0	0	NA	NA	NA
Louisiana ⁶	8/2/12	0	0	0	0	0
Maine	8/4/12	NA	0	0	NA	NA
Maryland	8/4/12	0	0	0 ⁷	NA	NA
Massachusetts	9/2/12	0	0	0 ⁸	NA	NA
Michigan	8/6/12	0	0	0	NA	NA
Minnesota	8/7/12	0	0	0	0 ⁹	NA
Mississippi	8/7/12	0	0	0	NA	NA
Missouri	8/8/12	0	0	0	NA	NA
Montana	8/8/12	NA	0	0	NA	NA
Nebraska	8/9/12	0	0	0	NA	NA
Nevada	8/9/12	NA	0 ¹⁰	0	NA	NA
New Hampshire	8/14/12	0	0	0	NA	NA
New Jersey	8/15/12	NA	0 ¹¹	NA	NA	NA
New Mexico	8/15/12	0	0 ¹²	NA	NA	NA
New York	8/15/12	NA	17	17	NA	NA
North Carolina	8/16/12	0	0	0 ¹³	NA	NA
North Dakota	9/2/12	0	0	0	0	0 ¹⁴
Ohio	8/30/12	0	0	0	NA	NA
Oklahoma	8/16/12	0	0	0	NA	NA
Oregon	8/16/12	NA	0 ¹⁵	0	0	NA
Pennsylvania	8/16/12	NA	0 ¹⁶	0	0	NA
Rhode Island	8/16/12	NA	0 ¹⁷	0	NA	NA
South Carolina	8/17/12	0	0	0	NA	NA
South Dakota	8/17/12	0	0	0	0	0
Tennessee	8/17/12	0	0	0	NA	NA
Texas	8/19/12	0	0	0	NA	NA
Utah	8/19/12	0	0	0	0	NA
Vermont	8/21/12	0	0	0	NA	NA
Virginia	8/21/12	0	17	17	NA	NA
Washington	9/2/12	0	0	0	NA	NA
West Virginia	8/28/12	0	0	0	NA	NA
Wisconsin	8/28/12	0	0	0 ¹⁸	NA	NA
Wyoming	9/2/12	0	0	0	0 ¹⁹	NA

¹NA: no regulations available on NRC website

²Arizona: up to 10 children

³District of Columbia: up to 5 children

⁴Georgia: up to 18 children

⁵Illinois: no regulations if less than 4 children

⁶Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁷Maryland: up to 8 children

⁸Massachusetts: up to 10 children

⁹Minnesota: up to 14 children

¹⁰Nevada: no regulations if less than 5 children

¹¹New Jersey: up to 5 children

¹²New Mexico: up to 4 children

¹³North Carolina: up to 8 children

¹⁴North Dakota: up to 18 children

¹⁵Oregon: no regulations if less than 4 children

¹⁶Pennsylvania: no regulation if less than 5 children

¹⁷Rhode Island: no regulations if less than 4 children

¹⁸Wisconsin: up to 8 children

¹⁹Wyoming: up to 15 children

MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES

Table 14

Frequency of State Compliance with Medication Administration Policy Standard 9.2.3.9.f Policy on Accepting Medication for Family Child Care Home Regulations by Capacity Categories

State	Date Reviewed	Regulations for ≤ 2 children	Regulations for 3-6 children	Regulations for 7-12 children	Regulations for 13-16 children	Regulations for 17-20 children
Alabama	7/18/12	0	0	0	NA ¹	NA
Alaska	7/18/12	0	0	0	NA	NA
Arizona	9/3/12	0	25	25 ²	NA	NA
Arkansas	8/13/12	0	0	0	0	NA
California	7/25/12	0	0	0	NA	NA
Colorado	8/26/12	0	0	0	NA	NA
Connecticut	7/19/12	38	38	NA	NA	NA
Delaware	9/4/12	0	0	0	NA	NA
D.C.	7/26/12	0	0 ³	NA	NA	NA
Florida	9/4/12	0	0	0	NA	NA
Georgia	7/31/12	0	0	25	25	25 ⁴
Hawaii	7/31/12	NA	0	NA	NA	NA
Idaho	9/4/12	0	0	0	NA	NA
Illinois	7/31/12	NA	0 ⁵	0	NA	NA
Indiana	7/31/12	0	0	0	0	NA
Iowa	7/31/12	0	0	0	0	NA
Kansas	8/2/12	0	0	0	NA	NA
Kentucky	8/2/12	0	0	NA	NA	NA
Louisiana ⁶	8/2/12	0	0	0	0	0
Maine	8/4/12	NA	13	13	NA	NA
Maryland	8/4/12	0	0	0 ⁷	NA	NA
Massachusetts	9/2/12	0	0	0 ⁸	NA	NA
Michigan	8/6/12	0	0	0	NA	NA
Minnesota	8/7/12	0	0	0	0 ⁹	NA
Mississippi	8/7/12	0	0	0	NA	NA
Missouri	8/8/12	0	0	0	NA	NA
Montana	8/8/12	NA	0	0	NA	NA
Nebraska	8/9/12	0	0	0	NA	NA
Nevada	8/9/12	NA	13 ¹⁰	13	NA	NA
New Hampshire	8/14/12	0	0	0	NA	NA
New Jersey	8/15/12	NA	0 ¹¹	NA	NA	NA
New Mexico	8/15/12	0	0 ¹²	NA	NA	NA
New York	8/15/12	NA	0	0	NA	NA
North Carolina	8/16/12	0	0	0 ¹³	NA	NA
North Dakota	9/2/12	0	0	13	13	13 ¹⁴
Ohio	8/30/12	0	0	0	NA	NA
Oklahoma	8/16/12	0	0	0	NA	NA
Oregon	8/16/12	NA	0 ¹⁵	0	0	NA
Pennsylvania	8/16/12	NA	0 ¹⁶	0	0	NA
Rhode Island	8/16/12	NA	0 ¹⁷	0	NA	NA
South Carolina	8/17/12	0	0	0	NA	NA
South Dakota	8/17/12	0	0	0	0	0
Tennessee	8/17/12	0	0	0	NA	NA
Texas	8/19/12	0	0	0	NA	NA
Utah	8/19/12	0	0	0	0	NA
Vermont	8/21/12	0	0	0	NA	NA
Virginia	8/21/12	0	0	0	NA	NA
Washington	9/2/12	0	0	0	NA	NA
West Virginia	8/28/12	0	0	0	NA	NA
Wisconsin	8/28/12	0	0	0 ¹⁸	NA	NA
Wyoming	9/2/12	0	0	0	0 ¹⁹	NA

¹NA: no regulations available on NRC website

²Arizona: up to 10 children

³District of Columbia: up to 5 children

⁴Georgia: up to 18 children

⁵Illinois: no regulations if less than 4 children

⁶Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁷Maryland: up to 8 children

⁸Massachusetts: up to 10 children

⁹Minnesota: up to 14 children

¹⁰Nevada: no regulations if less than 5 children

¹¹New Jersey: up to 5 children

¹²New Mexico: up to 4 children

¹³North Carolina: up to 8 children

¹⁴North Dakota: up to 18 children

¹⁵Oregon: no regulations if less than 4 children

¹⁶Pennsylvania: no regulation if less than 5 children

¹⁷Rhode Island: no regulations if less than 4 children

¹⁸Wisconsin: up to 8 children

¹⁹Wyoming: up to 15 children

MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES

Table 15

Frequency of State Compliance with Medication Administration Policy Standard 9.2.3.9.g Policy on Handling and Storage for Family Child Care Home Regulations by Capacity Categories

State	Date Reviewed	Regulations for ≤ 2 children	Regulations for 3-6 children	Regulations for 7-12 children	Regulations for 13-16 children	Regulations for 17-20 children
Alabama	7/18/12	0	0	0	NA ¹	NA
Alaska	7/18/12	0	0	0	NA	NA
Arizona	9/3/12	0	0	0 ²	NA	NA
Arkansas	8/13/12	0	0	0	0	NA
California	7/25/12	0	0	0	NA	NA
Colorado	8/26/12	0	0	0	NA	NA
Connecticut	7/19/12	43	43	NA	NA	NA
Delaware	9/4/12	0	0	0	NA	NA
D.C.	7/26/12	0	0 ³	NA	NA	NA
Florida	9/4/12	0	0	0	NA	NA
Georgia	7/31/12	0	0	0	0	0 ⁴
Hawaii	7/31/12	NA	0	NA	NA	NA
Idaho	9/4/12	0	0	0	NA	NA
Illinois	7/31/12	NA	0 ⁵	0	NA	NA
Indiana	7/31/12	0	0	0	0	NA
Iowa	7/31/12	0	0	0	0	NA
Kansas	8/2/12	0	0	0	NA	NA
Kentucky	8/2/12	0	0	NA	NA	NA
Louisiana ⁶	8/2/12	0	0	0	0	0
Maine	8/4/12	NA	14	14	NA	NA
Maryland	8/4/12	0	0	0 ⁷	NA	NA
Massachusetts	9/2/12	0	0	0 ⁸	NA	NA
Michigan	8/6/12	0	0	0	NA	NA
Minnesota	8/7/12	0	0	0	0 ⁹	NA
Mississippi	8/7/12	0	0	0	NA	NA
Missouri	8/8/12	0	0	0	NA	NA
Montana	8/8/12	NA	0	0	NA	NA
Nebraska	8/9/12	0	0	0	NA	NA
Nevada	8/9/12	NA	29 ¹⁰	29	NA	NA
New Hampshire	8/14/12	0	0	0	NA	NA
New Jersey	8/15/12	NA	0 ¹¹	NA	NA	NA
New Mexico	8/15/12	0	0 ¹²	NA	NA	NA
New York	8/15/12	NA	0	0	NA	NA
North Carolina	8/16/12	0	0	0 ¹³	NA	NA
North Dakota	9/2/12	0	0	29	29	29 ¹⁴
Ohio	8/30/12	0	0	0	NA	NA
Oklahoma	8/16/12	0	0	0	NA	NA
Oregon	8/16/12	NA	0 ¹⁵	0	0	NA
Pennsylvania	8/16/12	NA	0 ¹⁶	0	0	NA
Rhode Island	8/16/12	NA	0 ¹⁷	0	NA	NA
South Carolina	8/17/12	0	0	0	NA	NA
South Dakota	8/17/12	0	0	0	0	0
Tennessee	8/17/12	0	0	0	NA	NA
Texas	8/19/12	0	0	0	NA	NA
Utah	8/19/12	0	0	0	0	NA
Vermont	8/21/12	0	0	0	NA	NA
Virginia	8/21/12	0	0	0	NA	NA
Washington	9/2/12	14	14	14	NA	NA
West Virginia	8/28/12	0	0	0	NA	NA
Wisconsin	8/28/12	0	0	0 ¹⁸	NA	NA
Wyoming	9/2/12	0	0	0	0 ¹⁹	NA

¹NA: no regulations available on NRC website

²Arizona: up to 10 children

³District of Columbia: up to 5 children

⁴Georgia: up to 18 children

⁵Illinois: no regulations if less than 4 children

⁶Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁷Maryland: up to 8 children

⁸Massachusetts: up to 10 children

⁹Minnesota: up to 14 children

¹⁰Nevada: no regulations if less than 5 children

¹¹New Jersey: up to 5 children

¹²New Mexico: up to 4 children

¹³North Carolina: up to 8 children

¹⁴North Dakota: up to 18 children

¹⁵Oregon: no regulations if less than 4 children

¹⁶Pennsylvania: no regulation if less than 5 children

¹⁷Rhode Island: no regulations if less than 4 children

¹⁸Wisconsin: up to 8 children

¹⁹Wyoming: up to 15 children

MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES

Table 16

Frequency of State Compliance with Medication Administration Policy Standard 9.2.3.9.h Policy on Returning for Family Child Care Home Regulations by Capacity Categories

State	Date Reviewed	Regulations for ≤ 2 children	Regulations for 3-6 children	Regulations for 7-12 children	Regulations for 13-16 children	Regulations for 17-20 children
Alabama	7/18/12	0	0	0	NA ¹	NA
Alaska	7/18/12	25	25	25	NA	NA
Arizona	9/3/12	0	0	0 ²	NA	NA
Arkansas	8/13/12	0	0	0	0	NA
California	7/25/12	0	0	0	NA	NA
Colorado	8/26/12	0	0	0	NA	NA
Connecticut	7/19/12	25	25	NA	NA	NA
Delaware	9/4/12	0	0	0	NA	NA
D.C.	7/26/12	0	0 ³	NA	NA	NA
Florida	9/4/12	0	0	0	NA	NA
Georgia	7/31/12	0	0	0	0	0 ⁴
Hawaii	7/31/12	NA	0	NA	NA	NA
Idaho	9/4/12	0	0	0	NA	NA
Illinois	7/31/12	NA	0 ⁵	0	NA	NA
Indiana	7/31/12	0	0	0	0	NA
Iowa	7/31/12	0	0	0	0	NA
Kansas	8/2/12	0	0	0	NA	NA
Kentucky	8/2/12	0	0	NA	NA	NA
Louisiana ⁶	8/2/12	0	0	0	0	0
Maine	8/4/12	NA	0	0	NA	NA
Maryland	8/4/12	0	0	0 ⁷	NA	NA
Massachusetts	9/2/12	25	25	25 ⁸	NA	NA
Michigan	8/6/12	0	0	0	NA	NA
Minnesota	8/7/12	0	0	0	0 ⁹	NA
Mississippi	8/7/12	0	0	0	NA	NA
Missouri	8/8/12	0	0	0	NA	NA
Montana	8/8/12	NA	0	0	NA	NA
Nebraska	8/9/12	0	0	0	NA	NA
Nevada	8/9/12	NA	25 ¹⁰	25	NA	NA
New Hampshire	8/14/12	0	0	0	NA	NA
New Jersey	8/15/12	NA	0 ¹¹	NA	NA	NA
New Mexico	8/15/12	0	0 ¹²	NA	NA	NA
New York	8/15/12	NA	0	0	NA	NA
North Carolina	8/16/12	0	0	0 ¹³	NA	NA
North Dakota	9/2/12	0	0	0	0	0 ¹⁴
Ohio	8/30/12	0	0	0	NA	NA
Oklahoma	8/16/12	0	0	0	NA	NA
Oregon	8/16/12	NA	0 ¹⁵	0	0	NA
Pennsylvania	8/16/12	NA	0 ¹⁶	0	0	NA
Rhode Island	8/16/12	NA	0 ¹⁷	0	NA	NA
South Carolina	8/17/12	0	0	0	NA	NA
South Dakota	8/17/12	0	0	0	0	0
Tennessee	8/17/12	0	0	0	NA	NA
Texas	8/19/12	0	0	0	NA	NA
Utah	8/19/12	0	0	0	0	NA
Vermont	8/21/12	0	0	0	NA	NA
Virginia	8/21/12	0	0	0	NA	NA
Washington	9/2/12	0	0	0	NA	NA
West Virginia	8/28/12	0	0	0	NA	NA
Wisconsin	8/28/12	0	0	0 ¹⁸	NA	NA
Wyoming	9/2/12	0	0	0	0 ¹⁹	NA

¹NA: no regulations available on NRC website

²Arizona: up to 10 children

³District of Columbia: up to 5 children

⁴Georgia: up to 18 children

⁵Illinois: no regulations if less than 4 children

⁶Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁷Maryland: up to 8 children

⁸Massachusetts: up to 10 children

⁹Minnesota: up to 14 children

¹⁰Nevada: no regulations if less than 5 children

¹¹New Jersey: up to 5 children

¹²New Mexico: up to 4 children

¹³North Carolina: up to 8 children

¹⁴North Dakota: up to 18 children

¹⁵Oregon: no regulations if less than 4 children

¹⁶Pennsylvania: no regulation if less than 5 children

¹⁷Rhode Island: no regulations if less than 4 children

¹⁸Wisconsin: up to 8 children

¹⁹Wyoming: up to 15 children

MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES

Table 17

Frequency of State Compliance with Medication Administration Policy Standard 9.2.3.9.i Policy on MAR for Family Child Care Home Regulations by Capacity Categories

State	Date Reviewed	Regulations for ≤ 2 children	Regulations for 3-6 children	Regulations for 7-12 children	Regulations for 13-16 children	Regulations for 17-20 children
Alabama	7/18/12	0	0	0	NA ¹	NA
Alaska	7/18/12	0	0	0	NA	NA
Arizona	9/3/12	0	29	29 ²	NA	NA
Arkansas	8/13/12	0	0	0	0	NA
California	7/25/12	0	0	0	NA	NA
Colorado	8/26/12	0	0	0	NA	NA
Connecticut	7/19/12	71	71	NA	NA	NA
Delaware	9/4/12	0	0	0	NA	NA
D.C.	7/26/12	0	0 ³	NA	NA	NA
Florida	9/4/12	0	0	0	NA	NA
Georgia	7/31/12	14	14	29	29	29 ⁴
Hawaii	7/31/12	NA	0	NA	NA	NA
Idaho	9/4/12	0	0	0	NA	NA
Illinois	7/31/12	NA	0 ⁵	0	NA	NA
Indiana	7/31/12	0	0	0	0	NA
Iowa	7/31/12	0	0	0	0	NA
Kansas	8/2/12	0	0	0	NA	NA
Kentucky	8/2/12	0	0	NA	NA	NA
Louisiana ⁶	8/2/12	0	0	0	0	0
Maine	8/4/12	NA	29	29	NA	NA
Maryland	8/4/12	0	0	0 ⁷	NA	NA
Massachusetts	9/2/12	0	0	0 ⁸	NA	NA
Michigan	8/6/12	0	0	0	NA	NA
Minnesota	8/7/12	0	0	0	0 ⁹	NA
Mississippi	8/7/12	0	0	0	NA	NA
Missouri	8/8/12	0	0	0	NA	NA
Montana	8/8/12	NA	0	0	NA	NA
Nebraska	8/9/12	0	0	0	NA	NA
Nevada	8/9/12	NA	29 ¹⁰	29	NA	NA
New Hampshire	8/14/12	0	0	0	NA	NA
New Jersey	8/15/12	NA	0 ¹¹	NA	NA	NA
New Mexico	8/15/12	0	0 ¹²	NA	NA	NA
New York	8/15/12	NA	0	0	NA	NA
North Carolina	8/16/12	0	0	0 ¹³	NA	NA
North Dakota	9/2/12	0	0	29	29	29 ¹⁴
Ohio	8/30/12	0	0	0	NA	NA
Oklahoma	8/16/12	0	0	0	NA	NA
Oregon	8/16/12	NA	0 ¹⁵	0	0	NA
Pennsylvania	8/16/12	NA	0 ¹⁶	0	0	NA
Rhode Island	8/16/12	NA	0 ¹⁷	0	NA	NA
South Carolina	8/17/12	0	0	0	NA	NA
South Dakota	8/17/12	0	0	0	0	0
Tennessee	8/17/12	0	0	0	NA	NA
Texas	8/19/12	0	0	0	NA	NA
Utah	8/19/12	0	0	0	0	NA
Vermont	8/21/12	0	0	0	NA	NA
Virginia	8/21/12	0	0	0	NA	NA
Washington	9/2/12	29	29	29	NA	NA
West Virginia	8/28/12	0	0	0	NA	NA
Wisconsin	8/28/12	0	0	0 ¹⁸	NA	NA
Wyoming	9/2/12	0	0	0	0 ¹⁹	NA

¹NA: no regulations available on NRC website

²Arizona: up to 10 children

³District of Columbia: up to 5 children

⁴Georgia: up to 18 children

⁵Illinois: no regulations if less than 4 children

⁶Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁷Maryland: up to 8 children

⁸Massachusetts: up to 10 children

⁹Minnesota: up to 14 children

¹⁰Nevada: no regulations if less than 5 children

¹¹New Jersey: up to 5 children

¹²New Mexico: up to 4 children

¹³North Carolina: up to 8 children

¹⁴North Dakota: up to 18 children

¹⁵Oregon: no regulations if less than 4 children

¹⁶Pennsylvania: no regulation if less than 5 children

¹⁷Rhode Island: no regulations if less than 4 children

¹⁸Wisconsin: up to 8 children

¹⁹Wyoming: up to 15 children

MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES

Of the 41 states with regulations for homes serving two or fewer children, 36 (88%) did not address the requirement of a written policy on the use of medications. Of the five states that did require a written policy on the use of medications, Connecticut fulfilled the greatest number of criteria within the standard, followed by Washington. Alaska and Georgia each fulfilled two criteria of this standard and Massachusetts fulfilled one criterion.

For homes serving three to six children, 41 states (80%) did not address written policy in their regulations. Arizona, Connecticut, Maine, Nevada, and Washington all fulfilled various criteria of this standard. Alaska, Georgia, Massachusetts, New York and Virginia each met at least one criterion of this standard.

Of the 45 states with regulations for 7 to 12 children, 35 (78%) did not address written policies related to medication use. North Dakota was the only state in addition to those previously discussed to have some regulations regarding written policy. Of note, Georgia fulfilled a greater number of standards in this category than previously due to stricter regulations for homes serving more children.

For homes serving 13 to 16 children (17%) and 17 to 20 children (50%), only 2 states mentioned written policy in their regulations. Regulations for both Georgia and North Dakota fulfilled six and eight criteria of this standard, respectively (Tables 9-17).

Standard 3.4.5.1. Sun Safety Including Sunscreen

This partial standard's only criterion recommends written permission from the parent/guardian for the use of sunscreen.

MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES

Table 18

Frequency of State Compliance with Standard 3.4.5.1 Sun Safety Including Sunscreen for Family Child Care Home Regulations by Capacity Categories

State	Date Reviewed	Regulations for ≤ 2 children	Regulations for 3-6 children	Regulations for 7-12 children	Regulations for 13-16 children	Regulations for 17-20 children
Alabama	7/18/12	0	0	0	NA ¹	NA
Alaska	7/18/12	0	0	0	NA	NA
Arizona	9/3/12	0	100	100 ²	NA	NA
Arkansas	8/13/12	100	100	100	100	NA
California	7/25/12	0	0	0	NA	NA
Colorado	8/26/12	100	100	100	NA	NA
Connecticut	7/19/12	0	0	NA	NA	NA
Delaware	9/4/12	0	0	0	NA	NA
D.C.	7/26/12	0	0 ³	NA	NA	NA
Florida	9/4/12	0	0	0	NA	NA
Georgia	7/31/12	0	0	0	0	NA
Hawaii	7/31/12	NA	0	0	NA	NA
Idaho	9/4/12	0	0	0	NA	NA
Illinois	7/31/12	NA	0 ⁵	0	NA	NA
Indiana	7/31/12	0	0	0	0	NA
Iowa	7/31/12	0	0	0	0	NA
Kansas	8/2/12	0	0	0	NA	NA
Kentucky	8/2/12	0	0	NA	NA	NA
Louisiana ⁶	8/2/12	100	100	100	100	100
Maine	8/4/12	NA	0	0	NA	NA
Maryland	8/4/12	100	100	100 ⁷	NA	NA
Massachusetts	9/2/12	100	100	100 ⁸	NA	NA
Michigan	8/6/12	100	100	100	NA	NA
Minnesota	8/7/12	100	100	100	100 ⁹	NA
Mississippi	8/7/12	0	0	0	NA	NA
Missouri	8/8/12	0	0	0	NA	NA
Montana	8/8/12	NA	0	0	NA	NA
Nebraska	8/9/12	0	0	0	NA	NA
Nevada	8/9/12	NA	0 ¹⁰	0	NA	NA
New Hampshire	8/14/12	100	100	100	NA	NA
New Jersey	8/15/12	NA	0 ¹¹	NA	NA	NA
New Mexico	8/15/12	0	0 ¹²	NA	NA	NA
New York	8/15/12	NA	100	100	NA	NA
North Carolina	8/16/12	100	100	100 ¹³	NA	NA
North Dakota	9/2/12	0	0	0	0	0 ¹⁴
Ohio	8/30/12	100	100	100	NA	NA
Oklahoma	8/16/12	0	0	0	NA	NA
Oregon	8/16/12	NA	0 ¹⁵	100	100	NA
Pennsylvania	8/16/12	NA	0 ¹⁶	0	0	NA
Rhode Island	8/16/12	NA	0 ¹⁷	0	NA	NA
South Carolina	8/17/12	0	0	0	NA	NA
South Dakota	8/17/12	0	0	0	0	0
Tennessee	8/17/12	0	0	0	NA	NA
Texas	8/19/12	0	0	0	NA	NA
Utah	8/19/12	0	0	0	0	NA
Vermont	8/21/12	100	100	100	NA	NA
Virginia	8/21/12	0	100	100	NA	NA
Washington	9/2/12	100	100	100	NA	NA
West Virginia	8/28/12	0	0	0	NA	NA
Wisconsin	8/28/12	0	100	100 ¹⁸	NA	NA
Wyoming	9/2/12	100	100	100	100 ¹⁹	NA

¹NA: no regulations available on NRC website

²Arizona: up to 10 children

³District of Columbia: up to 5 children

⁴Georgia: up to 18 children

⁵Illinois: no regulations if less than 4 children

⁶Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁷Maryland: up to 8 children

⁸Massachusetts: up to 10 children

⁹Minnesota: up to 14 children

¹⁰Nevada: no regulations if less than 5 children

¹¹New Jersey: up to 5 children

¹²New Mexico: up to 4 children

¹³North Carolina: up to 8 children

¹⁴North Dakota: up to 18 children

¹⁵Oregon: no regulations if less than 4 children

¹⁶Pennsylvania: no regulation if less than 5 children

¹⁷Rhode Island: no regulations if less than 4 children

¹⁸Wisconsin: up to 8 children

¹⁹Wyoming: up to 15 children

MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES

Thirteen of the 41 states (32%) that have regulations for two or fewer children fulfilled this partial standard in its entirety. Of the states that have regulations for three to six children, 17 (33%) fulfilled this partial standard. For homes serving seven to 12 children, 18 states (40%) fulfilled this partial standard, as did five of the 12 states (42%) with regulations for 13 to 16 children. Finally, in states with homes serving 17 to 20 children, 1 state (25%) fulfilled this standard (Table 18).

Standard 3.4.5.2. Insect Repellant and Protection from Vector-Borne Diseases

There are two criteria to this partial standard. The first recommends consultation with a health care professional or local health department regarding the appropriate use of insect repellents. The second, like the partial standard regarding sunscreen, describes the need for written permission from the parent/guardian before applying insect repellant.

MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES

Table 19

Frequency of State Compliance with Standard 3.4.5.2 Insect Repellant for Family Child Care Home Regulations by Capacity Categories

State	Date Reviewed	Regulations for ≤ 2 children	Regulations for 3-6 children	Regulations for 7-12 children	Regulations for 13-16 children	Regulations for 17-20 children
Alabama	7/18/12	0	0	0	NA ¹	NA
Alaska	7/18/12	0	0	0	NA	NA
Arizona	9/3/12	0	50	50 ²	NA	NA
Arkansas	8/13/12	0	0	0	0	NA
California	7/25/12	0	0	0	NA	NA
Colorado	8/26/12	50	50	50	NA	NA
Connecticut	7/19/12	0	0	NA	NA	NA
Delaware	9/4/12	0	0	0	NA	NA
D.C.	7/26/12	0	0 ³	NA	NA	NA
Florida	9/4/12	0	0	0	NA	NA
Georgia	7/31/12	0	0	0	0	0 ⁴
Hawaii	7/31/12	NA	0	0	NA	NA
Idaho	9/4/12	0	0	0	NA	NA
Illinois	7/31/12	NA	0 ⁵	0	NA	NA
Indiana	7/31/12	0	0	0	0	NA
Iowa	7/31/12	0	0	0	0	NA
Kansas	8/2/12	0	0	0	NA	NA
Kentucky	8/2/12	0	0	NA	NA	NA
Louisiana ⁶	8/2/12	50	50	50	50	50
Maine	8/4/12	NA	0	0	NA	NA
Maryland	8/4/12	50	50	50 ⁷	NA	NA
Massachusetts	9/2/12	100	100	100 ⁸	NA	NA
Michigan	8/6/12	50	50	50	NA	NA
Minnesota	8/7/12	50	50	50	50 ⁹	NA
Mississippi	8/7/12	0	0	0	NA	NA
Missouri	8/8/12	0	0	0	NA	NA
Montana	8/8/12	NA	0	0	NA	NA
Nebraska	8/9/12	0	0	0	NA	NA
Nevada	8/9/12	NA	0 ¹⁰	0	NA	NA
New Hampshire	8/14/12	50	50	50	NA	NA
New Jersey	8/15/12	NA	0 ¹¹	NA	NA	NA
New Mexico	8/15/12	0	0 ¹²	NA	NA	NA
New York	8/15/12	NA	50	50	NA	NA
North Carolina	8/16/12	50	50	50 ¹³	NA	NA
North Dakota	9/2/12	0	0	50	50	50 ¹⁴
Ohio	8/30/12	50	50	50	NA	NA
Oklahoma	8/16/12	0	0	0	NA	NA
Oregon	8/16/12	NA	0 ¹⁵	0	0	NA
Pennsylvania	8/16/12	NA	0 ¹⁶	0	0	NA
Rhode Island	8/16/12	NA	0 ¹⁷	0	NA	NA
South Carolina	8/17/12	0	0	0	NA	NA
South Dakota	8/17/12	0	0	0	0	0
Tennessee	8/17/12	0	0	0	NA	NA
Texas	8/19/12	0	0	0	NA	NA
Utah	8/19/12	0	0	0	0	NA
Vermont	8/21/12	50	50	50	NA	NA
Virginia	8/21/12	0	50	50	NA	NA
Washington	9/2/12	0	0	0	NA	NA
West Virginia	8/28/12	0	0	0	NA	NA
Wisconsin	8/28/12	0	50	50 ¹⁸	NA	NA
Wyoming	9/2/12	50	50	50	50 ¹⁹	NA

¹NA: no regulations available on NRC website

²Arizona: up to 10 children

³District of Columbia: up to 5 children

⁴Georgia: up to 18 children

⁵Illinois: no regulations if less than 4 children

⁶Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁷Maryland: up to 8 children

⁸Massachusetts: up to 10 children

⁹Minnesota: up to 14 children

¹⁰Nevada: no regulations if less than 5 children

¹¹New Jersey: up to 5 children

¹²New Mexico: up to 4 children

¹³North Carolina: up to 8 children

¹⁴North Dakota: up to 18 children

¹⁵Oregon: no regulations if less than 4 children

¹⁶Pennsylvania: no regulation if less than 5 children

¹⁷Rhode Island: no regulations if less than 4 children

¹⁸Wisconsin: up to 8 children

¹⁹Wyoming: up to 15 children

MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES

For homes serving two or fewer children, ten states (24%) partially fulfilled this standard, as did fourteen states (27%) serving three to six children. Fifteen states (33%) with regulations for seven to 12 children met 50% of this standard. Massachusetts was the only state in each of the three above-mentioned categories to fulfill standard in its entirety. Four states (33%) serving 13 to 16 children and two states (50%) serving 17 to 20 children partially met this standard (Table 19).

Standard 3.5.0.1. Care Plan for Children with Special Health Care Needs

This standard contains two criteria related to the administration of medications to children with special health care needs. A Care Plan that addresses routine medication needs, as well as a plan for emergency medication use (with clearly stated administration parameters), is recommended.

MEDICATION ADMINISTRATION IN FAMILY CHILD CARE HOMES

Table 20

Frequency of State Compliance with Standard 3.5.0.1 Care Plan for CSHCN for Family Child Care Home Regulations by Capacity Categories

State	Date Reviewed	Regulations for ≤ 2 children	Regulations for 3-6 children	Regulations for 7-12 children	Regulations for 13-16 children	Regulations for 17-20 children
Alabama	7/18/12	0	0	0	NA ¹	NA
Alaska	7/18/12	0	0	0	NA	NA
Arizona	9/3/12	0	50	50 ²	NA	NA
Arkansas	8/13/12	0	0	0	0	NA
California	7/25/12	0	0	0	NA	NA
Colorado	8/26/12	0	0	0	NA	NA
Connecticut	7/19/12	0	0	NA	NA	NA
Delaware	9/4/12	50	50	50	NA	NA
D.C.	7/26/12	0 ³	0	NA	NA	NA
Florida	9/4/12	0	0	0	NA	NA
Georgia	7/31/12	50	50	50	50	50 ⁴
Hawaii	7/31/12	NA	0	NA	NA	NA
Idaho	9/4/12	0	0	0	NA	NA
Illinois	7/31/12	NA	0 ⁵	0	NA	NA
Indiana	7/31/12	0	0	0	0	NA
Iowa	7/31/12	0	0	0	0	NA
Kansas	8/2/12	0	0	0	NA	NA
Kentucky	8/2/12	0	0	NA	NA	NA
Louisiana ⁶	8/2/12	0	0	0	0	0
Maine	8/4/12	NA	0	0	NA	NA
Maryland	8/4/12	0	0	0 ⁷	NA	NA
Massachusetts	9/2/12	50	50	50 ⁸	NA	NA
Michigan	8/6/12	0	0	0	NA	NA
Minnesota	8/7/12	0	0	0	0 ⁹	NA
Mississippi	8/7/12	0	0	0	NA	NA
Missouri	8/8/12	0	0	0	NA	NA
Montana	8/8/12	NA	50	50	NA	NA
Nebraska	8/9/12	0	0	0	NA	NA
Nevada	8/9/12	NA	0 ¹⁰	0	NA	NA
New Hampshire	8/14/12	0	0	0	NA	NA
New Jersey	8/15/12	NA	0 ¹¹	NA	NA	NA
New Mexico	8/15/12	0	0 ¹²	NA	NA	NA
New York	8/15/12	NA	0	0	NA	NA
North Carolina	8/16/12	100	100	100 ¹³	NA	NA
North Dakota	9/2/12	50	50	50	50	50 ¹⁴
Ohio	8/30/12	0	0	50	NA	NA
Oklahoma	8/16/12	0	0	0	NA	NA
Oregon	8/16/12	NA	0 ¹⁵	0	NA	NA
Pennsylvania	8/16/12	NA	0 ¹⁶	0	0	NA
Rhode Island	8/16/12	NA	0 ¹⁷	0	NA	NA
South Carolina	8/17/12	0	0	0	NA	NA
South Dakota	8/17/12	0	0	0	0	0
Tennessee	8/17/12	0	0	0	NA	NA
Texas	8/19/12	100	100	100	NA	NA
Utah	8/19/12	0	0	0	0	NA
Vermont	8/21/12	0	0	0	NA	NA
Virginia	8/21/12	0	50	50	NA	NA
Washington	9/2/12	0	0	0	NA	NA
West Virginia	8/28/12	0	0	50	NA	NA
Wisconsin	8/28/12	0	0	0 ¹⁸	NA	NA
Wyoming	9/2/12	0	0	0	0 ¹⁹	NA

¹NA: no regulations available on NRC website

²Arizona: up to 10 children

³District of Columbia: up to 5 children

⁴Georgia: up to 18 children

⁵Illinois: no regulations if less than 4 children

⁶Louisiana: no regulations for family child care homes available on NRC website; capacity for centers varies by size of location; maximum capacity not found within regulations

⁷Maryland: up to 8 children

⁸Massachusetts: up to 10 children

⁹Minnesota: up to 14 children

¹⁰Nevada: no regulations if less than 5 children

¹¹New Jersey: up to 5 children

¹²New Mexico: up to 4 children

¹³North Carolina: up to 8 children

¹⁴North Dakota: up to 18 children

¹⁵Oregon: no regulations if less than 4 children

¹⁶Pennsylvania: no regulation if less than 5 children

¹⁷Rhode Island: no regulations if less than 4 children

¹⁸Wisconsin: up to 8 children

¹⁹Wyoming: up to 15 children

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North Carolina and Texas were the only states to fulfill both criteria of this standard in the categories of two or fewer children, three to six children, and 7 to 12 children. These two states do not have regulations for family child care homes serving greater than 12 children.

Among those states with regulations for two or fewer children, four states (10%) partially fulfilled this standard. Of those states serving three to six children, 7 states (14%) also partially fulfilled this standard. Nine of the 45 states (20%) serving seven to 12 children, two of the 12 states (17%) serving 13 to 16 children, and two of the four states (50%) serving 18 to 20 children fulfilled one of the two criteria of this standard (Table 20).

Summary

As illustrated in the results section, four of the seven standards, Standard 3.6.3.1 Medication Administration, Standard 3.6.3.2 Labeling, Storage, and Disposal of Medications, Standard 9.4.1.2 Maintenance of Records, and Standard 9.4.2.6 Contents of Medication Records, were fulfilled to some degree by most states. However, regulations regarding the training of caregivers to administer medications, records of injury, policy and care plans for children with special health care needs, and written policy for the use of medication were not included in family child care home regulations in most states. In general, these findings are consistent for family child care homes regardless of capacity. Overall, family child care home regulations in the states of Connecticut, Massachusetts, and New York include, at least partially, the greatest proportion of CFOC (2011) standards.

Chapter 4

Discussion

The goal of this thesis was to examine the regulations for medication administration in family child care homes throughout the nation and to compare those regulations with CFOC (2011) best practice medication administration standards. Overall, medication administration safety in child care is not well studied despite the fact that the majority of medication prescribed for children occurs in outpatient settings, including family child care homes (Kaushal et al., 2007). Frequent medication administration in these settings without adequate regulations addressing safe practices provides opportunities for medication errors and adverse drug events. Furthermore, previous to this study, no published source has documented the number of states that address medication administration in their family child care home regulations (Banghart & Kreader, 2012).

The findings of this study revealed that the current regulations in most states do not meet CFOC (2011) standards regarding medication administration. Overall, there was a lack of consistency among the proportion of standards met among states. Some states fulfilled almost all of the CFOC (2011) medication administration standards, while other states fulfilled only a few standards. These inconsistencies among states demonstrate a lack of awareness of the importance of evidence-based practices in requirements for state regulations.

While a few states fulfilled many CFOC (2011) standards, most states did not fulfill the standards regarding training of caregivers and records of injury. These findings are of particular concern because the majority of errors leading to adverse drug events occur during the medication administration phase (Kaushal et al., 2007, p.388) and it is logical to assume that untrained providers are more likely to commit medication errors. In addition, the reporting of

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both injuries and adverse drug events are not mandatory requirements in most states. Therefore, the inability to find data on both injuries and medication errors is partly related to a lack of reporting of these incidents. Requiring caregivers to complete a standardized medication administration training program is likely to reduce the number of medication errors occurring in family child care homes. Similarly, recording injuries and medication errors and taking corrective action based on these injury reports are also likely to decrease errors in medications administration.

Another standard that was infrequently fulfilled regarded written policies on the use of medications in family child care homes. A written policy provides guidance to caregivers, parents, and program evaluators and is one aspect of evaluating the safety of medication administration in family child care homes. Alkon, Bernzweig, To, Wolf, & Mackie, (2009) examined the use of health care consultants in child care settings and reported that the development of up-to-date, high quality health and safety policies for both emergency preparedness and hand washing lead to the improvement of health and safety practices in these areas. Similarly, the development of policies related to medication administration in child care settings could reduce medication administration errors and increase the safety of children receiving medication in child care settings.

While the purpose of this thesis was to examine regulations pertaining to medication administration for family child care homes, data analysis revealed interesting information regarding the definitions of and maximum capacities for family child care homes across the country. Although CFOC (2011) defines small family child care homes as serving one to six children and large family child care homes as serving seven to 12 children, there is wide variation amongst states with regard to capacity and name of these programs. In many states,

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small family child care homes are known as “family child care homes” and large family child care homes are known as “group child care homes.” Some states use the terms “licensed,” “certified,” or “registered” when defining and establishing regulations for their family child care homes. Furthermore, there was wide variation regarding maximum capacities for family child care homes, ranging from five children (District of Columbia) to 20 children (South Dakota). It is for this reason that multiple tables were used to describe the data in this thesis.

Another noteworthy conclusion drawn from this research is the difference between regulations for family child care homes and child care centers within states. Overall, findings between family child care homes and child care centers are similar in that no states’ regulations met all, or even most, of CFOC (2011) standards. Also, regulations for both child care centers and family child care homes among most states lack requirements for training of caregivers to administer medications and reporting records of injury. Regarding Standard 3.6.3.1 Medication Administration, Standard 3.6.3.2 Labeling, Storage, and Disposal, Standard 9.4.1.2 Maintenance of Records, and Standard 9.4.2.6 Content of Medication Records, findings are inconsistent amongst child care centers and family child care homes. In some states, family child care homes met a greater proportion of CFOC (2011) standards while other states’ regulations for child care centers met a greater proportion. These findings vary amongst both states and standards.

CFOC (2011) standards are recommended for all child care facilities, regardless of the facility setting. Thus, medication administration regulations should be identical among all types of child care facilities whether center of family home based, to ensure children’s health and safety.

Due to the nature of this cross-sectional study, the primary limitation of this thesis is that the findings reflect one point in time and do not include any revisions made to state regulations

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since the data were initially collected. Thus, it is possible that some results are currently out-of-date. Also, some states' definitions of and capacities for family child care homes were vague and difficult to interpret. In order to avoid bias, representatives in individual states were not contacted to clarify the interpretation of the investigator and her advisor. It is possible that some of this information was not correctly understood and that some conclusions regarding definitions of and capacities for family child care homes are incorrect. Finally, some states may have more information regarding medication administration on their individual websites that is not available on the NRC website. Individual states' websites were not examined and that information is not included in this thesis.

Implications for Practice

The goal of this thesis was to identify the extent to which state regulations are consistent with CFOC (2011) best practice standards on medication administration, which aim to protect the health and safety of children in family child care homes. Findings provide valuable information regarding the extent to which each state's regulations are compliant with CFOC (2011) standards. Furthermore, the findings of this study might stimulate states to examine family child care regulations for medication administration and thus strengthen regulations, which would be reflective of CFOC (2011) standards, and thus ensure the health and safety of children in family homes.

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APPENDIX A

State: _____

Date of Last Update: _____

Date Reviewed: _____

Care Standards

Standard	Criteria	Met/Unmet (X/O)	Comments
3.6.3.1. Medication Administration			
	1. Prescription medication ordered by prescribing health professional for specific child.		
	2. Over-the Counter (OTC) ordered by prescribing health professional for specific child.		
	3. Written permission of the parent/guardian needed.		
	4. Labeled medication in original container (label should include name, date filled, prescribing clinician, pharmacy name, phone number, dosage/instructions, relevant warnings).		
	5. Documentation that medicine/agent was administered as prescribed.		
	6. Standing orders only for children with documented medical need with special care plan provided by primary care provider with instructions, signed by guardians.		
3.6.3.2. Labeling, Storage, Disposal of Medications			
	1. Prescription medication dated and kept in original container.		
	2. OTC medications in original container sold by manufacturer, labeled by parent/guardian with name and instructions.		
	3. All medications have child-resistant caps.		
	4. All medications stored away from food.		
	5. All medications stored at proper temperature.		
	6. All medications inaccessible to children.		
	7. Unused medication returned to parent/guardian or disposed of according to US food and Drug Administration (FDA) recommendations.		
	8. Documentation of all disposed medications.		
3.6.3.3. Training of Caregivers/Teachers to Administer Medication			
	1. Caregiver/teacher who administers medications should complete a standardized program on medication administration.		

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	2. Medication administration training program should include skills and competency assessment.		
	3. Trainer of caregivers/teachers should be a licensed health professional (RN, APRN, MD, PA, or pharmacist).		
	4. Skill competency should be monitored annually.		
	5. Skill competency should be monitored whenever a medication administration error occurs.		
9.4.1.2. Maintenance of Records			
	1. Child care facility should maintain a medication administration log.		
	2. The length of time the medication administration log is maintained should be specified according to state regulations.		
9.4.1.9. Records of Injury			
	1. Facility should complete a report any time an injury occurs that results in first aid or medical attention, including medication error.		
	2. Three copies of report should be maintained; one for the parent/guardian, one for the facility, and one for a facility injury log.		
	3. Based on the injury logs, the facility should plan to take corrective action.		
9.4.2.6. Contents of Medication Records			
	1. State requirements for medication record content should be checked and followed.		
	2. Administration log should be maintained.		
	3. Administration log should include sufficient details: the child's name, medication given, dose, route, time, date, and signature/initials of person administering.		
	4. Space should be available in log for notation of why a "prn" med was given, any side-effects noted, and if the dose was refused or spit up.		
	5. Must be in original containers, properly labeled.		
	6. For long-term medications (to be given an entire year), a Care Plan should be in place.		
	7. For all prescription drugs a consent signed by parent/guardian for each medication including administration details.		
	8. For all prescription drugs an authorization from prescribing health professional.		
	9. For all prescription drugs a list of potential side effects and other warnings about medication.		
	10. For all OTC medications a consent signed by parent/guardian for each medication including		

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	administration details.		
	11. For all OTC medications an authorization from prescribing health professional		
	12. For all OTC medications a list of potential side effects and other warnings about medication.		

Standard 9.2.3.9. Written Policy on Use of Medications

Sub-categories	Criteria	Met/Unmet (X/O)	Comments
9.2.3.9.a. Policy on Permission			
	1. Includes written parent/guardian consent forms for each prescription medication.		
	2. Includes written parent/guardian consent forms for each OTC medication.		
9.2.3.9.b. Policy on Prescription/Order			
	1. Includes prescribing health professional's authorization form for each prescription medication.		
	2. Includes prescribing health professional's authorization form for each OTC medication.		
9.2.3.9.c. Policy on Administration			
	1. Includes circumstances under which the facility will administer topical medication.		
	2. Includes circumstances under which the facility will administer OTC medication.		
	3. Includes circumstances under which the facility will administer long-term, daily medication for children with chronic health conditions.		
	4. Includes circumstances under which the facility will administer controlled substances.		
	5. Includes circumstances under which the facility will administer emergency medications.		
	6. Includes circumstances under which the facility will administer one-time medication to prevent conditions (i.e. febrile seizures).		
9.2.3.9.d Policy on Refusing Administration			
	1. Includes circumstance under which facility will not administer medication; when no authorization from parent/guardian or prescribing health professional.		
	2. Includes circumstance under which facility will not administer medication; administering OTC cough and cold medications.		
	3. Includes circumstance under which facility will		

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	not administer medication; administering a new medication for the first time while child in facility.		
	4. Includes circumstance under which facility will not administer medication; unclear instructions or supplies needed not present.		
	5. Includes circumstance under which facility will not administer medication; medication expired.		
	6. Includes circumstance under which facility will not administer medication; trained staff member and/or backup not present to give the medication.		
9.2.3.9.e Policy on Safety and Documentation of Administration			
	1. Includes specification that adequately trained staff only to be assigned task of administration.		
	2. Includes checking of written consent before medication administration.		
	3. Includes checking the six rights of medication administration.		
	4. Includes documenting and reporting any medication errors.		
	5. Includes documenting and reporting any adverse effects to medication.		
	6. Includes documenting and reporting any vomiting or spitting up of medication.		
9.2.3.9.f. Policy on Accepting Medications			
	1. Includes verifying consent.		
	2. Includes verifying medication matches consent.		
	3. Includes proper prescription labeling of original container.		
	4. Includes proper OTC labeling of original container.		
	5. Includes list of warnings and possible side effects.		
	6. Includes verifying that valid Care Plan accompanies all long-term medications.		
	7. Includes verifying any special storage requirements.		
	8. Includes verifying any precautions while child taking that medication.		
9.2.3.9.g. Policy on Handling and Storage			
	1. Includes medications that require refrigeration.		
	2. Includes controlled substances.		
	3. Includes expired medications.		
	4. Includes policy insuring confidentiality.		
	5. Includes preparation area that is quiet and out of children's access.		

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	6. Includes keeping all medications totally inaccessible to children.		
	7. Includes whether or not even short-term medications will be kept overnight at the facility.		
9.2.3.9.h. Policy on Returning			
	1. Includes procedures to accurately account for all controlled substances administered.		
	2. Includes procedures to accurately account for all controlled substances returned to family.		
	3. Includes procedures to dispose of unused medications, including controlled substances.		
	4. Includes procedures to dispose of medications that could not be returned to the parent/guardian.		
9.2.3.9.i. Policy on Medication Administration Record (MAR)			
	1. Maintained by designated staff.		
	2. Includes parent/guardian consent for administration.		
	3. Includes authorization from child's prescribing health professional and instructions.		
	4. Includes information about medication including warnings and side effects.		
	5. Includes documentation of administration.		
	6. Includes documentation of side effects.		
	7. Includes medication error log.		

Related Standards

Standard	Criteria	Met/Unmet (X/O)	Comments
3.4.5.1. Sun Safety Including Sunscreen			
	1. Parent/guardian written permission required.		
3.4.5.2. Insect Repellant and Protection from Vector-Borne Diseases			
	1. Caregivers/teachers should consult with child health care consultant, primary care provider, or local health department about appropriateness of repellants.		
	2. Parent/guardian written permission required.		
3.5.0.1. Care Plan for Children with Special Health Care Needs			
	1. Care Plan should include medications to be administered on a scheduled basis.		
	2. Care Plan should including medications to be administered on an emergent basis with clearly stated parameters, signs, and symptoms that warrant giving the medication written in lay language.		

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APPENDIX B

Standard 3.6.3.3. State Specific Training Requirements for Family Child Care Homes¹

	Department-approved Training	General Training Required	No Training Required	Comments
AL			X	
AK			X	
AZ			X	
AR			X	
CA			X	
CO	X			<p>7.707.32 (a) Licensee & primary provider must complete (7) State Department approved course of training for medication administration.</p> <p>7.707.34 (c) Employees & substitutes for primary provider who provide care >14 days/year must complete verification of current State Dept. approved medication administration training.</p> <p>7.707.71 (c)(4): Must be currently trained through the State Department-approved medication administration course and must administer medication in compliance with the concepts taught in the course.</p>
CT		X		<p>19a-87b-17(b)(1)(A) Upon completion of the required training program, the physician, physician assistant, advanced practice registered nurse or registered nurse who conducted the training shall issue a written approval to each provider or substitute who has demonstrated successful completion of the required training.</p>
DE		X		<p>Small Family Child Care Home: 244. The Licensee shall only administer medication if trained and authorized in accordance with State law to administer medication to children.</p> <p>Large Family Child Care Home: 298. The Licensee shall ensure that staff members only administer medication if trained and authorized in accordance with State law to administer medication to children.</p>
DC			X	
FL			X	

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GA		X (Large) ²	X (Small) ³	Large Family Child Care Home: 290-2-1-.09 (e) (1) Orientation shall include instruction in: (vii) The administration of medication
HI			X	
ID			X	
IL			X	
IN			X	
IA			X	
KS			X	
KY			X	
LA		X		7312. Medication administration training by a Child Care Health Consultant may count toward fulfilling three of the mandated 12 hours of continuing education training. All training shall have prior approval by the Department of Social Services.
ME			X	
MD		X		COMAR 13A.15.06 (.03)(E) Before allowing a substitute to provide or to assist in providing care, the provider shall orient the substitute to child health and safety matters, including, but not limited to: (2) Medication administration information for each child authorized to receive medication
MA		X		7.11 (1) Training. All educators must be trained in the program's emergency and evacuation procedures. in standard precautions and in medication administration procedures. (b) Each person who administers prescription or non-prescription medication to a child must be trained to verify and to document that the right child receives the proper dosage of the correct medication designated for that particular child and given at the correct time(s), and by the proper method. Each person who administers medication (other than topical medication) must demonstrate competency in the administration of medication before

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				<p>being authorized by the licensee to administer any medication.</p> <ol style="list-style-type: none"> 1. The licensee must ensure that at least one educator with training in medication administration is present at any and all times when children are in care. 2. Each person who administers any medication, other than oral or topical medications and epinephrine auto-injectors, must be trained by a licensed health care practitioner and must demonstrate annually to the satisfaction of the trainer, competency in the administration of such medications. An alternative method of training approved by the Massachusetts Department of Public Health (MDPH) can be substituted with approval from MDPH.
MI			X	
MN			X	
MS			X	<p>104.01(2) Any person whose ability is in question shall, at the request of the licensing authority, be able to demonstrate the ability to perform, at a minimum but not limited to the following: Ability to read medication directions and properly dispense medication to children (required only if the facility dispenses medication)</p>
MO			X	
MT			X	<p>37.95.162(3) Approved education and training must relate to the Montana Early Care and Education Knowledge Base and must fall within the following categories: (b) Health, safety, and nutrition which may include training on prevention of sudden infant death syndrome (SIDS) and medication administration</p>
NE			X	<p>6-009.02B Parents or any licensed health</p>

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				care professional shall determine if child care providers or secondary providers are competent to give or apply medication.
NV		X		<p>Sec. 10. NAC 432A.320 (1) ...newly employed members of the staff of a facility must be given a written and oral orientation program and be trained in the policies, procedures and programs of the facility by the director or a designee trained by the director. The orientation must address, at a minimum:</p> <p style="padding-left: 40px;">(h) The general health and safety policies and procedures of the facility, including, without limitation, policies and procedures concerning:</p> <p style="padding-left: 80px;">(8) The administration of medication</p> <p>Sec. 14. NAC 432A.376(1) (3). Except in an emergency, only one person designated by the licensee of a facility may administer medications to children. A person designated by the licensee of a facility pursuant to this subsection must be trained in the administration of medication by a health care professional or the parent of a child cared for in the facility and authorized to administer the medication pursuant to NRS 453.375 or 454.213.</p> <p>Sec. 72. NAC 432A.585(10) Only persons trained in the administration of medication by a health care professional or a parent of a child cared for in a facility and authorized pursuant to NRS 453.375 or 454.213 may administer medication to the child.</p>
NH		X		<p>He-C 4002.18(b) administration of prescription and non-prescription medications to children shall be performed by authorized staff, and registered nurse (RN), licensed practical nurse (LPN), or licensed health practitioner, in accordance with the child’s medication order.</p> <p>He-C 4002.01(f) “Authorized staff” means child care personnel that have completed training in medication safety and</p>

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				administration who are responsible for administration of medications to children.
NJ		X		§10:126-4.2(b) The sponsoring organization shall ensure that the pre-service training includes information regarding, but is not limited to, the following subjects: 11. Administering medication to children
NM			X	
NY	X			417.11(j)(14) All day care providers and caregivers...must complete the office approved medication administration training or an office approved equivalent before administering medications to children in day care. The certification of training in the administration of medications to children in day care shall be effective for a period of three years from the date of issuance. The provider or caregiver must complete a recertification training approved by the office in order to extend the certification for each additional three year period.
NC			X	
ND			X	
OH		X		Small Family Child Care Homes: 5101:2-14-13(J) Training in child growth and development or general knowledge shall meet the following requirements: (b) General knowledge for family child care: (vi) Proper administration of medication Large Family Child Care Homes: 5101:2-13-28(L) Approved health and safety topics include: (10) Administration of medication.
OK			X	
OR			X	
PA			X	
RI			X	
SC			X	
SD			X	
TN			X	
TX			X	

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UT		X		R430-90-17(1) Only a provider trained in the administration of medications as specified in this rule may administer medication to a child in care.
VT			X	
VA	X (Large)		X (Small)	<p>Large Family Child Care Homes: 22AC 40-111-220(A) To safely perform medication administration practices listed in 22 VAC 40- 111-710 whenever the family day home has agreed to administer prescription medications or non-prescription medications, the administration shall be performed by a caregiver who:</p> <p>(1) Has satisfactorily completed a training program for this purpose developed or approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or pharmacist (2) Is licensed by the Commonwealth of Virginia to administer medications.</p>
WA			X	
WV		X (Large)	X (Small)	<p>Large Family Child Care Homes: §78-18-14.2. Family child care facility operators:</p> <p>(f) Are responsible for the recruitment and hiring of staff, enrollment and admissions, informing parents of the policies of the family child care facility program, and the training of staff in areas such as emergency and evacuation procedures, programming for children, working with parents, discipline policies, health care, sanitation procedures, release of children, child abuse and neglect reporting, symptoms of illness and medication administration.</p>
WI		X		DCF 250.05(2)(a) <i>Orientation of employees, volunteers and substitutes.</i> Each employee, volunteer, or substitute

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				<p>shall receive an orientation before beginning work. The orientation shall be documented on a form provided by the department and kept in the employee file. The orientation shall cover all of the following: Specific information relating to children’s special health care needs including medications, disabilities or special health conditions.</p>
WY		X		<p>Section 5(b) Medications can only be given in child care when: (i) Child care staff who administer medication have received training approved by the Department of Family Services on administration of medication.</p> <p>Section 7(k) Providers must ensure that training hours for all staff reflect a minimum of one (1) hour of training in each of the following areas during each biennial training period: (i) Health, Nutrition and Safety: including how to establish and maintain a safe, healthy environment for children; plan an appropriate nutrition program; establish and implement emergency procedures; educate children and families about healthy, safe living and administration of medication</p>

¹All regulations regarding training of caregivers to administer medications are identical among small and large family child care homes unless noted

²Large: applies to large family child care homes

³Small: applies to small family child care homes

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APPENDIX C

Standard 9.2.3.9. State Specific Policy Requirements for Family Child Care Homes¹

	Regulation Language Referring to Medication Policy	Standards Met
AL	Nothing specified.	
AK	<p>7 AAC 57.410. Information for parents. At or before a child's admission, a child care facility shall supply a parent with the following information in writing:</p> <p>(6) policy and provisions for ill children, including parent or guardian permission for medication, if applicable;</p> <p>7 AAC 10.1070. Medications.</p> <p>(c) Except as provided in (d) and (g)(4) of this section, an entity subject to this section shall</p> <p>(3) the entity shall establish written procedures for maintaining a record that accurately accounts for the receipt and each use of each controlled substance, and for periodically reconciling the record</p> <p>(g) An entity authorized to administer medication may do so only under the following conditions:</p> <p>(4) the entity shall have a written policy for the use of any commonly used nonprescription medication for oral or topical use kept on hand by the entity for the communal use of any adult or child in care for whom the medication may be indicated</p>	<p>9.2.3.9.a #1, 2</p> <p>9.2.3.9.h #1</p>
AZ	<p>Homes serving <2 Children:</p> <p>Nothing specified.</p>	
	<p>Homes serving 3-12 children:</p> <p>R9-3-301. Certificate Holder and Provider Responsibilities</p> <p>(F) A certificate holder shall:</p> <p>(1) Prepare a document that includes the following information:</p> <p>(d) Whether medications are administered at the child care group home and, if so, a description of what the parent is required to give to the child care group home</p> <p>R9-3-309. Medications</p> <p>(A) A certificate holder shall ensure that a document is prepared and maintained on the premises that specifies:</p> <p>(1) Whether prescription or nonprescription medications are administered to enrolled children; and</p> <p>(2) If prescription or nonprescription medications are administered, the requirements in subsection (B) for administering the prescription or nonprescription medications.</p> <p>Section (B) contains all medication regulations</p>	<p>9.2.3.9.a #1, 2</p> <p>9.2.3.9.c #2</p> <p>9.2.3.9.e #1</p> <p>9.2.3.9.f #3, 4</p> <p>9.2.3.9.i #1, 5</p>

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AR	Nothing specified.	
CA	Nothing specified.	
CO	Nothing specified.	
CT	<p>19a-87b-17 Administration of medications</p> <p>The provider shall comply with all requirements of this section and shall have a written policy and procedures at the facility governing the administration of medications which shall include, but not be limited to, the types of medication that shall be administered, parental responsibilities, staff responsibilities, proper storage of medication and record keeping. Said policies and procedures shall be available for review by the Commissioner during site inspections or upon demand and shall reflect best practice.</p> <p>(specific regulation language found in the above-listed section)</p>	<p>9.2.3.9.a #1, 2</p> <p>9.2.3.9.b #1, 2</p> <p>9.2.3.9.c #1, 2</p> <p>9.2.3.9.d #1, 3</p> <p>9.2.3.9.e #1, 4</p> <p>9.2.3.9.f #3, 4, 5</p> <p>9.2.3.9.g #1, 2, 6</p> <p>9.2.3.9.h #4</p> <p>9.2.3.9.i #1, 3, 4, 5, 7</p>
DE	Nothing specified.	
DC	Nothing specified.	
FL	Nothing specified.	
GA	<p>Homes serving 1-6 children:</p> <p>290-2-3-.08 (2) Policies and Procedures Each family day care home shall establish policies and procedures, which shall be kept current, made available to the parents, and used to govern the operations of the family day care home. The policies and procedures shall:</p> <p>(c) The policies and procedures shall also include written procedures for the following:</p> <p>3. Administering medication and recording noticeable adverse reactions to medication</p>	<p>9.2.3.9.e #5</p> <p>9.3.2.9.i #6</p>
	<p>Homes serving 7-18 children:</p> <p>290-2-1-.10 Record Keeping and Reporting.</p> <p>(b) Records on Children. A group day care home must maintain a file for each child while such child is in care at the group day care home and for a period of one (1) year after such child is no longer in care at the group day care home. The file shall be accessible to the Department and shall contain the following:</p> <p>5. Signed agreement between the holder of the license or commission or a person designated by the holder and the parent or guardian to include:</p> <p>(vi) A description of the information that will be required of the parent or guardian before the group day care home will dispense any medication in accordance with Rule 290-2-1-.11(e)10.(i) - (iii)</p> <p>290-2-1-.11 Operations, Health, Safety and Activities. Each group day care home shall be operated in accordance with the following:</p>	<p>9.3.2.9.a #1, 2</p> <p>9.2.3.9.f #3, 4</p> <p>9.2.3.9.i #5, 6</p>

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	<p>(a) Policies and Procedures. Each group day care home shall establish policies and procedures which shall be kept current and made available to the parent/guardian and used to govern the operations of the group day care home. The policies and procedures shall:</p> <p>(3) The policies and procedures shall also include written procedures for the following:</p> <p>(iii) Administering medication and recording noticeable adverse reactions to medication</p> <p>(iv) Notifying parent or guardian of the child's:</p> <p style="padding-left: 40px;">Noticeable adverse reaction to prescribed medication(s)</p> <p>(5) The group day care home shall have written documentation signed by the parent/guardian in each child's file that the director or designee has:</p> <p>(i) Provided to the parent/guardian a copy of the group day care home's policies and procedures required by this rule;</p> <p>(7) The group day care home shall provide the parent/guardian with a copy of the group day care home's policies and procedures as required by this rule.</p>	
HI	Nothing specified.	
ID	Nothing specified.	
IL	Nothing specified.	
IN	Nothing specified.	
IA	Nothing specified.	
KS	Nothing specified.	
KY	Nothing specified.	
LA	Nothing specified.	
ME	<p>Homes serving 2 children: No regulations on NRC website</p> <p>Homes serving 3-12 children: 6.1.2 Availability of rules. The provider must keep a copy of the <i>Rules for the Certification of Family Child Care Providers</i> on the premises and must give a copy to parents and anyone else who wants to place a child in that Family Child Care Program. (All regulations for medication administration contained in the abovementioned document)</p>	<p>9.2.3.9.a #1, 2 9.2.3.9.c #2 9.2.3.9.d #1 9.2.3.9.f #3 9.2.3.9.g #6 9.2.3.9.i #1, 5</p>
MD	Nothing specified.	
MA	<p>7.11(2) Medication Administration</p> <p>(a) The licensee must have a written policy regarding administration of prescription and non-prescription medication. The policy must provide for the administration of medications ordered by a child's health care practitioner</p>	9.2.3.9.h #4

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	(g) Each licensee shall have a written policy on medication disposal.	
MI	Nothing specified.	
MN	Nothing specified.	
MS	Nothing specified.	
MO	Nothing specified.	
MT	Nothing specified.	
NE	Nothing specified.	
NV	Homes serving <2 children: Nothing specified.	
	Homes serving 3-12 children: NAC 432A.580 Written standards for operation of facility (1) The licensee of a facility that provides care for ill children shall develop and carry into effect written standards for the operation of the facility. (k) Procedures for the use and administration of medication in accordance with NAC 432A.585 (All regulations regarding medication administration contained in the abovementioned section) NAC 432A.710 Agreement among provider, client, and parent or guardian (1) A written agreement must be prepared by the client, his parent or guardian and the provider. The agreement must contain: (d) The provider’s authority to give any necessary medication, first aid and medical treatment to the client	9.2.3.9.b #1, 2 9.2.3.9.f #3 9.2.3.9.g #1, 6 9.2.3.9.h #4 9.2.3.9.i #5, 6
NH	Nothing specified.	
NJ	Nothing specified.	
NM	Nothing specified.	
NY	Homes serving <2 children: No regulations on NRC website	
	Homes serving 3-12 children: 417.11 Health and Infection Control (a) The provider must prepare a health care plan on forms furnished by the Office, or approved equivalents. Such plan must protect and promote the health of children. The health plan must be on site, followed by the caregivers and available upon demand by a parent or guardian or the Office... The health care plan must describe the following: (5) Which staff members are certified to administer medications. The plan must state that only a trained, designated staff person may administer medications to children... The designated staff person may only administer medications to children if the designated staff person is at least 18 years of age, possesses a current	9.2.3.9.e #1

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	certification in first aid and cardiopulmonary resuscitation (CPR), and has completed the administration of medication training	
NC	Nothing specified.	
ND	Homes serving 1-6 children: Nothing specified.	
	Homes serving 7-18 children: 75-03-09-26. Minimum provisions regarding emergency care for children. The group child care must have written plans to respond to illness and emergencies, including burns, serious injury, and ingestion of poison. The provider shall ensure that parents of enrollees are advised of these plans. Plans must: 7. Require written permission to dispense medication and proper instructions for the administration of medication obtained from the parent of a child in the group child care who requires medication. (Additional regulations found in sections (a) through (c) of section 7)	9.2.3.9.a #1, 2 9.2.3.9.b #1 9.2.3.9.d #1 9.2.3.9.f #7 9.2.3.9.g #1, 6 9.2.3.9.i #1, 5
OH	Nothing specified.	
OK	Nothing specified.	
OR	Nothing specified.	
PA	Nothing specified.	
RI	Nothing specified.	
SC	Nothing specified.	
SD	Nothing specified.	
TN	Nothing specified.	
TX	Nothing specified.	
UT	Nothing specified.	
VT	Nothing specified.	
VA	Homes serving <2 children: Nothing specified.	
	Homes serving 3-12 children: 22 VAC 40-111-70. Written information for parents (A) Before the child's first day of attendance, parents shall be provided in writing the following information: (4) Policies for the administration of medications; (B) The provider shall obtain the parent's written acknowledgement of the receipt of the information in this section. 22 VAC 40-111-700. General requirements for medication administration	9.2.3.9.b #1 9.2.3.9.c #2 9.2.3.6.e #1

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	<p>(A) Prescription and nonprescription medications shall be given to a child: (1) According to the home's written medication policies (Additional regulations found on “Policy for Administration of Medications” form. Link to document found on page 13 of Licensed Family Day Homes document)</p>	
WA	<p>170-296A-2375 Parent/guardian policies The licensee's written parent/guardian policies must include: (23) Health care and emergency preparedness policies including: (c) Medication management including storage and giving medications. 170-296A-3200 Health plan. The licensee must have a written health plan. The health plan must include: (3) Medication management (specific regulations regarding medication management can be found in section 170-296A-3315)</p>	<p>9.2.3.9.a #1, 2 9.2.3.9.b #1 9.2.3.9.g #6 9.2.3.9.i #5, 7</p>
WV	Nothing specified.	
WI	Nothing specified.	
WY	Nothing specified.	

¹All regulations regarding training of caregivers to administer medications are identical among small and large family child care homes unless noted.