30 Changes to Regulations for Family Child Care Homes (FCCH) and Large Family Child Care Homes (LFCH) 2022

The following regulation changes are now in effect:

1. Provisional license issuance is now time-limited (3);
2. Definition of blood lead screening was added (3);
3. Immediate access to the FCCH/LFCCH required during the hours of operation (5 A);
4. State business license or verification of tax-exempt status required for licensure and renewals (7);
5. Office of Child Care Licensing (OCCL) will investigate complaints typically investigated by other entities if the complaint involves a regulation violation (11 E);
6. Licensee, non-emergency substitute, and large family staff must complete OCCL’s approved health and safety training (7 A, 15 D, 69);
7. Property insurance for LFCCHs no longer required (8 A);
8. Information was added about OCCL procedures regarding suspension (12 B);
9. Licensee will follow all federal, state, and local laws and regulations (13 X);
10. OCCL is to be notified of accidental ingestion of a medication or a drug while at the FCCH/LFCCH that results in medical attention (16 B);
11. Licensee must make reasonable accommodations to comply with provisions in an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) (18 C);
12. Religious exemption from blood lead screenings was added (23 D);
13. Accordion and pressure gates are prohibited in any area of the home (29 D);
14. Air fresheners are prohibited due to health concerns (29 P);
15. Acceptable refrigerator temperature was raised to 41° F or colder (31 C);
16. Portable sinks are prohibited outdoors (32 K);
17. Additional requirements and explanations of safety hazards for children were added:
   A licensee shall ensure toys and equipment used by the children are sturdy, safely assembled, hazard-free, and not recalled. Toys and equipment may not cause children to become trapped or have rough edges, sharp corners, pinch and crush points, splinters, or exposed bolts. Equipment in poor condition must be repaired, removed, or made inaccessible to children. A licensee shall take the following measures to prevent hazards to children in care:
   • To prevent cuts, abrasions, and punctures, equipment, materials, and other objects on the premises that have sharp edges, protruding nails, bolts, or other dangers must be repaired, removed, or made inaccessible to children. Sharp edges on natural wooden equipment must be sanded;
   • To prevent burns, equipment, materials, or products that may be hot enough to injure a child must be made inaccessible to children;
   • To prevent sheering, crushing, or pinching, broken or cracked equipment, materials, and objects must be repaired, removed, or made inaccessible to children;
   • To prevent entrapment, freezers, refrigerators, washers, dryers, compost bins, and other entrapment dangers must be inaccessible to children unless being actively supervised;
   • To prevent tripping, uneven indoor or outdoor walkways, damaged flooring or carpeting, or other tripping hazards must be removed or repaired;
   • To prevent injuries and death, large objects that pose a risk of falling or tipping must be securely anchored. Large objects include, but are not limited to, televisions, dressers, bookshelves, wall cabinets, sideboards or hutches, and wall units; and
   • To prevent injuries, equipment in poor condition (rusty parts, flaking paint, or other dangers) must be repaired, removed, or made inaccessible to children (36 H).
18. A medication error includes failing to document the administration (42 E);
19. Breast milk regulations state, “Thawed, previously frozen breast milk may be kept at room temperature for one to two hours. Breast milk must be used within two hours after a feeding has finished. Expressed breast milk must be returned to the parent if it is in an unsanitary bottle, partially used, or if it has been unrefrigerated for more than four hours or within two hours after a feeding has finished. Refrigerated, unused, freshly expressed breast milk that was never frozen must be returned to the parent after four days.” (51 Q);
20. Behavior management is now called behavior supports.
21. The approved training topic of disability non-discrimination, accommodations, or modifications was added (56 B);

**Changes that take effect December 1, 2022:**

22. Annual training for FCCHs is to be completed at least 30 days before license expiration (56 B);
23. Comprehensive background checks are to be conducted every five years for household members, staff, and adult volunteers (13 E);
24. Eligibility or provisional eligibility determination must be received by the licensee before a person becomes a household member, staff member, or adult volunteer at the home (13 E).

**Changes that take effect January 1, 2023:**

25. Beginning January 1, 2023, the fine for unlicensed care will be raised to $1000 or imprisoned not more than 6 months (4 A).

**Changes that take effect February 1, 2023, unless otherwise stated:**

26. Adult volunteers who are present for at least five days or 40 hours per year must complete OCCL’s approved Health and Safety Training for Child Care Professionals (certificate required) (13 I);
27. A written release of children procedure must be added to the parent handbook that includes monitoring the entrance of the home or phone, email, or other communication methods used by the home to ensure the child is released from care when requested by the parent, guardian, or authorized release person (20 B);
28. To comply with Delaware’s Lead Poisoning Act to require blood lead screening for children at or around age 24 months in addition to the screening at or around 12 months, and to require proof of a single blood lead screening after age 24 months for all children including school-age, if blood lead screenings were not conducted at or around ages 12 months and 24 months (23 A). If they are past the 12-month screening, but have not reach 18 months old that should be counted as the 12-month screening. Meaning that a second screening would be required in a few months. If they are past 18 months, then the screening could be assumed to be the 24-month screening.
29. To not allow semi-solid food to be introduced to an infant until the infant is at least 6 months old and developmentally ready, unless the infant’s health care provider states otherwise (51 G); and
30. Infant feeding requirements include ready-to-feed formulas and concentrate, require all bottles be labeled with the child’s name, date, and time of preparation or opening, and require that formula prepared using powder be discarded if not used within 24 hours of preparation (51 L). Prepared bottles of formula from a powder, concentrate, or ready-to-feed formula must be used within two hours of preparation, unless immediately refrigerated after preparation or arrival of the child. Prepared bottles of formula must be covered when stored in the refrigerator.