

Administering Medication

The Child Care and Development Block Grant (CCDBG) Act of 2014¹ and the Child Care and Development Fund (CCDF) Program final rule (2016)² require states and territories to have health and safety requirements in 11 different topic areas, as well as preservice and ongoing training on those topics, for all providers that receive payments from the CCDF subsidy program.³ This brief provides an overview of **medication administration**.

A series of briefs about CCDF health and safety requirements was first released in July 2016 by the National Center on Early Childhood Quality Assurance (ECQA Center) in response to the CCDBG Act of 2014. A summary of findings about the topic from the [2017 Child Care Licensing Study](#) is a feature of this July 2020 update to those briefs. Data for the study were compiled from state child care licensing regulations in effect as of December 31, 2017 (ECQA Center, 2020a, 2020b, 2020c).

Licensing and CCDF Administrators may find the brief helpful as they consider revisions to state standards for both licensed and license-exempt providers. It may also be of value to early childhood and school-age care programs and family child care providers, helping them understand and improve the health and safety of their learning environments.

What Are the Basic Requirements?

[Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education](#) (CFOCB) (2020), by the Administration for Children and Families, U.S. Department of Health and Human Services, represents the minimum health and safety standards experts believe should be in place where children are cared for outside their homes. The following lists contain CFOCB links to the basic requirements for the administration of medicine.

Health Promotion and Protection

- ◆ [Pre-Service Training/Orientation](#)
- ◆ [Situations That Require Hand Hygiene](#)
- ◆ [Medication Administration and Storage](#)
- ◆ [Training of Caregivers/Teachers to Administer Medication](#)

Policies

- ◆ [Written Plan and Training for Handling Urgent Medical Care or Threatening Incidents](#)
- ◆ [Contents of Child Records](#)

Best practices, which exceed CCDF requirements, are found in [Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, CFOCB Standards Online](#)

¹ 42 U.S.C. § 9858c(c)(2)(I) (2015).

² Child Care and Development Fund, 45 C.F.R. § 98.41 (2016).

³ Child Care and Development Fund, 45 C.F.R. § 98.44 (2016).

[Database](#) (CFOC) (2020), by the American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. You can learn more about best practice recommendations for administering medication to children by exploring the following CFOC links:

- ◆ [Chapter 3: Health Promotion and Protection](#)
- ◆ [Chapter 3.6: Management of Illness](#)

Why Is It Important to Children?

An increasing number of children who attend a child care program need to take medication. National data indicate that at any given time, between 16 percent and 40 percent of the pediatric population is taking antipyretics (acetaminophen) or analgesics (ibuprofen), which are generally prescribed to reduce fever and improve the child's overall comfort (Vernacchio et al., 2009).

Every year, more than 60,000 children are taken to the emergency room because they accidentally got into some medicine when an adult wasn't looking (American Academy of Pediatrics, n.d.-a). More than 80 percent of emergency department (ED) visits among children under age 12 are due to unsupervised children taking medications on their own (Centers for Disease Control and Prevention, n.d.-a). Children younger than 5 years old are twice as likely as older children to be taken to the ED for an adverse drug event, and 1 out of every 180 2-year-old children visits an ED for a medication poisoning annually (Centers for Disease Control and Prevention, n.d.-b). Child care programs can post the universal phone number for all 55 poison control centers in the United States (800-222-1222) in readily visible locations near telephones, and have it saved in cell phones to prepare for a potential accidental overdose.

Medications can also be very dangerous if the wrong type or amount is given to the wrong person or at the wrong time. More than 7,000 children visit the ED every year for problems related to medication reactions and errors in giving medication (American Academy of Pediatrics, n.d.-b). Over-the-counter medications, such as acetaminophen and ibuprofen, can be just as dangerous as prescription medications and can result in illness—or even death—when these products are misused, or unintentional poisoning occurs.

How Do States Establish Requirements?

Key Findings from the 2017 Child Care Licensing Study

Findings from the [2017 Child Care Licensing Study](#), a large-scale research study of child care licensing requirements for child care centers, family child care homes (FCCHs), and group child care homes (GCCHs), reflect commonly found requirements related to the prevention and control of infectious diseases (ECQA Center, 2020a, 2020b, 2020c). “Percent of states” and “states” refer to data from all 50 states and the District of Columbia.

- ◆ Nearly all states have requirements about **administering medication to children** for centers, FCCHs, and GCCHs.
- ◆ More than 90 percent of states require child care facilities to **obtain permission from parents** to administer medications to children.
- ◆ More than 80 percent of states require child care facilities to **get written instructions** about how to give the medication to children.
- ◆ Ninety-two percent of states required centers to **keep records** of medications given to children. Three-quarters of states have this requirement for FCCHs and GCCHs.

- ◆ More than 40 percent of states require center staff and FCCH and GCCH providers to **complete training** about medication administration.

Examples of State Licensed Child Care Requirements

The following tables provide links to state licensing requirements from **Colorado, Maryland, Delaware,** and **Texas** that support administering medication to children. These examples do not include all states that have these requirements but are meant to represent a range of approaches states have taken in their regulations.

Links to the full text of state and territory licensing regulations for child care centers, FCCH settings, and GCCH settings are found in the [National Database of Child Care Licensing Regulations](#).

Child Care Center Requirements

Colorado

Child Care Facility Licensing, 12 CCR 2509-8, 7.700 Child Care Facility Licensing, 7.702 Rules Regulating Child Care Centers (less than 24-hour care) (January 2020)

https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=8536&fileName=12_CCR_2509-8

7.702.52(C): Medication

Maryland

COMAR 13A.16.01–.19: Child Care Centers (January 2020)

http://www.dsd.state.md.us/COMAR/subtitle_chapters/13A_Chapters.aspx#Subtitle16

COMAR 13A.16.11.04: Medication Administration and Storage

Family Child Care Home Requirements

Delaware

DELACARE: Regulations for Family and Large Family Child Care Homes (May 2019)

<https://kids.delaware.gov/occl/pdf/delacare-regulations-fcc-and-lfcc-2019.pdf>

42: Administration of Medication

Texas

Chapter 747 Minimum Standards for Child-Care Homes (October 2018)

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/protective-services/ccl/min-standards/chapter-747-homes.pdf>

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

Examples of State License-Exempt Child Care Requirements

States have exemptions in law or regulation that define the types of center-based facilities and home-based providers that are not required to obtain a state license to operate legally. Most states allow some exempt providers to receive CCDF funding. Although exempt providers are not subject to the regulatory requirements set forth by the licensing agency, the CCDF final rule⁴ requires states and territories to have health and safety requirements in 11 different topic areas for all providers participating in the CCDF subsidy program, as well as preservice and ongoing training on those topics.⁵

The following table provides examples from **Arizona** and **Iowa** of requirements for license-exempt programs about administering medications to children. These examples do not include all states that have these requirements but are meant to represent a range of approaches states have taken in establishing requirements for license-exempt programs.

License-Exempt Child Care Requirements
<p>Arizona <i>Arizona Administrative Code, Title 6: Economic Security, Chapter 5: Department of Economic Security - Social Services, Article 52: Certification and Supervision of Family Child Care Home Providers (March 2019)</i> https://apps.azsos.gov/public_services/Title_06/6-05.pdf</p> <p>R6-5-5218: Health Care; Medications</p>
<p>Iowa <i>Chapter 120: Child Care Homes (November 2019)</i> https://www.legis.iowa.gov/docs/ACO/chapter/441.120.pdf</p> <p>120.8(3): Medications and hazardous materials.</p>

Where Can I Find More Information?

2017 Child Care Licensing Study

The ECQA Center, in partnership with the National Association for Regulatory Administration, has conducted a large-scale research study of child care licensing provider and facility requirements and licensing agency policies every three years since 2005. The [2017 Child Care Licensing Study](#) looks at licensing requirements for child care centers, family child care homes, and group child care homes and licensing agency policies in all 50 states and the District of Columbia for 2017. The ECQA Center (2020a, 2020b, 2020c) released three research briefs about trends in child care licensing that describe changes in licensing requirements and policies by comparing the findings from the 2017 study with findings from previous child care licensing studies.

- ◆ [Trends in Child Care Center Licensing Requirements and Policies for 2017: Research Brief #1](#)
- ◆ [Trends in Family Child Care Home Licensing Requirements and Policies for 2017: Research Brief #2](#)
- ◆ [Trends in Group Child Care Home Licensing Requirements and Policies of 2017: Research Brief #3](#)

⁴ Child Care and Development Fund, 45 C.F.R. § 98.41 (2016).

⁵ Child Care and Development Fund, 45 C.F.R. § 98.44 (2016).

Healthy States: Health and Safety Training Toolkit

The [Healthy States: Health and Safety Training Toolkit](#), by the National Center on Early Childhood Health and Wellness, provides up-to-date research and science-informed resources, including online modules, webinars, and other materials. Its purpose is to inform and train program-level staff in all early childhood education settings.

The toolkit also gives a summary of the health and safety requirements in the CCDBG Act of 2014 and provides links to CFOCB and CFOC.

Additional Resources

- ◆ [Caring for Our Children Basics Health and Safety Standards Alignment Tool for Child Care Centers and Family Child Care Homes](#) (2016), by the National Center on Early Childhood Quality Assurance, provides a simple format for states and territories to compare their current early childhood program requirements and standards against the recommended health and safety standards in CFOCB.
- ◆ [Developing and Revising Child Care Licensing Requirements](#) (2017), by the National Center on Early Childhood Quality Assurance, presents steps for developing and revising child care licensing requirements based on several states' successful practices.
- ◆ [Child Care Licensing Tools and Resources](#) (n.d.), a page of the [Early Childhood Training and Technical Assistance System](#) website with tools and resources about child care licensing designed to help states and territories improve their practices, strengthen provider requirements, and develop the skills of licensing staff.

References

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American Academy of Pediatrics. (n.d.-b). *Medication safety tips* [last updated September 15, 2015]. Retrieved June 15, 2020, from <https://www.healthychildren.org/English/safety-prevention/at-home/medication-safety/Pages/Medication-Safety-Tips.aspx>

Centers for Disease Control and Prevention. (n.d.-a). *Program focus: Adverse drug event monitoring* [last reviewed August 17, 2017]. Retrieved June 15, 2020, from http://www.cdc.gov/MedicationSafety/program_focus_activities.html

Centers for Disease Control and Prevention. (n.d.-b). *The PROTECT Initiative: Advancing children's medication safety* [last reviewed April 30, 2020]. Retrieved June 15, 2020, from http://www.cdc.gov/MedicationSafety/protect/protect_Initiative.html

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National Center on Early Childhood Quality Assurance. (2020b). Trends in family child care home licensing requirements and policies for 2017: Research brief #2. <https://childcareta.acf.hhs.gov/resource/trends-family-child-care-home-licensing-requirements-and-policies-2017-research-brief-2>

National Center on Early Childhood Quality Assurance. (2020c). Trends in group child care home licensing requirements and policies for 2017: Research brief #3. <https://childcareta.acf.hhs.gov/resource/trends-group-child-care-home-licensing-requirements-and-policies-2017-research-brief-3>

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<https://pediatrics.aappublications.org/content/124/2/446>

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