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**TITLE 22, DIVISION 12**

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**CHAPTER 1 CHILD CARE CENTER GENERAL LICENSING REQUIREMENTS**

**SUBCHAPTER 4. CHILD CARE CENTER FOR MILDLY ILL CHILDREN**

**Article 1. GENERAL REQUIREMENTS AND DEFINITIONS**

**101551 GENERAL**

- (a) Child care centers providing care to mildly ill children shall be governed by the provisions specified in this subchapter. In addition, such centers, except where specified otherwise, shall be governed by Chapter 1, Child Care Center General Licensing Requirements; Subchapter 2, Infant Care Centers; and Subchapter 3, School-Age Child Day Care Centers.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101552 CHILD CARE CENTER FOR MILDLY ILL CHILDREN - DEFINITIONS**

In addition to Section 101152, the following shall apply:

- (a) (Reserved)
- (b) (Reserved)
- (c) (Reserved)
- (d) (1) "Child Care Center for Mildly Ill Children" means any child care center or part of a child care center of any capacity where less than 24-hour per day nonmedical care and supervision are provided to mildly ill children in a group setting.
- (e) (Reserved)
- (f) (Reserved)
- (g) (Reserved)
- (h) (1) "Health Professional" means a physician licensed by the State of California, or a person licensed by the State of California to perform medical procedures prescribed by a physician. This shall include, but not be limited to, physician's assistants, registered nurses and licensed vocational nurses.

**101552 CHILD CARE CENTER FOR MILDLY ILL CHILDREN - DEFINITIONS  
(Continued)**

- (i) (Reserved)
- (j) (Reserved)
- (k) (Reserved)
- (l) (1) "Level I Child Care Center for Mildly Ill Children" means a child care center that provides care to mildly ill children and meets the following criteria:
  - (A) The program is a component of a licensed child care center that serves well children and only accepts mildly ill children who normally attend the center's component(s) for well children.
  - (B) The "qualified staff person" is a director as specified in Sections 101615(a) and (b), or a teacher as specified in Section 101616.2(b).
  - (C) The center may accept children with conditions/symptoms/illnesses as specified in Section 101626.1(e) if a health clearance is obtained as specified in Section 101626.1(f).
  - (D) The center does not serve children with conditions/symptoms/illnesses as specified in Sections 101626.1(g) and (h), including but not limited to:
    - 1. Diarrhea due to confirmed shigella, salmonella or giardia.
    - 2. Contagious stages of chicken pox, measles and mumps.
- (2) "Level II Child Care Center for Mildly Ill Children" means a child care center that provides care to mildly ill children and meets the following criteria:
  - (A) The program may be licensed as either of the following:
    - 1. A free-standing center that provides care only to mildly ill children.

**101552 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – DEFINITIONS**  
**(Continued)**

- 2. A component of a licensed child care center that serves well children and may accept children who do not normally attend the center's component(s) for well children.
  
- (B) The "qualified staff person" is a licensed health professional.
  
- (C) The center may accept children with conditions/symptoms/illnesses as specified in Section 101626.1(e) if a health clearance is obtained as specified in Section 101626.1(f).
  
- (D) The center may not accept children with the following conditions/symptoms/illnesses except as specified:
  - 1. Diarrhea due to confirmed shigella, salmonella or giardia except as specified in Section 101626.1(i).
  - 2. Contagious stages of chicken pox or mumps except as specified in Section 101626.1(j).
  
- (E) The center does not serve children with conditions/symptoms/illnesses as specified in Section 101626.1(h).
  
- (m) (1) "Mildly Ill Child" means any child who is prohibited from participating in a child care center as defined in Section 101152 due to discomfort, injury or symptoms of illness.
  - (A) A mildly ill child shall include but not be limited to:
    - 1. A child who would otherwise be cared for and supervised by his/her authorized representative or a person without a medical background.
    - 2. A child who is recovering from an illness such as a cold or the flu, or who needs nonmedical postoperative convalescent care.
  
- (n) (Reserved)
  
- (o) (Reserved)
  
- (p) (Reserved)

**101552 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – DEFINITIONS**  
**(Continued)**

- (q) (1) "Qualified Staff Person" in a Level I child care center for mildly ill children means a director as specified in Sections 101615(a) and (b), or a teacher as specified in Sections 101616.2(a) and (b).
- (2) "Qualified Staff Person" in a Level II child care center for mildly ill children means a licensed health professional.
- (r) (Reserved)
- (s) (Reserved)
- (t) (Reserved)
- (u) (Reserved)
- (v) (Reserved)
- (w) (Reserved)
- (x) (Reserved)
- (y) (Reserved)
- (z) (Reserved)

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73, 1596.74, 1596.75, 1596.750, 1596.76 and 1596.81, Health and Safety Code.

**Article 2. Licensing****101561 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – LIMITATIONS ON CAPACITY AND AMBULATORY STATUS**

- (a) In addition to Section 101161, the following shall apply:
- (b) In a combination child care center with a Level I or Level II component for mildly ill children, facilities and rooms designated for, and used by, mildly ill children shall not be used by children or staff from any other child care center component except as specified in Section 101561(b)(1).
- (1) When mildly ill children are not being cared for in the Level I or Level II component, staff and children from another child care center component may use facilities and rooms designated for, and used by, the Level I or Level II component if a qualified staff person approves and sanitation procedures as specified in Section 101638.1 are followed as determined to be necessary by the qualified staff person.
- (c) To prevent the spread of illnesses in a combination center with a Level I or Level II component, mildly ill children who begin their day in the Level I or Level II component shall not transfer into any other child care center component for that day unless a qualified staff person approves and the criteria specified in Section 101626.1 are met.
- (1) When a child is moved from a Level I or Level II component to another child care center component, the licensee shall document the move in the child's record.
- (d) Staff who begin their day in the Level I or Level II component shall not transfer into any other child care center component for that day unless a qualified staff person approves and sanitation procedures as specified in Section 101638.1(d) are followed.
- (1) The licensee shall document in the staff file when staff members must follow sanitation procedures as specified in Section 101638.1(d) to prevent the spread of illnesses.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81(b), Health and Safety Code.

**Article 3. APPLICATION PROCEDURES****101582 CHILD CARE CENTER FOR MILDLY ILL CHILDREN - ISSUANCE OF A LICENSE**

- (a) In addition to Section 101182, the following shall apply:
- (b) Child care centers for mildly ill children shall be issued a separate license.
  - (1) This requirement shall apply even when a child care center for mildly ill children is a Level I or Level II component of a licensed combination child care center.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73, 1596.81 and 1596.95, Health and Safety Code.



**Article 4. ADMINISTRATIVE ACTIONS (Reserved)**

**Article 5. ENFORCEMENT PROVISIONS (Reserved)**

**Article 6. CONTINUING REQUIREMENTS**

**101615 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – DIRECTOR  
QUALIFICATIONS AND DUTIES**

- (a) In addition to Sections 101215, 101215.1, 101216, 101415 and 101515, the following shall apply:
- (b) The director of a Level I or Level II child care center for mildly ill children shall, prior to employment, meet the requirements of Section 101615(b)(1) OR (2).
  - (1) Complete three postsecondary semester or equivalent quarter units in the identification, transmission, control and care of common childhood illnesses and communicable diseases at an approved or accredited college or university; and, as specified in Health and Safety Code Section 1596.866, complete at least 15 hours of health and safety training, including pediatric cardiopulmonary resuscitation and pediatric first aid.
    - (A) Notwithstanding Health and Safety Code Section 1596.866(a), the director shall complete 15 hours of health and safety training.

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**HANDBOOK BEGINS HERE**

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- (B) Health and Safety Code Section 1596.866 reads in pertinent part:
  - (a) In addition to any other required training, at least one director or teacher at each day care center, and each family day care home licensee who provides care shall have at least 15 hours of training on preventive health practices. The training shall include pediatric cardiopulmonary resuscitation, pediatric first aid, recognition, management, and prevention of infectious diseases, including immunizations, and prevention of childhood injuries. The training may include training in sanitary food handling, child nutrition, emergency preparedness and evacuation, caring for children with special needs, and identification and reporting of signs and symptoms of child abuse...."

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**HANDBOOK CONTINUES**

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**101615 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – DIRECTOR  
QUALIFICATIONS AND DUTIES (Continued)****HANDBOOK CONTINUES**

- (d) Completion of the training required pursuant to subdivisions (a) and (b) shall be demonstrated, upon request of the licensing agency, by the following:
- (1) A current pediatric cardiopulmonary resuscitation card issued either by the American Red Cross or the American Heart Association, or by a training program that has been approved by the Emergency Medical Services Authority pursuant to Section 1797.191.
  - (2) A current pediatric first aid card issued either by the American Red Cross or by a training program that has been approved by the Emergency Medical Services Authority pursuant to Section 1797.191.
  - (3) A certificate of completion of a course or courses in preventive health practices as defined in subdivision (a) or certified copies of transcripts that identify the number of hours and the specific course or courses taken for training in preventive health practices as defined in subdivision (a).
- (e) The training required under subdivision (a) shall not be provided by a home study course. This training may be provided through on-the-job training, workshops, or classes...."

**HANDBOOK ENDS HERE**

- (2) Notwithstanding Sections 101215(h) and (l), physicians, physician's assistants, registered nurses and licensed vocational nurses who wish to qualify as a director in a Level I or Level II child care center for mildly ill children shall possess a current and active license issued by the appropriate State of California licensing board; and shall:
- (A) Complete at least six postsecondary semester or equivalent quarter units in early childhood education or child development at an approved or accredited college or university.

**101615 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – DIRECTOR  
QUALIFICATIONS AND DUTIES (Continued)**

1. This requirement shall not apply provided a fully qualified teacher as specified in Sections 101616.2(a) and (c) is on the premises of the center at all times.
- (B) Possess at a minimum one year of experience in pediatric health care obtained within the last five years.
- (c) Verification of licensure required in Section 101615(b)(2) shall be included in an employee's personnel file and shall consist of the following:
- (1) A photocopy of the license; and
  - (2) Documentation of written or verbal contact with the appropriate State of California licensing board to verify licensure status.
- (d) Original certified copies of transcripts verifying the completion of units required in Sections 101615(b)(1) and (2) shall be filed in an employee's personnel file.
- (e) In a combination child care center with a Level I or Level II component for mildly ill children, a separate director is not required for the Level I or Level II component.
- (1) The director of the combination center shall designate a fully qualified teacher as specified in Sections 101616.2(a) and (c) for the Level I or Level II component.
  - (2) The director of the combination center shall maintain ultimate responsibility for the Level I or Level II component and shall provide guidance and supervision to the fully qualified teacher designated for the Level I or Level II component.
- (f) Notwithstanding Sections 101215.1(f), the following shall apply:
- (1) When the director of a child care center for mildly ill children is absent, a fully qualified teacher as specified in Sections 101616.2(a) and (c) shall act as a substitute for the director.
- (g) The director of a child care center for mildly ill children shall develop and implement a written training plan for the center's staff and volunteers.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101616.2 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – TEACHER  
QUALIFICATIONS AND DUTIES**

- (a) In addition to Sections 101216, 101216.1, 101416.2 and 101516.2, the following shall apply:
- (b) Notwithstanding Section 101216.1(b), prior to employment a teacher shall complete three postsecondary semester or equivalent quarter units in the identification, transmission, control and care of common childhood illnesses and communicable diseases; and shall complete three postsecondary semester or equivalent quarter units in early childhood education or child development. These units shall be completed at an approved or accredited college or university.
- (1) After employment, a teacher hired under Section 101616.2(b) shall complete at least three units each semester or quarter until a total of 12 postsecondary semester or equivalent quarter units in early childhood education or child development is completed as specified in Section 101216.1(c).
- (c) To be a fully qualified teacher in a child care center for mildly ill children, a fully qualified teacher as specified in Section 101216.1(c) shall complete three postsecondary semester or equivalent quarter units in the identification, transmission, control and care of common childhood illnesses and communicable diseases at an approved or accredited college or university; and, as specified in Health and Safety Code Section 1596.866, shall complete at least 15 hours of health and safety training, including pediatric cardiopulmonary resuscitation and pediatric first aid.
- (1) Notwithstanding Health and Safety Code Section 1596.866(a), each fully qualified teacher shall complete 15 hours of health and safety training.
- (d) Original certified copies of transcripts verifying the completion of the required units shall be filed in each teacher's personnel file.
- (e) In a combination center with a Level I or Level II component for mildly ill children, a fully qualified teacher as specified in Sections 101616.2(a) and (c) shall work closely with the director in planning the daily activities of the Level I or Level II component.
- (1) Under the guidance and supervision of the director, the fully qualified teacher as specified in Section 101616.2(e) shall be responsible for the overall operation of the Level I or Level II component.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72 and 1596.73, Health and Safety Code.

**101616.3 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – PERSONNEL REQUIREMENTS**

- (a) In addition to Section 101216, the following shall apply:
- (b) All staff and volunteers whose duties include the provision of care to, and the supervision and protection of, mildly ill children shall complete training on the practices and procedures of a child care center for mildly ill children.
  - (1) Training shall be completed within two weeks of a staff member's or volunteer's starting date.
- (c) The training plan shall ensure the provision of at least 20 hours of training for each staff member or volunteer and shall include but not be limited to:
  - (1) Orientation to the center.
  - (2) Instruction on the identification, transmission and control of communicable diseases, including universal health precautions.
  - (3) Center practices and procedures for the care of mildly ill children, including those related to:
    - (A) Hand washing, feeding and diapering.
    - (B) Special care needs of mildly ill children including, as appropriate, the areas of nutrition and fluids, activities, taking temperatures and administering medications.
    - (C) Medical emergencies.
    - (D) Disaster preparedness and evacuation.
- (d) Training shall be given by the director and/or a fully qualified teacher.
- (e) Completion of training shall be documented in each participant's personnel file.
  - (1) Documentation shall include the name(s) of the trainer(s), the name(s) of staff members and volunteers receiving training, the date(s) training was completed, the subject area(s) of the training, and the duration of the training (number of hours).

**101616.3 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – PERSONNEL  
REQUIREMENTS (Continued)**

- (f) At least one staff member who is trained in pediatric cardiopulmonary resuscitation and pediatric first aid pursuant to Health and Safety Code Section 1596.866 shall be onsite at all times when children are present.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101616.5 CHILD CARE CENTER FOR MILDLY ILL CHILDREN - TEACHER-CHILD  
RATIOS**

- (a) Notwithstanding Sections 101216.3, 101416.5 and 101516.5, the following shall apply:
- (b) There shall be a ratio of one teacher to every three infants in attendance.
- (1) An aide as specified in Section 101216.2 may be substituted for a teacher when all of the following criteria are met:
- (A) A fully qualified teacher as specified in Sections 101616.2(a) and (c) is directly caring for and supervising no more than three infants; and has overall responsibility for supervising a total of no more than 12 infants, with the assistance of three aides as specified in Section 101616.5(b)(1)(B).
- (B) Each aide is responsible for the direct care and supervision of no more than three infants.
- (c) There shall be a ratio of one teacher to every six preschool-age children in attendance.
- (1) An aide as specified in Section 101216.2 may be substituted for a teacher to care for preschool-age children when all of the following criteria are met:
- (A) A fully qualified teacher as specified in Sections 101616.2(a) and (c) is directly caring for and supervising no more than six preschool-age children; and has overall responsibility for supervising a total of no more than 12 preschool-age children, with the assistance of one aide as specified in Section 101616.5(c)(1)(B).

**101616.5 CHILD CARE CENTER FOR MILDLY ILL CHILDREN - TEACHER-CHILD RATIOS (Continued)**

- (B) The aide is responsible for the direct care and supervision of no more than six preschool-age children.
  
- (d) There shall be a ratio of one teacher to every eight school-age children in attendance.
  - (1) An aide as specified in Section 101216.2 may be substituted for a teacher to care for school-age children when all of the following criteria are met:
    - (A) A fully qualified teacher as specified in Sections 101616.2(a) and (c) is directly caring for and supervising no more than eight school-age children; and has overall responsibility for supervising a total of no more than 16 school-age children, with the assistance of one aide as specified in Section 101616.5(d)(1)(B).
    - (B) The aide is responsible for the direct care and supervision of no more than eight school-age children.
  
- (e) Staffing requirements for mixed-age groups of children shall be determined based on the age of the youngest child in the group.
  
- (f) The ratios specified in Sections 101616.5(b), (c), (d) and (e) shall also apply to napping infants, preschool-age children and school-age children except as follows:
  - (1) One teacher may supervise six napping infants without assistance provided that the remaining staff member(s) necessary to meet the overall ratio specified in Section 101616.5(b) is immediately available at the center.
  - (2) One teacher may supervise 12 napping preschool-age children without assistance provided that the remaining staff member(s) necessary to meet the overall ratio specified in Section 101616.5(c) is immediately available at the center.
  - (3) One teacher may supervise 16 napping school-age children without assistance provided that the remaining staff member(s) necessary to meet the overall ratio specified in Section 101616.5(d) is immediately available at the center.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101616.8 CHILD CARE CENTER FOR MILDLY ILL CHILDREN - STAFFING FOR WATER ACTIVITIES**

- (a) Notwithstanding Section 101216.6, the following shall apply:
- (b) Water activities in or near any of the following bodies of water shall not be permitted in a child care center for mildly ill children:
  - (1) Swimming pool.
  - (2) Any portable pool or wading pool, no matter how shallow.
  - (3) Potentially dangerous natural bodies of water including, but not limited to, oceans, lakes, rivers and streams.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101619 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – ADMISSION POLICIES**

- (a) In addition to Section 101218, the following shall apply.
- (b) The written admission policies for child care centers for mildly ill children shall specify the conditions/symptoms/illnesses for which children will and will not be accepted for care.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101620 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – MEDICAL ASSESSMENTS**

- (a) Notwithstanding Section 101220, the following shall apply:
- (b) A written medical assessment for the child shall be obtained from the child's authorized representative if a qualified staff person determines that one is necessary based on the nature of the child's symptoms and/or illness.
  - (1) The medical assessment shall be performed by a physician or other health professional working under the supervision of a physician.



**101620 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – MEDICAL ASSESSMENTS (Continued)**

- (2) The medical assessment shall include:
  - (A) Verification that the child's symptoms or illness does not pose a risk to the child or others at the center.
  - (B) Verification of the child's recent negative test for tuberculosis unless the child is concurrently enrolled in a licensed child care center or a public or private school.
  - (C) Identification of the child's special requirements.
  - (D) Identification of prescription and nonprescription medications that the child must take while at the center.
  - (E) Ambulatory status and restrictions on activities.
- (3) Medical assessments shall be filed in the child's record.
- (4) When a medical assessment is not required, the licensee shall make a dated notation to that effect in the child's record.
- (c) The Department has the authority to require the licensee to obtain a current written medical assessment for any child if such an assessment is necessary to verify the appropriateness of the child's placement.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101621 CHILD CARE CENTER FOR MILDLY ILL CHILDREN - CHILD'S RECORDS**

- (a) In addition to Section 101221, the following shall apply:
- (b) Each child's record shall include:
  - (1) A copy of the written medical assessment, when one has been required, as specified in Section 101620.
    - (A) If a medical assessment has not been required, a dated notation to that effect shall be made in the child's record.

**101621 CHILD CARE CENTER FOR MILDLY ILL CHILDREN - CHILD'S RECORDS  
(Continued)**

- (2) A copy of information regarding instances of authorized representative notification as specified in Sections 101626(b) and (b)(1).
- (3) A copy of information regarding prescription and nonprescription medications that the child must take while at the center as specified in Section 101226(e).
- (4) A copy of the child's plan of care as specified in Section 101626(c).
- (5) A copy of the daily inspection form completed by the qualified staff person performing the daily inspection for illness as specified in Section 101626.1(b).
- (6) Health clearances, when required, as specified in Section 101626.1(f).
- (7) Observations of the child as specified in Section 101626.3(b).
- (8) Information regarding any allergies the child may have.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101626 CHILD CARE CENTER FOR MILDLY ILL CHILDREN - HEALTH- RELATED SERVICES**

- (a) In addition to Section 101226, and notwithstanding Section 101226(a), the following shall apply:
- (b) If the child's illness or injury worsens to the point that it exceeds the maximum level of care specified in the admission policies and for which the center is licensed, the licensee shall immediately notify the child's authorized representative and require the child's authorized representative to remove the child from the center.
  - (1) Notification of the authorized representative shall be recorded in the child's record and shall include the date and time of notification and the name of the qualified staff person making the notification.
- (c) A written plan of care shall be developed for each child and shall be updated daily.
  - (1) This plan shall be completed with the assistance of the child's authorized representative; shall be signed and dated by the authorized representative; and shall be maintained in the child's record.

**101626 CHILD CARE CENTER FOR MILDLY ILL CHILDREN - HEALTH-RELATED SERVICES (Continued)**

- (2) Each plan of care shall include but not be limited to:
  - (A) Type and frequency of observations of the child.
  - (B) Activity level.
  - (C) Dietary restrictions.
  - (D) Prescription and nonprescription medications that the child must take while at the center.
  - (E) Special procedures associated with the child's illness/injury, such as any relating to intake of food and liquid, stool and urine output, or temperature. This requirement may be omitted when the nature of the child's illness/injury warrants doing so.
  - (F) Developmental activities.
- (d) Every center shall have provisions for continuing health consultation from a physician or registered nurse with a current and active license issued by the appropriate State of California licensing board. This health professional shall have pediatric experience/training obtained within the last five years.
  - (1) Health consultation may be provided by a staff member who is also a health professional as specified in Section 101626(d), as part of his/her staff duties; or by an outside consultant as specified in Section 101626(d).
  - (2) Health consultation shall include developing written plans and procedures and, if necessary, forms for the following, all of which shall be maintained at the center:
    - (A) Admissions criteria, center operating policies and procedures, daily inspection procedures, procedures for the surveillance of communicable diseases, and plans for the care of individual children.
    - (B) Liaison with local health departments.

**101626 CHILD CARE CENTER FOR MILDLY ILL CHILDREN - HEALTH-RELATED SERVICES (Continued)**

- (C) Recordkeeping and reporting of accidents and illnesses involving staff and children.
  - (D) Obtaining emergency health care, including provisions for listing emergency telephone numbers.
  - (E) Administration, handling and storage of medications.
  - (F) Emergency first-aid procedures and assurance of the availability of staff trained in such procedures.
  - (G) Establishment of an isolation area and development of related procedures.
  - (H) Provision of continuing health-care services to children in attendance who do not already have access to such services, which may include making referrals to community resources.
  - (I) Provision of staff training as specified in Section 101616.2.
- (3) If health consultation is provided by an outside consultant, a written contract or letter of agreement between the consultant and the center shall be prepared. This documentation shall be maintained in the center's files.
- (4) Each center shall maintain in its files each health consultant's name, address, telephone number, area of specialization and evidence of qualifications.
- (A) Evidence of qualifications shall include, but not be limited to, verification of licensure required in Section 101626(d) as demonstrated by the following:
    - 1. A photocopy of the license; and
    - 2. Documentation of written or verbal contact with the appropriate State of California licensing board to verify licensure status.
- (5) Health consultation shall occur quarterly or more often, if necessary, and not less than semiannually.

**101626 CHILD CARE CENTER FOR MILDLY ILL CHILDREN - HEALTH-RELATED SERVICES (Continued)**

- (A) After each consultation, the consultant shall prepare a written report of his/her findings and recommendations. These reports shall be maintained in the center's files.
  - (B) If consultation is not necessary during a quarter, a notation explaining why shall be made in the center's files.
- (e) The licensee shall maintain the most current edition of a manual on the identification and control of communicable diseases.
- (1) This manual shall be either the American Academy of Pediatrics' Report of the Committee on Infectious Diseases (Red Book) or another manual approved by the health consultant prior to use.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101626.1 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – DAILY INSPECTION FOR ILLNESS**

- (a) Notwithstanding Section 101226.1, the following shall apply:
- (b) Upon arrival each day at the center, each child shall have a daily inspection for illness to determine if the child is appropriate for placement in the center.
  - (1) A qualified staff person shall perform and document the completion of the daily inspection for illness.
    - (A) A qualified staff person for a Level I center shall be a director as specified in Sections 101615(a) and (b), or a teacher as specified in Sections 101616.2(a) and (b).
    - (B) A qualified staff person for a Level II center shall be a licensed health professional.
  - (2) As part of the daily inspection for illness, a child's body temperature shall be determined by using a thermometer with a disposable plastic (Probe) cover.

**101626.1 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – DAILY INSPECTION  
FOR ILLNESS (Continued)**

- (3) The licensee shall require the child's authorized representative to remain in the center until the daily inspection for illness is completed and the child is accepted for care.
- (c) The licensee shall develop and implement a written procedure for completing daily inspections for illness, which shall include developing a form to document that a daily inspection for illness has been completed prior to a child's acceptance for care.
  - (1) As required by Section 101626(d), the health consultant shall be consulted on the development of the procedure and form specified in Section 101626.1(c).
- (d) This subchapter shall not be interpreted to require the exclusion of a child with a chronic condition protected under the Americans With Disabilities Act of 1990 (42 U.S. Code Section 12101 et seq.) unless the child also has a condition/symptom/illness as specified in Sections 101626.1(e), (g) and (h) that would independently exclude the child from care in a center.
- (e) Except as specified in Section 101626.1(f), the licensee shall not accept or retain for care any child with any of the following conditions/symptoms/illnesses or combination thereof:
  - (1) Body temperature of 102 F (38.9 C) (oral) or 103 F (39.4 C) (rectal or by ear) or 101 F (38.3 C) (axillary), or higher.
    - (A) For an infant two months of age or under, body temperature of 101.5 F (38.6 C) (rectal or by ear) or higher.
  - (2) Rapid or labored breathing.
  - (3) Body temperature of 101 F (38.3 C) (oral) or 102 F (38.9 C) (rectal or by ear) or 100 F (37.8 C) (axillary), or higher, with stiff neck, lethargy, irritability or persistent crying.
  - (4) Asthmatic with upper respiratory infection and coughing that are interfering with the child's ability to drink, talk or sleep.
  - (5) Undiagnosed acute rash of two weeks or less in duration.

**101626.1 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – DAILY INSPECTION FOR ILLNESS (Continued)**

- (6) Yellowing of the eyes or skin.
  - (7) Abdominal pain that is persistent or intermittent.
  - (8) Vomiting three or more times, or lasting over a six-hour period, or with signs of dehydration.
  - (9) Diarrhea (that is, five or more stools in an eight-hour period or an increased number of stools compared to the child's normal pattern, and with increased stool water and/or decreased form), in addition to one or more of the following:
    - (A) Signs of dehydration (for example, no urine produced for an eight-hour period).
    - (B) Blood or mucus in the stool unless a physician determines that at least one stool culture demonstrates absence of shigella, salmonella, campylobacter, pathogenic E. coli or other pathogens.
    - (C) Persistence beyond three days.
  - (10) Severe lethargy.
  - (11) Open lesions of the skin or mucous membranes.
  - (12) Other conditions as may be determined by a qualified staff person on an individual basis.
- (f) A Level I or Level II center may accept a child with any of the conditions/symptoms/illnesses as specified in Section 101626.1(e) if the licensee has obtained a written health clearance stating that the child has been diagnosed and reexamined; and is not contagious or a health risk to the child or other children in care.
- (1) The written health clearance, which shall be kept in the child's record, shall be obtained from a physician or other health professional working under the supervision of a physician.
  - (2) A licensee may accept a child for care under Section 101626.1(f) upon the verbal approval of a physician or other health professional working under the supervision of a physician if the required written health clearance is obtained within 24 hours.

**101626.1 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – DAILY INSPECTION FOR ILLNESS (Continued)**

- (A) Receipt of verbal approval as specified in Section 101626.1(f)(2) shall be recorded immediately in the child's record. The notation shall include the name of the physician or other health professional who gave the verbal approval, the date and time the verbal approval was given, and the name of the qualified staff person who made the notation.
  
- (g) The licensee shall not accept or retain for care any child with any of the following conditions/symptoms/illnesses except as specified:
  - (1) Diarrhea due to confirmed shigella, salmonella or giardia except as specified in Section 101626.1(i).
  - (2) Contagious stages of chicken pox or mumps except as specified in Section 101626.1(j).
  
- (h) The licensee shall not, under any circumstances, accept or retain for care any child with any of the following conditions/symptoms/illnesses:
  - (1) Diarrhea due to campylobacter or cryptosporidium.
  - (2) Contagious stages of measles, rubella, pertussis, diphtheria or tuberculosis.
  - (3) Untreated infestation (such as head lice, scabies).
  
- (i) A Level II center may accept a child with diarrhea due to confirmed shigella, salmonella or giardia 24 hours after treatment has been initiated if prior approval is obtained from the Department and the following conditions are met:
  - (1) In addition to Section 101626.1(b), prior to accepting the child the licensee shall obtain documentation from a physician or other health professional working under the supervision of a physician stating that, based on his/her knowledge of the isolation and separation procedures specified below, the child has been diagnosed and poses no serious health risk to the child or other children in care. This documentation shall be kept in the child's record.
    - (A) Verbal approval, with written follow-up, shall be acceptable if the procedures specified in Section 101626.1(f)(2) are followed.



**101626.1 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – DAILY INSPECTION FOR ILLNESS (Continued)**

- (2) The licensee shall provide care for children with each illness in a specific area of a room or a room that is physically separate from those used by children with other illnesses.
  - (A) In addition to separate rooms, physical separation shall include, but not be limited to, moveable partitions and accordion wall dividers.
- (3) Each separate area/room shall include:
  - (A) Separate toilet and Hand washing facilities.
  - (B) Separate equipment and toys.
  - (C) Notwithstanding Section 101561(d), staff assigned exclusively to the care of children in each area/room.
- (4) Sanitation procedures as specified in Section 101638.1 shall be followed.
  - (A) The licensee shall document, in the staff file, when staff must follow sanitation procedures as specified in Section 101638.1(d) to prevent the spread of illnesses.
- (j) A Level II center may accept a child in the contagious stages of chicken pox or mumps, if prior approval is obtained from the Department and the following conditions are met:
  - (1) In addition to Section 101626.1(b), prior to accepting the child the licensee shall obtain documentation from a physician or other health professional working under the supervision of a physician stating that, based on his/her knowledge of the isolation and separation procedures specified below, the child has been diagnosed and poses no serious health risk to the child or other children in care. This documentation shall be kept in the child's record.
    - (A) Verbal approval, with written follow-up, shall be acceptable if the procedures specified in Section 101626.1(f)(2) are followed.
  - (2) The child shall be isolated from children with other illnesses and cared for in a separate room with children having the same illness.

**101626.1 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – DAILY INSPECTION FOR ILLNESS (Continued)**

- (A) Children with chicken pox and mumps shall not be cared for simultaneously in the same isolation room.
- (3) Each isolation room shall include:
  - (A) A separate door to the outside of the center.
  - (B) Floor-to-ceiling walls.
  - (C) A separate ventilation system, preferably a positive airflow system.
  - (D) Separate toilet and Hand washing facilities.
  - (E) Separate equipment and toys.
  - (F) Notwithstanding Section 101561(d), staff assigned exclusively to the care of children in each isolation room.
- (4) Sanitation procedures as specified in Section 101638.1 shall be followed.
  - (A) The licensee shall document, in the staff file, when staff must follow sanitation procedures as specified in Section 101638.1(d) to prevent the spread of illnesses.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101626.2 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – ISOLATION FOR ILLNESS**

- (a) Notwithstanding Section 101226.2, the following shall apply:
- (b) A center shall be equipped with an isolation area to care for any child as specified in Section 101626.2(c).
  - (1) The isolation area shall be physically separate from the indoor activity area and shall be located to afford easy observation of, and access to, children requiring isolation.

**101626.2 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – ISOLATION FOR ILLNESS (Continued)**

- (2) The isolation area shall be equipped with a bed, cot, floor mat or couch for each child requiring isolation; and with a crib, cot or floor mat for each infant requiring isolation.
  - (3) The isolation area shall not be located in the kitchen, food-preparation or toilet areas.
  - (4) In combination centers with a Level I or Level II component for mildly ill children, only one isolation area that serves all of the child care center components is required.
- (c) A child shall be isolated when any one of the following occurs:
- (1) The child's condition worsens enough to warrant notifying the child's authorized representative as specified in Section 101626(b); or
  - (2) The child is determined to have any one of, or combination of, the conditions/symptoms/illnesses as specified in Section 101626.1(e); or
  - (3) The child is determined to possibly have one of the communicable diseases as specified in Sections 101626.1(g) and (h).
- (d) The center shall ensure the isolation of each child within the isolation area when more than one child is present in the isolation area.
- (e) Children in the isolation area shall be under the constant observation of a teacher who is present in the isolation area itself.
- (f) A child shall remain in the isolation area only until the child's authorized representative can remove the child from the center as specified in Section 101626(b).

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101626.3 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – OBSERVATION OF THE CHILD**

- (a) In addition to Section 101226.3(a), and notwithstanding Section 101226.3(b), the following shall apply:
- (b) Any changes in the child's behavior or any signs of the child's illness worsening shall be reported to the child's authorized representative and recorded in the child's record on the day they occur.
- (c) If indicated by the nature of the child's illness at any time when the child is in care, staff shall record daily observations of the child's behavior and symptoms, including the date and time of the observation(s). The record of the observation(s) shall also include, but not be limited to, the following as appropriate:
- (1) Behavior and activities, such as the child's state of alertness, type of complaints, frequency and length of sleep, and pattern of rest and play.
  - (2) Temperature.
    - (A) Any child with a body temperature of 100 F (37.8 C) (oral) or 101 F (38.3 C) (rectal or by ear) or 99 F (37.2 C) (axillary), or higher, shall have his/her body temperature taken during the day as follows:
      1. For a child 0-1 years of age, within one hour of the original temperature; for a child 0-5 years of age, within two hours of the original temperature; and for a child 6-18 years of age, within three hours of the original temperature.
      2. The child's temperature shall also be taken at intervals thereafter depending on the child's observed behavior and symptoms as specified in Section 101626.3(c).
    - (B) Body temperature shall be determined by using a thermometer with a disposable plastic (Probe) cover.
  - (3) Breathing.
  - (4) Vomiting.
  - (5) Amount of food and fluid intake.

**101626.3 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – OBSERVATION OF THE CHILD (Continued)**

- (6) Color, consistency and number of bowel movements.
- (7) Frequency of urination.
  - (A) Notations shall be made at least every four hours if the child has any of the following conditions/symptoms/illnesses:
    - 1. Decreased appetite.
    - 2. Vomiting.
    - 3. Diarrhea as specified in Section 101626.1(e)(9).
- (d) Recorded observations shall be in accordance with the center's admission policies and agreements; and in accordance with plans and procedures as specified in Section 101626, including the plan of care as specified in Section 101626(c).

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101627 CHILD CARE CENTER FOR MILDLY ILL CHILDREN - FOOD SERVICE**

- (a) In addition to Sections 101227 and 101427, the following shall apply:
- (b) For mildly ill children, individual meals and snacks shall be prepared in accordance with the requirements of each child's admission agreement and plan of care.
- (c) For mildly ill infants, individual meals and snacks shall be prepared in accordance with the requirements of each infant's admission agreement, feeding plan and plan of care.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101628 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – PERSONAL SERVICES**

- (a) In addition to Section 101428, the following shall apply:
- (b) Only disposable diapers shall be used unless cloth diapers are specified in the infant's or child's plan of care.
- (c) If cloth diapers are used, they shall be used with an outer waterproof cover.
  - (1) When cloth diapers are changed, the soiled diaper and outer cover shall be removed at the same time and replaced with a clean diaper and outer cover.
- (d) Notwithstanding Section 101428(d)(5), soiled or wet clothing or cloth diapers shall not be rinsed in a sink.
  - (1) Soiled or wet clothing or cloth diapers provided by the child's authorized representative shall be handled as specified in Section 101428(c).
  - (2) Soiled cloth diapers provided by the center shall be laundered and sanitized daily. If a diaper service is utilized, the diapers shall be placed in the diaper service company container, as instructed, for pickup by the diaper service.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101629.1 CHILD CARE CENTER FOR MILDLY ILL CHILDREN - SIGN IN AND SIGN OUT**

- (a) Notwithstanding Section 101226.1(b)(2)(A), and in addition to Section 101229.1, the following shall apply:
- (b) The licensee shall require that each child be signed in and out by his/her authorized representative.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101630 CHILD CARE CENTER FOR MILDLY ILL CHILDREN - ACTIVITIES**

- (a) Notwithstanding Section 101230, the following shall apply:
- (b) The licensee shall develop, maintain and implement a written plan to ensure the provision of indoor and outdoor activities designed to meet the needs of mildly ill children. Such activities shall include but not be limited to:
  - (1) Quiet and active play.
  - (2) Rest and relaxation.
  - (3) Eating.
  - (4) Toileting.
  - (5) Individual attention.
  - (6) Infants being held by care providers.
- (c) The licensee shall ensure the participation of mildly ill children in the activities specified in Section 101630(b) as appropriate.
- (d) Each child, unless it is not appropriate because of the nature of his/her illness, shall be given the opportunity to nap/sleep whenever he/she wishes without being disturbed by other activities at the center.
  - (1) No child shall be forced to sleep, to stay awake or to stay in the napping area.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**Article 7. PHYSICAL ENVIRONMENT****101638.1 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – GENERAL  
SANITATION**

- (a) Notwithstanding Section 101438.1, the following shall apply:
- (b) Children shall not have access to items used by pets and animals.
- (c) Staff and children shall wash their hands at appropriate times, including but not limited to:
  - (1) Before and after eating or handling food.
  - (2) After toileting or changing diapers.
  - (3) Whenever hands are contaminated with bodily fluids.
- (d) The following Hand washing procedures shall be used:
  - (1) Use soap and running water.
    - (A) Only dispenser soap, such as liquid or powder in an appropriate dispenser, shall be used.
  - (2) Rub hands together vigorously, washing all surfaces including wrists, backs of hands, between fingers and under fingernails.
  - (3) Rinse hands well.
  - (4) Dry hands with disposable paper towels.
    - (A) Only disposable paper towels in an appropriate holder or dispenser shall be used.
  - (5) When a water faucet can be turned off only by using hand controls, the faucet shall be turned off using a disposable paper towel instead of with bare hands only.
  - (6) The procedures specified in Sections 101638.1(d)(1) through (5) shall be posted at sinks used by staff.
- (e) Washing, cleaning and sanitizing requirements for areas used by staff and children, or for areas that children have access to, shall include:
  - (1) Floors, except those carpeted, shall be vacuumed or swept and mopped with a disinfecting solution at least daily, or more often if necessary.



**101638.1 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – GENERAL SANITATION (Continued)**

- (2) Carpeted floors and large throw rugs that cannot be washed shall be vacuumed at least daily and cleaned at least every six months, or more often if necessary.
  - (A) Small rugs that can be washed shall be shaken or vacuumed at least daily and washed at least weekly, or more often if necessary.
- (3) Walls and portable partitions shall be washed and disinfected at least monthly, or more often if necessary.
- (4) When infants are in care, the diaper-changing area, where residue is splashed, shall be washed and disinfected after each diaper change. The immediate floor and wall areas shall also be kept clean.
- (5) Sinks used to wash infants shall be washed and disinfected after each use.
- (6) Sinks used for food preparation shall not be used to wash infants or to wash fecally contaminated hands.
- (f) Objects used by children shall be washed and disinfected at least daily, or more often if necessary. Such objects shall include, but not be limited to, toys and blankets.
- (g) Linens laundered by the center shall be washed and sanitized at least daily, or more often if necessary. Such linens shall include, but not be limited to, bedding, towels and washcloths used on or by children.
  - (1) Linens or clothing used on or by any child shall not be used on or by any other child without first being laundered and sanitized.
- (h) A disinfecting solution, which shall be used after surfaces and objects have been cleaned with a detergent or other cleaner, shall be freshly prepared each day using 1/4 cup of bleach per gallon of water. Commercial disinfecting solutions, including one-step cleaning/disinfecting solutions, shall be permitted and shall be used in accordance with label directions.
- (i) All disinfectants, cleaning solutions, poisons and other hazardous materials shall be stored as specified in Section 101238.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101638.2 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – OUTDOOR ACTIVITY SPACE**

- (a) Notwithstanding Sections 101238.2(a), (e) and (f), the following shall apply:
- (b) There shall be at least 20 square feet of outdoor activity space per child based on the total licensed capacity.
- (c) In combination centers with a Level I or Level II component for mildly ill children, outdoor activity space for mildly ill children shall be physically separate from outdoor activity space for well children.
  - (1) Physical separation shall include but not be limited to:
    - (A) Fencing; or
    - (B) Supervision; or
    - (C) Scheduling.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101638.3 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – INDOOR ACTIVITY SPACE**

- (a) In addition to Section 101238.3, the following shall apply:
- (b) In combination centers with a Level I or Level II component for mildly ill children, indoor activity space for the Level I or Level II component shall be physically separate from indoor activity space for any other child care center component.
  - (1) Physical separation shall include but not be limited to:
    - (A) Moveable partitions.
    - (B) Accordion wall dividers.
    - (C) Separate rooms.

**101638.3 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – INDOOR ACTIVITY SPACE (Continued)**

- (c) In the designated napping area, there shall be at least 15 square feet of indoor space for each child's bed, cot, floor mat or couch; and for each infant's crib, cot or floor mat.
  - (1) The square-footage requirement in Section 101638.3(c) shall be in addition to the requirement of 35 square feet of indoor activity space per child as specified in Section 101238.3.
  - (2) Napping equipment, unless separated by screens, shall be placed at least three feet apart when in use.
  - (3) The designated napping area shall be separate from the indoor activity area.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101639 CHILD CARE CENTER FOR MILDLY ILL CHILDREN - FIXTURES, FURNITURE, EQUIPMENT AND SUPPLIES**

- (a) In addition to Sections 101239, 101439 and 101539, the following shall apply:
- (b) In combination centers with a Level I or Level II component for mildly ill children, all fixtures, furniture, equipment and supplies designated for use in caring for mildly ill children, or for use by mildly ill children, shall not be shared with or used by any other child care center component unless the criteria specified in Section 101561(b)(1) are met.
- (c) Beds, cots, floor mats or couches, as well as blankets and pillows, shall be available and accessible for use by mildly ill children whenever mildly ill children are present.
- (d) Cribs, cots or floor mats, as well as blankets, shall be available and accessible for use by mildly ill infants whenever mildly ill infants are present.
  - (1) Mildly ill infants shall not have access to pillows.

**101639 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – FIXTURES, FURNITURE, EQUIPMENT AND SUPPLIES (Continued)**

- (e) Notwithstanding Section 101239(h), the total licensed capacity of a center shall not exceed 10 mildly ill children for every toilet and handwashing sink.
  - (1) Toilet and handwashing facilities used by mildly ill children shall not be shared with or used by any other child care center component unless the criteria specified in Section 101561(b)(1) are met.
  - (2) Toilets used by mildly ill school-age children shall provide for individual privacy.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73, 1596.806 and 1596.81, Health and Safety Code.

**101639.1 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – NAPPING EQUIPMENT**

- (a) In addition to Sections 101239.1 and 101439.1, the following shall apply:
- (b) In combination centers with a Level I or Level II component for mildly ill children, napping equipment designated for use in caring for mildly ill children, or for use by mildly ill children, shall not be shared with or used by any other child care center component unless the criteria specified in Section 101561(b)(1) are met.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.

**101639.2 CHILD CARE CENTER FOR MILDLY ILL CHILDREN – DRINKING WATER**

- (a) Notwithstanding Section 101239.2, the following shall apply:
- (b) Each child shall use a cup or bottle labeled with his/her name, or a single-use disposable cup.
- (c) Drinking water from a noncontaminating fixture or container shall be readily available to children both indoors and in the outdoor activity area.
- (d) Each child shall be free to drink water as he/she wishes unless it is not appropriate because of the nature of the child's illness.

NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73 and 1596.81, Health and Safety Code.