CHAPTER 09 – DAY CARE RULES

SECTION .0100 – DEFINITIONS

10A NCAC 09 .0102 DEFINITIONS

The terms and phrases used in this Subchapter shall be defined as follows except when the content of the rule clearly requires a different meaning. The definitions prescribed in G.S. 110-86 also apply to these Rules.

(1) "Agency" means Division of Child Development, Department of Health and Human Services located at 319 Chapanoke Road, Suite 120, Raleigh, North Carolina 27603.

(2) "Appellant" means the person or persons who request a contested case hearing.

(3) "Basic School-Age Care Training" (BSAC Training) means the seven clock hours of training developed by the North Carolina State University Department of 4-H Youth Development and the Division of Child Development on the elements of quality school-age care.

(4) "Child Care Program" means a single center or home, or a group of centers or homes or both, which are operated by one owner or supervised by a common entity.

(5) "Child care provider" as defined by G.S. 110-90.2 (a) (2) a. and used in Section .2700 of this Subchapter, includes but is not limited to the following employees who have contact with the children in a child care program: facility directors, administrative staff, teachers, teachers' aides, cooks, maintenance personnel and drivers.

(6) "Child Development Associate Credential" means the national early childhood credential administered by the Council for Early Childhood Professional Recognition.

(7) "Developmentally appropriate" means suitable to the chronological age range and developmental characteristics of a specific group of children.

(8) "Division" means the Division of Child Development within the Department of Health and Human Services.

(9) "Drop-in care" means a child care arrangement where children attend on an intermittent, unscheduled basis.

(10) "Early Childhood Environment Rating Scale - Revised edition" (Harms, Cryer, and Clifford, 1998, published by Teachers College Press, New York, NY) is the instrument used to evaluate the quality of care received by a group of children in a child care center, when the majority of children in the group are two and a half years old through five years old, to achieve three through five points for the program standards of a rated license. This instrument is incorporated by reference and includes subsequent editions. Individuals wishing to purchase a copy may call Teachers College Press at 1-800-575-6566. The cost of this scale at the time of rule publication in August 2002 is twelve dollars and ninety-five cents ($12.95). A copy of this instrument is on file at the Division at the address given in Item (1) of this Rule and will be available for public inspection during regular business hours.

(11) "Family Day Care Rating Scale" (Harms and Clifford, 1989, published by Teachers College Press, New York, NY) is the instrument used to evaluate the quality of care received by children in family child care homes to achieve three through five points for the program standards of a rated license. This instrument is incorporated by reference and includes subsequent editions. Individuals wishing to purchase a copy may call Teachers College Press at 1-800-575-6566. The cost of this scale at the time of rule publication in August 2002 is twelve dollars and ninety-five cents ($12.95). A copy of this instrument is on file at the Division at the address given in Item (1) of this Rule and will be available for public inspection during regular business hours.

(12) "Group" means the children assigned to a specific caregiver, or caregivers, to meet the staff/child ratios set forth in G.S. 110-91(7) and this Subchapter, using space which is identifiable for each group.

(13) "Household member" means a person who resides in a family home as evidenced by factors including, but not limited to, maintaining clothing and personal effects at the household address, receiving mail at the household address, using identification with the household address, or eating and sleeping at the household address on a regular basis.

(14) "Infant/Toddler Environment Rating Scale" (Harms, Cryer, and Clifford, 1990, published by Teachers College Press, New York, NY) is the instrument used to evaluate the quality of care received by a group of children in a child care center, when the majority of children in the group are younger than thirty months old, to achieve three through five points for the program standards of a rated license. This instrument is incorporated by reference and includes subsequent editions. Individuals wishing to purchase a copy may call Teachers College Press at 1-800-575-6566. The cost of this scale at the time of rule publication in August 2002 is twelve dollars and ninety-five cents ($12.95). A copy of this instrument is on file at the Division at the address given in Item (1) of this Rule and will be available for public inspection during regular business hours.

(15) "ITS-SIDS Training" means the Infant/Toddler Safe Sleep and SIDS Risk Reduction Training developed by the NC Healthy Start Foundation and the Division of Child Development for caregivers of children ages 12 months and younger.

~~(15)~~(16) "Licensee" means the person or entity that is granted permission by the State of North Carolina to operate a child care facility.

~~(16)~~(17) "North Carolina Early Childhood Credential" means the state early childhood credential that is based on completion of coursework and standards found in the North Carolina Early Childhood Instructor Manual published jointly under the authority of the Department and the Department of Community Colleges. These standards are incorporated by reference and include subsequent amendments. A copy of the North Carolina Early Childhood Credential requirements is on file at

the Division at the address given in Item (1) of this Rule and will be available for public inspection or copying at no charge during regular business hours.

~~(17)~~(18) "Operator" means the person or entity held legally responsible for the child care business. The terms "operator", "sponsor" or "licensee" may be used interchangeably.

(19) "Owner" means any person with a five percent or greater equity interest in a child care facility, whether that interest is held directly or through a trust, estate, partnership, corporation, joint stock company, consortium, or any other group, entity, organization or association.

~~(18)~~(20) "Parent" means a child's parent, legal guardian, or full-time custodian.

~~(19)~~(21) "Part-time care" means a child care arrangement where children attend on a regular schedule but less than a full-time basis.

~~(20)~~(22) "Passageway" means a hall or corridor.

(23) "Person, as used in the definition of "owner" in Item (19) of this Rule, means any individual, trust, estate, partnership, corporation, joint stock company, consortium, or any other group, entity, organization, or association."

~~(21)~~(24) "Preschooler" or "preschool-aged child" means any child who does not fit the definition of school-aged child in this Rule.

~~(22)~~(25) "School-Age Care Environment Rating Scale" (Harms, Jacobs, and White, 1996, published by Teachers College Press) is the instrument used to evaluate the quality of care received by a group of children in a child care center, when the majority of the children in the group are older than five years, to achieve three through five points for the program standards of a rated license. This instrument is incorporated by reference and includes subsequent editions. Individuals wishing to purchase a copy for may call Teachers College Press at 1-800-575-6566. The cost of this scale at the time of rule publication in August 2002 is twelve dollars and ninety-five cents ($12.95). A copy of this instrument is on file at the Division at the address given in Item (1) of this Rule and will be available for public inspection during regular business hours.

~~(23)~~(26) "School-aged child" means any child who is at least five years old on or before October 16 of the current school year and who is attending, or has attended, a public or private grade school or kindergarten; or any child who is not at least five years old on or before October 16 of that school year, but has been attending school during that school year in another state in accordance with the laws or rules of that state before moving to and becoming a resident of North Carolina; or any child who is at least five years old on or before April 16 of the current school year, is determined by the principal of the school to be gifted and mature enough to justify admission to the school, and is enrolled no later than the end of the first month of the school year.

~~(24)~~(27) "Seasonal Program" means a recreational program as set forth in G. S. 110-86(2)(b).

~~(25)~~(28) "Section" means Division of Child Development.

~~(26)~~(29) "Substitute" means any person who temporarily assumes the duties of a staff person for a time period not to exceed two consecutive months.

~~(27)~~(30) "Temporary care" means any child care arrangement which provides either drop-in care or care on a seasonal or other part-time basis and is required to be regulated pursuant to G.S. 110-86.

~~(28)~~(31) "Volunteer" means a person who works in a child care facility and is not monetarily compensated by the facility.

Authority G.S. 110-88; 143B-168.3.

SECTION .0500 - AGE APPROPRIATE ACTIVITIES FOR CENTERS

10A NCAC 09 .0511 ACTIVITIES FOR CHILDREN UNDER TWO YEARS OF AGE

(a) Each center shall have developmentally appropriate toys and activities for each child to promote the child's physical, emotional, intellectual and social well-being including appropriate books, blocks, dolls, pretend play materials, musical toys, sensory toys, and fine motor toys.

(1) The materials shall be kept in an identifiable space where related equipment and materials are kept in identifiable groupings and must be made available to the children for a substantial portion of each day.

(2) The materials shall be offered in sufficient quantity to allow all children to use them at some point during the day and to allow for a range of choices with duplicates of the most popular toys.

(3) Caregivers shall make provisions for the promotion of physical development for a substantial portion of the day which shall include varied, developmentally appropriate physical activities. A safe clean, uncluttered area shall be available for infants to crawl or creep and for toddlers to move around.

(4) Hands-on experiences, including both familiar and new activities, shall be provided to enable the infant or toddler to learn about himself and the world.

(b) The center shall provide time and space for sleeping, eating, toileting, diaper changing, and playing according to each child's individual need.

(c) The caregivers shall interact in a positive manner with each child every day, including the following ways:

(1) Caregivers shall respond promptly to an infant or toddler's physical and emotional needs, especially when indicated by crying through actions such as but not limited to the following: feeding, diapering, holding, positive touching, smiling, talking and eye contact.

(2) The caregiver shall recognize the special difficulties of infant and toddler separations and assist families, infants, and toddlers to make the transition from home to center as gently as possible, such as a phased-in orientation process to allow infants and toddlers to experience limited amounts of time at the center before becoming fully integrated.

(3) A caregiver or team of caregivers shall be assigned to each infant or toddler as the primary caregiver(s) who shall be responsible for care the majority of the time.

(4) The caregiver shall make provision for constructive guidance and the setting of clearly defined limits which foster the infant's or toddler's ability to be self-disciplined, as appropriate to the child's age and development.

(5) In drop-in centers, every effort shall be made to place an infant or toddler, who uses the center frequently, with the same caregiver.

(d) Each child shall have the opportunity to be outdoors daily when weather conditions permit.

(e) While awake, each child under the age of 12 months shall be given the opportunity each day to play while positioned on his or her stomach.

Authority G.S. 110-91(2),(12); 143B-168.3.

SECTION .0600 - SAFETY REQUIREMENTS FOR CHILD CARE CENTERS

10A NCAC 09 .0606 SAFE SLEEP POLICY

(a) Each center licensed to care for infants aged 12 months or younger shall develop and adopt a written safe sleep policy that:

(1) specifies that caregivers shall place infants aged 12 months or younger on their backs for sleeping, unless:

(A) for an infant aged six months or less, the center receives a written waiver of this requirement from a health care provider, as defined in G.S. 58-50-61(a)(8); or

(B) for a child older than six months, the center receives a written waiver of this requirement from a health care provider, as defined in G.S. 58-50-61(a)(8), or a parent, or a legal guardian;

(2) specifies whether pillows, blankets, toys, or other objects may be placed with a sleeping infant aged 12 months or younger, and if so, specifies the number and types of allowable objects;

(3) specifies that nothing shall be placed over the head or face of an infant aged 12 months or younger when the infant is laid down to sleep;

(4) specifies the temperature in the room where infants aged 12 months or younger are sleeping does not exceed 75 degrees F;

(5) specifies the means by which caregivers shall visually check on sleeping infants aged 12 months or younger;

(6) specifies the frequency with which caregivers shall visually check on sleeping infants aged 12 months or younger;

(7) specifies how caregivers shall document compliance with visually checking on sleeping infants aged 12 months or younger with such documents to be maintained for a minimum of one month; and

(8) specifies any other steps the center shall take to provide a safe sleep environment for infants aged 12 months or younger.

(b) The center shall post a copy of its safe sleep policy or a poster about infant safe sleep practices in a prominent place in the infant room.

(c) A copy of the center's safe sleep policy shall be given and explained to the parents of an infant aged 12 months or younger on or before the first day the infant attends the center. The parent shall sign a statement acknowledging the receipt and explanation of the policy. The acknowledgement shall contain:

(1) the infant's name;

(2) the date the infant first attended the center;

(3) the date the center's safe sleep policy was given and explained to the parent; and

(4) the date the parent signed the acknowledgement.

The center shall retain the acknowledgement in the child's record as long as the child is enrolled at the center.

(d) If a center amends its safe sleep policy, it shall give written notice of the amendment to the parents of all enrolled infants aged 12 months or younger at least 14 days before the amended policy is implemented. Each parent shall sign a statement acknowledging the receipt and explanation of the amendment. The center shall retain the acknowledgement in the child's record as long as the child is enrolled at the center.

(e) A health care provider's or parent's waiver of the requirement that all infants aged 12 months or younger be placed on their backs for sleeping as specified in Subparagraph (a)(1) of this Rule shall:

(1) bear the infant's name and birth date;

(2) be signed and dated by the infant's physician or parent; and

(3) specify the infant's authorized sleep positions;

The center shall retain the waiver in the infant's record as long as the child is enrolled at the center. A written copy of the waiver shall be posted for quick reference near the infant's crib, bassinet, or play pen and shall specify the infant's authorized sleep positions.

(f) The policy shall be developed and shared with parents of infants currently enrolled within 30 days of this Rule becoming effective.

Authority G.S. 110-91(15); 143B-168.3.

SECTION .0700 - HEALTH AND OTHER STANDARDS FOR CENTER STAFF

10A NCAC 09 .0705 SPECIAL TRAINING REQUIREMENTS

(a) At least one staff member shall be knowledgeable of and able to recognize common symptoms of illness.

(b) Staff who have completed within the last three years a course in basic first aid approved by the Division shall be present ~~at the center~~ at all times children are present. The number of staff required to complete the course shall be based on the number of children present ~~in the center~~ as shown in the following chart:

Number of children present	Number of staff trained in first aid required
1-29	1 staff
30-79	2 staff
80 and above	3 staff

Verification of each required staff person's completion of this course shall be maintained in the person's individual personnel file in the center. The basic first aid course at a minimum shall address principles for responding to emergencies, rescue breathing, and techniques for handling common childhood injuries, accidents and illnesses such as: choking, burns, fractures, bites and stings, wounds, scrapes, bruises, cuts and lacerations, poisoning, seizures, bleeding, allergic reactions, eye and nose injuries and sudden changes in body temperature.

(c) A first aid information sheet shall be posted in a prominent place for quick referral. An acceptable form may be requested free of charge from the North Carolina Child Care Health and Safety Resource Center by calling 1-800-CHOOSE-1.

(d) Each child care center shall have at least one person on the premises at all ~~times~~ times, and at least one person who accompanies the children whenever they are off the premises, who has successfully completed within the last 12 months a cardiopulmonary resuscitation (CPR) course provided by either the American Heart Association or the American Red Cross or other organizations approved by the Division. Other organizations will be approved if the Division determines that the courses offered are substantially equivalent to those offered by the American Red Cross. Successfully completed is defined as demonstrating competency, as evaluated by the instructor, in performing CPR. The course shall provide training in CPR appropriate for the ages of children in care. Documentation of successful completion of the course from the American Heart Association, the American Red Cross, or other organization approved by the Division shall be on file in the center.

(e) Staff shall complete at least four clock hours of training in safety approved by the Division. At a minimum, this training shall address playground safety hazards, playground supervision, maintenance and general upkeep of the outdoor area, and age and developmentally appropriate playground equipment. Staff counted to comply with this Rule shall have six months from the date of employment, or from the date a vacancy occurs, to complete the required safety training. The number of staff required to complete this training shall be as follows:

(1) In centers with a licensed capacity of less than 30 children, at least one staff person shall complete this training.

(2) In centers with a licensed capacity of 30 or more children, at least two staff, including the administrator, shall complete this training.

(f) In centers that are licensed to care for infants ages 12 months and younger:

(1) the center director and any child care provider scheduled to work in the infant room, including volunteers counted in staff/child ratios, shall complete ITS-SIDS training;

(2) ITS-SIDS training shall be completed within six months of the individual assuming responsibilities in the infant room or as an administrator, or within six months of these rules becoming effective, whichever is later;

(3) completion of ITS-SIDS training may be included once in the number of hours needed to meet annual in-service training requirements in Section .0700 of this Subchapter;

(4) individuals who have completed ITS-SIDS training as approved by the Division prior to this Rule becoming effective shall not be required to repeat the training; and

(5) prior to an individual assuming responsibility for the care of an infant, the center's safe sleep policy for infants shall be reviewed with the individual as required by Rule .0707(a).

Authority G.S. 110-91(1),(8); 143B-168.3.

10A NCAC 09 .0707 IN-SERVICE TRAINING REQUIREMENTS

~~(a) Each child care center shall provide, or arrange for the provision of, training for staff to assure that each new staff person who has contact with the children will receive a minimum of 10 clock hours of onsite orientation within the first six weeks of employment. This orientation shall include training in their job specific duties and responsibilities; a review of the child care licensing law and regulations; a review of the individual center's personnel and operational policies, purposes and goals; an explanation of the role of state and local government agencies, their effect on the center, their availability as a resource, and individual staff responsibilities to representatives of State and local government agencies; observation of center operations; maintaining a safe and healthy environment; and training to recognize symptoms of child abuse and neglect.~~

(a) Each center shall assure that each new employee who is expected to have contact with children receives a minimum of 10 clock hours of on-site training and orientation within the first six weeks of employment. This training and orientation shall include:

(1) first-hand observation of the center's daily operations;

(2) instruction in the employee's assigned duties;

(3) instruction in the maintenance of a safe and healthy environment;

(4) training in the recognition of the signs and symptoms of child abuse and neglect and in the employee's duty to report suspected abuse and neglect;
(5) review of the center's purposes and goals;
(6) review of the center's personnel policies;
(7) review of the center's operational policies, including the center's safe sleep policy for infants;
(8) review of the child care licensing law and regulations;
(9) an explanation of the role of State and local government agencies in the regulation of child care, their impact on the operation of the center, and their availability as a resource; and
(10) an explanation of the employee's obligation to cooperate with representatives of State and local government agencies during visits and investigations.

(b) The child care administrator and any staff who have responsibility for planning and supervising a child care program, as well as staff who work directly with children, shall participate in in-service training activities annually, according to the individual's assessed needs. Staff may choose one of the following options for meeting the in service requirement:

(1) Each staff person shall complete in service training required in G.S. 110-91(11) as specified in the following Parts:
  (A) persons with a four year degree or higher advanced degree in a child care related field of study from a regionally accredited college or university shall complete five clock hours of training annually.
  (B) persons with a two year degree in a child care related field of study from a regionally accredited college or university, or persons with a North Carolina Early Childhood Administration Credential or its equivalent shall complete eight clock hours of training annually.
  (C) persons with a certificate or diploma in a child care related field of study from a regionally accredited college or university, or persons with a North Carolina Early Childhood Credential or its equivalent shall complete 10 clock hours of training annually.
  (D) persons employed on or after September 1, 1986 with at least 10 years documented, professional experience as a teacher, director, or caregiver in a licensed child care arrangement shall complete 15 clock hours of training annually.
  (E) all other persons shall complete 20 clock hours of training annually.
(2) For staff listed in Parts (b)(1), (A), (B), (C) and (D) of this Rule, basic cardiopulmonary resuscitation (CPR) training required in Rule .0705 of this Section shall not be counted toward meeting annual in-service training. First aid training may be counted once every three years.
(3) If a child care administrator or lead teacher is currently enrolled in coursework to meet the staff qualification requirements in G.S. 110-91(8), the coursework may be counted toward meeting the annual in-service training requirement.

(c) For staff working less than 40 hours per week on a regular basis and choosing the option for 20 hours of in service training, the training requirement may be prorated as follows:

WORKING HOURS PER WEEK	CLOCK HOURS REQUIRED
0-10	5
11-20	10
21-30	15
31-40	20

Authority G.S. 110-91(11); 143B-168.3.

10A NCAC 09 .0714 OTHER STAFFING REQUIREMENTS

(a) Each child care center shall have an administrator on site on a regular basis. The administrator shall be responsible for monitoring the program and overseeing administrative duties of the center. This requirement may be met by having one or more persons on site who meet the requirements for an administrator according to the licensed capacity of the center. The following hourly requirements are based on an administrator's normal working schedule and may include times when the administrator may be off site due to administrative duties, illness, or vacation.

(1) Each center with a licensed capacity of less than 30 children shall have an administrator on site for at least 20 hours per week.
(2) Each center with a licensed capacity of 30 to 79 children shall have an administrator on site for at least 25 hours per week.
(3) Each center with a licensed capacity of 80 to 199 children shall have an administrator on site for at least 30 hours per week.
(4) Each center with a licensed capacity of 200 or more children shall have an administrator on site for at least 40 hours per week.

(b) At least one person who meets the requirements for an administrator or lead teacher as set forth in this Section shall be on site during the center's operating hours except that a person who is at least 18 years old with at least a high school diploma or its equivalent and who

has a minimum of one year's experience working with children in a child care center may be on duty at the beginning or end of the operating day provided that:

(1) No more than 10 children are present.
(2) The staff person has worked in that center for at least three months.
(3) The staff person is thoroughly familiar with the center's operating policies and emergency procedures.

(c) At least one person who meets the requirements for a lead teacher shall be responsible for each group of children as defined in Rule .0102 of this Subchapter except as provided in Paragraph (b) of this Rule. This requirement may be met by having one or more persons who meet the requirements for a lead teacher responsible for the same group of children. Each lead teacher shall be responsible for only one group of children at a time. Each group of children shall have a lead teacher in attendance for at least two-thirds of the total daily hours of operation, based on a normal working schedule and may include times when the lead teacher may not be in attendance due to circumstances such as illness or vacation.

(d) A teacher is a person who is responsible to the lead teacher and assists with planning and implementing the daily program.

(e) An aide shall not have full responsibility for a group of children except as provided in Paragraph (b) of this Rule.

(f) Children shall be adequately supervised at all times. Adequate supervision shall mean that staff interact with the children while moving about the indoor or outdoor area, and are able to hear and see the children at all times, except when emergencies necessitate that direct supervision is impossible for brief periods of time.

(g) For groups of children aged two years or older, the staff/child ratio during nap time is considered in compliance if at least one person is either in each room or is visually supervising all the children and if the total number of required staff are on the premises and within calling distance of the rooms occupied by children.

(h) When a child is sleeping, bedding or other objects shall not be placed in a manner that covers the child's face.

Authority G.S. 110-85(1); 110-91(7),(8); 143B-168.3.

SECTION .0800 - HEALTH STANDARDS FOR CHILDREN

10A NCAC 09 .0803 ADMINISTERING MEDICATION

~~(a)No drug or medication shall be administered to any child without specific instructions from the child's parent, a physician, or other authorized health professional. No drug or medication shall be administered after its expiration date. No drug or medication shall be administered for non-medical reasons, such as to induce sleep.~~

~~(1)Prescribed medicine shall be in its original container bearing the pharmacist's label which lists the child's name, date the prescription was filled, the physician's name, the name of the medicine or the prescription number, and directions for dosage, or be accompanied by written instructions for dosage, bearing the child's name, which are dated and signed by the prescribing physician or other health professional. Prescribed medicine shall be administered as authorized in writing by the child's parent, only to the person for whom it is prescribed.~~

~~(2)Over-the-counter medicines, such as cough syrup, decongestant, acetaminophen, ibuprofen, topical teething medication, topical antibiotic cream for abrasions, or medication for intestinal disorders shall be in its original container and shall be administered as authorized in writing by the child's parent, not to exceed amounts and frequency of dosage specified in the printed instructions accompanying the medicine. The parent's authorization shall give the child's name, the specific name of the over-the-counter medicine, dosage instructions, the parent's signature, and the date signed. Over-the-counter medicine may also be administered in accordance with written instructions from a physician or other authorized health professional.~~

~~(3)When any questions arise concerning whether medication provided by the parent should be administered, that medication shall not be administered without signed, written dosage instructions from a licensed physician or authorized health professional.~~

~~(4)A written statement from a parent may give blanket permission for up to six months to authorize administration of medication for asthma and allergic reactions. A written statement from a parent may give blanket permission for up to one year to authorize administration of sunscreen and over-the-counter diapering creams. The written statement shall describe the specific conditions under which these medications and creams are to be administered and detailed instructions on how they are to be administered.~~

~~(5) A written statement from a parent may give blanket permission to administer a one-time, weight appropriate dose of acetaminophen in cases where the child has a fever and the parent cannot be reached.~~

~~(b) Any medication remaining after the course of treatment is completed shall be returned to the child's parents.~~

~~(c) Any time medication other than sunscreen or diapering creams is administered by center personnel to children receiving care, the child's name, the date, time, amount and type of medication given, and the name and signature of the person administering the medication shall be recorded. This information shall be noted on a medication permission slip, or on a separate form developed by the provider which includes the required information. This information shall be available for review by a representative of the Division during the time period the medication is being administered and for at least six months after the medication is administered.~~

If a center chooses to administer medication, the following provisions shall apply:

(1) No prescription or over-the-counter medication and no topical, non-medical ointment, repellent, lotion, cream or powder shall be administered to any child:
  (a) without written authorization from the child's parent;
  (b) without written instructions from the child's parent, physician or other health professional;

(c) in any manner not authorized by the child's parent, physician or other health professional;
(d) after its expiration date; or
(e) for non-medical reasons, such as to induce sleep.

(2) Prescribed medications:
(a) shall be stored in the original containers in which they were dispensed with the pharmacy labels specifying:
(i) the child's name;
(ii) the name of the medication or the prescription number;
(iii) the amount and frequency of dosage;
(iv) the name of the prescribing physician or other health professional; and
(v) the date the prescription was filled; or
(b) if pharmaceutical samples, shall be stored in the manufacturer's original packaging, shall be labeled with the child's name, and shall be accompanied by written instructions specifying:
(i) the child's name;
(ii) the names of the medication;
(iii) the amount and frequency of dosage;
(iv) the signature of the prescribing physician or other health professional; and
(v) the date the instructions were signed by the physician or other health professional; and
(c) shall be administered only to the child for whom they were prescribed.

(3) A parent's written authorization for the administration of a prescription medication described in Item (2) of this Rule shall be valid for the length of time the medication is prescribed to be taken.

(4) Over-the-counter medications, such as cough syrup, decongestant, acetaminophen, ibuprofen, topical antibiotic cream for abrasions, or medication for intestinal disorders shall be stored in the manufacturer's original packaging on which the child's name is written or labeled and shall be accompanied by written instructions specifying:
(a) the child's name;
(b) the names of the authorized over-the-counter medication;
(c) the amount and frequency of the dosages;
(d) the signature of the parent, physician or other health professional; and
(e) the date the instructions were signed by the parent, physician or other health professional.
The permission to administer over-the-counter medications is valid for up to 30 days at a time, except as allowed in Items (6), (7), and (8) of this Rule. Over-the-counter medications shall not be administered on an "as needed" basis, other than as allowed in Paragraphs (6), (7), and (8) of this Rule.

(5) When questions arise concerning whether any medication should be administered to a child, the caregiver may decline to administer that medication without signed, written dosage instructions from a licensed physician or authorized health professional.

(6) A parent may give a caregiver standing authorization for up to six months to administer prescription or over-the-counter medication to a child, when needed, for chronic medical conditions and for allergic reactions. The authorization shall be in writing and shall contain:
(a) the child's name;
(b) the subject medical conditions or allergic reactions;
(c) the names of the authorized over-the-counter medications;
(d) the criteria for the administration of the medication;
(e) the amount and frequency of the dosages;
(f) the manner in which the medication shall be administered;
(g) the signature of the parent;
(h) the date the authorization was signed by the parent; and
(i) the length of time the authorization is valid, if less than six months.

(7) A parent may give a caregiver standing authorization for up to 12 months to apply over-the-counter, topical non-medical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders --- such as sunscreen, diapering creams, baby lotion, and baby powder --- to a child, when needed. The authorization shall be in writing and shall contain:
(a) the child's name;
(b) the names of the authorized ointments, repellents, lotions, creams, and powders;
(c) the criteria for the administration of the ointments, repellents, lotions, creams, and powders;
(d) the manner in which the ointments, repellents, lotions, creams, and powders shall be applied;
(e) the signature of the parent;
(f) the date the authorization was signed by the parent; and
(g) the length of time the authorization is valid, if less than 12 months.

(8) A parent may give a caregiver standing authorization to administer a single weight-appropriate dose of acetaminophen to a child in the event the child has a fever and a parent cannot be reached. The authorization shall be in writing and shall contain:
(a) the child's name;
(b) the signature of the parent;

(c) the date the authorization was signed by the parent; and

(d) the date that the authorization ends or a statement that the authorization is valid until withdrawn by the parent in writing.

(9) A parent may withdraw his or her written authorization for the administration of medications at any time in writing.

(10) Any medication remaining after the course of treatment is completed or after authorization is withdrawn shall be returned to the child's parents. Any medication the parent fails to retrieve within 72 hours of completion of treatment, or withdrawal of authorization, shall be discarded.

(11) Any time prescription or over-the-counter medication is administered by center personnel to children receiving care, including any time medication is administered in the event of an emergency medical condition without parental authorization as permitted by G.S. 110-102.1A, the child's name, the date, time, amount and type of medication given, and the name and signature of the person administering the medication shall be recorded. This information shall be noted on a medication permission slip, or on a separate form developed by the provider which includes the required information. This information shall be available for review by a representative of the Division during the time period the medication is being administered and for at least six months after the medication is administered. No documentation shall be required when items listed in Item (7) of this Rule are applied to children.

(12) On the advice of the State Health Director or designee, medication may be administered in emergency situations by center personnel to children in care. The names of the children to whom the medication was administered shall be listed, along with the amount and type of medication that was administered, the date and the time the medication was administered, and the signature of the person administering the medication. This information shall be available for review by a representative of the Division for at least six months after the medication is administered.

Authority G.S. 110-91(1),(9); 143B-168.3.

SECTION .1700 - FAMILY CHILD CARE HOME REQUIREMENTS

10A NCAC 09 .1705 HEALTH AND TRAINING REQUIREMENTS FOR FAMILY CHILD CARE HOME OPERATORS

(a) Prior to receiving a license, each family child care home operator shall:

(1) Complete and keep on file a health questionnaire which attests to the operator's physical and emotional ability to care for children. The Division may require a written statement or medical examination report signed by a licensed physician or other authorized health professional if there is reason to believe that the operator's health may adversely affect the care of the children.

(2) Obtain written proof that he or she is free of active tuberculosis. The results indicating the individual is free of active tuberculosis shall be obtained within 12 months prior to applying for a license.

(3) Complete within 12 months prior to applying for a license a basic first aid course that at a minimum, shall address principles for responding to emergencies, techniques for rescue breathing, and techniques for handling common childhood injuries, accidents and illnesses such as: choking, burns, fractures, bites and stings, wounds, scrapes, bruises, cuts and lacerations, poisoning, seizures, bleeding, allergic reactions, eye and nose injuries and sudden changes in body temperature.

(4) Successfully complete within 12 months prior to applying for a license a course by the American Heart Association or the American Red Cross or other organizations approved by the Division, in cardiopulmonary resuscitation (CPR) appropriate for the ages of children in care. Other organizations will be approved if the Division determines that the courses offered are substantially equivalent to those offered by the American Red Cross. Successfully completed is defined as demonstrating competency, as evaluated by the instructor, in performing CPR. Documentation of successful completion of the course from the American Heart Association, the American Red Cross, or other organization approved by the Division shall be on file in the home.

(b) After receiving a license, an operator shall:

(1) Update the health questionnaire referenced in Paragraph (a) of this Rule annually. The Division may require the operator to obtain written proof that he or she is free of active tuberculosis.

(2) Complete a first aid course as referenced in Paragraph (a) of this Rule every three years.

(3) Successfully complete a CPR course annually as referenced in Paragraph (a) of this Rule.

(4) If licensed to care for infants ages 12 months and younger, complete ITS-SIDS training within six months of receiving the license, or within six months of this rule becoming effective, whichever is later. Completion of ITS-SIDS training may be included once in the number of hours needed to meet the annual in-service training requirement in Paragraph (b)(5) of this Rule. Individuals who have completed ITS-SIDS training as approved by the Division prior to this rule becoming effective shall not be required to repeat the training.

~~(4)~~(5) Complete 12 clock hours of annual in-service training in the topic areas required by G.S. 110-91(11).

(A) Persons with at least 10 years work experience as a caregiver in a regulated child care arrangement shall complete eight clock hours of annual in-service training.

(B) Only training which has been approved by the Division as referenced in Rule .0708 of this Subchapter shall count toward the required hours of annual in-service training.

(C) The operator shall maintain a record of annual in-service training activities in which he or she has participated. The record shall include the subject matter, the topic area in G.S. 110-91(11) covered, the name of the training provider or organization, the date training was provided and the number of hours of training completed. First aid training may be counted once every three years.

Authority G.S. 110-88; 110-91; 143B-168.3.

10A NCAC 09 .1718 REQUIREMENTS FOR DAILY OPERATIONS

The operator shall provide the following on a daily basis for all children in care:

(1) meals and snacks which comply with the Meal Patterns for Children in Child Care standards which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition. The types of food and number and size of servings shall be appropriate for the ages and developmental levels of the children in care. The Meal Patterns for Children in Child Care nutrition standards are incorporated by reference and include subsequent amendments. A copy of these standards is available free of charge from the Division at the address in Rule .0102 of this Subchapter
   (a) No child shall go more than four hours without a meal or a snack being provided.
   (b) Drinking water shall be freely available to children and offered at frequent intervals.
   (c) When milk, milk products, or fruit juices are provided by the operator, only pasteurized products or products which have undergone an equivalent process to pasteurization shall be used. Any formula which is prepared by the operator shall be prepared according to the instructions on the formula package or label, or according to written instructions from the child's health care provider.
   (d) Each infant will be held for bottle feeding until able to hold his or her own bottle. Bottles will not be propped. Each child will be held or placed in feeding chairs or other age-appropriate seating apparatus to be fed.
   (e) The parent or health care provider of each child under 15 months of age shall provide the operator an individual written feeding schedule for the child. This schedule shall be followed at the home. This schedule shall include the child's name, be signed by the parent or health care provider, and be dated when received by the operator. Each infant's schedule shall be modified in consultation with the child's parent and/or health care provider to reflect changes in the child's needs as he or she develops.
(2) frequent opportunities for outdoor play or fresh air.
(3) an individual sleeping space such as a bed, crib, play pen, cot, mat, or sleeping bag with individual linens for each pre-school aged child in care for four hours or more, or for all children if overnight care is provided, to rest comfortably. Individual sleep requirements for infants aged 12 months or younger shall be provided for as specified in 10A NCAC 09 .1724(a)(2). ~~The linens~~ Linens shall be changed weekly or whenever they become soiled or wet.
(4) a quiet, separate area which can be easily supervised for children too sick to remain with other children. Parents shall be notified immediately if their child becomes too sick to remain in care.
(5) visual supervision for all children who are awake. The operator shall be able to hear and respond quickly to those children who are sleeping or napping.
(6) a safe sleep environment by ensuring that when a child is sleeping, bedding or other objects shall not be placed in a manner that covers the child's face.
~~(6)~~(7) developmentally appropriate activities as planned on a written schedule. Materials and/or equipment shall be available to support the activities listed on the written schedule. The written schedule shall:
   (a) show blocks of time usually assigned to types of activities and shall include periods of time for both active play and quiet play or rest; and
   (b) be displayed in a place where parents are able to view; and
   (c) reflect daily opportunities for both free-choice and guided activities.

Authority G.S. 110-88; 110-91(2),(12).

10A NCAC 09 .1720 SAFETY, MEDICATION AND SANITATION REQUIREMENTS

(a) To assure the safety of children in care, the operator shall:
(1) empty firearms of ammunition and keep both in separate, locked storage;
(2) keep items used for starting fires, such as matches and lighters, out of the children's reach;
(3) keep all medicines in locked storage;
(4) keep hazardous cleaning supplies and other items that might be poisonous, e.g., toxic plants, out of reach or in locked storage when children are in care;
(5) keep first aid supplies in a place accessible to the operator;
(6) ensure the equipment and toys are in good repair and are developmentally appropriate for the children in care;
(7) have a working telephone within the family child care home. Telephone numbers for the fire department, law enforcement office, emergency medical service, and poison control center shall be posted near the telephone;
(8) have access to a means of transportation that is always available for emergency situations; and
(9) be able to recognize common symptoms of illnesses.

(b) The operator may provide care for a mildly ill child who has a Fahrenheit temperature of less than 100 degrees axillary or 101 degrees orally and who remains capable of participating in routine group activities; provided the child does not:

(1) have the sudden onset of diarrhea characterized by an increased number of bowel movements compared to the child's normal pattern and with increased stool water; or
(2) have two or more episodes of vomiting within a 12 hour period; or
(3) have a red eye with white or yellow eye discharge until 24 hours after treatment; or
(4) have scabies or lice; or
(5) have known chicken pox or a rash suggestive of chicken pox; or
(6) have tuberculosis, until a health professional states that the child is not infectious; or
(7) have strep throat, until 24 hours after treatment has started; or
(8) have pertussis, until five days after appropriate antibiotic treatment; or
(9) have hepatitis A virus infection, until one week after onset of illness or jaundice; or
(10) have impetigo, until 24 hours after treatment; or
(11) have a physician's or other health professional's written order that the child be separated from other children.

~~(c) No drug or medication shall be administered to any child without specific instructions from the child's parent, a physician, or other authorized health professional. No drug or medication shall be administered for non-medical reasons, such as to induce sleep.~~

~~(1) Prescribed medicine shall be in its original container bearing the pharmacist's label which lists the child's name, date the prescription was filled, the physician's name, the name of the medicine or the prescription number, and directions for dosage, or be accompanied by written instructions for dosage, bearing the child's name, which are dated and signed by the prescribing physician or other health professional. Prescribed medicine shall be administered as authorized in writing by the child's parent, only to the person for whom it is prescribed.~~

~~(2) Over-the-counter medicines, such as cough syrup, decongestant, acetaminophen, ibuprofen, topical teething medication, topical antibiotic cream for abrasions, or medication for intestinal disorders shall be in its original container and shall be administered as authorized in writing by the child's parent, not to exceed amounts and frequency of dosage specified in the printed instructions accompanying the medicine. The parent's authorization shall give the child's name, the specific name of the over-the-counter medicine, dosage instructions, the parent's signature, and the date signed. Over-the-counter medicine may also be administered in accordance with instructions from a physician or other authorized health professional.~~

~~(3) When any questions arise concerning whether medication provided by the parent should be administered, that medication shall not be administered without signed, written dosage instructions from a licensed physician or authorized health professional.~~

~~(4) A written statement from a parent may give blanket permission for up to six months to authorize administration of medication for asthma and allergic reactions. A written statement from a parent may give blanket permission for up to one year to authorize administration of sunscreen and over-the-counter diapering creams. The written statement shall describe the specific conditions under which the medication and creams are to be administered and detailed instructions on how they are to be administered. A written statement from a parent may give blanket permission to administer a one-time, weight appropriate dose of acetaminophen in cases where the child has a fever and the parent can not be reached.~~

~~(5) Any medication remaining after the course of treatment is completed shall be returned to the child's parents.~~

~~(6) Any time the operator administers medication other than sunscreen and diapering creams to any child in care, the child's name, the date, time, amount and type of medication given, and the signature of the operator shall be recorded. This information shall be noted on a form provided by the Division or on a separate form developed by the operator which includes the required information. This information shall be available for review by a representative of the Division during the time period the medication is being administered and for at least six months after the medication is administered.~~

(c) No prescription or over-the-counter medication and no topical, non-medical ointment, repellent, lotion, cream or powder shall be administered to any child:

(1) without written authorization from the child's parent;
(2) without written instructions from the child's parent, physician or other health professional;
(3) in any manner not authorized by the child's parent, physician or other health professional;
(4) after its expiration date; or
(5) for non-medical reasons, such as to induce sleep.

(d) Prescribed medications:

(1) shall be stored in the original containers in which they were dispensed with the pharmacy labels specifying:
  (A) the child's name;
  (B) the name of the medication or the prescription number;
  (C) the amount and frequency of dosage;
  (D) the name of the prescribing physician or other health professional; and
  (E) the date the prescription was filled; or
(2) if pharmaceutical samples, shall be stored in the manufacturer's original packaging, shall be labeled with the child's name, and shall be accompanied by written instructions specifying:
  (A) the child's name;
  (B) the names of the medication;

(C) the amount and frequency of dosage;
(D) the signature of the prescribing physician or other health professional; and
(E) the date the instructions were signed by the physician or other health professional; and
(3) shall be administered only to the child for whom they were prescribed.

(e) A parent's written authorization for the administration of a prescription medication described in Paragraph (d) of this Rule shall be valid for the length of time the medication is prescribed to be taken.

(f) Over-the-counter medications, such as cough syrup, decongestant, acetaminophen, ibuprofen, topical antibiotic cream for abrasions, or medication for intestinal disorders shall be stored in the manufacturer's original packaging on which the child's name is written or labeled and shall be accompanied by written instructions specifying:

(1) the child's name;
(2) the names of the authorized over-the-counter medication;
(3) the amount and frequency of the dosages;
(4) the signature of the parent, physician or other health professional; and
(5) the date the instructions were signed by the parent, physician or other health professional.

The permission to administer over-the-counter medications is valid for up to 30 days at a time, except as allowed in Paragraphs (h), (i), and (j) of this Rule. Over-the-counter medications shall not be administered on an "as needed" basis, other than as allowed in Paragraphs (h), (i), and (j) of this Rule.

(g) When questions arise concerning whether any medication should be administered to a child, the caregiver may decline to administer the medication without signed, written dosage instructions from a licensed physician or authorized health professional.

(h) A parent may give a caregiver standing authorization for up to six months to administer prescription or over-the-counter medication to a child, when needed, for chronic medical conditions and for allergic reactions. The authorization shall be in writing and shall contain:

(1) the child's name;
(2) the subject medical conditions or allergic reactions;
(3) the names of the authorized over-the-counter medications;
(4) the criteria for the administration of the medication;
(5) the amount and frequency of the dosages;
(6) the manner in which the medication shall be administered;
(7) the signature of the parent;
(8) the date the authorization was signed by the parent; and
(9) the length of time the authorization is valid, if less than six months.

(i) A parent may give a caregiver standing authorization for up to 12 months to apply over-the-counter, topical non-medical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders --- such as sunscreen, diapering creams, baby lotion, and baby powder --- to a child, when needed. The authorization shall be in writing and shall contain:

(1) the child's name;
(2) the names of the authorized ointments, repellents, lotions, creams, and powders;
(3) the criteria for the administration of the ointments, repellents, lotions, creams, and powders;
(4) the manner in which the ointments, repellents, lotions, creams, and powders shall be applied;
(5) the signature of the parent;
(6) the date the authorization was signed by the parent; and
(7) the length of time the authorization is valid, if less than 12 months.

(j) A parent may give a caregiver standing authorization to administer a single weight-appropriate dose of acetaminophen to a child in the event the child has a fever and a parent cannot be reached. The authorization shall be in writing and shall contain:

(1) the child's name;
(2) the signature of the parent;
(3) the date the authorization was signed by the parent; and
(4) the date that the authorization ends or a statement that the authorization is valid until withdrawn by the parent in writing.

(k) A parent may withdraw his or her written authorization for the administration of medications at any time in writing.

(l) Any medication remaining after the course of treatment is completed or after authorization is withdrawn shall be returned to the child's parents. Any medication the parent fails to retrieve within 72 hours of completion of treatment, or withdrawal of authorization, shall be discarded.

(m) Any time prescription or over-the-counter medication is administered by center personnel to children receiving care, including any time medication is administered in the event of an emergency medical condition without parental authorization as permitted by G.S. 110-102.1A, the child's name, the date, time, amount and type of medication given, and the name and signature of the person administering the medication shall be recorded. This information shall be noted on a medication permission slip, or on a separate form developed by the provider which includes the required information. This information shall be available for review by a representative of the Division during the time period the medication is being administered and for at least six months after the medication is administered. No documentation shall be required when items listed in Paragraph (i) of this Rule are applied to children.

(n) On the advice of the State Health Director or designee, medication may be administered in emergency situations by center personnel to children in care. The names of the children to whom the medication was administered shall be listed, along with the amount and type of medication that was administered, the date and the time the medication was administered, and the signature of the person administering the medication. This information shall be available for review by a representative of the Division for at least six months after the medication is administered.

~~(d)~~(o) To assure the health of children through proper sanitation, the operator shall:

(1) collect and submit samples of water from each well used for the children's water supply for bacteriological analysis to the local health department or a laboratory certified to analyze drinking water for public water supplies by the North Carolina Division of Laboratory Services every two years. Results of the analysis shall be on file in the home;

(2) have sanitary toilet, diaper changing and handwashing facilities. Diaper changing areas shall be separate from food preparation areas;

(3) use sanitary diapering procedures. Diapers shall be changed whenever they become soiled or wet. The operator shall:

(A) wash his or her hands before, as well as after, diapering each child;

(B) ensure the child's hands are washed after diapering the child; and

(C) place soiled diapers in a covered, leak proof container which is emptied and cleaned daily.

(4) use sanitary procedures when preparing and serving food. The operator shall:

(A) wash his or her hands before and after handling food and feeding the children; and

(B) ensure the child's hands are washed before and after the child is fed.

(5) wash his or her hands, and ensure the child's hands are washed, after toileting or handling bodily fluids.

(6) refrigerate all perishable food and beverages. The refrigerator shall be in good repair and maintain a temperature of 45 degrees Fahrenheit or below. A refrigerator thermometer is required to monitor the temperature;

(7) date and label all bottles for each individual child, except when there is only one bottle fed child in care;

(8) have a house that is free of rodents;

(9) screen all windows and doors used for ventilation;

(10) have all household pets vaccinated with up-to-date vaccinations as required by North Carolina law and local ordinances. Rabies vaccinations are required for cats and dogs; and

(11) store garbage in waterproof containers with tight fitting covers.

~~(e)~~(p) The operator shall not force children to use the toilet and the operator shall consider the developmental readiness of each individual child during toilet training.

(q) Smoking shall not be permitted indoors while children are in care.

Authority G.S. 110-88; 110-91(6).

10A NCAC 09 .1724 SAFE SLEEP POLICY

(a) Each operator licensed to care for infants aged 12 months or younger shall develop and adopt a written safe sleep policy that:

(1) specifies that the operator shall place infants aged 12 months or younger on their backs for sleeping, unless:

(A) for an infant aged 6 months or less, the operator receives a written waiver of this requirement from a health care provider, as defined in G.S. 58-50-61(a)(8); or

(B) for a child older than 6 months, the operator receives a written waiver of this requirement from a health care provider, as defined in G.S. 58-50-61(a)(8), or a parent, or a legal guardian;

(2) specifies that infants aged 12 months or younger shall be placed in a crib, bassinet or play pen with a firm padded surface when sleeping;

(3) specifies whether pillows, blankets, toys, and other objects may be placed in a crib with a sleeping infant aged 12 months or younger, and if so, specifies the number and types of allowable objects;

(4) specifies that nothing shall be placed over the head or face of an infant aged 12 months or younger when the infant is laid down to sleep;

(5) specifies the temperature in the room where infants aged 12 months or younger are sleeping does not exceed 75°F

(6) specifies the means by which the operator shall visually check sleeping infants aged 12 months or younger;

(7) specifies the frequency with which the operator shall visually check sleeping infants aged 12 months or younger;

(8) specifies how the operator shall document compliance with visually checking on sleeping infants aged 12 months or younger, with such documents to be maintained for a minimum of one month; and

(9) specifies any other steps the operator shall take to provide a safe sleep environment for infants aged 12 months or younger.

(b) The operator shall post a copy of the safe sleep policy or a poster about safe sleep practices in a prominent place in the infant sleeping room or area.

(c) A copy of the operator's safe sleep policy shall be given and explained to the parents of an infant aged 12 months or younger on or before the first day the infant attends the home. The parent shall sign a statement acknowledging the receipt and explanation of the policy. The acknowledgement shall contain:

(1) the infant's name;

(2) the date the infant first attended the home;

(3) the date the operator's safe sleep policy was given and explained to the parent; and

(4) the date the parent signed the acknowledgement.

The operator shall retain the acknowledgement in the child's record as long as the child is enrolled at the home.

(d) If an operator amends a home's safe sleep policy, the operator shall give written notice of the amendment to the parents of all enrolled infants aged 12 months or younger at least 14 days before the amended policy is implemented. Each parent shall sign a statement acknowledging the receipt and explanation of the amendment. The operator shall retain the acknowledgement in the child's record as long as the child is enrolled at the home.

(e) A physician's or parent's waiver of the requirement that all infants aged 12 months or younger be placed on their backs for sleeping shall:

(1) bear the infant's name and birth date;
(2) be signed and dated by the infant's physician or parent; and
(3) specify the infant's authorized sleep positions.

The operator shall retain the waiver in the infant's record as long as the child is enrolled at the home. A written copy of the waiver shall be posted for quick reference near the infant's crib, bassinet or play pen, or posted in a prominent place in the room where the infant sleeps, and shall specify the infant's authorized sleep positions.

(f) The policy shall be developed and shared with parents of infants currently enrolled within 30 days of this Rule becoming effective.

Authority G.S. 110-91(15); 143B-168.3.