

1 (5) Complete 12 clock hours of annual in-service training in the topic areas required by G.S. 110-91(11),
2 except that persons with at least 10 years work experience as a caregiver in a child care arrangement
3 regulated by the Division of Child Development and Early Education shall complete eight clock
4 hours of annual in-service training. Only training which has been approved by the Division as
5 referenced in Rule .0708 of this Chapter shall count toward the required hours of annual in-service
6 training. The operator shall maintain a record of annual in-service training activities in which he or
7 she has participated. The record shall include the subject matter, the topic area in G.S. 110-91(11)
8 covered, the name of the training provider or organization, the date training was provided and the
9 number of hours of training completed. First aid training may be counted no more than once every
10 three years.

11 (6) Within six months one year of the effective date of the license complete the Emergency
12 Preparedness and Response in Child Care training approved by the Division. Current operators
13 have two years as of the effective date of this Rule to complete the Emergency Preparedness and
14 Response in Child Care training. Verification Documentation of completion of the training shall
15 be maintained in the operator's personnel file.

16 (7) Develop and annually review the Emergency Preparedness and Response Plan on a template
17 provided by the Division upon completion of the Emergency Preparedness and Response in Child
18 Care training to ensure all information is current. Emergency Preparedness and Response Plan
19 means a written plan that addresses how a program will respond to both natural and man-made
20 disasters, such as fire, tornado, flood, power failures, chemical spills, bomb threats, earthquakes,
21 blizzards, nuclear disaster, or a dangerous person in the vicinity, to ensure the safety and
22 protection of the children and additional caregivers. This Plan must be on a template provided by
23 the Division, completed within four months of completion of the Emergency Preparedness and
24 Response in Child Care Training and available for review.

25 (A) Emergency Preparedness and Response Plans shall include procedures for accounting
26 for all children; a written description for how and when children shall be transported;
27 methods for communicating with parents and appropriate emergency response teams; a
28 description for how children's nutritional and health needs will be met; the relocation and
29 reunification process; emergency telephone numbers; evacuation diagrams showing how
30 the operator, family members, children and any other individuals who may be present
31 will evacuate during an emergency; the date of the last revision of the plan; specific
32 considerations for non-mobile children and children with special needs; and the location
33 of the Ready to Go File as defined in Rule .0607(e)(10) of this Chapter.]

34 Emergency Preparedness and Response Plans shall include:

35 (i) written procedures for accounting for all in attendance, including the
36 location of the children, staff, volunteer and visitor attendance lists and the name
37 of the person(s) responsible for bringing the lists in the event of an emergency.

- (ii) a written description for how and when children shall be transported;
- (iii) methods for communicating with parents and appropriate emergency response teams;
- (iv) a description for how children's nutritional and health needs will be met;
- (v) the relocation and reunification process;
- (vi) emergency telephone numbers;
- (vii) evacuation diagrams showing how the operator, family members, children and any other individuals who may be present will evacuate during an emergency;
- (viii) the date of the last revision of the plan;
- (ix) specific considerations for non-mobile children and children with special needs; and
- (x) the location of the Ready to Go File. A Ready to Go File means a collection of information on children, additional caregivers and the facility, to utilize, if an evacuation occurs. The file shall include, but is not limited to, contact information for individuals to pick-up children, each child's Application for Child Care, medication authorizations and instructions, any action plans for children with special health care needs, a list of any known food allergies of children and additional caregiver, additional caregiver information, Incident Report forms, an area map, and emergency telephone numbers.

(B) The Emergency Preparedness and Response Plan shall be available for review during operating hours.

~~(C)~~ [The Emergency Preparedness and Response Plan must be reviewed at least annually with any additional individual who will be caring for the children for more than five hours a week.]

(8) Review the Emergency Preparedness and Response Plan during orientation and on an annual basis. The operator shall inform any additional individual who provides care of the Family Child Care Home's Emergency Preparedness and Response Plan and its location. Documentation of the review and notice shall be maintained in the individual personnel files.

History Note: Authority G.S. 110-85; 110-88; 110-91; 143B-168.3; Eff. January 1, 1986; Amended Eff. June 1, 2015; July 1, 2008; May 1, 2004; July 1, 1998; November 1, 1989; January 1, 1987.

REQUEST FOR TECHNICAL CHANGE

AGENCY: NC Child Care Commission

RULE CITATION: 10A NCAC 09 .1720

DEADLINE FOR RECEIPT: Friday, April 10, 2015

NOTE WELL: This request when viewed on computer extends several pages. Please be sure you have reached the end of the document.

The Rules Review Commission staff has completed its review of this rule prior to the Commission's next meeting. The Commission has not yet reviewed this rule and therefore there has not been a determination as to whether the rule will be approved. You may call this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

In (a)(7), is your regulated public familiar with what constitutes "good repair" and what is considered "developmentally appropriate"?

In (b), please delete the "or" at the end of Subparagraphs (b)(1) through (b)(9).

In (c)(10), what do you mean by "bona fide medical care provider"? Do you mean licensed?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amber Cronk May
Commission Counsel
Date submitted to agency: March 31, 2015

1 **10A NCAC 09 .1720 has been amended with changes as published in 28:19 NCR 2305-2308 as follows:**

2
3 **10A NCAC 09 .1720 SAFETY, MEDICATION, AND SANITATION REQUIREMENTS**

4 (a) To assure the safety of children in care, the operator shall:

- 5 (1) empty firearms of ammunition and keep both in separate, locked storage;
- 6 (2) keep items used for starting fires, such as matches and lighters, out of the children's reach;
- 7 (3) keep all medicines in locked storage;
- 8 (4) keep hazardous cleaning supplies and other items that might be poisonous, e.g., toxic plants, out of
- 9 reach or in locked storage when children are in care;
- 10 (5) keep first aid supplies in a place accessible to the operator;
- 11 (6) keep tobacco products out of reach or in locked storage when children are in care;
- 12 (7) ensure the equipment and toys are in good repair and are developmentally appropriate for the
- 13 children in care;
- 14 (8) have a working telephone within the family child care home. Telephone numbers for the fire
- 15 department, law enforcement office, emergency medical service, and poison control center shall be
- 16 posted near the telephone;
- 17 (9) have access to a means of transportation that is always available for emergency situations; ~~and~~
- 18 (10) be able to recognize common symptoms of ~~illnesses~~; illnesses;
- 19 (11) conduct a monthly fire drill; and
- 20 (12) conduct a "shelter in place drill" or "lockdown drill" as defined in 10A NCAC 09 .0102 at least
- 21 every three months.

22 (b) The operator may provide care for a mildly ill child who has a Fahrenheit temperature of less than 100 degrees

23 axillary or 101 degrees orally and who remains capable of participating in routine group activities; provided the child

24 does not:

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

1 (c) The following provisions apply to the administration of medication in family child care homes:

- 2 (1) No prescription or over-the-counter medication and no topical, non-medical ointment, repellent,
3 lotion, cream or powder shall be administered to any child:
4 (A) without written authorization from the child's parent;
5 (B) without written instructions from the child's parent, physician or other health professional;
6 (C) in any manner not authorized by the child's parent, physician or other health professional;
7 (D) after its expiration date; or
8 (E) for non-medical reasons, such as to induce sleep.
- 9 (2) Prescribed medications:
10 (A) shall be stored in the original containers in which they were dispensed with the pharmacy
11 labels specifying:
12 (i) the child's name;
13 (ii) the name of the medication or the prescription number;
14 (iii) the amount and frequency of dosage;
15 (iv) the name of the prescribing physician or other health professional; and
16 (v) the date the prescription was filled; or
17 (B) if pharmaceutical samples, shall be stored in the manufacturer's original packaging, shall
18 be labeled with the child's name, and shall be accompanied by written instructions
19 specifying:
20 (i) the child's name;
21 (ii) the names of the medication;
22 (iii) the amount and frequency of dosage;
23 (iv) the signature of the prescribing physician or other health professional; and
24 (v) the date the instructions were signed by the physician or other health professional;
25 and
26 (C) shall be administered only to the child for whom they were prescribed.
- 27 (3) A parent's written authorization for the administration of a prescription medication described in
28 Paragraph (c)(2) of this Rule shall be valid for the length of time the medication is prescribed to be
29 taken.
- 30 (4) Over-the-counter medications, such as cough syrup, decongestant, acetaminophen, ibuprofen,
31 topical antibiotic cream for abrasions, or medication for intestinal disorders shall be stored in the
32 manufacturer's original packaging on which the child's name is written or labeled and shall be
33 accompanied by written instructions specifying:
34 (A) the child's name;
35 (B) the names of the authorized over-the-counter medication;
36 (C) the amount and frequency of the dosages;
37 (D) the signature of the parent, physician or other health professional; and

1 (E) the date the instructions were signed by the parent, physician or other health professional.
2 The permission to administer over-the-counter medications is valid for up to 30 days at a time,
3 except as allowed in Subparagraphs (c)(6), (7), (8), and (9) of this Rule. Over-the-counter
4 medications shall not be administered on an "as needed" basis, other than as allowed in
5 Subparagraphs (c)(6), (7), (8), and (9) of this Rule.

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

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

- 12 (A) the child's name;
- 13 (B) the subject medical conditions or allergic reactions;
- 14 (C) the names of the authorized over-the-counter medications;
- 15 (D) the criteria for the administration of the medication;
- 16 (E) the amount and frequency of the dosages;
- 17 (F) the manner in which the medication shall be administered;
- 18 (G) the signature of the parent;
- 19 (H) the date the authorization was signed by the parent; and
- 20 (I) the length of time the authorization is valid, if less than six months.

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

- 25 (A) the child's name;
- 26 (B) the names of the authorized ointments, repellents, lotions, creams, and powders;
- 27 (C) the criteria for the administration of the ointments, repellents, lotions, creams, and
28 powders;
- 29 (D) the manner in which the ointments, repellents, lotions, creams, and powders shall be
30 applied;
- 31 (E) the signature of the parent;
- 32 (F) the date the authorization was signed by the parent; and
- 33 (G) the length of time the authorization is valid, if less than 12 months.

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

- 37 (A) the child's name;

- 1 (B) the signature of the parent;
- 2 (C) the date the authorization was signed by the parent;
- 3 (D) the date that the authorization ends or a statement that the authorization is valid until
- 4 withdrawn by the parent in writing.
- 5 (9) A parent may give a caregiver standing authorization to administer an over-the-counter medication
- 6 as directed by the North Carolina State Health Director or designee, when there is a public health
- 7 emergency as identified by the North Carolina State Health Director or designee. The authorization
- 8 shall be in writing, may be valid for as long as the child is enrolled, and shall contain:
- 9 (A) the child's name;
- 10 (B) the signature of the parent;
- 11 (C) the date the authorization was signed by the parent; and
- 12 (D) the date that the authorization ends or a statement that the authorization is valid until
- 13 withdrawn by the parent in writing.
- 14 (10) Pursuant to G.S. 110-102.1A, a caregiver may administer medication to a child without parental
- 15 authorization in the event of an emergency medical condition when the child's parent is unavailable,
- 16 providing the medication is administered with the authorization and in accordance with instructions
- 17 from a bona fide medical care provider.
- 18 (11) A parent may withdraw his or her written authorization for the administration of medications at any
- 19 time in writing.
- 20 (12) Any medication remaining after the course of treatment is completed or after authorization is
- 21 withdrawn shall be returned to the child's parents. Any medication the parent fails to retrieve within
- 22 72 hours of completion of treatment, or withdrawal of authorization, shall be discarded.
- 23 (13) Any time prescription or over-the-counter medication is administered by a caregiver to children
- 24 receiving care, including any time medication is administered in the event of an emergency medical
- 25 condition without parental authorization as permitted by G.S. 110-102.1A, the child's name, the
- 26 date, time, amount and type of medication given, and the name and signature of the person
- 27 administering the medication shall be recorded. This information shall be noted on a medication
- 28 permission slip, or on a separate form developed by the provider which includes the required
- 29 information. This information shall be available for review by a representative of the Division
- 30 during the time period the medication is being administered and for at least six months after the
- 31 medication is administered. No documentation shall be required when items listed in Subparagraph
- 32 (c)(7) of this Rule are applied to children.
- 33 (d) To assure the health of children through proper sanitation, the operator shall:
- 34 (1) collect and submit samples of water from each well used for the children's water supply for
- 35 bacteriological analysis to the local health department or a laboratory certified to analyze drinking
- 36 water for public water supplies by the North Carolina Division of Laboratory Services every two
- 37 years. Results of the analysis shall be on file in the home;

- 1 (2) have sanitary toilet, diaper changing and hand washing facilities. Diaper changing areas shall be
2 separate from food preparation areas;
- 3 (3) use sanitary diapering procedures. Diapers shall be changed whenever they become soiled or wet.
4 The operator shall:
- 5 (A) wash his or her hands before, as well as after, diapering each child;
6 (B) ensure the child's hands are washed after diapering the child; and
7 (C) place soiled diapers in a covered, leak proof container which is emptied and cleaned daily;
- 8 (4) use sanitary procedures when preparing and serving food. The operator shall:
- 9 (A) wash his or her hands before and after handling food and feeding the children; and
10 (B) ensure the child's hands are washed before and after the child is fed;
- 11 (5) wash his or her hands, and ensure the child's hands are washed, after toileting or handling bodily
12 fluids.
- 13 (6) refrigerate all perishable food and beverages. The refrigerator shall be in good repair and maintain
14 a temperature of 45 degrees Fahrenheit or below. A refrigerator thermometer is required to monitor
15 the temperature;
- 16 (7) date and label all bottles for each individual child, except when there is only one bottle fed child in
17 care;
- 18 (8) have a house that is free of rodents;
- 19 (9) screen all windows and doors used for ventilation;
- 20 (10) have all household pets vaccinated with up-to-date vaccinations as required by North Carolina law
21 and local ordinances. Rabies vaccinations are required for cats and dogs; and
- 22 (11) store garbage in waterproof containers with tight fitting covers.
- 23 (e) The operator shall not force children to use the toilet and the operator shall consider the developmental readiness
24 of each individual child during toilet training.
- 25 (f) The operator shall not use tobacco products at any time while children are in care. Smoking or use of tobacco
26 products shall not be permitted indoors while children are in care, or in a vehicle when children are transported.

27

28 *History Note: Authority G.S. 110-88; 110-91(6);*

29 *Eff. July 1, 1998;*

30 *Amended Eff. June 1, 2015; May 1, 2004; April 1, 2003; April 1, 2001.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: NC Child Care Commission

RULE CITATION: 10A NCAC 09 .1721

DEADLINE FOR RECEIPT: Friday, April 10, 2015

NOTE WELL: This request when viewed on computer extends several pages. Please be sure you have reached the end of the document.

The Rules Review Commission staff has completed its review of this rule prior to the Commission's next meeting. The Commission has not yet reviewed this rule and therefore there has not been a determination as to whether the rule will be approved. You may call this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

In (a), what do you mean by "regular basis"? Delete or define.

In (a)(3), is the form available on your website? If so, please provide your website.

In (b)(1), where can the template be found, is it available on your website?

In (b)(3), where can the incident report form be found? Is it available on your website? What information is required by the form? Also, where exactly is this to be sent? Do you have an address Rule that provides this information?

In (b)(4), where can the incident log form be found? Is it available on your website? What information is required by the form?

In (b)(5), where can the hazard check form be found? Is it available on your website? What information is required by the form?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amber Cronk May
Commission Counsel
Date submitted to agency: March 31, 2015

1 **10A NCAC 09 .1721 has been amended with changes as published in 28:19 NCR 2308-2309 as follows:**

2
3 **10A NCAC 09 .1721 REQUIREMENTS FOR RECORDS**

4 (a) The operator shall maintain the following health records for each child who attends on a regular basis, including
5 his or her own preschool child(ren):

- 6 (1) a copy of the child's health assessment as required by G.S. 110-91(1);
- 7 (2) a copy of the child's immunization record;
- 8 (3) a health and emergency information form provided by the Division that is completed and signed by
9 a child's parent. The completed form shall be on file the first day the child attends. An operator
10 may use another form other than the one provided by the Division, as long as the form includes the
11 following information:
 - 12 (A) the child's name, address, and date of birth;
 - 13 (B) the names of individuals to whom the child may be released;
 - 14 (C) the general status of the child's health;
 - 15 (D) any allergies or restrictions on the child's participation in activities with instructions from
16 the child's parent or physician;
 - 17 (E) the names and phone numbers of persons to be contacted in an emergency situation;
 - 18 (F) the name and phone number of the child's physician and preferred hospital;
 - 19 (G) authorization for the operator to seek emergency medical care in the parent's absence; and
- 20 (4) when medication is administered, authorization for the operator to administer the specific
21 medication according to the parent's or physician's instructions.

22 (b) The operator shall complete and maintain other records which include:

- 23 (1) documentation of the operator's Emergency Preparedness and Response Plan ~~procedures in~~
24 ~~emergency situations~~, on a **form template** which is provided by the Division;
- 25 (2) documentation that monthly fire drills are practiced. The documentation shall include the date each
26 drill is held, the time of day, the length of time taken to evacuate the home, and the operator's
27 signature;
- 28 (3) incident reports that are completed each time a child receives medical treatment by a physician,
29 nurse, physician's assistant, nurse practitioner, community clinic, or local health department, as a
30 result of an incident occurring while the child is in the family child care home. Each incident shall
31 be reported on a form provided by the Division, signed by the operator and the parent, and
32 maintained in the child's file. A copy shall be mailed to a representative of the Division within seven
33 calendar days after the incident occurs;
- 34 (4) an incident log which is filled out any time an incident report is completed. This log shall be
35 cumulative and maintained in a separate file and shall be available for review by a representative of
36 the Division. This log shall be completed on a form supplied by the Division;

- 1 (5) documentation that a monthly check for hazards on the outdoor play area is completed. This form
- 2 shall be supplied by the Division and shall be maintained in the family child care home for review
- 3 by a representative of the Division; ~~and~~
- 4 (6) Accurate daily attendance records for all children in care, including the operator's own preschool
- 5 children. The attendance record shall indicate the date and time of arrival and departure for each
- 6 ~~child~~ child; and
- 7 (7) documentation of lockdown or shelter-in-place drills giving the date each drill is held, the time of
- 8 day, the length of time taken to get into designated locations and the signature of the person who
- 9 conducted the drill.

10 (c) Written records shall be maintained as follows:

- 11 (1) All children's records as required in this Chapter, except medication permission slips as required in
- 12 Rule .1720(c)(13) of this Section, must be kept on file one year from the date the child is no longer
- 13 enrolled.
- 14 (2) Additional caregiver records as required in this Chapter shall be maintained on file one year from
- 15 the employee's last date of employment.
- 16 (3) Current program records as required in this Chapter shall be maintained on file for as long as the
- 17 license remains valid. Prior versions shall be maintained based on the time frame in the following
- 18 charts:

- 19 (A) A minimum of 30 days from the revision or replacement date:

Record	Rule
Daily Schedule	.1718(13) .1718(7)
Infant Feeding Schedule	.1718(6) .1706(f)
SIDS Sleep Chart/Visual Check	.1724(8)

- 21 (B) A minimum of one year from the revision or replacement date:
- 22
- 23

Record	Rule
Attendance	.1721 (b)(6)
Emergency Numbers	.1720(a)(8)
Emergency Preparedness and Response Plan Procedures Form	.1721(b)(1)
Field Trip/Transportation Permission	.1723(1)
Fire Drill Log	.1721(b)(2)
<u>Lockdown or Shelter-in-Place Drill Log</u>	<u>.1721(b)(7)</u>
Incident Log	.1721(b)(4)
Playground Inspection	.1721(b)(5)
Pet Vaccinations	.1720(d)(10)

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- (4) Well-water analysis, pool inspection and inspections for local ordinances as referenced in Rules .1720(d)(1), .1719(7), and .1702(d) of this Section shall remain on file at the family child care home for as long as the license remains valid.
- (5) Records may be maintained in a paper format or electronically, except that records that require a signature of a staff person or parent shall be maintained in a paper format.
- (6) All records required in this Chapter shall be available for review by a representative of the Division.

*History Note: Authority G.S. 110-85; 110-88; 110-91(1),(9);
Eff. July 1, 1998;
Amended Eff. June 1, 2015; July 1, 2010; July 1, 2008; April 1, 2003; April 1, 2001.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: NC Child Care Commission

RULE CITATION: 10A NCAC 09 .2318

DEADLINE FOR RECEIPT: Friday, April 10, 2015

NOTE WELL: This request when viewed on computer extends several pages. Please be sure you have reached the end of the document.

The Rules Review Commission staff has completed its review of this rule prior to the Commission's next meeting. The Commission has not yet reviewed this rule and therefore there has not been a determination as to whether the rule will be approved. You may call this office to inquire concerning the staff recommendation.

In reviewing these rules, the staff determined that the following technical changes need to be made:

In (2), line 8, please add "for" in between "on file" and "at least one year..."

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amber Cronk May
Commission Counsel
Date submitted to agency: March 31, 2015

- 1 (b) Having group sizes decreased by at least one child per age group from the seven point level
2 as described in Rule .2818(c) of this Section;
- 3 (c) Having staff/child ratios decreased by at least one child per age group from the seven point
4 level as described in Rule .2818(c) of this Section;
- 5 (d) Meeting at least two of the following three programs standards:
- 6 (i) Having enhanced policies which include the following topics: ~~emergency~~
7 ~~evacuation—plan,~~ field trip policy, staff development plan, medication
8 administration, enhanced discipline policy, and health rules for attendance;
- 9 (ii) Having a staff benefits package that offers at least four of the following six
10 benefits: paid leave for professional development, paid planning time, vacation,
11 sick time, retirement or health insurance; or
- 12 (iii) Having evidence of an infrastructure of parent involvement that includes at least
13 two of the following: parent newsletters offered at least quarterly, parent advisory
14 board, periodic conferences for all children, or parent information meetings
15 offered at least quarterly;
- 16 (e) Completing a 30 hour or longer business training course by a family child care home
17 provider;
- 18 (f) Completing a business training course and a wage and hour training by the center
19 administrator that is at least 30 hours total;
- 20 (g) Restricting enrollment to four preschool children in a family child care home; or
- 21 (h) Reducing infant capacity by at least one child from the seven point level for a family child
22 care home as described in Rule ~~.2821(g)(3)~~ .2828(g)(3) of this Section.

23

24 *History Note: Authority G.S. 110-85; 110-88(7); 110-90(4); 143B-168.3; S.L. 2011-145, s.10.7(b);*
25 *Eff. May 1, 2006;*
26 *Amended Eff. December 1, 2006;*
27 *Recodified from Rule .2823 Eff. August 1, 2012;*
28 *Amended Eff. June 1, 2015; September 1, 2012.*