1 10A NCAC 09 .0604 is amended with changes under temporary procedures as follows:

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10A NCAC 09 .0604 SAFETY REQUIREMENTS

- 4 (a) In child care centers, potentially hazardous items, such as including [but not limited to,] archery equipment, hand
- 5 and power tools, nails, chemicals, propane stoves, lawn mowers, and gasoline or kerosene, whether or not intended
- 6 for use by children, shall be stored in locked areas, or shall be removed from the premises premises, or otherwise
- 7 inaccessible to children.
- 8 (b) Firearms and ammunition are prohibited in a licensed child care facility unless carried by a law enforcement
- 9 officer.
- 10 (c) Electrical outlets not in use which are When not in use, electrical outlets and power strips located in space used
- by the children shall have [approved] safety outlets or be covered with safety plugs unless located behind furniture or
- 12 equipment that cannot be moved by a child.
- 13 (d) Electric fans shall be mounted out of the reach of children or shall be fitted with a mesh guard to prevent access
- by children.
- 15 (e) All electrical appliances shall be used only in accordance with the manufacturer's instructions. For appliances with
- heating elements, such as bottle warmers, crock pots, irons, coffee pots, or curling irons, neither the appliance nor the
- 17 <u>any cord cord, if applicable,</u> shall be accessible to preschool-age children.
- 18 (f) Electrical cords shall not be accessible to infants and toddlers. Extension cords, except as approved by the local
- 19 fire inspector, shall not be used. Frayed or cracked electrical cords shall be replaced.
- 20 (g) All materials used for starting fires, such as matches, matches and lighters, and accelerants shall be kept in locked
- 21 storage. storage or shall be stored out of the reach of children.
- 22 (h) Smoking Smoking, including use of e-Cigarettes, by staff is not permitted in space used by children when children
- 23 are present. on the premises of the child care center. All smoking materials shall be kept in locked storage. storage
- or out of the reach of children.
- 25 (i) Fuel burning heaters, fireplaces, and floor furnaces furnaces, if applicable, shall be provided fitted with a protective
- screen attached securely to supports to prevent access by children and to prevent objects from being thrown into them.
- 27 (j) Toxic plants Plants shall be inaccessible to children, children that are toxic shall not be in indoor or outdoor space
- 28 that is used by or is accessible to children. A list of toxic plants may be found on the Division's website at
- http://ncchildcare.nc.gov/pdf_forms/form16b_bb.pdf.
- 30 (k) Air conditioning units shall be located so that they are not accessible to children or shall be fitted with a mesh
- 31 guard to prevent objects from being thrown into them.
- 32 (l) Gas tanks and gas or charcoal grills shall be located so they are not accessible inaccessible to the children or shall
- be in a protective enclosure. enclosure or surrounded by a protective guard.
- 34 (m) Cribs and playpens shall be placed so that the children occupying them shall not have access to cords or ropes,
- 35 such as venetian blind cords.
- 36 (n) Once a day, prior to initial use, the indoor and outdoor premises shall be checked for debris, vandalism, and broken
- 37 equipment. Debris shall be removed and disposed. disposed of.

- 1 (o) Plastic bags, toys, and toy parts small enough to be swallowed, and materials that can be easily torn apart apart,
- 2 such as foam rubber and styrofoam, shall not be accessible to children under three years of age, except that age.
- 3 However, styrofoam plates and larger pieces of foam rubber may be used for supervised art activities and styrofoam
- 4 plates may be used for food service. Latex and rubber balloons, Jump ropes and rubber bands shall not be accessible
- 5 to children under five years of age. age without adult supervision. Balloons shall be [prohibited] prohibited for children
- 6 of all ages.
- 7 (p) When non-ambulatory children are in care, a crib or other device shall be available for evacuation in case of fire
- 8 or other emergency. The crib or other device shall be fitted with wheels in order to be easily moveable, have a
- 9 reinforced bottom, and shall be able to fit through the designated fire exit. For centers that do not meet NC Building
- 10 Code for institutional occupancy, building code, and the exit is have an exit more than eight inches above grade, the
- 11 center shall develop a <u>written</u> plan to ensure a safe and immediate evacuation of the crib or other device. The North
- 12 Carolina State Building Code is hereby incorporated by reference, inclusive of subsequent amendments. The current
- Code can be found online at
- 14 http://www.ncdoi.com/OSFM/Engineering_and_Codes/Default.aspx?field1=Codes_-
- 15 <u>Current_and_Past&user=State_Building_Codes.</u> The operator shall physically demonstrate this <u>written</u> plan to the
- Division for review and approval. During the required fire, lockdown, or shelter-in-place drills, an evacuation crib
- 17 or other device shall be used in the manner described in the Emergency Preparedness and Response Plan as defined
- 18 in 10A NCAC 09 .0607(c).
- 19 (q) A first aid First Aid kit shall always be available on site. site and [easily] accessible to staff. Each staff member
- 20 <u>shall be aware of the location of the [first aid]</u> First Aid kit.
- 21 (r) Fire drills shall be practiced monthly in accordance with 10A NCAC 09 .0607(a) and records shall be maintained
- 22 as required by 10A NCAC 09 .0302(d)(5).
- 23 (s) A "shelter in place drill" "shelter-in-place" or "lockdown drill" as defined in 10A NCAC 09 .0102 shall be
- conducted at least every three months and records shall be maintained as required by 10A NCAC 09 .0302(8).
- 25 <u>.0302(d)(8).</u>
- 26 (t) Each center shall establish safe procedures for pick-up and delivery of children. These procedures shall be
- communicated to parents, and a copy shall be posted in the center where [they] it can be seen by the parents.
- 28 (u) In child care centers, potential [bio contaminants] bio-contaminants shall be stored in locked [areas or] areas,
- shall be removed from the [premises] premises. or otherwise inaccessible to children. [children and disposed of
- 30 appropriately. For purposes of this Rule, a "bio-contaminant" includes bodily fluids, soiled diapers and wipes, and
- 31 medical waste such as syringes.
- 32
- 33 *History Note:* Authority G.S. 110-85; 110-91(3),(6); <u>110-88;</u> 143B-168.3;
- 34 Eff. January 1, 1991;
- 35 *Amended Eff. January 1, 1996; November 1, 1991;*
- 36 Temporary Amendment Eff. October 1, 1997;
- 37 Amended Eff. July 1, 2015; February 1, 2012; July 1, 2010; December 1, 2007; April 1, 2001;
- 38 July 1, 1998;

1 <u>Temporary Amendment Eff. September 23, 2016.</u>

1	10A NCAC 09	0.0608 is adopted with changes under temporary procedures as follows:
2 3 4 5	10A NCAC 09	0.0608 PREVENTION OF SHAKEN BABY SYNDROME AND ABUSIVE HEAD TRAUMA
5	(a) Within thre	e months of the effective date of this Rule each [Each] child care center licensed to care for children up
6	to five years of	age shall develop and adopt policies to prevent shaken baby syndrome and abusive head trauma. The
7	policy shall inc	clude [but not be limited to] the following:
8	(1)	[Recognizing, responding to, and reporting] How to recognize, respond to, and report the signs and
9		symptoms of shaken baby syndrome and abusive head trauma. Signs and symptoms include:
10		irritability, difficulty staying awake, difficulty breathing, inability to lift the head, seizures, lack of
11		appetite, vomiting, and bruises;
12	(2)	Strategies to assist staff members in coping with a crying, fussing, or distraught child;
13	<u>(3)</u>	Strategies to assist staff members understand how to care for infants;
14	[(3)] <u>(</u>	4) Strategies to ensure staff members understand the brain development of children up to five years of
15		age; [age and how to properly care for infants;]
16	[(4)] <u>(</u>	5) A list of prohibited behaviors that staff members shall follow in order to care for children in a [safe]
17		developmentally appropriate manner. Prohibited behaviors shall [include] include, but not be
18		limited to, shaking a child, tossing a child into the air or into a crib, chair, or car seat, and pushing a
19		child into walls, doors, and furniture; and
20	[(5)] <u>(</u>	6) Resources to assist staff members and families in preventing shaken baby syndrome and abusive
21		head trauma.
22	(b) Within 30	days of adopting the policy, the child care center shall review the policy with parents of currently
23	enrolled childr	en up to five years of age. A copy of the policy shall be given and explained to the parents of newly
24	enrolled childr	en up to five years of age on or before the first day the child receives care at the center. The parent
25	shall sign a sta	tement acknowledging the receipt and explanation of the policy. The acknowledgement shall contain
26	the following:	
27	(1)	The child's name;
28	(2)	The date the child first attended the center;
29	(3)	The date the operator's policy was given and explained to the parent;
30	(4)	The parent's name;
31	(5)	The parent's signature; and
32	(6)	The date the parent signed the acknowledgment.
33	The child care	center shall [retain] obtain the parent's signature and the acknowledgement shall be kept in the child's
34	file.	
35	(c) If a child c	are center changes the policy at any time, the child care center [must] shall give written notice of [such
36	a] the change t	o the child's parent 14 days prior to the implementation of the new policy and the parent [must] shall
37	sign a statemen	at that attests that a copy of the new policy was given to and discussed with him or her. The center shall
38	obtain the pare	nt's signature and This this statement shall be kept in the child's file.

1 (d) For purposes of this Rule, "staff" includes the operator, additional caregivers, substitute providers, and 2 uncompensated providers. 3 [(d)] (e) Within 30 days of adopting the policy, the child care center shall review the policy with existing staff members 4 who provide care for children up to five years of age. Each child care center shall review the policy with new staff 5 members prior to the individual providing care to children. The acknowledgement of this review shall contain: 6 (1) The individual's name; 7 $[\frac{(2)}{2}]$ [The date the individual began caring for children;] 8 [(3)] (2) The date the center's policy was given and explained to the individual; 9 [4] (3) The individual's signature; and 10 [(5)] (4) The date the individual signed the acknowledgment. 11 The child care center shall retain the acknowledgement in the staff member's [personnel] file. 12 [(e)] (f) If a child care center changes the policy at any time, the child care center shall review the revised policy with 13 staff members 14 days prior to the implementation of the new policy. The individual shall sign a statement that attests 14 that a copy of the new policy was given to and discussed with him or her. This statement shall be kept in the staff 15 member's [personnel] file. 16 History Note: Authority G.S. 143B-168.3; 17 Temporary Adoption Eff. September 23, 2016.

10A NCAC 09 .0705 is amended with changes under temporary procedures as follows:

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. A copy of *Caring for Our Children: Appendix A* shall be located in the child care facility for referral regarding common signs and symptoms of illness. The book is incorporated by reference, including subsequent amendments and editions, and is available free of charge online at http://cfoc.nrckids.org.

(b) Staff who have completed a course in basic first aid, shall be present at all times children are present. First aid training shall be renewed on or before expiration of the certification or every three years, whichever is less. The number of staff required to complete the course is based on the number of children present as shown in the following chart:

Number of children present

1-29
1-staff
30-79
2-staff
80 and above
3-staff

All staff who provide direct care or accompany children when they are off premises shall successfully complete certification in basic First Aid appropriate for the ages of children in care. The training shall be completed within six weeks of [employment; however,] employment. At all times when children are in care at least one staff member present must have successfully completed basic First Aid [training.] training, as evidenced by a certificate or card from an approved training organization. First Aid training shall be renewed on or before expiration of the certification. "Successfully completed" is defined as demonstrating competency, as evaluated by the instructor. [instructor, in performing CPR.] Verification of each required staff person's member's completion of this course from an approved training organization shall be maintained in the person's individual staff member's personnel file in the center. The Division shall post a list of approved training organizations on its website at http://ncchildcare.nc.gov/providers/pv_sn2_ov_pd.asp.. The basic first aid course shall address principles for responding to emergencies, 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 First Aid information sheet shall be posted in a prominent place for quick referral. referral by staff members. A child care operator may request a First Aid information sheet An acceptable form may be requested free of charge from the North Carolina Child Care Health and Safety Resource Center. Center at 1-800-367-2229.
- (d) Each child care center shall have at least one person on the premises at all times, and at least one person who accompanies the children whenever they are off the premises, who has successfully completed certification in 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 shall be approved if the Division determines that the courses offered are substantially equivalent to those offered by the American Red Cross. CPR training shall be renewed on or before the expiration of the certification or every two years, whichever is

less. 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. All staff who provide direct care or accompany children when they are off premises shall successfully complete certification in a cardiopulmonary resuscitation (CPR) course appropriate for the ages of children in care. At all times when children are in care at least one staff member present must have successfully completed CPR training. The training shall be completed within six weeks of employment. [The training shall be completed within six weeks of employment; however, at all times when children are in care at least one staff member present must have successfully completed CPR training.] CPR training shall be renewed on or before the expiration of the certification. Verification of each staff member's completion of this course from an approved training organization shall be maintained in the [person's individual personnel] staff member's file in the center. The Division shall post a list of approved training organizations on its website at http://ncchildcare.nc.gov/providers/pv_sn2_ov_pd.asp.

- (e) Staff shall complete at least four clock hours of training in safety. 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.

A certificate of each staff member's completion of this course shall be maintained in the staff member's file in the center.

(f) In centers that are licensed to care for <u>infants</u>, <u>infants ages 12 months and younger</u>, 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. ITS SIDS training shall be completed within four months of the individual assuming responsibilities in the infant room or as an administrator, and shall be completed again every three years from the completion of previous ITS SIDS training. the child care administrator and any child care provider scheduled to work in the infant room shall complete ITS-SIDS training. ITS-SIDS training shall be completed within two months of an individual assuming responsibilities in the infant room and every three years thereafter. Child care administrators, as defined in G.S. 110-86(2a), shall complete ITS-SIDS training within two months of employment and every three years thereafter. Completion of ITS-SIDS training may shall be included once every three years in the number of hours needed to meet annual in service ongoing training requirements in Section .0700 of this Chapter. At all times, at least one child care provider who has completed ITS-SIDS training shall be present in the infant room while children are in care. Prior to an individual assuming responsibility for the care of an infant, the center's safe sleep policy for infants

1	shall be reviewe	ed with the individual as required by Rule .0707(a) of this Section. A certificate of each staff member's
2	completion of the	nis course shall be maintained in the staff member's file in the center.
3	(g) The child ca	are administrator and all staff members shall complete Recognizing and Responding to Suspicions of
4	Child Maltreat	ment training within two months of employment and every three years thereafter. Completion of
5	Recognizing an	d Responding to Suspicions of Child Maltreatment training shall be included once every three years in
6	the number of h	ours needed to meet ongoing training requirements in Section .0700 of this Chapter. Recognizing and
7	Responding to S	Suspicions of Child Maltreatment training is available at
8	https://www.pi	reventchildabusenc.org.] https://www.preventchildabusenc.org/services/trainings-and-professional-
9	development/rr	course. A certificate of each staff member's completion of this course shall be maintained in the staff
10	member's file in	n the center.
11		
12	History Note:	Authority G.S. 110-85; <u>110-88;</u> 110-91(1),(8); 143B-168.3;
13		Eff. January 1, 1986;
14		Amended Eff. January 1, 1996; January 1, 1992; January 1, 1991; January 1, 1987; Temporary
15		Amendment Eff. October 1, 1997;
16		Amended Eff. July 1, 2008; November 1, 2005; May 1, 2004; July 1, 1998;
17		Temporary Amendment Eff. September 23, 2016.

1	10A NCAC 09.	0706 is adopted <u>with changes</u> under temporary procedures as follows:
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3	10A NCAC 09.	0706 <u>HEALTH AND SAFETY TRAINING REQUIREMENTS</u>
4	(a) Child care ac	dministrators and staff members shall complete health and safety training offered by the Division no
5	later than June 3	0, 2017.
6	(b) The training	[must] shall include the following topic areas:
7	(1)	Prevention and control of infectious diseases, including immunization;
8	(2)	Administration of medication, [consistent] with standards for parental consent;
9	(3)	Prevention of and response to emergencies due to food and allergic reactions;
10	(4)	Building and physical premises safety, including identification of and protection
11		from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular
12		traffic;
13	(5)	Emergency preparedness and response planning for emergencies resulting from a natural disaster,
14		or a man-caused event;
15	(6)	Handling and storage of hazardous materials and the appropriate disposal of [bio contaminants] bio-
16		contaminants;
17	(7)	Precautions in transporting [children] children, if applicable;
18	(8)	Prevention of shaken baby syndrome and abusive head trauma;
19	(9)	CPR and First Aid training as required in Subparagraphs .0705(b) and (d) of this Section; [and]
20	(10)	Recognizing and Responding to Suspicions of Child Maltreatment as required in Subparagraph
21		.0705(g) of this [Section.] Section; and
22	<u>(11)</u>	Prevention of sudden infant death syndrome and use of safe sleeping practices.
23	(c) Training ho	ours accrued for the completion of this requirement [may] shall count toward in-service training.
24	However, child o	care administrators and staff members must complete the health and safety training even if the number
25	of hours accrued	exceeds required in-service training, as specified in Rule .0707 of this Section.
26		
27	History Note:	Authority G.S. 110-88; 110-91(11); 143B-168.3;
28		Temporary Adoption Eff. September 23, 2016.

10A NCAC 09 .0707 is amended with changes under temporary procedures as follows:

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10A NCAC 09 .0707 IN-SERVICE <u>AND ORIENTATION</u> TRAINING REQUIREMENTS

- (a) Each center shall assure ensure that each new employee who is expected to have contact with children receives a minimum of 16 clock hours of on-site training and orientation within the first six weeks of employment. As part of this orientation, each new employee shall complete six clock hours of training within the first two weeks of employment. Training required pursuant to this Rule shall not be counted toward annual ongoing training requirements. This training and orientation shall include:

 (1) training in the recognition of the signs and symptoms of child abuse or neglect and in the employee's
- 9 training in the recognition of the signs and symptoms of child abuse or neglect and in the employee's
 10 duty to report suspected abuse and neglect pursuant to G.S. 7B 301;
- 12 (2) review of the center's operational policies, including the center's safe sleep policy for infants, the
 Emergency Preparedness and Response Plan, and the emergency medical care plan;
- 13 (3) adequate supervision of children in accordance with 10A NCAC 09 .0714(f);
- 14 (4) first hand observation of the center's daily operations;
- 15 (5) instruction in the employee's assigned duties;
- 16 (6) instruction in the maintenance of a safe and healthy environment;
 - (7) review of the center's purposes and goals;
 - (8) review of the center's personnel policies;
- 19 (9) review of the child care licensing law and rules;
- 20 (10) an explanation of the role of State and local government agencies in the regulation of child care,
- 21 their impact on the operation of the center, and their availability as a resource; and
- 22 (11) an explanation of the employee's obligation to cooperate with representatives of State and local government agencies during visits and investigations.
- 24 (b) As part of the training required in Paragraph (a) of this Rule, each new employee shall complete, within the first
- 25 two weeks of employment, six clock hours of the training referenced in Subparagraphs (a)(1), (a)(2), and (a)(3) of this
- 26 Rule. Training topics for orientation shall include:

Within first two (2) weeks of employment	Within first six (6) weeks of employment
Recognizing, responding to, and reporting child abuse,	[First hand] Firsthand observation of the center's daily
neglect, or maltreatment pursuant to G.S. 110-105.4 and	<u>operations</u>
<u>G.S. 7B-301</u>	
Review of the center's operational policies, including the	Instruction in the employee's assigned duties
center's safe sleep policy for infants, the Emergency	
Preparedness and Response Plan, and the emergency	
medical care plan	
Adequate supervision of children in accordance with 10A	Instruction in the maintenance of a safe and healthy
NCAC 09 <u>.0714</u> [.1801]	environment; building and physical premises safety,
	including identification of and protection from hazards that

	can cause bodily injury such as electrical hazards, bodies of
	water, and vehicular traffic
<u>Information regarding prevention of shaken baby</u>	Instruction in the administration of medication to children in
syndrome and abusive head trauma	accordance with 10A NCAC 09 .0803
Prevention and control of infectious diseases, including	[Review of the center's purposes and goals]
<u>immunization</u>	
[Appropriate] precautions in transporting children, if	Review of G.S. 110, Article 7 and 10A NCAC 09 [the child
<u>applicable</u>	care licensing law and rules
	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
	An explanation of the employee's obligation to cooperate
	with representatives of State and local government agencies
	during visits and investigations
	Successfully complete CPR and First Aid training as defined
	in Rule .0705(b) of this Section.
	Prevention of and response to emergencies due to food and
	allergic reactions
	Review of the center's handling and storage of hazardous
	materials and the appropriate disposal of [bio contaminants]
	bio-contaminants

(c) The child care administrator and any staff who have responsibility for planning and supervising a child care facility, as well as staff who work directly with children, shall participate in in-service training activities annually, as follows:

 (1) 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;

 (2) 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;

(3) 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;

(4) persons 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; or

(5) shall complete 20 clock hours of training.

- 1 (d) For staff listed in Subparagraphs (c)(1), (c)(2), (c)(3) and (c)(4) of this Rule, basic cardiopulmonary resuscitation
- 2 (CPR) training required in Rule .0705 of this Section shall not be counted toward meeting annual in service training.
- 3 First aid training may be counted once every three years.
- 4 (e) If a child care administrator or lead teacher is enrolled in coursework to meet the staff qualification requirements
- 5 in G.S. 110 91(8), the individual may choose to apply for completed coursework toward meeting the annual in service
- 6 training requirement.
- 7 (f)(d) Any staff working less than 40 hours per week may choose the option for complete 20 hours of in-service
- 8 training, or the training requirement may be prorated as follows:

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

- 10 (e) Coursework [appropriate to job responsibilities] taken at [a regionally] an accredited college or university which
- addresses staff development topic areas specified in G.S. 110-91(11) [may] shall be counted toward in-service training
- 12 <u>requirements.</u>

- 14 *History Note:* Authority G.S. <u>110-88;</u> 110-91(11); 143B-168.3;
- 15 Eff. January 1, 1986;
- 16 Amended Eff. July 1, 2015; January 1, 2006; May 1, 2004; October 29, 1998; October 1, 1991;
- 17 November 1, 1989; July 1, 1988; January 1, 1987;
- 18 <u>Temporary Amendment Eff. September 23, 2016.</u>

1	10A NCAC 09.	0801 is amended with changes under temporary procedures as follows:
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3	10A NCAC 09.	0801 APPLICATION FOR ENROLLMENT
4	(a) Each child in	care shall have an individual application for enrollment completed and signed by the child's parent,
5	as defined in 10A	A NCAC 09 .0102. legal guardian, or full time custodian. The completed, signed application shall be
6	on file in the cen	ter on the first day the child attends and shall include the following information:
7	(1)	The completed, signed application shall be on file in the center on the first day the child attends and
8		shall remain on file until the child is no longer attending.
9	(2)	The completed application shall include emergency medical information as specified in Rule
10		.0802(b) of this Section.
11	(3)	The completed application shall give the child's full name and indicate the name the child is to be
12		called. In addition, the application shall include the child's date of birth and any allergies, particular
13		fears, or unique behavior characteristics that the child has.
14	(4)	The application shall include the names of individuals to whom the center may release the child as
15		authorized by the person who signs the application.
16	<u>(1)</u>	Emergency medical information as [specified] set forth in Rule .0802(b) of this Section;
17	<u>(2)</u>	The child's full name and the name the child is to be called;
18	<u>(3)</u>	The child's date of birth;
19	<u>(4)</u>	Any [allergies, symptoms of and the type] allergies and the symptoms and type of response required
20		for allergic reactions;
21	<u>(5)</u>	Any health care needs or concerns, symptoms of and the type of response required for these health
22		care needs or concerns;
23	(7) <u>(6)</u>	Particular fears, fears or unique behavior characteristics that the child has; and
24	(8)	The names of individuals to whom the center may release the [ehild] child, as authorized by the
25		person who signs the application.
26	[(6)] <u>(b)</u>	child A completed medical action plan shall be attached to the application for children with health
27	care needs such a	s allergies, <mark>asthma,</mark> or other chronic conditions that require specialized health [<mark>services. The</mark>] services,
28	a medical action	plan shall be attached to the application. The medical action plan shall be completed by the child's
29	parent or a health	n care professional and [include the following information:] including the following:
30	(A) (1)	a list of the child's [diagnosis/diagnoses,] diagnosis or diagnoses including dietary, [environmental]
31		environmental, and activity considerations that are applicable;
32	(B) (2)	contact information for the health care professional(s);
33	(C) (3)	medications to be administered on a scheduled basis; and
34	(D) (4)	medications to be administered on an emergency basis with [elearly stated signs, symptons]
35		symptoms, and instructions.
36	The	e medical action plan shall be updated on an annual basis. Sample medical action plans may be
37	<u>fou</u>	nd on the Division's website at http://ncchildcare.nc.gov/providers/pv_provideforms.asp;

T	(b) Each child	s application shall be readily available and easily accessible to caregiving staff during the time the
2	children are pres	sent. Center administrators and staff shall release a child only to an individual listed on the application;
3	[Center adminis	trators and staff members shall:]
4	[(1)]	[only release a child to an individual listed on the application;]
5	[(2)]	[have the information provided in Subparagraphs (a)(1) through (8) of this Rule, contained
6		within the application, readily available and easily accessible to caregiving staff during the
7		time the children are in care; and
8	[(3)]	[use the information provided on the application to ensure that each individual child's needs
9		are met during the time the child is in care.
10	(c) The information	ation contained in Subparagraphs (a)(1) through (a)(8) of this Rule, shall be accessible to caregiving
11	staff during the	time the child is in care.
12	(d) Center admi	nistrators and staff shall use the information provided on the application to ensure that each individual
13	child's needs are	e met during the time the child is in care.
14		
15	History Note:	Authority G.S. <u>110-88;</u> 110 91(9); 143B-168.3;
16		Eff. January 1, 1986;
17		Amended Eff. November 1, 1989;
18		Temporary Amendment Eff. September 23, 2016.

1 2	10A NCAC 09.	0801 is amended with changes under temporary procedures as follows:
3	10A NCAC 09.	0801 APPLICATION FOR ENROLLMENT
4	(a) Each child in	a care shall have an individual application for enrollment completed and signed by the child's parent,
5	as defined in 10a	A NCAC 09 .0102. legal guardian, or full time custodian. The completed, signed application shall be
6	on file in the cen	ter on the first day the child attends and shall include the following information:
7	(1)	The completed, signed application shall be on file in the center on the first day the child attends and
8		shall remain on file until the child is no longer attending.
9	(2)	The completed application shall include emergency medical information as specified in Rule
10		.0802(b) of this Section.
11	(3)	The completed application shall give the child's full name and indicate the name the child is to be
12		called. In addition, the application shall include the child's date of birth and any allergies, particular
13		fears, or unique behavior characteristics that the child has.
14	(4)	The application shall include the names of individuals to whom the center may release the child as
15		authorized by the person who signs the application.
16	<u>(1)</u>	Emergency medical information as [specified] set forth in Rule .0802(b) of this Section;
17	<u>(2)</u>	The child's full name and the name the child is to be called;
18	<u>(3)</u>	The child's date of birth;
19	<u>(4)</u>	Any [allergies, symptoms of and the type] allergies and the symptoms and type of response required
20		for allergic reactions;
21	<u>(5)</u>	Any health care needs or concerns, symptoms of and the type of response required for these health
22		care needs or concerns;
23	(7) <u>(6)</u>	Particular fears, fears or unique behavior characteristics that the child has; and
24	(8) (7)	The names of individuals to whom the center may release the [ehild] child, as authorized by the
25		person who signs the application.
26	[(6)]	child A completed medical action plan shall be attached to the application for children with health
27	care needs such a	s allergies, <mark>asthma,</mark> or other chronic conditions that require specialized health [<mark>services. The</mark>] <mark>services,</mark>
28	a medical action	n plan shall be attached to the application. The medical action plan shall be completed by the child's
29	parent or a healtl	n care professional and [include the following information:] including the following:
30	(A) (1)	a list of the child's [diagnosis/diagnoses,] diagnosis or diagnoses including dietary, [environmental]
31		environmental, and activity considerations that are applicable;
32	(B) <u>(2)</u>	contact information for the health care professional(s);
33	(C) <u>(3)</u>	medications to be administered on a scheduled basis; and
34	(D) <u>(4)</u>	medications to be administered on an emergency basis with [elearly stated signs, symptons]
35		symptoms, and instructions.
36	The	e medical action plan shall be updated on an annual basis. Sample medical action plans may be
37	<u>fou</u>	nd on the Division's website at http://ncchildcare.nc.gov/providers/pv_provideforms.asp;

1	(b) Each child's	s application shall be readily available and easily accessible to caregiving staff during the time the
2	children are pres	ent. Center administrators and staff shall release a child only to an individual listed on the application;
3	[Center administ	trators and staff members shall:
4	[(1)]	[only release a child to an individual listed on the application;]
5	[(2)]	[have the information provided in Subparagraphs (a)(1) through (8) of this Rule, contained
6		within the application, readily available and easily accessible to caregiving staff during the
7		time the children are in care; and
8	[(3)]	[use the information provided on the application to ensure that each individual child's needs
9		are met during the time the child is in care.
10	(c) The informa	tion contained in Subparagraphs (a)(1) through (a)(8) of this Rule, shall be accessible to caregiving
11	staff during the t	ime the child is in care.
12	(d) Center admin	nistrators and staff shall use the information provided on the application to ensure that each individual
13	child's needs are	e met during the time the child is in care.
14		
15	History Note:	Authority G.S. <u>110-88;</u> 110-91(9); 143B-168.3;
16		Eff. January 1, 1986;
17		Amended Eff. November 1, 1989;
18		Temporary Amendment Eff. September 23, 2016.

1	10A NCAC 09 .1701 is amended with changes under temporary procedures as follows:			
2 3		SECTION .1700 – FAMILY CHILD CARE HOME REQUIREMENTS		
4 5	10A NCAC 09 .1	1701 GENERAL PROVISIONS RELATED TO LICENSURE OF		
6		HOMES		
7	(a) All family cl	hild care homes shall comply with the standards for licensure set forth in this Section. A one- star		
8	rated license sha	ll be issued to a family child care home operator who complies with the minimum standards for a		
9	license contained	in this Section and G.S. 110-91.		
10	(b) An individua	ll who provides care for five hours or more in a week, week during planned absences of the operator,		
11	operator shall be	at least 21 years old, have a high school diploma or GED, have completed a first aid First Aid and		
12	cardiopulmonary	resuscitation (CPR) course as described in Rule .1705, Subparagraphs (a)(3), and (a)(4) (a)(4),		
13	$\frac{(b)(2)}{(b)(3)}$	of this Section, have completed a health questionnaire, have proof of negative results of a		
14	tuberculosis test	completed within 12 months prior to the first day of providing care, submit criminal records check		
15	forms as required	d in 10A NCAC 09 .2702, .2703 and annual in-service training as described in Rule .1705(b)(5) of		
16	this Section. Whi	ile the individual provides care at a family child care home, copies of required information shall be		
17	on file in the hon	on file in the home available for review by the Division.		
18	(c) An individua	l who provides care for less than five hours in a week, week during planned absences of the operator		
19	shall meet all req	shall meet all requirements listed in Paragraph (b) of this Rule, except the requirements for annual in-service training		
20	and a high school	l diploma or GED. The individual shall be literate.		
21	(d) The operator	(d) The operator shall <u>conduct 16 hours of orientation</u> review the appropriate requirements found in this Chapter,		
22	including the Emergency Preparedness and Response Plan, and in G.S. Chapter 110, Article 7 with any caregivers,			
23	including substitu	<u>ute</u> [providers] <u>providers,</u> and volunteers, individuals who are providing care prior to the individual's		
24	assuming respons	sibility for individual being left alone with the children. children as follows:		
25	<u>(1)</u>	recognizing, responding to, and reporting child abuse, neglect, or maltreatment		
26		pursuant to G.S. 110-105.4 and G.S. 7B-301;		
27	<u>(2)</u>	review of the home's operational policies, including the written plan of care, safe sleep policy, and		
28		the Emergency Preparedness and Response Plan;		
29	<u>(3)</u>	adequate supervision of children in accordance with 10A NCAC 09 .1718(a);		
30	<u>(4)</u>	information regarding prevention of shaken baby syndrome and abusive head trauma;		
31	<u>(5)</u>	prevention and control of infectious diseases, including immunization;		
32	<u>(6)</u>	firsthand [first hand] observation of the home's daily operations;		
33	<u>(7)</u>	instruction regarding assigned duties;		
34	<u>(8)</u>	instruction in the maintenance of a safe and healthy environment;		
35	<u>(9)</u>	instruction in the administration of medication to children in accordance with 10A NCAC 09		
36		.1720(c);		
37	<u>(10)</u>	review of the home's purposes and goals;		
38	<u>(11)</u>	review of G.S. 110, Article 7 and 10A NCAC 09;		

1	<u>(12)</u>	an explanation of the role of State and local government agencies in the regulation of child care,	
2		their impact on the operation of the center, and their availability as a resource;	
3	<u>(13)</u>	an explanation of the individual's obligation to cooperate with representatives of State and local	
4		government agencies during visits and investigations;	
5	<u>(14)</u>	completion of CPR and First Aid training; and	
6	<u>(15)</u>	prevention of and response to emergencies due to food and allergic reactions.	
7	The operator ar	nd individual providing care shall sign and date a statement which that attests that this review was	
8	completed. This	s statement shall be kept on file in the home available for review by the Division.	
9	(e) An individu	nal who provides care during unplanned absences of the operator, such as medical emergencies, shall	
10	be at least 18 y	years old and submit criminal records check forms as required in 10A NCAC 09 .2703(j)2702,	
11	Paragraph (j). T	he children of an emergency caregiver shall not be counted in the licensed capacity for the first day of	
12	the emergency	caregiver's service.	
13	(f) The provisi	ons of G.S. 110-90.2 which that exclude persons with certain criminal records or personal habits or	
14	behavior which	may be harmful to children from operating or being employed in a family child care home are hereby	
15	incorporated by	reference and shall also apply to any person on the premises with the operator's permission when the	
16	children are pre	sent. This exclusion shall not apply to parents or other persons who enter the home only for the purpose	
17	of performing p	arental responsibilities; nor does it include persons who enter the home for brief periods for the purpose	
18	of conducting b	usiness with the operator and who are not left alone with the children.	
19	(g) The parent of a child enrolled in any family child care home subject to regulation under G.S. 110, Article 7 shall		
20	be allowed unl	imited access to the home during its operating hours for the purposes of contacting the child or	
21	evaluating the h	ome and the care provided by the operator. The parent shall notify the operator of his or her presence	
22	<mark>immediately</mark> up	on entering the premises.	
23	(h) An operator	licensed to care for children overnight may sleep during the nighttime hours when all the children are	
24	asleep, provided	i:	
25	(1)	the operator and the children in care, excluding the operator's own children, are on ground level;	
26	(2)	the operator can hear and respond <mark>quickly</mark> to the <u>children;</u> children if needed; and	
27	(3)	a battery operated smoke detector or an electrically operated (with a battery backup) smoke detector	
28		is located in each room where children are sleeping.	
29	(i) Each opera	tor shall develop and adopt a written plan of care for completing routine tasks (including running	
30	errands, meeting	g family and personal demands, and attending classes) to ensure that routine the tasks shall not interfere	
31	with the care of	children during hours of operation. The plan shall:	
32	(1)	specify typical times for completing routine tasks and include those times on the written schedule,	
33		or specify that routine tasks will not occur during hours of operation;	
34	(2)	specify the names of any individuals, such as additional caregivers or substitutes, who will be	
35		responsible for the care of children when the operator is attending to routine tasks;	
36	(3)	specify how the operator shall maintain compliance with transportation requirements specified in	
37		10A NCAC 09 .1723 if children are transported;	

1	(4)	specify how parents will be notified when children accompany the operator off premises for routing
2		tasks not specified on the written schedule;
3	(5)	specify any other steps the operator shall take to ensure routine tasks will not interfere with the care
4		of children; and
5	(6)	be given provided and explained to parents of children in care on or before the first day the child
6		attends the home. Parents shall sign a statement acknowledging the receipt and explanation of the
7		plan. Parents shall also give written permission for their child to be transported by the operator for
8		specific routine tasks that are included on the written schedule. The acknowledgment and written
9		parental permission shall be retained in the child's record as long as the child is enrolled at the home
10		and a copy of each document shall be maintained on file for review by the Division.
11	(j) If the operat	or amends the written plan, the operator shall give written notice of the amendment to parents of al
12	enrolled childre	en at least 30 days before the amended plan is implemented. Each parent shall sign a statemen
13	acknowledging	the receipt and explanation of the amendment. The operator shall retain the acknowledgement in the
14	child's records a	as long as the child is enrolled in the home and a copy shall be maintained on file for review by the
15	Division.	
16 17	History Note:	Authority G.S. 110-85; <u>110-85(1);</u> 110-86(3); 110-88(1); 110-91; 110-99; 110-105; 143B-168.3;
18		Eff. January 1, 1986;
19		Amended Eff. July 1, 2015; May 1, 2013; November 1, 2006; April 1, 2003; April 1, 1999; July 1,
20		1998; January 1, 1991; January 1, 1990; July 1, 1988; January 1, 1987;
21		Temporary Amendment Eff. September 23, 2016.

1	10A NCAC 09	.1702 amended with changes under temporary procedures as follows:
2		
3	10A NCAC 09	.1702 APPLICATION FOR A LICENSE FOR A FAMILY CHILD CARE HOME
4	(a) Ar	ny person who plans to operate a family child care home (FCCH) shall apply for a license using a
5	form provided l	by the Division. Only one licensed family child care home shall operate at the location address of
6	any home. The	form can be found on the Division's website at
7	http://nechildea	re.dhhs.state.nc.us/general/mb_customerservice.asp.
8	http://nechildea	re.nc.gov/pdf_forms/FacilityProfileApp.pdf
9	The applicant s	hall submit the completed application, to the Division that complies with the following:
10	(1)	only one licensed family child care home shall operate at the location address of any home; and
11	(2)	the applicant shall list each location address where a licensed family child care home will operate.
12		child care home operates at more than one location address by cooperative arrangement among two or
13	more families, t	he following procedures apply:
14	(1)	one parent whose home is used as a location address shall be designated the coordinating parent and
15		shall co sign the application with the applicant; and
16	(2)	the coordinating parent shall know the current location address at all times and shall provide the
17		information to the Division upon request.
18	(c) (b) The appl	icant shall ensure that the family child care home complies with the following requirements:
19	(1)	single-wide single-wide manufactured homes are limited to a maximum of three preschool-age
20		children (not (no more than two may be two years of age or less) and two school-age children;
21	(2)	all children are kept on the ground level with an exit at grade;
22	(3)	all homes are equipped with an electrically operated (with a battery backup) smoke detector, or one
23		electrically operated and one battery operated smoke detector located next to each other;
24	(4)	all homes are provided with at least one five pound 2-A: 10-B: C type extinguisher for every 2,500
25		square feet of floor area;
26	(5)	heating appliances shall be installed and maintained according to NC Building Code Chapter
27		603.5.3;
28	(6)	all indoor areas used by children are heated when the temperature is below 65 degrees and ventilated
29		when the temperature is above 85 degrees; and
30	(7)	pipes or radiators that are hot enough to be capable of burning children and are accessible to the
31		children are covered or insulated.
32	(d) (c) The appl	icant shall also submit supporting documentation with the application for a license to the Division. The
33	supporting docu	umentation shall include:
34	(1)	a copy of a non-expired qualification letter in accordance with 10A NCAC 09 .2702;
35	(2)	a copy of documentation of completion of a first aid First Aid and cardiopulmonary resuscitation
36		(CPR) course;
37	<u>(3)</u>	a copy of documentation of completion of ITS-SIDS training;

1	(3) (4)	proof of negative results of the applicant's tuberculosis test completed within the past 12 months;		
2	(4) (5)	a completed health questionnaire; a copy of the health questions can be found on the Division's		
3	website at			
4	http://n	cchildcare.nc.gov/pdf_forms/emergency_information_health_questionnaire_i.pdf;		
5	(5) (6)	a copy of eurrent non-expired pet vaccinations for any pet in the home;		
6	(6) (7)	if a home has a private well, a negative well water bacteriological analysis; analysis if the home has		
7		a private well;		
8	(7) (8)	copies of any inspections required by local ordinances; and		
9	(8) (9)	any other documentation required by the Division according to the rules in this Section to support		
10		the issuance of a license.		
11	(e) (d) Upon rec	eipt of a complete application and supporting documentation, a Division representative shall make an		
12	announced visit	to each home. An announced visit is not required by a Division representative if the applicant is		
13	subject to the cir	reumstances in Paragraph (g) of this Rule. The issuance of a license applies as follows:		
14	(1)	if all applicable requirements of G.S. 110, Article 7 and this Section are met, a license shall be		
15		issued;		
16	(2)	if the applicable requirements of G.S. 110, Article 7 and this Section are not met, but the applicant		
17		has the potential to comply, the Division representative shall establish with the applicant a time		
18		period for the home to achieve compliance. If the Division representative determines that all		
19		applicable requirements of G.S. 110, Article 7 and this Section are met within the established time		
20		period, a license shall be issued; or		
21	(3)	if all applicable requirements of G.S. 110, Article 7 and this Section are not met or cannot be met		
22		within the established time, the Division shall deny the application.		
23	(f) (e) The Divi	sion shall allow the applicant to operate prior to the Division representative's visit described in		
24	Paragraph (e) of	f this Rule when the applicant is currently licensed as a family child care home operator, needs to		
25	relocate <u>relocate</u>	and notifies the Division of the relocation, and the Division representative is unable to visit before		
26	the relocation oc	ccurs. An applicant shall not operate until he or she has received from the Division either temporary		
27	permission to op	perate or a license.		
28	(g) (f) The Secre	etary may deny the application for the license under the following circumstances:		
29	(1)	if any child care facility license previously held by the applicant has been denied, revoked, or		
30		summarily suspended by the Division;		
31	(2)	if the Division initiated denial, revocation, or summary suspension proceedings against any child		
32		care facility license previously held by the applicant and the applicant voluntarily relinquished the		
33		license;		
34	(3)	during the pendency of an appeal of a denial, revocation, or summary suspension of any other child		
35		care facility license held by the applicant;		
36	(4)	if the Division determines that the applicant has a relationship with an operator or former operator		
37		who previously held a license under an administrative action described in Subparagraphs (g)(1), (2),		

1		or (3) of this Rule. As used in this Rule, an applicant has a relationship with a former operator if
2		the former operator would be involved with the applicant's child care facility in one or more of the
3		following ways:
4		(A) would participate in the administration or operation of the facility;
5		(B) has a financial interest in the operation of the facility;
6		(C) provides care to the children at the facility;
7		(D) resides in the facility; or
8		(E) would be on the facility's board of directors, be a partner of the corporation, or otherwise
9		have responsibility for the administration of the business;
10	(5)	based on the applicant's previous non-compliance as an operator with the requirements of G.S. 110,
11		Article 7 or this Chapter;
12	(6)	if abuse or neglect abuse, neglect, or child maltreatment has been substantiated against the applicant
13		or a household member; or
14	(7)	if the applicant is a disqualified child care provider or has a disqualified household member residing
15		in the FCCH.
16	(h) (g) In determ	mining whether denial of the application for a license is warranted pursuant to Paragraph (g) of this
17	Rule, the Divisi	ion shall consider:
18	(1)	any documentation provided by the applicant which that describes the steps the applicant will take
19		to prevent reoccurrence of noncompliance issues that led to any prior administrative action taken
20		against a license previously held by the applicant;
21	(2)	training certificates or original transcripts for any coursework from a nationally recognized
22		regionally accredited institution of higher learning related to providing quality child care, and that
23		was taken subsequent to any prior administrative action against a license previously held by the
24		applicant. "Nationally recognized" means that every state in this nation acknowledges the validity
25		of the coursework taken at higher education institutions that meet the requirements of one of the
26		accrediting bodies;
27	(3)	proof of employment in a licensed child care facility and references from the administrator or
28		licensee of the child care facility regarding work performance;
29	(4)	documentation of collaboration or mentorship with a licensed child care provider to obtain
30		additional knowledge and experience related to operation of a child care facility; and
31	(5)	documentation explaining relationships with persons meeting the criteria listed in Subparagraph
32		(g)(4) of this Rule.
33	(i) (h) The licer	nse shall not be bought, sold, or transferred from one individual to another.
34	(j) <u>(i)</u> The licen	se <mark>is</mark> shall be valid only for the location address listed on it.
35	(k) (j) The lice	nse must shall be returned to the Division in the event of termination, revocation, suspension, or
36	summary suspe	nsion.
37	(l) (k) A license	ee shall notify the Division if a change occurs that affects the information shown on the license.

1 2	History Note:	Authority G.S. 110-85; 110-86; 110-88(5); 110-91; 110-91(4); 110-93; 110-99; <u>110-105.3</u>
3		<u>110-105.5;</u> 143B-168.3;
4		Eff. January 1, 1986;
5		Amended Eff. March 1, 2014; December 1, 2012; August 1, 2011; July 1, 2010; April 1,
6		2003; April 1, 2001; July 1, 1998; January 1, 1991; November 1, 1989; January 1, 1987;
7		Temporary Amendment Eff. September 23, 2016.

10A NCAC 09 .1705 is amended with changes under temporary procedures as follows:

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 that 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 based upon observations and complaints made to the Division.
- (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.
- Successfully complete Complete [within 12 months prior to applying for a license] a basic first aid

 First Aid course appropriate for the ages of children in [eare.] care within 12 months prior to
 applying for a license. Successful completion shall be evidenced by a certificate or card from an
 approved training organization. First Aid training shall be renewed on or before expiration of the
 certification. Verification of completion of this course from an approved training organization shall
 be maintained in the operator's file. The Division shall post a list of approved training organizations
 on its website at http://ncchildcare.nc.gov/providers/pv_sn2_ov_pd.asp. that shall address principles
 for responding to emergencies, 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 eare, care within 12 months prior to applying for a license. Other organizations shall be approved if the Division determines that the courses offered are substantially equivalent to those offered by the American Red Cross. Successfully completed "Successfully completed" is defined as demonstrating competency, as evaluated by the instructor, in performing CPR. Documentation of successful completion of the course from an approved training organization the American Heart Association, the American Red Cross, or other organization approved by the Division shall be on file in the home.

 The Division shall post a list of approved training organizations on its website at http://ncchildcare.nc.gov/providers/pv-sn2_ov_pd.asp.
- (5) Complete a pre-licensing orientation that will be scheduled by [with] a representative of the [Division.] Division upon receipt of the application. Training required pursuant to this Rule shall

I		not b	e counted toward annual [ongoing] on-going training requirements. Training topics for
2		orient	ation shall include:
3		<u>(A)</u>	recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to
4			G.S. 110-105.4 and G.S. 7B-301;
5		<u>(B)</u>	review of the home's operational policies, including the written plan of care, safe sleep
6			policy, and the Emergency Preparedness and Response Plan;
7		<u>(C)</u>	adequate supervision of children in accordance with 10A NCAC 09 .1718(a);
8		<u>(D)</u>	information regarding prevention of shaken baby syndrome and abusive head trauma;
9		<u>(E)</u>	prevention and control of infectious diseases, including immunization;
10		<u>(F)</u>	first hand observation of the home's daily operations;
11		<u>(G)</u>	instruction regarding assigned duties;
12		<u>(H)</u>	instruction in the maintenance of a safe and healthy environment;
13		<u>(I)</u>	instruction in the administration of medication to children in accordance with 10A NCAC
14			<u>09 .1720(c);</u>
15		[(J)]	[review of the home's purposes and goals;]
16	[(K)]	<u>(J)</u>	review of the child care licensing law and [rules;] rules set forth in G.S. 110, Article 7 and
17			10A NCAC 09;
18	[(L)]	<u>(K)</u>	an explanation of the role of State and local government agencies in the regulation of child
19			care, their impact on the operation of the center, and their availability as a resource;
20	[(M)]	<u>(L)</u>	an explanation of the operator's obligation to cooperate with representatives of State and
21			local government agencies during visits and investigations; and
22	[(N)]	<u>(M)</u>	prevention of and response to emergencies due to food and allergic [reactions] reactions.
23		Docu	mentation of the pre-licensing orientation shall be provided by the Division and kept on file in
24		the ho	ome.
25	<u>(6)</u>	Comp	elete ITS-SIDS training if planning to be licensed to care for infants ages 12 months and
26		<mark>youn</mark> g	<mark>ger.</mark>
27	(b) After receiv	ing a lic	eense, an operator shall:
28	(1)	Updat	te the health questionnaire referenced set forth in Paragraph (a) Subparagraph (a)(1) of this
29		Rule a	annually. The Division may require the operator to obtain written proof that he or she is free
30		of act	ive tuberculosis.
31	(2)	Comp	lete a first aid <u>First Aid</u> course as referenced <u>set forth</u> in Paragraph (a) <u>Subparagraph (a)(3)</u> of
32		this R	cule. First aid Aid training shall be renewed on or before expiration of the certification,
33		certif i	cation or every three years, whichever is less.
34	(3)	Succe	ssfully complete a CPR course as referenced <u>set forth</u> in Paragraph (a) <u>Subparagraph (a)(4)</u> of
35		this F	Rule. CPR training shall be renewed on or before the expiration of the certification.
36		certifi	cation, or every two years, whichever is less.

- (4) If licensed to care for infants ages 12 months and younger, complete ITS-SIDS training within four months of receiving the license, and complete it again every three years from the completion of previous ITS-SIDS training. Completion of ITS-SIDS training may be included once every three years in the number of hours needed to meet the annual in-service training requirement in Paragraph (b)(5) of this Rule.
- (5) Complete 12 clock hours of annual in-service training in the topic areas required by G.S. 110-91(11), except that persons with at least 10 years work experience as a caregiver in a child care arrangement regulated by the Division of Child Development and Early Education shall complete eight clock hours of annual in-service training. Only training which that has been approved by the Division as referenced in Rule .0708 of this Chapter shall count toward the required hours of annual in-service training. 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 Aid training may be counted no more than once every three years. Coursework applicable [appropriate] to job responsibilities taken at a regionally accredited college or university may be counted toward ongoing training requirements. The operator shall maintain a record of training activities, including copies of training certificates or official documentation provided by the trainer. That record shall include the subject matter, topic area, training provider, date provided, hours, and name of staff who completed the training. This documentation shall be on file. [file and current.]
- Within one year of the effective date of the license, complete the Emergency Preparedness and Response in Child Care training. For the purposes of this Rule, the Emergency Preparedness and Response in Child Care is a training approved by the Division on creating an Emergency Preparedness and Response Plan and practicing, responding to, and recovering from emergencies in child care facilities. Existing operators have two years as of the effective date of this Rule to complete the Emergency Preparedness and Response in Child Care training. Documentation of completion of the training shall be maintained in the operator's personnel file.
- Upon completion of the Emergency Preparedness and Response in Child Care training. Training, develop the Emergency Preparedness and Response Plan. The Emergency Preparedness and Response Plan means a written plan that addresses how a child care facility will respond to both natural and man-made disasters, such as fire, tornado, flood, power failures, chemical spills, bomb threats, earthquakes, blizzards, nuclear disaster, or a dangerous person in the vicinity, to ensure the safety and protection of the children children, and additional caregivers. This Plan must be on a template provided by the Division of Emergency Management and is available at https://rmp.nc.gov/portal/#, completed within four months of completion of the Emergency Preparedness and Response in Child Care training, Training, and available for review. review by the Division. The Plan shall include the following:

1		(A) written procedures for accounting for all in attendance, including the locati	on of the
2		children, staff, volunteer and visitor attendance lists and the name of the	person(s)
3		responsible for bringing the lists in the event of an emergency;	
4		(B) a description for how and when children shall be transported;	
5		(C) methods for communicating with parents and emergency personnel or law enfor	cement;
6		(D) a description of how children's nutritional and health needs will be met;	
7		(E) the relocation and reunification process;	
8		(F) emergency telephone numbers;	
9		(G) evacuation diagrams showing how the operator, family members, children and	any other
10		individuals who may be present will evacuate during an emergency;	
11		(H) the date of the last revision of the plan;	
12		(I) specific considerations for non-mobile children and children with special needs	; needs, if
13		<mark>applicable;</mark> and	
14		(J) the location of the Ready to Go File. A Ready to Go File "Ready to Go File"	' means a
15		collection of information on children, additional caregivers caregivers, and the	facility, to
16		utilize, if an evacuation occurs. The file shall include, but is not limited to, a co	opy of the
17		Emergency Preparedness and Response Plan, contact information for individual	ls to pick-
18		up children, each child's Application for Child Care, application for child care,	nedication
19		authorizations and instructions, any action plans for children with special health c	are needs,
20		a list of any known food allergies of children and additional caregiver, additional	caregiver
21		caregivers, additional caregivers' contact information, Incident Report forms, an	area map,
22		and emergency telephone numbers.	
23	(8)	Review the Emergency Preparedness and Response Plan annually or when information i	n the plan
24		changes, to ensure all information is current.	
25	(9)	Review the Family Child Care Home's Emergency Preparedness and Response Plan with	additional
26		caregivers during orientation and on an annual basis. basis; and	
27	<u>(10)</u>	The operator shall complete Recognizing and Responding to Suspicions of Child Mail	<u>ltreatment</u>
28		training within two months of licensure and every three years thereafter. Completion of Re	cognizing
29		and Responding to Suspicions of Child Maltreatment training shall be included once ex	very three
30		years in the number of hours needed to meet ongoing training requirements in 10A I	NCAC 09
31		.1705(b)(5). Recognizing and Responding to Suspicions of Child Maltreatment training is	available
32		at https://www.preventchildabusenc.org/.	
33			
34	History Note:	Authority G.S. 110-85; 110-88; 110-91; 143B-168.3;	
35		Eff. January 1, 1986;	
36		Amended Eff. July 1, 2015; July 1, 2008; May 1, 2004; July 1, 1998; November 1, 1989	; January
37		1, 1987;	
38		Temporary Amendment Eff. September 23, 2016.	

1	10A NCAC 09.	1719 is amended with changes under temporary procedures as follows:
2		
3	10A NCAC 09.	1719 REQUIREMENTS FOR A SAFE INDOOR/OUTDOOR ENVIRONMENT
4	(a) The operator	of a family child care home shall provide a physically maintain a safe and healthy indoor and outdoor
5	environment that	t meets the developmental needs of children in care, including but not limited to the following: for the
6	children in care.	In addition, the operator shall:
7	(1)	keep all areas used by the children, both indoors and outdoors, clean and orderly and free of items
8		which that are potentially hazardous to children. Potentially hazardous items includes power tools,
9		nails, chemicals, propane stoves, lawn mowers, and gasoline or kerosene, whether or not intended
10		for use by children, shall be stored in locked areas, removed from the premises, or otherwise
11		inaccessible to children. This includes the removal of items that a child can swallow. In addition,
12		loose nails or screws and splinters shall be removed on inside and outside equipment;
13	<u>(2)</u>	all corrosive agents, pesticides, bleaches, detergents, cleansers, polishes, any product [which] that
14		is under pressure in an aerosol dispenser, and any substance [which] that may be hazardous to a
15		child if ingested, inhaled, or handled shall be kept in its original container or in another labeled
16		container, used according to the manufacturer's [instructions] instructions, and stored in a locked
17		area when not in use. Locked areas shall include those [which] that are unlocked with a combination,
18		[electronic] electronic, or magnetic device, key, or equivalent locking device. Unlocking devices
19		shall be kept out of the reach of a child and shall not be stored in the lock. Toxic substances shall be
20		stored below or separate from medications and food. Any product not listed in this [Paragraph,]
21		Paragraph of this Rule, [which] that is labeled "keep out of reach of children" without any other
22		[warnings,] warnings shall be kept inaccessible to children when not in use, but is not required to
23		be kept in locked storage. The product shall be considered inaccessible to children when stored on
24		a shelf or in an unlocked cabinet that is mounted a minimum vertical distance of five feet above the
25		finished floor;
26	<u>(3)</u>	ensure potential [bio-contaminants] bio-contaminants are stored in locked areas, or removed from
27		the premises or otherwise inaccessible to children. [children, and disposed of appropriately;]
28		For purposes of this Rule, a "bio-contaminant" includes bodily fluids, soiled diapers and wipes, and
29		medical waste such as syringes;
30	(2) (4)	safely store equipment and supplies such as lawnmowers, lawn mowers, power tools, propane
31		stoves, gasoline, kerosene, or nails, nails so they are inaccessible to children;
32	(3) (5)	ensure that all stationary outdoor equipment is firmly anchored and is not installed over concrete or
33		asphalt. Footings which that anchor the equipment shall not be exposed;
34	(4) (6)	securely mount electric fans out of the reach of children or have a mesh guard on each fan;
35	(5) (7)	cover all electrical outlets not in use and remove old, eracked cracked, or frayed cords in occupied
36		outlets;

1	(6) (8)	ensure that, for appliances with heating elements, such as bottle warmers, crock pots, irons, coffee
2		pots, or curling irons, neither the appliance nor the any cord, if applicable, is accessible to preschool
3		children;
4	(7) (9)	have solid and safe indoor and outdoor stairs and steps if these are used by the children. Indoor and
5		outdoor stairs Stairs with more than two or more steps which that are used by the children shall be
6		railed. Indoor stairs with more than two steps shall be made inaccessible to children in care who
7		are two years old or younger; and
8	(8)	maintain any swimming pools or wading pools on the premises in a manner that will safeguard the
9		lives and health of the children. All swimming or wading pools used by children in care shall meet
10		the "Rules Governing Public Swimming Pools," in accordance with 15A NCAC 18A .2500 which
11		are hereby incorporated by reference including subsequent amendments. A copy of these Rules is
12		on file at the Division at the address given in Rule .0102 of this Chapter or may be obtained at no
13		cost by writing the North Carolina Division of Environmental Health, 1630 Mail Service Center,
14		Raleigh, NC 26799 1630;
15	(9)	enclose any in ground swimming pools by a fence at least four feet high to prevent chance access
16		by children. The swimming pool shall be separate from the play area. Access to the water in above
17		ground swimming pools shall be prevented by locking and securing the ladder in place or storing
18		the ladder in a place inaccessible to the children; and
19	(10)	safely store all combustible materials that may create a fire hazard.
20	(b) Prior to enro	llment of children in a family child care home, and before new animals that will be in the home come
21	into the family cl	hild care home, a parent of each child must sign a form acknowledging the type of animal and where
22	the animal will b	e during operating hours. This documentation shall be maintained in each child's file.
23		
24	History Note:	Authority G.S. 110-85; 110-88; 110-91(3),(4),(5),(6);
25		Eff. July 1, 1998;
26		Amended Eff. May 1, 2012; April 1, 2001;
27		Temporary Amendment Eff. September 23, 2016.

1	10A NCAC 09	.1721 is	amende	d <u>with changes</u> under temporary procedures as follows:
2				
3	10A NCAC 09	.1721	REC	QUIREMENTS FOR RECORDS
4	(a) The operato	r shall ma	uintain th	ne following health records for each enrolled child, including his or her own preschool
5	child(ren):			
6	(1)	a copy	of the cl	hild's health assessment as required by G.S. 110-91(1);
7	(2)	a copy	of the cl	hild's immunization record;
8	(3)	a healt	h and er	mergency information form an application for enrollment that includes information
9		set fort	<u>h in this</u>	Subparagraph of this Rule provided by the Division that is completed and signed by
10		a child	's parent	= parent, as defined in 10A NCAC 09 .0102. A copy of the form ean may be found
11		on the	Division	n's website at http://ncchildcare.nc.gov/pdf_forms/DCD-0377.pdf. The completed
12		form s	hall be c	on file the first day the child attends. An operator may use another form other than
13		the one	provide	ed by the Division, as long as the form includes the following information:
14		(A)	the ch	ild's name, address, and date of birth;
15		(B)	the na	mes of individuals to whom the child may be released;
16		(C)	the ge	neral status of the child's health;
17		(D)	any al	lergies or restrictions on the child's participation in activities with instructions from
18			the ch	ild's parent or physician;
19		(E)	the na	mes and phone numbers of persons to be contacted in an emergency situation;
20		(F)	the na	me and phone number of the child's physician and preferred hospital;
21		(G)	author	rization for the operator to seek emergency medical care in the parent's absence; and
22		<u>(A)</u>	<u>emerg</u>	gency medical information as set forth in Rule .1720(c) of this Section;
23		[(A)] <u>(I</u>	3) the ch	ild's full name and the name the child is to be called;
24		[(B)] <u>((</u>	the ch	ild's date of birth;
25		[(C)] <u>(I</u>	<mark>))</mark>	llergies, symptoms of and the type] allergies and the symptoms and type of response
26			requir	ed for allergic reactions;
27		[(D)] <u>(I</u>	<mark>∃)</mark> any he	ealth care needs or concerns, symptoms of and the type of response required for these
28			health	care needs or concerns;
29		[(E)] <u>(</u>	F) a com	pleted medical action plan shall be attached to the application for children with health
30			care r	needs such as allergies, [asthma] asthma, or other chronic conditions that require
31			specia	lized health services. The medical action plan shall be completed by the child's
32			parent	or a health care professional and include the following information:
33			<u>(i)</u>	a list of the child's [diagnosis/diagnoses,] diagnosis or diagnoses including
34				dietary, [environmental] environmental, and activity considerations that are
35				applicable;
36			<u>(ii)</u>	contact information for the health care professional(s);
37			<u>(iii)</u>	medications to be administered on a scheduled basis; and

1		(iv) medications to be administered on an emergency basis with [elearly stated si	igns,
2		symptoms, and instructions.	
3		The medical action plan shall be updated on an annual basis. Sample medical action	
4		plans may be found on the Division's website at	
5		http://ncchildcare.nc.gov/providers/pv_provideforms.asp.	
6		[(F)] (G) particular fears, fears or unique behavior characteristics that the child has:	
7		[(G)](H) the names of individuals to whom the operator may release the [child] as author	<u>rized</u>
8		by the person who signs the application:	
9		[(H)] (I) the names and phone numbers of persons to be contacted in an emergency situation;	
10		(H) (J) the name and phone number of the child's physician; and	
11		(J) (K) authorization for the operator to seek emergency medical care in the parent's absence	<u>.</u>
12	<u>(4)</u>	The operator shall:	
13		(A) only release a child only to an individual listed on the form;	
14		(B) have the information [provided in] required by Subparagraphs (3)(A) through (J) of	f this
15		[Rule,] Rule [readily] available and [easily] accessible to additional caregivers	and
16		substitute providers during the time the [ehildren are] child is in care; and	
17		(C) use the information provided on the form to ensure that each individual child's need	s are
18		met during the time the child is in [eare.] care; and	
19	(4) (5)	when medication is administered, authorization for the operator to administer the spe	cific
20		medication according to the parent's or physician's instructions.	
21	(b) The operator	r shall complete and maintain other records [which] that include:	
22	(1)	documentation of the operator's Emergency Preparedness and Response Plan on a template w	/hich
23		Frovided by the Division of Emergency Management at http://rmp.nc.gov/portal/#;	
24	(2)	documentation that monthly fire drills are practiced. The documentation shall include the date	each
25		drill is held, the time of day, the length of time taken to evacuate the home, and the operation	ator's
26		signature;	
27	(3)	incident reports that are completed each time a child receives medical treatment by a physician	1,
28		nurse, physician's assistant, nurse practitioner, community clinic, or local health department,	
29		department as a result of an incident occurring while the child is in the family child care home	
30		Each incident shall be reported on a form provided by the Division, signed by the operator and	I the
31		parent, and maintained in the child's file. The form shall contain the following information:	
32		(A) facility identifying information:	
33		(B) date and time of the incident;	
34		(C) witness to the incident:	
35		(D) time the parent is notified of the incident and by who;	
36		(E) Piece of equipment involved;	
37		(F) Cause of injury;	

1		(G) Type of injury;
2		(H) Body part injured;
3		(I) Where the child received medical treatment;
4		(J) Description of how and where the incident occurred and first aid received;
5		(K) Steps taken to prevent reoccurrence;
6		(L) Signature of staff member and date form completed; and
7		(M) Signature of parent and date.
8		A copy of the form can be found on the Division's website at
9		http://ncchildcare.nc.gov/pdf_forms/DCDEE-0058.pdf. A copy shall be mailed to the Division
10		within seven calendar days after the incident occurs;
11	(4)	an incident log which that is filled out any time an incident report is completed. This log shall be
12		cumulative and maintained in a separate file and shall be available for review by the Division. This
13		log shall be completed on a form supplied by the Division. A copy of the form can be found on the
14		Division's website at http://ncchildcare.nc.gov/pdf_forms/incident_log_i.pdf;
15	(5)	documentation that a monthly check for hazards on the outdoor play area is completed. This form
16		shall be supplied by the Division and shall be maintained in the family child care home for review
17		by the Division. The form shall include the following information:
18		(A) Name of facility, Time and date the form was completed;
19		(B) Signature of individual completing form;
20		(C) General inspection items;
21		(D) Surfacing:
22		(E) General hazard items; and
23		(F) Deterioration of equipment
24		For items on the checklist the operator has to check if pass or fail, if fail identify the problem and
25		solution. A copy of the form can be found of the Division's website at
26		http://ncchildcare.nc.gov/pdf_forms/fcch_outdoor_inspection_checklist.pdf;
27	(6)	Accurate daily attendance records for all children in care, including the operator's own preschool
28		children. The attendance record shall indicate the date and time of arrival and departure for each
29		child; and
30	(7)	documentation of lockdown or shelter-in-place drills giving the date each drill is held, the time of
31		day, the length of time taken to get into designated locations and the signature of the person who
32		conducted the drill.
33	(c) Written reco	ords shall be maintained as follows:
34	(1)	All children's records as required in Section .1700 of this Chapter, except medication permission
35		slips as required in Rule .1720(c)(13) of this Section, must be kept on file one year from the date
36		the child is no longer enrolled.

1	(2)	Additional caregiver records as required in <u>Section .1700 of</u> this Chapter shall be maintained on file				
2		one year from the employee's last date of employment.				
3	(3)	Current program records as required in this Chapter shall be maintained on file for as long as the				
4		license remains valid. Prior versions shall be maintained based on the time frame in the following				
5		charts:				
6		(A) A minimum of 30 days from the revision or replacement date:				
7						
			Record	Rule		
			Daily Schedule	.1718(7)		
			Infant Feeding Schedule	.1706(f)		
			SIDS Sleep Chart/Visual Check	.1724(8)		
8						
9		(B)	A minimum of one year from the revision	or replacement date:		
10						
			Record	Rule		
			Attendance	.1721(b)(6)		
			Emergency Numbers	.1720(a)(8)		
			Emergency Preparedness and Response	.1721(b)(1)		
			Plan			
			Field Trip/Transportation	.1723(1)		
			Permission			
			Fire Drill Log	.1721(b)(2)		
			Lockdown or Shelter-in-Place Drill Log	.1721(b)(7)		
			Incident Log	.1721(b)(4)		
			Playground Inspection	.1721(b)(5)		
			Pet Vaccinations	.1720(d)(10)		
11						
12	(4)	Well-v	water analysis, pool inspection and inspection	ons for local ordinances as referenced in Rules		
13		.1720(d)(1), .1719(7), <u>.1730(j),</u> and .1702(d) of this	s Section shall remain on file at the family child		
14		care h	ome for as long as the license remains valid.			
15	(5)	Record	ds may be maintained in a paper format or <mark>el</mark>	ectronically, electronically. except that records		
16		that require a signature of a staff person or parent shall be maintained in a paper format.				
17	(6)	All records required in this Chapter shall be available for review by the Division.				
18 19	History Note:	Author	rity G.S. 110-85; 110-88; 110-91(1),(9);			
20		Eff. Ju	ly 1, 1998;			

Amended Eff. July 1, 2015; July 1, 2010; July 1, 2008; April 1, 2003; April 1, 2001;

1	10A NCAC 09.	1726 is adopted <u>with changes</u> under temporary procedures as follows:	
2			
3	10A NCAC 09	1726 PREVENTION OF SHAKEN BABY SYNDROME AND ABUSIVE HEAD	
4		TRAUMA	
5	(a) The operator	of a family child care home licensed to care for children up to five years of age shall develop and	
6	adopt policies to	assist staff in preventing [prevent] shaken baby syndrome and abusive head trauma. For purposes of	
7	this Rule, "staff"	includes the operator, additional caregivers, substitute providers, and uncompensated providers. The	
8	policy shall inclu	de: [include but not be limited to:]	
9	(1)	[Recognizing, responding to, and reporting] How to recognize, respond to, and report the signs and	
10		symptoms of shaken baby syndrome and abusive head [trauma:] trauma. Signs and symptoms	
11		include: irritability, difficulty staying awake, difficulty breathing, inability to lift the head, seizures,	
12		lack of appetite, vomiting, and bruises;	
13	<u>(</u> 2)	Strategies to assist staff [themselves, additional caregivers, and substitute providers] in coping with	
14		a crying, fussing, or distraught child;	
15	<u>(3)</u>	Strategies to ensure staff members understand how to care for infants;	
16	[(3)] <u>(4)</u>	Strategies to ensure staff [that they, additional caregivers, and substitute providers] understand the	
17		brain development of children up to five years of age; [age and how to properly care for infants;]	
18	[(4)] <u>(5)</u>	A list of prohibited behaviors that staff [they, additional caregivers, and substitute providers] shall	
19		follow in order to care for children in a [safe] developmentally appropriate manner. Prohibited	
20		behaviors shall [include] include, but not be limited to, shaking a child, tossing a child into the air	
21		or into a crib, chair, or care seat, and pushing a child into walls, doors, and furniture; and	
22	[(5)] <u>(6)</u>	Resources to assist staff [themselves, additional caregivers, substitute providers,] and families in	
23		preventing shaken baby syndrome and abusive head trauma.	
24	(b) A copy of th	e policy shall be given and explained to the parents of children up to five years of age on or before	
25	the first day the	child receives care at the home. The parent shall sign a statement acknowledging the receipt and	
26	explanation of th	e policy. The acknowledgement shall contain the following:	
27	(1)	The child's name;	
28	(2)	The date the child first attended the home;	
29	(3)	The date the operator's policy was given and explained to the parent;	
30	(4)	The parent's name;	
31	(5)	The parent's signature; and	
32	(6)	The date the parent signed the acknowledgment.	
33	The [operator shall retain] operator shall obtain the parent's signature and the acknowledgement shall be kept in the		
34	child's file.		
35	(c) If an operato	r changes the policy at any time, the operator [must] shall give written notice of [such a] the change	
36	to the child's parent 14 days prior to the implementation of the new policy and the parent [must] shall sign a statement		

1	that attests that a copy of the new policy was given to and discussed with him or her. <u>The center shall obtain th</u>				
2	parent's signature and This this statement shall be kept in the child's file.				
3	(d) The operator shall review the policy with staff [additional caregivers and substitute providers] prior to the				
4	individual providing care to children. The acknowledgement of this review shall contain the following:				
5	(1) The individual's name;				
6	[(2)] [The date the individual began caring for children;]				
7	[(3)] (2) The date the operator's policy was given and explained to the individual;				
8	[(4)] (3) The individual's signature; and				
9	[(5)] (4) The date the individual signed the acknowledgment.				
10	The operator shall retain the acknowledgement in the [individual's] staff member's file.				
11	(e) If an operator changes the policy at any time, the operator shall review the revised policy with staff [additional entry of the content o				
12	caregivers, and substitute providers] 14 days prior to the implementation of the new policy. The individual shall sign				
13	a statement that attests that a copy of the new policy was given to and discussed with him or her. This statement shall				
14	be kept in the staff member's [individual's] file.				
15					
16	History Note: Authority G.S. 143B-168.3;				
17	Temporary Adoption Eff. September 23, 2016.				

10A NCAC 09 .1730 is adopted with changes under temporary procedures as follows: 1 2 3 10A NCAC 09 .1730 ACTIVITIES INVOLVING WATER 4 (a) The requirements in this Rule apply to [aquatic activities,] "aquatic activities," which are defined as activities that 5 take place in a body of water such as swimming, swimming instruction, wading, and visits to water parks. Aquatic 6 activities do not include water play activities such as water table play, slip and slide activities, or playing in sprinklers. 7 (b) Aquatic activities involving the following are prohibited: 8 (1) hot tubs; 9 (2) spas; 10 (3) saunas or steam rooms; 11 (4) portable wading pools; and 12 (5) natural bodies of [water,] water and other unfiltered, nondisinfected containments of water. 13 (c) When children enrolled in a family child care home participate in aquatic activities, there shall be at least one 14 person who has a life guard training certificate issued by the Red Cross or other training determined by the Division 15 to be equivalent to the Red Cross training, appropriate for both the type of body of water and type of aquatic 16 [activities.] activity. Verification of the operator's completion of this course from an approved training organization 17 shall be maintained in their personnel file in the family child care home. The Division shall post a list of approved 18 training organizations on its website at http://ncchildcare.nc.gov/providers/pv sn2 ov pd.asp. 19 (d) Children under the age of three shall not participate in aquatic activities [except,] except to the extent [necessary,] 20 necessary to implement any child's Individualized Family Service Plan (IFSP) or Individualized Education Program 21 (IEP). 22 (e) The family child care home operator shall be responsible for adequately supervising the aquatic activity for the 23 duration of the activity. [Adequate supervision] "Adequate supervision" means that the operator shall be able to hear, 24 see, and respond [quickly] to the children [who are in the water and children who are] whether in or out of the water. 25 (f) Prior to children participating in aquatic activities, the operator shall develop policies that address the following: 26 (1) aquatic safety hazards; 27 (2) pool and aquatic activity area [supervision] supervision, including restroom or changing room use; 28 (3) how discipline [is] will be handled during aquatic activities; 29 (4) the operator's specific field trip and transportation policies; and 30 (5) that children shall be directed to exit the water [in a prompt and orderly manner] during an 31 emergency. 32 (g) Parents must provide written permission for participation in aquatic activities. The written permission shall include 33 a statement that parents are aware of the operator's aquatic policies specified in Paragraph (f) of this Rule. The 34 operator shall maintain copies of written parental permission in each child's file.

(h) Any outdoor swimming pool [which is] located on the family child care home premises shall be enclosed by a

fence that is at least four feet high, [shall be] separated from the remaining outdoor play area by that fence, and [shall

be] locked and inaccessible to children when not in use.

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1 (i) Swimming pool safety rules shall be posted and [in a prominent place] visible to children and staff for any 2 swimming pool located on the child care facility premises. These rules shall state: 3 (1) the location of a first-aid kit; 4 (2) that only water toys are permitted; 5 (3) that children [shall] are not allowed to run or push one another; 6 (4) that swimming is allowed only when the operator is present; and 7 (5) that glass objects are not allowed. 8 (j) All swimming pools used by children in care shall meet the "Rules Governing Public Swimming Pools" in 9 accordance with 15A NCAC 18A .2500 which are incorporated by reference, including subsequent amendments. A 10 copy of these Rules can be found at http://ehs.ncpublichealth.com/docs/rules/294306-9-2500.pdf and is available at 11 no charge. [A copy of these Rules is on file with the Division of Child Development and Early Education, 820 South 12 Boylan Avenue, Raleigh, NC 27603, or may be obtained at no cost by writing the North Carolina Division of 13 Environmental Health, 1630 Mail Service Center, Raleigh, NC 27699 1630. 14 (k) Educational activities, such as observing tadpoles, exploring [mud, or learning about rocks and [vegetation,] 15 vegetation are permitted around bodies of water. However, if children will be in the water for any part of the activity, 16 Paragraphs (a) through (g) of this Rule shall apply. 17 (1) Boating, rafting, and canoeing activities are permitted. Prior to participating in recreational activities conducted 18 on the water, children shall wear an age or size appropriate personal floatation device approved by the United States 19 Coast Guard. This personal floatation device shall be worn for the duration of the activity. 20 21 History Note: Authority G.S. 110-88; 110-91(1), (3), (6); 143B-168.3; 22 Temporary Adoption Eff. September 23, 2016.

1	10A NCAC 09	.1731 is adopted <u>with changes</u> under temporary procedures as follows:			
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3	10A NCAC 09	.1731 ADDITIONAL HEALTH AND SAFETY TRAINING REQUIREMENTS			
4	(a) Child care operators, additional caregivers, and substitute providers shall complete health and safety training				
5	offered by the Division no later than June 30, 2017.				
6	(b) The training [must] shall include the following topic areas:				
7	(1)	(1) Prevention and control of infectious diseases, including immunization;			
8	(2)	Administration of medication, [eonsistent] with standards for parental consent;			
9	(3)	Prevention of and response to emergencies due to food and allergic reactions;			
10	(4)	Building and physical premises safety, including identification of and protection from hazards that			
11		can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic;			
12	(5)	Emergency preparedness and response planning for emergencies resulting from a natural disaster,			
13		or a man-caused event;			
14	(6)	Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;			
15	(7)	Precautions in transporting children if applicable;			
16	(8)	Prevention of shaken baby syndrome and abusive head trauma;			
17	(9)	CPR and First Aid training as required in Rule .1705 of this Section. [and] Verification of the			
18		operator's completion of this course from an approved training organization shall be maintained in			
19		their personnel file in the family child care home. The Division shall post a list of approved			
20		training organizations on its website at http://ncchildcare.nc.gov/providers/pv_sn2_ov_pd.asp;			
21	(10)	Recognizing and Responding to Suspicions of Child Maltreatment as required in Rule .1705(b)(10)			
22		of this [Section.] Section; and			
23	<u>(11)</u>	Prevention of sudden infant death syndrome and use of safe sleeping practices.			
24	(c) Training hours accrued for the completion of this requirement [may] shall count toward in-service training.				
25	However, child care operators, additional caregivers, and substitute providers must complete the health and safety				
26	training even if the number of hours accrued exceeds required in-service training, as specified in Rule .1705(b)(5) of				
27	this Section.				
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29	History Note:	Authority G.S. 110-88; 110-91(11); 143B-168.3;			
30	*	Temporary Adoption Eff. September 23, 2016.			