



Child Development
and Early Education
HEALTH AND HUMAN SERVICES

Pat McCrory
Governor

Richard O.
Brajer
Secretary

Pamela L. Shue
Director

September 14, 2016

TO: Amber May, J.D., Rules Review Commission

FROM: Glenda Weinert, Chair, North Carolina Child Care Commission *Glenda P. Weinert*
Dedra Alston, Rule-Making Coordinator, DHHS/DCDEE *DA*

SUBJECT: Administrative Rules Waiver Request

In accordance with N.C.G.S. § 150B-21.1(a2), the North Carolina Child Care Commission and the North Carolina Division of Child Development and Early Education hereby request a waiver from the 210 day limitation found in N.C.G.S. § 150B-21.1(a1). The waiver request covers the following temporary rules:

10A NCAC 09 .0604, .0608, .0705, .0706, .0707, .0801, .1701, .1702, .1705, .1719, .1721, .1726, .1730 and .1731

The following sections address the statutory requirements for requesting a waiver.

Degree of Public Benefit

- The State of North Carolina receives approximately \$191 million annually from the Child Care Development Fund (CCDF) pursuant to The Child Care Block Development Grant Act of 1990 (CCDBG). CCDF funds a portion of the Subsidized Child Care Program, which permits more than 120,000 children from disadvantaged families to attend quality child care facilities and little or no cost to parents.
- CCDF monies will also be used to assist the State of North Carolina in promoting family engagement, better serve homeless families, and ensure that unemployed



Notice to and Opposition by the Public

- The public was given notice and an opportunity to be heard at a public hearing or submit written comments. Those comments are attached as Exhibit B hereto.
- The public has largely been supportive of the changes required. The North Carolina Child Care Commission considered the comments and has made changes to clarify language.

Need for Waiver

- Waiver is necessary in order to ensure that the State of North Carolina receives this large and important grant. Without waiver, North Carolina will not be in compliance with federal directives given in conjunction with the CCDBG Act and this \$191 million a year funding source will be at risk.
- The children of North Carolina, and especially children whose families cannot afford to send them to quality child care, will be at greater risk without the health, safety, and training requirements contained in these temporary rules.

Previous Waiver Requests Submitted by the Agency

- DCDEE is unaware of any other past instance in which it requested a waiver of the 210 day requirement.

<h1>ACF</h1>	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
Administration for Children and Families	1. Log No: CCDF-ACF-PI-2015-09	2. Issuance Date: December 17, 2015
	3. Originating Office: Office of Child Care (OCC)	
	4. Key Words: Child Care and Development Fund (CCDF) FY 2016-2018 Plan Extension, Child Care and Development Block Grant (CCDBG) Act	

PROGRAM INSTRUCTION

To: State and Territorial Lead Agencies administering the Child Care and Development Fund (CCDF) program, as amended, and other interested parties.

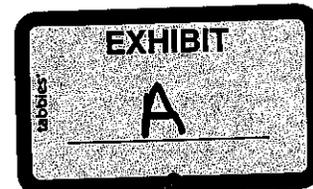
Subject: This Program Instruction (PI) transmits the Final State/Territory Plan Preprint (ACF-118) for the Child Care and Development Fund (CCDF) program for Fiscal Year 2016-2018 triennium, and provides guidance for submitting the Plan. This Plan is required by section 658E of the CCDBG Act.

References: The Child Care and Development Block Grant (CCDBG) Act (42 U.S.C. § 9858 *et seq.*), as amended by the CCDBG Act of 2014 (Pub. L. 113-186); section 418 of the Social Security Act (42 U.S.C. § 618); 45 CFR Parts 98 and 99; 63 FR 39936-39998.

Purpose: The CCDF Plan Preprint serves as the Lead Agency's application for CCDF funds by providing a description of how the program will be administered in accordance with CCDF rules and regulation to provide high-quality child care services to eligible families. Plans will be effective from June 1, 2016, through September 30, 2018. The State and Territory deadline for the submission of the Plan was extended from July 1, 2015, to March 1, 2016; however, the extension did not extend the 3-year period of the Plan, nor did it change the effective dates for statutory reauthorization provisions, published in Program Instruction CCDF-ACF-PI-2015-02, dated January 9, 2015.

Background: The Plan has been revised to incorporate the changes made in the CCDBG Act of 2014 (the Act), which was signed into law by President Obama on November 19, 2014. The Act made expansive changes to protect the health and safety of children in child care, promote continuity of access to subsidy for low-income families, better inform parents and the general public about the child care choices available to them, and improve the overall quality of early learning and afterschool programs.

The Office of Child Care (OCC) will determine compliance with requirements in the Act through submission and approval of the FY 2016-2018 CCDF Plans, onsite monitoring visits, audit reviews, and other appropriate means.



Since enactment of the Act, ACF has convened a number of listening sessions with States and local and national organizations across the country; responded to questions regarding the Act, including requests for clarification and additional guidance, and also received public comments on the Plan Preprint through three separate Federal Register public comment periods published on January 30, May 27, and September 24, 2015. Careful consideration was given to all comments and the final Plan Preprint has been revised to reflect the comments as appropriate.

Guidance: Lead Agencies' Responsibilities: Section 658D(b)(1)(A) of the reauthorized CCDBG Act requires the Lead Agency to “administer, directly or through other State governmental or non-governmental agencies...” the funds received. The regulations at 45 CFR 98.11 provide that, in addition to retaining overall responsibility for the administration of the program, the Lead Agency must also (among other things) promulgate all rules and regulations of the CCDF program; ensure compliance with the approved Plan and all Federal requirements; oversee the expenditure of funds by subgrantees and contractors; and ensure that any local or non-governmental entities through which the State administers the program operate according to the rules established for the CCDF.

Plan Submission: States and Territories must submit their FY 2016-2018 Plans to the Administration for Children and Families (ACF) by the March 1, 2016, deadline. The State and Territory CCDF Plan Preprint (ACF-118) is included as Attachment A for reference purposes only. Lead Agencies will continue to use the online submission tool via the web to submit the Plan to ACF. While this Program Instruction provides brief guidance and clarification in a few areas, the electronic submission (“e-submission”) process has allowed ACF to embed more guidance and definitions directly into the Plan Preprint document and in the e-submission site.

Lead Agencies should consult Program Instruction CCDF-ACF-PI-2015-04, dated April 10, 2015, for specific requirements related to the Market Rate Survey or Alternative Methodology; Public Hearing; and the new statutory consultation and coordination requirements.

Effective Dates: The Act specifies particular dates when certain provisions are effective. Below are provisions where specific effective dates are specified:

- Monitoring requirements, including requirements for annual inspections of CCDF providers (under section 658E(c)(2)(K) of the Act) must be in place by November 19, 2016. All child care providers eligible to provide CCDF services as of November 19, 2016, must receive their annual inspection no later than November 19, 2017 (and at least annually thereafter).
- Requirements for posting results of monitoring and inspection reports must be in place, and the results must actually be posted, no later than November 19, 2017, or one year after monitoring requirements are in place, whichever is earlier.
- Criminal background check requirements (658H) must be in place and implemented by September 30, 2017. The Act specifies that all new and existing child care staff must receive background checks by this date.

Where the Act does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016, to implement the new statutory requirement(s). For example:

- States and Territories must have eligibility requirements in place consistent with the Act, including minimum 12-month eligibility, that apply to all new eligibility determinations and re-determinations occurring after this date.
- States and Territories must have health and safety training requirements (658(c)(2)(I)) and training and professional development requirements (658(c)(2)(G)) in place by September 30, 2016. This means that all new and existing caregivers and teachers must meet these training requirements by this date.

Implementation Plans and Plan Amendments: ACF has determined when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission (March 1, 2016), the Lead Agency must provide a specific implementation plan for achieving compliance with the provision of the Act. If a State or Territory is not going to be in compliance with one or more provisions by the deadline required in the Act, then the State/Territory must request a temporary extension/waiver as well as complete an implementation plan (see guidance below for temporary extension/waiver requests).

The implementation plan must provide sufficient information to support approval of the Plan for funding and include the following as outlined in the State/Territory Plan:

- overall target completion date (no later than the appropriate effective date deadline);
- current status for any requirement;
- specific steps (activities) that will be taken to complete the implementation of the unmet requirement;
- timeline for implementation, including start date and end date; and
- agency and partners responsible for completing implementation of the activities.

ACF will work with States and Territories to monitor progress towards achievement of the new requirements and will conduct ongoing reviews of implementation of plans until fulfillment of the requirement. Once the requirement(s) has been met, the Lead Agency must submit a Plan amendment to ACF for approval through the e-submission site. Lead Agencies are reminded that any “substantial” change to their approved Plan requires ACF approval via a Plan amendment. Plan amendments must be submitted to ACF for approval within 60 days of the effective date.

- **Written Extension/Waiver Request:** The Act requires that State and Territories submit waiver requests to ACF in writing. The written request will:
 - detail each sanction or provision that the State seeks relief from;

- describe how a waiver from that sanction or provision will, by itself, improve the delivery of child care services for children in the State/Territory;
- certify that the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver; and
- describe one or more conflicting or duplicative requirement(s) preventing the effective delivery of child care services to justify the waiver; extraordinary circumstances, such as a natural disaster or financial crisis; or an extended period of time for a State legislature to enact legislation to implement the provision of the Act.

Failure to include the required information could result in the disapproval of the request. Waiver requests to ACF must be submitted by the designated official authorized to act on behalf of the Lead Agency. ACF must respond to the State/Territory within 90 days after the receipt of the request.

- **Consideration for Extension/Waiver Approval:** Section 658I(c) of the reauthorized CCDBG Act allows ACF to waive provisions or penalties up to 3 years (with an option of a 1-year extension) under certain limited circumstances. The Act only allows for temporary extensions to give States additional time to come into compliance with Federal CCDF requirements. The Act does not give authority for permanent waivers. The consideration for approval will be based on whether:
 - such circumstances included in the request prevent the State/Territory from complying with any statutory requirements;
 - the waiver will, by itself, contribute to or enhance the State's ability to carry out the purposes of CCDF; and
 - the waiver will not contribute to inconsistency with the objectives of the Act.

- **Timeline for Submission of Extension/Waiver:** Waiver requests should be addressed to the Director, Office of Child Care, Administration for Children and Families, and uploaded electronically through the ACF-118 electronic submission site. All requests should include a copy to the respective OCC Regional Program Manager. Waiver requests for requirements that must be met in calendar year 2016 must be included as part of the Plan review and approval process and therefore must be submitted by March 1, 2016. Waiver requests for requirements due in 2017 may be submitted at a later date, but no later than 90 days before the effective date of the requirement. However, States and Territories must still submit complete implementation plans in the Preprint for any requirements due in 2017. The timelines and activities in the implementation plans for the later date requirements should reflect as much accuracy as possible based on the availability or knowledge of information at the time of submission.

Technical Assistance:

ACF will continue to provide technical assistance through various approaches at the national level and through the ACF Regional Offices to support States and Territories in meeting and implementing the requirements of the Act. ACF will engage the technical assistance centers and specialists to support the ongoing delivery of technical assistance to meet specific needs and requests. ACF has compiled resources on reauthorization topics and cross-walked those topics with major CCDF Plan sections. The collection of resources can be found at <https://childcareta.acf.hhs.gov/ccdf-reauthorization>. As additional resources are developed, they will be added to the site and will be flagged as new. Also, Better Kid Care, administered by Pennsylvania State University, offers on-line training courses, including topics for training required or recommended by the Act. These training courses are located at <http://extension.psu.edu/youth/betterkidcare/early-care/ccdbg>.

Questions:

Please direct inquiries to the Child Care Program Manager in the appropriate ACF Regional Office or e-mail inquiries to ccdf.reauthorization@acf.hhs.gov.

Attachment:

FY 2016 – 2018 Plan Preprint
Program Instruction (Key Statutory Required Implementation Dates) CCDF-ACF-PI-2015-02

Rachel Schumacher
Director
Office of Child Care

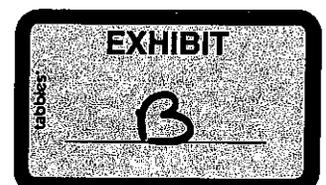
Comments Received for CCDBG Temporary Rules

The NC Child Care Commission proposed temporary rules to meet the requirements of the Child Care and Development Block Grant (CCDBG) Act of 2014. These requirements are needed in order to maintain federal funding for families with children in child care.

Rules: 10A NCAC 09 .0604, .0608, .0703-.0707, .0801, .1701, .1702, .1705, .1719, .1721, .1726, .1730, and .1731

Public Hearing Held: August 9, 2016

Comment Period: August 2 - August 25, 2016



Alston, Dedra

From: Amanda Lambert <Amanda.Lambert@transylvaniacounty.org>
Sent: Monday, August 15, 2016 9:39 AM
To: Alston, Dedra
Subject: DCDEE rule changes

Ms Alston,

I am writing this in support of leaving all the training rules they way that they are. As a CCHC, I find that many times the online trainings are not comprehended as well as face to face. My concern with doing medication administration, Emergency Preparedness, etc online is that there is no one to make sure learning competencies are met and check return demonstrations. This is a safety concern for our children. I urge you to please leave all trainings as they currently are and not use online training at this time.

Amanda Lambert, RN
Transylvania Co CCHC

Alston, Dedra

From: Kim Ward <kim@pfdlg.com>
Sent: Monday, August 15, 2016 3:18 PM
To: Alston, Dedra
Subject: New Rule Proposals Regarding Online Training for Child Care Providers

Dear Ms. Alston,

I am a former child care provider and now a Technical Assistant with the Lincoln/Gaston County Partnership for Children. I am writing you to voice my concern over the proposed changes and inclusion of online training for child care providers.

While I do believe that online training has merit and can be convenient and valuable. I am also aware that sometimes convenience comes with a price. I don't want the children of North Carolina to pay that price.

Trainings for child care providers were put in place for a reason. One of those reasons being our workforce caring for children will gain knowledge and enhanced skills to care for and educate our future citizens. Online trainings take self-discipline and I see the potential for some caregivers not fully engaged with the subject matter, thus not learning important skills needed for the care of young children.

Below are specific bullet points regarding but not limited to all of the trainings offered to providers. Please consider allowing continued face to face training with skilled professionals.

Thank You,
Kimberly Ward
Technical Assistant
Lincoln/Gaston Counties
704-922-0900

Bullet Points to consider:

Referring to training: .0706 (Centers) .1731 (Homes) Health and Safety Training Requirements

1. Addressing the proposal to have a 2 hour, online medication administration training:

§ Anyone who administers medication to a child in the child care setting should be required to take an in-person medication administration training with a skills based sign-off to show proficiency.

§ The in-person training should involve a trained health professional, preferably a Child Care Health Consultant, who can observe the individual's medication administration skills.

§ At least one person who has received this additional training should be on-site at the child care all times.

§ A two hour, online training is not sufficient to safely and adequately administer either basic or emergency medication to a child, nor will it get in-person feedback on medication administration skills.

2. General comments based on moving the trainings online:

§ Any training should include North Carolina specific rules and address the actual violations occurring in North Carolina Child Care facilities.

§ If an Early Childhood Educator has already taken a comparable training through from a field based training provider, college class, or other source that an equivalency will be accepted so they don't have to do repeat training.

§ We ask that DCDEE collaborate with the Child Care Health Consultant network so CCHCs, can support and facilitate whenever possible, these online trainings and be knowledgeable to answer content-specific questions in the field.

Alston, Dedra

From: Booth-Mills, Megan <MBooth@vidanthealth.com>
Sent: Monday, August 15, 2016 4:53 PM
To: Alston, Dedra
Subject: Mandatory online training for early childhood educators

Hi Ms. Alston,

I hope this email finds you well! I serve on the Chowan Leadership Team for early childhood education and I heard about the DCDEE recommendation that all early childhood educators be required to complete certain state-mandated trainings using online modules. Online modules have many benefits, including being less expensive, user driven and easy to track and verify.

I think this would be a great step forward for some health and safety modules, but perhaps not all health and safety content is appropriately taught in this fashion. For example, identifying physical and building hazards might be a good module topic, but something like medication administration would be better taught through face-to-face contact.

Additionally, I live in eastern North Carolina in Chowan County. Outside town limits, internet access is spotty as we do not have broadband available everywhere. This makes it difficult to complete tasks as simple as online shopping, much less reading a module then being tested on the content. I worry that requiring online modules will place a significant burden on early childhood educators in Chowan County.

I urge the rulemaking committee to take these items into consideration before making a final ruling on this recommendation. Thank you for your time!

Megan S. Booth-Mills, FACHE
Office: 252-482-1779
Cell: 252-339-6390

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Alston, Dedra

From: Julie Privott <jdprivott@ecps.k12.nc.us>
Sent: Monday, August 15, 2016 9:07 PM
To: Alston, Dedra
Subject: online training

I am a teacher at White Oak Elementary in Edenton. I have read that online trainings will be the only method to receive some of the mandatory trainings. In our area this is a real problem. My own assistant does not have internet at home and there is really not time for her to take an online class or training while at work. Not sure the best solution to this issue but wanted to make sure you and others were aware of the problems this creates for rural areas.

Thanks,
Julie Privott

--
Julie Privott
PreK teacher
White Oak Elementary

Alston, Dedra

From: Amy.Petersen@wakegov.com
Sent: Wednesday, August 17, 2016 2:45 PM
To: Alston, Dedra
Subject: Proposed rule changes re: .0706 (Centers) .1731 (Homes) Health and Safety Training Requirements

Hello Ms. Alston,

I am writing to you in regards to the proposed rules changes re: .0706 (Centers) .1731 (Homes) Health and Safety Training Requirements.

As a Nurse and Child Care Health Consultant working in Wake County, I have the opportunity to work with child care providers on a daily basis in the child care settings, whether it be homes or centers. As a health and safety resource I provide training and technical assistance to the child care providers, as well as working with families of children with chronic illnesses.

I believe that offering the medication training online presents a safety concern. Wake County Public School nurses are required to give in person trainings to staff members who will be administering medications in public schools. Why would this not be the standard for our youngest students?

I am writing to ask the DCDEE and the Child Care Commission to please consider the following points as they make the final decision about these very important rules.

****Anyone who administers medication to a child in the child care setting should be required to take an in-person medication administration training with a skills based sign-off to show proficiency.**

****The in-person training should involve a licensed health professional, preferably a Child Care Health Consultant, if one is available in their county, or a nurse from a local health department. This will allow the trainer to observe the individual's medication administration skills.**

****At least one person who has received this additional training should be on-site at the child care all times.**

It is my belief that a two hour, online training is not sufficient to safely and adequately administer either basic or emergency medication to a child. nor will it give the in-person feedback on medication administration skills. We want to ensure that when asking child care providers to administer medications to young children that they are adequately and properly trained to ensure that every child is safe. One mistake is too many.

Thank you for your consideration in this matter.

Amy Petersen, RN, BSN
Child Care Health Consultant
919-795-2234
amy.petersen@wakegov.com

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August 23, 2016

NC Child Care Commission
2201 Mail Service Center
Raleigh, NC 27699-2200

Dear Child Care Commission,

The North Carolina Partnership for Children (NCP) supports North Carolina's proposed Health and Safety Training Requirement rules drafted in response to CCDBG legislation requiring states to establish educational, health, and safety standards in 10 specific areas for child care providers that receive CCDF funding.

As CCDBG gives states discretion to determine the specific number of pre-service and ongoing training hours child care providers must complete, NCP would encourage the NC Child Care Commission and the Division to consider implementing these trainings in a way that supports not only increase in knowledge, but development of skills that support best practice in protecting the health and safety of children in child care.

We understand the Division is considering offering the following trainings to providers in an on-line format:

1. Prevention and control of infectious diseases, including immunization;
2. Administration of medication, consistent with standards for parental consent;
3. Prevention of and response to emergencies due to food and allergic reactions;
4. 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;
5. Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man caused event;
6. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;
7. Precautions in transporting children if applicable;
8. Prevention of shaken baby syndrome and abusive head trauma;
9. CPR and First Aid training as required in Subparagraphs .0705(b) and (d) of this Section; and
10. Recognizing and Responding to Suspicions of Child Maltreatment

Aside from ensuring on-line training is cost effective and the technology accessible for all providers, we would recommend consideration be given to:

- Any training should include North Carolina specific rules and address common violations occurring in North Carolina Child Care facilities.
- As making an error when administering medication has the potential for harm to a child, we would recommend the on-line Medication Administration is combined with on-site training and technical assistance to assess staff understanding and skill proficiency.

The North Carolina Partnership for Children

1100 Wake Forest Road, Raleigh, NC 27604 – info@smartstart.org – 919.821.7999 – fax: 919.821.8050

www.smartstart.org /smartstart @ncsmartstart /ncsmartstart

- The Medication Administration on-site training and technical assistance should involve a licensed health professional, when available, a Child Care Health Consultant, to observe the individual's medication administration skills.
- We ask that DCDEE collaborate with the NC Child Care Health and Safety Resource Center to assure technical assistance providers providing health and safety related consultation can support and facilitate these online trainings and be knowledgeable to answer content-specific questions in the field.

Caring for Our Children (published by APHA/AAP/National Resource Center for Health and Safety in Child Care and Early Education), the American Academy of Pediatrics, and Head Start all require a similar requirement to their medication administration trainings:

- **Caring for Our Children: National Health and Safety Performance Standards 3.6.3.3:** "Any caregiver/teacher who administers medication should complete a standardized training course that includes skill and competency assessment in medication administration. The trainer in medication administration should be a licensed health professional. At a minimum, skill in competency should be monitored annually or whenever medication administration error occurs."
- **America Academy of Pediatrics:** Medication Administration In Child Care Observation Checklist available at www.ecels-healthychildcarepa.org/tools/checklists/Item/483-medication-administration-observation-checklist?highlight=WyJjaGVja2xpc3QjXQ==
- **Head Start Program Performance Standards 1304.22(c):**
 - (2) a trained staff member(s) or school nurse to administer, handle and store child medications;
 - (6) Ensure that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication

Sincerely,



Cindy Watkins, President, The North Carolina Partnership for Children, Inc.

Alston, Dedra

From: Cindy Evans <cindy.evans@arhs-nc.org>
Sent: Monday, August 22, 2016 9:14 AM
To: Alston, Dedra
Cc: Cindy Evans
Subject: Child Care Commission Proposed Rule

Debra,

The proposal to make early educators' pre-service/orientation trainings ONLINE could create hardships and barriers for child care agencies/individuals affected.

Internet connection and service in rural northeastern North Carolina is not consistently dependable and service providers are limited. If one does have internet, it might not support or accommodate the training program, (downloads, uploads, etc.) with acceptable response time.

Also, consider the increased expense to facility overhead if internet capability is added or service updated, if that is even possible.

In-person trainings keep the human connection viable. We have the innate need to connect with other people beyond technology. In-person trainings provide opportunities for relationships to be established, networking between peers and professionals, and opens/maintains lines of communication between child care providers and state agencies.

Has anyone given childcare providers an opportunity to provide their insight as to pros and cons of online trainings before making a proposed rule? They are the ones who will be most affected.

Who would benefit the most from online trainings? What might be cost effective for one could be a financial hardship for another. Technology (online) might improve the efficiency of data collection and reporting for one but might increase anxiety, frustration, and confusion for the other.

Why not give training options: in-person or online?

What effects the child care providers effects families.

Thank you for the opportunity to submit my concerns regarding the proposed rule.

Cindy

**Cindy Evans, MAEd Science
Triple P Specialist
Albemarle Regional Health Services
Bertie County Health Department
102 Rhodes Ave.
Windsor, NC 27983
Office: 252-794-6225
Cell: 252-506-3609
Fax: 252-794-5321
cindy.evans@arhs-nc.org**



The Chowan/Perquimans Smart Start Partnership
409 Old Hertford Rd., Edenton, NC 27932
ph. 252-482-3035 website: www.cp-smartstart.org
email: snixon.cpssp@gmail.com

To: Dedra Alston, Rulemaking Coordinator, NC Division of Child Development and Early Education

Dedra.Alston@dhhs.nc.gov

From: Susan Nixon, Executive Director

Date: August 22, 2016

Re: Proposed Changes to Child Care Rules in NC

The proposal to make early educators' pre-service/orientation trainings online could create hardships and barriers for child care agencies/individuals affected.

Internet connection and service in rural northeastern North Carolina is not consistently dependable and service providers are limited. If one does have internet, it might not support or accommodate the training program, (downloads, uploads, etc.) with acceptable response time.

Also, consider the increased expense to facility overhead if internet capability is added or service updated, if that is even possible.

In-person trainings keep the human connection viable. We have the innate need to connect with other people beyond technology. In-person trainings provide opportunities for relationships to be established, networking between peers and professionals, and opens/maintains lines of communication between child care providers and state agencies.

Please consider who will benefit the most from online trainings? What might be cost effective for one could be a financial hardship for another. Offering online training only, may increase anxiety, frustration, and confusion for some providers, especially those who are not computer savvy.

Please consider giving individual agencies the option of providing training in-person. Perhaps you could consider offering child care providers the option of completing training online, or in-person.

Alston, Dedra

From: Juliana Whitaker <jwhitaker@lincolncounty.org>
Sent: Wednesday, August 24, 2016 1:34 PM
To: Alston, Dedra
Subject: Proposed Child Care Rules

Hi,

I have worked with child cares for the past 6 years as a Child Care Health Consultant. From my experiences working with child care providers, I believe that the proposed rule changes referring to online health and safety trainings be reconsidered. In person trainings with interaction and on the spot feedback works best for health and safety topics. Online trainings are often done while multitasking, or in pieces, health and safety is too important for this, and providers need to be 100% focused on these topics.

Referring to training: **.0706 (Centers) .1731 (Homes) Health and Safety Training Requirements**

1. Addressing the proposal to have a 2 hour, online medication administration training:

§ Anyone who administers medication to a child in the child care setting should be required to take an in-person medication administration training with a skills based sign-off to show proficiency.

§ The in-person training should involve a health professional, preferably a Child Care Health Consultant, to observe the individual's medication administration skills.

§ At least one person who has received this additional training should be on-site at the child care all times.

§ A two hour, online training is not sufficient to safely and adequately administer either basic or emergency medication to a child, nor will it get in-person feedback on medication administration skills.

2. General comments based on moving the trainings online:

§ Any training should include North Carolina specific rules and address the actual violations occurring in North Carolina Child Care facilities.

§ If an Early Childhood Educator has already taken a comparable training through from a field based training provider, college class, or other source that an equivalency will be accepted so they don't have to do repeat training.

§ We ask that DCDEE collaborate with the Child Care Health Consultant network so CCHCs, can support and facilitate whenever possible, these online trainings and be knowledgeable to answer content-specific questions in the field.

Thank you for your consideration on this.

Juliana Whitaker
Child Care Health Consultant
Safe Kids Lincoln County Coordinator
Lincoln County Health Department
151 Sigmon Road
Lincolnton, NC 28092
Office (704) 732-3952

Alston, Dedra

From: Sarah Williams. <swilliams@smartstart.org>
Sent: Wednesday, August 24, 2016 3:57 PM
To: Alston, Dedra
Subject: Child Care Commission Proposed Changes to Child Care Provider Training

Dedra,

I am writing to you to express concern of the proposed ONLINE-only trainings for child care providers:

Chowan County is one of many rural, economically stressed counties that this proposal would create immense barriers for our child care providers. Internet connection and service in rural northeastern NC is not consistently dependable and our choice of providers is extremely limited. At my home, I am only able to have internet through satellite and the speed is not up-to-par for loading videos or even sometimes trying to send emails (it can take up to 10 minutes to send a reply). Therefore, training modules may not be able to down- or up-loaded and may incur many glitches that result in freezing and the loss of work done. It can be very frustrating to try to use the internet unless within the town limits of the county seat of Edenton. Some of the child care providers may not own internet-connected computers due to the high cost of internet service and problems with that service.

If trainings were to be delivered ONLINE only, the barriers to meet those training requirements might cause facilities to lose their licensing through inability to be able to comply.

With the work that I have been doing in Chowan County and the ABLe Change framework, we are strong believers in surveying the population that we are providing services to. That being said, have the child care providers been asked their thoughts of making the trainings ONLINE only, as they are the ones who will have to comply with these changes?

In the rural Tier 1 counties, what affects the service agencies affects the families much harder as we have so few resources available to us.

Please reconsider this proposal for the sake of our child care providers and the children and families that they serve.

Thank you,

Sarah C. Williams
Chowan County Implementation Coach
252.482.3035



Smart Start

Each Child. Every Community.

Chowan/Perquimans Smart Start Partnership
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North Carolina Child Care Health and Safety Resource Center

1928 Mail Service Center, Raleigh, NC 27699-1928

Tel. 1-800-367-2229 Fax 919-870-4880

www.healthychildcarenc.org

8/25/2016

MEMO

TO: The North Carolina Child Care Commission

FROM: **Tamar Ringel-Kulka, MD, MPH, Director, NC Child Care Health and Safety Resource Center**
Assistant Professor, Maternal and Child Health
UNC Gillings School of Global Public Health, UNC Chapel Hill

Jacqueline Simmons, MsPH, Coordinator, NC Child Care Health and Safety Resource Center

Sharon Brown, PhD, MPH, MN, CCHC, Eastern CCHC Regional Coach

Mary Cleary, MPH, Training Specialist

Jeannie Reardon, MPH, CCHC, CCHC Course Instructor

Rhonda Rambeaut, RN, CCHC, Central CCHC Regional Coach

Theresa Stenersen, BSN, RN, CCHC, Western CCHC Regional Coach

SUBJECT: Proposed Temporary Rulemaking by the Child Care Commission

The NC Child Care Health and Safety Resource Center, a project of the Department of Maternal and Child Health, UNC Gillings School of Global Public Health, has worked collaboratively with the Division of Child Development and Early Education for more than twenty years to promote safe and healthy environments for children in child care settings.

The NC Resource Center provides health and safety trainings to a network of more than 55 Child Care Health Consultants (CCHCs) across North Carolina. In addition to training, the Resource Center works with CCHCs to teach and implement best practices in health and safety, to provide technical assistance and support to facilities so they consistently meet regulatory requirements, and to conduct one-on-one coaching to achieve positive behavior change and assure that facilities are effectively addressing the unique needs of each child served.

In response to the proposed changes to rules **.0706** and **.1731 Health and Safety Training Requirements**, the NC Resource Center recommends that:

- Trainings address and include reference to North Carolina specific rules and regulations.
- New trainings include a plan for evaluation to determine fidelity, reliability, behavior change, and overall impact.
- An equivalency be accepted in lieu of additional, redundant training if an Early Childhood Educator has already taken a comparable training from a field-based training provider, college class, or other source.
- Providing technical assistance or alternative learning opportunities to anyone not technologically proficient, has not conducted online trainings before, has a communication disability (such as low vision), or has a language barrier that would prevent them from accessing these online trainings.
- Medication Administration training be conducted with in-person, hands-on practice opportunities, feedback, and competency assessment included in the course design.
 - At least one person who has received the in-person training be required to be on-site at a facility during all hours of operation.

- For administration of any medication not covered in the medication training, require a health consultant or other health professional to provide and document additional training and ongoing supervision.
- Trainings incorporate and respond to reported medication administration violations in North Carolina.

The Resource Center believes that certain information regarding administering medication can be sufficiently attained through standardized, online training (such as understanding expiration dates, or how to properly store a medicine), however, there are components to medication administration that require a skills-based, hands-on training under the supervision and teaching of a licensed health professional, preferably a Child Care Health Consultant. A trainee's medication administration competency must be observed to ensure that all steps have been adequately mastered. Participants also need to be able to ask questions and receive answers and feedback on the steps involved in safe administration of medication.

The NC Resource Center currently offers an in-person training, *Medication Administration in Child Care Train-the-Trainer*. This five hour course includes opportunities to learn core principles involved in administering medication in early care and education settings and also features hands-on practice, observation, and feedback. CCHCs train child care providers, insuring that each participant has mastered the knowledge and skills necessary for accurate and safe administration of medication to children. The curriculum was developed by a team of doctors, researchers, and registered nurses with early childhood background and expertise in adult education principles. It was produced by the University of North Carolina at Chapel Hill with support from the NC Division of Child Development and Early Education in 2006 and updated in 2014. The course prepares early childhood educators how to:

- Identify, measure, store and dispose of medication
- Practice administering medication
- Design a system for ensuring correct medication administration
- Develop a medication administration policy
- Develop teams of early educators/directors, health care professionals, and parent/guardians to ensure the safe administration of medication to children in early care and education settings

We believe that the hands-on, skills-based components of this training are critical to the safe administration of medication in Child Care.

Caring for Our Children (published by APHA/AAP/National Resource Center for Health and Safety in Child Care and Early Education), the American Academy of Pediatrics, and Head Start all require a similar requirement to their medication administration trainings:

- **Caring for Our Children: National Health and Safety Performance Standards 3.6.3.3:** "Any caregiver/teacher who administers medication should complete a standardized training course that includes skill and competency assessment in medication administration. The trainer in medication administration should be a licensed health professional. At a minimum, skill in competency should be monitored annually or whenever medication administration error occurs."
- **America Academy of Pediatrics:** Medication Administration In Child Care Observation Checklist available at www.ecels-healthychildcarepa.org/tools/checklists/item/483-medication-administration-observation-checklist?highlight=WyJjaGVja2xpc3QlXQ==
- **Head Start Program Performance Standards 1304.22(c):**
 (2) a trained staff member(s) or school nurse to administer, handle and store child medications;
 (6) Ensure that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.

Also included in this email are specific recommendations based on the language of the rules.

Attachment

Recommendations to the North Carolina Child Care Commission on Proposed Temporary Rulemaking by the NC Child Care Health and Safety Resource Center

.0604 Safety Requirements

(o) After "Balloons", we recommend stating "including both Latex and Mylar" (if that is the intent).

(p) We recommend clarification as to whether the "written plan to ensure a safe and immediate evacuation of the crib or other device" is to be included as part of the Emergency Preparedness and Response Plan or as a separate document in addition to the EPR Plan.

(t) We recommend clarifying why the language is duplicated from .1003 (b) Safe Procedures, transportation section. (Or has it been moved from the other location?)

(u) We recommend the term "bio-contaminant" be defined.

This comment also applies to the Family Child Care Home rule .1719 (a)(3)

NOTE: Refer to the following article from California on Standard Precautions, specifically the section on "proper disposal of materials."

http://cchp.ucsf.edu/sites/cchp.ucsf.edu/files/standardprecen020305_adr.pdf

.0608 Prevention of shaken baby syndrome and abusive head trauma

General comment: We recommend development of sample policy and technical assistance to support implementation of these new rules.

.0705 Special Training Requirements

(a) After "Recognize common symptoms of illness," we recommend adding "and injury".

.0706 Health and Safety Training Requirements

(b)(2) We recommend that any staff member that administers medication (other than over-the-counter, topical ointments, topical teething gel, insect repellents, lotions, creams, and powders such as sunscreen or baby lotion) take a mandatory, skills-based, hands-on medication administration training to accompany online learning. This training should involve a licensed health professional, preferably a Child Care Health Consultant, to observe the individual's medication administration skills.

We recommend including a provision stating at least one person who has received this additional training should be on-site at a facility during all hours of operation.

These comments also apply to the Family Child Care Home rule .1731.

Family Child Care Homes

.1701 General provisions related to licensure of homes

(g) After "Unlimited access to the home during its operating hours," we recommend adding the language "except during a lockdown".

.1705 Health and Training Requirements for Family Child Care Home Operators

(a)(3)(4) We recommend aligning the wording for First Aid and CPR and courses in this section with wording for Child Care Centers in .0705 (b).

(a)(5) We recommend that this list be aligned with Child Care Center orientation and include orientation on storage of hazardous materials and appropriate disposal of bio contaminants.

.1719 Requirements for a Safe Indoor/Outdoor Environment

(7) We recommend aligning with wording in Child Care Center section on electrical outlets .0604(c)

“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 equipment that cannot be moved by a child.”

.1726 Prevention of Shaken Baby Syndrome and Abusive Head Trauma

General comment: We recommend development of sample policy and technical assistance to support implementation of these new rules.

.1731 Additional Health and Safety Training Requirements

See .0706 Health and Safety Training Requirements

Additional comments:

We recommend that emergency medication storage in Family Child Care Homes align with requirements for Child Care Centers to read “Designated emergency medications must be stored out of reach of children, but are not required to be in locked storage” (.2820(d) Storage). Currently, .1720(a)(3) states that “to assure the safety of children in care, the operator shall keep all medicines in locked storage.”



August 25, 2016

Ms. Dedra Alston, Rulemaking Coordinator
NC Department of Health and Human Services
Division of Child Development and Early Education
Submitted via email to: Dedra.Alston@dhhs.nc.gov

KinderCare Education has been serving children and families for over 40 years, and is best known for its KinderCare Learning Centers. In addition to KinderCare, we also provide high-quality education and care through Children's Creative Learning Centers (CCLC), our employer-sponsored child development centers, and through Champions, our programs for before, after-school, and summer learning. We offer early childhood education and care through approximately 1,500 community-based centers and employer partnerships, and before- and after-school academic enrichment programs and summer camps through more than 400 sites nationwide. Our goal is that 100 percent of our eligible centers be nationally accredited, and we have achieved this recognition at over 1300 of our centers, more than any other provider in the United States. We also actively participate in and support state Quality Rating and Improvement Systems (QRIS).

We are honored each day to provide high-quality education and care to over 150,000 children across the United States, **including more than 3,700 here in North Carolina**, through our KinderCare, Knowledge Beginnings, and Grove School programs. Our children range in age from six weeks to 12 years of age. We are committed to serving all children regardless of background and financial circumstance, and we are proud of the diverse group of children we currently serve. Approximately 50 percent of our children in North Carolina are from low-income working families who receive assistance under the Child Care and Development Block Grant (CCDBG), and each year in North Carolina we serve approximately 785,000 meals through the Child and Adult Care Food Program (CACFP).

KinderCare Education strongly supported the reauthorization of the Child Care and Development Block Grant (CCDBG) Act in 2014; we were pleased to work with North Carolina in the development of their Child Care Development Fund (CCDF) plan for 2016-2018. We continue to offer our support and input as the state moves forward with legislation, regulations, and rules for the implementation of CCDBG.

KinderCare Education offers the following comments for 10A NCAC 09.1701 temporary rules:

10A NCAC 09.0705 (b) & (d)

KinderCare Education supports the requirement for all staff (in direct contact with children) to obtain First Aid and CPR. KinderCare Education employs nearly 450 staff in the state of North Carolina; the state must review the capacity of training resources to ensure adequate opportunities for timely

compliance and extend the timeline if accessible and affordable opportunities to receive the training are not available in all counties.

10A NCAC09.0705 (f)

KinderCare Education supports the requirement for child care providers scheduled to work in the infant room to complete ITS-SIDS training. We support the inclusion of this topic as part of the hours needed to meet ongoing training requirements. We urge the state to review the capacity of training resources to ensure adequate opportunities for timely compliance, including accessible and affordable opportunities to receive the training in all counties. Current training resources are inadequate; we would support any Department funding request to provide diversity in location, an increase in number of trainings offered, and options for training at no cost to providers.

10A NCAC 09.0705 (g)

KinderCare Education supports the requirement for the completion of training regarding child abuse. We strongly recommend the state clarify if the *Recognizing and Responding to Suspicions of Child Maltreatment* is a specific, new training or a renamed, replacement training for current regulations. We recommend the Department continue to accept alternate training on this topic and include this information on the Training Verification Form used by DCDEE child care consultants (child care licensing) to determine compliance.

KinderCare Education is proud to provide high-quality care in North Carolina and appreciates the opportunity to submit comments on the proposed temporary rules. We are encouraged by the Department's commitment to ensuring all children have access to affordable, high-quality child care. If we can be of further assistance in the development or implementation of final rules, please do not hesitate to contact us.

Thank you,
September Jones
Government Relations Manager
KinderCare Education, LLC
sejones@kc-education.com / 703-859-2618

Alston, Dedra

From: Michael Rhodes <murhodes@outlook.com>
Sent: Thursday, August 25, 2016 10:21 AM
To: Alston, Dedra
Subject: Proposed Temporary Rule Chapter 09 Child Care Rules

Hello Ms. Alston,

I would like to applaud the North Carolina Child Care Commission for taking steps to up date the Child Care Rules in North Carolina. After reviewing the Proposed Temporary Rules, Section 0600 Safety Requirements for Child Care Centers I felt it appropriate to recommend wording be added to include rules requiring Tobacco elimination from Child Care Facilities. I have included proposed wording below as well as some evidence based information on tobacco products..

Thank you for taking these comments and forwarding them to the Rules Committee.

Michael U. Rhodes, Director

Greene County Health Department

The proposed rule needs to include all tobacco products and the policy language should be evidenced-based and clearer for Child Care Centers. Further, it's critical for the rule to also include evidence-based tobacco-free policy language for all Family Child Care Home Operators.

- All childcare providers in centers and in home settings are responsible for the safety, health and wellbeing of children.
- Protecting the children under their care from secondhand smoke, thirdhand smoke, nicotine poisoning is part of this responsibility.
- Healthy positive adult role modeling is important for young children.

Dangers of Tobacco Use

- Tobacco use is a major cause of preventable disease and death in N.C. and the nation.
- Smoking and exposure to secondhand smoke have been found to cause heart disease, cancer, asthma, bronchitis, and other respiratory problems.
- Secondhand smoke contains 7000 chemicals and 70 known carcinogens. There is no safe level of secondhand smoke.
- The residual contaminants from secondhand smoke (also known as "thirdhand smoke") can linger on carpets, upholstery, or other fabrics and surfaces long after the tobacco product has been extinguished.
- Infants and children, whose bodies are still developing, are especially susceptible to the adverse health effects of exposure to tobacco smoke.

Nicotine Poisoning and Children:

- Nicotine is an acute toxin. Exposure to nicotine through cigarette butts, e-liquids or other tobacco waste can cause nausea and vomiting, respiratory arrest, seizures, even death.
- Ingesting tobacco products is a major reason for toxic exposure in infants and children reported to poison control centers.
- Calls to the Carolinas Poison Control Center for child-related exposures to electronic cigarettes/e-liquids increased from 8 in 2011 to 155 in 2015.

E-cigarettes:

- Electronic cigarettes or e-cigarettes, closely resemble the act of smoking.
- They produce an aerosol that typically contain nicotine derived from tobacco, which is a highly addictive and other harmful substances, especially for children.
- The use of e-cigarettes threatens to re-normalize smoking to children, potentially jeopardizing tobacco use prevention efforts of the past decade and the present.

Proposed Rules

SAFTETY REQUIREMENTS FOR CHILD CARE CENTERS

10ANCAC 09.0604 SAFTETY REQUIREMENTS

Evidence-based Tobacco Use Policy Recommendations:

- Prohibit smoking and the use of any tobacco product containing, made or derived from tobacco, including but not limited to e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah at all times 24 hours a day/7 days a week in all indoor areas and on the property used or controlled by the child care center.
- Prohibit all tobacco product use within any motor vehicle used by the center to transport children; and during field trips, walks, or other off-property activities and functions.
- Require that signage is posted at doorways, on vehicles, or at any other strategic locations to notify parents, guardians, and any other visitors, contractors or staff of this tobacco-free property policy.
- **NOTE:** This is consistent with the N.C. Tobacco-free Schools campus policy. *G.S. 115C-407. Policy prohibiting tobacco use in school buildings, grounds, and at school-sponsored events.*
- **NOTE:** The provision that “all smoking materials shall be kept in locked storage” may not be needed if all staff and visitors are prohibited from tobacco use on the property.

FAMILY CHILD CARE HOME REQUIREMENTS

10A NCAC 09 .1719 REQUIREMENTS FOR A SAFE INDOOR/OUTDOOR ENVIRONMENT

Evidence-based Tobacco Use Policy Recommendations:

- Prohibit smoking and the use of any tobacco product containing, made or derived from tobacco, including but not limited to e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah at all times 24 hours a day/7 days a week in all indoor areas of the family child care home and on the provider’s outdoor property during the hours of operation.
- Prohibit tobacco product use within any motor vehicle used by the family child care home to transport children.
- Prohibit all tobacco product use during field trips, walks, or other off-property activities and functions during the hours of operation.

- Keep all property free of cigarette butts and any other tobacco product and/or e-cigarette litter.
- Keep any tobacco products, including e-cigarettes and e-liquids, located on the property in locked storage during the hours of operation.
- Post signage at doorways, on vehicles, or at any other strategic locations to notify parents, guardians, and any other visitors or staff of this tobacco-free policy.
- Disclose (both orally and in writing) to the parents or guardians of children cared for if smoking or any other tobacco use is permitted on the property outside of its hours of operation.



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Morrisville, North Carolina 27560
919.463.8329
info@ncallianceforhealth.org
www.ncallianceforhealth.org

August 25, 2016

Ms. Dedra Alston
Rulemaking Coordinator
NC Division of Child Development and Early Education
2201 Mail Service Center
Raleigh, North Carolina 27699

Dear Ms. Alston:

The North Carolina Alliance for Health respectfully submits these comments for amendments to the temporary child care rules proposed in accordance with the Child Care and Development Block Grant Act of 2014. I applaud the North Carolina Child Care Commission for proposing a new rule to protect children from the harms of smoking and e-cigarettes. However, the proposed rule should include all tobacco products. Additionally, the policy language should be evidence-based and should be made clearer for Child Care Centers. Furthermore, it is critical that the rule also includes evidence-based, tobacco-free policy language for all Family Child Care Home Operators.

These changes to the proposed rule are especially important because all childcare providers in centers and in home settings are responsible for the safety, health, and wellbeing of the children for whom they provide care. Thus, they are also responsible for protecting children under their care from secondhand and thirdhand smoke and nicotine poisoning.

Tobacco use remains a major cause of preventable disease and death in North Carolina and in the nation. Infants and children, whose bodies are still developing, are especially susceptible to the adverse health effects of exposure to tobacco smoke, exposure to which has been found to cause heart disease, cancer, asthma, bronchitis, and other respiratory problems. There is no safe level of exposure to secondhand smoke, and residual contaminants from secondhand smoke, also known as thirdhand smoke, can linger on carpets, upholstery, and other fabrics and surfaces long after the tobacco product has been extinguished.

In addition to the dangers of secondhand and thirdhand smoke, nicotine, an acute toxin, presents a serious danger to children. Exposure to nicotine through cigarette butts, e-liquids, and other tobacco waste can cause nausea and vomiting, respiratory arrest, seizures, and even death. Ingesting tobacco products is a major reason for toxic exposure in infants and children

reported to poison control centers. In fact, calls to the Carolinas Poison Control Center for child-related exposures to e-cigarettes and e-liquids increased from 8 in 2011 to 155 in 2015.

As you can see, the need for clear, evidence-based, policy language that includes all tobacco products is vital to providing safe, healthy child care environments. Therefore, the North Carolina Alliance for Health urges the North Carolina Child Care Commission to consider making the changes outlined below.

Proposed Rules

SAFTETY REQUIREMENTS FOR CHILD CARE CENTERS

10ANCAC 09.0604 SAFTETY REQUIREMENTS

Evidence-based Tobacco Use Policy Recommendations:

- Prohibit smoking and the use of any tobacco product containing, made or derived from tobacco, including but not limited to e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah at all times 24 hours a day/7 days a week in all indoor areas and on the property used or controlled by the child care center.
- Prohibit all tobacco product use within any motor vehicle used by the center to transport children; and during field trips, walks, or other off-property activities and functions.
- Require that signage is posted at doorways, on vehicles, or at any other strategic locations to notify parents, guardians, and any other visitors, contractors or staff of this tobacco-free property policy.
- NOTE: This is consistent with the N.C. Tobacco-free Schools campus policy. G.S. 115C-407. Policy prohibiting tobacco use in school buildings, grounds, and at school-sponsored events.
- NOTE: The provision that "all smoking materials shall be kept in locked storage" may not be needed if all staff and visitors are prohibited from tobacco use on the property.

FAMILY CHILD CARE HOME REQUIREMENTS

10A NCAC 09 .1719 REQUIREMENTS FOR A SAFE INDOOR/OUTDOOR ENVIRONMENT

Evidence-based Tobacco Use Policy Recommendations:

- Prohibit smoking and the use of any tobacco product containing, made or derived from tobacco, including but not limited to e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah at all times 24 hours a day/7 days a week in all indoor areas of the family child care home and on the provider's outdoor property during the hours of operation.
- Prohibit tobacco product use within any motor vehicle used by the family child care home to transport children.
- Prohibit all tobacco product use during field trips, walks, or other off-property activities and functions during the hours of operation.
- Keep all property free of cigarette butts and any other tobacco product and/or e-cigarette litter.
- Keep any tobacco products, including e-cigarettes and e-liquids, located on the property in locked storage during the hours of operation.

- Post signage at doorways, on vehicles, or at any other strategic locations to notify parents, guardians, and any other visitors or staff of this tobacco-free policy.
- Disclose (both orally and in writing) to the parents or guardians of children cared for if smoking or any other tobacco use is permitted on the property outside of its hours of operation.

Thank you for your consideration and for the opportunity to provide comment.

Warmly,

Morgan Wittman Gramann

Morgan Wittman Gramann
Managing Director

Alston, Dedra

From: Mary Gillett <MGILLETT@myguilford.com>
Sent: Thursday, August 25, 2016 10:29 AM
To: Alston, Dedra
Subject: Day Care Rules feedback

Importance: High

Dear Ms. Alston –

I am so happy to be allowed to provide input on the proposed rules for Family Child Care Home Operators. These rules are so important for the health and safety of both children and staff.

On behalf of Guilford County DHHS, Health Division, I applaud your efforts, but would strongly advise that the proposed rule also include all tobacco products and that the language be clearer. Providing a healthy and positive role model is a key factor in caring for young children and protecting them from secondhand and even third hand smoke and nicotine poisoning is obviously an important part of providing a responsible and safe atmosphere.

What we know about the dangers of tobacco use is clear -

- Tobacco use is a major cause of preventable disease and death in N.C. and the nation.
- Smoking and exposure to secondhand smoke have been found to cause heart disease, cancer, asthma, bronchitis, and other respiratory problems.
- Secondhand smoke contains 7000 chemicals and 70 known carcinogens. There is no safe level of secondhand smoke.
- The residual contaminants from secondhand smoke (also known as “third hand smoke”) can linger on carpets, upholstery, or other fabrics and surfaces long after the tobacco product has been extinguished.
- Infants and children, whose bodies are still developing, are especially susceptible to the adverse health effects of exposure to tobacco smoke.
- Nicotine is an acute toxin. Exposure to nicotine through cigarette butts, e-liquids or other tobacco waste can cause nausea and vomiting, respiratory arrest, seizures, even death.
- Ingesting tobacco products is a major reason for toxic exposure in infants and children reported to poison control centers.
- Calls to the Carolinas Poison Control Center for child-related exposures to electronic cigarettes/e-liquids increased from 8 in 2011 to 155 in 2015.

In addition, we have concerns about the newly emerging use of electronic cigarettes:

- Electronic cigarettes or e-cigarettes, closely resemble the act of smoking.
- They produce an aerosol that typically contains nicotine derived from tobacco, which is a highly addictive and other harmful substances, especially for children.
- The use of e-cigarettes threatens to re-normalize smoking to children, potentially jeopardizing tobacco use prevention efforts of the past decade and the present.

The following are evidence based Tobacco Use Policy Recommendations:

Proposed Rules
SAFTETY REQUIREMENTS FOR CHILD CARE CENTERS
10ANCAC 09.0604 SAFTETY REQUIREMENTS

- Prohibit smoking and the use of any tobacco product containing, made or derived from tobacco, including but not limited to e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah at all times 24 hours a day/7 days a week in all indoor areas and on the property used or controlled by the child care center.
- Prohibit all tobacco product use within any motor vehicle used by the center to transport children; and during field trips, walks, or other off-property activities and functions.
- Require that signage is posted at doorways, on vehicles, or at any other strategic locations to notify parents, guardians, and any other visitors, contractors or staff of this tobacco-free property policy.
- **NOTE:** This is consistent with the N.C. Tobacco-free Schools campus policy. *G.S. 115C-407. Policy prohibiting tobacco use in school buildings, grounds, and at school-sponsored events.*
- **NOTE:** The provision that "all smoking materials shall be kept in locked storage" may not be needed if all staff and visitors are prohibited from tobacco use on the property.

FAMILY CHILD CARE HOME REQUIREMENTS

10A NCAC 09 .1719 REQUIREMENTS FOR A SAFE INDOOR/OUTDOOR ENVIRONMENT

- Prohibit smoking and the use of any tobacco product containing, made or derived from tobacco, including but not limited to e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah at all times 24 hours a day/7 days a week in all indoor areas of the family child care home and on the provider's outdoor property during the hours of operation.
- Prohibit tobacco product use within any motor vehicle used by the family child care home to transport children.
- Prohibit all tobacco product use during field trips, walks, or other off-property activities and functions during the hours of operation.
- Keep all property free of cigarette butts and any other tobacco product and/or e-cigarette litter.
- Keep any tobacco products, including e-cigarettes and e-liquids, located on the property in locked storage during the hours of operation.
- Post signage at doorways, on vehicles, or at any other strategic locations to notify parents, guardians, and any other visitors or staff of this tobacco-free policy.
- Disclose (both orally and in writing) to the parents or guardians of children cared for if smoking or any other tobacco use is permitted on the property outside of its hours of operation.

Thank you so much for your consideration,

Mary

Mary Gillett, MS, Region Five Tobacco Prevention Manager
 (Serving Alamance, Caswell, Chatham, Durham, Guilford, Orange, Person and Rockingham Counties)
 Guilford County DHHS, Division of Public Health
 1203 Maple Street
 Greensboro, NC 27410
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Public Health
HEALTH AND HUMAN SERVICES

RICHARD O. BRAJER
Secretary

DANIEL STALEY
Director, Division of Public Health

August 25, 2016

Dedra Alston
Rulemaking Coordinator
NC Division of Child Development and Early Education
2201 Mail Service Center
Raleigh NC 27699-2200

Dear Ms. Alston:

Thank you so much for the opportunity to comment on the Proposed Temporary Rulemaking by the NC Child Care Commission. The Tobacco Prevention and Control Branch of the NC Division of Public Health is submitting comments to update the rules related to smoking and other tobacco use at child care facilities. See attached recommended language to protect the health of children in North Carolina's child care homes and centers. The rationale for these changes are as follows:

Childcare providers are responsible for the safety, health and wellbeing of children. Protecting the children under their care from secondhand smoke, thirdhand smoke, nicotine poisoning is part of this responsibility. Also, healthy positive adult role modeling is important for young children.

Dangers of Tobacco Use and Secondhand Smoke

- Tobacco use is a major cause of preventable disease and death in N.C. and the nation.
- Smoking and exposure to secondhand smoke have been found to cause heart disease, cancer, asthma, bronchitis, and other respiratory problems.
- Secondhand smoke contains 7000 chemicals and 70 known carcinogens.
- **There is no safe level of secondhand smoke.**
- The residual contaminants from secondhand smoke (also known as "thirdhand smoke") can linger on carpets, upholstery, clothing or other fabrics and surfaces long after the tobacco product has been extinguished. It reacts with common indoor air compounds to create a cancer-causing mix that can be breathed in or absorbed through the skin. Children are particularly at risk for damage from third hand smoke.
- Infants and children, whose bodies are still developing, are especially susceptible to the adverse health effects of exposure to tobacco smoke.

Nicotine Poisoning and Children:

- Nicotine is an acute toxin. Exposure to nicotine through cigarette butts, e-liquids from e-cigarettes or other tobacco waste can cause nausea and vomiting, respiratory arrest, seizures, even death.

 Nothing ComparesSM

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May 31, 2016

Page #2

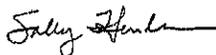
- Ingesting tobacco products is a major reason for toxic exposure in infants and children reported to poison control centers.
- Calls to the Carolinas Poison Control Center for child-related exposures to electronic cigarettes/e-liquids increased from 8 in 2011 to 155 in 2015.

E-cigarettes:

- Electronic cigarettes or e-cigarettes, closely resemble the act of smoking.
- They produce an aerosol that typically contain nicotine derived from tobacco, which is a highly addictive and other harmful substances, especially for children.
- The use of e-cigarettes threatens to re-normalize smoking to children, potentially jeopardizing tobacco use prevention efforts of the past decade and the present.

Please do not hesitate to contact Sally Herndon, Tobacco Prevention and Control Branch, sally.herndon@dhhs.nc.gov; 919-707-5401 or Jim Martin, Director of Policy and Programs; jim.martin@dhhs.nc.gov; 919-707-5404 if you have any questions.

Sincerely,



Sally Herndon, MPH
Head, Tobacco Prevention and Control Branch

Cc: Danny Staley
Maribeth Wooten
Chris Hoke
Sharon Rhyne

Proposed Temporary Rule Language

SECTION - .0600 ---SAFTETY REQUIREMENTS FOR CHILD CARE CENTERS

10ANCAC 09.0604 SAFTETY REQUIREMENTS

(h) ~~Smoking, including use of e-Cigarettes, is not permitted in space used by children when children 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.~~
Smoking and the use of any tobacco product containing, made or derived from tobacco, including but not limited to e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah is prohibited at all times 24 hours a day/7 days a week in all indoor areas and on the property used or controlled by the child care center. All tobacco product use is prohibited within any motor vehicle used by the center to transport children; and during field trips, walks, or other off-property activities and functions. Signage must be posted at doorways, on vehicles, or at any other strategic locations to notify parents, guardians, and any other visitors, contractors or staff of this tobacco-free property policy.

Section .1700 – FAMILY CHILD CARE HOME REQUIREMENTS

10A NCAC 09 .1719 REQUIREMENTS FOR A SAFE INDOOR/OUTDOOR ENVIRONMENT

- a) The operator of a family child care home shall maintain a safe indoor and outdoor environment for children in care. In addition, the operator shall:
- 1) Prohibit the use of smoking and the use of any tobacco product containing, made or derived from tobacco, including but not limited to e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah at all times 24 hours a day/7 days a week in all indoor areas of the family child care home and on the provider's outdoor property during the hours of operation.

- 2) Prohibit all tobacco product use within any motor vehicle used by the family child care home to transport children.
- 3) Prohibit all tobacco product use during field trips, walks, or other off-property activities and functions during the hours of operation.
- 4) Keep all property free of cigarette butts and any other tobacco product and/or e-cigarette litter.
- 5) Keep any tobacco products, including e-cigarettes and e-liquids, located on the property in locked storage during the hours of operation.
- 6) Post signage at doorways, on vehicles, or at any other strategic locations to notify parents, guardians, and any other visitors or staff of this tobacco-free policy.

Alston, Dedra

From: Yahoo Mail <carltongriffin24@yahoo.com>
Sent: Thursday, August 25, 2016 12:42 PM
To: Alston, Dedra
Subject: pre-service/orientations on line

I feel strongly that these trainings be taught in person rather than on-line. Most of my staff work all day and do not have computers at home to take the on-line training that is being proposed. The public library in our community closes at 5.00pm. This action will pose an inconvenience to all my staff including me. Would you please reconsider this action and keep the in person training the way it is.

Thank you so much for your consideration!

Carlton Griffin/Director

C & N Basic Learning center :Edenton, N.C.



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www.heart.org

August 24, 2016

Dedra Alston
Rulemaking Coordinator
NC Division of Child Development and Early Education
2201 Mail Service Center
Raleigh, NC 27699-2200

RE: PROPOSED TEMPORARY RULES - Eff. September 23, 2016
Chapter 09: Child Care Rules
Section: 0600 Safety Requirements for Child Care Centers

Dear Members of the North Carolina Child Care Commission:

Thank you for this opportunity to provide public comment on the proposed temporary rules in accordance to the Child Care and Development Block Grant (CCDBG) Act of 2014. We applaud the NC Child Care Commission for proposing new rules that update existing rules that seek to protect the safety of our children. The American Heart Association/American Stroke Association's (AHA/ASA) mission is to build healthier lives, free of cardiovascular diseases and stroke.

The AHA/ASA works to promote policies and regulations that will ensure access to healthy environments and adherence to nationally recognized guidelines to assure optimum health outcomes. The proposed temporary rules offer an opportunity for the NC Child Care Commission to align rules with the intent of other state legislation and rules that seek to provide a healthy environment for our children, guidelines for emergency response, and assurance that people are trained in cardiopulmonary resuscitation.

AHA/ASA supports protecting children from the harms of smoking and e-cigarettes. However, we recommend the rule include all tobacco products and the policy language should be evidenced-based and clearer for Child Care Centers. It is critical for the rule to also include evidence-based tobacco-free policy language for all Family Child Care Home Operators. All childcare providers in centers and in home settings are responsible for the safety, health and wellbeing of children. Protecting the children under their care from secondhand smoke, thirdhand smoke, nicotine poisoning is part of this responsibility. Further healthy, positive adult role modeling is important for young children.

SAFETY REQUIREMENTS FOR CHILD CARE CENTERS 10ANCAC 09.0604 SAFETY REQUIREMENTS

The Child Care Center rule should:

- Prohibit smoking and the use of any tobacco product containing, made or derived from tobacco, including but not limited to e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah at all times 24 hours a day/7 days a week in all indoor areas and on the property used or controlled by the child care center.

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diseases and stroke."*

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- Prohibit all tobacco product use within any motor vehicle used by the center to transport children; and during field trips, walks, or other off-property activities and functions.
- Require that signage is posted at doorways, on vehicles, or at any other strategic locations to notify parents, guardians, and any other visitors, contractors or staff of this tobacco-free property policy.

This recommendation is consistent with the N.C. Tobacco-free Schools campus policy: *G.S. 115C-40 - Policy prohibiting tobacco use in school buildings, grounds, and at school-sponsored events*. Further with these suggested changes, the provision that "all smoking materials shall be kept in locked storage" may not be needed if all staff and visitors are prohibited from tobacco use on the property.

FAMILY CHILD CARE HOME REQUIREMENTS

10A NCAC 09 .1719 REQUIREMENTS FOR A SAFE INDOOR/OUTDOOR ENVIRONMENT

The Family Child Care Home rule should:

- Prohibit smoking and the use of any tobacco product containing, made or derived from tobacco, including but not limited to e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah at all times 24 hours a day/7 days a week in all indoor areas of the family child care home and on the provider's outdoor property during the hours of operation.
- Prohibit tobacco product use within any motor vehicle used by the family child care home to transport children.
- Prohibit all tobacco product use during field trips, walks, or other off-property activities and functions during the hours of operation.
- Keep all property free of cigarette butts and any other tobacco product and/or e-cigarette litter.
- Keep any tobacco products, including e-cigarettes and e-liquids, located on the property in locked storage during the hours of operation.
- Post signage at doorways, on vehicles, or at any other strategic locations to notify parents, guardians, and any other visitors or staff of this tobacco-free policy.
- Disclose (both orally and in writing) to the parents or guardians of children cared for if smoking or any other tobacco use is permitted on the property outside of its hours of operation.

SECTION .0700 – HEALTH AND OTHER STANDARDS FOR CENTER STAFF

10A NCAC 09 .0705 SPECIAL TRAINING REQUIREMENTS

The AHA/ASA supports assuring all staff in child care center be trained in cardiopulmonary resuscitation (CPR) and prepared to respond in a cardiovascular emergency. We recommend that the rule in this section clearly specify that training course be an instructional program developed by the American Heart Association, the American Red Cross, or other nationally recognized programs that is based on the most current national evidence-based emergency cardiovascular care guidelines for CPR. Specifying that training must be from national evidence-based emergency cardiovascular guidelines for CPR creates

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consistency with Section .1700 Family Child Care Home Requirements and Session Law 2012-197 Completion of CPR by Students Required, a requirement for high school graduation.

**SECTION .1700 – FAMILY CHILD CARE HOME REQUIREMENTS
10A NCAC 09 .1705 HEALTH AND TRAINING REQUIREMENTS FOR FAMILY CHILD CARE HOME
OPERATORS**

In this section we recommend that language be amended to specify that the training course be an instructional program developed by the American Heart Association, the American Red Cross, or other nationally recognized programs that is based on the most current national evidence-based emergency cardiovascular care guidelines for CPR. This will create consistency within the rules and assure that care givers are trained and prepared to respond in the event of a cardiac emergency.

The AHA/ASA appreciates the work of the NC Child Care Commission and efforts to update these rules. We urge the Commission to further amend the proposed rules to reflect the recommendations contained in this letter. These rules seek to ensure the health and safety of children and should be evidence-based and consistent with national guidelines.

Thank you for this opportunity to provide comment.

Sincerely,

Betsy Vetter
Regional Vice President of Government Relations

August 24, 2016

Dedra Alston, Rulemaking Coordinator
NC Division of Child Development and Early Education
2201 Mail Service Center, Raleigh, NC 27699-2200
Dedra.Alston@dhhs.nc.gov.

RE: Proposed Temporary Rules - Chapter 09 - Child Care Rules
Section - .0600 - Safety Requirements For Child Care Centers

Dear Ms. Alston:

Thank you for the opportunity to comment on the proposed rules. We would like to offer comment on three concerns: tobacco products, asthma episode prevention, and air quality.

Tobacco products:

Thank you for proposing a new rule to protect children from the harms of smoking and e-cigarettes. We request the proposed rule include all tobacco products and the policy language be evidenced-based and clear for Child Care Centers and all Family Child Care Home Operators.

The harms from tobacco exposure are well documented. Tobacco use is a major cause of preventable disease and death in N.C. and the nation. Smoking and exposure to secondhand smoke have been found to cause heart disease, cancer, asthma, bronchitis, and other respiratory problems. Secondhand smoke contains 7000 chemicals and 70 known carcinogens. There is no safe level of secondhand smoke. The residual contaminants from secondhand smoke (also known as "thirdhand smoke") can linger on carpets, upholstery, or other fabrics and surfaces long after the tobacco product has been extinguished. Infants and children, whose bodies are still developing, are especially susceptible to the adverse health effects of exposure to tobacco smoke.

As all childcare providers in centers and in home settings are responsible for the safety, health and wellbeing of children, protecting children under their care from secondhand smoke, thirdhand smoke, and nicotine poisoning is part of this responsibility. We also believe that healthy positive adult role modeling is important for young children. Proposed changes are noted below.

Asthma:

More than 6 million American children have been diagnosed with asthma. It causes millions of lost school and work days every year and is the third leading cause of hospitalization among children. It is an ongoing challenge to provide safe and healthy environments for these children. Without proper education and awareness, asthma can be frightening not only for children living with the disease, but also for the adults caring for them. We encourage parents and caregivers to arm themselves with proper information about a child's asthma in order to prevent asthma attacks and other emergencies.

We ask you to consider requiring every child with asthma have a written plan on file, listing allergies and asthma triggers, medication schedule, and emergency instructions. A sample asthma action plan is attached. We further request that part of worker training include basic asthma information: identification of symptoms of asthma, warning signs that asthma is flaring up, and how to recognize emergency situations; and that staff is trained to administer medication and the use and care of nebulizers, inhalers, spacer and peak flow meters.

401 Hawthorne Lane, Suite 110 #298, Charlotte, NC 28207

Ph: 770.544.0520 F: 770.319.0349 Lung.org

June.Deen@LungSE.org

1-800-LUNGUSA | LUNG.org

Air Quality:

Children face special risks from air pollution because their lungs are growing and because they are so active. Eighty percent of their tiny air sacs develop after birth. Children are outside for longer periods of time than adults and are usually more active when outdoors. Consequently, they inhale more polluted outdoor air than adults typically do. Children should stay indoors when the air pollution index is very high. We encourage awareness and use of the Air Quality Index, an Environmental Protection Agency index that grades air quality in terms of associated health effects, and the use of EnviroFlash, an electronic information system designed to alert the public about air quality forecasts via email, or use of the toll-free line 1-888-RUN4NCAIR.

Again, thank you for the opportunity to provide these comments and suggestions. Please contact the American Lung Association whenever we can be of service.

Sincerely



June Deen
Senior Vice President of Public Policy and Health Promotions
American Lung Association of the Southeast, Inc.
on behalf of the American Lung Association in North Carolina.

attachments

Proposed Rules

SAFETY REQUIREMENTS FOR CHILD CARE CENTERS

10ANCAC 09.0604 SAFETY REQUIREMENTS

Evidence-based Tobacco Use Policy Recommendations:

- Prohibit smoking and the use of any tobacco product containing, made or derived from tobacco, including but not limited to e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah at all times 24 hours a day/7 days a week in all indoor areas and on the property used or controlled by the child care center.
- Prohibit all tobacco product use within any motor vehicle used by the center to transport children; and during field trips, walks, or other off-property activities and functions.
- Require that signage is posted at doorways, on vehicles, or at any other strategic locations to notify parents, guardians, and any other visitors, contractors or staff of this tobacco-free property policy.
NOTE: This is consistent with the N.C. Tobacco-free Schools campus policy. G.S. 115C-407. Policy prohibiting tobacco use in school buildings, grounds, and at school-sponsored events.
NOTE: The provision that "all smoking materials shall be kept in locked storage" may not be needed if all staff and visitors are prohibited from tobacco use on the property.

FAMILY CHILD CARE HOME REQUIREMENTS

10A NCAC 09 .1719 REQUIREMENTS FOR A SAFE INDOOR/OUTDOOR ENVIRONMENT

Evidence-based Tobacco Use Policy Recommendations:

- Prohibit smoking and the use of any tobacco product containing, made or derived from tobacco, including but not limited to e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah at all times 24 hours a day/7 days a week in all indoor areas of the family child care home and on the provider's outdoor property during the hours of operation.
- Prohibit tobacco product use within any motor vehicle used by the family child care home to transport children.
- Prohibit all tobacco product use during field trips, walks, or other off-property activities and functions during the hours of operation.
- Keep all property free of cigarette butts and any other tobacco product and/or e-cigarette litter.
- Keep any tobacco products, including e-cigarettes and e-liquids, located on the property in locked storage during the hours of operation.
- Post signage at doorways, on vehicles, or at any other strategic locations to notify parents, guardians, and any other visitors or staff of this tobacco-free policy.
- Disclose (both orally and in writing) to the parents or guardians of children cared for if smoking or any other tobacco use is permitted on the property outside of its hours of operation.

Asthma Action Plan



General Information:

■ Name _____

■ Emergency contact _____

Phone numbers _____

■ Physician/healthcare provider _____

Phone numbers _____

■ Physician signature _____ Date _____

Severity Classification	Triggers	Exercise
<input type="radio"/> Intermittent <input type="radio"/> Moderate Persistent <input type="radio"/> Mild Persistent <input type="radio"/> Severe Persistent	<input type="radio"/> Colds <input type="radio"/> Smoke <input type="radio"/> Weather <input type="radio"/> Exercise <input type="radio"/> Dust <input type="radio"/> Air Pollution <input type="radio"/> Animals <input type="radio"/> Food <input type="radio"/> Other _____	1. Premedication (how much and when) _____ 2. Exercise modifications _____ _____

Green Zone: Doing Well **Peak Flow Meter Personal Best =**

- Symptoms**
- Breathing is good
 - No cough or wheeze
 - Can work and play
 - Sleeps well at night

Peak Flow Meter
 More than 80% of personal best
 or _____

Control Medications:

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____



Yellow Zone: Getting Worse

Contact physician if using quick relief more than 2 times per week.

Symptoms

- Some problems breathing
- Cough, wheeze, or chest tight
- Problems working or playing
- Wake at night

Peak Flow Meter

Between 50% and 80% of personal best
or _____ to _____

Continue control medicines and add:

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick-relief treatment, THEN

- Take quick-relief medication every 4 hours for 1 to 2 days.
- Change your long-term control medicine by _____
- Contact your physician for follow-up care.

IF your symptoms (and peak flow, if used) DO NOT return to Green Zone after one hour of the quick-relief treatment, THEN

- Take quick-relief treatment again.
- Change your long-term control medicine by _____
- Call your physician/Healthcare provider within _____ hour(s) of modifying your medication routine.

Red Zone: Medical Alert

Ambulance/Emergency Phone Number:

Symptoms

- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

Peak Flow Meter

Less than 50% of personal best
or _____ to _____

Continue control medicines and add:

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Go to the hospital or call for an ambulance if:

- Still in the red zone after 15 minutes.
- You have not been able to reach your physician/healthcare provider for help.
- _____

Call an ambulance immediately if the following danger signs are present:

- Trouble walking/talking due to shortness of breath.
- Lips or fingernails are blue.

Alston, Dedra

From: Brown, Juanita <Juanita.Brown@mecklenburgcountync.gov>
Sent: Thursday, August 25, 2016 4:25 PM
To: Alston, Dedra
Cc: Combo, Lawanda; Watson, Tisshue; Lamonica, Nicole
Subject: Proposed Rule Changes-Online Trainings

Hello Ms. Alston,

I am representing the Child Care Health Consultants in Mecklenburg County. Our role in helping child care facilities in the areas of health and safety is extremely important to the team. We have spent the last few days mulling over the proposed rule changes regarding required trainings and the possibility of making them available online. After much discussion, we believe this would be a grave mistake for various reasons. The purpose of this letter is to hopefully give you and other rule making entities at the NC DCDBE our view of why this may be detrimental to child care providers in our state.

As Health Consultants, we have been provided several trainings to child care providers in the community. We have seen the benefits of face to face trainings and hands on application are for the facilities. To begin, I would like to address the benefit of any student having the opportunity to ask questions and have them answered immediately. This allows for better understanding of information that may not have been clear. In the midst of our trainings, it helps to be able to see each participant's face to assess understanding and comprehension. This allows us to reiterate a topic or give examples that illustrate the point trying to be conveyed.

When using examples, many of the participants are able to share their own real life experiences. These help the other students as well as the trainers. It gives us a repertoire of real life stories and scenarios which we can adapt to the various learning styles of the caregivers that attend our classes. This can turn a training that initially seems daunting into a rich learning experience, encouraging a provider to learn more and seek to incorporate new skills into their daily routine. What was once just a required class becomes a source of new and interesting information that helps caregivers to improve their facility and the care they provide to the children of our community.

We, as Child Care Health Consultants, have a unique and special relationship with the providers we serve in Mecklenburg County. It is important that we are present to help encourage providers to comply with the rules. This sometimes means that we explain the importance of doing things correctly. In the past, we have had instances where we corrected teachers who tried to avoid doing all the work necessary for an online class. We stress what information is lost when they only take the test or don't read through all of the material. It is vital that providers understand the value of what they are attempting to learn. In a face to face training, this is not an issue. They come together and learn rather than sitting in front of a screen alone.

Our team in Mecklenburg County wants it to be known that we are extremely concerned about what online trainings would mean for the safety and health of our facilities in North Carolina. It is necessary when addressing emergency medications, allergies and anaphylaxis, child maltreatment and many other important issues that we have in person trainings and consultation. It would be detrimental to everyone if we were not allowed to continue to provide this service to the community.

Thank you for your time,
Mecklenburg County Child Care Health Consultants

Juanita D. Brown, RN, BSN

Child Care Health Consultant

Mecklenburg County Health Department

2845 Beatties Ford Road

Charlotte, NC 28216

cellular: 704.258.4718

office: 980.314.9341 (new)

Juanita.brown@mecklenburgcountync.gov

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Alston, Dedra

From: Linda Piper <linda@nclcca.org>
Sent: Thursday, August 25, 2016 4:56 PM
To: Alston, Dedra
Cc: Dr. Glenda Weinert; bladesemp@bgroup.net; jicbrownlee@carolina.rr.com; April Duvall; laurie morin; Charles McDowell, III; Kay Lowrance; Elizabeth Gilleland; Melanie Gayle; Zac Everhart; Lisa Humphreys; info@happyhandshappyfeet.info; Linda Vandevender; Billy Walton; Kristin Weaver
Subject: NCLCCA Feedback on Temporary Rules

Members of the NC Child Care Commission,

We would like to share comments on the proposed temporary rules submitted to OAH on July 26, 2016 for 10A NCAC 09 .0705 and .0707.

First Aid and CPR time frame

Rules .0705 (b) and (d) require all staff to complete First Aid and CPR within six weeks of employment.

We support the requirement that at least one certified staff member be present at all times when children are in care. However, we encourage you to extend the time frame required for *completion* of First Aid and CPR.

This rule change is going to lead to a large number of child care staff needing to obtain First Aid and CPR training. We can expect, at a minimum, longer delays to obtain training as classes fill up faster. There could also be cost increases as the law of supply and demand kicks in, with more people needing to be trained in a hurry.

Since the guidelines outlined in the Federal Register do not require these certifications to be completed within the first six weeks, we hope you will reconsider. A phasing-in period, as other states are implementing based on their CCDF plans, is an option that should be considered.

Completion of Orientation for New Employees

Rule .0707 (a) includes new proposed language as follows:

As part of this orientation, each new employee shall complete six clock hours of training within the first two weeks of employment.

To address issues faced by providers who have immediate staffing needs but are waiting for criminal background checks to be completed, we would like to be able to begin orientation earlier than is currently allowed. Please consider adding a phrase that would allow orientation to begin sooner, such as **“which may be obtained prior to receipt of the criminal record check qualifying letter as long as training is completed in the absence of children in care.”** Another option might be to allow some portions of the training to be completed **off-site** prior to receipt of the qualifying letter.

Allowance for Inservice Training Requirements

Additionally, rule .0707 (a) says:

Training required pursuant to this Rule shall not be counted toward annual ongoing training requirements.

We would like you to reconsider allowing some components of the training to be counted toward training requirements. We believe other states DO allow these trainings to be counted for inservice training.

At a minimum, it should be counted for the **first year of employment for new staff** and for the **first year that the new training is required for existing staff.**

Thank you for your consideration, and please do not hesitate to contact me if you would like further feedback.

Linda Piper

cell (252) 290-5717

office (252) 234-5945

NC Licensed Child Care Association

3801 Lake Boone Trail, Ste. 190, Raleigh, NC 27607

Alston, Dedra

From: Cynthia Smith <mailcindy.cs@gmail.com>
Sent: Friday, August 26, 2016 12:21 AM
To: Alston, Dedra
Subject: 2 hour online Medication Administration Training.

Addressing the proposal to have a 2 hour, online medication administration training:

To Whom It May Concern.

Anyone who administers medication to a child in the child care setting should be required to take an in-person medication administration training with a skills based sign-off to show proficiency.

"The in-person training should involve a licensed health professional, such as a child care health consultant, who would observe the individual's medication administration skills."

At least one person who has received this additional training should be on-site at the child care all times.

A two hour, online training is not sufficient to safely and adequately administer either basic or emergency medication to a child, nor will it get in-person feedback on medication administration skills.

Any training should include North Carolina specific rules and address the actual violations occurring in North Carolina Child Care facilities.

If an Early Childhood Educator has already taken a comparable training through from a field based training provider, college class, or other source that an equivalency will be accepted so they don't have to do repeat training.

We ask that DCDEE collaborate with the Child Care Health Consultant network so CCHCs, can support and facilitate whenever possible, these online trainings and be knowledgeable to answer content-specific questions in the field.

*Cindy M Smith
RN
Child Care Health Consultant
Chowan Perquimans,
Tyrrell & Washington*

252-482-3035



Ms. Dedra Alston
Rulemaking Coordinator
NC Division of Child Development and Early Education
2201 Mail Service Center
Raleigh, North Carolina 27699

RE: Proposed Temporary Rules
Chapter 9: Child Care Rules
Section .0600 Safety Requirements for Child Care Centers

Dear Members of the North Carolina Child Care Commission:

Thank you for the opportunity to provide public comment on the proposed temporary rules in accordance with the Child Care and Development Block Grant Act of 2014. Furthermore, we thank the NC Child Care Commission for proposing a new rule to protect children from the harms of smoking and e-cigarettes.

ACS CAN supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As such, we support your efforts to protect our children from exposure to smoking and e-cigarettes. However, the proposed rule must include all tobacco products and the policy language should be evidenced-based and clearer for Child Care Centers. Additionally, it's critical for the rule to also include evidence-based tobacco-free policy language for all Family Child Care Home Operators.

Tobacco use remains a major cause of preventable disease and death in North Carolina and in the nation. Infants and children, whose bodies are still developing, are especially susceptible to the adverse health effects of exposure to tobacco smoke, exposure to which has been found to cause cancer, heart disease, asthma, bronchitis, and other respiratory problems. There is no safe level of exposure to secondhand smoke, and residual contaminants from secondhand smoke, also known as thirdhand smoke, can linger on carpets, upholstery, and other fabrics and surfaces long after the tobacco product has been extinguished.

These changes to the proposed rule are so important because all childcare providers in centers and in home settings are responsible for the safety, health and wellbeing of children. Protecting the children under their care from secondhand smoke, thirdhand smoke, and nicotine poisoning is part of this responsibility. Moreover, healthy positive adult role modeling is important for young children.

SAFTETY REQUIREMENTS FOR CHILD CARE CENTERS
10ANCAC 09.0604 SAFTETY REQUIREMENTS

The Child Care Center rule should:



- Prohibit smoking and the use of any tobacco product containing, made or derived from tobacco, including but not limited to e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah at all times 24 hours a day/7 days a week in all indoor areas and on the property used or controlled by the child care center.
- Prohibit all tobacco product use within any motor vehicle used by the center to transport children; and during field trips, walks, or other off-property activities and functions.
- Require that signage is posted at doorways, on vehicles, or at any other strategic locations to notify parents, guardians, and any other visitors, contractors or staff of this tobacco-free property policy.

This recommendation is consistent with the N.C. Tobacco-free Schools campus policy. *G.S. 115C-407. Policy prohibiting tobacco use in school buildings, grounds, and at school-sponsored events.* Further, with these suggested changes the provision that “all smoking materials shall be kept in locked storage” may not be needed since staff and visitors would be prohibited from tobacco use on the property.

FAMILY CHILD CARE HOME REQUIREMENTS
10A NCAC 09 .1719 REQUIREMENTS FOR A SAFE INDOOR/OUTDOOR ENVIRONMENT

The Family Child Care Rule should:

- Prohibit smoking and the use of any tobacco product containing, made or derived from tobacco, including but not limited to e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah at all times 24 hours a day/7 days a week in all indoor areas of the family child care home and on the provider’s outdoor property during the hours of operation.
- Prohibit tobacco product use within any motor vehicle used by the family child care home to transport children.
- Prohibit all tobacco product use during field trips, walks, or other off-property activities and functions during the hours of operation.
- Keep all property free of cigarette butts and any other tobacco product and/or e-cigarette litter.
- Keep any tobacco products, including e-cigarettes and e-liquids, located on the property in locked storage during the hours of operation.
- Post signage at doorways, on vehicles, or at any other strategic locations to notify parents, guardians, and any other visitors or staff of this tobacco-free policy.



- Disclose (both orally and in writing) to the parents or guardians of children cared for if smoking or any other tobacco use is permitted on the property outside of its hours of operation.

The American Cancer Society Cancer Action Network appreciates the work being done by the NC Child Care Committee and their efforts to update these rules. We urge the Commission to amend the proposed rules by adopting the recommendations included in this letter. These evidence based rules will help to ensure the health and safety of children.

Thank you for the opportunity to provide comment.

Best regards,

A handwritten signature in black ink, appearing to read "Ray Riordan", is positioned below the text "Best regards,".

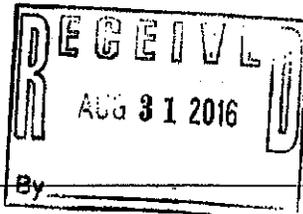
Ray Riordan | North Carolina Grassroots Manager

American Cancer Society Cancer Action Network, Inc.

8300 Health Park Suite 10

Raleigh, NC 27615

Phone: 919.334.7203



The Ark <director.theark.childcare@gmail.com>

ONLINE ONLY TRAININGS

The Ark <director.theark.childcare@gmail.com>
Draft To: dedra.alston@dhhs.nc.gov

Thu, Aug 25, 2016 at 10:14 AM

Dear MS Alston,

I have recently been made aware of the fact that DCDEE has proposed that the Child Care Commission make a number (actually 10) of child Care staff's required trainings be made available ONLY ONLINE. Currently, we receive those trainings on health and safety in person with our CCHC coordinator.

I personally feel CPR and First Aid Training needs to be hands on!!! Also Emergency Preparedness and Response training is extensive!! My CCHC trainer was essential in the process of completing our center's EPR Plan.

I ALSO FEEL THAT THIS WOULD ADVERSELY AFFECT RURAL COUNTIES. Too often the state does not take into consideration the demographics of rural counties. In our case here in Chowan County, many middle-aged and older individuals who make caring, loving child care employees are not computer literate. This proposal would put them and us at a disadvantage.

--
Jo Lichtenwalner, Director

"The Ark" Child Care Center

Edenton United Methodist Church
P. O. Box 37, 225 Virginia Road
Edenton, NC 27932

director.theark.childcare@gmail.com

252-482-1699

I tried sending this message to you online! Perhaps I have your wrong e-mail address?! Thus I am mailing my thoughts to you for what they are worth.

*Sincerely,
Jo Lichtenwalner*

Alston, Dedra

From: Dorothy Rawleigh <dorothy.rawleigh@chathamnc.org>
Sent: Friday, August 12, 2016 9:07 AM
To: Alston, Dedra
Subject: comments on child care rules proposal

Good morning Dedra,

I am a Child Care Health Consultant in Chatham County. I serve 53 licensed child care facilities. I am submitting comments in regard to the proposed DCDEE rules referring to training **.0706 (Centers) .1731 (Homes) Health and Safety Training Requirements**

I am concerned about the proposal to have a 2 hour, online medication administration training. Currently this training is only taught in person. The trainer must receive certification that they have received a in-person train the trainer on medication administration. A registered nurse is required to teach or assist with teaching the training. The training is currently a 4 hour training. The M.A. training is one of the most important trainings I conduct. My co-trainer and I cover a lot of important information and teach knowledge, skills and behavior that can save a child's life.

It's a responsible and common sense plan to make this training required but reducing the quality of the training to only 2 hours and in a online format is a dangerous and irresponsible move. It's important with this training that child care providers have the opportunity to ask questions, receive feedback from trained health educators and nurses and be required to practice hands-on skills with giving medication. Whenever I conduct this training I always have a lot of dialogue and questions from participants. Administering medication is an important responsibility that can result in serious health risks, benefits and liability depending on how the material is taught.

I urge you to listen to the professionals who work most closely with the child care providers in North Carolina and require that the medication administration training be taught in-person by a certified or licensed Child Care Health Consultant, with a skills based sign-off to show proficiency and be covered in 4 training hours. At least one person who has received this training should be on-site at the child care at all times.

If this training is moved online despite recommendations against doing that by Child Care Health Consultants and the NC CCHC Association, I recommend:

- Any training should include North Carolina specific rules and address the actual violations occurring in North Carolina Child Care facilities.
- If an Early Childhood Educator has already taken a comparable training through from a field based training provider, college class, or other source that an equivalency will be accepted so they don't have to do repeat training.
- That DCDEE collaborate with the Child Care Health Consultant network so CCHCs, can support and facilitate whenever possible, these online trainings and be knowledgeable to answer content-specific questions in the field.

Thank you,
Dorothy

Dorothy Rawleigh
Child Care Health Consultant
Certified Health Education Specialist
Health Promotion and Policy Division
Chatham County Public Health Department
80 East Street
Pittsboro, NC 27312
phone: 919-545-8322
dorothy.rawleigh@chathamnc.org
www.chathamnc.org

REQUEST FOR TECHNICAL CHANGE FOR TEMPORARY RULE

AGENCY: NC Child Care Commission

RULE CITATION: Findings of Need Form

DEADLINE FOR RECEIPT: As soon as possible

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

In box 5, please verify the date that notice was sent to your interested parties pursuant to 150B-21.1(a3)(2).

In box 6, please provide dates of the recent act of the General Assembly or U.S. Congress or federal or state budgetary policy.

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

Amber Cronk May
Commission Counsel
Date submitted to agency: September 13, 2016

REQUEST FOR TECHNICAL CHANGE FOR TEMPORARY RULE

AGENCY: NC Child Care Commission

RULE CITATION: 10A NCAC 09 .0604

DEADLINE FOR RECEIPT: Wednesday, September 14, 2016 – 12:00 p.m.

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

In (e), is “preschool-age children” defined? Does “pre-school age children” include infants and toddlers? I assume that you don’t want toddlers in particular to have access to appliances with heating elements.

In (f), is it acceptable to allow “pre-school age children” access to electrical cords so long as they are not attached to appliances with heating elements.

In (i), do you mean “shall be fitted with a protective screen that that is attached to supports to prevent access...”, rather than “shall be provided”? I assume that you are not requiring fuel burning heaters, fireplaces, or floor furnaces.

In (o), please add a comma in between “torn apart” and “such as.”

In (p), will the plan for ensuring a safe evacuation of the crib not going to be included in the Emergency Preparedness and Response Plan? Are the centers that do not meet the Building Code and have an exit more than 8 inches required to write 2 plans regarding the emergency evacuation of a crib?

In (p), it seems as though there is a word missing somewhere. Should lines 9-10 read “For centers that do not meet NC Building Code for institutional occupancy and have an exit that is more than eight inches above grade...” Also, where can the NC Building Code be found?

In (u), please add a comma in between “locked areas” and “or shall be removed” and delete the “or” before “shall be removed.” Please add a comma in between “the premises” and “or otherwise inaccessible to children.”

Amber Cronk May
Commission Counsel
Date submitted to agency: September 13, 2016

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

Amber Cronk May
Commission Counsel
Date submitted to agency: September 13, 2016

7. Why is adherence to notice and hearing requirements contrary to the public interest and the immediate adoption of the rule is required?

Although the CCDBG Act was enacted in 2014, the regulations are still in the proposed rulemaking process. The September 30, 2016 deadline for certification was announced in December of 2015 by email, however, there was a webinar given by Region IV to all states in May 2016 to clarify the new CCDGB health and safety training requirements and the specified due date for implementing the training for all providers. The Division anticipated that the codified regulations would have more details about how the law would be implemented, however the regulations have not been finalized. The comment period closed on February 22, 2016. If NC cannot certify that it is compliant with the requirements of the CCDBG by the September 30 deadline, NC risks forfeiting millions of federal dollars it desperately needs to maintain funding for low-income families with children in child care.

The Child Care Commission adopted this rule under the temporary rules process to help protect the health and safety of children in child care so that providers would have access to the required training by the September 30 deadline. The training includes the following 11 topic areas:

- 1) prevention and control of infectious diseases, including immunization;
- 2) administration of medication, consistent with standards for parental consent;
- 3) prevention of and response to emergencies due to food and allergic reactions;
- 4) 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;
- 5) emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event;
- 6) handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
- 7) precautions in transporting children, if applicable;
- 8) prevention of shaken baby syndrome and abusive head trauma;
- 9) CPR and First Aid training;
- 10) recognizing and responding to Suspicions of Child Maltreatment; and
- 11) prevention of sudden infant death syndrome and use of safe sleeping practices.

The federal register may be found at <https://www.federalregister.gov/articles/2015/12/24/2015-31883/child-care-and-development-fund-ccdf-program#h-4>.

8. Rule establishes or increases a fee? (See G.S. 12-3.1)

Yes
Agency submitted request for consultation on:
Consultation not required. Cite authority:

No

9. Rule-making Coordinator: Dedra Alston

Phone: 919-527-6502

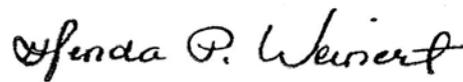
E-Mail: Dedra.Alston@dhhs.nc.gov

Agency contact, if any: Same as above

Phone: Same as above

E-Mail: Same as above

10. Signature of Agency Head*:



*** If this function has been delegated (reassigned) pursuant to G.S. 143B-10(a), submit a copy of the delegation with this form.**

Typed Name: Glenda Weinert

Title: Chairperson of the Child Care Commission

E-Mail: Glenda.Weinert@gmail.com

RULES REVIEW COMMISSION USE ONLY

Action taken:

Submitted for RRC Review:

Date returned to agency:

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

2

3 **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
11 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
14 by children.

15 (e) All electrical appliances shall be used only in accordance with the manufacturer's instructions. For appliances with
16 heating elements, such as bottle warmers, crock pots, irons, coffee pots, or curling irons, neither the appliance nor ~~the~~
17 any cord ~~cord, if applicable,~~ 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~~
24 ~~or out of the reach of children.~~

25 (i) Fuel burning heaters, fireplaces, and floor furnaces ~~furnaces, if applicable,~~ shall be provided with a protective
26 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
29 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
33 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 such as
2 foam rubber and styrofoam, shall not be accessible to children under three years of age, except that age. However,
3 styrofoam plates and larger pieces of foam rubber may be used for supervised art activities and styrofoam plates may
4 be used for food service. ~~Latex and rubber balloons, Jump ropes and rubber bands~~ shall not be accessible to children
5 under five years of age. ~~age~~ without adult supervision. ~~Balloons shall be prohibited~~ prohibited for children of all
6 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 more than eight inches above grade, the center shall
11 develop a written plan to ensure a safe and immediate evacuation of the crib or other device. The operator shall
12 physically demonstrate this written plan to the Division for review and approval. During the required fire, lockdown,
13 or shelter-in-place drills, an evacuation crib or other device shall be used in the manner described in the Emergency
14 Preparedness and Response Plan as defined in 10A NCAC 09 .0607(c).

15 (q) A first aid First Aid kit shall always be available on ~~site~~, site and easily accessible to staff. Each staff member
16 shall be aware of the location of the first aid First Aid kit.

17 (r) Fire drills shall be practiced monthly in accordance with 10A NCAC 09 .0607(a) and records shall be maintained
18 as required by 10A NCAC 09 .0302(d)(5).

19 (s) A "shelter in place drill" "shelter-in-place" or "lockdown drill" as defined in 10A NCAC 09 .0102 shall be
20 conducted at least every three months and records shall be maintained as required by 10A NCAC 09 ~~.0302(8).~~
21 .0302(d)(8).

22 (t) Each center shall establish safe procedures for pick-up and delivery of children. These procedures shall be
23 communicated to parents, and a copy shall be posted in the center where ~~they~~ it can be seen by the parents.

24 (u) In child care centers, potential ~~bio-contaminants~~ bio-contaminants shall be stored in locked areas or shall be
25 removed from the premises or otherwise inaccessible to children. ~~children and disposed of appropriately.~~ For
26 purposes of this Rule, a "bio-contaminant" includes bodily fluids, soiled diapers and wipes, and medical waste such
27 as syringes.

28 *History Note: Authority G.S. ~~110-85; 110-91(3),(6); 110-88; 143B-168.3;~~*

29 *Eff. January 1, 1991;*

30 *Amended Eff. January 1, 1996; November 1, 1991;*

31 *Temporary Amendment Eff. October 1, 1997;*

32 *Amended Eff. July 1, 2015; February 1, 2012; July 1, 2010; December 1, 2007; April 1, 2001;*

33 *July 1, 1998;*

34 *Temporary Amendment Eff. September 23, 2016.*

REQUEST FOR TECHNICAL CHANGE FOR TEMPORARY RULE

AGENCY: NC Child Care Commission

RULE CITATION: 10A NCAC 09 .0608

DEADLINE FOR RECEIPT: Wednesday, September 14, 2016 – 12:00 p.m.

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

In (a), please consider moving the definition of "staff" to (d). The definition does not seem to fit in Paragraph (a).

In (a)(1), please change "recognizing, responding to, and reporting" to "how to recognize, respond to, and report..."

In (a)(3), do you really intend the policy to only include how to care for infants? If so, please make this a separate sub-paragraph.

In (a)(4), what do you mean by "developmentally appropriate"? I know that this phrase is used throughout your rules, is this defined somewhere? Is your regulated public familiar with this term?

In (b), are centers required to provide this information to families already enrolled at the time of the Rule's effective date? Also, what is your authority to require a parent sign the statement? Should it instead read "the center shall obtain the parent's signature"?

In (c), please change "must" to "shall." Also, what is your authority to require a parent sign the statement? Should it instead read "the center shall obtain the parent's signature"?

In (d), are centers required to provide this information to staff members already providing care at the time of the Rule's effective date?

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

Amber Cronk May
Commission Counsel
Date submitted to agency: September 13, 2016

7. Why is adherence to notice and hearing requirements contrary to the public interest and the immediate adoption of the rule is required?

Although the CCDBG Act was enacted in 2014, the regulations are still in the proposed rulemaking process. The September 30, 2016 deadline for certification was announced in December of 2015 by email, however, there was a webinar given by Region IV to all states in May 2016 to clarify the new CCDGB health and safety training requirements and the specified due date for implementing the training for all providers. The Division anticipated that the codified regulations would have more details about how the law would be implemented, however the regulations have not been finalized. The comment period closed on February 22, 2016. If NC cannot certify that it is compliant with the requirements of the CCDBG by the September 30 deadline, NC risks forfeiting millions of federal dollars it desperately needs to maintain funding for low-income families with children in child care.

The Child Care Commission adopted this rule under the temporary rules process to help protect the health and safety of children in child care so that providers would have access to the required training by the September 30 deadline. The training includes the following 11 topic areas:

- 1) prevention and control of infectious diseases, including immunization;
- 2) administration of medication, consistent with standards for parental consent;
- 3) prevention of and response to emergencies due to food and allergic reactions;
- 4) 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;
- 5) emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event;
- 6) handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
- 7) precautions in transporting children, if applicable;
- 8) prevention of shaken baby syndrome and abusive head trauma;
- 9) CPR and First Aid training;
- 10) recognizing and responding to Suspicions of Child Maltreatment; and
- 11) prevention of sudden infant death syndrome and use of safe sleeping practices.

The federal register may be found at <https://www.federalregister.gov/articles/2015/12/24/2015-31883/child-care-and-development-fund-ccdf-program#h-4>.

8. Rule establishes or increases a fee? (See G.S. 12-3.1)

Yes
Agency submitted request for consultation on:
Consultation not required. Cite authority:

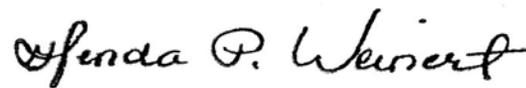
No

9. Rule-making Coordinator: Dedra Alston

Phone: 919-527-6502

E-Mail: Dedra.Alston@dhhs.nc.gov

10. Signature of Agency Head*:



*** If this function has been delegated (reassigned) pursuant to G.S. 143B-10(a), submit a copy of the delegation with this form.**

Typed Name: Glenda Weinert

Title: Chairperson of the Child Care Commission

E-Mail: Glenda.Weinert@gmail.com

Agency contact, if any: Same as above

Phone: Same as above

E-Mail: Same as above

RULES REVIEW COMMISSION USE ONLY

Action taken:

Submitted for RRC Review:

Date returned to agency:

1 **10A NCAC 09 .0608 is adopted with changes under temporary procedures as follows:**
2

3 **10A NCAC 09 .0608 PREVENTION OF SHAKEN BABY SYNDROME AND ABUSIVE HEAD TRAUMA**
4

5 (a) Each child care center licensed to care for children up to five years of age shall develop and adopt policies to
6 prevent shaken baby syndrome and abusive head trauma. For purposes of this Rule, “staff” includes the operator,
7 additional caregivers, substitute providers, and uncompensated providers. The policy shall include [but not be limited
8 to] the following:

- 9 (1) Recognizing, responding to, and reporting the signs and symptoms of shaken baby syndrome and
10 abusive head trauma. Signs and symptoms include: irritability, difficulty staying awake, difficulty
11 breathing, inability to lift the head, seizures, lack of appetite, vomiting, and bruises;
- 12 (2) Strategies to assist staff members in coping with a crying, fussing, or distraught child;
- 13 (3) Strategies to ensure staff members understand the brain development of children up to five years of
14 age and how to [~~properly~~] care for infants;
- 15 (4) A list of prohibited behaviors that staff members shall follow in order to care for children in a [~~safe~~]
16 developmentally appropriate manner. Prohibited behaviors shall [~~include~~] include, but not be
17 limited to, shaking a child, tossing a child into the air or into a crib, chair, or car seat, and pushing a
18 child into walls, doors, and furniture; and
- 19 (5) Resources to assist staff members and families in preventing shaken baby syndrome and abusive
20 head trauma.

21 (b) A copy of the policy shall be given and explained to the parents of children up to five years of age on or before
22 the first day the child receives care at the center. The parent shall sign a statement acknowledging the receipt and
23 explanation of the policy. The acknowledgement shall contain the following:

- 24 (1) The child’s name;
- 25 (2) The date the child first attended the center;
- 26 (3) The date the operator’s policy was given and explained to the parent;
- 27 (4) The parent’s name;
- 28 (5) The parent’s signature; and
- 29 (6) The date the parent signed the acknowledgment.

30 The child care center shall retain the acknowledgement in the child’s file.

31 (c) If a child care center changes the policy at any time, the child care center must give written notice of [~~such a~~] the
32 change to the child’s parent 14 days prior to the implementation of the new policy and the parent [must] shall sign a
33 statement that attests that a copy of the new policy was given to and discussed with him or her. This statement shall
34 be kept in the child’s file.

35 (d) Each child care center shall review the policy with staff members prior to the individual providing care to children.
36 The acknowledgement of this review shall contain:

- 37 (1) The individual’s name;
- 38 [~~(2)~~] [~~The date the individual began caring for children;~~]
- 39 [~~(3)~~] (2) The date the center’s policy was given and explained to the individual;

1 [~~(4)~~] (3) The individual's signature; and

2 [~~(5)~~] (4) The date the individual signed the acknowledgment.

3 The child care center shall retain the acknowledgement in the staff member's [~~personnel~~] file.

4 (e) If a child care center changes the policy at any time, the child care center shall review the revised policy with staff
5 members 14 days prior to the implementation of the new policy. The individual shall sign a statement that attests that
6 a copy of the new policy was given to and discussed with him or her. This statement shall be kept in the staff member's
7 [~~personnel~~] file.

8 *History Note: Authority G.S. 143B-168.3;*

9 *Temporary Adoption Eff. September 23, 2016.*

REQUEST FOR TECHNICAL CHANGE FOR TEMPORARY RULE

AGENCY: NC Child Care Commission

RULE CITATION: 10A NCAC 09 .0705

DEADLINE FOR RECEIPT: Wednesday, September 14, 2016 – 12:00 p.m.

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

In (a), please indicate whether the incorporation by reference includes subsequent amendments and editions pursuant to 150B-21.6.

In (b), please delete or define "successfully" on lines 13. Are basic first aid and basis first aid appropriate for the ages of children in care different? If not, there appears to be a conflict in requirements.

In (c), please delete or define "prominent."

Just so I'm clear are the requirements in (b) for staff members who accompany children off premises and (d) is for staff members who provided care at the center? Please consider adding some additional clarification regarding these requirements. Please also consider switching (c) and (d).

In (e), line 23, and (f), line 1, in what form will the verification be? Is this a certificate given after completion of the training? By whom is the training conducted

In (f) and (g), are staff that are employed at the time of the effective date of this Rule required to complete this training? If so, when?

In (g), in what form will the verification be?

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

Amber Cronk May
Commission Counsel
Date submitted to agency: September 13, 2016

7. Why is adherence to notice and hearing requirements contrary to the public interest and the immediate adoption of the rule is required?

Although the CCDBG Act was enacted in 2014, the regulations are still in the proposed rulemaking process. The September 30, 2016 deadline for certification was announced in December of 2015 by email, however, there was a webinar given by Region IV to all states in May 2016 to clarify the new CCDGB health and safety training requirements and the specified due date for implementing the training for all providers. The Division anticipated that the codified regulations would have more details about how the law would be implemented, however the regulations have not been finalized. The comment period closed on February 22, 2016. If NC cannot certify that it is compliant with the requirements of the CCDBG by the September 30 deadline, NC risks forfeiting millions of federal dollars it desperately needs to maintain funding for low-income families with children in child care.

The Child Care Commission adopted this rule under the temporary rules process to help protect the health and safety of children in child care so that providers would have access to the required training by the September 30 deadline. The training includes the following 11 topic areas:

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- 2) administration of medication, consistent with standards for parental consent;
- 3) prevention of and response to emergencies due to food and allergic reactions;
- 4) 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;
- 5) emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event;
- 6) handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
- 7) precautions in transporting children, if applicable;
- 8) prevention of shaken baby syndrome and abusive head trauma;
- 9) CPR and First Aid training;
- 10) recognizing and responding to Suspicions of Child Maltreatment; and
- 11) prevention of sudden infant death syndrome and use of safe sleeping practices.

The federal register may be found at <https://www.federalregister.gov/articles/2015/12/24/2015-31883/child-care-and-development-fund-ccdf-program#h-4>.

8. Rule establishes or increases a fee? (See G.S. 12-3.1)

Yes
Agency submitted request for consultation on:
Consultation not required. Cite authority:

No

9. Rule-making Coordinator: Dedra Alston

Phone: 919-527-6502

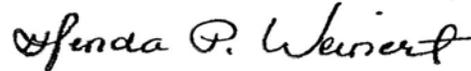
E-Mail: Dedra.Alston@dhhs.nc.gov

Agency contact, if any: Same as above

Phone: Same as above

E-Mail: Same as above

10. Signature of Agency Head*:



*** If this function has been delegated (reassigned) pursuant to G.S. 143B-10(a), submit a copy of the delegation with this form.**

Typed Name: Glenda Weinert

Title: Chairperson of the Child Care Commission

E-Mail: Glenda.Weinert@gmail.com

RULES REVIEW COMMISSION USE ONLY

Action taken:

Submitted for RRC Review:

Date returned to agency:

1 10A NCAC 09 .0705 is amended with changes under temporary procedures as follows:
2
3

4 10A NCAC 09 .0705 SPECIAL TRAINING REQUIREMENTS

5 (a) At least one staff member shall be knowledgeable of and able to recognize common symptoms of illness. A copy
6 of *Caring for Our Children: Appendix A* shall be located in the child care facility for referral regarding common signs
7 and symptoms of illness. The book is incorporated by reference and is available free of charge online at
8 <http://cfoc.nrckids.org>.

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

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

13 All staff who provide direct care or accompany children when they are off premises shall successfully complete
14 certification in basic First Aid appropriate for the ages of children in care. The training shall be completed within six
15 weeks of ~~employment; however,~~ employment. At all times when children are in care at least one staff member
16 present must have successfully completed basic First Aid ~~[training.]~~ training, as evidenced by a certificate or card
17 from an approved training organization. First Aid training shall be renewed on or before expiration of the certification.
18 Verification of each required staff ~~person's~~ member's completion of this course from an approved training organization
19 shall be maintained in the ~~person's individual~~ staff member's personnel file in the center. The Division shall post a list
20 of approved training organizations on its website at http://ncchildcare.nc.gov/providers/pv_sn2_ov_pd.asp. The basic
21 first aid course shall address principles for responding to emergencies, and techniques for handling common childhood
22 injuries, accidents and illnesses such as choking, burns, fractures, bites and stings, wounds, scrapes, bruises, cuts and
23 lacerations, poisoning, seizures, bleeding, allergic reactions, eye and nose injuries and sudden changes in body
24 temperature.

25 (c) A ~~first aid~~ First Aid information sheet shall be posted in a prominent place for quick referral. referral by staff
26 members. A child care operator may request a First Aid information sheet An acceptable form may be requested free
27 of charge from the North Carolina Child Care Health and Safety Resource ~~Center. Center at 1-800-367-2229.~~

28 (d) ~~Each child care center shall have at least one person on the premises at all times, and at least one person who~~
29 ~~accompanies the children whenever they are off the premises, who has successfully completed certification in a~~
30 ~~cardiopulmonary resuscitation (CPR) course provided by either the American Heart Association or the American Red~~
31 ~~Cross or other organizations approved by the Division. Other organizations shall be approved if the Division~~
32 ~~determines that the courses offered are substantially equivalent to those offered by the American Red Cross. CPR~~
33 ~~training shall be renewed on or before the expiration of the certification or every two years, whichever is~~
34 ~~less. Successfully completed is defined as demonstrating competency, as evaluated by the instructor, in performing~~

1 ~~CPR. The course shall provide training in CPR appropriate for the ages of children in care. Documentation of~~
2 ~~successful completion of the course from the American Heart Association, the American Red Cross, or other~~
3 ~~organization approved by the Division shall be on file in the center. At all times when children are in care at least one~~
4 ~~staff member present must have successfully completed CPR training. The training shall be completed within six~~
5 ~~weeks of employment. “Successfully completed” is defined as demonstrating competency, as evaluated by the~~
6 ~~instructor, in performing CPR. All staff who provide direct care or accompany children when they are off premises~~
7 ~~shall successfully complete certification in a cardiopulmonary resuscitation (CPR) course appropriate for the ages of~~
8 ~~children in care. The training shall be completed within six weeks of employment; however, at all times when children~~
9 ~~are in care at least one staff member present must have successfully completed CPR training. CPR training shall be~~
10 ~~renewed on or before the expiration of the certification. Verification of each staff member’s completion of this course~~
11 ~~from an approved training organization shall be maintained in the [person’s individual personnel] staff member’s file~~
12 ~~in the center. The Division shall post a list of approved training organizations on its website at~~
13 ~~http://ncchildcare.nc.gov/providers/pv_sn2_ov_pd.asp.~~

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

- 19 (1) In centers with a licensed capacity of less than 30 children, at least one staff person shall complete
20 this training.
- 21 (2) In centers with a licensed capacity of 30 or more children, at least two staff, including the
22 administrator, shall complete this training.

23 Verification of each staff member’s completion of this course shall be maintained in the staff member’s file in the
24 center.

25 (f) ~~In centers that are licensed to care for infants, infants ages 12 months and younger, the center director and any~~
26 ~~child care provider scheduled to work in the infant room, including volunteers counted in staff/child ratios, shall~~
27 ~~complete ITS SIDS training. ITS SIDS training shall be completed within four months of the individual assuming~~
28 ~~responsibilities in the infant room or as an administrator, and shall be completed again every three years from the~~
29 ~~completion of previous ITS SIDS training. the child care administrator and any child care provider scheduled to work~~
30 ~~in the infant room shall complete ITS-SIDS training. ITS-SIDS training shall be completed within two months of an~~
31 ~~individual assuming responsibilities in the infant room and every three years thereafter. Child care administrators, as~~
32 ~~defined in G.S. 110-86(2a), shall complete ITS-SIDS training within two months of employment and every three years~~
33 ~~thereafter. Completion of ITS-SIDS training may shall be included once every three years in the number of hours~~
34 ~~needed to meet annual in-service ongoing training requirements in Section .0700 of this Chapter. At all times, at least~~
35 ~~one child care provider who has completed ITS-SIDS training shall be present in the infant room while children are~~
36 ~~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 reviewed with the individual as required by Rule .0707(a) of this Section. Verification of each staff member's
2 completion of this course shall be maintained in the staff member's file in the center.

3 (g) The child care administrator and all staff members shall complete *Recognizing and Responding to Suspicions of*
4 *Child Maltreatment* training within two months of employment and every three years thereafter. Completion of
5 *Recognizing and Responding to Suspicions of Child Maltreatment* training shall be included once every three years in
6 the number of hours needed to meet ongoing training requirements in Section .0700 of this Chapter. *Recognizing and*
7 *Responding to Suspicions of Child Maltreatment* training is available at

8 [<https://www.preventchildabusenc.org/>] [https://www.preventchildabusenc.org/services/trainings-and-professional-](https://www.preventchildabusenc.org/services/trainings-and-professional-development/rrcourse)
9 [development/rrcourse](https://www.preventchildabusenc.org/services/trainings-and-professional-development/rrcourse). Verification of each staff member's completion of this course shall be maintained in the staff
10 member's file in the center.

11
12 *History Note: Authority G.S. ~~110-85~~; 110-88; 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.*

REQUEST FOR TECHNICAL CHANGE FOR TEMPORARY RULE

AGENCY: NC Child Care Commission

RULE CITATION: 10A NCAC 09 .0706

DEADLINE FOR RECEIPT: Wednesday, September 14, 2016 – 12:00 p.m.

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

In (a), how is this training to be offered? Will it be in-person? Online? Will the topics be separate trainings?

In (b), please change "must" to "shall."

In (b)(2), what is meant by "consistent with standards for parental consent"?

Why have cross-references been provided for some of the sub-paragraphs (b)(1) through (b)(11), but not for all. Aren't all of these required elsewhere in Rule? Please note that I am not requesting that cross-references be provided for all topics.

In (c), by "may", do you mean "shall"? If you do mean "may", under what circumstances will the training count toward in-service training?

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

Amber Cronk May
Commission Counsel
Date submitted to agency: September 13, 2016

7. Why is adherence to notice and hearing requirements contrary to the public interest and the immediate adoption of the rule is required?

Although the CCDBG Act was enacted in 2014, the regulations are still in the proposed rulemaking process. The September 30, 2016 deadline for certification was announced in December of 2015 by email, however, there was a webinar given by Region IV to all states in May 2016 to clarify the new CCDGB health and safety training requirements and the specified due date for implementing the training for all providers. The Division anticipated that the codified regulations would have more details about how the law would be implemented, however the regulations have not been finalized. The comment period closed on February 22, 2016. If NC cannot certify that it is compliant with the requirements of the CCDBG by the September 30 deadline, NC risks forfeiting millions of federal dollars it desperately needs to maintain funding for low-income families with children in child care.

The Child Care Commission adopted this rule under the temporary rules process to help protect the health and safety of children in child care so that providers would have access to the required training by the September 30 deadline. The training includes the following 11 topic areas:

- 1) prevention and control of infectious diseases, including immunization;
- 2) administration of medication, consistent with standards for parental consent;
- 3) prevention of and response to emergencies due to food and allergic reactions;
- 4) 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;
- 5) emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event;
- 6) handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
- 7) precautions in transporting children, if applicable;
- 8) prevention of shaken baby syndrome and abusive head trauma;
- 9) CPR and First Aid training;
- 10) recognizing and responding to Suspicions of Child Maltreatment; and
- 11) prevention of sudden infant death syndrome and use of safe sleeping practices.

The federal register may be found at <https://www.federalregister.gov/articles/2015/12/24/2015-31883/child-care-and-development-fund-ccdf-program#h-4>.

8. Rule establishes or increases a fee? (See G.S. 12-3.1)

Yes
Agency submitted request for consultation on:
Consultation not required. Cite authority:

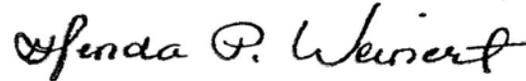
No

9. Rule-making Coordinator: Dedra Alston

Phone: 919-527-6502

E-Mail: Dedra.Alston@dhhs.nc.gov

10. Signature of Agency Head*:



*** If this function has been delegated (reassigned) pursuant to G.S. 143B-10(a), submit a copy of the delegation with this form.**

Typed Name: Glenda Weinert

Title: Chairperson of the Child Care Commission

E-Mail: Glenda.Weinert@gmail.com

Agency contact, if any: Same as above

Phone: Same as above

E-Mail: Same as above

RULES REVIEW COMMISSION USE ONLY

Action taken:

Submitted for RRC Review:

Date returned to agency:

1 **10A NCAC 09 .0706 is adopted with changes under temporary procedures as follows:**

2
3 **10A NCAC 09 .0706 HEALTH AND SAFETY TRAINING REQUIREMENTS**

4 (a) Child care administrators and staff members shall complete health and safety training offered by the Division no
5 later than June 30, 2017.

6 (b) The training must 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 (11) Prevention of sudden infant death syndrome and use of safe sleeping practices.

23 (c) Training hours accrued for the completion of this requirement may count toward in-service training. However,
24 child care administrators and staff members must complete the health and safety training even if the number of hours
25 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.*

REQUEST FOR TECHNICAL CHANGE FOR TEMPORARY RULE

AGENCY: NC Child Care Commission

RULE CITATION: 10A NCAC 09 .0707

DEADLINE FOR RECEIPT: Wednesday, September 14, 2016 – 12:00 p.m.

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

In (a), do you mean that the "orientation training required pursuant to this Paragraph shall not be counted toward annual ongoing training requirements as set forth in Paragraph (c) of this Rule"?

In (a), please provide a cross-reference to the "annual ongoing training requirements."

In (b), what are "appropriate precautions in transporting children"? Please delete or define "appropriate."

In (b), please delete or define "successfully" in "successfully complete CPR and First Aid training."

In (c), please change "facility" to "center" for purposes of consistency.

In (c)(4), what is meant by "arrangement"? Do you mean "licensed child care center or home"?

In (d), what do you mean by "the option"? Do you mean Sub-Paragraph (c)(5)? Also, is the intent really that a person either take 20 hours of the pro-rated amount? What about for staff working less than 40 hours a week who has a 4-year degree and would only need to take 5 hours of training. Please clarify.

In (e), by "may", do you mean "shall"? If not, under what circumstances will the coursework be counted toward in-service training requirements? Is this left to the choice of the staff member?

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

Amber Cronk May
Commission Counsel
Date submitted to agency: September 13, 2016

7. Why is adherence to notice and hearing requirements contrary to the public interest and the immediate adoption of the rule is required?

Although the CCDBG Act was enacted in 2014, the regulations are still in the proposed rulemaking process. The September 30, 2016 deadline for certification was announced in December of 2015 by email, however, there was a webinar given by Region IV to all states in May 2016 to clarify the new CCDGB health and safety training requirements and the specified due date for implementing the training for all providers. The Division anticipated that the codified regulations would have more details about how the law would be implemented, however the regulations have not been finalized. The comment period closed on February 22, 2016. If NC cannot certify that it is compliant with the requirements of the CCDBG by the September 30 deadline, NC risks forfeiting millions of federal dollars it desperately needs to maintain funding for low-income families with children in child care.

The Child Care Commission adopted this rule under the temporary rules process to help protect the health and safety of children in child care so that providers would have access to the required training by the September 30 deadline. The training includes the following 11 topic areas:

- 1) prevention and control of infectious diseases, including immunization;
- 2) administration of medication, consistent with standards for parental consent;
- 3) prevention of and response to emergencies due to food and allergic reactions;
- 4) 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;
- 5) emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event;
- 6) handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
- 7) precautions in transporting children, if applicable;
- 8) prevention of shaken baby syndrome and abusive head trauma;
- 9) CPR and First Aid training;
- 10) recognizing and responding to Suspicions of Child Maltreatment; and
- 11) prevention of sudden infant death syndrome and use of safe sleeping practices.

The federal register may be found at <https://www.federalregister.gov/articles/2015/12/24/2015-31883/child-care-and-development-fund-ccdf-program#h-4>.

8. Rule establishes or increases a fee? (See G.S. 12-3.1)

Yes
Agency submitted request for consultation on:
Consultation not required. Cite authority:

No

9. Rule-making Coordinator: Dedra Alston

Phone: 919-527-6502

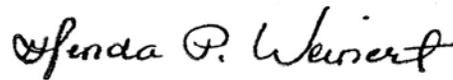
E-Mail: Dedra.Alston@dhhs.nc.gov

Agency contact, if any: Same as above

Phone: Same as above

E-Mail: Same as above

10. Signature of Agency Head*:



*** If this function has been delegated (reassigned) pursuant to G.S. 143B-10(a), submit a copy of the delegation with this form.**

Typed Name: Glenda Weinert

Title: Chairperson of the Child Care Commission

E-Mail: Glenda.Weinert@gmail.com

RULES REVIEW COMMISSION USE ONLY

Action taken:

Submitted for RRC Review:

Date returned to agency:

1 **10A NCAC 09 .0707 is amended with changes under temporary procedures as follows:**

2

3 **10A NCAC 09 .0707 IN-SERVICE AND ORIENTATION TRAINING REQUIREMENTS**

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

- 9 (1) ~~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;~~
- 11 (2) ~~review of the center's operational policies, including the center's safe sleep policy for infants, the~~
12 ~~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;~~
- 17 (7) ~~review of the center's purposes and goals;~~
- 18 (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~~
23 ~~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:~~

<u>Within first two (2) weeks of employment</u>	<u>Within first six (6) weeks of employment</u>
<u>Recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to G.S. 110-105.4 and G.S. 7B-301</u>	<u>[First hand] Firsthand observation of the center's daily operations</u>
<u>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</u>	<u>Instruction in the employee's assigned duties</u>
<u>Adequate supervision of children in accordance with 10A NCAC 09 .0714 [.1804]</u>	<u>Instruction in the maintenance of a safe and healthy environment; building and physical premises safety, including identification of and protection from hazards that</u>

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

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(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 20 hours of in-service training, or the
8 training requirement may be prorated as follows:
9

WORKING HOURS PER WEEK	CLOCK HOURS REQUIRED
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~~
11 ~~addresses staff development topic areas specified in G.S. 110-91(11) may be counted toward in-service training~~
12 ~~requirements.~~

13
14 *History Note: Authority G.S. 110-88; 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 *Temporary Amendment Eff. September 23, 2016.*

REQUEST FOR TECHNICAL CHANGE FOR TEMPORARY RULE

AGENCY: NC Child Care Commission

RULE CITATION: 10A NCAC 09 .0801

DEADLINE FOR RECEIPT: Wednesday, September 14, 2016 – 12:00 p.m.

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

In (a), by “in care” do you mean “enrolled in a child care center”?

In (a)(6)(A), either add “any” before “dietary, environmental...” or delete “that are applicable.”

Since it is not actually part of the application, please consider making (a)(6) it's own paragraph, and reword to say “for any child with health care needs, such as allergies, asthma, or other chronic conditions that require health services, a medical action plan shall be attached to the application. The medical action plan shall be completed by the child's parent or a health care professional and including the following:...” If you chose to do this, I would make (a)(6) into (b).

In (b), please consider making (b)(1) through (b)(3) into their own paragraphs. For example, (b)(1) would read “Center administrators and staff shall release a child only to an individual listed on the application.” (b)(2) would read “the information contained in Subparagraphs (a)(1) through (a)(8) of this Rule shall be accessible to caregiving staff during the time the child is in care.”

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

Amber Cronk May
Commission Counsel
Date submitted to agency: September 13, 2016

7. Why is adherence to notice and hearing requirements contrary to the public interest and the immediate adoption of the rule is required?

Although the CCDBG Act was enacted in 2014, the regulations are still in the proposed rulemaking process. The September 30, 2016 deadline for certification was announced in December of 2015 by email, however, there was a webinar given by Region IV to all states in May 2016 to clarify the new CCDGB health and safety training requirements and the specified due date for implementing the training for all providers. The Division anticipated that the codified regulations would have more details about how the law would be implemented, however the regulations have not been finalized. The comment period closed on February 22, 2016. If NC cannot certify that it is compliant with the requirements of the CCDBG by the September 30 deadline, NC risks forfeiting millions of federal dollars it desperately needs to maintain funding for low-income families with children in child care.

The Child Care Commission adopted this rule under the temporary rules process to help protect the health and safety of children in child care so that providers would have access to the required training by the September 30 deadline. The training includes the following 11 topic areas:

- 1) prevention and control of infectious diseases, including immunization;
- 2) administration of medication, consistent with standards for parental consent;
- 3) prevention of and response to emergencies due to food and allergic reactions;
- 4) 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;
- 5) emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event;
- 6) handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
- 7) precautions in transporting children, if applicable;
- 8) prevention of shaken baby syndrome and abusive head trauma;
- 9) CPR and First Aid training;
- 10) recognizing and responding to Suspicions of Child Maltreatment; and
- 11) prevention of sudden infant death syndrome and use of safe sleeping practices.

The federal register may be found at <https://www.federalregister.gov/articles/2015/12/24/2015-31883/child-care-and-development-fund-ccdf-program#h-4>.

8. Rule establishes or increases a fee? (See G.S. 12-3.1)

Yes
Agency submitted request for consultation on:
Consultation not required. Cite authority:

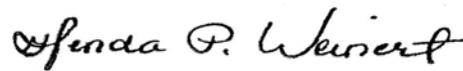
No

9. Rule-making Coordinator: Dedra Alston

Phone: 919-527-6502

E-Mail: Dedra.Alston@dhhs.nc.gov

10. Signature of Agency Head*:



*** If this function has been delegated (reassigned) pursuant to G.S. 143B-10(a), submit a copy of the delegation with this form.**

Typed Name: Glenda Weinert

Title: Chairperson of the Child Care Commission

E-Mail: Glenda.Weinert@gmail.com

Agency contact, if any: Same as above

Phone: Same as above

E-Mail: Same as above

RULES REVIEW COMMISSION USE ONLY

Action taken:

Submitted for RRC Review:

Date returned to agency:

1 10A NCAC 09 .0801 is amended with changes under temporary procedures as follows:

2
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 NCAC 09 .0102. legal guardian, or full-time custodian. The completed, signed application shall be
6 on file in the center 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 (1) Emergency medical information as [specified] set forth in Rule .0802(b) of this Section;

17 (2) The child's full name and the name the child is to be called;

18 (3) The child's date of birth;

19 (4) Any [allergies, symptoms of and the type] allergies and the symptoms and type of response required
20 for allergic reactions;

21 (5) Any health care needs or concerns, symptoms of and the type of response required for these health
22 care needs or concerns;

23 (6) A completed medical action plan shall be attached to the application for children with health care
24 needs such as allergies, asthma, or other chronic conditions that require specialized health services.
25 The medical action plan shall be completed by the child's parent or a health care professional and
26 include the following information:

27 (A) a list of the child's [diagnosis/diagnoses,] diagnosis or diagnoses including dietary,
28 [environmental] environmental, and activity considerations that are applicable;

29 (B) contact information for the health care professional(s);

30 (C) medications to be administered on a scheduled basis; and

31 (D) medications to be administered on an emergency basis with [clearly stated signs,
32 symptoms] symptoms, and instructions.

33 The medical action plan shall be updated on an annual basis. Sample medical action plans may be
34 found on the Division's website at http://ncchildcare.nc.gov/providers/pv_provideforms.asp;

35 (7) Particular fears, fears or unique behavior characteristics that the child has; and

36 (8) The names of individuals to whom the center may release the [child] child, as authorized by the
37 person who signs the application.

1 (b) ~~Each child's application shall be readily available and easily accessible to caregiving staff during the time the~~
2 ~~children are present.~~ Center administrators and staff members shall:

- 3 (1) [only] release a child [only] to an individual listed on the application;
4 (2) have the information provided in Subparagraphs (a)(1) through (8) of this Rule, contained within
5 the application, [readily] available and [easily] accessible to caregiving staff during the time the
6 [children are] child is in care; and
7 (3) use the information provided on the application to ensure that each individual child's needs are met
8 during the time the child is in care.

9
10 *History Note: Authority G.S. 110-88; ~~110-91(9)~~; 143B-168.3;*
11 *Eff. January 1, 1986;*
12 *Amended Eff. November 1, 1989;*
13 *Temporary Amendment Eff. September 23, 2016.*

REQUEST FOR TECHNICAL CHANGE FOR TEMPORARY RULE

AGENCY: NC Child Care Commission

RULE CITATION: 10A NCAC 09 .1701

DEADLINE FOR RECEIPT: Wednesday, September 14, 2016 – 12:00 p.m.

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

In (g), please delete or define "immediately."

In (h)(2), please delete "if needed."

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

Amber Cronk May
Commission Counsel
Date submitted to agency: September 13, 2016

7. Why is adherence to notice and hearing requirements contrary to the public interest and the immediate adoption of the rule is required?

Although the CCDBG Act was enacted in 2014, the regulations are still in the proposed rulemaking process. The September 30, 2016 deadline for certification was announced in December of 2015 by email, however, there was a webinar given by Region IV to all states in May 2016 to clarify the new CCDGB health and safety training requirements and the specified due date for implementing the training for all providers. The Division anticipated that the codified regulations would have more details about how the law would be implemented, however the regulations have not been finalized. The comment period closed on February 22, 2016. If NC cannot certify that it is compliant with the requirements of the CCDBG by the September 30 deadline, NC risks forfeiting millions of federal dollars it desperately needs to maintain funding for low-income families with children in child care.

The Child Care Commission adopted this rule under the temporary rules process to help protect the health and safety of children in child care so that providers would have access to the required training by the September 30 deadline. The training includes the following 11 topic areas:

- 1) prevention and control of infectious diseases, including immunization;
- 2) administration of medication, consistent with standards for parental consent;
- 3) prevention of and response to emergencies due to food and allergic reactions;
- 4) 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;
- 5) emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event;
- 6) handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
- 7) precautions in transporting children, if applicable;
- 8) prevention of shaken baby syndrome and abusive head trauma;
- 9) CPR and First Aid training;
- 10) recognizing and responding to Suspicions of Child Maltreatment; and
- 11) prevention of sudden infant death syndrome and use of safe sleeping practices.

The federal register may be found at <https://www.federalregister.gov/articles/2015/12/24/2015-31883/child-care-and-development-fund-ccdf-program#h-4>.

8. Rule establishes or increases a fee? (See G.S. 12-3.1)

Yes
Agency submitted request for consultation on:
Consultation not required. Cite authority:

No

9. Rule-making Coordinator: Dedra Alston

Phone: 919-527-6502

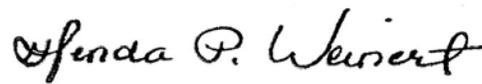
E-Mail: Dedra.Alston@dhhs.nc.gov

Agency contact, if any: Same as above

Phone: Same as above

E-Mail: Same as above

10. Signature of Agency Head*:



*** If this function has been delegated (reassigned) pursuant to G.S. 143B-10(a), submit a copy of the delegation with this form.**

Typed Name: Glenda Weinert

Title: Chairperson of the Child Care Commission

E-Mail: Glenda.Weinert@gmail.com

RULES REVIEW COMMISSION USE ONLY

Action taken:

Submitted for RRC Review:

Date returned to agency:

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 .1701 GENERAL PROVISIONS RELATED TO LICENSURE OF
6 HOMES

7 (a) All family child care homes shall comply with the standards for licensure set forth in this Section. A one- star
8 rated license shall 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 individual 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 (b)(2), and (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 in 10A NCAC 09 .2702, .2703 and annual in-service training as described in Rule .1705(b)(5) of
16 this Section. While the individual provides care at a family child care home, copies of required information shall be
17 on file in the home available for review by the Division.

18 (c) An individual who provides care for less than five hours in a week, week during planned absences of the operator
19 shall meet all requirements listed in Paragraph (b) of this Rule, except the requirements for annual in-service training
20 and a high school diploma or GED. The individual shall be literate.

21 (d) The operator shall conduct 16 hours of orientation ~~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 substitute [providers] providers, and volunteers, individuals who are providing care prior to the individual's~~
24 ~~assuming responsibility for individual being left alone with the children, children as follows:~~

- 25 (1) recognizing, responding to, and reporting child abuse, neglect, or maltreatment
26 pursuant to G.S. 110-105.4 and G.S. 7B-301;
- 27 (2) 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 (3) adequate supervision of children in accordance with 10A NCAC 09 .1718(a);
- 30 (4) information regarding prevention of shaken baby syndrome and abusive head trauma;
- 31 (5) prevention and control of infectious diseases, including immunization;
- 32 (6) firsthand [first hand] observation of the home's daily operations;
- 33 (7) instruction regarding assigned duties;
- 34 (8) instruction in the maintenance of a safe and healthy environment;
- 35 (9) instruction in the administration of medication to children in accordance with 10A NCAC 09
36 .1720(c);
- 37 (10) review of the home's purposes and goals;
- 38 (11) review of G.S. 110, Article 7 and 10A NCAC 09;

- 1 (12) 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 (13) an explanation of the individual's obligation to cooperate with representatives of State and local
- 4 government agencies during visits and investigations;
- 5 (14) completion of CPR and First Aid training; and
- 6 (15) prevention of and response to emergencies due to food and allergic reactions.

7 The operator and individual providing care shall sign and date a statement **which that** attests that this review was
8 completed. This statement shall be kept on file in the home available for review by the Division.

9 (e) An individual who provides care during unplanned absences of the operator, such as medical emergencies, shall
10 be at least 18 years old and submit criminal records check forms as required in 10A NCAC 09 **.2703(j), .2702,**
11 **Paragraph (j).** The 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 provisions 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 present. This exclusion shall not apply to parents or other persons who enter the home only for the purpose
17 of performing parental responsibilities; nor does it include persons who enter the home for **brief periods for** the purpose
18 of conducting business 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 unlimited access to the home during its operating hours for the purposes of contacting the child or
21 evaluating the home and the care provided by the operator. The parent shall notify the operator of his or her presence
22 immediately upon 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:

- 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 **quickly** to the 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 operator shall develop and adopt a written plan of care for completing routine tasks (including running
30 errands, meeting 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 routine
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 operator amends the written plan, the operator shall give written notice of the amendment to parents of all
12 enrolled children at least 30 days before the amended plan is implemented. Each parent shall sign a statement
13 acknowledging the receipt and explanation of the amendment. The operator shall retain the acknowledgement in the
14 child's records 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~~; 110-85(1); ~~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.*

REQUEST FOR TECHNICAL CHANGE FOR TEMPORARY RULE

AGENCY: NC Child Care Commission

RULE CITATION: 10A NCAC 09 .1702

DEADLINE FOR RECEIPT: Wednesday, September 14, 2016 – 12:00 p.m.

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

In (a), what information is required in the application form? Are the contents set forth elsewhere in rule or statute?

In (c)(5), what is to be included in the health questionnaire? Is this set forth elsewhere in rule or statute?

In (c)(6), please delete or define "current."

In (d), please delete or define "complete." Please note that providing the information requested above for (a) will eliminate this issue.

In (f)(6), who will substantiate the abuse, neglect, or maltreatment?

In (f)(7), how is an applicant or a household member disqualified? Pursuant to the applicable rules and statutes?

In (f)(7), what is "FCCH"? I assume family child care homes, but this is the first time that I have seen it abbreviated.

In (i), please change "is" to "shall be."

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

Amber Cronk May
Commission Counsel
Date submitted to agency: September 13, 2016

7. Why is adherence to notice and hearing requirements contrary to the public interest and the immediate adoption of the rule is required?

Although the CCDBG Act was enacted in 2014, the regulations are still in the proposed rulemaking process. The September 30, 2016 deadline for certification was announced in December of 2015 by email, however, there was a webinar given by Region IV to all states in May 2016 to clarify the new CCDGB health and safety training requirements and the specified due date for implementing the training for all providers. The Division anticipated that the codified regulations would have more details about how the law would be implemented, however the regulations have not been finalized. The comment period closed on February 22, 2016. If NC cannot certify that it is compliant with the requirements of the CCDBG by the September 30 deadline, NC risks forfeiting millions of federal dollars it desperately needs to maintain funding for low-income families with children in child care.

The Child Care Commission adopted this rule under the temporary rules process to help protect the health and safety of children in child care so that providers would have access to the required training by the September 30 deadline. The training includes the following 11 topic areas:

- 1) prevention and control of infectious diseases, including immunization;
- 2) administration of medication, consistent with standards for parental consent;
- 3) prevention of and response to emergencies due to food and allergic reactions;
- 4) 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;
- 5) emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event;
- 6) handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
- 7) precautions in transporting children, if applicable;
- 8) prevention of shaken baby syndrome and abusive head trauma;
- 9) CPR and First Aid training;
- 10) recognizing and responding to Suspicions of Child Maltreatment; and
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The federal register may be found at <https://www.federalregister.gov/articles/2015/12/24/2015-31883/child-care-and-development-fund-ccdf-program#h-4>.

8. Rule establishes or increases a fee? (See G.S. 12-3.1)

Yes
Agency submitted request for consultation on:
Consultation not required. Cite authority:

No

9. Rule-making Coordinator: Dedra Alston

Phone: 919-527-6502

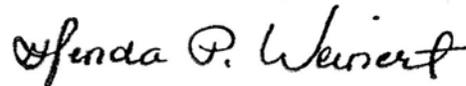
E-Mail: Dedra.Alston@dhhs.nc.gov

Agency contact, if any: Same as above

Phone: Same as above

E-Mail: Same as above

10. Signature of Agency Head*:



*** If this function has been delegated (reassigned) pursuant to G.S. 143B-10(a), submit a copy of the delegation with this form.**

Typed Name: Glenda Weinert

Title: Chairperson of the Child Care Commission

E-Mail: Glenda.Weinert@gmail.com

RULES REVIEW COMMISSION USE ONLY

Action taken:

Submitted for RRC Review:

Date returned to agency:

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) Any person who plans to operate a family child care home (FCCH) shall apply for a license using a form provided
5 by the Division. Only one licensed family child care home shall operate at the location address of any home. The
6 form can be found on the Division's website at http://ncchildcare.dhhs.state.nc.us/general/mb_customerservice.asp.

7 The applicant shall submit the completed application, to the Division that complies with the following:

8 (1) only one licensed family child care home shall operate at the location address of any home; and

9 (2) the applicant shall list each location address where a licensed family child care home will operate.

10 (b) If a family child care home operates at more than one location address by cooperative arrangement among two or
11 more families, the following procedures apply:

12 (1) one parent whose home is used as a location address shall be designated the coordinating parent and
13 shall co-sign the application with the applicant; and

14 (2) the coordinating parent shall know the current location address at all times and shall provide the
15 information to the Division upon request.

16 (c) (b) The applicant shall ensure that the family child care home complies with the following requirements:

17 (1) single-wide ~~single-wide~~ manufactured homes are limited to a maximum of three preschool-age
18 children ~~(not~~ (no more than two may be two years of age or less) and two school-age children;

19 (2) all children are kept on the ground level with an exit at grade;

20 (3) all homes are equipped with an electrically operated (with a battery backup) smoke detector, or one
21 electrically operated and one battery operated smoke detector located next to each other;

22 (4) all homes are provided with at least one five pound 2-A: 10-B: C type extinguisher for every 2,500
23 square feet of floor area;

24 (5) heating appliances shall be installed and maintained according to NC Building Code Chapter
25 603.5.3;

26 (6) all indoor areas used by children are heated when the temperature is below 65 degrees and ventilated
27 when the temperature is above 85 degrees; and

28 (7) pipes or radiators that are hot enough to be capable of burning children and are accessible to the
29 children are covered or insulated.

30 (d) (c) The applicant shall also submit supporting documentation with the application for a license to the Division. The
31 supporting documentation shall include:

32 (1) a copy of a non-expired qualification letter in accordance with 10A NCAC 09 .2702;

33 (2) a copy of documentation of completion of a ~~first-aid~~ First Aid and cardiopulmonary resuscitation
34 (CPR) course;

35 (3) a copy of documentation of completion of ITS-SIDS training;

36 (3)(4) proof of negative results of the applicant's tuberculosis test completed within the past 12 months;

37 (4)(5) a completed health questionnaire;

- 1 ~~(5)~~(6) a copy of current pet vaccinations for any pet in the home;
- 2 ~~(6)~~(7) **if a home has a private well,** a negative well water bacteriological **analysis;** ~~analysis if the home has~~
3 **a private well;**
- 4 ~~(7)~~(8) copies of any inspections required by local ordinances; and
- 5 ~~(8)~~(9) any other documentation required by the Division according to the rules in this Section to support
6 the issuance of a license.

7 ~~(e)~~ (d) Upon receipt of a complete application and supporting documentation, a Division representative shall make an
8 announced visit to each home. An announced visit is not required by a Division representative if the applicant is
9 subject to the circumstances in Paragraph (g) of this Rule. The issuance of a license applies as follows:

- 10 (1) if all applicable requirements of G.S. 110, Article 7 and this Section are met, a license shall be
11 issued;
- 12 (2) if the applicable requirements of G.S. 110, Article 7 and this Section are not met, **but the applicant**
13 **has the potential to comply,** the Division representative shall establish with the applicant a time
14 period for the home to achieve compliance. If the Division representative determines that all
15 applicable requirements of G.S. 110, Article 7 and this Section are met within the established time
16 period, a license shall be issued; or
- 17 (3) if all applicable requirements of G.S. 110, Article 7 and this Section are not met or cannot be met
18 within the established time, the Division shall deny the application.

19 ~~(f)~~ (e) The Division shall allow the applicant to operate prior to the Division representative's visit described in
20 Paragraph (e) of this Rule when the applicant is currently licensed as a family child care home operator, needs to
21 **relocate relocate,** and notifies the Division of the relocation, and the Division representative is unable to visit before
22 the relocation occurs. An applicant shall not operate until he or she has received from the Division either temporary
23 permission to operate or a license.

24 ~~(g)~~ (f) The Secretary may deny the application for the license under the following circumstances:

- 25 (1) if any child care facility license previously held by the applicant has been denied, revoked, or
26 summarily suspended by the Division;
- 27 (2) if the Division initiated denial, revocation, or summary suspension proceedings against any child
28 care facility license previously held by the applicant and the applicant voluntarily relinquished the
29 license;
- 30 (3) during the pendency of an appeal of a denial, revocation, or summary suspension of any other child
31 care facility license held by the applicant;
- 32 (4) if the Division determines that the applicant has a relationship with an operator or former operator
33 who previously held a license under an administrative action described in Subparagraphs (g)(1), (2),
34 or (3) of this Rule. As used in this Rule, an applicant has a relationship with a former operator if
35 the former operator would be involved with the applicant's child care facility in one or more of the
36 following ways:
- 37 (A) would participate in the administration or operation of the facility;

- (B) has a financial interest in the operation of the facility;
 - (C) provides care to the children at the facility;
 - (D) resides in the facility; or
 - (E) would be on the facility's board of directors, be a partner of the corporation, or otherwise have responsibility for the administration of the business;
- (5) based on the applicant's previous non-compliance as an operator with the requirements of G.S. 110, Article 7 or this Chapter;
 - (6) if ~~abuse or neglect~~ **abuse, neglect, or child maltreatment** has been substantiated against the applicant or a household member; or
 - (7) if the applicant is a disqualified child care provider or has a disqualified household member residing in the FCCH.

~~(h)~~ **(g)** In determining whether denial of the application for a license is warranted pursuant to Paragraph (g) of this Rule, the Division shall consider:

- (1) any documentation provided by the applicant ~~which that~~ describes the steps the applicant will take to prevent recurrence of noncompliance issues that led to any prior administrative action taken against a license previously held by the applicant;
- (2) training certificates or original transcripts for any coursework from a nationally recognized regionally accredited institution of higher learning related to providing **quality** child care, and that was taken subsequent to any prior administrative action against a license previously held by the applicant. "Nationally recognized" means that every state in this nation acknowledges the validity of the coursework taken at higher education institutions that meet the requirements of one of the accrediting bodies;
- (3) proof of employment in a licensed child care facility and references from the administrator or licensee of the child care facility regarding work performance;
- (4) documentation of collaboration or mentorship with a licensed child care provider to obtain additional knowledge and experience related to operation of a child care facility; and
- (5) documentation explaining relationships with persons meeting the criteria listed in Subparagraph (g)(4) of this Rule.

~~(h)~~ **(h)** The license shall not be bought, sold, or transferred from one individual to another.

~~(i)~~ **(i)** The license is valid only for the location address listed on it.

~~(j)~~ **(j)** The license ~~must shall~~ be returned to the Division in the event of termination, revocation, suspension, or summary suspension.

~~(k)~~ **(k)** A licensee shall notify the Division if a change occurs that affects the information shown on the license.

*History Note: Authority G.S. ~~110-85~~; 110-86; 110-88(5); 110-91; **110-91(4)**; 110-93; 110-99; 143B-168.3;*

Eff. January 1, 1986;

Amended Eff. March 1, 2014; December 1, 2012; August 1, 2011; July 1, 2010; April 1, 2003; April 1, 2001; July 1, 1998; January 1, 1991; November 1, 1989; January 1, 1987;

REQUEST FOR TECHNICAL CHANGE FOR TEMPORARY RULE

AGENCY: NC Child Care Commission

RULE CITATION: 10A NCAC 09 .1705

DEADLINE FOR RECEIPT: Wednesday, September 14, 2016 – 12:00 p.m.

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

In (a)(1), how is it determined whether an operator's health may adversely affect the care of the children. I understand that it will be based on observations and complaints, but is there any additional information that can be provided.

In (a)(3) and (a)(4), please consider moving "within 12 months prior to applying for a license" to after "children in care."

In (b), upon what circumstances will the Division require written proof?

In (b)(5), when will the coursework count toward ongoing training requirements? Upon request of the operator?

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

Amber Cronk May
Commission Counsel
Date submitted to agency: September 13, 2016

7. Why is adherence to notice and hearing requirements contrary to the public interest and the immediate adoption of the rule is required?

Although the CCDBG Act was enacted in 2014, the regulations are still in the proposed rulemaking process. The September 30, 2016 deadline for certification was announced in December of 2015 by email, however, there was a webinar given by Region IV to all states in May 2016 to clarify the new CCDGB health and safety training requirements and the specified due date for implementing the training for all providers. The Division anticipated that the codified regulations would have more details about how the law would be implemented, however the regulations have not been finalized. The comment period closed on February 22, 2016. If NC cannot certify that it is compliant with the requirements of the CCDBG by the September 30 deadline, NC risks forfeiting millions of federal dollars it desperately needs to maintain funding for low-income families with children in child care.

The Child Care Commission adopted this rule under the temporary rules process to help protect the health and safety of children in child care so that providers would have access to the required training by the September 30 deadline. The training includes the following 11 topic areas:

- 1) prevention and control of infectious diseases, including immunization;
- 2) administration of medication, consistent with standards for parental consent;
- 3) prevention of and response to emergencies due to food and allergic reactions;
- 4) 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;
- 5) emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event;
- 6) handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
- 7) precautions in transporting children, if applicable;
- 8) prevention of shaken baby syndrome and abusive head trauma;
- 9) CPR and First Aid training;
- 10) recognizing and responding to Suspicions of Child Maltreatment; and
- 11) prevention of sudden infant death syndrome and use of safe sleeping practices.

The federal register may be found at <https://www.federalregister.gov/articles/2015/12/24/2015-31883/child-care-and-development-fund-ccdf-program#h-4>.

8. Rule establishes or increases a fee? (See G.S. 12-3.1)

Yes
Agency submitted request for consultation on:
Consultation not required. Cite authority:

No

9. Rule-making Coordinator: Dedra Alston

Phone: 919-527-6502

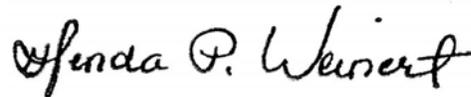
E-Mail: Dedra.Alston@dhhs.nc.gov

Agency contact, if any: Same as above

Phone: Same as above

E-Mail: Same as above

10. Signature of Agency Head*:



*** If this function has been delegated (reassigned) pursuant to G.S. 143B-10(a), submit a copy of the delegation with this form.**

Typed Name: Glenda Weinert

Title: Chairperson of the Child Care Commission

E-Mail: Glenda.Weinert@gmail.com

RULES REVIEW COMMISSION USE ONLY

Action taken:

Submitted for RRC Review:

Date returned to agency:

1 10A NCAC 09 .1705 is amended with changes under temporary procedures as follows:

2
3 10A NCAC 09 .1705 HEALTH AND TRAINING REQUIREMENTS FOR FAMILY
4 CHILD CARE HOME OPERATORS

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

- 6 (1) Complete and keep on file a health questionnaire which that attests to the operator's physical and
7 emotional ability to care for children. The Division may require a written statement or medical
8 examination report signed by a licensed physician or other authorized health professional if there is
9 reason to believe that the operator's health may adversely affect the care of the children based upon
10 observations and complaints made to the Division.
- 11 (2) Obtain written proof that he or she is free of active tuberculosis. The results indicating the individual
12 is free of active tuberculosis shall be obtained within 12 months prior to applying for a license.
- 13 (3) Successfully complete Complete within 12 months prior to applying for a license a basic ~~first aid~~
14 First Aid course appropriate for the ages of children in care. Successful completion shall be
15 evidenced by a certificate or card from an approved training organization. First Aid training shall
16 be renewed on or before expiration of the certification. Verification of completion of this course
17 from an approved training organization shall be maintained in the operator's file. The Division shall
18 post a list of approved training organizations on its website at
19 http://ncchildcare.nc.gov/providers/pv_sn2_ov_pd.asp that shall address principles for responding
20 to emergencies, and techniques for handling common childhood injuries, accidents and illnesses
21 such as choking, burns, fractures, bites and stings, wounds, scrapes, bruises, cuts and lacerations,
22 poisoning, seizures, bleeding, allergic reactions, eye and nose injuries and sudden changes in body
23 temperature.
- 24 (4) Successfully complete within 12 months prior to applying for a license a course by the American
25 Heart Association or the American Red Cross or other organizations approved by the Division in
26 cardiopulmonary resuscitation (CPR) appropriate for the ages of children in care. Other
27 organizations shall be approved if the Division determines that the courses offered are substantially
28 equivalent to those offered by the American Red Cross. ~~Successfully completed~~ “Successfully
29 completed” is defined as demonstrating competency, as evaluated by the instructor, in performing
30 CPR. Documentation of successful completion of the course from an approved training organization
31 the American Heart Association, the American Red Cross, or other organization approved by the
32 Division shall be on file in the home. The Division shall post a list of approved training
33 organizations on its website at http://ncchildcare.nc.gov/providers/pv_sn2_ov_pd.asp.
- 34 (5) Complete a pre-licensing orientation that will be scheduled by [with] a representative of the
35 [Division.] Division upon receipt of the application. Training required pursuant to this Rule shall
36 not be counted toward annual [ongoing] on-going training requirements. Training topics for
37 orientation shall include:

- 1 (A) recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to
2 G.S. 110-105.4 and G.S. 7B-301;
- 3 (B) review of the home’s operational policies, including the written plan of care, safe sleep
4 policy, and the Emergency Preparedness and Response Plan;
- 5 (C) adequate supervision of children in accordance with 10A NCAC 09 .1718(a);
- 6 (D) information regarding prevention of shaken baby syndrome and abusive head trauma;
- 7 (E) prevention and control of infectious diseases, including immunization;
- 8 (F) first hand observation of the home’s daily operations;
- 9 (G) instruction regarding assigned duties;
- 10 (H) instruction in the maintenance of a safe and healthy environment;
- 11 (I) instruction in the administration of medication to children in accordance with 10A NCAC
12 09 .1720(c);
- 13 ~~(J)~~ [review of the home’s purposes and goals;]
- 14 ~~(K)~~ (J) review of the child care licensing law and ~~rules;~~ rules set forth in G.S. 110, Article 7 and
15 10A NCAC 09;
- 16 ~~(L)~~ (K) an explanation of the role of State and local government agencies in the regulation of child
17 care, their impact on the operation of the center, and their availability as a resource;
- 18 ~~(M)~~ (L) an explanation of the operator’s obligation to cooperate with representatives of State and
19 local government agencies during visits and investigations; and
- 20 ~~(N)~~ (M) prevention of and response to emergencies due to food and allergic ~~reactions;~~ reactions.
21 Documentation of the pre-licensing orientation shall be provided by the Division and kept on file in
22 the home.
- 23 (6) Complete ITS-SIDS training if planning to be licensed to care for infants ages 12 months and
24 younger.
- 25 (b) After receiving a license, an operator shall:
- 26 (1) Update the health questionnaire referenced set forth in Paragraph (a) Subparagraph (a)(1) of this
27 Rule annually. The Division may require the operator to obtain written proof that he or she is free
28 of active tuberculosis.
- 29 (2) Complete a ~~first aid~~ First Aid course as referenced set forth in Paragraph (a) Subparagraph (a)(3) of
30 this Rule. ~~First aid~~ Aid training shall be renewed on or before expiration of the certification,
31 certification or every three years, whichever is less.
- 32 (3) Successfully complete a CPR course as referenced set forth in Paragraph (a) Subparagraph (a)(4) of
33 this Rule. CPR training shall be renewed on or before the expiration of the certification,
34 certification, or every two years, whichever is less.
- 35 (4) If licensed to care for infants ages 12 months and younger, complete ITS-SIDS training within four
36 months of receiving the license, and complete it again every three years from the completion of
37 previous ITS-SIDS training. Completion of ITS-SIDS training may be included once every three

1 years in the number of hours needed to meet the annual in-service training requirement in Paragraph
2 (b)(5) of this Rule.

3 (5) Complete 12 clock hours of annual in-service training in the topic areas required by G.S. 110-91(11),
4 except that persons with at least 10 years work experience as a caregiver in a child care arrangement
5 regulated by the Division of Child Development and Early Education shall complete eight clock
6 hours of annual in-service training. Only training ~~which that~~ has been approved by the Division as
7 referenced in Rule .0708 of this Chapter shall count toward the required hours of annual in-service
8 training. The operator shall maintain a record of annual in-service training activities in which he or
9 she has participated. The record shall include the subject matter, the topic area in G.S. 110-91(11)
10 covered, the name of the training provider or organization, the date training was provided and the
11 number of hours of training completed. First ~~aid~~ Aid training may be counted no more than once
12 every three years. Coursework applicable [appropriate] to job responsibilities taken at a regionally
13 accredited college or university may be counted toward ongoing training requirements. The operator
14 shall maintain a record of training activities, including copies of training certificates or official
15 documentation provided by the trainer. That record shall include the subject matter, topic area,
16 training provider, date provided, hours, and name of staff who completed the training. This
17 documentation shall be on file. [file and current.]

18 (6) Within one year of the effective date of the license, complete the Emergency Preparedness and
19 Response in Child Care ~~training. Training.~~ For the purposes of this Rule, the Emergency
20 Preparedness and Response in Child Care is a training approved by the Division on creating an
21 Emergency Preparedness and Response Plan and practicing, responding to, and recovering from
22 emergencies in child care facilities. Existing operators have two years as of the effective date of
23 this Rule to complete the Emergency Preparedness and Response in Child Care training.
24 Documentation of completion of the training shall be maintained in the operator's personnel file.

25 (7) Upon completion of the Emergency Preparedness and Response in Child Care ~~training. Training.~~
26 develop the Emergency Preparedness and Response Plan. The Emergency Preparedness and
27 Response Plan means a written plan that addresses how a child care facility will respond to both
28 natural and man-made disasters, such as fire, tornado, flood, power failures, chemical spills, bomb
29 threats, earthquakes, blizzards, nuclear disaster, or a dangerous person in the vicinity, to ensure the
30 safety and protection of the ~~children~~ children, and additional caregivers. This Plan must be on a
31 template provided by the Division of Emergency Management and is available at
32 <https://rmp.nc.gov/portal/#>, completed within four months of completion of the Emergency
33 Preparedness and Response in Child Care ~~training. Training.~~ and available for ~~review.~~ review by
34 the Division. The Plan shall include the following:

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

- 1 (B) a description for how and when children shall be transported;
- 2 (C) methods for communicating with parents and emergency personnel or law enforcement;
- 3 (D) a description of how children's nutritional and health needs will be met;
- 4 (E) the relocation and reunification process;
- 5 (F) emergency telephone numbers;
- 6 (G) evacuation diagrams showing how the operator, family members, children and any other
- 7 individuals who may be present will evacuate during an emergency;
- 8 (H) the date of the last revision of the plan;
- 9 (I) specific considerations for non-mobile children and children with special ~~needs;~~ needs, if
- 10 applicable; and
- 11 (J) the location of the Ready to Go File. A ~~Ready to Go File~~ "Ready to Go File" means a
- 12 collection of information on children, additional ~~caregivers~~ caregivers, and the facility, to
- 13 utilize, if an evacuation occurs. The file shall include, ~~but is not limited to,~~ a copy of the
- 14 Emergency Preparedness and Response Plan, contact information for individuals to pick-
- 15 up children, each child's ~~Application for Child Care,~~ application for child care, medication
- 16 authorizations and instructions, any action plans for children with special health care needs,
- 17 a list of any known food allergies of children and additional ~~caregiver,~~ additional caregiver
- 18 caregivers, additional caregivers,' contact information, Incident Report forms, an area map,
- 19 and emergency telephone numbers.
- 20 (8) Review the Emergency Preparedness and Response Plan annually or when information in the plan
- 21 changes, to ensure all information is current.
- 22 (9) Review the Family Child Care Home's Emergency Preparedness and Response Plan with additional
- 23 caregivers during orientation and on an annual ~~basis;~~ basis; and
- 24 (10) The operator shall complete *Recognizing and Responding to Suspicions of Child Maltreatment*
- 25 training within two months of licensure and every three years thereafter. Completion of *Recognizing*
- 26 *and Responding to Suspicions of Child Maltreatment* training shall be included once every three
- 27 years in the number of hours needed to meet ongoing training requirements in 10A NCAC 09
- 28 .1705(b)(5). *Recognizing and Responding to Suspicions of Child Maltreatment* training is available
- 29 at <https://www.preventchildabusenc.org/>.

30 *History Note:* ~~Authority G.S. 110-85; 110-88; 110-91; 143B-168.3;~~

31 ~~Eff. January 1, 1986;~~

32 ~~Amended Eff. July 1, 2015; July 1, 2008; May 1, 2004; July 1, 1998; November 1, 1989; January~~

33 ~~1, 1987;~~

34 ~~Temporary Amendment Eff. September 23, 2016.~~

35

REQUEST FOR TECHNICAL CHANGE FOR TEMPORARY RULE

AGENCY: NC Child Care Commission

RULE CITATION: 10A NCAC 09 .1719

DEADLINE FOR RECEIPT: Wednesday, September 14, 2016 – 12:00 p.m.

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

In (a), what is meant by “a physically safe and healthy indoor and outdoor environment”?

In (a)(1), please delete or define “potentially hazardous.” Please consider adding information from .0604(a).

In (a)(4), please delete or define “safely”

In (a)(5), please delete or define “firmly”

In In (a)(9), what is meant by “solid and safe indoor and outdoor stairs”?

In (a)(10), please delete or define “safely”

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

Amber Cronk May
Commission Counsel
Date submitted to agency: September 13, 2016

7. Why is adherence to notice and hearing requirements contrary to the public interest and the immediate adoption of the rule is required?

Although the CCDBG Act was enacted in 2014, the regulations are still in the proposed rulemaking process. The September 30, 2016 deadline for certification was announced in December of 2015 by email, however, there was a webinar given by Region IV to all states in May 2016 to clarify the new CCDGB health and safety training requirements and the specified due date for implementing the training for all providers. The Division anticipated that the codified regulations would have more details about how the law would be implemented, however the regulations have not been finalized. The comment period closed on February 22, 2016. If NC cannot certify that it is compliant with the requirements of the CCDBG by the September 30 deadline, NC risks forfeiting millions of federal dollars it desperately needs to maintain funding for low-income families with children in child care.

The Child Care Commission adopted this rule under the temporary rules process to help protect the health and safety of children in child care so that providers would have access to the required training by the September 30 deadline. The training includes the following 11 topic areas:

- 1) prevention and control of infectious diseases, including immunization;
- 2) administration of medication, consistent with standards for parental consent;
- 3) prevention of and response to emergencies due to food and allergic reactions;
- 4) 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;
- 5) emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event;
- 6) handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
- 7) precautions in transporting children, if applicable;
- 8) prevention of shaken baby syndrome and abusive head trauma;
- 9) CPR and First Aid training;
- 10) recognizing and responding to Suspicions of Child Maltreatment; and
- 11) prevention of sudden infant death syndrome and use of safe sleeping practices.

The federal register may be found at <https://www.federalregister.gov/articles/2015/12/24/2015-31883/child-care-and-development-fund-ccdf-program#h-4>.

8. Rule establishes or increases a fee? (See G.S. 12-3.1)

Yes
Agency submitted request for consultation on:
Consultation not required. Cite authority:

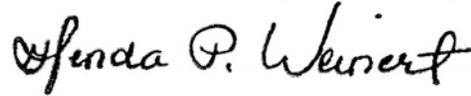
No

9. Rule-making Coordinator: Dedra Alston

Phone: 919-527-6502

E-Mail: Dedra.Alston@dhhs.nc.gov

10. Signature of Agency Head*:



*** If this function has been delegated (reassigned) pursuant to G.S. 143B-10(a), submit a copy of the delegation with this form.**

Typed Name: Glenda Weinert

Title: Chairperson of the Child Care Commission

E-Mail: Glenda.Weinert@gmail.com

Agency contact, if any: Same as above

Phone: Same as above

E-Mail: Same as above

RULES REVIEW COMMISSION USE ONLY

Action taken:

Submitted for RRC Review:

Date returned to agency:

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 meets the developmental needs of children in care. for the children in care. In addition, the operator
6 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. This includes the removal of items that a child can
9 swallow. In addition, loose nails or screws and splinters shall be removed on inside and outside
10 equipment;
- 11 (2) all corrosive agents, pesticides, bleaches, detergents, cleansers, polishes, any product which that
12 is under pressure in an aerosol dispenser, and any substance which that may be hazardous to a
13 child if ingested, inhaled, or handled shall be kept in its original container or in another labeled
14 container, used according to the manufacturer's instructions, and stored in a locked
15 area when not in use. Locked areas shall include those which that are unlocked with a combination,
16 electronic, or magnetic device, key, or equivalent locking device. Unlocking devices
17 shall be kept out of the reach of a child and shall not be stored in the lock. Toxic substances shall be
18 stored below or separate from medications and food. Any product not listed in this Paragraph,
19 Paragraph of this Rule, which that is labeled "keep out of reach of children" without any other
20 warnings, warnings shall be kept inaccessible to children when not in use, but is not required to
21 be kept in locked storage. The product shall be considered inaccessible to children when stored on
22 a shelf or in an unlocked cabinet that is mounted a minimum vertical distance of five feet above the
23 finished floor;
- 24 (3) ensure potential ~~bio-contaminants~~ bio-contaminants are stored in locked areas, or removed from
25 the premises or otherwise inaccessible to children. children, and disposed of appropriately;
26 For purposes of this Rule, a "bio-contaminant" includes bodily fluids, soiled diapers and wipes, and
27 medical waste such as syringes;
- 28 ~~(2)~~(4) safely store equipment and supplies such as lawnmowers, lawn mowers, power tools, propane
29 stoves, gasoline, kerosene, or nails, nails so they are inaccessible to children;
- 30 ~~(3)~~(5) ensure that all stationary outdoor equipment is firmly anchored and is not installed over concrete or
31 asphalt. Footings which that anchor the equipment shall not be exposed;
- 32 ~~(4)~~(6) securely mount electric fans out of the reach of children or have a mesh guard on each fan;
- 33 ~~(5)~~(7) cover all electrical outlets not in use and remove old, cracked cracked, or frayed cords in occupied
34 outlets;
- 35 ~~(6)~~(8) ensure that, for appliances with heating elements, such as bottle warmers, crock pots, irons, coffee
36 pots, or curling irons, neither the appliance nor the any cord, if applicable, is accessible to preschool
37 children;

- 1 ~~(7)~~(9) have solid and safe indoor and outdoor stairs ~~and or~~ steps if these are used by the children. ~~Indoor~~
2 ~~and outdoor stairs~~ Stairs with more than two ~~or more~~ steps ~~which that~~ are used by the children shall
3 be railed. Indoor stairs with more than two steps shall be made inaccessible to children in care who
4 are two years old or younger; and
5 (8) ~~maintain any swimming pools or wading pools on the premises in a manner that will safeguard the~~
6 ~~lives and health of the children. All swimming or wading pools used by children in care shall meet~~
7 ~~the "Rules Governing Public Swimming Pools," in accordance with 15A NCAC 18A .2500 which~~
8 ~~are hereby incorporated by reference including subsequent amendments. A copy of these Rules is~~
9 ~~on file at the Division at the address given in Rule .0102 of this Chapter or may be obtained at no~~
10 ~~cost by writing the North Carolina Division of Environmental Health, 1630 Mail Service Center,~~
11 ~~Raleigh, NC 26799 1630;~~
12 (9) ~~enclose any in ground swimming pools by a fence at least four feet high to prevent chance access~~
13 ~~by children. The swimming pool shall be separate from the play area. Access to the water in above~~
14 ~~ground swimming pools shall be prevented by locking and securing the ladder in place or storing~~
15 ~~the ladder in a place inaccessible to the children; and~~
16 (10) safely store all combustible materials that may create a fire hazard.

17 (b) Prior to enrollment of children in a family child care home, and before new animals that will be in the home come
18 into the family child care home, a parent of each child must sign a form acknowledging the type of animal and where
19 the animal will be during operating hours. This documentation shall be maintained in each child's file.
20

21 *History Note:* Authority G.S. 110-85; 110-88; 110-91(3),(4),(5),(6);
22 Eff. July 1, 1998;
23 Amended Eff. May 1, 2012; April 1, 2001;
24 Temporary Amendment Eff. September 23, 2016.

REQUEST FOR TECHNICAL CHANGE FOR TEMPORARY RULE

AGENCY: NC Child Care Commission

RULE CITATION: 10A NCAC 09 .1721

DEADLINE FOR RECEIPT: Wednesday, September 14, 2016 – 12:00 p.m.

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

Please see comments and suggestions for .0801.

In (a)(3)(F), is there a similar application requirement for in home child care? If so, please provide a cross reference. If not, the reference to the application in (f)(3)(F) seems to be misplaced.

There is a lot of information contained in this Rule. For purpose of future rule-making, you may want to consider breaking this down further as you have for child care centers.

In (b)(3), please change "contains" to "shall contain"?

In (b)(5), by "categories", do you mean "information"?

In (b)(6), please delete or define "accurate."

Are there specific cross-references available for (c)(1) through (c)(3)?

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

Amber Cronk May
Commission Counsel
Date submitted to agency: September 13, 2016

7. Why is adherence to notice and hearing requirements contrary to the public interest and the immediate adoption of the rule is required?

Although the CCDBG Act was enacted in 2014, the regulations are still in the proposed rulemaking process. The September 30, 2016 deadline for certification was announced in December of 2015 by email, however, there was a webinar given by Region IV to all states in May 2016 to clarify the new CCDGB health and safety training requirements and the specified due date for implementing the training for all providers. The Division anticipated that the codified regulations would have more details about how the law would be implemented, however the regulations have not been finalized. The comment period closed on February 22, 2016. If NC cannot certify that it is compliant with the requirements of the CCDBG by the September 30 deadline, NC risks forfeiting millions of federal dollars it desperately needs to maintain funding for low-income families with children in child care.

The Child Care Commission adopted this rule under the temporary rules process to help protect the health and safety of children in child care so that providers would have access to the required training by the September 30 deadline. The training includes the following 11 topic areas:

- 1) prevention and control of infectious diseases, including immunization;
- 2) administration of medication, consistent with standards for parental consent;
- 3) prevention of and response to emergencies due to food and allergic reactions;
- 4) 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;
- 5) emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event;
- 6) handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
- 7) precautions in transporting children, if applicable;
- 8) prevention of shaken baby syndrome and abusive head trauma;
- 9) CPR and First Aid training;
- 10) recognizing and responding to Suspicions of Child Maltreatment; and
- 11) prevention of sudden infant death syndrome and use of safe sleeping practices.

The federal register may be found at <https://www.federalregister.gov/articles/2015/12/24/2015-31883/child-care-and-development-fund-ccdf-program#h-4>.

8. Rule establishes or increases a fee? (See G.S. 12-3.1)

Yes
Agency submitted request for consultation on:
Consultation not required. Cite authority:

No

9. Rule-making Coordinator: Dedra Alston

Phone: 919-527-6502

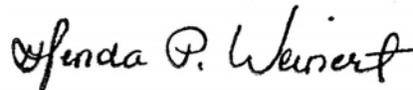
E-Mail: Dedra.Alston@dhhs.nc.gov

Agency contact, if any: Same as above

Phone: Same as above

E-Mail: Same as above

10. Signature of Agency Head*:



*** If this function has been delegated (reassigned) pursuant to G.S. 143B-10(a), submit a copy of the delegation with this form.**

Typed Name: Glenda Weinert

Title: Chairperson of the Child Care Commission

E-Mail: Glenda.Weinert@gmail.com

RULES REVIEW COMMISSION USE ONLY

Action taken:

Submitted for RRC Review:

Date returned to agency:

1 10A NCAC 09 .1721 is amended with changes under temporary procedures as follows:

2
3 10A NCAC 09 .1721 REQUIREMENTS FOR RECORDS

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

- 6 (1) a copy of the child's health assessment as required by G.S. 110-91(1);
7 (2) a copy of the child's immunization record;
8 (3) a health and emergency information form that includes information set forth in this Subparagraph
9 of this Rule provided by the Division that is completed and signed by a child's ~~parent.~~ parent, as
10 defined in 10A NCAC 09 .0102. A copy of the form can may be found on the Division's website at
11 http://ncchildcare.nc.gov/pdf_forms/DCD-0377.pdf. The completed form shall be on file the first
12 day the child attends. An operator may use another form other than the one provided by the Division,
13 as long as the form includes the following information:

- 14 (A) ~~the child's name, address, and date of birth;~~
15 (B) ~~the names of individuals to whom the child may be released;~~
16 (C) ~~the general status of the child's health;~~
17 (D) ~~any allergies or restrictions on the child's participation in activities with instructions from~~
18 ~~the child's parent or physician;~~
19 (E) ~~the names and phone numbers of persons to be contacted in an emergency situation;~~
20 (F) ~~the name and phone number of the child's physician and preferred hospital;~~
21 (G) ~~authorization for the operator to seek emergency medical care in the parent's absence; and~~

22 (A) emergency medical information as set forth in Rule .1720(c) of this Section;

23 ~~(A)]~~(B) the child's full name and the name the child is to be called;

24 ~~(B)]~~(C) the child's date of birth;

25 ~~(C)]~~(D) any [allergies, symptoms of and the type] allergies and the symptoms and type of response
26 required for allergic reactions;

27 ~~(D)]~~(E) any health care needs or concerns, symptoms of and the type of response required for these
28 health care needs or concerns;

29 ~~(E)]~~(F) a completed medical action plan shall be attached to the application for children with health
30 care needs such as allergies, [asthma] asthma, or other chronic conditions that require
31 specialized 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 (i) a list of the child's ~~[diagnosis/diagnoses,]~~ diagnosis or diagnoses including
34 dietary, [environmental] environmental, and activity considerations that are
35 applicable;

36 (ii) contact information for the health care professional(s);

37 (iii) medications to be administered on a scheduled basis; and

(iv) medications to be administered on an emergency basis with ~~clearly stated signs,~~ symptoms, and instructions.

The medical action plan shall be updated on an annual basis. Sample medical action plans may be found on the Division's website at http://ncchildcare.nc.gov/providers/pv_provideforms.asp.

~~(F)~~ (G) particular fears, fears or unique behavior characteristics that the child has;
~~(G)~~(H) the names of individuals to whom the operator may release the ~~child~~ child as authorized by the person who signs the application;

~~(H)~~ (I) the names and phone numbers of persons to be contacted in an emergency situation;

~~(I)~~ (J) the name and phone number of the child's physician; and

~~(J)~~ (K) authorization for the operator to seek emergency medical care in the parent's absence.

(4) The operator shall:

(A) only release a child only to an individual listed on the form;

(B) have the information ~~provided in~~ required by Subparagraphs (3)(A) through (J) of this ~~Rule,~~ Rule readily available and easily accessible to additional caregivers and substitute providers during the time the ~~children are~~ child is in care; and

(C) use the information provided on the form to ensure that each individual child's needs are met during the time the child is in ~~care,~~ care; and

~~(4)~~(5) when medication is administered, authorization for the operator to administer the specific medication according to the parent's or physician's instructions.

(b) The operator shall complete and maintain other records ~~which,~~ that include:

(1) documentation of the operator's Emergency Preparedness and Response Plan on a ~~template which is~~ provided by the Division of Emergency Management at <http://rmp.nc.gov/portal/#>;

(2) documentation that monthly fire drills are practiced. The documentation shall include the date each drill is held, the time of day, the length of time taken to evacuate the home, and the operator's signature;

(3) incident reports that are completed each time a child receives medical treatment by a physician, nurse, physician's assistant, nurse practitioner, community clinic, or local health ~~department,~~ department as a result of an incident occurring while the child is in the family child care home.

Each incident shall be reported on a form provided by the Division, signed by the operator and the parent, and maintained in the child's file. The form contains the following information:

(A) facility identifying information;

(B) date and time of the incident;

(C) witness to the incident;

(D) time the parent is notified of the incident and by who;

(E) Piece of equipment involved;

(F) Cause of injury;

- (G) Type of injury;
- (H) Body part injured;
- (I) Where the child received medical treatment;
- (J) Description of how and where the incident occurred and first aid received;
- (K) Steps taken to prevent reoccurrence;
- (L) Signature of staff member and date form completed; and
- (M) Signature of parent and date.

A copy of the form can be found on the Division's website at http://ncchildcare.nc.gov/pdf_forms/DCDEE-0058.pdf. A copy shall be mailed to the Division within seven calendar days after the incident occurs;

(4) an incident log ~~which~~ that is filled out any time an incident report is completed. This log shall be cumulative and maintained in a separate file and shall be available for review by the Division. This log shall be completed on a form supplied by the Division. A copy of the form can be found on the Division's website at http://ncchildcare.nc.gov/pdf_forms/incident_log_i.pdf;

(5) documentation that a monthly check for hazards on the outdoor play area is completed. This form shall be supplied by the Division and shall be maintained in the family child care home for review by the Division. The form shall include the following categories:

- (A) Name of facility, Time and date the form was completed;
- (B) Signature of individual completing form;
- (C) General inspection items;
- (D) Surfacing;
- (E) General hazard items; and
- (F) Deterioration of equipment

For items on the checklist the operator has to check if pass or fail, if fail identify the problem and solution. A copy of the form can be found of the Division's website at

http://ncchildcare.nc.gov/pdf_forms/fcch_outdoor_inspection_checklist.pdf;

(6) ~~Accurate~~ accurate daily attendance records for all children in care, including the operator's own preschool children. The attendance record shall indicate the date and time of arrival and departure for each child; and

(7) documentation of lockdown or shelter-in-place drills giving the date each drill is held, the time of day, the length of time taken to get into designated locations and the signature of the person who conducted the drill.

(c) Written records shall be maintained as follows:

(1) All children's records as required in this Chapter, except medication permission slips as required in Rule .1720(c)(13) of this Section, must be kept on file one year from the date the child is no longer enrolled.

1 (2) Additional caregiver records as required in this Chapter shall be maintained on file one year from
2 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:

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:

Record	Rule
Attendance	.1721(b)(6)
Emergency Numbers	.1720(a)(8)
Emergency Preparedness and Response Plan	.1721(b)(1)
Field Trip/Transportation Permission	.1723(1)
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-water analysis, pool inspection and inspections for local ordinances as referenced in Rules
13 .1720(d)(1), ~~.1719(7)~~, ~~.1730(j)~~, and .1702(d) of this Section shall remain on file at the family child
14 care home for as long as the license remains valid.

15 (5) Records may be maintained in a paper format or ~~electronically~~, ~~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:* Authority G.S. ~~110-85~~; 110-88; 110-91(1),(9);

20 *Eff. July 1, 1998;*

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

REQUEST FOR TECHNICAL CHANGE FOR TEMPORARY RULE

AGENCY: NC Child Care Commission

RULE CITATION: 10A NCAC 09 .1726

DEADLINE FOR RECEIPT: Wednesday, September 14, 2016 – 12:00 p.m.

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

In (a), please consider moving the definition of “staff” to (d). The definition does not seem to fit in Paragraph (a).

In (a)(1), please change “recognizing, responding to, and reporting” to “how to recognize, respond to, and report...”

In (a)(3), do you really intend the policy to only include how to care for infants? If so, please make this a separate sub-paragraph.

In (a)(3), please delete or define “properly.”

In (a)(4), what do you mean by “developmentally appropriate”? I know that this phrase is used throughout your rules, is this defined somewhere? Is your regulated public familiar with this term?

In (b), are centers required to provide this information to families already enrolled at the time of the Rule’s effective date? Also, what is your authority to require a parent sign the statement? Should it instead read “the center shall obtain the parent’s signature”?

In (c), please change “must” to “shall.” Also, what is your authority to require a parent sign the statement? Should it instead read “the center shall obtain the parent’s signature”?

In (d), are centers required to provide this information to staff members already providing care at the time of the Rule’s effective date?

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

Amber Cronk May
Commission Counsel
Date submitted to agency: September 13, 2016

7. Why is adherence to notice and hearing requirements contrary to the public interest and the immediate adoption of the rule is required?

Although the CCDBG Act was enacted in 2014, the regulations are still in the proposed rulemaking process. The September 30, 2016 deadline for certification was announced in December of 2015 by email, however, there was a webinar given by Region IV to all states in May 2016 to clarify the new CCDGB health and safety training requirements and the specified due date for implementing the training for all providers. The Division anticipated that the codified regulations would have more details about how the law would be implemented, however the regulations have not been finalized. The comment period closed on February 22, 2016. If NC cannot certify that it is compliant with the requirements of the CCDBG by the September 30 deadline, NC risks forfeiting millions of federal dollars it desperately needs to maintain funding for low-income families with children in child care.

The Child Care Commission adopted this rule under the temporary rules process to help protect the health and safety of children in child care so that providers would have access to the required training by the September 30 deadline. The training includes the following 11 topic areas:

- 1) prevention and control of infectious diseases, including immunization;
- 2) administration of medication, consistent with standards for parental consent;
- 3) prevention of and response to emergencies due to food and allergic reactions;
- 4) 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;
- 5) emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event;
- 6) handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
- 7) precautions in transporting children, if applicable;
- 8) prevention of shaken baby syndrome and abusive head trauma;
- 9) CPR and First Aid training;
- 10) recognizing and responding to Suspicions of Child Maltreatment; and
- 11) prevention of sudden infant death syndrome and use of safe sleeping practices.

The federal register may be found at <https://www.federalregister.gov/articles/2015/12/24/2015-31883/child-care-and-development-fund-ccdf-program#h-4>.

8. Rule establishes or increases a fee? (See G.S. 12-3.1)

Yes
Agency submitted request for consultation on:
Consultation not required. Cite authority:

No

9. Rule-making Coordinator: Dedra Alston

Phone: 919-527-6502

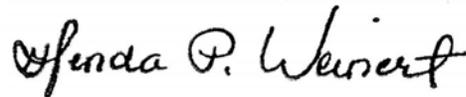
E-Mail: Dedra.Alston@dhhs.nc.gov

Agency contact, if any: Same as above

Phone: Same as above

E-Mail: Same as above

10. Signature of Agency Head*:



*** If this function has been delegated (reassigned) pursuant to G.S. 143B-10(a), submit a copy of the delegation with this form.**

Typed Name: Glenda Weinert

Title: Chairperson of the Child Care Commission

E-Mail: Glenda.Weinert@gmail.com

RULES REVIEW COMMISSION USE ONLY

Action taken:

Submitted for RRC Review:

Date returned to agency:

1 **10A NCAC 09 .1726 is adopted with changes 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 include: [~~include but not be limited to:~~]

- 9 (1) Recognizing, responding to, and reporting the signs and symptoms of shaken baby syndrome and
10 abusive head [~~trauma:~~] trauma. Signs and symptoms include: irritability, difficulty staying awake,
11 difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, and bruises;
12 (2) Strategies to assist staff [~~themselves, additional caregivers, and substitute providers~~] in coping with
13 a crying, fussing, or distraught child;
14 (3) Strategies to ensure staff [~~that they, additional caregivers, and substitute providers~~] understand the
15 brain development of children up to five years of age and how to properly care for infants;
16 (4) A list of prohibited behaviors that staff [~~they, additional caregivers, and substitute providers~~] shall
17 follow in order to care for children in a [~~safe~~] developmentally appropriate manner. Prohibited
18 behaviors shall [~~include~~] include, but not be limited to, shaking a child, tossing a child into the air
19 or into a crib, chair, or care seat, and pushing a child into walls, doors, and furniture; and
20 (5) Resources to assist staff [~~themselves, additional caregivers, substitute providers,~~] and families in
21 preventing shaken baby syndrome and abusive head trauma.

22 (b) A copy of the policy shall be given and explained to the parents of children up to five years of age on or before
23 the first day the child receives care at the home. The parent shall sign a statement acknowledging the receipt and
24 explanation of the policy. The acknowledgement shall contain the following:

- 25 (1) The child’s name;
26 (2) The date the child first attended the home;
27 (3) The date the operator’s policy was given and explained to the parent;
28 (4) The parent’s name;
29 (5) The parent’s signature; and
30 (6) The date the parent signed the acknowledgment.

31 The operator shall retain the acknowledgement in the child’s file.

32 (c) If an operator changes the policy at any time, the operator [~~must~~] shall give written notice of [~~such a~~] the change
33 to the child’s parent 14 days prior to the implementation of the new policy and the parent [~~must~~] shall sign a statement
34 that attests that a copy of the new policy was given to and discussed with him or her. This statement shall be kept in
35 the child’s file.

36 (d) The operator shall review the policy with staff [~~additional caregivers and substitute providers~~] prior to the
37 individual providing care to children. The acknowledgement of this review shall contain the following:

- 1 (1) The individual's name;
- 2 [~~(2)~~] [~~The date the individual began caring for children;~~]
- 3 [~~(3)~~] (2) The date the operator's policy was given and explained to the individual;
- 4 [~~(4)~~] (3) The individual's signature; and
- 5 [~~(5)~~] (4) The date the individual signed the acknowledgment.

6 The operator shall retain the acknowledgement in the individual's staff member's file.

7 (e) If an operator changes the policy at any time, the operator shall review the revised policy with staff ~~[additional~~
8 ~~caregivers, and substitute providers]~~ 14 days prior to the implementation of the new policy. The individual shall sign
9 a statement that attests that a copy of the new policy was given to and discussed with him or her. This statement shall
10 be kept in the staff member's ~~individual's~~ file.

11
12 History Note: Authority G.S. 143B-168.3;
13 Temporary Adoption Eff. September 23, 2016.

REQUEST FOR TECHNICAL CHANGE FOR TEMPORARY RULE

AGENCY: NC Child Care Commission

RULE CITATION: 10A NCAC 09 .1730

DEADLINE FOR RECEIPT: Wednesday, September 14, 2016 – 12:00 p.m.

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

In (c), how is other training determined to be equivalent to Red Cross training?

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

Amber Cronk May
Commission Counsel
Date submitted to agency: September 13, 2016

7. Why is adherence to notice and hearing requirements contrary to the public interest and the immediate adoption of the rule is required?

Although the CCDBG Act was enacted in 2014, the regulations are still in the proposed rulemaking process. The September 30, 2016 deadline for certification was announced in December of 2015 by email, however, there was a webinar given by Region IV to all states in May 2016 to clarify the new CCDGB health and safety training requirements and the specified due date for implementing the training for all providers. The Division anticipated that the codified regulations would have more details about how the law would be implemented, however the regulations have not been finalized. The comment period closed on February 22, 2016. If NC cannot certify that it is compliant with the requirements of the CCDBG by the September 30 deadline, NC risks forfeiting millions of federal dollars it desperately needs to maintain funding for low-income families with children in child care.

The Child Care Commission adopted this rule under the temporary rules process to help protect the health and safety of children in child care so that providers would have access to the required training by the September 30 deadline. The training includes the following 11 topic areas:

- 1) prevention and control of infectious diseases, including immunization;
- 2) administration of medication, consistent with standards for parental consent;
- 3) prevention of and response to emergencies due to food and allergic reactions;
- 4) 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;
- 5) emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event;
- 6) handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
- 7) precautions in transporting children, if applicable;
- 8) prevention of shaken baby syndrome and abusive head trauma;
- 9) CPR and First Aid training;
- 10) recognizing and responding to Suspicions of Child Maltreatment; and
- 11) prevention of sudden infant death syndrome and use of safe sleeping practices.

The federal register may be found at <https://www.federalregister.gov/articles/2015/12/24/2015-31883/child-care-and-development-fund-ccdf-program#h-4>.

8. Rule establishes or increases a fee? (See G.S. 12-3.1)

Yes
Agency submitted request for consultation on:
Consultation not required. Cite authority:

No

9. Rule-making Coordinator: Dedra Alston

Phone: 919-527-6502

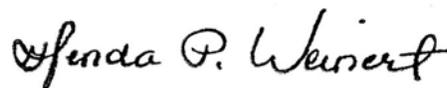
E-Mail: Dedra.Alston@dhhs.nc.gov

Agency contact, if any: Same as above

Phone: Same as above

E-Mail: Same as above

10. Signature of Agency Head*:



*** If this function has been delegated (reassigned) pursuant to G.S. 143B-10(a), submit a copy of the delegation with this form.**

Typed Name: Glenda Weinert

Title: Chairperson of the Child Care Commission

E-Mail: Glenda.Weinert@gmail.com

RULES REVIEW COMMISSION USE ONLY

Action taken:

Submitted for RRC Review:

Date returned to agency:

1 **10A NCAC 09 .1730 is adopted with changes under temporary procedures as follows:**

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.

17 (d) Children under the age of three shall not participate in aquatic activities ~~[except,]~~ except to the extent ~~[necessary,]~~
18 necessary to implement any child's Individualized Family Service Plan (IFSP) or Individualized Education Program
19 (IEP).

20 (e) The family child care home operator shall be responsible for adequately supervising the aquatic activity for the
21 duration of the activity. ~~[Adequate supervision]~~ “Adequate supervision” means that the operator shall be able to hear,
22 see, and respond ~~[quickly]~~ to the children ~~[who are in the water and children who are]~~ whether in or out of the water.

23 (f) Prior to children participating in aquatic activities, the operator shall develop policies that address the following:

- 24 (1) aquatic safety hazards;
- 25 (2) pool and aquatic activity area ~~[supervision]~~ supervision, including restroom or changing room use;
- 26 (3) how discipline ~~[is]~~ will be handled during aquatic activities;
- 27 (4) the operator's specific field trip and transportation policies; and
- 28 (5) that children shall be directed to exit the water ~~[in a prompt and orderly manner]~~ during an
29 emergency.

30 (g) Parents must provide written permission for participation in aquatic activities. The written permission shall include
31 a statement that parents are aware of the operator's aquatic policies specified in Paragraph (f) of this Rule. The
32 operator shall maintain copies of written parental permission in each child's file.

33 (h) Any outdoor swimming pool ~~[which is]~~ located on the family child care home premises shall be enclosed by a
34 fence that is at least four feet high, ~~[shall be]~~ separated from the remaining outdoor play area by that fence, and ~~[shall~~
35 ~~be]~~ locked and inaccessible to children when not in use.

36 (i) Swimming pool safety rules shall be posted and ~~[in a prominent place]~~ visible to children and staff for any
37 swimming pool located on the child care facility premises. These rules shall state:

- 1 (1) the location of a first-aid kit;
- 2 (2) that only water toys are permitted;
- 3 (3) that children ~~shall~~ are not allowed to run or push one another;
- 4 (4) that swimming is allowed only when the operator is present; and
- 5 (5) that glass objects are not allowed.

6 (j) All swimming pools used by children in care shall meet the "Rules Governing Public Swimming Pools" in
7 accordance with 15A NCAC 18A .2500 which are incorporated by reference, including subsequent amendments. A
8 copy of these Rules can be found at <http://ehs.ncpublichealth.com/docs/rules/294306-9-2500.pdf> and is available at
9 no charge. [~~A copy of these Rules is on file with the Division of Child Development and Early Education, 820 South~~
10 ~~Boylan Avenue, Raleigh, NC 27603, or may be obtained at no cost by writing the North Carolina Division of~~
11 ~~Environmental Health, 1630 Mail Service Center, Raleigh, NC 27699 1630.]~~

12 (k) Educational activities, such as observing tadpoles, exploring [~~mud~~] mud, or learning about rocks and [~~vegetation,~~]
13 vegetation are permitted around bodies of water. However, if children will be in the water for any part of the activity,
14 Paragraphs (a) through (g) of this Rule shall apply.

15 (l) Boating, rafting, and canoeing activities are permitted. Prior to participating in recreational activities conducted
16 on the water, children shall wear an age or size appropriate personal floatation device approved by the United States
17 Coast Guard. This personal floatation device shall be worn for the duration of the activity.

18
19 *History Note: Authority G.S. 110-88; 110-91(1), (3), (6); 143B-168.3;*
20 *Temporary Adoption Eff. September 23, 2016.*

REQUEST FOR TECHNICAL CHANGE FOR TEMPORARY RULE

AGENCY: NC Child Care Commission

RULE CITATION: 10A NCAC 09 .1731

DEADLINE FOR RECEIPT: Wednesday, September 14, 2016 – 12:00 p.m.

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

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

In reviewing these rules, the staff determined that the following technical changes need to be made. Approval of any rule is contingent upon making technical changes as set forth in G.S. 150B-21.10.

In (a), how is this training to be offered? Will it be in-person? Online? Will the topics be separate trainings?

In (b), please change "must" to "shall."

In (b)(2), what is meant by "consistent with standards for parental consent"?

In (c), by "may", do you mean "shall"? If you do mean "may", under what circumstances will the training count toward in-service training?

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

Amber Cronk May
Commission Counsel
Date submitted to agency: September 13, 2016

7. Why is adherence to notice and hearing requirements contrary to the public interest and the immediate adoption of the rule is required?

Although the CCDBG Act was enacted in 2014, the regulations are still in the proposed rulemaking process. The September 30, 2016 deadline for certification was announced in December of 2015 by email, however, there was a webinar given by Region IV to all states in May 2016 to clarify the new CCDGB health and safety training requirements and the specified due date for implementing the training for all providers. The Division anticipated that the codified regulations would have more details about how the law would be implemented, however the regulations have not been finalized. The comment period closed on February 22, 2016. If NC cannot certify that it is compliant with the requirements of the CCDBG by the September 30 deadline, NC risks forfeiting millions of federal dollars it desperately needs to maintain funding for low-income families with children in child care.

The Child Care Commission adopted this rule under the temporary rules process to help protect the health and safety of children in child care so that providers would have access to the required training by the September 30 deadline. The training includes the following 11 topic areas:

- 1) prevention and control of infectious diseases, including immunization;
- 2) administration of medication, consistent with standards for parental consent;
- 3) prevention of and response to emergencies due to food and allergic reactions;
- 4) 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;
- 5) emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event;
- 6) handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
- 7) precautions in transporting children, if applicable;
- 8) prevention of shaken baby syndrome and abusive head trauma;
- 9) CPR and First Aid training;
- 10) recognizing and responding to Suspicions of Child Maltreatment; and
- 11) prevention of sudden infant death syndrome and use of safe sleeping practices.

The federal register may be found at <https://www.federalregister.gov/articles/2015/12/24/2015-31883/child-care-and-development-fund-ccdf-program#h-4>.

8. Rule establishes or increases a fee? (See G.S. 12-3.1)

Yes
Agency submitted request for consultation on:
Consultation not required. Cite authority:

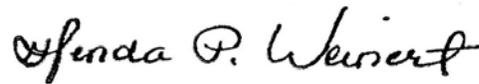
No

9. Rule-making Coordinator: Dedra Alston

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E-Mail: Dedra.Alston@dhhs.nc.gov

10. Signature of Agency Head*:



*** If this function has been delegated (reassigned) pursuant to G.S. 143B-10(a), submit a copy of the delegation with this form.**

Typed Name: Glenda Weinert

Title: Chairperson of the Child Care Commission

E-Mail: Glenda.Weinert@gmail.com

Agency contact, if any: Same as above

Phone: Same as above

E-Mail: Same as above

RULES REVIEW COMMISSION USE ONLY

Action taken:

Submitted for RRC Review:

Date returned to agency:

1 **10A NCAC 09 .1731 is adopted with changes under temporary procedures as follows:**

2

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 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 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~~

18 (10) *Recognizing and Responding to Suspicions of Child Maltreatment* as required in Rule .1705(b)(10)
19 of this ~~[Section.]~~ Section; and

20 (11) Prevention of sudden infant death syndrome and use of safe sleeping practices.

21 (c) Training hours accrued for the completion of this requirement may count toward in-service training. However,
22 child care operators, additional caregivers, and substitute providers must complete the health and safety training even
23 if the number of hours accrued exceeds required in-service training, as specified in Rule .1705(b)(5) of this Section.

24

25 *History Note:* *Authority G.S. 110-88; 110-91(11); 143B-168.3;*

26 *Temporary Adoption Eff. September 23, 2016.*