

10A NCAC 09 .0302 APPLICATION FOR A LICENSE FOR A CHILD CARE CENTER

(a) The prospective licensee of a child care center, including assuring compliance with the licensing law and standards, shall apply for a license for a child care center using the form provided by the Division. The form can be found on the Division's website at http://ncchildcare.dhhs.state.nc.us/general/mb_customerservice.asp. If the operator will be a group, organization, or other entity, an officer of the entity shall complete and sign the application.

(b) The applicant shall arrange for inspections of the center by the local health, building, and fire inspectors. The applicant shall provide to the Division copies of inspection reports pursuant to G.S. 110-91(1), (4), and (5). When a center does not conform with a building, fire, or sanitation standard, the inspector may submit a written explanation of how equivalent, alternative protection is provided. The Division shall accept the inspector's documentation in lieu of compliance with the standard. Nothing in this Rule precludes or interferes with issuance of a provisional license pursuant to Section .0400 of this Chapter.

(c) The applicant, or the person responsible for the day-to-day operation of the center, shall be able to describe the plans for the daily program, including room arrangement, staffing patterns, equipment, and supplies, in sufficient detail to show that the center shall comply with applicable requirements for activities, equipment, and staff-child ratios for the capacity of the center and type of license requested. The applicant shall make the following written information available to the Division for review to verify compliance with provisions of this Chapter and G.S. 110, Article 7:

- (1) Emergency Preparedness and Response Plan;
- (2) emergency medical care plan;
- (3) activity plans;
- (4) discipline policy;
- (5) incident reports; and
- (6) incident logs.

(d) The applicant shall demonstrate to the Division that the following is available for review pursuant to 10A NCAC 09 .0304(f):

- (1) staff records which include an application for employment and date of birth; documentation of education, training, and experience; medical and health records; documentation of participation in training and staff development activities; and required criminal history records check documentation;
- (2) children's records which include an application for enrollment; medical and immunization records; and permission to seek emergency medical care;
- (3) daily attendance records;
- (4) daily records of arrival and departure times at the center for each child;
- (5) records of monthly fire drills documenting the date and time of each drill, the length of time taken to evacuate the building, and the signature of the person who conducted the drill as required by NC Fire Code 405.5;
- (6) records of monthly playground inspections documented on a checklist provided by the Division; A copy of the form may be found on the Division's website at http://ncchildcare.nc.gov/pdf_forms/playground.pdf.
- (7) records of medication administered; and
- (8) records of lockdown or shelter-in-place drills as defined in 10A NCAC 09 .0102 giving the date each drill was 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.

(e) The Division shall measure all rooms to be used for child care and shall assure that an accurate sketch of the center's floor plan is part of the application packet. The Division shall enter the dimensions of each room to be used for child care, including ceiling height, and shall show the location of the bathrooms, doors, and required exits on the floor plan.

(f) The Division shall make one or more inspections of the center and premises to assess compliance with all applicable requirements as follows:

- (1) if all applicable requirements of G.S. 110, Article 7 and this Section are met, the Division shall issue the license; or
- (2) if all applicable requirements of G.S. 110, Article 7 and this Section are not met, the Division may recommend issuance of a provisional license in accordance with Section .0400 of this Chapter or the Division may recommend denial of the application in accordance with Paragraph (g) of this Rule.

(g) The Secretary may deny an application for a license under the following circumstances:

- (1) if any child care facility license previously held by the applicant has been denied, revoked, or summarily suspended by the Division;
- (2) if the Division initiated denial, revocation, or summary suspension proceedings against any child care facility license previously held by the applicant and the applicant voluntarily relinquished the license;
- (3) during the pendency of an appeal of a denial, revocation, or summary suspension of any other child care facility license held by the applicant;
- (4) if the Division determines that the applicant has a relationship with an operator or former operator who held a license under an administrative action described in Subparagraphs (1), (2), or (3) of this Paragraph. As used in this Rule, an applicant has a relationship with a former operator if the former operator would be involved with the applicant's child care facility in one or more of the following ways:
 - (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 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 has been substantiated against the applicant pursuant to G.S. 7B-101 or G.S. 110-105.2; or
- (7) if the applicant is a disqualified child care provider or has a disqualified household member residing in the center pursuant to G.S. 110-90.2.

(h) 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 that describes the steps the applicant will take to prevent reoccurrence 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.

History Note: Authority G.S. 110-85; 110-86; 110-88(2); 110-88(5); 110-91; 110-91(1), (4) and (5); 110-92; 110-93; 110-99; 143B-168.3; Eff. January 1, 1986; Amended Eff. July 1, 2015; March 1, 2014; August 1, 2011; July 1, 2010; April 1, 2003; April 1, 2001; July 1, 1998; January 1, 1996; November 1, 1989; July 1, 1988; January 1, 1987.

10A NCAC 09 .0604 SAFETY REQUIREMENTS

- (a) In child care centers, potentially hazardous items, such as archery equipment, hand and power tools, nails, chemicals, propane stoves, lawn mowers, and gasoline or kerosene, whether or not intended for use by children, shall be stored in locked areas, or shall be removed from the premises or otherwise inaccessible to children.
- (b) Firearms and ammunition are prohibited in a licensed child care facility unless carried by a law enforcement officer.

- (c) Electrical outlets not in use which are located in space used by the children shall be covered with safety plugs unless located behind furniture or equipment that cannot be moved by a child.
- (d) Electric fans shall be mounted out of the reach of children or shall be fitted with a mesh guard to prevent access by children.
- (e) All electrical appliances shall be used only in accordance with the manufacturer's instructions. For appliances with heating elements, such as bottle warmers, crock pots, irons, coffee pots, or curling irons, neither the appliance nor the cord, if applicable, shall be accessible to preschool-age children.
- (f) Electrical cords shall not be accessible to infants and toddlers. Extension cords, except as approved by the local fire inspector, shall not be used. Frayed or cracked electrical cords shall be replaced.
- (g) All materials used for starting fires, such as matches and lighters, shall be kept in locked storage or shall be stored out of the reach of children.
- (h) Smoking is not permitted in space used by children when children are present. All smoking materials shall be kept in locked storage or out of the reach of children.
- (i) Fuel burning heaters, fireplaces, and floor furnaces shall be provided with a protective screen attached securely to supports to prevent access by children and to prevent objects from being thrown into them.
- (j) Plants that are toxic shall not be in indoor or outdoor space that is used by or is accessible to children.
- (k) Air conditioning units shall be located so that they are not accessible to children or shall be fitted with a mesh guard to prevent objects from being thrown into them.
- (l) Gas tanks shall be located so they are not accessible to the children or shall be in a protective enclosure or surrounded by a protective guard.
- (m) Cribs and playpens shall be placed so that the children occupying them shall not have access to cords or ropes, such as venetian blind cords.
- (n) Once a day, prior to initial use, the indoor and outdoor premises shall be checked for debris, vandalism, and broken equipment. Debris shall be removed and disposed.
- (o) Plastic bags, toys, and toy parts small enough to be swallowed, and materials that can be easily torn apart such as foam rubber and styrofoam, shall not be accessible to children under three years of age, except that styrofoam plates and larger pieces of foam rubber may be used for supervised art activities and styrofoam plates may be used for food service. Latex and rubber balloons shall not be accessible to children under five years of age.
- (p) When non-ambulatory children are in care, a crib or other device shall be available for evacuation in case of fire or other emergency. The crib or other device shall be fitted with wheels in order to be easily moveable, have a reinforced bottom, and shall be able to fit through the designated fire exit. For centers that do not meet institutional building code, and the exit is more than eight inches above grade, the center shall develop a plan to ensure a safe and immediate evacuation of the crib or other device. The operator shall physically demonstrate this plan to the Division for review and approval. During the required fire, lockdown, or shelter-in-place drills, an evacuation crib or other device shall be used in the manner described in the Emergency Preparedness and Response Plan as defined in 10A NCAC 09 .0607(c).
- (q) A first aid kit shall always be available on site.
- (r) Fire drills shall be practiced monthly in accordance with 10A NCAC 09 .0607(a) and records shall be maintained as required by 10A NCAC 09 .0302(d)(5).
- (s) A "shelter in place drill" or "lockdown drill" as defined in 10A NCAC 09 .0102 shall be conducted at least every three months and records shall be maintained as required by 10A NCAC 09 .0302(8).

History Note: Authority G.S. 110-85; 110-91(3),(6); 143B-168.3; Eff. January 1, 1991; Amended Eff. January 1, 1996; November 1, 1991; Temporary Amendment Eff. October 1, 1997; Amended Eff. July 1, 2015; February 1, 2012; July 1, 2010; December 1, 2007; April 1, 2001; July 1, 1998.

10A NCAC 09 .0607 EMERGENCY PREPAREDNESS AND RESPONSE

- (a) For the purposes of this Rule, the Emergency Preparedness and Response in Child Care is a session training approved by the Division on creating an Emergency Preparedness and Response Plan and practicing, responding to and recovering from emergencies in child care facilities.
- (b) Existing child care facilities shall have one person on staff who has completed the Emergency Preparedness and Response in Child Care training within two years from the effective date of this Rule and within four months of a

trained person's last day of employment. New facilities must have a person on staff who has completed the Emergency Preparedness and Response in Child Care training within one year of the effective date of the initial license. Documentation of completion of the training shall be maintained in the individual's personnel file.

(c) Upon completion of the Emergency Preparedness and Response in Child Care training, the trained staff shall develop the Emergency Preparedness and Response Plan. The Emergency Preparedness and Response Plan means a written plan that addresses how a child care facility will respond to both natural and man-made disasters, such as fire, tornado, flood, power failures, chemical spills, bomb threats, earthquakes, blizzards, nuclear disasters, or a dangerous person or persons in the vicinity, to ensure the safety and protection of the children and staff. This Plan must be on a template provided by the Division available at <https://rmp.nc.gov/portal/#>, and completed within four months of completion of the Emergency Preparedness and Response in Child Care training.

(d) The Emergency Preparedness and Response Plan shall include:

- (1) written procedures for accounting for all in attendance including:
 - (A) the location of the children, staff, volunteer and visitor attendance lists; and
 - (B) the name of the person(s) responsible for bringing the lists in the event of an emergency.
- (2) a description for how and when children shall be transported;
- (3) methods for communicating with parents and emergency personnel or law enforcement;
- (4) a description of how children's nutritional and health needs will be met;
- (5) the relocation and reunification process;
- (6) emergency telephone numbers;
- (7) evacuation diagrams showing how the staff, children, and any other individuals who may be present will evacuate during an emergency;
- (8) the date of the last revision of the plan;
- (9) specific considerations for non-mobile children and children with special needs; and
- (10) the location of a Ready to Go File. A Ready to Go File means a collection of information on children, staff and the facility, to utilize, if an evacuation occurs. The file shall include, but is not limited to, a copy of the Emergency Preparedness and Response Plan, contact information for individuals to pick-up children, each child's Application for Child Care, medication authorizations and instructions, any action plans for children with special health care needs, a list of any known food allergies of children and staff, staff contact information, Incident Report forms, an area map, and emergency telephone numbers.

(e) The trained staff shall review the Emergency Preparedness and Response Plan annually, or when information in the plan changes, to ensure all information is current.

(f) All staff shall review the center's Emergency Preparedness and Response Plan during orientation and on an annual basis with the trained staff. Documentation of the review shall be maintained at the center in the individual's personnel file or in a file designated for emergency preparedness and response plan documents.

(g) All substitutes and volunteers counted in ratio who are present shall be informed of the child care center's Emergency Preparedness and Response Plan and its location. Documentation of this notice shall be maintained in the individual personnel files.

*History Note: Authority G.S. 110-85;
Eff. July 1, 2015;
August 1, 2015.*

10A NCAC 09 .0707 IN-SERVICE TRAINING REQUIREMENTS

(a) Each center shall assure that each new employee who is expected to have contact with children receives a minimum of 16 clock hours of on-site training and orientation within the first six weeks of employment. This training and orientation shall include:

- (1) training in the recognition of the signs and symptoms of child abuse or neglect and in the employee's duty to report suspected abuse and neglect pursuant to G.S. 7B-301;
- (2) review of the center's operational policies, including the center's safe sleep policy for infants, the Emergency Preparedness and Response Plan, and the emergency medical care plan;
- (3) adequate supervision of children in accordance with 10A NCAC 09 .0714(f);
- (4) first-hand observation of the center's daily operations;
- (5) instruction in the employee's assigned duties;
- (6) instruction in the maintenance of a safe and healthy environment;

- (7) review of the center's purposes and goals;
- (8) review of the center's personnel policies;
- (9) review of the child care licensing law and rules;
- (10) an explanation of the role of State and local government agencies in the regulation of child care, their impact on the operation of the center, and their availability as a resource; and
- (11) an explanation of the employee's obligation to cooperate with representatives of State and local government agencies during visits and investigations.

(b) As part of the training required in Paragraph (a) of this Rule, each new employee shall complete, within the first two weeks of employment, six clock hours of the training referenced in Subparagraphs (a)(1), (a)(2), and (a)(3) of this Rule.

(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.

(d) For staff listed in Subparagraphs (c)(1), (c)(2), (c)(3) and (c)(4) of this Rule, basic cardiopulmonary resuscitation (CPR) training required in Rule .0705 of this Section shall not be counted toward meeting annual in-service training. First aid training may be counted once every three years.

(e) If a child care administrator or lead teacher is enrolled in coursework to meet the staff qualification requirements in G.S. 110-91(8), the individual may choose to apply for completed coursework toward meeting the annual in-service training requirement.

(f) Any staff working less than 40 hours per week may choose the option for 20 hours of in-service training, or the training requirement may be prorated as follows:

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

History Note: Authority G.S. 110-91(11); 143B-168.3; Eff. January 1, 1986; Amended Eff. July 1, 2015; January 1, 2006; May 1, 2004; October 29, 1998; October 1, 1991; November 1, 1989; July 1, 1988; January 1, 1987.

SECTION .1700 –FAMILY CHILD CARE HOME REQUIREMENTS

10A NCAC 09 .1701 GENERAL PROVISIONS RELATED TO LICENSURE OF HOMES

(a) All family child care homes shall comply with the standards for licensure set forth in this Section. A one- star rated license shall be issued to a family child care home operator who complies with the minimum standards for a license contained in this Section and G.S. 110-91.

(b) An individual who provides care for five hours or more in a week, during planned absences of the operator, shall be at least 21 years old, have a high school diploma or GED, have completed a first aid and cardiopulmonary

resuscitation (CPR) course as described in Rule .1705, Subparagraphs (a)(3), (a)(4), (b)(2), and (b)(3) of this Section, have completed a health questionnaire, have proof of negative results of a tuberculosis test completed within 12 months prior to the first day of providing care, submit criminal records check forms as required in 10A NCAC 09 .2702, and annual in-service training as described in Rule .1705(b)(5) of this Section. While the individual provides care at a family child care home, copies of required information shall be on file in the home available for review by the Division.

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

(d) The operator shall review the appropriate requirements found in this Chapter, including the Emergency Preparedness and Response Plan, and in G.S. Chapter 110, Article 7 with any individuals who are providing care prior to the individual's assuming responsibility for the children. The operator and individual providing care shall sign and date a statement which attests that this review was completed. This statement shall be kept on file in the home available for review by the Division.

(e) An individual who provides care during unplanned absences of the operator, such as medical emergencies, shall be at least 18 years old and submit criminal records check forms as required in 10A NCAC 09 .2702, Paragraph (j). The children of an emergency caregiver shall not be counted in the licensed capacity for the first day of the emergency caregiver's service.

(f) The provisions of G.S. 110-90.2 which exclude persons with certain criminal records or personal habits or behavior which may be harmful to children from operating or being employed in a family child care home are hereby incorporated by reference and shall also apply to any person on the premises with the operator's permission when the children are present. This exclusion shall not apply to parents or other persons who enter the home only for the purpose of performing parental responsibilities; nor does it include persons who enter the home for brief periods for the purpose of conducting business with the operator and who are not left alone with the children.

(g) The parent of a child enrolled in any family child care home subject to regulation under G.S. 110, Article 7 shall be allowed unlimited access to the home during its operating hours for the purposes of contacting the child or evaluating the home and the care provided by the operator. The parent shall notify the operator of his or her presence immediately upon entering the premises.

(h) An operator licensed to care for children overnight may sleep during the nighttime hours when all the children are asleep, provided:

- (1) the operator and the children in care, excluding the operator's own children, are on ground level;
- (2) the operator can hear and respond quickly to the children if needed; and
- (3) a battery operated smoke detector or an electrically operated (with a battery backup) smoke detector is located in each room where children are sleeping.

(i) Each operator shall develop and adopt a written plan of care for completing routine tasks (including running errands, meeting family and personal demands, and attending classes) to ensure that routine tasks shall not interfere with the care of children during hours of operation. The plan shall:

- (1) specify typical times for completing routine tasks and include those times on the written schedule, or specify that routine tasks will not occur during hours of operation;
- (2) specify the names of any individuals, such as additional caregivers or substitutes, who will be responsible for the care of children when the operator is attending to routine tasks;
- (3) specify how the operator shall maintain compliance with transportation requirements specified in 10A NCAC 09 .1723 if children are transported;
- (4) specify how parents will be notified when children accompany the operator off premises for routine tasks not specified on the written schedule;
- (5) specify any other steps the operator shall take to ensure routine tasks will not interfere with the care of children; and
- (6) be given and explained to parents of children in care on or before the first day the child attends the home. Parents shall sign a statement acknowledging the receipt and explanation of the plan. Parents shall also give written permission for their child to be transported by the operator for specific routine tasks that are included on the written schedule. The acknowledgment and written parental permission shall be retained in the child's record as long as the child is enrolled at the home and a copy of each document shall be maintained on file for review by the Division.

(j) If the operator amends the written plan, the operator shall give written notice of the amendment to parents of all enrolled children at least 30 days before the amended plan is implemented. Each parent shall sign a statement acknowledging the receipt and explanation of the amendment. The operator shall retain the acknowledgement in the

child's records as long as the child is enrolled in the home and a copy shall be maintained on file for review by the Division.

History Note: Authority G.S. 110-85; 110-86(3); 110-88(1); 110-91; 110-99; 110-105; 143B-168.3; Eff. January 1, 1986; Amended Eff. July 1, 2015; May 1, 2013; November 1, 2006; April 1, 2003; April 1, 1999; July 1, 1998; January 1, 1991; January 1, 1990; July 1, 1988; January 1, 1987.

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

- (a) Prior to receiving a license, each family child care home operator shall:
- (1) Complete and keep on file a health questionnaire which attests to the operator's physical and emotional ability to care for children. The Division may require a written statement or medical examination report signed by a licensed physician or other authorized health professional if there is reason to believe that the operator's health may adversely affect the care of the children based upon observations and complaints made to the Division.
 - (2) Obtain written proof that he or she is free of active tuberculosis. The results indicating the individual is free of active tuberculosis shall be obtained within 12 months prior to applying for a license.
 - (3) Complete within 12 months prior to applying for a license a basic first aid course that shall address principles for responding to emergencies, and techniques for handling common childhood injuries, accidents and illnesses such as choking, burns, fractures, bites and stings, wounds, scrapes, bruises, cuts and lacerations, poisoning, seizures, bleeding, allergic reactions, eye and nose injuries and sudden changes in body temperature.
 - (4) Successfully complete within 12 months prior to applying for a license a course by the American Heart Association or the American Red Cross or other organizations approved by the Division in cardiopulmonary resuscitation (CPR) appropriate for the ages of children in care. Other organizations shall be approved if the Division determines that the courses offered are substantially equivalent to those offered by the American Red Cross. Successfully completed is defined as demonstrating competency, as evaluated by the instructor, in performing CPR. Documentation of successful completion of the course from the American Heart Association, the American Red Cross, or other organization approved by the Division shall be on file in the home.
- (b) After receiving a license, an operator shall:
- (1) Update the health questionnaire referenced in Paragraph (a) of this Rule annually. The Division may require the operator to obtain written proof that he or she is free of active tuberculosis.
 - (2) Complete a first aid course as referenced in Paragraph (a) of this Rule. First aid training shall be renewed on or before expiration of the certification or every three years, whichever is less.
 - (3) Successfully complete a CPR course as referenced in Paragraph (a) of this Rule. CPR training shall be renewed on or before the expiration of the certification, or every two years, whichever is less.
 - (4) If licensed to care for infants ages 12 months and younger, complete ITS-SIDS training within four months of receiving the license, and complete it again every three years from the completion of previous ITS-SIDS training. Completion of ITS-SIDS training may be included once every three years in the number of hours needed to meet the annual in-service training requirement in Paragraph (b)(5) of this Rule.
 - (5) Complete 12 clock hours of annual in-service training in the topic areas required by G.S. 110-91(11), except that persons with at least 10 years work experience as a caregiver in a child care arrangement regulated by the Division of Child Development and Early Education shall complete eight clock hours of annual in-service training. Only training which has been approved by the Division as referenced in Rule .0708 of this Chapter shall count toward the required hours of annual in-service training. The operator shall maintain a record of annual in-service training activities in which he or she has participated. The record shall include the subject matter, the topic area in G.S. 110-91(11) covered, the name of the training provider or organization, the date training was provided and the number of hours of training completed. First aid training may be counted no more than once every three years.
 - (6) Within one year of the effective date of the license, complete the Emergency Preparedness and Response in Child Care training. For the purposes of this Rule, the Emergency Preparedness and

Response in Child Care is a training approved by the Division on creating an Emergency Preparedness and Response Plan and practicing, responding to, and recovering from emergencies in child care facilities. Existing operators have two years as of the effective date of this Rule to complete the Emergency Preparedness and Response in Child Care training. Documentation of completion of the training shall be maintained in the operator's personnel file.

- (7) Upon completion of the Emergency Preparedness and Response in Child Care training, develop the Emergency Preparedness and Response Plan. The Emergency Preparedness and Response Plan means a written plan that addresses how a child care facility will respond to both natural and man-made disasters, such as fire, tornado, flood, power failures, chemical spills, bomb threats, earthquakes, blizzards, nuclear disaster, or a dangerous person in the vicinity, to ensure the safety and protection of the children and additional caregivers. This Plan must be on a template provided by the Division available at <https://rmp.nc.gov/portal/#>, completed within four months of completion of the Emergency Preparedness and Response in Child Care training, and available for review. The Plan shall include the following:
- (A) written procedures for accounting for all in attendance, including the location of the children, staff, volunteer and visitor attendance lists and the name of the person(s) responsible for bringing the lists in the event of an emergency;
 - (B) a description for how and when children shall be transported;
 - (C) methods for communicating with parents and emergency personnel or law enforcement;
 - (D) a description of how children's nutritional and health needs will be met;
 - (E) the relocation and reunification process;
 - (F) emergency telephone numbers;
 - (G) evacuation diagrams showing how the operator, family members, children and any other individuals who may be present will evacuate during an emergency;
 - (H) the date of the last revision of the plan;
 - (I) specific considerations for non-mobile children and children with special needs; and
 - (J) the location of the Ready to Go File. A Ready to Go File means a collection of information on children, additional caregivers and the facility, to utilize, if an evacuation occurs. The file shall include, but is not limited to, a copy of the Emergency Preparedness and Response Plan, contact information for individuals to pick-up children, each child's Application for Child Care, medication authorizations and instructions, any action plans for children with special health care needs, a list of any known food allergies of children and additional caregiver, additional caregiver contact information, Incident Report forms, an area map, and emergency telephone numbers.
- (8) Review the Emergency Preparedness and Response Plan annually or when information in the plan changes, to ensure all information is current.
- (9) Review the Family Child Care Home's Emergency Preparedness and Response Plan with additional caregivers during orientation and on an annual basis.

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

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

- (a) To assure the safety of children in care, the operator shall:
- (1) empty firearms of ammunition and keep both in separate, locked storage;
 - (2) keep items used for starting fires, such as matches and lighters, out of the children's reach;
 - (3) keep all medicines in locked storage;
 - (4) keep hazardous cleaning supplies and other items that might be poisonous, e.g., toxic plants, out of reach or in locked storage when children are in care;
 - (5) keep first aid supplies in a place accessible to the operator;
 - (6) keep tobacco products out of reach or in locked storage when children are in care;
 - (7) ensure the equipment and toys are in good repair and are developmentally appropriate for the children in care;

- (8) have a working telephone within the family child care home. Telephone numbers for the fire department, law enforcement office, emergency medical service, and poison control center shall be posted near the telephone;
- (9) have access to a means of transportation that is always available for emergency situations;
- (10) be able to recognize common symptoms of illnesses;
- (11) conduct a monthly fire drill; and
- (12) conduct a "shelter in place drill" or "lockdown drill" as defined in 10A NCAC 09 .0102 at least every three months.

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

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

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

- (1) No prescription or over-the-counter medication and no topical, non-medical ointment, repellent, lotion, cream or powder shall be administered to any child:
 - (A) without written authorization from the child's parent;
 - (B) without written instructions from the child's parent, physician or other health professional;
 - (C) in any manner not authorized by the child's parent, physician or other health professional;
 - (D) after its expiration date; or
 - (E) for non-medical reasons, such as to induce sleep.
- (2) Prescribed medications:
 - (A) shall be stored in the original containers in which they were dispensed with the pharmacy labels specifying:
 - (i) the child's name;
 - (ii) the name of the medication or the prescription number;
 - (iii) the amount and frequency of dosage;
 - (iv) the name of the prescribing physician or other health professional; and
 - (v) the date the prescription was filled; or
 - (B) if pharmaceutical samples, shall be stored in the manufacturer's original packaging, shall be labeled with the child's name, and shall be accompanied by written instructions specifying:
 - (i) the child's name;
 - (ii) the names of the medication;
 - (iii) the amount and frequency of dosage;
 - (iv) the signature of the prescribing physician or other health professional; and
 - (v) the date the instructions were signed by the physician or other health professional; and
 - (C) shall be administered only to the child for whom they were prescribed.
- (3) A parent's written authorization for the administration of a prescription medication described in Paragraph (c)(2) of this Rule shall be valid for the length of time the medication is prescribed to be taken.
- (4) Over-the-counter medications, such as cough syrup, decongestant, acetaminophen, ibuprofen, topical antibiotic cream for abrasions, or medication for intestinal disorders shall be stored in the

manufacturer's original packaging on which the child's name is written or labeled and shall be accompanied by written instructions specifying:

- (A) the child's name;
- (B) the names of the authorized over-the-counter medication;
- (C) the amount and frequency of the dosages;
- (D) the signature of the parent, physician or other health professional; and
- (E) the date the instructions were signed by the parent, physician or other health professional.

The permission to administer over-the-counter medications is valid for up to 30 days at a time, except as allowed in Subparagraphs (c)(6), (7), (8), and (9) of this Rule. Over-the-counter medications shall not be administered on an "as needed" basis, other than as allowed in Subparagraphs (c)(6), (7), (8), and (9) of this Rule.

- (5) When questions arise concerning whether any medication should be administered to a child, the caregiver may decline to administer the medication without signed, written dosage instructions from a licensed physician or authorized health professional.
- (6) A parent may give a caregiver standing authorization for up to six months to administer prescription or over-the-counter medication to a child, when needed, for chronic medical conditions and for allergic reactions. The authorization shall be in writing and shall contain:
 - (A) the child's name;
 - (B) the subject medical conditions or allergic reactions;
 - (C) the names of the authorized over-the-counter medications;
 - (D) the criteria for the administration of the medication;
 - (E) the amount and frequency of the dosages;
 - (F) the manner in which the medication shall be administered;
 - (G) the signature of the parent;
 - (H) the date the authorization was signed by the parent; and
 - (I) the length of time the authorization is valid, if less than six months.
- (7) A parent may give a caregiver standing authorization for up to 12 months to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders - -- such as sunscreen, diapering creams, baby lotion, and baby powder --- to a child, when needed. The authorization shall be in writing and shall contain:
 - (A) the child's name;
 - (B) the names of the authorized ointments, repellents, lotions, creams, and powders;
 - (C) the criteria for the administration of the ointments, repellents, lotions, creams, and powders;
 - (D) the manner in which the ointments, repellents, lotions, creams, and powders shall be applied;
 - (E) the signature of the parent;
 - (F) the date the authorization was signed by the parent; and
 - (G) the length of time the authorization is valid, if less than 12 months.
- (8) A parent may give a caregiver standing authorization to administer a single weight-appropriate dose of acetaminophen to a child in the event the child has a fever and a parent cannot be reached. The authorization shall be in writing and shall contain:
 - (A) the child's name;
 - (B) the signature of the parent;
 - (C) the date the authorization was signed by the parent;
 - (D) the date that the authorization ends or a statement that the authorization is valid until withdrawn by the parent in writing.
- (9) A parent may give a caregiver standing authorization to administer an over-the-counter medication as directed by the North Carolina State Health Director or designee, when there is a public health emergency as identified by the North Carolina State Health Director or designee. The authorization shall be in writing, may be valid for as long as the child is enrolled, and shall contain:
 - (A) the child's name;
 - (B) the signature of the parent;
 - (C) the date the authorization was signed by the parent; and
 - (D) the date that the authorization ends or a statement that the authorization is valid until withdrawn by the parent in writing.

- (10) Pursuant to G.S. 110-102.1A, a caregiver may administer medication to a child without parental authorization in the event of an emergency medical condition when the child's parent is unavailable, providing the medication is administered with the authorization and in accordance with instructions from a health care professional as defined in Rule .0102(16) of this Chapter.
 - (11) A parent may withdraw his or her written authorization for the administration of medications at any time in writing.
 - (12) Any medication remaining after the course of treatment is completed or after authorization is withdrawn shall be returned to the child's parents. Any medication the parent fails to retrieve within 72 hours of completion of treatment, or withdrawal of authorization, shall be discarded.
 - (13) Any time prescription or over-the-counter medication is administered by a caregiver to children receiving care, including any time medication is administered in the event of an emergency medical condition without parental authorization as permitted by G.S. 110-102.1A, the child's name, the date, time, amount and type of medication given, and the name and signature of the person administering the medication shall be recorded. This information shall be noted on a medication permission slip, or on a separate form developed by the provider which includes the required information. This information shall be available for review by the Division during the time period the medication is being administered and for at least six months after the medication is administered. No documentation shall be required when items listed in Subparagraph (c)(7) of this Rule are applied to children.
- (d) To assure the health of children through proper sanitation, the operator shall:
- (1) collect and submit samples of water from each well used for the children's water supply for bacteriological analysis to the local health department or a laboratory certified to analyze drinking water for public water supplies by the North Carolina Division of Laboratory Services every two years. Results of the analysis shall be on file in the home;
 - (2) have sanitary toilet, diaper changing and hand washing facilities. Diaper changing areas shall be separate from food preparation areas;
 - (3) use sanitary diapering procedures. Diapers shall be changed whenever they become soiled or wet. The operator shall:
 - (A) wash his or her hands before, as well as after, diapering each child;
 - (B) ensure the child's hands are washed after diapering the child; and
 - (C) place soiled diapers in a covered, leak proof container which is emptied and cleaned daily;
 - (4) use sanitary procedures when preparing and serving food. The operator shall:
 - (A) wash his or her hands before and after handling food and feeding the children; and
 - (B) ensure the child's hands are washed before and after the child is fed;
 - (5) wash his or her hands, and ensure the child's hands are washed, after toileting or handling bodily fluids.
 - (6) refrigerate all perishable food and beverages. The refrigerator shall be in good repair and maintain a temperature of 45 degrees Fahrenheit or below. A refrigerator thermometer is required to monitor the temperature;
 - (7) date and label all bottles for each individual child, except when there is only one bottle fed child in care;
 - (8) have a house that is free of rodents;
 - (9) screen all windows and doors used for ventilation;
 - (10) have all household pets vaccinated with up-to-date vaccinations as required by North Carolina law and local ordinances. Rabies vaccinations are required for cats and dogs; and
 - (11) store garbage in waterproof containers with tight fitting covers.
- (e) The operator shall not force children to use the toilet and the operator shall consider the developmental readiness of each individual child during toilet training.
- (f) The operator shall not use tobacco products at any time while children are in care. Smoking or use of tobacco products shall not be permitted indoors while children are in care, or in a vehicle when children are transported.

*History Note: Authority G.S. 110-88; 110-91(6);
 Eff. July 1, 1998;
 Amended Eff. July 1, 2015; May 1, 2004; April 1, 2003; April 1, 2001.*

10A NCAC 09 .1721 REQUIREMENTS FOR RECORDS

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

- (1) a copy of the child's health assessment as required by G.S. 110-91(1);
- (2) a copy of the child's immunization record;
- (3) a health and emergency information form provided by the Division that is completed and signed by a child's parent. A copy of the form can be found on the Division's website at http://ncchildcare.nc.gov/pdf_forms/DCD-0377.pdf. The completed form shall be on file the first day the child attends. An operator may use another form other than the one provided by the Division, as long as the form includes the following information:
 - (A) the child's name, address, and date of birth;
 - (B) the names of individuals to whom the child may be released;
 - (C) the general status of the child's health;
 - (D) any allergies or restrictions on the child's participation in activities with instructions from the child's parent or physician;
 - (E) the names and phone numbers of persons to be contacted in an emergency situation;
 - (F) the name and phone number of the child's physician and preferred hospital;
 - (G) authorization for the operator to seek emergency medical care in the parent's absence; and
- (4) 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 include:

- (1) documentation of the operator's Emergency Preparedness and Response Plan on a template which is provided by the Division 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, 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. 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 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. A copy of the form can be found on the Division's website at http://ncchildcare.nc.gov/pdf_forms/fch_outdoor_inspection_checklist.pdf;
- (6) 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.
- (2) Additional caregiver records as required in this Chapter shall be maintained on file one year from the employee's last date of employment.
- (3) Current program records as required in this Chapter shall be maintained on file for as long as the license remains valid. Prior versions shall be maintained based on the time frame in the following charts:

- (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)

- (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)

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

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

10A NCAC 09 .2318 RETENTION OF FORMS AND REPORTS BY A CHILD CARE OPERATOR

Each child care center operator must retain records as follows:

- (1) All children's records as required in this Chapter, except the Medication Permission Slip as referenced in Rule .0803(13) of this Chapter, shall be maintained on file for at least one year from the date the child is no longer enrolled in the center.
- (2) All personnel records as required in this Chapter shall be maintained on file for at least one year from the date the employee is no longer employed.
- (3) Current program records shall be maintained on file for as long as the license remains valid. Prior versions shall be maintained based on the time frame in the following charts:
- (a) A minimum of 30 days from the revision or replacement date:

Record	Rule
Activity Plan	.0508(d)
Allergy Postings	.0901(f)
Feeding Schedule	.0902(a)
Menu	.0901(b)
SIDS Sleep Chart/Visual Check	.0606(a)(7)

- (b) A minimum of one year from the revision or replacement date:

Record	Rule
Attendance	.0302(d)(3)
Daily Schedule	.0508(a)
Emergency Medical Care Plan	.0302(c)(3) and .0802(a)
Lockdown or Shelter-in-Place Drill Log	.0302(d)(8)
Emergency Preparedness and Response Plan	.0607(c);
Field Trip/Transportation Permission	.2507(a) and .0512(b)(3)
Fire Drill Log	.0302(d)(5)
Evacuation plan for non - mobile children in Centers not meeting institutional building code	.0604(p)
Incident Log	.0802(e)
Playground Inspection	.0605(n)
Safe Arrival and Departure Procedures	.1003(b)

- (4) All building, fire, sanitation and pool inspections as referenced in G.S. 110-91, and Rules .0302 and .1403 of this Chapter shall remain on file at the center for as long as the license remains valid.
- (5) Records may be maintained in a paper format or electronically, except that records that require a signature of a staff person or parent shall be maintained in a paper format.
- (6) All records required in this Chapter shall be available for review by the Division.

*History Note: Authority G.S. 110-85; 110-91(9); 143B-168.3;
Eff. January 1, 1986;
Amended Eff. July 1, 2015; July 1, 2010; July 1, 2008.*

10A NCAC 09 .2829 QUALITY POINT OPTIONS

Operators may earn one additional quality point toward a voluntary rated license as described in Rule .2802 of this Section as follows:

- (1) Education options:
 - (a) Completing additional education coursework as follows:
 - (i) An Infant and Toddler Certificate, by 75 percent of infant and toddler teachers,
 - (ii) An A.A.S. or higher in early childhood education or child development by 75 percent of teachers,
 - (iii) A BA or BS or higher in early childhood education or child development by 75 percent of lead teachers,
 - (iv) An A.A.S. or higher in early childhood education or child development by all lead teachers,
 - (v) A North Carolina School Age Care Credential or have completed six semester hours in school-age coursework by 75 percent of group leaders, or
 - (vi) An Infant and Toddler Certificate or has a BA or BS or higher in early childhood education or child development by a family child care home provider;
 - (b) Completing 20 additional annual in-service training hours for full-time lead teachers and teachers, and staff working part-time completing additional hours based on the chart in Rule .0707(c) of this Chapter;
 - (c) Completing 20 annual in-service training hours for family child care home providers in addition to those required by Rule .1705(b)(5) of this Chapter;

- (d) 75 percent of lead teachers and teachers having at least 10 years of documented and confirmed by the Division early childhood work experience;
 - (e) All lead teachers and teachers having at least five years of documented and confirmed by the Division of early childhood work experience employed by no more than two different employers;
 - (f) Having a combined turnover rate of 20 percent or less for the administrator, program coordinator, lead teachers, teachers and group leader positions over the last 12 months if the program has earned at least four points in education;
 - (g) In a stand alone school age program, 75 percent of group leaders having at least five years verifiable school-age work experience employed in no more than two different school-age settings; or
- (2) Programmatic options:
- (a) Using a curriculum as defined in Rule .0102(7) of this Chapter. This programmatic option is not available to facilities that are required to use an approved curriculum in accordance with Rule .2802(d) of this Section;
 - (b) Having group sizes decreased by at least one child per age group from the seven point level as described in Rule .2818(c) of this Section;
 - (c) Having staff/child ratios decreased by at least one child per age group from the seven point level as described in Rule .2818(c) of this Section;
 - (d) Meeting at least two of the following three programs standards:
 - (i) Having enhanced policies which include the following topics: field trip policy, staff development plan, medication administration, enhanced discipline policy, and health rules for attendance;
 - (ii) Having a staff benefits package that offers at least four of the following six benefits: paid leave for professional development, paid planning time, vacation, sick time, retirement or health insurance; or
 - (iii) Having evidence of an infrastructure of parent involvement that includes at least two of the following: parent newsletters offered at least quarterly, parent advisory board, periodic conferences for all children, or parent information meetings offered at least quarterly;
 - (e) Completing a 30 hour or longer business training course by a family child care home provider;
 - (f) Completing a business training course and a wage and hour training by the center administrator that is at least 30 hours total;
 - (g) Restricting enrollment to four preschool children in a family child care home; or
 - (h) Reducing infant capacity by at least one child from the seven point level for a family child care home as described in Rule .2828(g)(3) of this Section.

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