

**TEMPORARY RULES - CCDBG ACT OF 2014**  
**10A NCAC 09**  
**Effective September 23, 2016**

**10A NCAC 09 .0604 SAFETY REQUIREMENTS**

- (a) In child care centers, potentially hazardous items, including 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, 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) When not in use, electrical outlets and power strips located in space used by children shall have safety outlets or 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 any cord 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, lighters, and accelerants shall be kept in locked storage.
- (h) Smoking, including use of e-Cigarettes, by staff is not permitted on the premises of the child care center. All smoking materials shall be kept in locked storage.
- (i) Fuel burning heaters, fireplaces, and floor furnaces, if applicable, shall be fitted with a protective screen attached to supports to prevent access by children and to prevent objects from being thrown into them.
- (j) Toxic plants shall be inaccessible to children. A list of toxic plants may be found on the Division's website at [http://ncchildcare.nc.gov/pdf\\_forms/form16b\\_bb.pdf](http://ncchildcare.nc.gov/pdf_forms/form16b_bb.pdf).
- (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 and gas or charcoal grills shall be inaccessible to children or shall be in a protective enclosure.
- (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 of.
- (o) Plastic bags, toys, and toy parts small enough to be swallowed, and materials that can be torn apart, such as foam rubber and Styrofoam, shall not be accessible to children under three years of age. However, styrofoam plates and larger pieces of foam rubber may be used for supervised art activities and styrofoam plates may be used for food service. Jump ropes and rubber bands shall not be accessible to children under five years of age without adult supervision. Balloons shall be prohibited for children of all ages.
- (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 moveable, have a reinforced bottom, and shall be able to fit through the designated fire exit. For centers that do not meet NC Building Code for institutional occupancy, and have an exit more than eight inches above grade, the center shall develop a written plan to ensure a safe evacuation of the crib or other device. The North Carolina State Building Code is hereby incorporated by reference, inclusive of subsequent amendments. The current Code can be found online at [http://www.ncdoi.com/OSFM/Engineering\\_and\\_Codes/Default.aspx?field1=Codes\\_-Current\\_and\\_Past&user=State\\_Building\\_Codes](http://www.ncdoi.com/OSFM/Engineering_and_Codes/Default.aspx?field1=Codes_-Current_and_Past&user=State_Building_Codes). The operator shall physically demonstrate this written 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 be available on site and accessible to staff. Each staff member shall be aware of the location of the First Aid kit.
- (r) Fire drills shall be practiced monthly and records shall be maintained as required by 10A NCAC 09 .0302(d)(5).
- (s) A "shelter-in-place" or "lockdown drill" as defined in 10A NCAC 09 .0102 shall be conducted at least every three months and records shall be maintained as required by 10A NCAC 09 .0302(d)(8).

- (t) Each center shall establish safe procedures for pick-up and delivery of children. These procedures shall be communicated to parents, and a copy shall be posted in the center where it can be seen by the parents.
- (u) In child care centers, potential bio-contaminants shall be stored in locked areas, shall be removed from the premises, or otherwise inaccessible to children. For purposes of this Rule, a "bio-contaminant" includes bodily fluids, soiled diapers and wipes, and medical waste such as syringes.

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

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

(a) Within three months of the effective date of this Rule each child care center licensed to care for children up to five years of age shall develop and adopt policies to prevent shaken baby syndrome and abusive head trauma. The policy shall include the following:

- (1) How to recognize, respond to, and report the signs and symptoms of shaken baby syndrome and abusive head trauma. Signs and symptoms include: irritability, difficulty staying awake, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, and bruises;
- (2) Strategies to assist staff members in coping with a crying, fussing, or distraught child;
- (3) Strategies to assist staff members understand how to care for infants;
- (4) Strategies to ensure staff members understand the brain development of children up to five years of age;
- (5) A list of prohibited behaviors that staff members shall follow in order to care for children in a developmentally appropriate manner. Prohibited behaviors shall include, but not be limited to, shaking a child, tossing a child into the air or into a crib, chair, or car seat, and pushing a child into walls, doors, and furniture; and
- (6) Resources to assist staff members and families in preventing shaken baby syndrome and abusive head trauma.

(b) Within 30 days of adopting the policy, the child care center shall review the policy with parents of currently enrolled children up to five years of age. A copy of the policy shall be given and explained to the parents of newly enrolled children up to five years of age on or before the first day the child receives care at the center. The parent shall sign a statement acknowledging the receipt and explanation of the policy. The acknowledgement shall contain the following:

- (1) The child's name;
- (2) The date the child first attended the center;
- (3) The date the operator's policy was given and explained to the parent;
- (4) The parent's name;
- (5) The parent's signature; and
- (6) The date the parent signed the acknowledgment.

The child care center shall obtain the parent's signature and the acknowledgement shall be kept in the child's file.

(c) If a child care center changes the policy at any time, the child care center shall give written notice of the change to the child's parent 14 days prior to the implementation of the new policy and the parent shall sign a statement that attests that a copy of the new policy was given to and discussed with him or her. The center shall obtain the parent's signature and this statement shall be kept in the child's file.

(d) For purposes of this Rule, "staff" includes the operator, additional caregivers, substitute providers, and uncompensated providers.

(e) Within 30 days of adopting the policy, the child care center shall review the policy with existing staff members who provide care for children up to five years of age. Each child care center shall review the policy with new staff members prior to the individual providing care to children. The acknowledgement of this review shall contain:

- (1) The individual's name;
- (2) The date the center's policy was given and explained to the individual;
- (3) The individual's signature; and

- (4) The date the individual signed the acknowledgment.

The child care center shall retain the acknowledgement in the staff member's file.

(f) If a child care center changes the policy at any time, the child care center shall review the revised policy with staff members 14 days prior to the implementation of the new policy. The individual shall sign a statement that attests that 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 file.

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

#### **10A NCAC 09 .0705 SPECIAL TRAINING REQUIREMENTS**

(a) A copy of "Caring for Our Children: Appendix A" shall be located in the child care facility for referral regarding common signs and symptoms of illness. The book is incorporated by reference and includes subsequent amendments and editions free of charge online at <http://cfoc.nrckids.org>.

(b) All staff who provide direct care or accompany children when they are off premises shall successfully complete certification in basic First Aid appropriate for the ages of children in care. The training shall be completed within six weeks of employment. At all times when children are in care at least one staff member present must have successfully completed basic First Aid training, as evidenced by a certificate or card from an approved training organization. First Aid training shall be renewed on or before expiration of the certification. "Successfully completed" is defined as demonstrating competency, as evaluated by the instructor. Verification of each required staff member's completion of this course from an approved training organization shall be maintained in the staff member's file in the center. The Division shall post a list of approved training organizations on its website at [http://ncchildcare.nc.gov/providers/pv\\_sn2\\_ov\\_pd.asp](http://ncchildcare.nc.gov/providers/pv_sn2_ov_pd.asp).

(c) A First Aid information sheet shall be posted in a place for quick referral by staff members. A child care operator may request a First Aid information sheet from the North Carolina Child Care Health and Safety Resource Center at 1-800-367-2229.

(d) All staff who provide direct care or accompany children when they are off premises shall successfully complete certification in a cardiopulmonary resuscitation (CPR) course appropriate for the ages of children in care. At all times when children are in care at least one staff member present must have successfully completed CPR training. The training shall be completed within six weeks of employment. CPR training shall be renewed on or before the expiration of the certification. Verification of each staff member's completion of this course from an approved training organization shall be maintained in the staff member's file in the center. The Division shall post a list of approved training organizations on its website at [http://ncchildcare.nc.gov/providers/pv\\_sn2\\_ov\\_pd.asp](http://ncchildcare.nc.gov/providers/pv_sn2_ov_pd.asp).

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

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

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

(f) In centers that are licensed to care for infants, the child care administrator and any child care provider scheduled to work in the infant room shall complete ITS-SIDS training. ITS-SIDS training shall be completed within two months of an individual assuming responsibilities in the infant room and every three years thereafter. Child care administrators, as defined in G.S. 110-86(2a), shall complete ITS-SIDS training within two months of employment and every three years thereafter. Completion of ITS-SIDS training shall be included once every three years in the number of hours needed to meet ongoing training requirements in Section .0700 of this Chapter. At all times, at least one child care provider who has completed ITS-SIDS training shall be present in the infant room while children are in care. A certificate of each staff member's completion of this course shall be maintained in the staff member's file in the center.

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

and Responding to Suspicions of Child Maltreatment" training is available at <https://www.preventchildabusenc.org/services/trainings-and-professional-development/rrcourse>. A certificate of each staff member's completion of this course shall be maintained in the staff member's file in the center.

*History Note: Authority G.S. 110-88; 110-91(1),(8); 143B-168.3; Eff. January 1, 1986; Amended Eff. January 1, 1996; January 1, 1992; January 1, 1991; January 1, 1987; Temporary Amendment Eff. October 1, 1997; Amended Eff. July 1, 2008; November 1, 2005; May 1, 2004; July 1, 1998; Temporary Amendment Eff. September 23, 2016.*

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

- (a) Child care administrators and staff members shall complete health and safety training offered by the Division no later than June 30, 2017.
- (b) The training shall include the following topic areas:
  - (1) Prevention and control of infectious diseases, including immunization;
  - (2) Administration of medication, 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;
  - (10) "Recognizing and Responding to Suspicions of Child Maltreatment" as required in Rule .0705(g) of this Section; and
  - (11) Prevention of sudden infant death syndrome and use of safe sleeping practices.
- (c) Training hours accrued for the completion of this requirement shall count toward in-service training. However, child care administrators and staff members must complete the health and safety training even if the number of hours accrued exceeds required in-service training, as specified in Rule .0707 of this Section.

*History Note: Authority G.S. 110-88; 110-91(11); 143B-168.3; Temporary Adoption Eff. September 23, 2016.*

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

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

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

	electrical hazards, bodies of water, and vehicular traffic
Information regarding prevention of shaken baby syndrome and abusive head trauma	Instruction in the administration of medication to children in accordance with 10A NCAC 09 .0803
Prevention and control of infectious diseases, including immunization	
	Review of G.S. 110, Article 7 and 10A NCAC 09
	An explanation of the role of State and local government agencies in the regulation of child care, their impact on the operation of the center, and their availability as a resource
	An explanation of the employee's obligation to cooperate with representatives of State and local government agencies during visits and investigations
	Successfully complete CPR and First Aid training as defined in Rule .0705(b) of this Section.
	Prevention of and response to emergencies due to food and allergic reactions
	Review of the center's handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

(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) Any staff working less than 40 hours per week may complete 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

(e) Coursework taken at an accredited college or university which addresses staff development topic areas specified in G.S. 110-91(11) shall be counted toward in-service training requirements.

*History Note:* Authority G.S. 110-88; 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 .0800 - HEALTH STANDARDS FOR CHILDREN**

**10A NCAC 09 .0801 APPLICATION FOR ENROLLMENT**

(a) Each child in care shall have an individual application for enrollment completed and signed by the child's parent, as defined in 10A NCAC 09 .0102. The completed, signed application shall be on file in the center on the first day the child attends and shall include the following information:

- (1) Emergency medical information as set forth in Rule .0802(b) of this Section;
- (2) The child's full name and the name the child is to be called;
- (3) The child's date of birth;
- (4) Any allergies and the symptoms and type of response required for allergic reactions;
- (5) Any health care needs or concerns, symptoms of and the type of response required for these health care needs or concerns;
- (6) Particular fears or unique behavior characteristics that the child has; and
- (7) The names of individuals to whom the center may release the child, as authorized by the person who signs the application.

(b) For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized 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:

- (1) a list of the child's diagnosis or diagnoses including dietary, environmental, and activity considerations that are applicable;
- (2) contact information for the health care professional(s);
- (3) medications to be administered on a scheduled basis; and
- (4) medications to be administered on an emergency basis with 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](http://ncchildcare.nc.gov/providers/pv_provideforms.asp).

(c) Center administrators and staff shall release a child only to an individual listed on the application.

(d) The information contained in Subparagraphs (a)(1) through (a)(7) of this Rule, shall be accessible to caregiving staff during the time the child is in care.

(e) Center administrators and staff shall use the information provided on the application to ensure that each individual child's needs are met during the time the child is in care.

*History Note: Authority G.S. 110-88; 143B-168.3;  
Eff. January 1, 1986;  
Amended Eff. November 1, 1989;  
Temporary Amendment Eff. September 23, 2016.*

**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), and (a)(4) 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 .2703 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 conduct 16 hours of orientation with any caregivers, including substitute providers, and volunteers, who are providing care prior to the individual being left alone with the children as follows:

- (1) recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to G.S. 110-105.4 and G.S. 7B-301;
- (2) review of the home's operational policies, including the written plan of care, safe sleep policy, and the Emergency Preparedness and Response Plan;
- (3) adequate supervision of children in accordance with Rule .1718(a) of this Section;
- (4) information regarding prevention of shaken baby syndrome and abusive head trauma;
- (5) prevention and control of infectious diseases, including immunization;
- (6) firsthand observation of the home's daily operations;
- (7) instruction regarding assigned duties;
- (8) instruction in the maintenance of a safe and healthy environment;
- (9) instruction in the administration of medication to children in accordance with Rule .1720(c) of this Section;
- (10) review of the home's purposes and goals;
- (11) review of G.S. 110, Article 7 and this Chapter;
- (12) 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;
- (13) an explanation of the individual's obligation to cooperate with representatives of State and local government agencies during visits and investigations;
- (14) completion of CPR and First Aid training; and
- (15) prevention of and response to emergencies due to food and allergic reactions.

The operator and individual providing care shall sign and date a statement that 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 .2703(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 that 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 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 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 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 to the children; 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 the 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 provided 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(1); 110-88(1); 110-91; 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; Temporary Amendment Eff. September 23, 2016.*

**10A NCAC 09 .1702 APPLICATION FOR A LICENSE FOR A FAMILY CHILD CARE HOME**

- (a) Any person who plans to operate a family child care home (FCCH) shall apply for a license using a form provided by the Division. Only one licensed family child care home shall operate at the location address of any home. The form can be found on the Division's website at [http://ncchildcare.nc.gov/pdf\\_forms/FacilityProfileApp.pdf](http://ncchildcare.nc.gov/pdf_forms/FacilityProfileApp.pdf).
- (b) The applicant shall ensure that the family child care home complies with the following requirements:
- (1) single-wide manufactured homes are limited to a maximum of three preschool-age children (no more than two may be two years of age or less) and two school-age children;
  - (2) all children are kept on the ground level with an exit at grade;
  - (3) all homes are equipped with an electrically operated (with a battery backup) smoke detector, or one electrically operated and one battery operated smoke detector located next to each other;
  - (4) all homes are provided with at least one five pound 2-A: 10-B: C type extinguisher for every 2,500 square feet of floor area;
  - (5) heating appliances shall be installed and maintained according to NC Building Code Chapter 603.5.3;
  - (6) all indoor areas used by children are heated when the temperature is below 65 degrees and ventilated when the temperature is above 85 degrees; and
  - (7) pipes or radiators that are hot enough to be capable of burning children and are accessible to the children are covered or insulated.
- (c) The applicant shall also submit supporting documentation with the application for a license to the Division. The supporting documentation shall include:
- (1) a copy of a non-expired qualification letter in accordance with 10A NCAC 09 .2702;
  - (2) a copy of documentation of completion of a First Aid and cardiopulmonary resuscitation (CPR) course;
  - (3) a copy of documentation of completion of ITS-SIDS training;
  - (4) proof of negative results of the applicant's tuberculosis test completed within the past 12 months;
  - (5) a completed health questionnaire; a copy of the health questions can be found on the Division's website at [http://ncchildcare.nc.gov/pdf\\_forms/emergency\\_information\\_health\\_questionnaire\\_i.pdf](http://ncchildcare.nc.gov/pdf_forms/emergency_information_health_questionnaire_i.pdf);
  - (6) a copy of non-expired pet vaccinations for any pet in the home;
  - (7) if a home has a private well, a negative well water bacteriological analysis;
  - (8) copies of any inspections required by local ordinances; and
  - (9) any other documentation required by the Division according to the rules in this Section to support the issuance of a license.
- (d) Upon receipt of a complete application and supporting documentation, a Division representative shall make an announced visit to each home. An announced visit is not required by a Division representative if the applicant is subject to the circumstances in Paragraph (g) of this Rule. The issuance of a license applies as follows:

- (1) if all applicable requirements of G.S. 110, Article 7 and this Section are met, a license shall be issued;
  - (2) if the applicable requirements of G.S. 110, Article 7 and this Section are not met, the Division representative shall establish with the applicant a time period for the home to achieve compliance. If the Division representative determines that all applicable requirements of G.S. 110, Article 7 and this Section are met within the established time period, a license shall be issued; or
  - (3) if all applicable requirements of G.S. 110, Article 7 and this Section are not met or cannot be met within the established time, the Division shall deny the application.
- (e) The Division shall allow the applicant to operate prior to the Division representative's visit described in Paragraph (e) of this Rule when the applicant is currently licensed as a family child care home operator, needs to relocate, and notifies the Division of the relocation, and the Division representative is unable to visit before the relocation occurs. An applicant shall not operate until he or she has received from the Division either temporary permission to operate or a license.
- (f) The Secretary may deny the application for the 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 previously held a license under an administrative action described in Subparagraphs (g)(1), (2), or (3) of this Rule. 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 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, 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.
- (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 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 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) The license shall not be bought, sold, or transferred from one individual to another.

- (i) The license shall be valid only for the location address listed on it.
- (j) The license shall be returned to the Division in the event of termination, revocation, suspension, or summary suspension.
- (k) A licensee shall notify the Division if a change occurs that affects the information shown on the license.

*History Note: Authority G.S. 110-86; 110-88(5); 110-91; 110-93; 110-99; 110-105.3; 110-105.5; 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; Temporary Amendment Eff. September 23, 2016.*

**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 that attests to the operator's physical and emotional ability to care for children. The Division may require a written statement or medical examination report signed by a licensed physician or other authorized health professional if there is reason to believe that the operator's health may adversely affect the care of the children based upon observations and complaints made to the Division.
  - (2) Obtain written proof that he or she is free of active tuberculosis. The results indicating the individual is free of active tuberculosis shall be obtained within 12 months prior to applying for a license.
  - (3) Successfully complete a basic First Aid course appropriate for the ages of children in care within 12 months prior to applying for a license. Successful completion shall be evidenced by a certificate or card from an approved training organization. First Aid training shall be renewed on or before expiration of the certification. Verification of completion of this course from an approved training organization shall be maintained in the operator's file. The Division shall post a list of approved training organizations on its website at [http://ncchildcare.nc.gov/providers/pv\\_sn2\\_ov\\_pd.asp](http://ncchildcare.nc.gov/providers/pv_sn2_ov_pd.asp).
  - (4) Successfully complete 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 within 12 months prior to applying for a license. Other organizations shall be approved if the Division determines that the courses offered are substantially equivalent to those offered by the American Red Cross. "Successfully completed" is defined as demonstrating competency, as evaluated by the instructor, in performing CPR. Documentation of successful completion of the course from an approved training organization shall be on file in the home. The Division shall post a list of approved training organizations on its website at [http://ncchildcare.nc.gov/providers/pv\\_sn2\\_ov\\_pd.asp](http://ncchildcare.nc.gov/providers/pv_sn2_ov_pd.asp).
  - (5) Complete a pre-licensing orientation that will be scheduled by a representative of the Division upon receipt of the application. Training required pursuant to this Rule shall not be counted toward annual on-going training requirements. Training topics for orientation shall include:
    - (A) recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to G.S. 110-105.4 and G.S. 7B-301;
    - (B) review of the home's operational policies, including the written plan of care, safe sleep policy, and the Emergency Preparedness and Response Plan;
    - (C) adequate supervision of children in accordance with Rule.1718(a) of this Section;
    - (D) information regarding prevention of shaken baby syndrome and abusive head trauma;
    - (E) prevention and control of infectious diseases, including immunization;
    - (F) first hand observation of the home's daily operations;
    - (G) instruction regarding assigned duties;
    - (H) instruction in the maintenance of a safe and healthy environment;
    - (I) instruction in the administration of medication to children in accordance with Rule.1720(c) of this Section;
    - (J) review of the child care licensing law and rules set forth in G.S. 110, Article 7 and this Chapter;
    - (K) 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;

- (L) an explanation of the operator's obligation to cooperate with representatives of State and local government agencies during visits and investigations; and
  - (M) prevention of and response to emergencies due to food and allergic reactions. Documentation of the pre-licensing orientation shall be provided by the Division and kept on file in the home.
- (6) Complete ITS-SIDS training if planning to be licensed to care for infants ages 12 months and younger.
- (b) After receiving a license, an operator shall:
- (1) Update the health questionnaire set forth in Subparagraph (a)(1) 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 set forth in Subparagraph (a)(3) of this Rule. First Aid training shall be renewed on or before expiration of the certification.
  - (3) Successfully complete a CPR course as set forth in Subparagraph (a)(4) of this Rule. CPR training shall be renewed on or before the expiration of the certification.
  - (4) If licensed to care for infants ages 12 months and younger, complete ITS-SIDS training 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 that has been approved by the Division as referenced in Rule .0708 of this Chapter shall count toward the required hours of annual in-service training. The operator shall maintain a record of annual in-service training activities in which he or she has participated. The record shall include the subject matter, the topic area in G.S. 110-91(11) covered, the name of the training provider or organization, the date training was provided and the number of hours of training completed. First Aid training may be counted no more than once every three years. Coursework applicable to job responsibilities taken at a regionally accredited college or university may be counted toward ongoing training requirements. The operator shall maintain a record of training activities, including copies of training certificates or official documentation provided by the trainer. That record shall include the subject matter, topic area, training provider, date provided, hours, and name of staff who completed the training. This documentation shall be on file.
  - (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 of Emergency Management and is available at <https://rmp.nc.gov/portal/#>, completed within four months of completion of the Emergency Preparedness and Response in Child Care Training, and available for review by the Division. 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, if applicable; 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, 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 caregivers, additional caregivers' 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; and
  - (10) The operator shall complete "Recognizing and Responding to Suspicions of Child Maltreatment" training within two months of licensure and every three years thereafter. Completion of "Recognizing and Responding to Suspicions of Child Maltreatment" training shall be included once every three years in the number of hours needed to meet ongoing training requirements in Subparagraph (b)(5) of this Rule. "Recognizing and Responding to Suspicions of Child Maltreatment" training is available at <https://www.preventchildabusenc.org/>.

*History Note: Authority G.S. 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; Temporary Amendment Eff. September 23, 2016.*

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

- (a) The operator of a family child care home shall provide a physically safe and healthy indoor and outdoor environment that meets the developmental needs of children in care, including but not limited to the following:
  - (1) keep all areas used by the children, both indoors and outdoors, clean and orderly and free of items that are potentially hazardous to children. Potentially hazardous items includes 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, removed from the premises, or otherwise inaccessible to children. This includes the removal of items that a child can swallow. In addition, loose nails or screws and splinters shall be removed on inside and outside equipment;
  - (2) all corrosive agents, pesticides, bleaches, detergents, cleansers, polishes, any product that is under pressure in an aerosol dispenser, and any substance that may be hazardous to a child if ingested, inhaled, or handled shall be kept in its original container or in another labeled container, used according to the manufacturer's instructions, and stored in a locked area when not in use. Locked areas shall include those that are unlocked with a combination, electronic, or magnetic device, key, or equivalent locking device. Unlocking devices shall be kept out of the reach of a child and shall not be stored in the lock. Toxic substances shall be stored below or separate from medications and food. Any product not listed in this Paragraph of this Rule, that is labeled "keep out of reach of children" without any other warnings shall be kept inaccessible to children when not in use, but is not required to be kept in locked storage. The product shall be considered inaccessible to children when stored on a shelf or in an unlocked cabinet that is mounted a minimum vertical distance of five feet above the finished floor;
  - (3) ensure potential bio-contaminants are stored in locked areas, or removed from the premises or otherwise inaccessible to children. For purposes of this Rule, a "bio-contaminant" includes bodily fluids, soiled diapers and wipes, and medical waste such as syringes;

- (4) store equipment and supplies such as lawn mowers, power tools, propane stoves, gasoline, kerosene, or nails so they are inaccessible to children;
  - (5) ensure that all stationary outdoor equipment is anchored and is not installed over concrete or asphalt. Footings that anchor the equipment shall not be exposed;
  - (6) mount electric fans out of the reach of children or have a mesh guard on each fan;
  - (7) cover all electrical outlets not in use and remove cracked, or frayed cords in occupied outlets;
  - (8) ensure that, for appliances with heating elements, such as bottle warmers, crock pots, irons, coffee pots, or curling irons, neither the appliance nor any cord, is accessible to preschool children;
  - (9) stairs with more than two steps that are used by the children shall be railed. Indoor stairs with more than two steps shall be made inaccessible to children in care who are two years old or younger; and
  - (10) store all combustible materials that may create a fire hazard.
- (b) Prior to enrollment of children in a family child care home, and before new animals that will be in the home come into the family child care home, a parent of each child must sign a form acknowledging the type of animal and where the animal will be during operating hours. This documentation shall be maintained in each child's file.

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

**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) an application for enrollment that includes information set forth in this Subparagraph of this Rule provided by the Division that is completed and signed by a child's parent, as defined in 10A NCAC 09 .0102. A copy of the form may be found on the Division's website at [http://ncchildcare.nc.gov/pdf\\_forms/DCD-0377.pdf](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) emergency medical information as set forth in Rule .1720(c) of this Section;
  - (B) the child's full name and the name the child is to be called;
  - (C) the child's date of birth;
  - (D) any allergies and the symptoms and type of response required for allergic reactions;
  - (E) any health care needs or concerns, symptoms of and the type of response required for these health care needs or concerns;
  - (F) a completed medical action plan shall be attached to the application for children with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services. The medical action plan shall be completed by the child's parent or a health care professional and include the following information:
    - (i) a list of the child's diagnosis or diagnoses including dietary, environmental, and activity considerations that are applicable;
    - (ii) contact information for the health care professional(s);
    - (iii) medications to be administered on a scheduled basis; and
    - (iv) medications to be administered on an emergency basis with 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](http://ncchildcare.nc.gov/providers/pv_provideforms.asp).
  - (G) particular fears or unique behavior characteristics that the child has;
  - (H) the names of individuals to whom the operator may release the child as authorized by the person who signs the application;
  - (I) the names and phone numbers of persons to be contacted in an emergency situation;
  - (J) the name and phone number of the child's physician; and
  - (K) authorization for the operator to seek emergency medical care in the parent's absence.
- (4) The operator shall:

- (A) release a child only to an individual listed on the form;
  - (B) have the information required by Parts (a)(3)(A) through (J) of this Rule available and accessible to additional caregivers and substitute providers during the time the 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; and
  - (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 that include:
- (1) documentation of the operator's Emergency Preparedness and Response Plan on a template 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 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 shall contain 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](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 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](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 information:
    - (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](http://ncchildcare.nc.gov/pdf_forms/fcch_outdoor_inspection_checklist.pdf);
  - (6) 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 Section .1700 of 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 Section .1700 of 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), .1730(j), 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.
- (6) All records required in this Chapter shall be available for review by the Division.

*History Note: Authority G.S. 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;  
Temporary Amendment Eff. September 23, 2016.*

**10A NCAC 09 .1726 PREVENTION OF SHAKEN BABY SYNDROME AND ABUSIVE HEAD TRAUMA**

(a) The operator of a family child care home licensed to care for children up to five years of age shall develop and adopt policies to assist staff in preventing shaken baby syndrome and abusive head trauma. For purposes of this Rule, "staff" includes the operator, additional caregivers, substitute providers, and uncompensated providers. The policy shall include:

- (1) How to recognize, respond to, and report the signs and symptoms of shaken baby syndrome and abusive head trauma. Signs and symptoms include: irritability, difficulty staying awake, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, and bruises;
- (2) Strategies to assist staff in coping with a crying, fussing, or distraught child;
- (3) Strategies to ensure staff members understand how to care for infants;
- (4) Strategies to ensure staff understand the brain development of children up to five years of age;

- (5) A list of prohibited behaviors that staff shall follow in order to care for children in a developmentally appropriate manner. Prohibited behaviors shall include, but not be limited to, shaking a child, tossing a child into the air or into a crib, chair, or care seat, and pushing a child into walls, doors, and furniture; and
  - (6) Resources to assist staff and families in preventing shaken baby syndrome and abusive head trauma.
- (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 the first day the child receives care at the home. The parent shall sign a statement acknowledging the receipt and explanation of the policy. The acknowledgement shall contain the following:
- (1) The child's name;
  - (2) The date the child first attended the home;
  - (3) The date the operator's policy was given and explained to the parent;
  - (4) The parent's name;
  - (5) The parent's signature; and
  - (6) The date the parent signed the acknowledgment.

The operator shall obtain the parent's signature and the acknowledgement shall be kept in the child's file.

(c) If an operator changes the policy at any time, the operator shall give written notice of the change to the child's parent 14 days prior to the implementation of the new policy and the parent shall sign a statement that attests that a copy of the new policy was given to and discussed with him or her. The center shall obtain the parent's signature and this statement shall be kept in the child's file.

(d) The operator shall review the policy with staff prior to the individual providing care to children. The acknowledgement of this review shall contain the following:

- (1) The individual's name;
- (2) The date the operator's policy was given and explained to the individual;
- (3) The individual's signature; and
- (4) The date the individual signed the acknowledgment.

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

(e) If an operator changes the policy at any time, the operator shall review the revised policy with staff 14 days prior to the implementation of the new policy. The individual shall sign a statement that attests that 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 file.

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

### **10A NCAC 09 .1730 ACTIVITIES INVOLVING WATER**

(a) The requirements in this Rule apply to "aquatic activities," which are defined as activities that take place in a body of water such as swimming, swimming instruction, wading, and visits to water parks. Aquatic activities do not include water play activities such as water table play, slip and slide activities, or playing in sprinklers.

(b) Aquatic activities involving the following are prohibited:

- (1) hot tubs;
- (2) spas;
- (3) saunas or steam rooms;
- (4) portable wading pools; and
- (5) natural bodies of water and other unfiltered, nondisinfected containments of water.

(c) When children enrolled in a family child care home participate in aquatic activities, there shall be at least one person who has a life guard training certificate issued by the Red Cross or other training determined by the Division to be equivalent to the Red Cross training, appropriate for both the type of body of water and type of aquatic activity. Verification of the operator's completion of this course from an approved training organization shall be maintained in their personnel file in the family child care home. The Division shall post a list of approved training organizations on its website at [http://ncchildcare.nc.gov/providers/pv\\_sn2\\_ov\\_pd.asp](http://ncchildcare.nc.gov/providers/pv_sn2_ov_pd.asp).

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

(e) The family child care home operator shall be responsible for adequately supervising the aquatic activity for the duration of the activity. "Adequate supervision" means that the operator shall be able to hear, see, and respond to the children whether in or out of the water.

(f) Prior to children participating in aquatic activities, the operator shall develop policies that address the following:

- (1) aquatic safety hazards;

- (2) pool and aquatic activity area supervision, including restroom or changing room use;
  - (3) how discipline will be handled during aquatic activities;
  - (4) the operator's specific field trip and transportation policies; and
  - (5) that children shall be directed to exit the water during an emergency.
- (g) Parents must provide written permission for participation in aquatic activities. The written permission shall include a statement that parents are aware of the operator's aquatic policies specified in Paragraph (f) of this Rule. The operator shall maintain copies of written parental permission in each child's file.
- (h) Any outdoor swimming pool located on the family child care home premises shall be enclosed by a fence that is at least four feet high, separated from the remaining outdoor play area by that fence, and locked and inaccessible to children when not in use.
- (i) Swimming pool safety rules shall be posted and visible to children and staff for any swimming pool located on the child care facility premises. These rules shall state:
- (1) the location of a first-aid kit;
  - (2) that only water toys are permitted;
  - (3) that children are not allowed to run or push one another;
  - (4) that swimming is allowed only when the operator is present; and
  - (5) that glass objects are not allowed.
- (j) All swimming pools used by children in care shall meet the "Rules Governing Public Swimming Pools" in accordance with 15A NCAC 18A .2500 which are incorporated by reference, including subsequent amendments. A copy of these Rules can be found at <http://ehs.ncpublichealth.com/docs/rules/294306-9-2500.pdf> and is available at no charge.
- (k) Educational activities, such as observing tadpoles, exploring mud, or learning about rocks and vegetation are permitted around bodies of water. However, if children will be in the water for any part of the activity, Paragraphs (a) through (g) of this Rule shall apply.
- (l) Boating, rafting, and canoeing activities are permitted. Prior to participating in recreational activities conducted on the water, children shall wear an age or size appropriate personal floatation device approved by the United States Coast Guard. This personal floatation device shall be worn for the duration of the activity.

*History Note: Authority G.S. 110-88; 110-91(1),(3),(6); 143B-168.3; Temporary Adoption Eff. September 23, 2016.*

**10A NCAC 09 .1731 ADDITIONAL HEALTH AND SAFETY TRAINING REQUIREMENTS**

- (a) Child care operators, additional caregivers, and substitute providers shall complete health and safety training offered by the Division no later than June 30, 2017.
- (b) The training shall include the following topic areas:
- (1) Prevention and control of infectious diseases, including immunization;
  - (2) Administration of medication, 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 Rule .1705 of this Section. Verification of the operator's completion of this course from an approved training organization shall be maintained in their personnel file in the family child care home. The Division shall post a list of approved training organizations on its website at [http://ncchildcare.nc.gov/providers/pv\\_sn2\\_ov\\_pd.asp](http://ncchildcare.nc.gov/providers/pv_sn2_ov_pd.asp);
  - (10) "Recognizing and Responding to Suspicions of Child Maltreatment" as required in Rule .1705(b)(10) of this Section; and
  - (11) Prevention of sudden infant death syndrome and use of safe sleeping practices.
- (c) Training hours accrued for the completion of this requirement shall count toward in-service training. However, child care operators, additional caregivers, and substitute providers must complete the health and safety training even if the number of hours accrued exceeds required in-service training, as specified in Rule .1705(b)(5) of this Section.

*History Note: Authority G.S. 110-88; 110-91(11); 143B-168.3;  
Temporary Adoption Eff. September 23, 2016.*