

Chapter 12: MEDICAL CARE

Purpose Of These Requirements

To ensure the health, safety and well-being of all children in child care by administering policies and procedures that address medical care issues such as emergency medical care plan, administering medications, and control of infectious and contagious diseases. These child care requirements were adopted with the intent to help child care providers reduce sickness, injury, and other health problems in the child care setting.

SECTION 1: EMERGENCY MEDICAL CARE

Emergency situations can occur quickly and without warning. Having a plan in place and knowing what to do is your best protection. Child care programs are required to have a written emergency medical care plan in place that provides the opportunity for staff and parents to be prepared and prevent poor judgments made under the stress of an emergency. An organized, comprehensive approach to injury prevention and control is necessary to ensure a safe environment. This approach requires written plans, policies, procedures, and record keeping that informs staff and parents about concerns and attention to the safety of children.

CHILD CARE RULE .0802

Emergency Medical Care Plan

- ★ Each center must develop a written plan that assures that emergency medical care is available or can be obtained for children.
- ★ The emergency plan must be reviewed during staff orientation with new staff and with all staff at least twice each year.
- ★ The Emergency Medical Care (EMC) Plan must give the procedures to be followed to assure that any child that becomes ill or is injured and requires medical attention while at the center, or while participating in any activity provided or sponsored by the center, receives appropriate medical attention.
- ★ The following information must be included in the center's EMC Plan:
 - The name, address and telephone number of a physician, nurse, physician's assistant, nurse practitioner, community clinic, or local health department that is available to provide medical consultation;
 - The name, address, and telephone number of the emergency room to be used when the parents or family physician cannot be reached or when transporting the ill or injured child to the person's preferred hospital could result in serious delay in obtaining medical attention;
 - Designation of a means of transportation always available for use in the event of a medical emergency;
 - The name of the person and his/her alternative at the center, responsible for determining which of the following is needed, carrying out that plan of action, and assuring that appropriate medical care is given:
 - Simple first aid given at the center for an injury or illness needing only minimal attention;
 - Advice from previously identified medical consultant in order to decide if care is to be given at the center or if the ill or injured child is to be transported to a designated medical resource; or
 - Immediate transportation of the child to a designated medical resource for appropriate treatment;
 - The person(s) at the center responsible for:
 - Assuring that the signed authorization from the parent is taken with the ill or injured child to the medical facility;
 - Accompanying the ill or injured child to the medical facility;
 - Notifying a child's parents or emergency contact person about the illness or injury and where the child has been taken for treatment;
 - Notifying the medical facility about the ill or injured child being transported for treatment; and
 - Obtaining substitute staff, if needed, to maintain required staff-child ratio and adequate supervision of children who remain at the center;
 - A statement giving the location of the telephone located on the premises which is in good working condition and is always available for use in case of an emergency.

- ☑ Caregivers should be prepared for the unexpected. Emergency situations can occur quickly and cause people not to think clearly. Therefore, it is important to develop a written plan and review it regularly with staff.
- ☑ Alternates for each responsibility must be given in the event that the individual named is not available.
- ☑ Typically the individual responsible for assessing the situation and plan of action is different from the individual who is responsible for notifying the family and accompanying the child.
- HH – It is a good policy to contact a parent of an injured child any time a child is injured in care regardless of the type of injury.
- 📁 A **Center Emergency Medical Care Plan** is located in the resource section. You may use this form or create your own, but make sure whatever you use contains the required information.
- ☑ More than one person who is familiar with all the procedures in the Emergency Medical Care Plan and able to take responsibility for carrying out the plan should be on-site at all times. These persons should be certified in CPR and First Aid.
- 📁 A resource on **Situations that Require Immediate Medical Attention** is located in the resource section.

CHILD CARE RULE .0705
First Aid Information

★ A first aid information sheet must be posted in a prominent place for quick reference.

- ☑ The first aid information sheet should be used for quick reference when accidents happen at the center.
- ☎ An acceptable sheet may be requested free of charge from the North Carolina Child Care Health and Safety Resource Center by calling 1-800-367-2229.
- ☑ Having one in each classroom, the kitchen, and multi purpose rooms ensures easy access if an accident occurs.

CHILD CARE RULE .0802
Requirement for Emergency Numbers

-  A telephone must always be available on the premises for use in case of an emergency.
-  The EMC plan must describe the location of the telephone located on the premises which is in good working condition and is always available for use in case of an emergency.
-  Telephone numbers for the fire department, law enforcement office, emergency medical service, and poison control center must be posted near the telephone.

- A telephone located in an office in the center that is sometimes locked during the time the children are present cannot be designated for use in an emergency.
- It is advisable to contact the local 911 or the local emergency rescue service and make them aware there is a child care center in the area. At the time of the call, find out what information they require in order to provide emergency care for the center in the future.
- While a cordless telephone can be helpful for staff to carry as they move about the building, it will not work if the building loses power. Also, a cordless telephone can be left in different rooms in the center which can mean that it may not be quickly located in the event of an emergency. Having a corded telephone available would ensure availability.
-  A sample **Emergency Telephone Numbers** handout is in the resource section.

CHILD CARE RULE .0802

Emergency Medical Care Information on Children

- ★ Emergency medical care information must be on file for each individual child.
- ★ Emergency medical care information should include the name, address, and telephone number of the parent or other person to be contacted in case of an emergency; the responsible party's choice of health care provider; and preferred hospital; any chronic illness the child has and any medication taken for that illness; and any other information that has a direct bearing on assuring the safe medical treatment for the child.
- ★ This emergency medical care information must be on file in the center on the child's first day of attendance.
- ★ Each child's parent, legal guardian, or full-time custodian must sign a statement authorizing the center to obtain medical attention for the child in an emergency. This statement must be on file on the first day the child attends the center. It shall be easily accessible to staff so that it can be taken with the child whenever emergency medical treatment is necessary.

- ☑ The emergency medical care information must be completed and signed by a parent or guardian and be on file in the center on the first day the child attends.
- ☑ The information must remain on file as long as the child is enrolled at the center.
- ☑ Siblings cannot share applications. Each child must have an individual application on file at the center that contains their individual emergency medical care information.
- 📁 A sample **Child's Application for Child Care** form is located in the resource section. This form provides space for parents to include their child's emergency medical care information.
- 📁 Additional forms are available in the resource section to assist parents and staff with outlining an action plan for a child that has a specific chronic condition that may require emergency medical care. Refer to the following resource sheets:
 - **Allergy Action Plan**
 - **Asthma Action Plan**
 - **Diabetes Action Plan**
 - **Seizure Action Plan**

CHILD CARE RULE .0802

Medical Care Information for Children

- ★ Each child's emergency medical care information must be easily accessible to caregiving staff so that it can be taken with the child whenever emergency medical care is necessary.

- ☑ “Accessible” means that files are readily available to staff members at all times. If the file is kept locked, staff members must have a key or one key must be kept in a place known and quickly available to every staff member.
- ☑ There should be a portable set of emergency medical care information available at all times. The portable set may be taken on field trips or whenever children are transported.
- ☑ Keep emergency medical care information up to date by verifying with parents quarterly, bi-annually, or annually since information can change.

CHILD CARE RULE .0802

Incident Reports

- ★ An incident report must be completed each time a child receives medical treatment by a physician, nurse, physician’s assistant, nurse practitioner, dentist, community clinic, or local health department, as a result of an incident occurring while the child is at the child care center.
- ★ The incident report should include, at a minimum:
 - child's name
 - date and time of incident
 - part of body injured
 - type of injury
 - names of adults who were witnesses to the incident
 - description of how and where incident occurred
 - piece of equipment involved (if any)
 - treatment received
 - steps taken to prevent reoccurrence
- ★ This report must be signed by the person completing it **and** by the parent, and maintained in the child's file. A copy of the incident report must be mailed to a representative of the Division within **seven** calendar days after treatment.

- This requirement also applies when the parent takes the child to the doctor after the accident just to be evaluated, even when the child receives no medical treatment.
-  A sample **Incident Report Form** is located in the resource section.

CHILD CARE RULE .0802

Incident Logs

-  An incident log must be completed any time an incident report is completed.
-  This log is to be cumulative and kept in a separate file and must be available for review by a representative of the Division.
-  This log must be completed on the form provided by the Division.

-  A copy of the **Incident Log** is located in the resource section.

SECTION 2: ADMINISTERING MEDICATION

Child care programs are not required to administer medication, but there are many situations in which providing that service to families might be the better choice. The Americans with Disabilities Act (ADA) requires that programs make reasonable accommodations for children with special needs, including special health care needs. Children with chronic health conditions like asthma, diabetes, allergies, sickle cell anemia, or seizure disorders may only be able to attend child care if medication can be given on site. For more information on the ADA refer to the handout in the resource section titled, “*Commonly Asked Questions Related to Giving Medicine in Child Care.*” If your program chooses to administer medication, it is imperative that staff receive training in medication administration procedures and that policies are established to reassure parents and staff that the program strives to administer medications safely.

Check out these resources:

- Contact a local child care health consultant to assist you in training and policy development. To locate a child care health consultant in your area, visit the Child Care Health and Safety Resource Center’s web site at www.healthychildcarenc.org for a listing of child care health consultants by county or call the Resource Center at 1-800-367-2229.

- Complete training on Medication Administration. This is a comprehensive course developed by the UNC-Chapel Hill and the Division of Child Development that covers the roles of child care providers, health care providers, and parents in giving medication in child care. The child care requirements and best practice for administering medication safely in child care is discussed. Participants learn how to identify, store, measure, and dispose of medication properly in child care. Time is allotted to introduce how to develop a medication administration policy reflective of best practice and current requirements for your facility. Contact your local child care resource and referral, local health department, or the NC Child Care Health and Safety Resource Center at 1-800-367-2229 to access a trainer.

CHILD CARE RULE .0803
Administering Medication

- ★ No prescription or over-the-counter medication and no topical, non-medical ointment, repellent, lotion, cream, or powder may be administered to any child:
 - without written authorization from the child’s parent, physician, or other health professional;
 - without written instructions from the child’s parent, physician, or other health professional;
 - in any manner not authorized by the child’s parent, physician, or other health professional;
 - after its expiration date; or
 - for non-medical reasons, such as to induce sleep.
- ★ 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.

- ☑ It is the parent’s responsibility to provide all the documentation and materials required to legally and safely administer medication.
- ☑ Keep in mind there are new medications, especially antibiotics that only require one or two doses per day, thus eliminating the need for anyone other than a child’s parent to give medication.
- 📁 A **Checklist for Administering Medication** is located in the resource section.

- ☑ If you have questions about whether medication provided by the parent should be administered you can require signed, written dosage instructions from a licensed physician or authorized health professional. It is always your option to refuse to administer any medication.
- HH** – Parents should be informed any time an error or mishap occurs when administering medication. For example, if a caregiver fails to give medication at the authorized time the parent should be notified. Missing a dose or receiving a delayed dose of medication could affect the usefulness of the medication or when the next dosage should be administered. Document the error and mishap and inform the parent immediately.
-  A sample **Medication Error Report** is available in the resource section.
- HH** - It is recommended that only one person in each facility be responsible for administering medication to children, to avoid confusion and mistakes.
- HH** - It is further recommended that the above staff person be the one to which all medication is given by the parents. This person will then be responsible for assuring proper authorization forms and storage of the medication.

CHILD CARE RULE .0803

Permission to Administer Medication

-  Any time prescription or over-the-counter medication is administered by center personnel to children receiving care, including any time medication is administered in the event of an emergency medical condition without parental authorization, the child's name, the date, time, amount, and type of medication given, and the name and signature of the person administering the medication must be recorded.
-  The information must be noted on a medication permission slip or on a separate form developed by the provider which includes the required information.
-  The information must be available for review by a Division representative during the time period the medication is being administered and for at least 6 months after the medication is administered.
-  Documentation of administration is not required when items such as over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, and creams are applied to children.

- ☑ Items which do not require documentation to be completed when they are administered are topical ointments, topical teething ointment or gel, insect repellants, lotions, creams, and powders, such as sunscreen, diaper creams, baby lotion, and baby powder. However, you must still have a completed authorization form.

 A sample **Medication Administration Permission and Record** form is located in the resource section.

GENERAL STATUTE 110-102.1A
Unauthorized Administration of Medication

 It is unlawful to willfully administer, without written authorization, prescription or over-the-counter medication to a child attending the child care facility.

- ☑ It is illegal to intentionally give a child medication without written authorization from the child's parent.
- ☑ The punishment for this illegal action is a Class A1 misdemeanor. However, if the child is seriously injured as a result of being given the unauthorized medication, the punishment is a Class F felony, which may result in imprisonment.
- ☑ A medical emergency is the only exception to the law. If an emergency occurs, a medical care provider must give instructions for providing a medication.

CHILD CARE RULE .0803 **Prescribed Medication**

- ★ Prescribed medications must be stored in the original container in which they were dispensed with the pharmacy labels specifying the child's name, the name of the medication or the prescription number, the amount and frequency of dosage, the name of the prescribing physician or other health professional, and the date the prescription was filled.
- ★ Pharmaceutical samples must be stored in the manufacturer's original packaging, must be labeled with the child's name, and must be accompanied by written instructions specifying the child's name, the names of the medication, the amount and frequency of dosage, and the signature of the prescribing physician or other health professional.
- ★ Prescribed medications must be administered only to the child for whom they are prescribed.
- ★ A parent's written authorization for the administration of prescribed medication is valid for the length of time the medication is prescribed to be taken.

- Only one medication should be listed on each authorization form.
- If there are no dosage directions on a label, the medicine can be accompanied by written instructions for dosage, which includes the child's name and is dated and signed by the prescribing physician or other health professional.

CHILD CARE RULE .0803 **Over-the-Counter Medications**

- ★ Over-the-counter medicines must be stored in the manufacturer's original packaging on which the child's name is written or labeled and must be accompanied by written instructions specifying the child's name, the names of the authorized over-the-counter medication, the amount and frequency of the dosages, and the signature of the parent, physician or other health professional, and the date the instructions were signed by the parent, physician or other health professional.
- ★ Permission to administer over-the-counter medications is valid for up to 30 days at a time. *(There are exemptions, refer to rules on blanket authorization for certain medications.)*
- ★ Over-the-counter medications may not be administered on an "as needed" basis.

- Over-the-counter medicines are those such as cough syrup, decongestant, acetaminophen, ibuprofen, topical teething medication, topical antibiotic cream for abrasions, or medication for intestinal disorders.

- ☑ Medication cannot be administered “as needed.” Specific instructions on when to administer medication must be given, providing symptoms that indicate a need for the medication.
- ☑ Caregivers can only give the recommended dosage stated on the package instructions. If a physician prescribes a larger dosage than specified on the package, the parent must bring in written instructions from the physician.
- 💻 The U.S. Food and Drug Administration released a public health advisory October 2008 that recommends over-the-counter cough and cold products should not be used for infants and children under two years of age. Visit www.fda.gov for more information.

CHILD CARE RULE .0803

Blanket Authorization: Chronic Conditions or Allergic Reactions

- ★ A parent may give a caregiver standing authorization for up to 6 months to administer prescription or over-the-counter medication to a child, when needed, for chronic medical conditions and for allergic reactions.
- ★ The authorization must be in writing and contain the following:
 - the child’s name;
 - the subject medical conditions or allergic reactions;
 - the name of the authorized over-the-counter medication;
 - the criteria for the administration of the medication;
 - the amount and frequency of the dosage;
 - the manner in which the medication shall be applied;
 - the signature of the parent;
 - the date the authorization was signed by the parent; and
 - the length of time the authorization is valid, if less than 6 months.

- ☑ Parents may provide a written blanket authorization for up to 6 months for the administration of medication for chronic illnesses such as allergic reactions and asthma.
- 📁 A sample **Permission to Administer Medication for Chronic Medical Conditions and Allergic Reactions** is located in the resource section.

CHILD CARE RULE .0803

Blanket Authorization: Certain Over-the-Counter Medications

- ★ 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 repellants, lotions, creams and powders to a child, when needed.
- ★ The authorization must be in writing and contain the following:
 - the child’s name;
 - the names of the authorized ointments, repellants, lotions, creams, and powders;
 - the criteria for the administration of the ointments, repellants, lotions, creams, and powders;
 - the manner in which the ointments, repellants, lotions, creams, and powders shall be applied;
 - the signature of the parent;
 - the date the authorization was signed by the parent; and
 - the length of time the authorization is valid, if less than 12 months.

- Parents may provide a written blanket authorization for up to 12 months to authorize the administration of over-the-counter medications such as sunscreen, diaper creams, and teething ointment.

 A sample **Permission to Administer Topical Ointment/Lotion/Powder** is located in the resource section.

CHILD CARE RULE .0803

Blanket Authorization: Single-dose Acetaminophen

- ★ 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 must be in writing and contain the child’s name, the signature of the parent, the date the authorization was signed by the parent, the date that the authorization ends or a statement that the authorization is valid until withdrawn by the parent in writing.

- This is a one time weight appropriate dose of acetaminophen in cases where the child has a fever and the parent cannot be reached.

- This should only be used in the case of an extreme emergency.

CHILD CARE RULE .0803

**Blanket Authorization: Over-the-Counter Medications
Public Health Emergency**

- ★ 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 must be in writing, may be valid for as long as the child is enrolled, and contain the child's name, the signature of the parent, the date the authorization was signed by the parent, and the date the authorization ends or a statement that the authorization is valid until withdrawn by the parent in writing.

- This should only be done in extreme cases where there is a public health emergency.
- Examples of a public health emergency may include communicable disease outbreaks, chemical fires, acts of terrorism, and natural disasters such as hurricanes and floods.

CHILD CARE RULE .0803

Emergency Medical Condition

- ★ 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 bona fide medical care provider.

- Documentation of administration must include the name of the medical contact, time contacted, and instructions received from the medical care provider.

CHILD CARE RULE .0803

Parental Withdrawal and Discarding Medication

- ★ A parent may withdraw his or her written authorization for the administration of medication at any time in writing.
- ★ Any medication remaining after the course of treatment is completed or after authorization is withdrawn, must be returned to the child's parent.
- ★ Any medication the parent fails to retrieve within 72 hours of completion of treatment, or withdrawal of authorization, must be discarded.

- ☑ Return unused medication to parent after the course of treatment.
- ☑ If discarded do not flush down the toilet. Putting medication in the sewer system can adversely affect the water system.
- HH - If discarded you may want to have two staff members sign a statement indicating when and how the medication was discarded.

SANITATION FOR CHILD CARE FACILITIES SECTION .2820

Storage of Medication

- ★ Medications including prescription and over-the-counter items must be stored in a locked cabinet or other locked container and cannot be stored above food.
- ★ Designated emergency medications must be stored out of reach of children, but are not required to be in locked storage.
- ★ Over-the-counter diaper creams and sunscreen must be kept out of reach of children when not in use, but are not required to be in locked storage.

- ☑ Designated emergency medication may include epinephrine (often called by the brand name EpiPen or EpiPen Jr.), diazepam, glucagon, and asthma inhalers. These medications may be stored out of reach if a delay in time could result in a negative health outcome for the child.
- 📁 Refer to the **Hazardous Items Storage** handout in the resource section for a list of items that are required to be kept in locked storage or out of reach from children.

SECTION 3: INFECTIOUS AND CONTAGIOUS DISEASES

In child care settings, children and caregivers work and play together in close areas, sharing germs. Germs spread quickly and children can infect others before developing symptoms. During the winter months, there is a higher concentration of germs inside because less fresh air circulates the air. Also, children and adults spend more time indoors during the winter months, which increases their exposure to germs. Refer to Chapter 3 - Outdoor Learning Environment to learn more about the benefits of outdoor play. Following sanitation procedures such as handwashing and sanitizing, helps reduce the spread of disease causing germs.

Check out these resources:

- Handwashing is the single most effective way to cut down on the spread of infectious diseases. Proper and consistent handwashing reduces the risk of spreading germs. To access handwashing posters, visit the NC Child Care Health and Safety Resource Center at www.healthychildcarenc.org.
- An article titled “*Maintaining a Sanitary Child Care Environment*” is available in the resource section. This article provides six tips for germ control and a recommended cleaning and sanitizing frequency schedule.

CHILD CARE RULE .0804

Infectious and Contagious Disease Control

- ★ Centers may provide care for a mildly ill child who has a Fahrenheit temperature of less than 100 degrees auxiliary; 101 degrees orally; or 102 degrees rectally and who remains capable of participating in routine group activities; provided the child does not:
 - 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; or
 - have two or more episodes of vomiting within a 12 hour period; or
 - have a red eye with white or yellow eye discharge until 24 hours after treatment; or
 - have scabies or lice; or
 - have known chicken pox or a rash suggestive of chicken pox; or
 - have tuberculosis, until a health professional states that the child is not infectious; or
 - have strep throat, until 24 hours after treatment has started; or
 - have pertussis, until five days after appropriate antibiotic treatment; or
 - have hepatitis A virus infection, until one week after onset of illness or jaundice; or
 - have impetigo, until 24 hours after treatment; or
 - have a physician or other health professional's written order that the child be separated from other children.

- Caregivers should base decisions about exclusion on the child care rules, the child’s ability to comfortably participate in activities, and the amount of care the child needs.
- Children that need substantial medical support or comforting will be difficult to care for without neglecting other children.
-  For a complete list of other illnesses and diseases and guidelines for exclusion of children and staff, refer to the resource section for a resource sheet on **Communicable Diseases and Exclusion from Child Care**.
-  Conducting daily health checks is an effective way to reduce the spread of infectious diseases. A daily health check includes observing the child for signs of illness and talking with the parent about how the child is feeling. A sample **Daily Child Care Health Check** form is located in the resource section.

Child Care Rule .0804
Caring for Mildly Ill Children

-  Centers which choose to provide care for mildly ill children must:
 - follow all procedures to prevent the spread of communicable diseases as described in 15A NCAC 18A .2800, “Sanitation of Child Care Facilities;”
 - separate from other children any child who becomes ill while in care or who is suspected of having a communicable disease or condition other than described above until the child leaves the center;
 - notify all parents at enrollment that the center will be providing care for mildly ill children;
 - immediately notify the parent of any child who becomes ill while in care or who is suspected of being ill with a communicable condition and may not remain in care;
 - immediately notify the parent of any sick child in care if the child’s condition worsens while the child is in care.

- Child care for mildly ill children is defined as the care of children with short term illness, or symptoms of illness, or short term disability, who are not able to attend their regular school or child care arrangement due to an inability to participate in regular activities.
- Children who are mildly ill can often remain in child care.

- Even in facilities that choose to care for “mildly ill” children, if it is suspected that a child has an infectious or contagious disease, or is too sick to attend, the operator may require a doctor’s statement before that child may be allowed to return to group care.
-  There are additional regulations that apply to child care centers offering short term care to children who are mildly ill. These regulations can be found in Appendix B – Child Care Rules - Section .2400 – Child Care for Mildly Ill Children.

SANITATION OF CHILD CARE FACILITIES 15A NCAC 18A .2827
Communicable Diseases and Conditions

-  Children who become ill to the extent that they can no longer participate in routine group activities must be separated from the other children until the child leaves the center.
-  Each child care center must include a designated area for a child who becomes ill to the extent that he or she can no longer participate in the routine group activities. When in use, the area must be equipped with a bed, crib, cot or mat and vomitus receptacle.
-  Thermometers and all materials used in the designated area, including mouthable toys, must be cleaned and sanitized after each use. Linens and disposables must be changed after each use.
-  If the separate area is not a separate room, it must be separated from space used by other children by a partition, screen or other means.
-  The designated area must be located so that health and sanitation measures can be carried out without interrupting activities of other children and staff.

- Caregivers must be able to visually supervise children using the designated area.

RESOURCE SECTION

Chapter 12: MEDICAL CARE

The following pages contain resource materials discussed in or related to the preceding chapter.

Some of the resources are forms created by the Division of Child Development and must be used by licensed child care centers. Other materials are provided as a resource only for child care centers and can be used at the discretion of the center.

Center operators may also wish to use this section to add any additional resource materials they have that are related to the chapter or information that is specific to their child care center.