

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION**

**NORTH CAROLINA CHILD CARE COMMISSION**

**Tuesday, August 9, 2016**

**Public Hearing on Temporary Rules to meet CCDBG Requirements**

**Division of Child Development and Early Education  
820 South Boylan Avenue  
Conference Room 130  
Raleigh, NC 27603**

Division of Child Development & Early Education Staff Present

**Dedra Alston, Administration/Policy**

**Heather Laffler, Administration/Policy**

**Janice Fain, Administration/Policy**

**Tasha Owens-Greene, Administration/Policy**

**Laura Hewitt, Regulatory Service**

**Rachel Kaplan, NC Pre-K**

Attorney General's Office Staff Present

**Bethany Burgon, Commission Attorney**

**The public hearing was called to order at 1:00 p.m. and Heather Laffler stated the reason for the public hearing.**

*The NC Child Care Commission proposes to adopt temporary rules in accordance with the Child Care and Development Block Grant (CCDBG) Act of 2014. The Division of Child Development and Early Education (DCDEE) must meet these requirements in order to retain federal funding from the CCDF (Child Care Development Fund) Block Grant.*

*The CCDBG Act of 2014 (P.L. 113-186) was signed into law on November 19, 2014. This program has not been renewed since 1996, therefore, many changes have been made to the law to improve the health, safety and quality of child care for children receiving care in family child care homes and centers. The Child Care and Development Fund is authorized by the CCDBG and provides federal funding for low-income families with children in child care who are working or continuing their education and training. These funds help families pay for child care services.*

**NC Child Care Rule Citations: 10A NCAC 09 .0604, .0608, .0705, .0706, .0707, .0801, .1701, .1702, .1705, .1719, .1721, .1726, .1730 and .1731**

**0604 Safety Requirements for Child Care Center (.0604 and .0608).**

- .0604 Safety Requirements
- .0608 Prevention of Shaken Baby Syndrome and Abusive Head Trauma

**Staff Qualifications (.0705, .0706, .0707)**

- .0705 Special Training Requirements
- .0706 Health and Safety Training Requirements
- .0707 Orientation Training

**Health Standards for Children (.0801)**

- .0801 Application for Enrollment

**Family Child Care Homes (.1701, .1702, .1705, .1730, .1719, .1721, .1726, and .1731)**

- .1701 General Provisions Related to Licensure of Homes
- .1702 Applications for a License for a Family Child Care Home
- .1705 Health and Training Requirements for Family Child Care Home Operators
- .1719 Requirements for a Safe Indoor/Outdoor Environment
- .1721 Requirements for Records
- .1726 Prevention of Shaken Baby Syndrome and Abusive Head Trauma
- .1730 Activities Involving Water
- .1731 Additional Health and Safety Training Requirements

**Public Speakers****Linda Piper—North Carolina Licensed Child Care Association (NCLCCA)**

Ms. Piper began her comments by stating that she has spent a great deal of time meeting with providers from across the state, including rural, small programs in Ahoskie; faith-based providers in Asheville; Developmental Day and private pay providers in Southern Pines; multi-site providers in Jacksonville; as well as providers in Charlotte; Hickory; Winston Salem; and Greenville. This was to highlight the variety of providers and locations whose perspectives she believes she is able to convey.

She went on to say that, despite all of this variety, there are also commonalities in that they all want to provide quality care and agree that emergency preparedness and other types of training are vital. She shared the comparison of how things used to operate for providers regarding pre-service orientation of teachers, in which they could provide orientation before the criminal records check was completed. With the way the law is stated now, providers are not able to provide any pre-service orientation before the criminal records check is fully completed, leading to greater stress for providers and teachers and gaps between the time one teacher leaves a classroom and when a permanent replacement is available.

She implored the Division, the Child Care Commission and the General Assembly to allow trainings to occur as part of a pre-employment process without waiting for the full criminal record check process to be completed. She concluded by stating that each piece of training is important; but it is a huge issue is when the training occurs and how the current Criminal Record Check process is affecting this timing.

**Jacquie Simmons—Coordinator, NC Child Care Health and Safety Resource Center**

Ms. Simmons began by stating that she is happy to be here and believes the CCDBG requirements provide the opportunity to make child care centers safer through better trained and educated teachers. She stated her concern that the most important issue of question related to the temporary rules involves the administration of medication training that is part of Rules .0706 Health and Safety Requirements and .1731 Additional Health and Safety Requirements in Family Child Care Homes.

Ms. Simmons maintains that any staff member who administers medication should be required to receive a hands-on medication administration training observed by a health care consultant. In addition, she stated that at least one staff member trained with the hands-on demonstration training should be required to be on site at all child care facilities at all times.

Ms. Simmons stated her belief that there is a place for online training, but it cannot substitute for hands-on learning from a licensed health care professional in the case of administering medication. She also stated that any training should address the specific rules of North Carolina, as well as address the specific violations in the geographic location and type of care where it is being provided (or who it is being provided to). She also believes that there needs to be a built-in evaluation component that addresses any violations that have or do occur in a facility involved in training.

Ms. Simmons concluded her remarks by stating that equivalencies should be accepted for comparable trainings to avoid redundancy of training, if a provider has already participated in a training that covers the same topics.

**Sharon Brown— Eastern Regional Child Care Health Consultant Coach, NC Child Care Health and Safety Resource Center**

Ms. Brown began by stating that her current position as a health consultant coach involves providing training to providers. She is particularly concerned with Rule .0706 Health and Safety Standards; specifically the Prevention and Control of Infectious Diseases online trainings proposed. She stated her belief that much of the medication administration training that child care staff need to receive is skill-based training that requires practicing and trainer observation as part of the training. This type of direct practice and observation is not possible in an online setting. Ms. Brown also stated that an online setting does not provide comparable availability for providers to ask questions and learn from other participants' experiences as in-person training does.

Another concern of Ms. Brown's with online training that she addressed is that telecommunication access and capabilities are not reliable and consistent across NC. Ms. Brown concluded her comments by stating that there are three main groups negatively impacted by online training:

1. Providers are expected to provide funding to pay for online training along with little time to meet the requirements.
2. Partnerships face a loss of training receipts and decreased CCHC work.
3. The community potentially loses valuable child care providers who are technologically limited and cannot meet the online portion of the training requirements.

Ms. Brown stated her belief that there need to be alternative methods available for training providers, in addition to the online trainings, for those who do not have the capacity to be well trained via an online system.

**Rhonda Rambeaut—Central Regional Child Care Health Consultant Coach, NC Child Care Health and Safety Resource Center**

Ms. Rambeaut began by stating that she is not fully opposed to online training in general, even considering the technology difficulties that exist in certain communities. However, she stated that she does have an issue with online medication administration training.

Ms. Rambeaut stated that even those who are initially pleased with the idea of reducing the medication administration training to an online two hour course often change their minds when they step back and realize the potential implications of this decision and what may be lost in the distribution of a shorter and not in-person training course.

Ms. Rambeaut maintains that medication administration training needs to be an in-person skills demonstrated training, and even if there is an online component to that training, that online learning needs to be followed up with an in-person skills demonstration. She provided an example that federal Head Start requirements now state that staff must be provided with demonstration of medication administration skills. She also stated that many providers have conveyed to her that they are willing to pay more money in order to provide in-person skills demonstration and training, even if they are offered the opportunity to receive training online.

Ms. Rambeaut also stated that the public school system in Union County requires that their staff be trained by Registered Nurses in person. She followed that, if the public school system requires in-person demonstration training, then so should private and other child care sites. Having the training be completed by staff with actual medical training and experience is an added benefit.

She stated her concern that there have been increases in medication administration violations in North Carolina, and if the decision is made to reduce existing trainings to two hour mandatory online trainings, a serious incident could lead to liability issues for the State and additional harm for children and providers. Ms. Rambeaut concluded by stating that First Aid and CPR trainings are required to be completed in person, and medication administration training should fall into the same category as those medical-related trainings.

**Adjourn**

At 2:00 p.m., with no additional public comments to be presented, Ms. Laffler announced that the public hearing would be closed, and adjourned the meeting.

**Next Child Care Commission Teleconference Meeting  
September 12, 2016  
820 South Boylan Avenue  
Room 130 Raleigh, NC 27603  
10:00 a.m. - 11:30 a.m.**