

FAMILY CHILD CARE HOME HANDBOOK



October 2010

State of North Carolina
Department of Health and Human Services
Division of Child Development

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NORTH CAROLINA DIVISION OF CHILD DEVELOPMENT

Mission: The social and economic future of NC depends upon the success of our children. To that end, we implement quality standards, increase access for families, and collaborate to promote enhanced service delivery of care and education across the state.

Goal: Quality for Children, Success for Life!

History

In 1971, North Carolina's first child day care licensing law was passed. As a result, the North Carolina Department of Administration, Office of Child Day Care Licensing was created.

In 1985, the North Carolina General Assembly passed legislation that consolidated the Office of Child Day Care Licensing and the NC Department of Human Resources, Office of Child Day Care Services. This consolidation led to the creation of the Child Day Care Section, which was housed in the NC Division of Facility Services under the NC Department of Human Resources.

In 1993, the Child Day Care Section and some other parts of the Department of Human Resources (now referred to as the Department of Health and Human Services) agencies were reorganized into the Division of Child Development. The creation of the Division reflected the growing importance of child care to North Carolina families. North Carolina boasts one of the highest rates of working mothers with young children in the nation, making the availability of child care essential for the State's economic development and stability.

With so many children in care, the mission of the Division is clear. We must work to improve the quality of child care that is provided for children in our state, and we must ensure that quality child care is not only available, but that it is also accessible and affordable to all children and families who need it.

But this must be a joint effort if we are to be successful. For it is only with the help of the child care providers who spend their time loving, teaching, and caring for these children on a daily basis that this goal can be accomplished. Think of the impact the child care provider has. Some children will spend eight or more hours a day for an entire 12 years with child care providers. Surely, we must make certain that this association of children and caregivers is one that enriches each and every child. Children are the future, and for everyone who cares for children, for everyone who cares what the future will be, the state of child care should be also of the utmost concern. Together, we can secure the future by seeing to it that the children are well cared for today.

In 1999, the North Carolina General Assembly enacted legislation creating NC's Star Rated License System. The Star Rated License System represents enhanced voluntary program standards that reflect higher quality child care and exceeds the state's minimum licensing requirements. The star rated license system is aligned with the state's licensing system and is inclusive of all eligible child care facilities. Child care programs that meet the minimum licensing requirements and choose not to be assessed for higher voluntary standards are issued a One Star License. Child care programs that voluntarily meet higher standards may earn Two to Five Stars, depending on the standards they meet. Originally, the star rated license system evaluated child care programs on three components: program standards, education standards, and compliance history with child care requirements. In 2005 legislation was enacted that revised the star rated license program so that only two components are used to determine the number of stars earned: program standards and education standards. Research shows that program standards and education standards most accurately determine or reflect quality in child care settings and are directly linked to improved quality of care and good outcomes for children. The system was created for many reasons. It allows child care programs to be recognized for the higher quality care that already exists, improves consumer awareness of quality, and focuses on continuous quality improvement.

The Organization

The Division is the result of a longstanding commitment by the state of North Carolina to protect and serve its young children. The mission of the Division is performed by various organizational units that work together, each sharing in the overall responsibility of the agency. The responsibilities for these units are provided below:

Director's Office

The Director's Office is responsible for managing all personnel within the division; reviewing research on early childhood development issues; responding to requests from the public; preparing and presenting information and data about activities within the agency; and acting as a conduit between the Division's units to ensure the effective coordination of services. The Director's office focus is on our customers: our employees, children, parents, providers, and our partners in delivering services to the public. The following offices are under the Director's Office umbrella:

North Carolina Interagency Coordinating Council

- Assures the coordination and availability of comprehensive services for children with special needs and their families at the state level

- Provides leadership to local interagency coordinating councils that design and coordinate services for children with disabilities in each of the state's 100 counties

Licensing Enforcement Section

- Oversees the administrative actions taken by the Division
- Works in collaboration with the Division's attorney on hearings regarding administrative actions and negotiation of settlement agreements

Regulatory Services Section

The Regulatory Services Section monitors and licenses all child care programs in North Carolina. Key responsibilities include:

- Assuring a safe and healthy child care environment in licensed Child Care Centers and Homes
- Promoting the overall availability of child care
- Increasing the availability of child care that meets higher than minimum licensing standards
- Increasing the amount of information provided to the public regarding child care arrangements and children's needs
- Monitoring child care arrangements for compliance with requirements
- Investigating complaints about child care arrangements, including reports of child abuse or neglect, and taking appropriate action
- Investigating reports of illegal operations
- Issuing licenses and other operating permits to child care arrangements
- Providing technical assistance and training to child care providers, potential providers and local agencies
- Providing consumer education and increasing parent outreach efforts by making information about North Carolina child care providers available on the Internet through the Division's Facility Search Site

Child Care Subsidy Services Section

The Subsidy Services Section increases access to child care for low income families in North Carolina by administering the Subsidized Child Care Program which includes

the development and issuance of policy to local purchasing agencies. Key responsibilities include:

- Approving Child Care Centers and Family Child Care Homes for participation in the subsidized child care program
- Reimbursing county departments of social services and other local purchasing agencies for monthly expenditures for subsidized child care

Administration Section

The Administration Section supports the rest of the Division by helping with implementation of programs and policies. Key responsibilities include:

- Preparing and managing the budget
- Purchasing equipment and supplies
- Developing and monitoring contracts and financial reports
- Designing and support of information systems to support policy and programmatic functions
- Producing reports that show child care trends and figures in the state
- Maintaining all automated office support systems
- Providing project management support to Division initiatives
- Developing administrative procedures that support the safe and smooth functioning of the Division

Child Care Workforce Standards Section

The Workforce Section promotes the professional development of child care providers across North Carolina. The section verifies child care provider credentials and educational assessments and approves training opportunities to assist in meeting staff requirements. Key responsibilities include:

- Developing and maintaining credential requirements for the North Carolina Early Childhood Credential/Family Child Care Credential Program(s) and assessing additional post secondary coursework
- Administering the criminal record check process to determine which providers are qualified to care for children

- Funding the Teacher Education and Compensation Helps (T.E.A.C.H.), Early Childhood Project, which is a statewide scholarship program to study early childhood education at all 58 community colleges and some of the state universities
- Improving safety and well-being of children in child care centers and family child care homes through in-service training
- Increasing the amount of information provided to the public related to child care quality and the needs of young children through child care resource and referral services



Our Accomplishments

- 2004 finalist for Innovations in American Government Award, a program of the Ash Institute for Democratic Governance and Innovation at Harvard University's Kennedy School of Government
- Selected by Working Mother magazine in November 2000 as one of the top six states for child care
- Spotlighted as innovative state by the Southern Institute on Children and Families for innovative subsidy policy
- In 1999, received Innovation in Government Award from the Council of State Governments for Smart Start
- In 1999, the Division implemented a new five-level star rated license for child care facilities based on achieving higher voluntary levels of program standards, staff education, and compliance history
- In 2005, the Division revised the star rated license system based on achieving higher voluntary levels of program standards and staff education
- Expanded Smart Start from 12 pilot partnerships in 1993 to 83 partnerships in all 100 counties
- Frequent advisor to other states on child care licensing and subsidy policies and systems



How to Use This Handbook


The first thing to do upon receiving this handbook is **to read the Table of Contents**. In the Table of Contents you will find a wealth of information that can make established family child care home arrangements better and can help new programs get started. The Table of Contents provides the reader with a list of the contents of the chapters as well as the resources that can be found throughout the handbook.

This handbook is divided into topical sections. Each chapter deals with a specific topic area and all information regarding child care requirements and resources for the topic are contained in either the chapter or its individual resource section. For example, in Chapter 3 – Health you will be able to find information about administering medication, when to exclude children, medical forms required, meal planning, and diapering.

Some chapters begin with any definitions needed to understand the topics covered in that chapter. Definitions will always be contained within a gray shaded box. Each chapter is divided into sections of like information. These are indicated by bold topic headers centered on the page. Following each section header will be “rule boxes”. A “rule box” contains the actual rules related to the section topic. Each individual rule within the box is identified by a red “star circle” . Once the rules have been identified, additional information and explanations will follow in a list to the right side of the page preceded by “check boxes” . All information needed to understand and be in compliance with the rule will be listed next to the check box. Additional resources and sample forms have been added to some sections.

You may find one or more of the following symbols listed under the rule box:

- A computer symbol  indicates a web site is provided as a resource, which will provide useful information related to that section of the handbook.
- A folder symbol  indicates that sample forms or informational handouts are available at the end of the chapter in the resource section or can be found in another section of the handbook.
- Space is available on the left hand side of the page to make any notes you may have regarding the rule or its explanations. You are encouraged to use this area as you read through the handbook to record additional information you receive from staff with the Division or questions you wish to ask at a later time.

- The letters **HH** represent helpful hints. Helpful hints are provided throughout each chapter to point out best practices in early care and education practices. Some helpful hints provide ideas to consider improving the quality of your program or provide hints on how to achieve and maintain compliance with child care requirements. A helpful hint is not a child care requirement. Helpful hints have been added to give child care providers additional information so the job might be a little easier, or simply to share a good idea.
- A telephone symbol  indicates the contact information for a local, state or national organization that offers assistance and information to child care providers. You may want to include this information in the Local Resource section of the FCCH Handbook.
- A star symbol ★ indicates enhanced voluntary standards are available and to refer to *Chapter 6 – Star-Rated License* for more information on these standards.

Throughout the handbook, when you see the abbreviation FCCH, this means family child care home. The Division hopes that you find the format of this handbook useful and informative. If at any time, you have questions about the use of the handbook, please contact the Division of Child Development at 1-800-859-0829 or your child care licensing consultant.

Introduction

Have you been thinking about starting a new business and thought a family child care home (FCCH) is the business you would like to start? There are many things to consider when starting a business, especially one that is run out of your home. Ask yourself the following questions to see if child care could be the right business for you:

1. Will your family be supportive of your new profession?
2. If you have young children, will they be able to share you and their home?
3. Do you, or any members of your household, have a criminal record or history of child abuse/neglect?
4. Is your home in a location where you will be able to enroll enough children to succeed in your FCCH business?
5. Are you financially able to maintain your business during the time you are just starting and may not yet have enrolled the number of children you want?
6. If you rent your home, is your landlord willing for you to provide child care for multiple children?
7. Are you in good health? Do you have lots of energy?
8. Does your neighborhood or home town have restrictions on home businesses?
9. Are you 21 years old and have a high school diploma or GED?

If you answered “no” or “maybe” to any of these questions you may want to reconsider your decision. This might not be the right time to begin a child care business.

If starting a FCCH is the right decision for you and your family at this time, then this handbook will be a great resource for you. The handbook will walk you through what you need to do to receive a license to open a FCCH and how to maintain that license.

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- Questions and Answers about the Americans with Disabilities Act: A Quick Reference for Child Care Providers
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Chapter 1: GETTING STARTED

Purpose Of These Requirements

Part of the Division of Child Development’s mission is to increase accessibility to child care. By operating a family child care home and providing quality care, you are allowing another family to work which helps not only themselves and the children, but also the economy.

The purpose of these requirements is to show you what is needed to start a family child care home and how to apply for a license. To ensure the safety of the children in your care, the instructions for criminal record checks as well as selected North Carolina Building Code requirements outlined in rule follow. Also, because the Division recognizes the benefits of education and training on quality care, this chapter outlines how to document your level of education and types of trainings you have completed. Research has shown that focused training and college level coursework is correlated to different aspects of quality child care.

SECTION 1: DEFINITION OF A FAMILY CHILD CARE HOME

NC General Statutes 110-86(3)(b); 110-91(7)(b)

- ★ A family child care home is a child care arrangement, located in a residence, where care is provided for three to eight children, for more than four hours at least once a week.
- ★ Of the children present at any one time in a FCCH, no more than five children can be preschool-age, including the operator’s own children.





- ☑ A FCCH can be licensed for 8 children, which includes 5 preschool children and 3 school-age children.
- ☑ The operator’s school-age children do not count in the total capacity or number of children in the FCCH, but the operator’s preschool children will be counted in the number of preschool children allowed in care at any one time.
- ★ FCCH’s wishing to be eligible for the most points available in program standards for the issuance of a Star Rated License, will enroll no more than 3 children under one-year-old.
- ☑ Local zoning ordinances may limit the number of children a FCCH operator may enroll. The Division follows the local zoning ordinance when determining a FCCH’s licensed capacity.
- ☑ A child care arrangement does not have to be licensed if the care is provided in the child’s own home or if all the children are related to the operator with no more than two additional children in care.



- During operating hours neighborhood children or friends of your children cannot be at your home unless enrolled in the program.

SECTION 2: PROVIDER REQUIREMENTS

Provider requirements must be met prior to assuming the role as a family child care home operator. The operator takes responsibility for the administration of the family child care home and the direct care of the children.

Age and Education
NC General Statute 110-91(8), (8a)

-  You must be at least 21 years of age to operate a FCCH.
-  You must have at least a high school diploma or GED.
-  Licensed FCCH providers in operation as of October 1, 2010 must have your education certified by the NC Institute for Child Development Professionals by July 1, 2012.
-  Licensed FCCH providers that began operating after October 1, 2010 must have your education certified within 60 days of licensing.

- You will be asked by your licensing consultant to verify your age.
- Individuals with a High School diploma or GED must be literate in English. Literate is defined as the ability to read and write in English well enough to understand licensing requirements, have the ability to communicate to family and relevant emergency personnel, as well as the ability to read prescriptions and doctor instructions.
-  Refer to the Resource Section for the handout, **Guidelines to High School Diplomas and Equivalents**, for information on options to meeting the high school diploma requirement.
- By law, you must have your level of education certified by the Institute for Child Development Professionals (Institute) even if you do not have any formal education beyond high school. The certification is a document that verifies your level of education. The lowest level on the scale is a Para-Professional. This level is for the individual who does not have the Early Childhood Credential or who has less than 6 birth to five focused semester hours in college coursework.
-  Refer to the resource section of this chapter for the **NC Early Care and Education Professional Certification Scale** and the **NC School Age Professional Certification Scale**.

- ☑ For programs that began operating after October 1, 2010, the Institute must receive your application and required documentation within 60 days of licensing.
- ☑ Certification must be renewed. The timeline for renewal is based on your assigned certification level.
- ☑ Continuing education is required to maintain your certification. You must complete either four semester hours or six continuing education units or a combination of the two within your validity period.
- 💻 An EEC application, other forms, and more information are available at www.ncicdp.org or by calling the Institute at 919-942-7442.
- ☑ If you were an operator prior to October 1, 2010 you may have completed an Education and Equivalency form for the Workforce Education Unit in order to increase your Star rating. If you have already submitted an Education and Equivalency form and you need to update information on that form prior to your certification, complete the Division’s Workforce Change of Information form.
- ★ An operator can achieve points for education standards in the Star Rated License by completing the North Carolina Family Child Care Credential or its equivalent. To receive the Family Child Care Home credential certificate, you must submit to the Division the **North Carolina Division of Child Development Credential Application**. See the Star-Rated License chapter for more information about the requirements for the Star-Rated license.
- 📁 The **North Carolina Division of Child Development Credential Application** is in the Resource Section of *Chapter 4 – Records and Activities*.
- 📁 If you are interested in attaining a 2 to 5 star license, see the document *Rated License for Family Child Care Homes* in the resource section of *Chapter 6 – Star-Rated License* for the education requirements at each point level.

SECTION 3: CRIMINAL RECORD CHECKS FOR FAMILY CHILD CARE HOME OPERATORS

Article 7, Chapter 110, Section 90.2 of the NC General Statutes requires criminal record checks for all child care operators and caregivers in a licensed or regulated child care facility including family child care homes.

**NC General Statute 110-90.2 &
Child Care Rules .1702(d); .2701; .2702**




A criminal history check must be conducted on all persons who provide child care in a licensed or regulated program.

- The purpose of the criminal history check is to determine, based on your criminal history, if you are qualified to have responsibility for the safety and well-being of children.
- You must mail the following criminal history check forms to the Division office at the address provided in the instructions before the initial assessment visit by your consultant:
 - Certified Local Criminal History Check(s)
 - Fingerprint Card
 - Identifying Information form with Authority for Release of Information Statement (often called the “bubble sheet” form provided by the Division) The Division will not accept an incomplete packet or items mailed separately.




Criminal Record Background Check Basic Instructions and Supplemental Instructions for Potential

owner/Operator of a Family Child Care Home are located in the resource section of *Chapter 4 – Records and Activities*.


- You must obtain a local criminal history check and submit it to the Division. The local criminal history check must be obtained from the Clerk of Court’s office in the county you currently live in and from all other counties you have lived in during the past twelve months.
 - The local criminal history check must have been completed within the last 90 days from the date the forms are mailed to the Division.
 - You must complete one fingerprint card for a State Bureau Investigation (SBI) check. If you have not lived in North Carolina for the last 5 years in a row, a state (SBI) and national (FBI) check will be completed. The fingerprint card may be obtained from a local sheriff’s or police department office.
-  A sample **Fingerprint Card** is available in the resource Section of *Chapter 4 – Records and Activities*. Instructions for completing the fingerprint card are located on the back of the form.
- Fingerprints may also be submitted via Live Scan Technology. Rather than ink, your fingerprints are electronically scanned into a computer. See the **Criminal**


Record Background Check Basic Instructions in the resource section of *Chapter 4 – Records and Activities* for additional information or call the Department of Health and Human Services Criminal Record Check Unit at 919-773-2856 or 1-800-859-0829 (in-state only) for details.

 Additional forms are required for Live Scan technology (electronic fingerprinting). Refer to the **Applicant Information** form and **Electronic Fingerprint Submission Release of Information** form in the resource section of *Chapter 4 –Records and Activities*.

The Authority for Release of Information Statement must be signed by yourself as well as by additional caregivers you may hire. The statement is found on the back of the Identifying Information form.



You must keep a copy of your local criminal history check information and the original “Notice Child Care Provider Mandatory Criminal History Check & Prior Conviction Statement” in your files until you receive your qualifying letter from the Division. Your child care consultant will review this information.

 A **Notice Child Care Provider Mandatory Criminal History Check** form is in the resource section of *Chapter 4 – Records and Activities*. Instructions for completing the form can be found on the back of the form.

 Most of the forms listed above are also available on the Division’s website at www.ncchildcare.net. Click on the DHHS Criminal Record Checks tab.

If you have been convicted of a crime, have a pending charge or indictment, are under deferred prosecution, have received a Prayer of Judgment, or are on probation for a crime, you may submit additional information to the Division for consideration. Pending charges does not mean the Division will automatically disqualify an individual.


After becoming licensed, if you change the location of your FCCH, you must submit a certified criminal history check from the Clerk of Court’s office in the county or counties where you have lived during the previous 12 months. This local criminal history check must be submitted to your child care consultant no later than 10 business days after the location change. A new fingerprint card is not required unless deemed necessary by the Division in making its determination of qualification.

- If you remain at the same location for three consecutive years after qualification, a form mailed to you from the Division must be submitted for a modified criminal record check. The modified criminal record check must be completed every three years.
- The Division may complete a new criminal record check anytime their has been an investigation of the child care provider by the Department of Social Services or the Division of Child Development and when other charges or indictments (pending or otherwise) occur after the initial qualification.
-  Refer to the **Criminal Record Background Check Basic Instructions** in *Chapter 4 – Records and Activities* for information on completing a three year re-check for qualification.
-  Use the **2010 Checklist for Child Care Providers** in the resource section of *Chapter 4 - Records and Activities* to assist in submitting criminal record check documents to the Division.
- HH** A letter from the Division will indicate, based on your criminal history check, whether you are eligible to care for children. Keep this letter for review by your child care consultant.

SECTION 4: HEALTH REQUIREMENTS FOR FCCH OPERATORS

Any person wanting to operate a family child care home must meet medical and health standards.

Health Questionnaire
Child Care Rules .1702(d)(4); .1705(a)(1), (b)(1)

 The operator must annually complete a health questionnaire giving information about the status of his/her health.

- You must complete a health questionnaire indicating you are physically and emotionally able to care for children.
- The health questionnaire must be completed prior to being licensed and once a year for each year in operation.
- 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 your health may affect your ability to provide appropriate care of the children.


- You must mail a copy of the health questionnaire with your application.

 You will find a sample **Health Questionnaire** form in *Chapter 4 – Records and Activities*.

Tuberculosis (TB) Test Child Care Rule .1702(d)(3)

 A test showing the FCCH operator is free of active tuberculosis is required prior to receiving a license.


- You must have written proof you are free of active TB.
- The test must have been completed within the past twelve months prior to receiving a license. You are only required to complete this test when you initially open your FCCH.
- If your TB skin test is positive, you must complete a chest radiograph (x-ray), and receive documentation from a health care professional stating you are free of active TB.
- You must mail a copy of your proof of a negative TB test result or documentation to show that you are free of active TB with your application.
- You must maintain a copy of proof of your negative TB test on file in your home.

 You will find a sample **Tuberculin (TB) Test** form in *Chapter 4 – Records and Activities*.

SECTION 5: HEALTH AND SAFETY TRAINING REQUIREMENTS

The family child care home operator is responsible for the safety and health of the children in care. Initial and on-going training is required of the family child care home operator.



First Aid Training Child Care Rules .1702(d)(2); .1705 (b)(2)

 You must complete First Aid training within twelve months prior to applying for a license. Once you are licensed, the first aid course must be renewed on or before the expiration date of the certification or every three years, whichever is less.



- Any training you take must be approved by the Division or offered by an agency exempt from needing prior approval. These exempt agencies include credited colleges and universities, government organizations, child care resource



and referrals, local Smart Start partnerships, and state or national professional organizations. For the complete list of exempt training agencies, go to the Division website, www.ncchildcare.net, under the provider tab.

- The content of the basic first aid course must cover the following information:
 - Choking
 - Burns
 - Fractures
 - Bites
 - Stings
 - Wounds
 - Bruises
 - Poisoning
 - Seizures
 - Scrapes, cuts and lacerations
 - Bleeding
 - Allergic reactions
 - Eye/Nose injuries
 - Sudden changes in body temperature



- You must mail a copy of the First Aid course completion card documenting successful completion of the course with your application. The number of actual contact hours should be documented by the trainer on the certificate.
- If you take First Aid and CPR together, you must turn in a card indicating successful completion of each part of the course.
- HH** The child care requirements do not specify the amount of time the first aid training will be, but the training must cover all items listed above.
- First Aid training may be counted once every three years towards your in-service training hours, but CPR may not be counted.
-  Contact the NC Child Care Health and Safety Resource Center at 1-800-367-2229 for a First Aid chart to post in your FCCH for easy reference.
-  You can find additional information regarding stocking your First Aid kit in *Chapter 2 – Safety*.

**Cardiopulmonary Resuscitation (CPR) Training
Child Care Rules .1702(d)(2); .1705 (b)(3)**

-  You must successfully complete a CPR course within the past twelve months prior to applying for a license.
-  CPR training must be renewed on or before the expiration of the certification, or every two years, whichever is less.

- The CPR course that you complete must be appropriate for the ages of the children that will be in your care.
- This course must be taught through a training agency approved by the Division.
- Successfully completed* means you must have demonstrated the ability to perform CPR. You must receive documentation of your successful completion of the course and mail a copy of the card with your application.
- There are several types of CPR courses that cover different age groups. The class you take must cover the ages of the children that will be in your care.
-  A list of organizations approved by DCD to teach the CPR and First Aid course is provided in the Resource Section at the end of the chapter.
-  Contact the NC Child Care Health and Safety Resource Center at 1-800-367-2229 for a Choking/CPR chart to post in your FCCH for easy reference.

**Sudden Infant Death Syndrome (SIDS) Training
NC General Statute 110-91(15)(c) & Child Care Rule .1705(b)(4)**

-  If you care for children 12 months or younger, you must receive training in safe sleep practices.
-  Within four months of receiving your FCCH license, you must complete training in safe sleep practices.

- “ITS-SIDS training” means the Infant/Toddler Safe Sleep and SIDS Risk Reduction Training developed by the NC Healthy Start Foundation for the Division of Child Development for caregivers of children ages 12 months and younger. The training lasts at least 1 ½ hours.
- ITS-SIDS training can also be counted towards annual in-

service training hours once every three years. More details on the requirements for in-service training are provided later in this chapter.

- ☑ While the ITS-SIDS training is not required to be completed prior to receiving a license, the training must be completed within four months of receiving a license if you are licensed to care for children who are 12 months or younger, and completed again every three years from the completion of the previous ITS-SIDS training.

- 💻 For more information on ITS-SIDS you can go to the Division’s website, www.ncchildcare.net. You will find the ITS-SIDS laws and rules; sample safe sleep policies, sleep charts, and alternative sleep position waivers; and the ITS-SIDS trainer list.

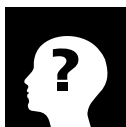
SECTION 6: IN-SERVICE TRAINING

In-service training is training that is received during an operator’s time of employment. It is considered on-going staff development appropriate to job responsibilities and is intended to expand on previous learning and may enhance education levels of those that participate.

In-Service Training Requirements
NC General Statute 110-91(11) & Child Care Rule .1705(b)(5)




- ★ You must complete at least twelve hours of in-service training annually.
- ★ Operators with ten or more years of work experience must complete at least eight clock hours of annual training.

- ☑ All child care providers must earn child care training hours each year. These hours may be earned by attending approved workshops or college classes.
- ☑ Training records must include copies of training certificates from workshops and transcripts from college courses that you have attached to a **Record of In-Service Training**.
- ☑ You must maintain training records that include:
 - Subject of training
 - Topic area covered
 - Name of training organization/agency
 - Date the training was provided
 - Number of hours completed
- ☑ You may carry forward in-service training hours that are in excess of the previous year’s requirement to meet up to one-half of the current year’s required in-service training hours.



Can you give an example of how to properly calculate excess training hours that are carried over to another training year?

The operator is required to have 12 hours of in-service training annually. During one year 30 hours of training was completed. The 12 hours required for the next year's training is subtracted from 30 which leaves 18 remaining hours. Next year's requirement is 12 hours, and the operator may carry forward ½ of that requirement. The operator may carry 6 hours of the 18 extra training hours over to the next year and then have to complete an additional 6 hours of training.

- ☑ Before attending a training session, you can call the Division and request to speak with the in-service training coordinator to determine if the training has been approved.
- ☑ Staff are encouraged to maintain their own professional development file at home that contains copies of all their training sessions and certifications.
- ☑ Training hours received from taking a first aid course and ITS-SIDS may be counted by any staff member, but no more frequently than once every three years.
- HH** For information about approved workshops you may contact the Division, your local CCR&R or Smart Start office.
- HH** When you attend approved workshop training, you will receive a certificate of attendance for that training.
- HH** Prior to signing up for training, you may want to ask if the training has been approved by the Division and if the training hours will count towards your required in-service training.
-  A copy of the sample **Record of In-service Training** form can be found in *Chapter 4 – Records and Activities*.
-  **In-Service Training Frequently Asked Questions** can be found in the resource section of this chapter.
-  Professional development resources have been created by the North Carolina Interagency Coordinating Council (NCICC) Professional Education Committee. Based on an analysis of requirements, standards, and needs in nine key source documents, the NCICC Professional Education Committee has identified top priorities for personnel serving young children. Use this information to plan and prioritize professional development for you and any additional caregivers in your family child care home.
 - Professional Education for Personnel Serving North Carolina's Young Children (0-5)
www.ncei.org/ei/icc/pdf/PECpriorities2007_2009.pdf
 - What do personnel serving young children need to know? www.ncei.org/ei/icc/pdf/PECpersonnel.pdf

**Approved Topic Areas for In-Service Training
NC General Statute 110-91(11)**



Training must be in the following topic areas:

- Planning a safe, healthy learning environment;
- Steps to advance children’s physical and intellectual development;
- Positive ways to support children’s social and emotional development;
- Strategies to establish productive relationships with families;
- Strategies to manage an effective program operation;
- Maintaining a commitment to professionalism;
- Observing and recording children’s behavior;
- Principles of child growth and development; and
- Learning activities that promote inclusion of children with special needs.



Only training in the above listed topic areas may be used toward meeting annual in-service training requirements for a staff member in a child care center.



Training does not have to be formal semester hours. In-service training credit can be received by attending conferences and workshops as long as the training is approved by the Division.



College coursework in any of these topic areas that results in earned semester credit hours may be counted for in-service training hours. The same semester credit hours may also be counted to enhance the education level of the individual for the Star-Rated License.

SECTION 7: HOUSEHOLD MEMBER REQUIREMENTS

Criminal History Checks

NC General Statute 110-90.2 & Child Care Rules .0102(15); .1702 (d)



All household members over 15 years of age must complete a criminal history check.



A household member is any individual who resides in a FCCH where children receive care. The Division determines that an individual lives in a home by the following factors including, but not limited to, maintaining clothing and personal effects at the household address, receiving mail at the household address, using identification with the

household address, or eating and sleeping at the household address on a regular or temporary basis.

- All household members over 15 years old must obtain a local criminal history check. The local criminal history check must be obtained from the Clerk of Court's office in the county the individual currently lives in and all other counties they have lived in during the past twelve months.
- The household member(s) must complete at least one fingerprint card for a SBI check. If the household member(s) has (have) lived in NC for less than 5 years from the date the fingerprint card is completed, then the fingerprint card will also be submitted to the FBI for a national check. The fingerprint card may be obtained at the local sheriff's or police department office.
- You must keep a copy of any household members' local criminal history check information and original "Notice Child Care Provider Mandatory Criminal History Check" form in your file until you receive their qualifying letter from the Division. Your child care consultant will review this information.
- You must mail the following criminal history check forms to the Division office at the address given in the instructions as soon as you receive a license identification (ID) number. You will receive your ID number from your child care consultant. Do not mail criminal history check forms for household member(s) until you receive an ID number.
 - Certified Local Criminal History Check(s)
 - Fingerprint Card(s)
 - Identifying Information Sheet (DCD-0050)



Criminal Records Background Checks Instructions for Potential Family Child Care Home Providers is the set of forms also used for additional caregivers. The forms are located in the resource section of *Chapter 4 – Records and Activities*.


- If the household member has been convicted of a crime, has a pending charge or indictment, is under deferred prosecution, received a Prayer for Judgment, or is on probation for a crime, additional information may be submitted to the Division for consideration.
- If household members remain at the same facility location for three consecutive years after qualification, a form provided by the Division must be submitted for a modified criminal record check. The modified criminal record check must be completed every three years.

- Individuals over 15-years-old who move into your home must complete a criminal record check within five business days of moving into your home.
- Residents who have their 16th birthday after the initial licensing of the FCCH must complete a criminal record check within five business days of their 16th birthday.
- If the FCCH provider changes the location of operation, the FCCH household members over 15 must submit a certified criminal history check from the Clerk of Superior Court's office in the county or counties where the household members have lived the previous 12 months. This local criminal history check must be submitted to your child care consultant no later than 10 business days after the location change. A new fingerprint card is not required unless deemed necessary by the Division in making its determination of qualification.
- HH** Over 15 years of age means that a person has had his/her 16th birthday.
- HH** The household member(s') qualifying letter is used to determine if that household member(s') criminal history will have an impact on your license.
- If a person has a known criminal record that would exclude the person from being a resident in a Family Child Care Home, the only time the individual is permitted in the Family Child Care Home is if the person is picking up or dropping off a child enrolled in the operator's program or if he/she is conducting brief business with the operator. The individual is not to be left alone with the children.
- HH** For help with the criminal history check process, you can contact your local CCR&R, your child care consultant, or the Division of Child Development.


SECTION 8: ADDITIONAL CAREGIVER REQUIREMENTS

For Staff Who Provide Care More Than Five Hours a Week Child Care Rules .1701(b),(d); .2702



- ★ An individual who provides care for five hours or more in a week, during planned absences of the operator must:
 - be 21-years-old;
 - have a high school diploma or GED;
 - have completed a First Aid and CPR course;
 - have completed a health questionnaire;
 - have proof of negative results of a tuberculosis test;
 - submit criminal record check forms;
 - complete 12 hours of in-service training a year
- ★ Prior to the additional caregiver assuming responsibility for the children, all applicable child care requirements must be reviewed with the additional caregiver.
- ★ The additional caregiver must sign and date a statement stating the review of applicable child care requirements was completed. This statement must be kept on file.

 You may want to consider having additional caregivers complete an **Application for Employment** so that you can document age as well as other information needed for the caregiver's file. A sample application is in the Resource Section of this chapter.




- The Health Questionnaire must be completed and put in your staff files annually.
- The tuberculosis test must be completed within 12 months prior to the first day of providing care.
- Copies of required information must be on file in the home available for review by a child care consultant and can be transferable to other family child care homes where the individual is providing care.


 A sample form to document the review of the applicable child care requirements with the additional caregiver is in the resource section of *Chapter 4 – Records and Activities*.

- Criminal Record Check forms must be completed no later than five days from the additional caregiver's start date. The completed forms must be submitted to the Division within three business days of receipt by the family child care home operator.

- HH** Even if the Division qualifies an individual who has a conviction, you can still choose not to hire or continue to employ the individual if that is your policy.
- If a person has a known criminal record that would exclude the person from being an additional caregiver in a Family Child Care Home, the only time the individual is permitted in the Family Child Care Home is if the person is picking up or dropping off a child enrolled in the operator’s program or if he/she is conducting brief business with the operator. The individual is not to be left alone with the children.
- HH** If the additional caregiver works for more than one FCCH or child care center, the additional caregiver should leave a copy of their health questionnaire, TB test results, and training records at each location where they work to ensure the information is always available.
- HH** The rules do not address having a second caregiver in the Family Child Care Home when you are present. At minimum that person should submit Criminal Record Check forms, TB test with negative results, and a completed health questionnaire.
-  You will find a **FCCH Operator Checklist** that you can use to familiarize your additional staff with FCCH requirements at the end of this chapter.
-  A checklist of records required for the additional caregiver can be found in *Chapter 4 – Records and Activities*.

**For Staff Who Provide Care For Less Than Five Hours a Week
Child Care Rules .1701(c), (d); .2702(i)**

-  An individual who provides care for less than five hours a week, during planned absences of the operator must:
 - be at least 21 years old
 - be literate
 - have completed a First Aid and Cardiopulmonary Resuscitation (CPR) course
 - have completed a health questionnaire
 - have proof of negative results of a tuberculosis test
 - submit criminal record check forms
-  Prior to an additional caregiver assuming responsibility for the children, all applicable child care requirements must be reviewed with the caregiver.
-  The additional caregiver must sign and date a statement stating the review of applicable child care requirements was completed. This statement must be kept on file.

- This type of caregiver is someone who provides care during your planned absences, such as a training and scheduled appointments.
Literate is defined as the ability to read and write in English well enough to understand licensing requirements, have the ability to communicate to family and relevant emergency personnel, as well as the ability to read prescriptions and doctor instructions.
- The Health Questionnaire must be completed and put in your staff files annually.
- The tuberculosis test must be completed within 12 months prior to the first day of providing care.
- By the end of the fifth day of substituting for you, the caregiver must submit a criminal history check to you. You have an additional three days to mail the criminal history check forms to the Division at the address provided in the instructions.
- HH** Copies of required information must be on file in the home and available for review by your child care consultant.
- HH** If the additional caregiver works at more than one FCCH or child care center, the individual should leave a copy of their Criminal Record Check qualification letter, health questionnaire, TB test results, and CPR and First Aid cards at each location where they work to ensure the information is always available.
- HH** Prior to the additional caregiver providing care, you should review the individual's local criminal history check.
- HH** Even if the Division qualifies an individual who has a conviction, you can still choose not to hire or continue to employ the individual if that is your policy.
-  You will find a **FCCH Operator Checklist** that you can use to familiarize substitutes with FCCH requirements at the end of this chapter

**Emergency Caregiver Requirements
Child Care Rules .1701(d), (e); .2702(i)**

- ★ Emergency caregivers must
 - be at least 18 years old
 - submit criminal record check forms
- ★ You must review the applicable child care requirements and law with your emergency caregivers prior to them caring for children.
- ★ The emergency caregiver must sign and date a statement stating the review of applicable child care requirements was completed. This statement must be kept on file.

- An emergency caregiver is someone who provides care during your unplanned absences, such as medical or family emergencies.
- The emergency caregiver must submit the criminal history check to you by the end of the fifth day of them providing substitute care for you. You have an additional three days to submit the paperwork to the Division at the address in the instructions.
- The emergency caregiver must sign and date a statement stating the review of applicable child care requirements was completed. This statement must be kept on file.

SECTION 9: BUILDING CODE AND OTHER HOUSEHOLD REQUIREMENTS

**Building Codes
NC General Statute 110-91(4) &
Child Care Rule .1702(c)(1)**

- ★ Your home must comply with the North Carolina Building Codes for a FCCH.


- Your home must meet NC Building Code requirements. If you are in a manufactured home, it must bear a third party inspection label.
- A third party inspection label is the metal seal on the side of the manufactured home. The label certifies compliance with the Federal Manufactured Home Construction and Safety standards. The manufactured home must have been installed

in accordance with NC Manufactured/Mobile Home Regulations published by the NC Department of Insurance.


- ☑ If you live in a single-wide manufactured home, you will be limited to caring for a maximum of five children and no more than three of these may be preschool-age children. Of the three preschool-age children, no more than two children may be two years of age or younger.

**Ground Level
Child Care Rule .1702(c)(3)**

 All children must be kept on the ground level with an exit at grade at all times.

- ☑ Children must be cared for on the ground level. The ground level could be two different floors if there are exits at grade on both levels.
- ☑ All children, including your own preschool children, must remain on the ground level during operating hours.
- ☑ Apartments may be licensed as a FCCH if they are on ground level of the building.
- ☑ In a split level home, only the levels that have a direct exit at ground level can be used.
- ☑ NC Building Code requires your home to have one exit at ground level.
-  See *Chapter 2 – Safety* for the rule regarding making steps inaccessible to children two-years-old and younger.


**Smoke Detectors
Child Care Rule .1702(c)(4)**

 Your home must be equipped with an electrically operated (with battery backup) smoke detector, or one electrically operated and one battery operated smoke detector located next to each other.

- ☑ You must use a smoke detector which is wired into your electrical system and has a battery backup in it. You can also use two smoke detectors, one that is wired into your electrical system and another that is battery operated. They must be installed next to each other.



- If you provide overnight care, an additional smoke detector must be installed in each room where children will be sleeping.

Fire Extinguishers
Child Care Rule .1702(c)(5)

-  You must have at least one 5 pound 2-A:10-B:C type fire extinguisher readily accessible.

- You must have a minimum of a five pound 2-A:10-B:C type fire extinguisher for every 2,500 square feet of floor area in your home.
- A larger size fire extinguisher is acceptable to use as long as you can hold and operate the fire extinguisher properly.
- HH** You will need to periodically check to see if the fire extinguisher needs to be charged.
- HH** You may want to have additional fire extinguishers in areas such as the kitchen and playroom. These additional fire extinguishers may be less than five pounds.

Fuel Burning Heaters/Fireplaces/Furnaces
Child Care Rule .1702(c)(6)

-  Approved fuel burning space heaters, fireplaces and floor furnaces with protective screens are allowed in a FCCH.
-  Unvented fuel burning heaters and portable electric space heaters are prohibited.




- All approved fuel burning heaters, fireplaces or furnaces must be installed according to manufacturer's instructions and vented to the outside.
- Space heaters, fireplaces and floor furnaces with protective screens may be used while children are in care as long as your license does not reflect a restriction on the use of these heat sources.
- Unvented heating sources are not allowed. This includes heating sources that are labeled as "vent free." If you have an unvented heater, such as unvented gas logs or wall heaters, that heater must be disconnected from the gas line. Documentation of the disconnection must be on file for review by your child care consultant.
- Protective screens must be attached securely to substantial supports around fireplaces and heaters when in operation, to

prevent burns. You need to make sure the screen is far enough from the heat source so that it does not become hot to the touch.

- HH** If your fireplace has a hearth with sharp corners, it is suggested that you use a cushioned bumper to provide protection for the children.

Heating and Ventilation


Child Care Rules .1702(c)(7); 1724(a)(5)

-  All indoor areas used by children must be heated in cool weather and ventilated in warm weather.
-  Hot pipes or radiators that are accessible to children must be covered or insulated.
-  The temperature for areas used by infants 12 months or younger for sleeping must not exceed 75 degrees Fahrenheit.

- A kitchen stove cannot be used as a source of heat.
- Woodstoves and fireplaces without protective screens can not be used as sources of heat.
- All windows and doors that are used for ventilation must be screened.
- If you care for infants aged 12 months or younger, the temperature of the room where the infants sleep may not exceed 75 degrees Fahrenheit. You will need to have some way of regulating that room's temperature.

Well Water Analysis

Child Care Rules .1720(d)(1); .1702(d)(6)

-  You must have a negative bacteriological analysis completed if your water source is well water.

- The initial well water bacteriological analysis can be no more than one year old.
- You must mail a copy of proof of a negative well water bacteriological analysis with your application.
- You cannot use spring water as your source of water.
- You must complete the well water bacteriological analysis every two years. A copy of the results must be kept on file in your home for your child care consultant to review.

HH You can contact your local health department or a local certified drinking water laboratory to request a well water bacteriological analysis.



Check this web site from the NC Division of Public Health to review a list of laboratories that are certified to test drinking water (web site is updated periodically).

<http://204.211.171.13/EnvironmentalSciences/Certification/default.asp>



Turn to the local resource section of this notebook and add the contact information for the agency that completed your well water bacteriological analysis.

Pet Vaccinations
Child Care Rule .1702(d)(5)



You must have up-to-date pet vaccinations for any pets.



If you have a pet you must submit a copy of current pet vaccinations to your child care consultant prior to being licensed.



You must have all household pets vaccinated with up-to-date vaccinations as required by North Carolina law and local ordinances.



You must have proof of current rabies vaccination for any cat or dog over four months of age.



A copy of up-to-date pet vaccinations must be maintained on file in your FCCH for review.







You can find additional information regarding animals in *Chapter 2- Safety*.






Turn to the local resource section of this notebook and add the contact information for your veterinarian's office.

Materials/Equipment

NC General Statute 110-91(6) & Child Care Rules .1718(10); .1719(1)

-  Indoor and outdoor equipment and furnishings must be child size, sturdy and in good repair.
-  Space must be designated for each child’s personal belongings.
-  Materials/equipment must be free of hazards that pose a threat of serious injury to children while engaged in normal play activities.
-  Materials/equipment must be available indoors and outdoors to support the activities listed in the written schedule.


-  See *Chapter 2 – Safety* for information about appropriate materials/equipment that you should have available.
-  Children must have a certain space available to store their personal belongings. Examples include cubbies, a shelf, or individual plastic boxes.


 You will find at the end of this chapter, **Equipment and Material Suggestions for Infants 0-12 Months, 12-36 Months, Preschool-Age and School-Age** which provides examples of age appropriate materials, equipment and toys.

Local Ordinances

NC General Statute 110-91 & Child Care Rule .1702(d)(8)


-  You must comply with any local ordinances that apply to your neighborhood or community.

-  You will need to check with your city and county planning or zoning office, as well as covenants within your neighborhood or home owner’s association, to see if there are any requirements you must meet that are in addition to state licensing requirements. Local zoning ordinances must be met prior to licensure.

-  Examples of possible local ordinances are obtaining a fire inspection or a home occupancy permit, limitations to the number of children allowed, a restriction on the hours of operation, specific landscaping, allowable spaces to use for parking, and/or having a fenced-in yard.


HH A child care consultant can help the operator identify the proper personnel in the county to contact.

SECTION 10: STEPS TO GET STARTED

 Potential family child care home operators should contact the Division of Child Development at 919-662-4499 or 1-800-859-0829 (in-state only) to request a Basic Information for Potential Family Child Care Home Providers pamphlet. The pamphlet, available free of charge, describes the major child care requirements for operating a family child care home in North Carolina.


HH It is important for family child care home operators to be knowledgeable of all of the child care requirements. Make sure you maintain current versions of the child care requirements because rules change frequently. There are three ways to access a copy of the child care law and rules:


1. From the Division's website at www.ncchildcare.net. The most current versions can be found online.
2. Request a copy of the printed materials order form. You can request the order form from the Division or access it online.
3. Copies of the NC General Statutes and Family Child Care Home Requirements are in the FCCH Handbook.


 The two primary documents you need to know to be in compliance with NC child care law and requirements are the **NC General Statutes** in Appendix A and the **Family Child Care Home Requirements** in Appendix B.

HH Though not required, the Division recommends FCCH operators attend a FCCH pre-licensing workshop. You may want to contact your local CCR&R to see if they offer this training in your area. They also may have other trainings or projects available to help get your FCCH started.

HH The type of business structure you choose, usually sole proprietorship or S-Corporation, affects your budget and personal liability. Contact an accountant or lawyer to determine which structure is best for you.

 Additional information regarding your business classification may be obtained on the NC Department of the Secretary's web site at www.secretary.state.nc.us/corporations.

 Turn to the local resource section of this handbook and add the contact information for your local CCR&R and Smart Start Partnership. To find your local CCR&R office, you may call customer service at the Division of Child Development at 1-800-859-0829 or find it on our website, www.ncchildcare.net.

 Turn to the local resource section of this handbook and add the contact information for your child care consultant. Your child care consultant can be a helpful resource to you. Feel

free to contact your child care consultant if you have any questions.



Contact the Division of Child Development at 919-662-4499 or 1-800-859-0829 anytime you have questions. The Division is located at 319 Chapanoke Road, Suite 120, Raleigh, NC 27603 and is open Monday through Friday from 8am to 5pm. Customer Service Representatives are available to answer your questions or direct you to the appropriate staff.



Additional Child Care Provider Resources and Health and Safety Resources for Child Care are available in the resource section of this chapter.

Application Packet Child Care Rule .1702(a)



Any individual who plans to operate a family child care home must apply for a license using a form provided by the Division.



You must complete an application to begin the licensing process. You can receive an application packet by contacting the Division of Child Development at 1-800-859-0829 or contacting your local Child Care Resource and Referral (CCR&R) office.



The application packet includes the Application-Facility Profile, FCCH checklist, Criminal History Check forms, rated license program and education requirements for each point level, and an order form for the Family Child Care Home Handbook, Child Care Requirements, NC General Statutes and Infant-Toddler Foundations.

Submitting An Application Child Care Rule .1702(d)



Submit your application, with supporting documentation, to your child care consultant.



Supporting documentation includes:

- Copy of criminal history check from the Clerk of Court's office;
- Copies of documentation of completed First Aid and CPR courses;
- Proof of negative results from your TB test;
- Copy of completed Health Questionnaire;
- Copy of current pet vaccinations (if applicable);

- Copy of negative well water bacteriological analysis (if applicable); and
- Copies of any inspections required by local ordinances (if applicable).

You will mail the application and supporting documentation to the child care consultant who is listed on the cover of your application. The address for your child care consultant is located on the front cover of your application packet.

You will mail the original criminal history check forms to:
DHHS Criminal Record Check Unit
Child Care Team
2201 Mail Service Center
319 Chapanoke Road, Suite 120
Raleigh, NC 27699-2201

If fingerprints are being submitted electronically by the law enforcement agency, the envelope must be marked with a large E.

HH Contact your consultant to secure inspection forms as well as any other forms the consultant may want you to complete before the initial assessment.

HH You will mail the Criminal Record Check forms for the household member(s) over 15-years-old once you receive the license identification number from your consultant.

Initial Visit Child Care Rule .1702(e)







Your child care consultant will make an announced visit to your home before a license is issued.

Once your child care consultant receives your completed application packet and the supporting documentation from you, then he/she will call you to schedule an appointment to visit your home.

During the initial assessment, a child care consultant will:
Provide technical assistance about ways for the operator to achieve and maintain compliance with child care requirements as well as consultation on best practice in the field of early care and education.


- Assess progress toward achieving satisfactory compliance of child care requirements prior to the issuance of an initial license.

- During initial assessments, the child care consultant will review the following:
 - Child care law and rules
 - Available equipment and materials
 - Forms and paperwork that will be used in the program
 - Number of children in the family child care home
- The consultant will bring additional application forms for you to complete during an initial consultation visit.
- During the initial visit your child care consultant will determine whether or not your home meets all applicable child care requirements.
- The visit, which will include a review of your files, will determine your compliance with FCCH requirements in order to issue a license.
- The operator must demonstrate the ability to comply with child care requirements prior to the issuance of a license. If there were requirements that were not met during the visit, your child care consultant will establish a reasonable timeframe for you to comply with the requirements. Once it is determined that satisfactory compliance of requirements have been met, a one star license will be issued.
- The operator may be asked to prove that the home is occupied as a residence. Documents that will be accepted as proof of residency include:
 - Address given for military purposes
 - Payment of state income taxes
 - Listing of “legal” or “permanent” address on federal tax returns
 - Continuous car registration and address on driver’s license
 - Ownership of a home
 - Approved certificate or other statements indicating a permanent/legal address
 - Mailing address
- During an initial visit, if the presence of chalking, peeling or flaking paint is detected in a home built prior to 1978, the child care consultant can request an environmental lead investigation. If lead hazards are identified, the Division will not issue a license until remediation has been completed and lead hazards are no longer present in the home.


-  You can find a **Be Lead Safe** checklist at the end of this chapter.
- The United States Environmental Protection Agency (EPA) requires that the “The Lead-Safe Certified Guide to Renovate Right” lead hazard information pamphlet be provided to owners and occupants of target housing and child-occupied facilities, and to the parents of children under age six that attend child-occupied facilities built prior to 1978.
-  To get a copy of the EPA pamphlet and regulations, visit the NC Lead-based Paint Hazard Management Program web site at www.epi.state.nc.us/epi/lead/lhmp.html or call 919-707-5950
-  Go to this web site from the NC Department of Environment and Natural Resources (Children’s Environmental Health Branch) to learn more about the Childhood Lead Poisoning Prevention Program.
http://www.deh.enr.state.nc.us/ehs/Children_Health/Lead/lead.html
- HH** During the initial visit to your home the child care consultant will review the child care rules with you. This takes time, so we encourage you to have alternative child care available for your children.
- HH** During your initial visit with the child care consultant, please notify her/him of your intent to pursue a one or 2-5 star license. This will help her/him to give you the requirements and assistance needed for the license you want to pursue.
-  To assist with creating files for your family child care home business refer to the file checklists provided in *Chapter 4 – Records and Activities*.


Written Plan of Care

Child Care Rules .1701(i)(1-6),(j),(k)




-  Each operator must develop and adopt a written plan of care for completing routine tasks; including, but not limited to running errands, meeting family and personal demands, and attending classes to ensure that routine tasks do not interfere with the care of children during hours of operation.

- The plan must specify typical times for completing routine tasks, names of individuals providing care, and how parents will be notified when children accompany the operator off the premises for routine tasks not specified on the written schedule.
- The plan must be given to parents of children in care on or before the first day the child attends the home. Parents must sign a statement acknowledging the receipt and explanation of the plan.
- Parents must give written permission for their children to be transported by the operator for specific routine tasks that are included on the written schedule.
- The acknowledgment and written parental permission must be retained in the child’s file for as long as the child is enrolled at the home.
- If the operator amends the plan, the operator must give written notice of the amendment to parents of enrolled children at least 30 days before the amended plan is implemented.

 A **Written Plan of Care** form is in the resource section of *Chapter 4 – Records and Activities*.

 See sample transportation forms in *Chapter 4 – Records and Activities*.

**Issuing a License
Child Care Rule .1702(e)(1-3)**

-  If all applicable child care requirements are met, a one star rated license will be issued to you.
-  If the applicable requirements are not met but the applicant has the potential to comply, the Division representative must establish with the applicant a time period for the home to achieve full compliance.
-  If all the applicable requirements are not met or cannot be met within the established time, the Division must deny the application. Final disposition of the recommendation to deny is the decision of the Division.

- An application can be denied if your home is not in compliance, you cannot potentially comply, or if you fail to comply with child care requirements within an appropriate timeframe.

- After you have been in operation for more than six months, you can potentially earn two to five stars on your license by meeting certain education requirements and program standards.
- HH** To learn more about the voluntary star rated license review *Chapter 6 - Star Rated License*.

**Child Care License Fees
General Statute 110-90 (1a)**

- Family child care home operators are required to pay an annual licensing fee.
- The fee does not apply to a religious-sponsored child care that is operated under a Notice of Compliance.

- A license fee for family child care home operators was voted on and implemented in 2009 by the North Carolina General Assembly.
- The license fee is an annual charge to maintain the child care license for providing care for children in any type of child care facility.
- In 2009, the amount of the license fee for family child care home operators is \$52.00. This amount is subject to change based on legislative action.
- Payments may not be made in person. Instead, payments must be mailed to the Department of Health and Human Services Controller's Office.
- Failure to pay the annual license fee may result in the revocation of your child care license.
- All child care operators with an active status on October 1 of each year will be sent a license fee invoice and are required to pay the fee. If a program closes on or prior to September 30 of each year, they will not be charged the license fee for the next year.
- HH** The full amount of the license fee is required by the due date. Partial payment of the license fee will not be accepted, nor will payment plans be established.
- HH** Credit for payment will be given on the date it is received by the Department of Health and Human Services Controller's Office, not the date on the check

Resource Section

Chapter 1: GETTING STARTED

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

Some of the resources provided are forms created by the Division of Child Development and must be used by licensed Family Child Care Homes. Other materials are provided only as a resource for Family Child Care Homes and may be used at your discretion.

You may also wish to use this section to store additional resource materials that you have related to the chapter or information that is specific to your program.



GUIDELINES TO HIGH SCHOOL DIPLOMAS AND EQUIVALENTS

TO MEET MINIMUM EDUCATION REQUIREMENTS FOR CHILD CARE PROVIDERS

The requirement for completion of high school can be met through a number of options, as described below: High School Diploma, Home School Diploma, Adult High School Diploma, GED Credential.

For additional assistance, please visit the **Provider / Professional Development** section of the North Carolina Division of Child Development website at www.ncchildcare.net.

High School Diploma: this award recognizes completion of all state and local graduation requirements from regionally accredited high schools. The diploma may indicate a track (college prep, technical, occupational, etc.) that the student took to meet requirements. The diploma awarded is the same, regardless of the track taken.

High School Accreditation: high schools issuing diplomas must have nationally recognized **regional accreditation** in the United States. This is generally true for public high schools. It may or may not be true for private schools, including online and correspondence high schools. Diplomas from high schools without regional accreditation are not recognized by the Division of Child Development. *An exception will be made when the high school is listed with the NC Division of Non-Public Education for the school year when the applicant graduated.*

The recognized regional accrediting bodies for high school diplomas (and the geographic regions they serve) are:

North Central and Southern Association CASI (commission on accreditation and school improvement) http://www.advanc-ed.org/schools_districts/
Arkansas, Arizona, Colorado, Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, North Dakota, Nebraska, Ohio, Oklahoma, New Mexico, South Dakota, Wisconsin, West Virginia, and Wyoming, Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas and Virginia

Middle States Commission on Secondary Schools <http://www.css-msa.org/>
Delaware, the District of Columbia (D.C), Maryland, New Jersey, New York,
Pennsylvania, Puerto Rico and the U.S. Virgin Islands

New England Commission on Public Secondary Schools <http://cpss.neasc.org/> and
New England Commission on Independent Schools <http://cis.neasc.org/> (such as
traditional boarding and day preparatory schools, private elementary schools, schools
serving students with special needs, and religiously affiliated schools of many faiths)
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont

Western Association of Schools and Colleges <http://www.wascweb.org/> (secondary
schools are listed under The Accrediting Commission for Schools)
California and Hawaii, the territories of Guam, American Samoa, Federated States of
Micronesia, Republic of Palau, Commonwealth of the Northern Marianas Islands, the
Pacific Basin, and East Asia, and areas of the Pacific and East Asia where
American/International schools or colleges may apply to it for service

Northwest Association of Accredited Schools
<http://www.northwestaccreditation.org/schools/accredited.html> (distance education,
elementary, foreign nation, high, K-12, middle level, post secondary non-degree granting,
residential, special purpose, supplementary education and travel education schools)
Alaska, Idaho, Montana, Nevada, Oregon, Utah, and Washington.

Graduation Certificate and Certificate of Achievement: these are high school
exit documents for students who do not meet the requirements for a diploma.
These documents are NOT recognized as high school diplomas or equivalents.

Home School Diploma: this diploma is issued by a non-public school where the
student receives academic instruction from his/her parent, legal guardian, or a member of
the household in which the student resides. The chief administrator of the home school
issues the diploma.

What is a legitimate home school?

The NC Division of Non-Public Education is authorized by state law to receive
home school notices of intent to begin initial operation and to terminate operation,
and to annually inspect the school's student attendance and nationally
standardized achievement test result records. They provide a list of home schools
by county at this website: <http://www.ncdnpe.org/hhh301.htm>

Adult High School Diploma (Adult HSD): this diploma is issued through the
community college system in most states. There are exceptions, and other colleges could

be approved to issue adult high school diplomas. Colleges issuing adult high school diplomas must have **nationally recognized regional accreditation** in the United States.

The nationally recognized regional accrediting bodies for colleges (and the geographic regions they serve) are:

- Middle States Association of Colleges and Schools www.msche.org
Delaware, the District of Columbia (D.C), Maryland, New Jersey, New York, Pennsylvania, Puerto Rico and the U.S. Virgin Islands
- New England Association of Schools and Colleges www.neasc.org
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont
- North Central Association of Colleges and Schools
www.ncahigherlearningcommission.org Arkansas, Arizona, Colorado, Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, North Dakota, Nebraska, Ohio, Oklahoma, New Mexico, South Dakota, Wisconsin, West Virginia, and Wyoming
- Northwest Commission on Colleges and Universities www.nwccu.org
Alaska, Idaho, Montana, Nevada, Oregon, Utah, and Washington
- Southern Association of Colleges and Schools www.sacscoc.org
Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas and Virginia
- Western Association of Schools and Colleges www.wascweb.org (senior colleges and universities) and www.accjc.org (community and junior colleges)
California and Hawaii, the territories of Guam, American Samoa, Federated States of Micronesia, Republic of Palau, Commonwealth of the Northern Marianas Islands, the Pacific Basin, and East Asia, and areas of the Pacific and East Asia where American/International schools or colleges may apply to it for service

GED (General Education Development) Credential: the GED Tests measure the academic skills and knowledge expected of high school graduates in the United States. Successfully passing the tests results in award of a GED credential (which may be called a diploma, certificate, credential, or endorsement).

- The only official GED is given by the GED TESTING SERVICE and its approved sites. All approved testing locations are listed at www.GEDtest.org.
- The official GED is **not offered online via the internet**. Currently the GED is a paper and pencil test only. The GED test is a series of 5 tests covering different subjects and takes 7 hours to complete.



NC Early Care and Education Professional Certification Scale

Certification is an acknowledgement of an individual's verified level of educational achievement, based on a standardized scale. It is not permission to work. The following notes apply to multiple levels throughout the scale:

- "Focus" *generally* means coursework with extensive content related to children ages birth to five.
- General education, such as English, Math and Science, is coursework earned toward a two or four year degree.

Valid Period	Level	Education Required
5 yrs	13	Doctorate Degree plus or including at least 18 birth to five focused semester hours
5 yrs 5 yrs	12	Doctorate Degree plus or including at least 12 birth to five focused semester hours <i>or</i> Master's Degree plus or including at least 18 birth to five focused semester hours
5 yrs 5 yrs	11	Master's Degree plus or including at least 12 birth to five focused semester hours <i>or</i> Bachelor's Degree plus or including at least 18 birth to five focused semester hours
5 yrs 5 yrs	10	Bachelor's Degree plus or including at least 12 semester hours in birth to five focused coursework <i>or</i> 90 semester hours toward a Bachelor's Degree including at least 18 birth to five focused semester hours
5 yrs 5 yrs 5 yrs	9	Doctorate Degree plus or including at least 6 birth to five focused semester hours <i>or</i> Master's Degree plus or including at least 6 birth to five focused semester hours <i>or</i> Bachelor's Degree plus or including at least 6 birth to five focused semester hours
5 yrs 3 yrs 3 yrs 3 yrs	8	Associate Degree plus or including at least 24 birth to five focused semester hours <i>or</i> Doctorate Degree (less than 6 birth to five focused semester hours) <i>or</i> Master's Degree (less than 6 birth to five focused semester hours) <i>or</i> Bachelor's Degree (less than 6 birth to five focused semester hours)
3 yrs 3 yrs	7	Associate Degree plus or including at least 18 birth to five focused semester hours <i>or</i> 57 semester hours of general education including at least 24 birth to five focused semester hours
3 yrs 3 yrs	6	Associate Degree plus or including at least 12 birth to five focused semester hours <i>or</i> 45 semester hours of general education including at least 18 birth to five focused semester hours
3 yrs 3 yrs	5	Associate Degree plus or including at least 6 birth to five focused semester hours <i>or</i> 70 semester hours of general education including at least 6 birth to five focused semester hours
3 yrs 3 yrs 3 yrs	4	36 semester hours of general education including at least 12 birth to five focused semester hours <i>or</i> Associate Degree (less than 6 birth to five focused semester hours) <i>or</i> 70 semester hours of general education (less than 6 birth to five focused semester hours)
3 yrs	3	24 semester hours of general education including at least 6 birth to five focused semester hours
3 yrs 3 yrs 3 yrs 3 yrs	2	18 semester hours of general education including at least 4 birth to five focused semester hours <i>or</i> Early Childhood Certificate <i>or</i> CDA Credential (Child Development Associate Credential) earned for at least 12 semester hours <i>or</i> 12 birth to five focused semester hours
3 yrs 3 yrs 3 yrs	1	6 birth to five focused semester hours <i>or</i> Successful completion of NC Early Childhood Credential coursework Successful completion of NC Family Child Care Credential Coursework (for family child care providers only)
3 yrs	PP	Para-Professional – less than the North Carolina Early Childhood Credential or less than 6 birth to five focused semester hours



NC Institute for Child Development Professionals
PO Box 959 Chapel Hill, NC 27514
www.ncicdp.org • info@nceec.org • 919-942-7442

NC School Age Professional Certification Scale

Certification is an acknowledgement of an individual's verified level of educational achievement, based on a standardized scale. It is not permission to work. The following notes apply to multiple levels throughout the scale:

- Of the birth to twelve hours, at least half must be school age focused. "School Age" coursework includes courses in the following categories: School Age, Elementary, Youth Development and Parks and Recreation.
- General education, such as English, Math and Science, is coursework earned toward a two or four year degree.

Valid Period	Level	Education Required
5 yrs	13	Doctorate Degree plus or including at least 18 birth to twelve focused semester hours
5 yrs 5 yrs	12	Doctorate Degree plus or including at least 12 birth to twelve focused semester hours <i>or</i> Master's Degree plus or including at least 18 birth to twelve focused semester hours
5 yrs 5 yrs	11	Master's Degree plus or including at least 12 birth to twelve focused semester hours <i>or</i> Bachelor's Degree plus or including at least 18 birth to twelve focused semester hours
5 yrs 5 yrs	10	Bachelor's Degree plus or including at least 12 birth to twelve focused semester hours <i>or</i> 90 semester hours toward a Bachelor's Degree including at least 18 birth to twelve focused semester hours
5 yrs 5 yrs 5 yrs	9	Doctorate Degree plus or including at least 6 school age focused semester hours <i>or</i> Master's Degree plus or including at least 6 school age focused semester hours <i>or</i> Bachelor's Degree plus or including at least 6 school age focused semester hours
5 yrs 3 yrs 3 yrs 3 yrs	8	Associate Degree plus or including at least 24 birth to twelve focused semester hours <i>or</i> Doctorate Degree (less than 6 school age focused semester hours) <i>or</i> Master's Degree (less than 6 school age focused semester hours) <i>or</i> Bachelor's Degree (less than 6 school age focused semester hours)
3 yrs 3 yrs	7	Associate Degree plus or including at least 18 birth to twelve focused semester hours <i>or</i> 57 semester hours of general education including at least 24 birth to twelve focused semester hours
3 yrs 3 yrs	6	Associate Degree plus or including at least 12 birth to twelve focused semester hours <i>or</i> 45 semester hours of general education including at least 18 birth to twelve focused semester hours
3 yrs 3 yrs	5	Associate Degree plus or including at least 6 school age focused semester hours <i>or</i> 70 semester hours of general education including at least 6 school age focused semester hours
3 yrs 3 yrs 3 yrs	4	36 semester hours of general education including at least 12 birth to twelve focused semester hours <i>or</i> Associate Degree (less than 6 school age focused semester hours) <i>or</i> 70 semester hours of general education (less than 6 school age focused semester hours)
3 yrs	3	24 semester hours of general education including at least 6 school age focused semester hours
3 yrs 3 yrs 3 yrs	2	18 semester hours of general education including at least 4 school age focused semester hours <i>or</i> School Age Education Certificate <i>or</i> 12 birth to twelve focused semester hours
3 yrs 3 yrs	1	6 school age focused semester hours <i>or</i> Successful completion of NC School Age Credential coursework
3 yrs	PP	Para-Professional – less than the North Carolina School Age Credential or less than 6 school age focused semester hours



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Cardiopulmonary Resuscitation (CPR)



When selecting a CPR course to complete, all providers (both center and home) should use the following information to select the appropriate course. **The organizations listed below are currently the ONLY ones that will meet child care requirements and be approved by the Division of Child Development (DCD).** Any person with current instructor certification from one of the approved organizations is eligible to conduct CPR training. If you have questions regarding approved organizations, you should contact the DCD Inservice Training Approval Department at 1-800-859-0829.

- AMERICAN HEART ASSOCIATION
- AMERICAN ACADEMY OF PEDIATRICS
- AMERICAN RED CROSS
- NATIONAL SAFETY COUNCIL
- THE AMERICAN ACADEMY OF ORTHOPEDIC SURGEONS EMERGENCY CARE AND SAFETY INSTITUTE (AAOS ECSI)
- AMERICAN SAFETY AND HEALTH INSTITUTE
- EMERGENCY FIRST RESPONSE
- EMS SAFETY SERVICES
- MEDIC FIRST AID

Course Selection

Only CPR courses that offer official certification can be taken to meet DCD requirements. A written and skills test is usually required and the instructor MUST issue a card that contains the following language:

*“(Participant) has **successfully completed** a course in (name of CPR course)”*

Course Age Ranges

Most CPR certifications have age ranges. You will need to check with the instructor to determine for which ages you will be certified. You must maintain current certification in CPR for the ages of children in your care.

Course Renewal

NC Child Care Rules require recertification in CPR by the expiration of the certification, or every two years whichever is less.

Documentation of Certification

The Division of Child development must verify that all required child care providers have completed an appropriate certification course in cardiopulmonary resuscitation (CPR). It’s the provider’s responsibility to receive the necessary paperwork from the instructor. The provider will need to present a photocopy of the certification card issued by the instructor. *See Course Selection above for information on acceptable certification cards.*

Training Verification

If a provider would like for CPR training to be counted towards annual training requirements, he/she must submit verification of the number of hours of the training. Written verification from the instructor or a Training Verification Slip is required. This information is only used to document the number of hours that a provider attended training. It does not verify certification. This form is then attached to a Training Log and maintained in facility files. *A sample training verification slip can be found in the NC Division of Child Development’s Child Care Handbook.*

In-Service Training FAQs

How do I qualify to be a trainer?

The required forms can be mailed to you or you can download them from our website

I completed a curriculum education course (either on-line or in person) at an accredited 2 or 4 year college; can I count those hours toward my in-service hours?

Yes, one semester credit hour is equal to 16 contact hours. The course must relate to one of the nine topic areas in the Law and also relate to your job responsibilities in the child care facility.

I would like to take an on-line continuing education course from an accredited 2 or 4 year college; will this count toward my in-service training hours?

Yes, the course must relate to one of the nine topic areas in the law and also relate to your job responsibilities in the child care facility. This would include correspondence format such as professional journal reading.

Can I take a course from a correspondence school and count the hours for in-service training?

The school or agency must have applied for and received distance learning approval from the Division. The approval should be listed in their printed materials or on their website. Courses taken prior to the approval cannot be used for in-service training hours.

I would like to take an on-line course; will this count toward my in-service hours?

Unless the course is offered by an accredited 2 or 4 year college, the training agency must have applied for and received distance learning approval from the Division. The approval should be listed in their printed materials or on their website. Courses taken prior to the approval cannot be used for in-service training hours.

I lost some of my training certificates; can you replace them?

DCD does not have copies of specific training certificates. You would need to contact the sponsor of the training session or the individual instructor. The rosters from approved training sessions are to be on file at the sponsoring agency for three years. Child care staff are strongly encouraged to maintain their own professional development file at home that contains proof of all their training sessions.

I have a concern about a First Aid/CPR Instructor; who do I call?

First contact the national organization or local training center that certified the instructor. You are also encouraged to call the In-service Training Consultant at (919)662-4567 or toll free 1-800-859-0829 (in state calls only). You may want to contact your own Regulatory Consultant if the concern could result in a Child Care Rule violation.

I have a concern about a training session I attended.

Always complete the evaluation form honestly and give constructive feedback. You can call the In-service Training Consultant to report your concern at (919)662-4567 or toll free 1-800-859-0829.

Application for Employment

(Fully complete both pages)

_____ Date of Application

Please Print

Social Security Number	Last Name	First Name	Middle Name
Address (street number and name)		City	County
State	Zip Code	Phone (home or where you can be reached)	Business Phone

Position Applied For: _____

Date of Birth: / / (month) / (day) / (year) N. C. Driver's License Number _____

Have you ever been convicted of breaking a law other than a minor traffic violation?

YES NO If yes, give the date and explain fully on an additional piece of paper if more space is needed

Have you ever had a Department of Social Services (DSS) substantiation?

YES NO If yes, list county/State and give the date and explain fully on an additional piece of paper if more space is needed

(The offense(s) and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

Education

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

Schools	Name and Location	Dates Attended	Coursed of Study	Degree/Diploma
High School				
		to		
College or University		to		
		to		
		to		
		to		
		to		
Graduate or Professional		to		
		to		
Educational, Vocational Schools, etc.		to		
		to		
		to		
		to		

Child care training you have completed in the last three years (such as first aid, CPR, CDA, ITS-SIDS, etc.):

References

List the names, addresses and phone numbers of two people who may be contacted as references:

Work History

(List child care/early childhood experience first.)

Current or Last Employer			Address		
Job Title			Supervisor's Name		No. Supervised by you
Date Employed (mo/yr)	Starting Salary \$ Per	Ending Salary \$ Per	Reason for leaving		May we contact employer? yes no
Date Separated (mo/yr)			Duties:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours per week					

Current or Last Employer			Address		
Job Title			Supervisor's Name		No. Supervised by you
Date Employed (mo/yr)	Starting Salary \$ Per	Ending Salary \$ Per	Reason for leaving		May we contact employer? yes no
Date Separated (mo/yr)			Duties:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours per week					

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and (or) criminal action. I further understand that dismissal on unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant _____ Date _____

FAMILY CHILD CARE HOME OPERATOR CHECKLIST

Instructions: Completion of this checklist will help you in assessing if your family child care home is in compliance with the NC Child Care Requirements. **Keep in mind that this checklist is not all inclusive and you are always responsible for all requirements in the NC Child Care Requirements Section .1700, and in Article 7, Chapter 110 of the North Carolina General Statutes.** An unannounced visit may be made by your child care consultant at any time to verify compliance.

Answer Yes or No to the following statements. You may only answer N/A when the statement does not apply to your home.

- Yes No N/A I comply with any local ordinances that apply to my community or neighborhood. [G.S. 110-91 & .1702(d)] *If applicable, submit a copy of supporting documentation to your child care consultant.*
- Yes No My dwelling meets residential building codes and has a ground level exit. [.1702(c)(1)(A)&(B)]
- Yes No I have at least a 5 pound 2A:10-B:C type fire extinguisher. [.1702(c)(1)(D)]
- Yes No I have a working battery-operated smoke detector and an electric smoke detector located next to each other or an electrically operated smoke detector which has a battery backup. [.1702(c)(1)(C)]
- Yes No N/A I have received a negative bacteriological analysis for any well water used for the children's water supply. *Complete every 2 years.* [.1720(d)(1)]
- Yes No N/A A protective screen is securely mounted around any fireplace, wood heater unit or other space heaters. [.1702(c)(1)(E)]
- Yes No All hot pipes or radiators accessible to children are covered or insulated. [.1702(c)(3)]
- Yes No N/A All stairs and steps used by children are solid and safe, and if there are two or more steps, they are railed. [.1719(6)]
- Yes No N/A I have placed a guard (gate) across indoor stairs with more than two steps if children under three are in care.[.1719(6)]
- Yes No N/A I have securely anchored all stationary outdoor play equipment and the footings which anchor the equipment are not exposed. [.1719(3)]
- Yes No N/A No stationary outdoor play equipment is placed over concrete or asphalt.[.1719(3)]
- Yes No N/A All electric fans are securely mounted out of the reach of children, or each has a mesh guard. [.1719(4)]
- Yes No All electrical outlets are covered with safety caps. [.1719(5)]
- Yes No I am at least 21years old, and have a high school diploma/equivalent. [G.S. 110-91(8)]
- Yes No I have a good variety of first aid supplies and supplies are readily available. (i.e. band-aids, gauze, tweezers, sterile water) [.1720(a)(5)]
- Yes No I provide adequate resting accommodations and individual linens for each child. [1718(8)]
- Yes No I comply with the Meal Patterns for Children in Child Care [.1718(1)]
(Form included in FCCH Handbook and Sample on the web site.)
- Yes No N/A I have a Feeding Schedule for each child less than 15 months old. [.1718(6)]
- Yes No I keep a working thermometer in my refrigerator, and the temperature is maintained at 45 degrees Fahrenheit or below. [.1720(d)(6)]
- Yes No I lock all cleaning supplies or store them so they are inaccessible to children. [.1720(a)(4)]
- Yes No N/A All firearms are separated from ammunition, and I keep in locked storage. [.1720(a)(1)]
- Yes No All toys and equipment provided are developmentally appropriate for the children in my care and are in good condition. [.1720(a)(7)]

FAMILY CHILD CARE HOME OPERATOR CHECKLIST CONT.

- Yes No I have a working telephone in my home and I have emergency telephone numbers readily available. [.1720(a)(8)]
- Yes No I conduct and keep a written record of monthly fire drills. [.1721(b)(2)]
(Form included in FCCH Handbook and Sample on the web site)
- Yes No N/A I have proof of up-to-date vaccinations for any pets. [.1720(d)(10)]
- Yes No I and any additional caregivers other than emergency caregivers have completed a health questionnaire. Emergency caregivers provide care during unplanned absences of the operator. [.1701 (a)-(e)] **(Form included in FCCH Handbook and Sample on the web site)**
- Yes No I have a Health and Emergency Information form on file for each child, including my own child(ren). Each form is fully completed and signed by the parent. [.1721(a)(3)(A-G)]
(Form included in FCCH Handbook and Sample on the web site)
- Yes No I will maintain a record of when medication is administered and authorization to administer the specific medication according to the parent's or physician's instructions. [.1721(a)(4)] **(Form included in FCCH Handbook and Sample on the web site)**
- Yes No I keep all refrigerated and un-refrigerated medications under lock-and-key storage. [.1720(a)(3)]
- Yes No I have completed an Emergency Procedures Form[.1721(b)(1)]
(Form included in FCCH Handbook and Sample on the web site)
- Yes No Adequate supervision is provided for children who are awake. [.1718(10)(a)]
- Yes No N/A I have established a sanitary diaper change area, and I wash my hands before and after changing each child.[.1720(d)(2)]
- Yes No N/A If more than one child is bottle fed, I label and date all bottles for children. [.1720(d)(7)]
- Yes No I have a means of transportation always available for emergencies. [.1720(a)(9)]
- Yes No N/A If I transport children, the driver has: **(A)** a valid driver's license; **(B)** no DWI or other impaired driving offense within the last three years **(C)** written permission to transport from parent; and **(D)** emergency and identification information for each child in vehicle whenever children are transported. [.1723]
- Yes No N/A When children are transported I ensure that: **(A)** parents are informed of who will be transporting the children; **(B)** each child is restrained by an individual seat belt or child-restraint device; **(C)** all children are attended by an adult while in the vehicle; and **(D)** no child sits in the front seat if there is an operational air bag. [.1723]
- Yes No I do not use any form of corporal punishment as a disciplinary method on children, unless I am a religious sponsored child care home under G.S. 110-106. [.1722]
- Yes No I have covered both indoor and outdoor garbage cans with tight-fitting lids. [.1720(d)(11)]
- Yes No N/A I have enclosed all in-ground swimming pools on premises by a fence no less than four feet high. [.1719(8)]
- Yes No N/A I have locked and secured ladders on all above-ground pools or have stored the ladders in an area inaccessible to children. [.1719(8)]
- Yes No I allow parents unlimited access to my home while their children are in my care. [.1701(g)]
- Yes No I conduct and keep a record of monthly inspections of the outdoor area that is used by the children in my care. [1721(b)(5)] **(Form included in FCCH Handbook and Sample on the web site)**

FAMILY CHILD CARE HOME OPERATOR CHECKLIST CONT.

- Yes No Incident reports are/will be completed and submitted to my child care consultant any time a child receives medical treatment from a health professional following an incident that occurred in my child care home. [.1721(b)(3)]
(Form included in FCCH Handbook and Sample on the web site)
- Yes No I will record each incident that requires medical treatment on my Incident Log and it is kept in my files. [.1721(b)(4)] **(Form included in FCCH Handbook and Sample on the web site)**
- Yes No I keep a copy of each child's health assessment and immunization records, including my own preschool children. [.1721(a)(1-2)].
- Yes No I keep daily attendance records. [.1721 (b)(6)]
- Yes No I and caregivers who provide care more than five hours a week will complete 12 hours of inservice training yearly. 8 [.1701(b) & .1705(b)(5)]
- Yes No I maintain a record of the annual in-service training activities in which I and any additional caregivers have participated. [.1705(b)(5)(B)]
- Yes No I plan developmentally appropriate activities for the children in my care on a written schedule. [.1718(6)(a-c)]
- Yes No I have materials and equipment available to carry out the activities listed on the written schedule. [.1718(13)]
- Yes No I carry out the activities listed on the written schedule daily. [.1718(13)]
- Yes No I have a copy of my schedule displayed so that parents can see it.
[G.S.110-91(12) & .1718(13)(b)]
- Yes No I have developed and given a copy of a Discipline Policy to the parents of all children that I care for in my home. Parents have signed that they have received their copy of my Discipline Policy. [.1722(a)]
- Yes No I will not care for a child who has a fever of at least 100° degrees axillary or 101° orally, or who has certain symptoms or contagious illnesses (ex: diarrhea, chicken pox, lice, etc. [.1720(b)(1-11)]
- Yes No A parent of each child is given a copy of the NC Summary of the Child Care Law. [G.S. 110-102]
- Yes No I have posted a copy of the NC Summary of the Child Care Law in a prominent place in my home for parents to view. [G.S. 110-102]
- Yes No N/A I have reviewed all of the child care requirements with any additional caregivers and substitutes and have written verification on file in my home. [.1701(d)]
- Yes No I will provide a safe sleep environment by ensuring that when a child is sleeping, bedding or other objects will not be placed in a manner that covers the child's face, regardless of the age of the child. [.1718(11)]
- Yes No I will not use tobacco products at any time while children are in care. Smoking or use of tobacco products will not be permitted indoors while children are in care or in a vehicle when children are transported. [.1720(f)]
- Yes No I will keep tobacco products out of reach or in locked storage when children are in care. [.1720(a)(6)]
- Yes No N/A Infants aged 12 months or younger, will be placed on his or her back for sleeping unless I receive a written waiver as required by G.S. 110-91(15)(a-c).
[G.S. 110-91(15)]
- Yes No N/A If licensed to care for infants aged 12 months or younger; I will receive ITS-SIDS training within four months of receiving a license. [G.S. 110-91(15) & .1705(b)(4)]
- Yes No N/A If licensed to care for infants aged 12 months or younger, I have developed and adopted a written safe sleep policy that specifies required information found in Section .1724(a)(1-9). [G.S. 110-91(15) & .1724]
- Yes No N/A If licensed to care for infants aged 12 months or younger; a copy of the safe sleep policy or a poster about safe sleep practices will be posted in a prominent place in the infant sleeping room or area. [.1724(b)]

FAMILY CHILD CARE HOME OPERATOR CHECKLIST CONT.

- Yes No If licensed to care for infants aged 12 months or younger, a copy of my safe sleep policy was given and explained to parents on or before the first day the infant attended the home. The parent signed a statement acknowledging the receipt and explanation of the policy. A copy of the acknowledgement will be maintained in the child's record for as long as the child is enrolled at the home. [.1724 (c)]
- Yes No If the safe sleep policy is amended, I will give written notice of the amendment to the parents of all enrolled infants aged 12 months or younger at least 14 days before the amended policy is implemented. Each parent will sign a statement acknowledging the receipt and explanation of the amendment. A copy of the acknowledgement will be maintained in the child's record for as long as the child is enrolled at the home. [.1724(d)]
- Yes No A physician's or parents waiver of the requirement that all infants aged 12 months or younger must be placed on their backs for sleeping contains the infant's name and birth date, is signed and dated by the infant's physician or parent, and specifies the infant's authorized sleep positions. I will maintain a copy of this waiver on file for as long as the child is enrolled at the home. [.1724(e)]
- Yes No I will place infants aged 12 months or younger, in a bassinet, play pen or crib when sleeping. [.1718(8)]
- Yes No I will give infants aged 12 months or younger, the opportunity each day to play while awake while positioned on his or her stomach. [.1718(12)]
- Yes No Prescription or over-the-counter (OTC) medications and topical, non-medical ointment, repellent, lotion, cream or powder will not be administered to any child **(A)** without written authorization from the child's parent; **(B)** without written instructions from the child's parent, physician or other health professional; **(C)** in any manner not authorized by the child's parent, physician or other health professional; **(D)** after its expiration date; or **(E)** for non-medical reasons, such as to induce sleep. [.1720(c)((1))]
- Yes No Any time prescription or OTC medications are administered to a child, I will record the child's name, the date, time, amount and type of medication given, and the name and signature of the person administering the medication. This information will be available for review and maintained on file for at least six months after the medication is administered. [.1720(c)(13)]
- Yes No Each operator must develop and adopt a written plan of care for completing routine tasks; including running errands, meeting family and personal demands, and attending classes, to ensure that routine tasks do not interfere with the care of children. [Refer to Rule .1701(i)(1-6)(j)&(k) for a complete list of items that must be included in the plan of care.] **(Sample form located on web site.)**

***Note: Sample forms are located on the Division of Child Development's web site at www.ncchildcare.net
. From the home page click on provider and then click on provider documents.

This checklist does **NOT** need to be given to your Child Care Consultant. Completing this checklist prior to your consultants visit and from time to time will assist you with maintaining compliance with child care regulations. Keep in mind this checklist is not all inclusive and you are always responsible for all requirements in the NC Child Care Requirements Section .1700, and in Article 7, Chapter 110 of the North Carolina General Statutes.

EQUIPMENT AND MATERIAL SUGGESTIONS FOR INFANTS 0-12 MONTHS

Small Muscle Development	Intellectual/Language Development
bean bags balls tops stacking rings xylophone block push throughs musical rolling pin carpet puzzles water shaker bottle magazines busy box blocks elastic and bells "open-shut" toys "empty-fill" toys shakers rattles crib mobiles stacking cans buckets catalogues	large piece of: sponge carpet silk velvet tops catalogues buckets magazines xylophone CD player shakers recordings of rattles sounds and songs pictures "empty-fill" toys busy box puppets blankets crib mobiles stacking cans elastic and bells books (cloth or laminated) unbreakable mirrors balls (different size and texture) water shaker bottle flannel board "open-shut" toys block push throughs
Large Muscle Development	Social/Emotional Development
blankets buckets tunnel balls cardboard boxes texture cans prop board covered foam mat blocks push-pull toys rubber or soft vehicles with wheels	unbreakable mirrors soft doll board, cloth and vinyl books rocking horse texture cans puppets pictures photographs cardboard boxes blankets/quilts

EQUIPMENT AND MATERIAL SUGGESTIONS FOR TODDLERS 12-36 MONTHS

Small Muscle Development	Intellectual/Language Development
ribbon clay tape paste paints paint brushes sand box water tub jack-in-box shape cutters piece) kaleidoscope bongo drums rolling pins simple picture puzzles clothespins water bottles nesting cans shape sort can	easel large crayons play dough sifters spoons soap suds musical instruments ball stacking toys puzzles (one/two
	sand box water tub rubber people rubber animals shape sort can puppets cars trucks plants rolling pins clothespins water bottle magnets paint brushes news print textured materials records, record player basket of natural objects
	push toys pull toys simple puzzles bongo drums nesting cans kaleidoscope books

Large Muscle Development	Social/Emotional Development
push toys pull toys riding toys balance board broom sand box water tub bongo drums steps plastic shovel rhythm instruments bean bag chair rubber inner tube swings climber	blocks tunnel balls boxes buckets plastic hoe plastic rake rocking boat
	unbreakable mirrors wagons dolls large crayons puppets paper broom bulletin board dustpan ironing board pots and pans large doll bed hats shoes mop flannel board rocking boat play stove play refrigerator

Equipment and Material Suggestions for Children Ages 3 to 5

For Large Muscle Development

Tricycles
Multi-Size Balls
Bubble Blowing Materials
Swings

Low Slides
Boxes
Broomstick Horses
Balancing Boards

Bean Bags
Marching Music
Tumbling Pads

For Small Muscle Development

Pegs and Pegboard
Easy Puzzles
Ringboard with Washers
Buttoning/ Lacing/ Zippers

Geoboard with Rubber Bands
Different Sized Nuts and Bolts
Stringing Beads/String

Plastic Jars/Lids
Small Cubes/Blocks
Vinyl Picture Stick-ons

Intellectual/Language/Social/Emotional Development

Flannel Board with Pictures
Picture Sorting
Pictures
Storytelling
Variety of Musical Instruments
Magnets
Color Shade Cards
Sound Tubs
Shape Sorting Box

Sequence Cards
Puppets
Books with Records/Tapes
Toy House with Furniture
Magnifying Glass
Number Cards
See Through Color Frames
Scratch and Sniff Books

Picture/Match Game
Story Act Out
Word/Name Games
Toy Telephone
Sand and Water Area
Sorting Board
Variety of Smelling Things
Shape Stencils

Suggested Material for School Age Classrooms

Art- A variety of art materials should be available daily for independent use by the children. Children should have freedom to create without the help of teacher directed samples.

- Felt markers
- Pencils and pens
- Crayons
- Water color or tempera paint
- Colored pencils
- White marker boards and non-toxic markers
- Chalk boards and chalk
- Sidewalk chalk for outside
- Variety of paper: plain drawing paper, construction paper, tissue paper
- Scissors
- White glue or glue sticks
- Clay or playdough and accessories
- Collage materials
- Craft supplies

Music- Need a variety of materials.

- CD/Tape Player (battery or plug in) preferably with earphones
- 3 different styles of musical CDs/Tapes (Kid's Dance, Classical, Kid's Rap, etc.)
- Instruments (none that go into the mouth to play) Electronic keyboards, rhythm instruments, etc.
- Dance props: Twirlers, scarves, etc.

Blocks- Need at least 3 different styles of blocks as well as props.

- Lincoln Logs
- Tinker Toys
- Wooden Blocks
- Gears builders
- Marble Runs
- Legos
- Cars
- Vehicle Signs
- Lego Community people
- For FCCs that have 3rd grade or higher you should include at least one or more challenging style, such as: K-Nex, 3-D Puzzles, Magnetics

Dramatic Play- Anything that allows the children to use their imagination, such as:

- Fantasy Props: wand, Bride's dress, shield/armor (no sword), etc.
- Misc. Props- cash register, dolls, dress-up, food, realistic dishes/silverware/pots/pants, etc.
- 3 careers with at least 3 supporting items (Doctor- fake prescription pad, smock, stethoscope, sign-in sheet, etc.; Veterinarian- animals, smock, fake vet kit, etc.; Restaurant- menus, food, dishes, order pad, money, etc.; Mail Carrier- envelopes, mailbox, labels, paper, pencils, stamps (old), mail bag, etc.
- Puppets

Math- Anything that helps the children learn money, numbers, colors, patterns, logic, time, at least three for each age group, such as:

- Scales
- Unifix cubes
- Pattern blocks
- Puzzles of varying difficulty
- Suduko puzzles
- Measuring utensils (cups, spoons, ruler, protractor, projector, compass)
- Paper
- Pencils
- Flashcards (time, money, addition, subtraction, multiplication, division)
- Money learning games
- White Board/Chalk Board
- Bingo (color, shape, etc.)
- Tell Time Clock
- Candyland
- Chutes & Ladders
- Connect Four
- Mancala
- Monopoly Jr, Monopoly
- Memory
- Checkers and Chess
- Uno and other number oriented card games
- Other strategy games like Trouble, Parchesi, etc.

Science: A variety of materials and equipment should be available daily. Materials such as:

- Science related books, posters, games and puzzles
- Plastic animal, reptile, insect or dinosaur collections
- Cards
- Collections of natural items such as rocks, shells, variety of pinecones, leaves, flowers, etc.
- Living things that children can help care for: plants, aquarium, hermit crab, ant farm, etc.

Equipment such as:

- Magnets and items to test
- Magnifying glasses
- Binoculars
- Scales and measuring tools
- Tornado tube
- Color paddles
- Microscope
- Gardening tools (if outdoor garden space can be used)

Language Arts- The books should include appropriate selections for all ages of children in the group. The books should not contain any material that is violent, inappropriate (sex, drugs, alcohol), or that shows risk to a person. Include fiction and non-fiction books and magazines. Choose some that represent diversity in a positive manner: race, ethnicity, sex, special needs, age, etc.

A variety of additional games and materials should be available such as:

- Books and tapes
- Jr. Dictionary
- Writing paper
- Pencils
- Pens
- Letter stencils
- Word puzzles: crossword or word search
- Stamps
- Stickers
- Stationary
- Letter stamps
- Pictionary
- Apples to Apples Junior
- Up-Words
- Scrabble/Scrabble Jr.
- Boggle/Boggle Jr.
- Other language games
- White Board with dry erase = markers and eraser

Child Care Provider Resources

Resource and Contact Information

Child Care Resource and Referral Agencies

Technical assistance programs designed to help providers develop quality child care programs. Your local agency may also be able to assist you in finding out about local funding sources or resources to assist with program improvements. Specific programs vary by county. All counties do not have their own agency; some agencies cover multiple counties. Contact your local agency serving your area.

NC Subsidized Child Care System

Allows licensed Child Care Centers and Family Child Care Homes to receive payment for child care services provided for families who are eligible for child care subsidy services through a locally administered state-supervised voucher system. Contact your local department of social services.

Smart Start Partnerships for Children

Provides support to improve the quality, accessibility and availability of child care for NC children and families. Also provides health and family support services to ensure children are healthy and ready to succeed in school. Services vary by county. Many partnerships provide grants and technical assistance to improve the quality of care. Call 919-821-7999 or visit www.ncsmartstart.org for the name and contact of your local partnership.

Child and Adult Care Food Program (CACFP)

Provides reimbursement to licensed caregivers for meals and supplements (snacks) served to children enrolled in a Child Care Center or Family Child Care Home.

Contact information: Nutrition Services Branch, 1914 Mail Service Center, Raleigh, NC 27699-1914, Phone: 919.707.5799 or www.nutritionnc.com for information on your local contact.

Self-Help Credit Union

Provides loans to help child care providers get started, expand, buy equipment and real estate, and upgrade quality. Providers serving children receiving subsidy may qualify for a special low-interest loan program. Call 1.800.476.7428 or www.self-help.org for more information.

T.E.A.C.H. Early Childhood® Project

Comprehensive scholarships help pay the cost of tuition, books, and travel, may insure paid release time, require compensation incentives and encourage retention for child care providers working on a credential or degree in early childhood education or child development.

Child Care WAGES®

Salary supplements that are linked to the education level of participants are paid every six months as long as participants remain in child care program.

T.E.A.C.H. Early Childhood® Health Insurance Program

A portion of the cost of health insurance is reimbursed in child care programs that have all highly educated staff or participate in the T.E.A.C.H. Early Childhood® Project.

Contact information: Child Care Services Association 919.967.3272 or www.childcareservices.org

Child Care Provider Resources

Partnerships for Inclusion

Provides technical assistance to support the inclusion of young children with disabilities, ages birth through five, in all aspects of community life, including child care. Call 919.962.7356 or visit www.fpg.unc.edu/~pfi.

NC Institute for Child Development Professionals

Provides information on educational opportunities and financial assistance for child care employees to improve the quality of child care. Visit www.ncchildcare.org

American Association of Poison Control Centers

Promotes the reduction of injury, illness, and death from poisonings through public and professional education and scientific research. Promotes universal access to certified regional poison centers. 1.800.222.1222 or visit their website at <http://www.aapcc.org>

More at Four Pre-Kindergarten Program

More at Four is a community-based education initiative designed to prepare at-risk four-year-olds in North Carolina for success in kindergarten. Pre-kindergarten classrooms are provided in diverse settings such as public and private schools, Head Start centers, and community-based child care centers and preschools. Contact the North Carolina Office of Early Learning at 919.981.5300 or visit www.osr.nc.gov/

NC Child Care Health and Safety Resource Center

Promotes safe and healthy environments for children in child care settings. Information, resources, and referrals to child care programs are provided in both English and Spanish. We provide consultation and technical assistance for Child Care Health Consultants and other professionals working with child care programs. Call toll free, 1.800.367.2229 or www.healthychildcarenc.org, for the name/contact of Child Care Health Consultants, health and safety information and resources.

The National Center for Missing & Exploited Children's (NCMEC)

The mission is to help prevent child abduction and sexual exploitation; help find missing children; and assist victims of child abduction and sexual exploitation, their families, and the professionals who serve them. Hotline:1-800-THE-LOST (1-800-843-5678) or visit www.ncmec.org/

Health and Safety Resources for Child Care



Child Care Health & Safety

Buckle Up NC

www.buckleupnc.org

Provides information on the use of child safety seats and seat belts, occupant restraint laws in North Carolina, as well as training opportunities and statewide resources/contacts.

Carolinas Poison Center

www.ncpoisoncenter.org 800-222-1222

Offers emergency telephone resource for poisoning questions and information.

Consumer Product Safety Commission

www.cpsc.gov 800-638-2772

TTY 800-638-8270

Lists all recalled consumer products, including toys and materials that contain lead.

Emergency Preparedness in Child Care

http://ncchildcare.dhhs.state.nc.us/providers/pv_emergency.asp 800-859-0829

Provides information on emergency preparedness in child care and pandemic flu.

Healthy Child Care America

www.healthychildcare.org 888-227-5409

Health professionals, child care providers and families working together to improve the health and well being of children in child care settings.

Healthy Childcare®

www.healthychild.net

Offers bimonthly publication for child care programs devoted to health and safety issues.

Healthy Kids, Healthy Care®

www.healthykids.us

Provides parents of children who attend child care programs ways to partner with providers in the promotion of healthy and safe child care.

ITS-SIDS Project

http://ncchildcare.dhhs.state.nc.us/providers/pv_itsidsproject.asp

Provides information about the Infant Toddler Safe Sleep and SIDS Risk Reduction in Child Care, sample forms, policies and training information.

National Resource Center for Health and Safety in Child Care and Early Education

<http://nrc.uchsc.edu> 800-598-5437

Provides access to:

- *Caring For Our Children: National Health and Safety Performance Standards for Out-of-Home Child Care*
- NC Child Care Regulations

NC Air Awareness Program

www.ncair.org/airaware

Provides educational materials and teacher resources on air quality and connects to the Air Quality Forecast.

NC Child Care Health and Safety Resource Center

www.healthychildcarenc.org 800-367-2229

Call for answers to child care health and safety questions. Website has information, resources, and a Directory of Child Care Health Consultants.

NC Children's Environmental Health Branch

www.deh.enr.state.nc.us/ehs/Children_health/index.html

Provides access to Childhood Lead Poisoning Prevention, Child Care Sanitation and School Sanitation.

Prevent Child Abuse NC

www.preventchildabusenc.org 800-244-53736

Offers family-oriented, community-based prevention, awareness, education, and training programs.

Safe Kids USA

www.usa.safekids.org

Provides information to prevent accidental injury to children.

Toxic Free NC

www.toxicfreenc.org

Provides resources for child care providers, including information about Integrated Pest Management (IPM).



Child Health

American Academy of Pediatrics

www.aap.org

Advice about finding pediatricians, access to the Academy's many programs, and their publications.

American Heart Association

www.americanheart.org 800-242-8721

Provides information on heart health, physical activity in adults and children, and getting exercise regimens into children's lives.

Center for Disease Control and Prevention

www.cdc.gov

CDC works to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats.

Center on the Social Emotional Foundations for Early Learning

www.vanderbilt.edu/csefel

Promotes the social emotional development and school readiness of young children birth to age 5.

Healthy Smiles Healthy Children

www.aapd.org/foundation

The American Academy of Pediatric Dentistry's Healthy Smiles, Healthy Children has hints and news about children's oral health.

Immunize North Carolina

www.immunizenc.org 919-707-5550

The NC Immunization Branch exists to promote public health through the identification and elimination of vaccine-preventable diseases.

KidsHealth

www.kidshealth.org

Provides doctor-approved health information about children from before birth through adolescence.

NC Oral Health Section

www.communityhealth.dhhs.state.nc.us/dental

Provide prevention and education services on dental health for children.



Inclusion of Children with Special Needs

Asthma and Allergy Foundation of America

www.aafa.org 800-727-8462

Provides information and resources on asthma and allergies.

Family Support Network of North Carolina

<http://fsnnc.med.unc.edu> 800-852-0042

Provides family support for children with special needs through community based programs, training, and a resource directory.

National Dissemination Center for Children with Disabilities

www.nichcy.org 800-695-0285 (voice and TTY)

Provides information on IDEA, effective educational practices, and disabilities in infants, toddlers, children, and youth.

Partnerships for Inclusion

www.fpg.unc.edu/~pfi

Supports the inclusion of children with disabilities, from birth through age five in North Carolina.

Together We Grow

www.ncei.org

Provides NC's early intervention services, programs and resources for children birth through 5 years of age.

The Food Allergy and Anaphylaxis Network

www.foodallergy.org 800-929-4040

Provides information and resources on food allergies. Has a downloadable Food Allergy Action Plan.



Nutrition and Physical Activity

Child and Adult Care Food Program (CACFP)

www.nutritionnc.com/snp/cacfp.htm

Reimburses licensed caregivers for meals and snacks served to children.

Eat Smart Move More

www.eatsmartmovemorenc.com

A statewide initiative that, through policy and environmental change, promotes increased physical activity and healthy eating.

Nutrition NC

www.nutritionnc.com

The Nutrition Services Branch promotes sound nutrition habits for infants, children and women in their childbearing years. Has information on support for breastfeeding.

Outdoor Learning Environments

www.osr.nc.gov/EducRsrc/outdoorLearning.asp

Provides information and resources on outdoor learning environments from the NC Office of School Readiness.

Be Lead Safe!

Check your environment for the following possible sources of lead poisoning:

- Bare soil, especially near major roads, and near drip line of house
- Old painted playground equipment
- Vinyl playground equipment
- Car batteries
- Vinyl mini-blinds, vinyl telephone cords, and other vinyl products
- Water contaminated from lead solder or brass pipes
- Old painted wooden cribs, old painted toys, and painted antiques
- Painted walls that are peeling or chipping
- Lead-based paint on the walls inside or outside of the building (dust)
- Imported crayons, pottery, toys, candies, canned goods, and printed materials
- Vinyl children's toys
- Water coolers (drinking fountains)
- Stained glass
- Brass (figurines, bells etc.), bullets and fishing weights
- Artist paints and lead glazes

If you have checked any of the above, keep children away from the area or object until you can confirm that lead is present and take the appropriate actions to prevent lead poisoning.

Follow these basic steps to help prevent children from being lead poisoned:

- Have your water, soil, paint, and dust tested for lead by an Environmental Health Specialist at the local Health Department
- Cover bare soil with six inches of lead free soil or mulch, and plant grass or bushes over the bare soil
- Supervise children at play to prevent them from eating soil or paint chips
- Remove and replace old painted or vinyl playground equipment
- Keep items such as old car batteries and old paint containers from children's reach
- Remove vinyl mini-blinds and replace them with certified lead free mini-blinds
- Use only cold water that has run for a few minutes for cooking, drinking, or making baby formula
- Do not let children chew on painted surfaces such as porch rails and old baby cribs
- Don't vacuum paint chips or dust. Always damp mop or wipe. If you must vacuum lightly spray the carpet before vacuuming to keep lead dust from spreading
- Maintain painted surfaces to control flaking, chipping, peeling paint
- Don't let children eat or use imported items unless they have been tested and proven to be lead free
- Store food in lead safe containers such as plastic or glass not in cans
- Wash children's hands before eating, sleeping, and after outside play
- Remove shoes before coming into the building from outside
- Don't let children use vinyl children's toys or brass objects
- Encourage parent's to have their children tested for lead poisoning
- Learn more about lead poisoning and how to prevent it

Chapter 2: SAFETY

Purpose of These Requirements

Operating a FCCH requires careful planning and proactive and protective measures to ensure the safety of the children in your care. Safe spaces, indoors and outdoors, help children to feel free to explore and experiment which, in turn, fosters development in all areas.

Operators have the responsibility to:

- Assess the risk associated with any activity;
- Minimize the risks;
- Develop habits that will reduce and prevent accidents while in care;
- Use effective supervision and maintain FCCH capacity;
- Have the skills and knowledge needed to operate the FCCH; and
- Know when and how to act in an emergency.

The purpose of these requirements is to bring to the operator's attention safety topics related to a FCCH and what specific steps the operator must take to ensure safety in indoor and outdoor environments and any activities associated with the FCCH.

Definitions

Keep out of reach of children: must be kept in locked storage or be inaccessible to the children in care.

Inaccessible: A product is considered inaccessible to children when stored in a locked space, on a shelf or in an unlocked cabinet that is mounted a minimum vertical distance of five feet above a finished floor.

Swimming Pool: bodies of water with a depth of more than 24 inches.





Wading Pool: small, shallow swimming pools not more than 24 inches deep designed for use by children.

SECTION 1: GENERAL SAFETY REQUIREMENTS

Safe Environment

Child Care Rules .1719(1); .1720(a)4

- ★ You must provide a safe indoor and outdoor environment for children in care.
- ★ All areas used by children, indoors and outdoors, must be kept clean and orderly and free of items that are potentially hazardous to children.
- ★ Hazardous cleaning supplies and other items that could be poisonous must be kept out of the reach of children or in locked storage.

- Indoor and outdoor areas must be safe from hazards that may be potentially hazardous or pose risk to children in care.
- Examples of possible hazards include small items that children can swallow, blocking an exit with a piece of furniture or other object, appliance cords hanging from an ironing board, tripping hazards, knives or scissors on the countertop, poisonous plants, power tools, cleaning supplies, protruding fence wires, and nails or broken glass in the yard.
- Crock pots are potential burning hazards. Keep the crock pot and cord out of children's reach. Also, when stirring the contents of the crock pot, make sure children are not near so that the condensation build-up of hot water droplets will not touch their skin.
-  For resources on poisonous plants visit Poisonous Plants of NC at www.ces.ncsu.edu/depts/hort/consumer/poison/poison.htm.
-  The American Association of Poison Control Centers has created a poison awareness program designed for preschool children. Visit <http://www.aapcc.org/dnn/Home/tabid/36/Default.aspx> for information and resource materials.
-  Carolinas Poison Center offers emergency telephone resource for poisoning questions and information. Visit www.ncpoisoncenter.org or call 1-800-222-1222.
- Examples of ways to make an item inaccessible to children include placing items on a high shelf located in a storage closet or laundry room that is out of children's reach or placing items behind locked storage. Child safety latches are not acceptable as a means to prevent access.
- HH** Magnetic locks, combination locks, and padlocks are acceptable to use. The unlocking device should be stored separately. Do not store a key to a padlock inside the lock.
- You must read product labels to see if items indicate "keep out of reach of children." Any item with this warning on the label must be kept in locked storage or made inaccessible to children. The Department of Environment and Natural Resources defines "out of reach" as being a shelf five feet above a finished floor.
-  Refer to the **Hazardous Items Storage** handout in the resource section for a list of items that must be kept in locked storage or out of reach.

- ☑ Make sure motor oil is locked in the trunk of your vehicle or removed completely.
- ☑ Fireplace hearths with sharp edges must be modified to prevent injuries to children.
- ☑ Mop buckets with water should be emptied immediately, following use.
- HH** To ensure that you are making your home safe for children you may want to get on a child’s level to see what they see.
- 📁 Use the **Child Care Environment: Room-by-Room Safety Checklist** at the end of this chapter to ensure that your home is a safe environment for children.
- 💻 An additional checklist, **Child Care Environment: General Safety Checklist**, includes items for fall prevention, fire prevention, air quality, outdoor play area, and car safety. This list can be found at <http://extension.unl.edu/publications>.
- 📁 You can find a resource from the American Academy of Pediatrics on choking prevention at the end of this chapter.
- 📁 Emergency Preparedness resources can be found in Appendix D of this handbook.
- 💻 CPSC is committed to protecting consumers and families from products that pose a fire, electrical, chemical, or mechanical hazard or can injure children. To obtain product safety information, get on an email listserv for recalled products for infants and children or to report unsafe products call 800-638-2772 or visit their website at www.cpsc.gov.

Electric Fans
Child Care Rule .1719(4)

★ All electric fans must be securely mounted out of the reach of children or have a mesh guard on each fan.


- ☑ Fans that are not out of the reach of children must be mounted securely to prevent the fan from falling on a child. Fans must have a mesh wire guard which prevents children’s fingers, toys or other small objects from coming in contact with the fan blades.


Electrical Outlets
Child Care Rule .1719(5)

 All electrical outlets not in use must be covered. Old, cracked or frayed cords must be removed.

- Electrical outlets must be covered using safety caps, putting a plate cover over the electrical outlets, or outlets must be located behind furniture that children cannot move.
- Multiple outlets on extension cords must be covered with safety caps.
- Outlets above the counter in a kitchen must be covered.

Steps/Stairs
Child Care Rule .1719(6)

 Steps and stairs used by children must be safe and solid.



 Stairs with two or more steps that are used by children must be railed. Indoor stairs with more than two steps must be made inaccessible to children in care who are two years old or younger.

- Steps and stairs both indoor and outdoor must be safe and solid.
- Children must be cared for on the ground level. The ground level could be on two floors if there are direct exits on both levels.
- HH** To make indoor stairs with more than two steps inaccessible, you may choose to block the area with a baby gate or closed door.
- HH** Outdoor steps must be safe, solid, and railed, but do not have to be blocked for children two-years-old and younger.
- HH** These rules include steps used when children arrive at your home as well as steps used by children when going outside to play.
- HH** See *Chapter 1 –Getting Started* for more information on rules about the ground level of a Family Child Care Home.

Storage of Firearms **Child Care Rule .1720(a)(1)**

-  Empty firearms of ammunition and keep both in locked storage separate from each other.


Combustible Materials **Child Care Rules .1719(10); .1720(a)(2)**

-  Safely store all combustible materials that may create a fire hazard.
-  Keep items used for starting fires, such as matches and lighters, out of children's reach.

- Highly flammable items such as gas cans, cigarette lighters, matches, propane tanks, rags, cleaning solutions and chemicals must be safely stored to prevent fires and injuries.
- To reduce the risk of fire, flammable items should not be stored on or near items that have a pilot light. Also, flammable items should not be stored near or around your hot water heater.
- Candles must not be burned when children are in care.

Medications **Child Care Rule .1720(a)(3)**

-  All medicines must be kept in locked storage.




- All medicine in the house must be kept in locked storage. A lock and key, combination lock, or magnetic locks must be used.
- This includes any medications belonging to children in your care or to household members.
- If medications need to be refrigerated, you will need a separate lock box to store the items in the refrigerator.
- If children take medications without the supervision of an adult, it could quickly lead to an overdose. Keeping medications in locked storage will assure they are never accessible to children and will eliminate the possibility of an overdose.
-  See *Chapter 3 - Health* for detailed information concerning the administration of medication and *Chapter 4 - Records*

and Activities for a sample **Permission to Administer Medication** form.




First Aid Supplies **Child Care Rule .1720(a)(5)**



First aid supplies must be in a place easily accessible to you.

- Your first aid kit should be portable and tightly sealed.
- You should restock your first aid kit after each use.
- HH** To ensure you have access to first aid supplies at all times, you may want to have a kit in your car and a kit to take outdoors with you.
- HH** Store bought first aid kits often contain burn gel, Tylenol, and antibiotic cream. These items should be removed from your first aid kit or placed in locked storage. These items may not be used on children without written permission to administer from the child's parent.
- HH** Without specific written permission you are only allowed to treat cuts and scrapes with soap, water, and a bandage. If an injury needs further attention, the parent/guardian should be contacted.
- HH** Post a first aid information chart for easy reference in case of an emergency.
-  A first aid information chart may be requested free of charge from the North Carolina Child Care Health and Safety Resource Center by calling 1-800-367-2229.
- HH** It is a good practice to contact a parent of an injured child any time a child is injured, regardless of the type of injury.
-  At the end of this chapter you will find a suggested list of items that you should place in your first aid kit.
-  Call the Poison Control Center at 1-800-222-1222 for steps to take in case of poisoning. The Poison Control Center should be called before any treatment is initiated.



**Smoking and Use of Tobacco Products
Child Care Rules .1720(a)(6); (f)**


-  The operator is not allowed to use tobacco products at any time while children are in care.
-  Smoking or use of tobacco products by anyone is not allowed indoors while children are in care or in a vehicle when children are transported.
-  Tobacco products must be kept out of reach or in locked storage when children are in care.

- Other household members may go outside to smoke or use tobacco products as long as the area is not occupied by children in care.

**Equipment/Toys
Child Care Rule .1720(a)(7)**


-  All equipment and toys must be in good repair and developmentally appropriate for the children in care.

- You must have equipment and toys that are age appropriate for all of the ages of children in your care.
- Toys with small pieces must not be accessible to young children, because they pose a choking hazard.
- All toys that are broken must be safely repaired or removed.
- Indoor and outdoor toys must be kept clean.
- If toys require a battery, the batteries must be charged.
- HH** You can use an empty toilet paper or paper towel roll to test toys to see if the toy is safe. If the toy or any of its pieces fit inside the roll, then it is too small and poses a choking hazard for young children.
- HH** Outdoor toys will last longer and stay cleaner if they are kept in a shed, garage or a covered container.
-  You will find **Equipment and Material Suggestions for Infants - School-Age Children** in *Chapter 1 – Getting Started*.
-  Refer to the *School-Age Care Environment Rating Scale* for equipment and material suggestions for school-age children in your care. You may be able to locate a copy of this assessment tool at a Child Care Resource and Referral Agency or Smart Start Partnership near you. You also can order this rating scale from book stores or by calling Teacher’s Press at 1-800-575-6566.

-  The Consumer Product Safety Commission provides recall and safety information for infant/child products on their website, www.cpsc.gov. You may also subscribe to be on their listserv to receive email notification of recalled infant/child products.

Home Free of Rodents Child Care Rule .1720(d)(8)

 You must keep your home free of rodents.

- Your home must be free of rodents and pests such as roaches, rats or ants.
- Traps and poisons must not be accessible to the children and spraying must be done when the children are not present.
- HH** Remember some methods of removing rodents such as traps, poison or spraying may cause other safety issues. You must ensure the method that you use will not cause harm to the children.
-  See the resource section of this chapter for a resource on toxic free ways to eliminate pests and rodents.

Screened Windows and Doors Child Care Rule .1720(d)(9)

 You must screen all windows and doors used for ventilation.

- Screens are used to prevent flying insects from entering your home.
- Windows and doors you are not going to use for ventilation do not need to have screens.



Storage of Garbage Child Care Rule .1720(d)(11)




 You must store garbage in a waterproof container with a tight fitting cover.






- The container must be easily cleaned on a regular basis.

- Tight fitting lids prevent children and animals from getting into the garbage.

**Requirements for Telephone and Emergency Procedures
Child Care Rules .1720(a)(8); .1721(b)(1)**

-  You must have a working telephone in your home. Emergency telephone numbers must be posted near the telephone.
-  You must complete and maintain documentation of your emergency procedures on a form provided by the Division.

- Whether you are using a land line or cellular telephone your telephone must:
 - Be turned on for parents and other persons to contact you.
 - Have a strong reception or signal.
 - Be charged.
 - Be placed in an area that is accessible to you while children are in care.
- Emergency telephone numbers must include the fire department, law enforcement office, emergency medical service, and poison control center. These numbers must be posted.
-  You can find a sample **Emergency Telephone Numbers** form in *Chapter 4 – Records and Activities*.
- Dial 911 to contact the fire department, law enforcement, or emergency medical service.
- The **Emergency Procedures** form must be completed prior to receiving a license and must be maintained on file in your FCCH.
- The **Child’s Health and Emergency Information** form completed for FCCHs has emergency contact information, important health information about children, the authorization for emergency medical care and hospital preference.
-  You will find the **Child’s Health and Emergency Information** form in the resource section of *Chapter 4-Records and Activities*.
-  For additional information regarding emergency medical care and plans for children, review *Chapter 3 –Health*.
- HH** Your local phonebook lists local emergency and poison control telephone numbers on the first several pages.

- HH** You may want to list parent and substitute contact telephone numbers near the telephone to have quick access to them.
- HH** You may want to take a cellular telephone with you on field trips in case of an emergency.
- HH** While a cell telephone is helpful to carry around as you move about your house, it can be left in different rooms which can mean that it may not be quickly located in the event of an emergency. Having a corded telephone would ensure availability.
-  You can find a copy of the required **Emergency Procedures** form in *Chapter 4 – Records and Activities*.
-  A resource on **Situations that Require Immediate Medical Attention** is located in the resource section of *Chapter 3 – Health*.
-  See Appendix D of this handbook for **Emergency Preparedness Resources**.
-  See *Chapter 1 – Getting Started* for requirements for emergency caregivers.
-  Turn to the local resource chapter of this notebook and add all of your local emergency contact telephone numbers.

Fire Drill Report
Child Care Rule .1721(b)(2)



You must complete and maintain records of the monthly fire drills that you complete with the children.

- You must complete monthly fire drills.
- You must use the same alarm sounding method when conducting fire drills, as you would in an actual fire. This will help children become familiar with the sound and know what to do if an actual fire occurs.
- All children must be evacuated, including infants.
- You must practice fire drills at different times of the day so that the children will be familiar with doing fire drills in any situation. Make sure that you have a fire drill on occasion just prior to the children getting up from nap. It may take longer to evacuate sleepy children.
- HH** The fire extinguisher should be serviced regularly and the gauge checked to make sure the extinguisher is properly charged.

HH If the smoke detector is “chirping,” the battery needs to be changed. A good rule to follow is to change the battery when daylight savings time changes.



Fire drill documentation must 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. You can find a copy of the required **Fire Drill Report** in *Chapter 4 – Records and Activities*.

Incident Report
Child Care Rule .1721(b)(3)



You must complete and maintain an incident report each time a child receives medical treatment as a result of an incident that occurred while in your care.



An incident report must be 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 was at your family child care home.



You and the parent must sign the incident report form.



The incident report form must be maintained in the child’s file. A copy of the form must be mailed to your child care consultant within seven calendar days after the incident occurs.



If a parent takes a child for medical treatment after the child is picked up, you still need to complete an incident report and submit the report to your child care consultant.

HH For liability purposes, you may want to complete an incident report for any type of incident that occurs at your program. This will provide documentation that you discussed the incident with the parents and may be helpful in determining causes of incidents that reoccur, such as biting. This form would not need to be submitted to the Division unless the child received medical treatment.




You can find a copy of the required **Incident Report** form in *Chapter 4 – Records and Activities*.


Incident Log
Child Care Rule .1721(b)(4)

 You must complete and maintain an incident log of all incident reports that are completed.


An incident log must be 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 your child care consultant.

 You can find a copy of the required **Incident Report Log** in *Chapter 4 – Records and Activities*.


Safe Sleep
NC General Statute 110-91(15) &
Child Care Rules .1718(a)(8); .1724


 If you care for infants aged 12 months or younger you must develop and adopt a written safe sleep policy.

 You must post a copy of your safe sleep policy or a poster about safe sleep practices in a prominent place in the infant sleeping room or area.

 A copy of your safe sleep policy must be given and explained to the parents of any infant 12 months or younger on or before the first day the infant attends your FCCH.

 The parent must sign a statement acknowledging the receipt and explanation of the policy.









 If a health care professional or parent completes a waiver authorizing an alternate sleep position, the FCCH operator must retain the waiver in the child’s record for at least one year from the date the child is no longer enrolled in the program.

 Bedding or other objects must not cover a child’s face when a child is sleeping or napping.



The purpose of developing a safe sleep policy is to provide a safer sleep environment to help reduce the risk of Sudden Infant Death Syndrome (SIDS).

Your safe sleep policy must specify that you will place infants 12 months or younger on their backs to sleep, unless for an infant aged 6 months or less, you receive a written waiver from a health care professional; or for a child older than 6 months, you receive a written waiver from a health care professional or a parent/guardian specifying a different position.

- Your safe sleep policy must include the following for infants 12 months or younger:
 - Infants must be placed in a crib, bassinet or play pen with a firm padded surface when sleeping.
 - You must specify whether pillows, blankets, toys, and other objects will be placed in a crib with a sleeping infant, and if so, you must specify the number and types of allowable objects.
 - You must specify that nothing will be placed over the head or face of an infant when the infant is laid down to sleep.
 - The temperature in the room where infants are sleeping must not exceed 75 degrees Fahrenheit.
 - You must specify how you will visually check on sleeping infants.
 - You must specify how you will document that you are visually checking on sleeping infants and such documents must be maintained for a minimum of 30 days from the date it is replaced with a new form.
 - You must specify any other steps that you will take to provide a safe sleep environment.
- Parents must sign a statement that acknowledges the receipt and explanation of your safe sleep policy. The acknowledgment must include: the infant's name, the date the infant first attended your FCCH, the date the safe sleep policy was given and explained to the parent, and the date the parent signed the statement. The acknowledgment must be on file on or before the first day the infant attends the home.
- A copy of the signed statement must be kept on file in your FCCH.
- If you amend your safe sleep policy, you must give written notice of the amendment to parents of all infants 12 months and younger enrolled at least 14 days before the amended policy is implemented. Each parent must sign a statement acknowledging the receipt and explanation of the amended policy. The signed statement must be on file by the first day the amended policy is implemented and kept in the child's records as long as the child is enrolled at your FCCH.
- If an infant is placed to sleep on his back, then rolls over to his stomach, the American Academy of Pediatric's position is to allow the infant to adopt whatever position he prefers as long as he is initially placed on his back.
- At the end of this chapter you can find a sample **Infant/Toddler Safe Sleep Policy (Revised)**.

-  If a written waiver is received for an infant six months of age or less, that indicates the infant may sleep in another sleep position other than the back to sleep, the waiver must be signed and dated by the infant’s physician, a nurse practitioner or a physician’s assistant; bear the infant’s name and birth date and specify the authorized sleep position.
-  If a written waiver is received for an infant older than six months, the waiver may be from a health care professional, a parent or legal guardian. The waiver must bear the infant’s name and birth date, be signed and dated by the health care professional or parent, and specify the infant’s authorized sleep position.
-  Copies of the **Alternative Sleep Position Waiver** (Health Care Professional Recommendation) and **Alternative Sleep Position Waiver** (Parent Request) are located in the resource section of *Chapter 4- Records and Activities*.
-  ITS-SIDS training must be completed within four months of receiving a license if you are licensed to care for children who are 12 months or younger, and completed again every three years from the completion of the previous ITS-SIDS training.
-  For more information on required “ITS-SIDS” training see *Chapter 1 - Getting Started*.
-  For information on the requirements for overnight care see *Chapter 3 – Health*.
-  For more information on ITS-SIDS you can go to the Division’s website, www.ncchildcare.net. You will find the ITS-SIDS laws and rules; sample sleep policies, sleep charts, and alternative sleep position waivers; and the ITS-SIDS trainer list.
-  <http://www.nchealthystart.org>. Check this website from the NC Healthy Start Foundation to learn more about Sudden Infant Death Syndrome and the NC Back to Sleep Campaign.

Missing or Deceased Children
NC General Statutes 110-102.1(a),(b)



-  When a child in care is discovered missing, you must report the missing child to local law enforcement.
-  If a child dies while in child care, or of injuries sustained in child care, a report of the death must be made by you to your child care consultant within 24 hours of the child’s death or on the next working day.

- You must immediately contact the police or sheriff’s department if a child is discovered missing from your care.
- You should contact the child’s parent/guardian as soon as the child is discovered missing from your care.

SECTION 2: SUPERVISION

All children must be adequately supervised while they participate in indoor and outdoor activities. Operators should be actively involved with the children at all times. Make yourself aware of areas that require close supervision such as crawl spaces and ladders with open entries outside and bookshelves and bathrooms inside. Be positioned to help in these areas.

**Supervising Children at All Times
Child Care Rules .1718 (7) (A), (B)**

-  The operator must interact with the children while moving about the indoor or outdoor area and must be able to hear and see the children at all times, except when emergencies necessitate that direct supervision is impossible for brief periods of time.
-  For children who are sleeping or napping, the staff are not required to visually supervise them, but should be able to hear and respond quickly to them.

- You must be able to hear and see the children at all times by positioning themselves to be able to see all areas used by children in the outdoor learning environment.
- HH** You should be mindful of supervising children while children are on slides, climbers, or other tall equipment. Many fatal injuries reported to the U.S. Consumer Product Safety Commission involve falls.
- Interaction with the children should include expanding on their play experiences through communication and suggestions. It also includes actively playing and being engaged with the children.
- You must bring all the children inside if there is a need to leave the play area, such as for toileting.
- If there is a second caregiver, keep your interaction with the other person to a minimum, keeping supervision and interaction with the children the primary focus.
- Supervision in the bathroom is needed since children are curious and may investigate the commode and other sources of water.
- Children must not sleep or nap in a room with a closed door between the children and supervising staff.



- ☑ You must be on the same level of the home where the children are sleeping or napping.
- ☑ Monitors cannot be used as the primary means to hear or see children. The primary means of supervision are ears and eyes.

SECTION 3: OUTDOOR PLAY AREA



Outdoor Hazards Child Care Rules .1719(1), (2)






- ★ All outdoor areas used by children must be kept clean and orderly and free of items that are potentially hazardous to children.
- ★ Safely store equipment and supplies such as lawnmowers, power tools, or nails so that they are inaccessible to children.

- ☑ Grills with propane tanks are required to be inaccessible to children. They must not be stored in an area where children play.
- ☑ Air conditioner units with accessible moving parts may need a fence/barrier around them so children do not have access to the moving parts.
- ☑ The outdoor area must be safe for children. Play equipment must be in good repair. Home use items, (i.e. yard and garden tools and equipment, fertilizers and sprays, paint and turpentine), as well as low branches or unstable tree limbs, thorny bushes and plants, exposed tree roots and animal feces may not be accessible to children.
- ☑ Deck railings and other areas may have possible entrapment areas and should be checked to ensure that any spaces or openings are less than 3 ½ inches or more than 9 inches wide.
- ☑ Fences must not contain entrapments or protrusions.
- HH A fence around the outdoor play area is not typically required by the Division unless there are major safety concerns. Examples of safety concerns include bodies of water located on the premises, such as streams or drainage pipes; the FCCH being located close to or on a busy street or highway; and chemicals on adjacent properties. Some local ordinances do; however, require fencing for Family Child Care Homes.
- ☑ The area must be free of toxic plants.

-  For resources on poisonous plants visit Poisonous Plants of NC at www.ces.ncsu.edu/depts/hort/consumer/poison/poison.htm.
-  The United States Environmental Agency provides information and fact sheets on ways to reduce chances of pesticide poisoning at <http://www.epa.gov/pesticides/factsheets/playitsafe.htm>. A pesticide is any bait, liquid, powder, or spray used to kill a pest (ants, germs, cockroaches, flies, mice, rats, or termites).
- HH** Empty standing rain water in toys to prevent mosquitoes and mold.
- HH** Grass should be cut below the ankle to prevent skin irritations and chiggers.

Outdoor Play Equipment Child Care Rule .1719(3)

-  All outdoor stationary play equipment must be firmly anchored and not installed over concrete or asphalt.
-  Footings of outdoor play equipment or fencing must not be exposed.

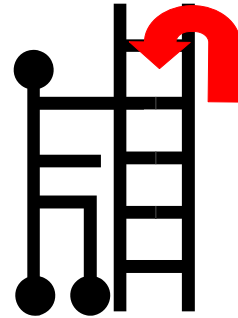
-  Footings anchor a piece of outdoor play equipment to the ground. They may be metal bands or poured cement. Footings must be installed so they are not exposed above the ground. This prevents a tripping hazard.
-  You must make sure the play equipment you have is appropriate for the ages of children in your care. Check with the manufacturer of the play equipment for the recommended age range.
-  Always make sure the play equipment you are using is in good repair. All broken equipment must be removed from the premises immediately or made inaccessible to children.
-  Equipment accessible to children during normal supervised play must be sturdy, stable, and free of hazards, which include sharp edges, lead based paint, loose nails, splinters, protrusions (excluding nuts and bolts on sides of fences), and pinch and crush points.
-  Materials and equipment that are accessible to children must not be coated or treated with or contain toxic materials such as creosote, pentachlorophenol, tributyl tin oxide, dislodgeable arsenic and any finishes that contain pesticides.

Always check with the manufacturer or supplier to receive safety data before purchasing materials or equipment.

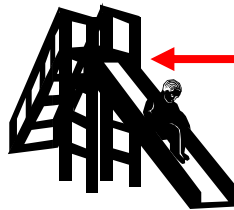
- If you use lightweight, portable equipment, make sure that it is used properly and safely. The U.S. Consumer Products Safety Commission (CPSC) indicates that these pieces of equipment should never be placed over concrete, asphalt, wood, or other hard surfaces.
- Make sure all nails and bolts are flush with the outer surface of equipment.
- HH** Equipment should be free of protrusions. Places to look for protrusions include bolts on equipment or fences, handrails on spring rockers, or other fixed equipment.
- Children are not allowed to play on outdoor equipment that is too hot to touch.
- Trampolines are not allowed to be used.
- HH** The outdoor learning environment must be designed so staff are able to see and easily supervise the entire area.
- HH** It is helpful to have storage near or in the outdoor learning environment to store items such as balls, tricycles, and other play materials for easy access.
- HH** Try to provide shade in your outdoor learning environment using trees, your house, awnings, tents or an arbor.
- HH** There are no specific requirements for playground surfacing in a FCCH. To make your outdoor play area a safe environment, you may want to refer to the chart below. The recommended depth of surfacing needed is based on the critical height of the equipment. The critical height of the equipment is the maximum height a child may climb, sit or stand without potentially having serious head injuries if they fall. This chart indicates what types of surfacing materials are approved and how much surfacing you should use under and around your play equipment in order to provide the safest place to play.

Equipment Critical Height			
Type of Surfacing	4ft. or less	4-5 ft.	5 ft –8 ft.
Fine or course sand	6 inches	9 inches	NA
Wood mulch	6 inches	6-9 inches	9 inches
Double shredded bark mulch	6 inches	6-9 inches	9 inches
Wood chips	6 inches	6-9 inches	9 inches
Pea gravel	6 inches	9 inches	NA

- HH** Carefully check the depth of surfacing in high use areas such as exit regions of slides, areas under swing sets, and high traffic areas.
- HH** Pea gravel should not be used as a surfacing material in areas used by children less than three years of age.
- HH** If you have a play structure with a ladder, make sure the space between slats is less than 3 ½ inches or greater than 9 inches to prevent an entrapment hazard.



- HH** Upright angles on equipment or fencing should be greater than 55 degrees to prevent entrapment and entanglement.



The space where the handrails meet the slide could be an upright angle.

- HH** You are not required to have large pieces of play equipment. You can use materials such as riding toys, balls, hoops, digging toys (i.e. shovels, buckets, cups), magnifying glasses, large trucks, or a big hill of dirt where children can run up, roll down, dig, and make mud pies.
- HH** Planting an outdoor garden offers a hands-on experience for learning about the types of creatures a garden attracts, the life cycle of a seed/plant, what plants need to grow, the parts of a plant, and the types of fruits, vegetables and herbs that grow in a particular region. Planting a garden is one of the strategies for meeting two or three of the scientific thinking standards listed in *Foundations: Early Learning Standards for North Carolina Preschoolers and Strategies for Guiding Their Success*.



The web site, <http://www.kidsgardening.com/>, provides helpful resources on how to plant a garden with children.



Except for the rules above, there are no specific requirements for outdoor play equipment. You may want to refer to the


U.S. Consumer Products Safety Commission (CPSC) Home Playground Safety Checklist at the end of this chapter to determine if your outdoor play area is safe.


HH For more information on playground safety consult the U.S. Consumer Products Safety Commission *Public Playground Safety Handbook (2008)*. You may call the U.S. Consumer Products Safety Commission to ask for a hard copy of the *Public Playground Safety Handbook* at 1-301-504-7923 or to review the Handbook online go to <http://www.cpsc.gov/CPSCPUB/PUBS/325.pdf>.

HH The National Program for Playground Safety (NPPS) offers the following recommendations:

- Loose ropes should not be used on playground equipment. Loose ropes have caused strangulation and severe injuries.
- Clothing strings, loose clothing, and stringed items placed around the neck can catch on playground equipment and strangle children.
- Children should not wear bike helmets when on playground equipment.

★ To be eligible for the most points in Program Standards for the issuance of a Star Rated License, you will need to have a Family Child Care Environment Rating Scale (FCCERS) assessment completed. Look at the Active Physical Play indicators to determine what type of equipment/materials outdoors will give you the highest number of points in Program Standards. Refer to *Chapter 6 – Star Rated License* for additional details.

 Web addresses for additional **Playground Safety Resources** are located in the resource section of this chapter.

 See *Chapter 3- Health* for outdoor play requirements.


Outdoor Inspection Checklist Child Care Rule .1721(b)(5)



You must complete a monthly outdoor inspection checklist and maintain a record of the inspection.



You must use the form provided by the Division for the monthly playground inspection.

- HH** You may want to complete the **Outdoor Inspection Checklist** on the same day that you complete your monthly fire drill so that you will not forget to do either.
- HH** It is best practice to conduct morning safety walks to inspect the outdoor area before children go outside. There may be fallen tree limbs, trash, wasp nests, ice or other hazards that sometimes turn up over night or over the weekend.
-  A copy of the **Outdoor Inspection Checklist** can be found in *Chapter 4 – Records and Activities*.

SECTION 4: TRANSPORTATION

Transporting children in child care is a high risk activity. Child care operators and parents need to be aware that transporting children requires careful planning and proactive, protective measures to ensure the safety of children and the operator. Any time children are transported there is a potential for problems to occur. Careful planning reduces the risk of harm or injury to children and reduces the liability for child care operators and their programs. The purpose of the transportation requirements is to establish standards for the safe transportation of children and staff. You are not required to provide transportation for the children in your care. If you provide transportation for any reason (to and from school, field trips, or on errands), you must meet the following requirements.

Vehicle Inspection and Registration Requirements Vehicle Code

NC General Statutes 20-66; 20-183.2; 20-309



Your car must be inspected and meet state and county laws.

- All vehicles used for transporting children must have passed an annual state inspection. Keep documentation of your inspection in your files.
 - Vehicles must be properly registered. A current registration sticker must be displayed on the license plate.
 - You must have liability insurance for the vehicle used to transport children. Proof of insurance must be available for consultant review.
 - Vehicles used to transport children must be safe and well maintained.
- HH** To ensure your vehicle is in the best condition possible you should conduct the following safety checks regularly:
- Seatbelts are secured to the vehicle
 - Seatbelts are not frayed
 - Lights and signals are functional
 - Doors open and close properly
 - Seats are securely bolted to the floor of the vehicle

- Engine hoses are not cracked
- Windshield wipers work properly
- Good tread and pressure in all tires
- Door locks are in working order
- All car fluids are full (brake, windshield wiper, transmission, power steering, etc.)
- Engine belts are not worn or frayed
- Free of hazards such as torn upholstery, broken windows, holes in the floor or roof.

HH It is best practice to stock vehicles with a fully charged fire extinguisher, a first aid kit and a functional spare tire in case of an emergency.



See the resource section for the handout, **Stocking a First Aid Kit**.

HH When children are being transported, FCCH operators should have a cell phone with them for use in an emergency.



For the requirements for the transportation of children by child care centers in North Carolina see www.buckleupnc.org.



For additional transportation safety resources, refer to the **SUPERvision Series – Get Ready, Get Set, Go!** training curriculum. It is located on the Division’s web site at www.ncchildcare.net under provider resources.



Field Trip and Transportation Safety Checklist on safe transportation practices is available in the resource section of this chapter.



To be eligible for the most points available in Program Standards for the issuance of a Two-Five Star-Rated License, a FCCH must have written operational policies that includes information on safe procedures. Safe transportation practices would be one of the topics covered. Refer to Chapter Six Star-Rated License for specific details on written operational policies.

**Written Permission to Transport
Child Care Rule .1723(1)**




You must have written permission from parents to transport children, regardless of your destination.





You must notify the parent when and where the child is to be transported and who the transportation provider will be.

- ☑ You will need to have written permission each time children you care for are away from your home.


 See *Chapter 4 - Records and Activities* for a sample **Permission to Transport Children and Blanket Permission for Routine Transport of Children** form.

**Seatbelts or Seat Restraints
Child Care Rule .1723(2)**

-  Only one person shall occupy each seatbelt or child restraint device.
-  All children must be restrained by individual seatbelts or appropriate child restraint device when in a vehicle.

- ☑ Each child must be restrained with an individual seatbelt or appropriate child restraint device when the vehicle is in motion. **Under no circumstances may two or more children share one seatbelt.**

- ☑ The North Carolina Child Passenger Safety Law requires that children under age 8 and less than 80 pounds must ride in a weight-appropriate child safety seat that meets Federal Motor Vehicle Safety Standards at time of manufacture. A booster seat is often used with children who weigh 40 lbs or more. Children under age 16 must ride in a seat belt or a child safety seat no matter where they sit.

 A copy of the **Requirements and Recommendations for the Transportation of Children by Schools, Child Care Centers and other Organizations in North Carolina** is in the resource section of this chapter. The basic requirements of the NC Child Passenger Safety law, including seatbelts and restraints, are provided as well as web resources.

- ☑ If you do not provide child restraints (such as car seats or booster seats), then you must ensure that parents provide appropriate child restraints for their child’s use and transportation.


HH A child restraint device should be used according to the seat and vehicle’s manufacturer’s instructions and should fit the child’s height and weight.

HH The NC Division of Motor Vehicles, in the *Driver’s Handbook*, states that children 12 and under should ride buckled in a rear seat.

HH Keep the distance and time spent traveling appropriate for the age of the children.

- HH** A sticker on the inside of the driver’s side door should provide information concerning the maximum number of passengers per vehicle.

**Valid Driver’s License
Child Care Rule .1723(3)**

-  Any driver must be at least 18 years old, have a valid driver’s license, and no convictions of Driving While Impaired (DWI), or any other impaired driving offense, within the last three years.

- Each person who provides transportation must have a valid driver's license of the type required under the North Carolina Motor Vehicle Law for the vehicle being driven.
- A valid driver’s license must display the person’s current address. Active military families may have a valid license issued from another state.

**Manufacturer’s Designated Area
Child Care Rule .1723(4)**

-  All children must be seated in a manufacturer’s designated area.

- All children must be placed in area of the vehicle designed as a seating area. For example; a child may not sit on the floor or the load/cargo area of a van. A child may not sit in the bed of a pick-up truck.

**Front Seat/Airbag
Child Care Rule .1723(5)**

-  No child shall sit in the front seat if the vehicle has an operational passenger side airbag.

- No child may be seated in the front seat of the vehicle, if there is an operational airbag, regardless of the age and weight of the child. When airbags are activated, they can cause serious injury to a child.

Unattended Vehicle

NC General Statute 110-91(13) and Child Care Rule .1723(6)



No child shall be left in a vehicle unattended by an adult.


- There must always be an adult in the vehicle to supervise any children.
- You must never leave children in a vehicle alone, even if you are able to see them when you are outside of the vehicle. For example, you should never leave children in a vehicle alone to go to an ATM machine or go inside a store to pay for gas.

Emergency and Identification Information

Child Care Rule .1723(7)



Emergency and identification information for each child must be carried in the vehicle whenever children are being transported.

- Emergency and identification information for each child must be present in the vehicle when transporting children. The information should be such that it could identify each child in case of an accident, such as a description of hair and eye color and height and weight. Including a photograph of each child with his/her emergency information will enable easier identification in case of an emergency. Remember to update photos as children get older.
- HH** You may want to have a second copy of each child's emergency information form that remains in the vehicle at all times, in addition to the one in your home.
- HH** You may want to attach photos of the children to their emergency information form and the car safety seat that the child is using, to make it easier to identify the children in case of an accident.
-  You can find a copy of the **Child's Health and Emergency Information** form in *Chapter 4 – Records and Activities*.

Transportation in Emergency Situations

Child Care Rule .1720(a)(9)





You must have access to a means of transportation that is always available for emergency situations.

- You must have a vehicle available in case of an emergency situation to transport a child. This could include your own vehicle, an ambulance, or the car of someone who lives close to you that will always be available to assist you in an emergency situation during operating hours.

SECTION 5: ANIMALS

Animals

Child Care Rules .1719(9); .1720(d)(10)

-  Animals that are potentially dangerous to children must be safely secured in areas not accessible to the children in your care.
-  All pets must have up-to-date vaccinations.

- All animals have the potential to be harmful to children. Consultants will determine whether or not an animal is potentially dangerous by observing the animal and asking questions about its history, lifestyle and training, if applicable.
- If an animal is considered to be potentially dangerous, the animal must be separated from the children in a secure place. The secure place may include a place in the house that is made inaccessible to children in care or a separate gated area in the yard.
- Gated yard areas must be constructed so that children cannot have access to the animal by putting their hands through a fence where the animal could cause injury to a child.
- You must have proof of current rabies vaccination for any cat or dog over four months of age. This includes gated animals.
- Copies of vaccination records required by North Carolina law and local ordinances should be available for consultant review.
- HH** Consider fencing your yard if there are stray animals in the neighborhood.
- HH** You are responsible for a child's safety. If a child is bitten by an animal while in your care, the Division will typically conduct an investigation and issue an appropriate action.
- HH** Please let your consultant know when you bring a new animal in your home. She/he will help you determine whether or not the animal should be separated from the children in your care.



For information about dog bite prevention and considerations when bringing a dog in your house, go to the Centers for Disease Control website, <http://www.cdc.gov/HomeandRecreationalSafety/Dog-Bites/biteprevention.html>

SECTION: 6: SWIMMING POOLS






Rules Governing Public Swimming Pools Child Care Rule .1719(7)

- ★ You must maintain any swimming pools or wading pools on your premises in a manner that will safeguard the lives and health of the children.
- ★ All swimming pools or wading pools used by children in care must meet the standards for construction and maintenance contained in the publication, **Rules Governing Public Swimming Pools** (15A NCAC 18A .2500).



Some important items contained in Rules Governing Public Swimming Pools

- All swimming and wading pools must meet the standards for public swimming pools when used by children in your child care program. Swimming and wading pools include above ground pools, in-ground pools, plastic pools and blow-up pools.
- All swimming and wading pools must be inspected annually by a representative from your local Health Department.
- A permit is required and must be updated annually.
- The fence surrounding a pool must be equipped with a self-closing gate with a self-latching closure that has a locking device.
- A filtration system and chemical treatment is required of all swimming and wading pools.

- ☑ Swimming and wading pools that do not meet the **Rules Governing Public Swimming Pools** must not be used by children in your care due to the risk of illness from bacterial growth.
- ☑ If your pool does not meet the **Rules Governing Public Swimming Pools**, the child care consultant will place a restriction on your license indicating the swimming pool cannot be used by children in care. Parents must be informed of this restriction.
- ☑ Life jackets or Personal Floatation Devices (PDF's) should never be substitutes for adult supervision.
- HH** Children who cannot swim should wear a life jacket in the pool.

-  For information on life jackets refer to a tip sheet created by the American Academy of Pediatrics at www.aap.org/family/tippslip.htm.
- HH** Use only life jackets and life preservers that are tested by Underwriters Laboratories (UL) and approved by the US Coast Guard.
- HH** Practice American Red Cross’ “Reach Supervision” with young children by staying within an arm’s length reach of children in the pool.
- HH** Watch children for signs of the dangerous “toos” – too tired, too cold, too far from safety, too much sun and too much strenuous activity (American Red Cross).
- HH** If you provide swimming activities at your home or another location, it is highly recommended to have signed permission from the children’s parents, test children’s swimming ability, and have a life guard certificate if you are the only person supervising the children.
- HH** In a FCCH the use of water activities that are not subject to swimming pool rules such as sprinklers, water tables, and slip and slides are recommended over swimming/water activities that use larger and deeper areas of standing water.
-  A copy of the **Rules Governing Public Swimming Pools** is in the resource section of this chapter. If you have any questions about the rules, contact your local health department.
-  A sample **Inspection of Swimming Pool** form can be found in the resource section at the end of this chapter.
-  Refer to additional pool safety tips located at the end of this chapter.
-  For information on types of life jackets recommended by the American Academy of Pediatrics go to <http://www.aap.org/family/tippslip.htm>

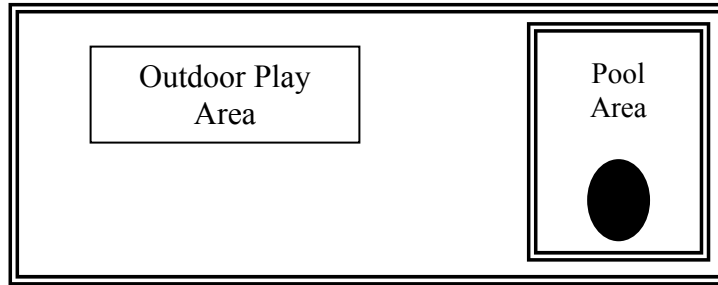
**Inaccessibility to Pools
Child Care Rule .1719(8)**

-  In-ground swimming pools must be enclosed by at least a four-foot high fence.
-  Access to above ground swimming pools must be prevented by locking and securing the ladder in a place inaccessible to the children.

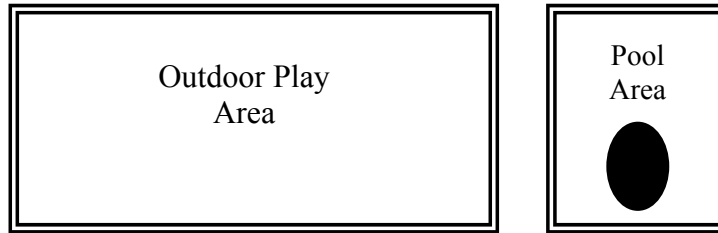
- At least a four-foot high fence must separate any play area from the pool whether children are using the pool or not.

- ☑ All ladders to above ground swimming pools must be locked in a secure place or removed where children will not have access to the ladder or pool.
- ☑ Below are options for separating the pool from the play area with fencing:

Option I:



Option II:



- HH** You are only required to have a fence around in-ground pools. However, it is highly recommended that you protect children from any standing water or bodies of water to prevent drowning.
- HH** Some companies have alarm systems that will sound if a child enters the water.

SECTION 7: LOCATION OF YOUR FAMILY CHILD CARE HOME

- HH** If your Family Child Care Home is located within 10 miles of a Nuclear Power Plant, in the Emergency Planning Zone, you are eligible to receive potassium iodide (KI) to use in the event of a severe nuclear power plant (NPP) accident. To access potassium iodide (KI) contact your local health department. Only administer if authorized to do so by the NC State Health Director or designee.



For information about potassium iodide (KI), access the following website,

<http://www.epi.state.nc.us/epi/phpr/ki/ki.html>.

Resource Section

Chapter 2: SAFETY

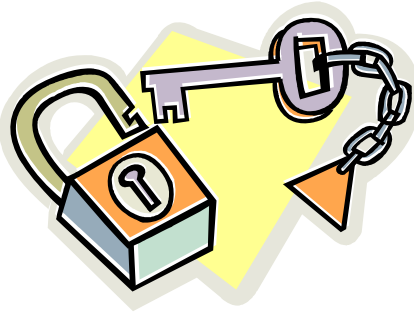
The following pages contain resource materials related to the content in the preceding chapter.

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

You may also wish to use this section to store additional resource materials that you have related to the chapter or information that is specific to your program.

Hazardous Items Storage

DCD Child Care Rule 10A NCAC 09 .1719(1)



Locked Storage

Combination, electronic or magnetic device, or key

- ★ Corrosive agents
- ★ Pesticides
- ★ Bleach
- ★ Detergents
- ★ Cleaners
- ★ Polishes
- ★ Aerosol cans
- ★ ALL MEDICATIONS*
- ★ Purses and personal items

Out of Reach

Five feet or more above the floor

- ★ Non-aerosol sanitizers
- ★ Non-aerosol disinfectants
- ★ Non-aerosol detergents
- ★ Hand sanitizers
- ★ Hand lotions
- ★ Diaper Creams
- ★ Sunscreens
- ★ Labeled "keep out of reach of children" without any other warnings
- ★ Emergency Medications
 - Epi-Pen
 - Glucagon
 - Diazepam suppositories
 - Albuterol (Proventil, Ventolin, Volmax)
 - Terbutaline (Brethine, Bricanyl)
 - Duo Neb (Albuterol/Ipratropium)
 - Foradil (formoterol)
 - Ipratropium
 - Maxair (Pirbuterol)
 - Metaprotererol
 - Salmeterol (Serevent)
 - Xoprenex



Safety Checklist

Use the following room-by-room checklist to evaluate the safety of your child care home. Identify areas and items to improve.

These are basic recommendations for a child-safe environment. For specific safety regulations, check with local or state regulatory agencies such as the health department, social services, or fire marshal. Regulations vary for child care homes and centers and also from area to area.

Kitchen and dining areas

- Look through all cabinets within children's reach and remove any breakable dishes and sharp items. Leave only plastic containers, paper goods, wooden spoons, and metal pots and pans that children can play with to their hearts' content. (Or put a *childproof* lock on all child-height cabinets.)
- Remove all dishwashing soap, cleansing powder, drain cleaner, laundry detergent, bleach, paint, turpentine, bug spray, and similar products from under the sink. Store them out of children's reach. (About 40 percent of accidental poisonings occur in the kitchen.)
- Check cleaning product containers for original or proper labeling. Store cleaning products so they do not contaminate any food source or play area.
- Lock the door to the water heater and any kitchen closets containing dangerous supplies.
- Place knives, ice picks, meat-turning forks, and other sharp utensils in top cabinets.
- Eliminate the risk of children scalding themselves by setting the water heater temperature at 100 to 120°F. (Laundering, cleaning, and dishwashing may require higher water temperatures.)
- Unplug toasters, coffee makers, and other electrical equipment when not in use and store them out of reach.
- Cover electrical outlets or install safety plugs to keep children from trying to stick things into them.
- Always keep matches out of children's sight and reach.
- Keep hard surface floors from getting slippery by wiping up spills promptly.
- Make sure chairs and high chairs are sturdy and not easily overturned. Place toddlers in high chairs with a strap or harness.
- Install a smoke detector close to the kitchen (but not so close that it will go off every time you cook). Do a safety check every month.
- Install a smoke detector (or detectors) between the children's area and the kitchen. Do a monthly safety check.
- Keep a fire extinguisher in the kitchen (such as a 2.5-pound "BC" dry chemical type), and learn how to operate it. (Be sure you or a staff member are trained to operate the extinguisher.) Have it checked and serviced once a year. Ask about regulations in your area.
- Cover trash containers.
- Turn handles of pots and pans on the stove to the back of the stove.

___ Make sure adults and children wash their hands when preparing food, before and after meals, and after toileting or diapering.

___ Inspect and remove eating utensils with chips or cracks.

Bathroom

___ Lock medicine cabinets. Place razors and glass bottles well out of reach of climbing, curious children.

___ Lock cabinet doors under sinks that have cleanser, shampoo, lotion, toilet bowl cleaner, alcohol, and similar products (About 20 percent of accidental poisonings occur in the bathroom.).

___ Remove the door lock so children cannot lock themselves in the bathroom.

___ Adjust the water heater (100 to 120°F) to keep children from scalding themselves while washing their hands, or use scald-prevention devices.

___ Check wastebaskets for hazards. Empty old medicines safely and rinse containers before disposing. Put used razor blades in a solid container (made of metal or heavy plastic or cardboard) and place them outside in the garbage.

___ Unplug appliances such as shavers and hair dryers when not in use. Place out of children's reach.

___ Place diapering area next to a water source. Use a container with a tight lid for soiled diapers.

Living room or indoor play area

___ Remove furniture with sharp corners or that overturns easily.

___ Push the TV set against the wall so children can't get to the cord or to the back of the set.

___ Move cords from lamps, radios, and other electrical appliances so they do not lie where people walk or children can reach.

___ Remove all extension cords used as permanent wiring.

___ Place ashtrays, lamps, knick-knacks and other breakables out of children's reach. Check for tablecloths that children may pull off and house plants that they may overturn.

___ Do not smoke around children. Remove all tobacco products, lighters, matches, and smoking accessories. Tobacco is toxic when eaten by a toddler (for example, butts from an ashtray). Research shows that secondhand smoke may increase childhood respiratory illness.

___ Install safety gates across stairs. (Use sturdy, straight-edge gates. Children can get their necks caught in the expandable type with V-shaped openings at the top.)

___ Keep stairways free of toys or other objects. Do not use scatter rugs at the top or bottom landing. Make sure railings are strong.

___ Avoid using infant walkers.

___ Place a high latch on doors leading to rooms you don't want children to use, or to any outdoor area not protected by a fence. Never block fire exits.

- ___ Install fireplaces and woodstoves in accordance with codes, and use a protective screen to prevent children from getting too close. Do not use portable unvented fuel-fired heating systems.
- ___ Install a protective shield over radiators and heater vents if they are too hot.
- ___ Mount electric fans where children cannot reach them. Inspect the protective fan-blade enclosure to be sure children cannot reach the blades.
- ___ Remove any peeling paint and repaint with lead-free paint. (If children eat paint that contains lead, they may be poisoned. Consult the health department if you suspect the peeling paint is lead-based. You may need professional help to remove or encapsulate it with a protective layer.)
- ___ Repair any loose nails and splinters in wooden floors and loose threads in carpet.
- ___ Remove scatter rugs or use non-skid ones to prevent falls.
- ___ Mark glass doors and low windows with posters, colored tape, or decals to prevent children from running into them.

Bedroom or sleeping area

- ___ Use cribs or beds with secure sides to keep infants and toddlers from crawling or rolling out onto the floor. Make sure a child in the crib cannot reach or easily release the side lock, and that all edges and bolts are smooth.
- ___ Measure crib slats. If there is more than 2 3/8 inches between slats, a baby's head can become wedged between them.
- ___ Make sure crib mattresses fit snugly and tie bumper pads securely so the baby's head cannot get caught between them and the crib frame.
- ___ Remove soft pillows, floppy toys, or loose-fitting plastic sheeting from cribs and playpens to prevent suffocation.
- ___ Place cribs away from windows unless the windows have guards or sturdy screens.
- ___ Have separate sheets and blankets for each child, especially if the children use the same beds as your family members.
- ___ Lock cabinets with vitamins, medicines, cosmetics, perfume, shoe polish, and similar products.
- ___ Tie used plastic clothes' bags into knots and throw them away.
- ___ Install smoke detectors near the children's sleeping areas. Do a monthly safety check. Ask about local fire codes.
- ___ Plan and implement monthly fire drills with children and staff. Specify an outside meeting place to account for all children. Teach children to "stop, drop, and roll" in case of clothing fires.

Toys and learning materials

- ___ Choose toys that are easy to wash and keep clean. Wash infant and toddler toys daily. Try to give each infant and toddler separate crib toys that another child will not use the same day. Keep a bin handy for soiled toys.

- ___ Choose fabric toys labeled flame-retardant or non-flammable.
- ___ Check stuffed toys to be sure eyes and other parts are secure. Fasten squeakers in place. Wash fabric-stuffed toys regularly.
- ___ Remove any toys with sharp points or rough edges. Some plastic toys become brittle with age.
- ___ Make sure toys are sturdy so they won't splinter or break with normal use.
- ___ Give infants and toddlers only toys too large to swallow. If you are caring for infants do not use any toys or objects with a diameter of less than 1 1/4 inch or with removable parts that have a diameter of less than 1 1/4 inch.
- ___ Keep plastic bags, tissue, and Styrofoam objects away from young children.
- ___ Read the labels on crayons, paints, clay, and other materials. Check to be sure they are not poisonous.
- ___ Store toys and learning materials on low shelves where children can reach them. Place heavy toys near the floor.
- ___ Keep toys used by older children out of reach of younger children.
- ___ Avoid toys with electrical parts unless children are school-age and know how to handle them safely. Check toys with batteries to be sure they have tight lids on battery compartments. Use only UL listed or other approved devices.
- ___ Do not let children play with shooting toys such as BB guns and darts or anything that explodes.

Outdoor play area

- ___ Have a fenced area outdoors where children may play daily. Check the fence for wires that stick out or loose nails. If you have no fence, walk the children around the boundary to show them where they may play. Check with local and state authorities about fencing regulations for child care homes or facilities.
- ___ Put away lawn mowers, fertilizers, and gardening tools.
- ___ Enclose the air-conditioning unit, water well, access to surface water, and electrical and mechanical equipment.
- ___ Remove doors on old refrigerators and freezers. Children like to hide in these and may suffocate.
- ___ Remove poisonous indoor and outdoor plants, such as oleander, azaleas, castor beans, dieffenbachia, philodendron, caladium, and some ivies. Contact a horticulturist or poison control center for more information.
- ___ Shift car gears to park and set the emergency brake if you have to keep a vehicle in the yard. Close the windows, lock the doors, and keep the keys in the house out of children's reach.
- ___ Make sure the yard is free of rusty nails, broken glass, and similar objects.
- ___ Make sure all swings and other play equipment are sturdy and firmly anchored to the ground. The best equipment is simple and adaptable to many uses.

- ___ Check porches, railings, and steps for splinters, loose nails, and slippery surfaces.
- ___ Mark glass doors with decals or tape at children's eye level.
- ___ If your home or child care facility is near a swimming pool, creek, pond, irrigation canal, or other body of water make sure children cannot wander off to it by themselves and fall in. Enclose swimming pools with a fence at least 4-6 feet high and always lock gates. Check local and state regulations.
- ___ If you use a wading or splashing pool, drain and clean it after each use. Store the pool where children cannot reach it. Use a pool that is no more than one foot deep. Always watch children when they are using a wading pool because they can drown in just a little water.
- ___ Check tricycles for sharp edges and missing parts. Tricycles with seats close to the ground generally are safer.
- ___ Keep shock absorbent surfacing beneath swings and slides. Check swings and slides to make sure they have smooth edges, no broken or missing parts, and are well anchored.
- ___ Check all play equipment weekly for loose bolts and screws.

Car safety checklist

- ___ Consult your highway safety office for state regulations. The number one killer of children, 1 to 5 years of age, is auto accidents.
- ___ Get written approval from parents or guardians to transport their children. Consult your attorney or insurance agent about liability and safety issues.
- ___ Use federally approved car safety seats for all infants and children. Children under age 8 and who weigh less than 80 pounds must be properly secured in a child passenger restraint device (CRD) or booster seat. Children should face backwards in car seats in the back seat of the car for as long as is physically comfortable.
- ___ Use toddler seats until children are ready for regular safety restraints. Some restraints are adjustable.
- ___ Never leave children alone in a car.

Fire prevention checklist

In case of danger from fire, your first responsibility as the child care provider is to get the children to safety.

Check with state regulatory agencies such as the state fire marshal's office or local officials about fire prevention regulations and recommendations for safety. Regulations may vary from area to area and for child care homes and child care centers.

- ___ Keep a 5-pound "ABC" dry chemical fire extinguisher in good working order and learn to operate it. Check with regulatory agencies or the fire department about your specific child care home or facility and where to place extinguishers.
- ___ Always have an adult who knows how to operate fire extinguishers present when children are in your care.
- ___ Service fire extinguishers after each use. At least once a year, have extinguishers serviced and inspected.

- ___ Have at least two unblocked exits from each floor or level to the outside of your child care home. Two unblocked exits from each room is even safer and may be required. Check with your state and local regulatory agencies about existing codes in your area.
- ___ Make sure the electrical wiring system is in good repair.
- ___ Check the fuses or circuit breakers in the fuse box. Be sure they are in good operating condition. Do not use a larger fuse than the circuit requires.
- ___ Consider a home sprinkler system for ultimate fire protection. Check with state and local regulatory agencies about requirements.
- ___ Inspect and make sure the cords for electrical items are in good condition and are approved.
- ___ Do not overload extension cords or use them as permanent wiring. Do not run them under rugs or hook them over nails.
- ___ Have a qualified technician inspect the central heating units as often as the manufacturer recommends.
- ___ Protect woodburning or gas log fireplaces and open flame heaters with a spark screen or guard.
- ___ Vent space heaters properly to the outside.
- ___ Always keep lighters and matches where children cannot reach them.
- ___ Store flammable liquids in safety cans where children cannot reach them.
- ___ Do not place rags, paper, and other flammable materials near heat.
- ___ Establish a fire escape plan and practice an escape drill monthly.
- ___ Teach children to "stop, drop, and roll" in case of clothing fires.

Sanitation checklist

For specific sanitation guidelines, contact your local or state social services or health department.

- ___ Keep the home or facility and grounds clean.
- ___ Keep the kitchen, all food preparation, storage, and serving areas, and utensils clean.
- ___ If you have pets, keep them clean. Make sure pets have all vaccinations, including for distemper and rabies. Empty kitty litter boxes daily. Some pets may transmit illnesses to children.
- ___ Use a public water supply or a private well approved by health authorities.
- ___ Keep plumbing in good working condition.

Daily check

Before the children arrive each day, take a quick walk around your child care facility or home and yard to make sure you have a safe environment for them.

- ___ Vacuum or sweep the floors to make sure there are no buttons, coins, paper clips, or similar items lying around.
- ___ Put away in locked cabinets cleaning fluids, bug spray, cosmetics, and other poisonous products that someone in your family may have used.
- ___ Turn pot handles to the back of the stove, and put the hot coffee pot out of reach.
- ___ Put up the gate to the stairs, and latch any doors that you don't want children to use, but don't block fire exits.

Other

- ___ Have a transistor radio and flashlight--and fresh batteries--on hand in case of a storm or power failure.
- ___ Post emergency and parents' numbers near the telephone.
- ___ List medical emergency information about each child.
- ___ Arrange for emergency transportation if needed.
- ___ Establish a health policy with parents of children in your care. Require immunization records for each child.

For a more detailed listing of safety guidelines, refer to *Caring for Our Children, Health and Safety Guidelines* published by the American Public Health Association and the American Academy of Pediatrics.

*Adapted from: Child Care Environment Safety Checklist, Institute of Agriculture and Natural Resources, University of Nebraska-Lincoln
The safety checklist is available on line at www.ianr.unl.edu/pubs/safety/g1213.htm .

Choking Prevention, AAP

Do not feed children younger than 4 years round, firm food unless it is chopped completely. Round, firm foods are common choking dangers. When infants and young children do not grind or chew their food well, they may try to swallow it whole. The following foods can be choking hazards:

- Hot dogs
- Nuts and seeds
- Chunks of meat or cheese
- Whole grapes
- Hard, gooey, or sticky candy
- Popcorn
- Chunks of peanut butter
- Raw vegetables
- Fruit chunks, such as apple chunks
- Chewing gum



Dangerous household items

Keep the following household items away from infants and children:

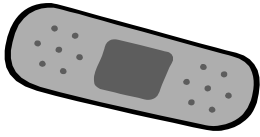
- Balloons
- Coins
- Marbles
- Toys with small parts
- Toys that can be squeezed to fit entirely into a child's mouth
- Small balls
- Pen or marker caps
- Small button-type batteries
- Medicine syringes

What you can do to prevent choking

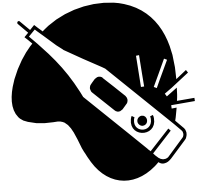
- Learn CPR (cardiopulmonary resuscitation) (basic life support).
- Be aware that balloons pose a choking risk to children up to 8 years of age.
- Keep the above foods from children until 4 years of age.
- Insist that children eat at the table, or at least while sitting down. They should never run, walk, play, or lie down with food in their mouths.
- Cut food for infants and young children into pieces no larger than one-half inch, and teach them to chew their food well.
- Supervise mealtime for infants and young children.
- Be aware of older children's actions. Many choking incidents occur when older brothers or sisters give dangerous foods, toys, or small objects to a younger child.
- Avoid toys with small parts, and keep other small household items out of the reach of infants and young children.
- Follow the age recommendations on toy packages. Age guidelines reflect the safety of a toy based on any possible choking hazard as well as the child's physical and mental abilities at various ages.
- Check under furniture and between cushions for small items that children could find and put in their mouths.
- Do not let infants and young children play with coins.

American Academy of Pediatrics. Choking Prevention and First Aid for Infants and Children. April 2006

American Academy of Pediatrics. www.aap.org. AAP Parenting Center. Q&A:Choking Prevention. "What Can I do to Keep my Child from Choking?" 2/07



Stocking a First Aid Kit



GUIDELINES:

A first aid kit should be readily available wherever children are in care, including during field trips, indoor/outdoor play, and transportation. First aid supplies should be stored in a clearly marked closed container. Include a checklist of items. Check inventory monthly; replace missing or unusable items. Do NOT include any medications, unless prescribed for a specific child (i.e., Epi-pen Jr.™). Do not store in a hot vehicle or leave in direct heat. Kit should be portable and tightly sealed. Arrange items for easy access. Contents should be sanitary. Regularly check expiration dates.

EXAMPLES OF FIRST AID KIT CONTENTS:

- Adhesive strip bandages (various sizes)
- Bandage tape
- Bottled water
- Disposable nonporous gloves
- Sterile eye bandage
- Cotton-tipped swabs
- Face mask or microshield (for use in rescue breathing), 2 for shared breathing
- Current American Academy of Pediatrics standard first aid chart or similar guide
- Flashlight with extra batteries
- Sterile gauze pads (various sizes)
- Flexible roller gauze
- Liquid soap
- Note pad and pen/pencil
- Paper towels
- Safety pins
- Scissors
- Small plastic cups
- Plastic bags for clothes, gauze, or other materials used in handling blood
- Small plastic or metal splints
- Thermometer (non-breakable)
- Triangular bandages
- Tweezers
- Cold pack
- Cellular telephone or two-way voice communication device
- List of emergency phone numbers and the Poison Control Center phone number.

Note: *Syrup of Ipecac* was recommended for first aid kits prior to 2004. Because of recent research, it is no longer considered the best practice to include it in first aid kits. Instead the caregiver should call their Poison Control Center or 911 for instructions when they think a child may have taken poison.

Avoiding Big Risks for Small Kids

Five Questions for Kid-Safe Pest Control in Child Care

Did you know that the toxic pesticides in bug sprays and weed killers can be dangerous for young children, even when used correctly? These products are used in over half of NC child care facilities to get rid of pests like cockroaches, ants or weeds.

Pests are bad news for child care, but spraying toxic pesticides is **NOT** necessary! A safer and more cost-effective option for child care is known as IPM (short for “Integrated Pest Management”). It is healthier for kids, the adults who care for them, and the environment they’ll inherit.



Five questions child care providers should be asking about pest control:

1. Are pesticides ever used while kids are here?

Answer should be: No way José! Spraying while kids are around – even if they are in a different room or outside – can dramatically raise the risk of poisoning.

2. Are baseboard spraying or fogging ever used?

Answer should be: No way José! Both ways of using pesticides are very risky, and are never really necessary for run-of-the-mill pest problems.

- ▶ “Baseboard spraying” usually uses a pump sprayer, and pesticides are squirted onto the baseboards around the perimeter of a room. After they dry, the chemicals can off-gas into the room for days, or even weeks. There is also a high risk that kids will touch the sprayed surfaces while they play on the floor.
- ▶ “Fogging” or “bombing” usually uses a high-pressure canister of pesticides that is “set off” in the middle of a room, and fills up the whole room with pesticide gas. This is a very high-volume, high-risk practice that coats every surface in the room with chemicals, where they can easily be inhaled or picked up on people’s skin.

3. Are pesticides ever used according to a calendar?

Answer should be: No way José! Pesticides are toxic chemicals that should be used sparingly for stubborn pest problems – not for prevention, and not according to a calendar.

4. Does your pest control professional do thorough inspections and make recommendations about preventing pests?

Answer should be: Yes indeed! The first step in any pest control effort should be a thorough inspection to identify the source of the problem, and then sanitation and maintenance upgrades to correct it. These could include steps like cleaning up hidden crumbs and gunk, putting pest-prone food in jars, fixing leaky pipes or correcting drainage problems.

5. Do you have a pest control policy or contract that calls for least-toxic IPM?

Answer should be: Yes indeed! It’s important to put IPM down in writing so that everyone knows the plan, especially when there’s a third-party contractor involved in pest control.

We’re here to help! For more information on kid-safe pest management for child care, including sample contracts, fact sheets, training resources and more, please contact Toxic Free NC at 1-877-NO-SPRAY, or visit our website – ToxicFreeNC.org.



Survey shows high-risk pest control in NC child care

In Summer of 2008, Toxic Free NC surveyed 89 child care providers from all across North Carolina about pest control in their facilities. More than half of child care providers who took the survey said that broadcast pesticide sprays – baseboard spraying or fogging – are used in their facilities.

These broadcast pesticide applications carry a significant risk that children or staff will be exposed to pesticides by inhaling, ingesting or absorbing them through their skin. Pesticide exposure has been connected with many health risks for children including asthma attacks, learning difficulties, and some forms of cancer – even when they're used correctly.

Like schools, NC child care needs kid-safe, cost effective pest control

Thanks to a law adopted in 2006 – the NC School Children's Health Act – public schools in North Carolina are switching to kid-safe IPM (short for "integrated pest management") programs that dramatically reduce the risks to children from pests and pesticides. Most school systems that use it report that over time, IPM works better and costs less – sometimes just a fraction of the cost of conventional spray programs!

IPM is common sense pest management that relies on smart pest prevention, and uses pesticides sparingly if at all. It is recommended by Toxic Free NC and the US Environmental Protection Agency for child care facilities, schools and other spaces occupied by children, because it reduces or eliminates the risk of harm to children from pesticides. IPM uses pro-active monitoring, sanitation, and maintenance to prevent pest problems before they start, and uses least-toxic pesticide products – like contained baits or crack & crevice treatments – only when necessary.

About one-quarter of child care providers who took Toxic Free NC's survey in 2008 said that only least-toxic pest control methods are used in their facility. That group of centers was less likely to report having serious ongoing pest problems!



Get the Report

There are two ways to get a free copy of the complete report on findings from Toxic Free NC's 2008 NC Child Care Pest Control Survey - ***Avoiding Big Risks for Small Kids***.

- 1) Download a copy from ToxicFreeNC.org.
- 2) Request a copy be mailed to you by calling 919-833-1123.

We're here to help!

For more information on kid-safe pest management for child care, including sample contracts, fact sheets, training resources and more, please contact Toxic Free NC at 1-877-NO-SPRAY, or visit our website – ToxicFreeNC.org.



Name of FCCH: _____



Infant/Toddler Safe Sleep Policy Sample (Revised)

Date Adopted: _____

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the baby died and a review of the baby's clinical history.

Child care providers can maintain safer sleep environments for babies that help lower the chances of SIDS. N.C. law requires that child care providers caring for children 12 months of age or younger, implement a safe sleep policy, share this information with parents and participate in training.

In the belief that proactive steps can be taken to lower the risks of SIDS in child care and that parents and child care providers can work together to keep babies safer while they sleep, this Family Child Care Home (FCCH) will practice the following safe sleep policy.

Safe Sleep Practices

1. The FCCH operator and additional staff who may potentially work in the FCCH will receive training on the Infant Safe Sleep Policy.
2. Infants will always be placed on their backs to sleep, unless there is a signed sleep position medical waiver on file. In that case, a waiver notice will be posted at the infant's crib and the waiver filed in the infant's file.
3. The American Academy of Pediatrics recommends that babies are placed on their back to sleep, but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer for sleep.
4. All parents/guardians of infants cared for in the FCCH will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment.
5. **Visually checking sleeping infants.** Sleeping infants will be checked daily, every 15-20 minutes, by the FCCH operator or additional staff. The sleep information will be recorded on a Sleep Chart. The Sleep Chart will be kept on file for one month after the reporting month. I will be especially alert to monitoring a sleeping infant during the first weeks the infant is in child care.

I will check to see if the infant's skin color is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly. I will check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness.

6. To promote healthy development, awake infants will be given supervised "tummy time" for exercise and for play.

Safe Sleep Environment

7. Room temperature will be kept between 68-75°F **and a thermometer kept in the room.**
8. Infants' heads will not be covered with blankets or bedding. Infants' cribs will not be covered with blankets or bedding. **I may use a sleep sack instead of a blanket.**
9. No loose bedding, pillows, bumper pads, etc. will be used in cribs. We will tuck any infant blankets in at the foot of the crib and along the sides of the crib mattress.
10. Toys and stuffed animals will be removed from the crib when the infant is sleeping. **Pacifiers will be allowed in infants' cribs while they sleep.**
11. A safety-approved crib with a firm mattress and tight fitting sheet will be used.
12. Only one infant will be in a crib at a time, unless I am evacuating infants in an emergency.
13. No smoking is permitted in the infant room or on the premises.
14. Steps will be taken to keep babies from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over-dressing or over-wrapping the baby.

Best Practices

1. Any additional staff and I will participate in *Responding to an Unresponsive Infant* practice drill twice each year, in April and in October, in conjunction with fire drills.

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the FCCH's Infant/Toddler Safe Sleep Policy and that the operator has discussed the FCCH's Infant/Toddler Safe Sleep Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____

Date: _____

Signature of Child Care Provider: _____

Date: _____

Distribution: one signed copy to parent(s)/guardian(s); signed copy in child's FCCH record.

Effective date: 5/1/04

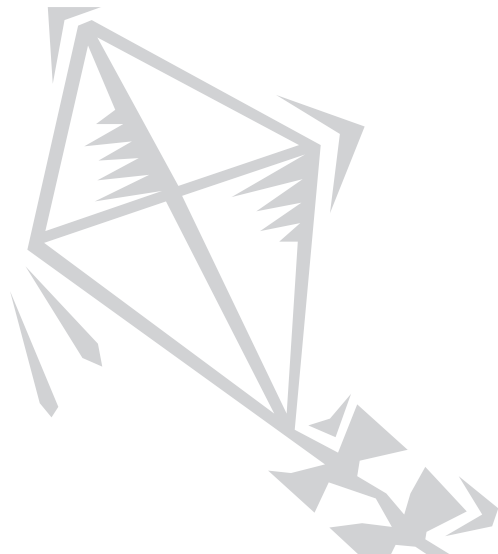
Review: #1 12/15/05

FACTS

Each year, more than 200,000 children go to U.S. hospital emergency rooms with injuries associated with playground equipment.

Most injuries occur when a child falls from the equipment onto the ground. Many backyard playsets are placed on dirt or grass—surfaces that do not adequately protect children when they fall.

**MAKE YOUR
BACKYARD
PLAYGROUND
A SAFE PLACE
TO PLAY!**



Brought to you by:

**U.S. Consumer Product
Safety Commission**



For more information on playground safety, visit the CPSC website at www.cpsc.gov to check out the *Handbook for Public Playground Safety* and other publications. Or, call the toll-free CPSC Hotline at 1-800-638-2772.



KaBOOM! is the national nonprofit organization committed to building safe playgrounds for America's children through partnership with individuals, community groups and businesses. For more information, visit the KaBOOM! web site at www.kaboom.org or call 1-202-659-0215.

7-01/50M

**IS YOUR
HOME
PLAYGROUND
A SAFE
PLACE TO
PLAY?**



From the
**U.S. Consumer Product
Safety Commission**
www.cpsc.gov
and



www.kaboom.org

HOME PLAYGROUND SAFETY CHECKLIST

Use this simple checklist to help make sure your home playground is a safe place to play.

- 1** Install and maintain a **shock-absorbing surface** around the play equipment. Use at least 9 inches of wood chips, mulch, or shredded rubber for play equipment up to 7 feet high. If sand or pea gravel is used, install at least a 9-inch layer for play equipment up to 5 feet high. Or, use surfacing mats made of safety-tested rubber or rubber-like materials.
- 2** Install protective **surfacing** at least 6 feet in all directions from play equipment. For swings, be sure surfacing extends, in back and front, twice the height of the suspending bar.
- 3** **Never attach**—or allow children to attach—**ropes**, jump ropes, clotheslines, or pet leashes to play equipment; children can strangle on these.
- 4** Check for **hardware**, like open "S" hooks or protruding bolt ends, which can be hazardous.
- 5** Check for **spaces** that could trap children, such as openings in guardrails or between ladder rungs; these spaces should measure less than 3.5 inches or more than 9 inches.
- 6** Make sure platforms and ramps have **guardrails** to prevent falls.
- 7** Check for **sharp points** or edges in equipment.
- 8** Remove **tripping hazards**, like exposed concrete footings, tree stumps, and rocks.
- 9** Regularly **check play equipment and surfacing** to make sure both are in good condition.
- 10** Carefully **supervise children** on play equipment to make sure they are safe.



Playground Safety Resources

US Consumer Products Safety Commission (CPSC)

Washington, DC 20207

1-800-638-2772

www.cpsc.gov

U.S. CPSC Public Playground Safety Handbook (4/08 draft)

<http://www.cpsc.gov/cpscpub/pubs/325.pdf>

American Society for Testing and Materials (ASTM) International

100 Barr Harbor Drive

West Conshohocken, PA 19428-2959

Phone: (610) 832-9585 Fax: (610) 832-9555

www.astm.org

National Recreation and Parks Association

National Playground Safety Institute

22377 Belmont Ridge Road

Ashburn, Virginia 20148

PH: (703) 858-2148 FX: (703) 858-0794

www.nrpa.org

The National Program for Playground Safety

School of HPELS

University of Northern Iowa

Cedar Falls, IA 50614-0618

PH: 800-554-PLAY FX: 319-273-7308

www.uni.edu/playground



FIELD TRIP & TRANSPORTATION SAFETY CHECKLIST

GET READY advance planning

PLAN AHEAD

- Identify the purpose and concepts (reasons and ideas) for the trip.
- Identify the group of children for the trip.
- Select an appropriate activity site (*form 1A*).
- Request child care facility supervisor's approval for planned trip (*form 2A*).

VISIT THE SITE

- Plan how to get to the site (your way to travel and route).
- Find out the travel time each way.
- Decide if the activities fulfill the purpose of the trip.
- Look for appropriate things for the children to see and do.
- Learn how much time should be allowed for a good visit.
- Learn how much site fees are and decide how the fees will be paid.
- Understand the rules and regulations of the site.
- Obtain brochures, posters, etc. about the site to show the children.
- Check for a safe physical environment (playground, equipment, etc.).
- Locate restrooms, water fountains, and phones.
- Know the field trip site's emergency evacuation plan.
- Ask if various sensory experiences are offered for special needs children.
- Locate accessible ramps, parking areas, paths, restrooms, etc.

PLAN YOUR STAFFING

- Set staff-child ratio for a safe trip -- normal ratios won't be adequate.
- Identify staff and other adults for the trip.
- Plan to have extra adults for emergency situations.
- Plan to have an adult with CPR and First Aid training on each vehicle.

TRAIN YOUR STAFF

- Clearly define each adult's responsibilities on the trip.
- Assign a specific group of children to each adult group leader.
- Assign each group of children with an adult leader to the same vehicle.
- Assign attendance and emergency forms to each adult group leader.
- Stress importance of regular attendance checks by name and by face.
- Discuss the purpose of the trip, sequence of activities, and time schedule.
- Consider how children's behavior may vary in new settings and suggest appropriate guidance techniques.
- Clearly designate who is in charge of staff remaining at the facility.
- Assign supervision and care of all children remaining at the facility.

GET SET advance preparations

MAKE ARRANGEMENTS WITH THE TRIP SITE

- Send a letter to the site requesting a visit (*form 3A*).
- Choose the best time (day and hour) to make your visit.
- Learn the name and phone number of a contact person at the site.
- Confirm arrangements a few days ahead with the contact person.
- Make snack and/or lunch arrangements if needed.

INFORM THE PARENTS

- Get signature of parent/guardian on *Permission Slip for Field Trip (form 4A)*.
- Post a trip reminder notice in a prominent place 2 or 3 days in advance.

PREPARE THE CHILDREN

- Outline your trip on the weekly *Activity Plan (form 5A)*.
- Discuss the trip; talk about what they will see and do.
- Go over simple rules for travel and visiting.
- Discuss behavior rules and safety precautions.
- Explain and practice a possible buddy system.
- Prepare child identification with the facility's name and phone number.

PREPARE NECESSARY FORMS

- Prepare *Master List / Staffing Pattern* (carried by trip leader) (*form 6A*) and/or
- Prepare *Group Attendance Rosters* (carried by group leaders) (*form 7A*).
- Prepare *Emergency Information Form* on each child (*form 9A*).
- Take *Emergency Telephone Numbers (form 10A)*.
- Take *Incident Report Forms (form 11A)*.
- Take *Permission to Administer Medication Forms (form 12A)*.
- Take *Checklist for Administering Medication (form 13A)*.
- Take *First Aid Chart (form 14A)*.
- Leave copy of attendance roster at the facility as a list of children on the trip.

DEVELOP EMERGENCY PLANS

- Plan what to do if a child is ill, hurt, misbehaves or separated from the group.
- Plan what to do if a vehicle accident or breakdown occurs.

PREPARE NECESSARY EQUIPMENT AND SUPPLIES (in protective containers)

- First Aid kit
- Drinking water, juice, snacks, lunches
- Insulated containers for keeping food at safe temperatures
- Wet wipes, soap, paper towels, paper cups, napkins, tissues
- Diapers, diapering supplies, changing pad, gloves
- Extra clothes
- Plastic bags, trash bags (out of children's reach)
- Medications & sunscreen in locked container(s)
- Equipment and supplies for special trips
- Mats or blankets for sitting on the ground
- Cellular phone

GO! safe transportation practices

MAKE SURE VEHICLES ARE SAFE

- Vehicles must be well maintained; check gas and tires.
- Vehicles must be registered, licensed, inspected and insured.
- Capacity limits must be observed for vehicles.
- Doors must be locked when the vehicle is moving.
- All body parts must be kept inside the vehicle.
- Vehicles need proper restraint systems: car seats for children under age 4; individual seat belts for each child and each adult.
- Vehicles must contain fully-equipped first aid kits and fully-charged fire extinguishers; each must be mounted or secured.
- Vehicles carrying children with special needs must be properly equipped.

PROVIDE APPROPRIATE ADULT SUPERVISION ON VEHICLES

- Drivers must be trained, licensed, and have criminal history clearance.
- Best practice: at least two adults in each vehicle -- driver and monitor.
- Best practice: monitor rides in the back of the vehicle (when practical).
- Monitor keeps roster, checks children on and off by name and face(*form 8A*).
- Strictly follow pick-up and delivery procedures; keep a copy in the vehicle.
- Load and unload children away from traffic.
- Each vehicle needs at least one adult trained in CPR / First Aid.
- Children are NEVER left unattended on a vehicle.
- DRIVER MUST ALWAYS MAKE THE LAST PHYSICAL CHECK OF THE ENTIRE VEHICLE TO BE SURE ALL CHILDREN HAVE EXITED.

PLAN AHEAD FOR TRANSPORTATION

- Check weather conditions shortly before leaving.
- Provide drivers with a clear map and precise directions.
- Leave a copy of the map and directions at the child care facility.
- Arrange for a back-up vehicle in case of an accident or breakdown.
- Carry emergency forms for the children and staff riding on each vehicle.

PLAN FOR WALKING TRIPS and PUBLIC TRANSPORTATION

- Set the route in advance so all adults understand and follow it.
- Leave a copy of the route and plans at the facility.
- Have adults visually supervise at the front and rear of the group at all times.
- Make provisions to keep all children together.
- Know the transit schedules, fares, and distances before you go.

TIME TO GO and TIME TO RETURN

- Take children to the toilet and water fountain before leaving sites.
- Dress children in needed sweaters, coats, raincoats, hats, mittens.
- Maintain an orderly exit from and return to the facility.

FIELD TRIP FOLLOW-UP

- Plan follow-up activities with children, including thank-you notes (*form 15A*).
- Keep information about the trip site filed for future use.

CHAPTER 18 - ENVIRONMENTAL HEALTH

SUBCHAPTER 18A - SANITATION

Amended Eff. September 1, 1990; February 1, 1987.

SECTION .2500 - PUBLIC SWIMMING POOLS

Rules .2501 - .2507 of Title 15A Subchapter 18A of the North Carolina Administrative Code (T15A.18A .2501 - .2507); have been transferred and recodified from Rules .2501 - .2507 Title 10 Subchapter 10A of the North Carolina Administrative Code (T10.10A .2501 - .2507), effective April 4, 1990.

15A NCAC 18A .2501	DEFINITIONS
15A NCAC 18A .2502	PUBLIC SWIMMING POOL OPERATION PERMITS
15A NCAC 18A .2503	INSPECTIONS
15A NCAC 18A .2504	DESIGN AND CONSTRUCTION STANDARDS
15A NCAC 18A .2505	WATER QUALITY STANDARDS
15A NCAC 18A .2506	REVOCAION OF PERMITS
15A NCAC 18A .2507	APPEALS

*History Note: Authority S.L. 1989, c. 577;
Eff. May 1, 1990;
Repealed Eff. May 1, 1991.*

15A NCAC 18A .2508 DEFINITIONS

The following definitions apply throughout this Section:

- (1) Equipment replacement means replacement of individual components of the hydraulic and disinfection systems such as pumps, filters, and automatic chemical feeders.
- (2) Public swimming pool means public swimming pool as defined in G.S. 130A-280. Public swimming pools are divided into four types:
 - (a) Swimming pools are public swimming pools used primarily for swimming.
 - (b) Spas are public swimming pools designed for recreational and therapeutic use that are not drained, cleaned, or refilled after each individual use. Spas may include units designed for hydrojet circulation, hot water, cold water mineral bath, air induction bubbles, or any combination thereof. Common terminology for spas includes "therapeutic pool", "hydrotherapy pool", "whirlpool", "hot spa", and "hot tub".
 - (c) Wading pools are public swimming pools designed for use by children, including wading pools for toddlers and children's activity pools designed for casual water play ranging from splashing activity to the use of interactive water features placed in the pool.
 - (d) Specialized water recreation attractions are pools designed for special purposes that differentiate them from swimming pools, wading pools and spas. They include:
 - (i) water slide plunge pools and run out lanes;
 - (ii) wave pools;
 - (iii) rapid rides;
 - (iv) lazy rivers;
 - (v) interactive play attractions that incorporate devices using sprayed, jetted, or other water sources contacting the users and that do not incorporate standing or captured water as part of the user activity area; and
 - (vi) training pools deeper than a 24 inch deep wading pool and shallower than a 36 inch deep swimming pool.
- (3) Registered Design Professional means an individual who is registered or licensed to practice engineering as defined by G.S. 89C or architecture as defined by G.S. 83A.

- (4) Remodeled means renovations requiring disruption of the majority of the pool shell or deck, changes in the pool profile, or redesign of the pool hydraulic system.
- (5) Repair means returning existing equipment to working order, replastering or repainting of the pool interior, replacement of tiles or coping and similar maintenance activities. This term includes replacement of pool decks where the Department has determined that no changes are needed to underlying pipes or other pool structures.
- (6) Safety vacuum release system means a system or device capable of providing vacuum release at a suction outlet caused by a high vacuum occurrence due to suction outlet flow blockage.
- (7) Splash zone means the area of an interactive play attraction that sheds water to a surge tank or container to be recirculated.
- (8) Unblockable drain means a drain of any size and shape that a human body cannot sufficiently block to create a suction entrapment hazard.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Temporary Amendment Eff. June 1, 1994 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Amended Eff. May 1, 2010; March 1, 2004; April 1, 1999; January 1, 1996; October 1, 1994.*

15A NCAC 18A .2509 PLAN REVIEW AND APPROVAL

(a) Public swimming pools plans and specifications shall be prepared by a registered design professional if required by G.S. 89C Engineering or G.S. 83A Architecture, and shall be approved by the Department prior to construction. If required by G.S. 87-1 General Contractors, public swimming pools shall be constructed by swimming pool contractors licensed by the North Carolina Licensing Board for General Contractors.

(b) The owner shall submit a minimum of two complete sets of plans to the local Health Department for review. Plans shall be drawn to scale and accompanied by specifications so as to permit a clear, comprehensive review by the local health department. All prints of drawings shall be a minimum of 18 x 24 inches and a maximum size of 36 x 42 inches. These plans shall include:

- (1) Plan and sectional view dimensions of both the pool and the area enclosed by the barrier fences to include the bathhouse and the equipment room and pool accessories;
- (2) Specifications of all treatment equipment used and their layout in the equipment room;
- (3) A piping schematic showing piping, pipe size, inlets, main drains, skimmers, gutter outlets, vacuum fittings and all other appurtenances connected to the pool-piping system;
- (4) Layout of the chemical storage room; and
- (5) Specifications for the water supply and wastewater disposal systems that include aspects such as well location and backwash water disposal where applicable.

(c) The Department shall approve, disapprove, or provide written comments on plans and specifications for public swimming pools within 30 days of their receipt. If such action is not taken within 30 days, the plans and specifications shall be deemed approved.

(d) If construction is not initiated within one year from the date of approval, the approval is void.

(e) The swimming pool contractor shall contact the local health department when pool pipes are in place and visible so that the local health department may conduct an open-pipe inspection of the pool piping.

(f) Prior to issuance of the operation permit, the owner shall submit to the local health department a statement signed by a registered design professional stating that construction is complete and in accordance with approved plans and specifications and approved modifications. Observation of construction and a final inspection for design compliance by the certifying registered design professional or his representative are required for this statement.

(g) Upon completion of construction, the contractor shall notify the local health department and the owner. The contractor shall provide the owner with a complete set of drawings, which show as built, the location of all pipes and the connections of all equipment and written operating instructions for all equipment.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. May 1, 2010; July 1, 1992.*

15A NCAC 18A .2510 PUBLIC SWIMMING POOL OPERATION PERMITS

(a) No public swimming pool shall commence or continue operation unless the owner or operator has an operation permit issued by the Department for each public swimming pool. Unless suspended or revoked, the operation permit shall be valid for the period of operation specified in the application but in no event shall it be valid for more than 12 months. For public swimming pools which are constructed or remodeled, plans and specifications shall have been approved by the Department in accordance with Rule .2509. Compliance with the design and construction requirements in Rules .2514 through .2534 and approval of plans and specifications shall not be required for public swimming pools constructed or remodeled prior to May 1, 1993. No public swimming pool shall commence or continue operation after May 1, 2010 unless documentation of compliance with pool drain safety requirements of Rule .2539 of this Section has been submitted to the local health department.

(b) Equipment replacement shall comply with Rules .2514 through .2534 and shall be approved by the Department prior to installation. However, for existing swimming pools with recirculation systems unable to meet the pool volume turnover rates specified in the rules of this Section, pump replacement shall match the flow capabilities of the system. Repairs do not require prior approval by the Department.

(c) A separate application for an operation permit must be submitted for each public swimming pool. The owner or operator shall apply annually to the Department for an operator's permit. The application form shall be obtained from the Department and shall include the following information:

- (1) the owner's name, address, and phone number;
- (2) the operator's name, address, and phone number;
- (3) street address of the public swimming pool;
- (4) the physical location of the public swimming pool;
- (5) type of public swimming pool;
- (6) construction date;
- (7) proposed operating dates;
- (8) type of disinfection; and
- (9) signature of owner or designated representative.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. May 1, 2010; January 1, 1996.*

15A NCAC 18A .2511 INSPECTIONS

(a) Each public swimming pool shall be inspected by the Department to determine compliance with the rules of this Section. Where an operation permit is issued prior to inspection of a public swimming pool, an inspection shall be completed within 60 days following issuance of the permit. Pools that open on or after April 1 and close on or before October 31 shall be inspected at least once during the period of operation. All other pools shall be inspected at least twice a year.

(b) Inspections of public swimming pools shall be conducted by Environmental Health Specialists authorized by the Department to enforce the rules of this Section. Inspections shall be documented on Inspection of Swimming Pool Form DENR 3960. Items on the grade sheet shall be divided into two, four and six-demerit items. Six-demerit items are failures to maintain minimum water quality or safety standards and warrant immediate suspension of an operation permit under G.S. 130A-23(d). Four-demerit items are rule violations which warrant denial of an operation permit or notification of an intent to suspend an operation permit. Two-demerit items are rule violations that do not warrant permit action unless such violation causes an imminent hazard, a failure to meet water quality or safety standard, or a suction hazard. Demerits shall be assessed for each item found not to be in compliance with the rules of this Section. Demerits shall be assessed as follows:

- (1) Violation of Rule .2535(2) of this Section regarding water clarity shall be assessed six demerits.
- (2) Violation of Rule .2531(a)(10), .2531(b)(3), .2535(3), (4), (5), (7), (8), or (9), or .2543(d)(7) or (e)(2) of this Section regarding disinfectant residuals shall be assessed six demerits.
- (3) Violation of Rule .2535(1) of this Section regarding pool water pH shall be assessed six demerits.

- (4) Violation of Rule .2535(12) of this Section or regarding control of water temperature in heated pools shall be assessed six demerits.
- (5) Violation of Rule .2535(10), (11), or (13), .2537(c), or .2540 of this Section regarding pool operator training, water quality records and test kits shall be assessed four demerits.
- (6) Violation of Rule .2518(j), .2537(b)(7) or (16), or .2539 of this Section regarding pool drains and suction hazards shall be assessed six demerits.
- (7) Violation of Rule .2537(b)(3), (8), (9) or (14) of this Section regarding maintenance of pool walls and floor shall be assessed four demerits.
- (8) Violation of Rule .2518(k) or (l), .2531(4), .2532(4)(b) or .2537(b)(14) of this Section regarding water surface skimmers shall be assessed four demerits.
- (9) Violation of Rule .2523 or .2537(b)(6) of this Section regarding depth markers and no diving markers shall be assessed four demerits.
- (10) Violation of Rule .2515(d) or (f), .2523(e) or .2537(b)(12) of this Section regarding floating safety ropes and contrasting color bands at breakpoints shall be assessed two demerits.
- (11) Violation of Rule .2517, .2521, .2527, .2537(b)(10), .2527, or .2542 of this Section regarding diving equipment, slides, ladders, steps, handrails and in-pool exercise equipment shall be assessed two demerits.
- (12) Violation of Rule .2518(i) or .2537(b)(8) of this Section regarding inlets and other fittings shall be assessed four demerits.
- (13) Violation of Rule .2516(b), .2521(b)(4), .2532(13) or .2537(b)(12) of this Section regarding contrasting color bands on seats or benches shall be assessed four demerits.
- (14) Violation of Rule .2532(7) or .2537(b)(11) of this Section regarding spa timers shall be assessed four demerits.
- (15) Violation of Rule .2530(a), or (b), or .2537(b)(1) of this Section regarding lifesaving equipment shall be assessed six demerits.
- (16) Violation of Rule .2528, .2531(a)(7) or .2537(b)(5) of this Section regarding fences, barriers and gates shall be assessed four demerits.
- (17) Violation of Rule .2522 or .2537(b)(2) of this Section regarding decks shall be assessed four demerits.
- (18) Violation of Rule .2530(c) of this Section regarding No Lifeguard warning signs shall be assessed four demerits.
- (19) Violation of Rule .2530(d) or .2543(d)(13) of this Section regarding pet and glass container signs shall be assessed four demerits.
- (20) Violation of Rule .2532(15) through (17), or .2537(b)(13) of this Section regarding caution signs at hot water spas shall be assessed four demerits.
- (21) Violation of Rule .2524, or .2537(b)(4) of this Section regarding pool and deck lighting and ventilation shall be assessed four demerits.
- (22) Violation of Rule .2530(f) of this Section regarding emergency telephones shall be assessed six demerits.
- (23) Violation of Rule .2535(6) of this Section regarding automatic chlorine or bromine feeders shall be assessed four demerits.
- (24) Violation of Rule .2518 .2519, .2525, .2531(a)(1) through (3), .2532(1) through (6), or .2543(b), (d)(1) through (6) or (e)(1) of this Section regarding pool filter and circulation systems shall be assessed four demerits.
- (25) Violation of Rule .2533, .2534 or .2537(b)(15) of this Section regarding equipment rooms and chemical storage rooms shall be assessed two demerits.
- (26) Violation of Rule .2518(d) of this Section regarding identification of valves and pipes shall be assessed two demerits.
- (27) Violation of Rule .2513(b) of this Section regarding air gaps for filter backwash shall be assessed two demerits.
- (28) Violation of Rule .2526 or .2543(d)(11) of this Section regarding accessible dressing and sanitary facilities shall be assessed two demerits.
- (29) Violation of Rule .2526 of this Section regarding maintenance and cleaning of dressing and sanitary facilities and fixtures shall be assessed two demerits.

- (30) Violation of Rule .2512 of this Section regarding water supplies shall be assessed two demerits.
- (31) Violation of Rule .2513(a) of this Section regarding sewage disposal shall be assessed two demerits.
- (32) Violation of Rule .2526(c) of this Section regarding floors in dressing and sanitary facilities shall be assessed two demerits.
- (33) Violation of Rule .2526(c), or (d) of this Section regarding hose bibs and floor drains in dressing and sanitary facilities shall be assessed two demerits.

History Note: Authority G.S. 130A-282;
 Eff. May 1, 1991;
 Amended Eff. May 1, 2010; March 1, 2004; January 1, 1996.

15A NCAC 18A .2512 WATER SUPPLY

- (a) The water supply serving the swimming pool and all plumbing fixtures including drinking fountains, lavatories, toilets, and showers, shall meet all requirements in 15A NCAC 18A .1700 or be an approved public water supply in accordance with 15A NCAC 18C. However, the Department may approve the use of water from natural sources, including the use of saline water, for the swimming pool.
- (b) The water distribution system serving the swimming pool and auxiliary facilities shall be protected against backflow. Water introduced into the pool, either directly or by the circulation system, shall be supplied through an air gap (American National Standards Institute A112.1.2-1979), a pipe-applied atmospheric vacuum breaker (ANSI/American Society of Sanitary Engineering No. 1001-1971), a pressure type anti-siphon vacuum breaker (ANSI/ASSE No. 1020-1976), or a reduced-pressure principle backflow preventer (ASSE No. 1013-1979, American Water Works Association No. C506-1978), which are hereby adopted by reference in accordance with G.S. 150B-14(c) or equivalent.
- (c) Whenever an over-the-rim spout is used to introduce water into the swimming pool, it shall be shielded so as not to create a hazard. The open end of the spout shall have no sharp edges, shall not protrude more than two inches (5.1 cm) beyond the edge of the pool and shall be at least two pipe diameters above the deck or pool overflow level. The over-the-rim spout shall be located under the diving board or within six inches of a ladder or handrail.

History Note: Authority G.S. 130A-282;
 Eff. May 1, 1991.

15A NCAC 18A .2513 SEWAGE SYSTEMS AND OTHER WASTEWATER DISPOSAL

- (a) Sewage shall be disposed of in a public sewer system or, in the absence of a public sewer system, by an approved, properly operating sanitary sewage system.
- (b) There shall be no direct physical connection between the sewer system and any drain from the swimming pool or circulation system. Overflow from the swimming pool, and discharges from the circulation system, when discharged to the sewer system, storm drain or other approved natural drainage course, shall be discharged through a suitable air gap so as to preclude the possibility of back flow of sewage or other waste water into the swimming pool or the swimming pool piping system. Deck drainage shall be discharged through an indirect drain.

History Note: Authority G.S. 130A-282;
 Eff. May 1, 1991;
 Amended Eff. April 1, 1999; July 1, 1992.

15A NCAC 18A .2514 MATERIALS OF CONSTRUCTION

- (a) Pools and appurtenances shall be constructed of materials which are inert, non-toxic to man, impervious and permanent, which can withstand design stresses and which can provide a water-tight tank with a smooth and cleanable surface. Use of vinyl liners is prohibited; however, liners no less than 60 mil thick may be used provided the underlying pool shell is of approved construction. If this material is used for repairs, the existing pool shall be remodeled in accordance with this Rule.
- (b) Sand or earth bottoms are prohibited in swimming pool construction.

(c) Pool finish, including bottom and sides, shall be of white or light colored material determined visually to contrast least with a value of gray whiter than 50 percent black on an artists gray scale, or shown by reflectance testing to reflect more than 50 percent of visible light.

(d) Pool surfaces in areas which are intended to provide footing for bathers including steps, ramps, and pool bottoms in areas with water less than three feet deep, shall be designed to provide a slip-resistant surface.

*History Note: Authority G.S. 130A-82;
Eff. May 1, 1991;
Amended Eff. May 1, 2010.*

15A NCAC 18A .2515 DESIGN DETAILS

(a) Pools shall be designed and constructed to withstand all loadings for both full and empty conditions.

(b) A hydrostatic relief valve shall be provided for in-ground swimming pools which extend more than two feet below the grade of surrounding land surface unless a gravity drainage system is provided.

(c) Provisions shall be made for complete, continuous circulation of water through all areas of the swimming pool. Swimming pools shall have a circulation system with approved treatment, disinfection, and filtration equipment as required in the rules of this Section.

(d) The minimum depth of water in the swimming pool shall be three feet (0.91 m) except where a minimum depth of less than three feet is needed to provide non-swimming areas such as children's activity areas and sun shelves.

(e) The maximum depth at the shallow end of a swimming pool shall be three and a half feet (1.07 m) except for pools used for competitive swimming, diving or other uses which require water deeper than three and a half feet.

(f) Connections for safety lines shall be recessed in the walls in a manner which presents no hazard to swimmers.

(g) Decorative features such as planters, umbrellas, fountains and waterfalls located on pool decks shall comply with the following:

- (1) Decorative features shall not occupy more than 20 percent of the pool perimeter;
- (2) If located adjacent to a water depth of greater than five feet, decorative features shall not be more than 20 feet wide;
- (3) Decorative features shall not provide handholds or footholds that could encourage climbing above deck level;
- (4) A walkway shall be provided to permit free access around decorative features and shall be as wide as the lesser of five feet or the deck width required in Rule .2528 of this Section;
- (5) Decorative features shall not obstruct the view of any part of the pool from any seating area; and
- (6) Features with moving water shall be separate from the pool recirculation system.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. May 1, 2010; August 1, 2000; April 1, 1999.*

15A NCAC 18A .2516 POOL PROFILE

(a) The vertical walls of a public swimming pool shall not exceed 11 degrees from plumb. Corners formed by intersection of walls and floors shall be coved or radiused. Hopper bottomed pools are prohibited.

(b) Underwater ledges or protrusions are prohibited; except that underwater stairs, sun shelves, seats and benches may be installed in areas of the pool no more than four feet deep. Underwater benches shall have a maximum seat depth of two feet from the water surface, protrude no more than 18 inches from the wall and be marked by a two inch contrasting color band on the leading edge. Underwater protrusions may provide seating at swim-up bars located in offset areas away from swim lanes. Underwater stairs may adjoin a sun shelf to deeper water provided the depth at the bottom of the stairs is no more than four feet and the stairs meet all provisions of Rule .2521 of this Section.

(c) The slope of the bottom of any portion of any public swimming pool having a water depth of less than five feet (1.52 m) shall not be more than one foot vertical change in 10 feet (10 cm in one meter) of horizontal distance and the slope shall be uniform.

(d) In portions of pools with water depths greater than five feet (1.52 m), the slope of the bottom shall not be more than one foot vertical in three feet (33.3 cm in one meter) of horizontal distance.

(e) Design of diving areas shall be in accordance with Tables 1A and 1B of Rule .2517 of this Section.

(f) Fountains installed in public swimming pools shall be approved prior to installation and shall comply with the following:

- (1) Fountains shall not be installed in an area with a water depth exceeding 18 inches;
- (2) Fountains shall be recommended by the manufacturer for use in a public swimming pool;
- (3) Fountains shall be installed in accordance with the manufacturer's instructions;
- (4) Fountains shall be separate from the pool water recirculation system; and
- (5) Fountains shall not release water at a velocity greater than 10 feet per second.

*History Note: Authority G.S. 130A-82;
Eff. May 1, 1991;
Amended Eff. May 1, 2010; February 1, 2004; January 1, 1996.*

15A NCAC 18A .2517 DIVING EQUIPMENT

(a) When diving equipment is installed in a public swimming pool, it shall be located in the diving area of the pool so as to provide the minimum dimensions as shown in Tables 1A and 1B of this Rule and shall conform to the following specifications:

- (1) Diving equipment shall be designed for swimming pool use and shall be installed in accordance with the manufacturer's recommendations.
- (2) Installation instructions and specifications shall be provided with each unit.
- (3) A label shall be permanently affixed to the diving equipment and shall include:
 - (A) manufacturer's name and address;
 - (B) board length;
 - (C) type of diving board;
 - (D) fulcrum setting specifications if applicable.
- (4) Diving equipment shall have slip-resistant tread surfaces.

(b) Supports, platforms, and steps for diving equipment shall be of sufficient strength to carry safely the maximum anticipated loads. Steps shall be of corrosion-resistant design. Handrails shall be provided at all steps and ladders leading to diving boards that are one meter or more above the water.

(c) There shall be a completely unobstructed clear vertical distance of 13 feet above any diving board measured from the center of the front end of the board. This area shall extend horizontally at least eight feet behind, eight feet to each side, and 16 feet ahead of Point A in Table 1A.

Table 1A

Maximum Board Length	Maximum Board Height Above Water	Board Overhang (Pt. A)		Minimum Water Depths		
		Max	Min	D1	D2	D3
12 feet	30 in	5 feet	4 feet	8'0"	9'0"	8'3"
16 feet	1 meter	6 feet	5 feet	8'6"	10'0"	8'6"
16 feet	3 meters	6 feet	5 feet	11'6"	12'0"	11'6"

KEY TO ABBREVIATIONS:

Pt A is the point on the water line of the pool directly beneath the end of the diving board.

D1 is the depth of the water measured from the water line to the floor at the beginning of the radius connecting the end wall with the floor at the deep end of the pool.
 D2 is the depth of the water at the deepest point in the pool.
 D3 is the depth of the water at the point where the deep area of the pool meets the transition to the shallow area of the pool.

Table 1B

Maximum Board Length	Horizontal Distances						Minimum Pool Width	Minimum Separation Distances	
	L1	L2	L3	L4	L5	L6		F	G
	12 feet	3'	7'	10'3"	9'9"	30'		4'	20'
16 feet	5'	5'	11'6"	10'6"	32'	4'	24'	12'	10'
16 feet	5'	5'	7'6"	19'6"	37'	3'	28'	14'	12'

KEY TO ABBREVIATIONS:

L1 is the radius of the curve connecting the side wall to the floor at the deep end of the pool.
 L2 is the distance between the center of the radius connecting the end wall to the floor at the deep end of the pool and the deepest point in the pool.
 L3 is the distance between the deepest point in the pool and the beginning of the transition to the shallow area of the pool.
 L4 is the length of the transition zone.
 L5 is the total of L1 + L2 + L3 + L4.
 L6 is the length of the shallow area of the pool.
 F is the distance between the side wall of the pool and the centerline of the diving board.
 G is the distance between the center lines of two adjacent diving boards.

(d) Public pools with diving facilities in excess of three meters in height, or pools designed for platform diving, shall meet the Federation Internationale De Nation Amateur (FINA) guidelines that are incorporated by reference in accordance with G.S. 130B-21.6 including any subsequent amendments or additions.

(e) Starting platforms used for racing starts during competition shall be secured from use when the pool is open for general use by removal; covering; or signage and active supervision. Minimum water depth for starting platforms shall be measured at a distance of 3 feet, 3 ½ inches (1.0 meter) to 16 feet, 5 inches (5.0 meters) from the end wall. Height of starting platforms shall not exceed the following:

- (1) In pools with water depth less than 3 feet, 6 inches (1.07 meters) at the starting end, raised starting platforms shall be prohibited.
- (2) In pools with water depth 3 feet, 6 inches (1.07 meters) to less than 4 feet (1.22 meters) at the starting end, starting platforms shall be no more than 18 inches (0.46 meter) above the water surface.
- (3) In pools with a water depth of 4 feet (1.22 meters) or greater at the starting end, starting platforms shall be no more than 30 inches (0.762 meter) above the surface of the water. Starting platforms shall be constructed to be easily removed from the deck when the swimming pool is used for other than competitive purposes.

*History Note: Authority G.S. 130A-282;
 Eff. May 1, 1991;
 Amended Eff. February 1, 2004; April 1, 1999; January 1, 1996.*

15A NCAC 18A .2518 CIRCULATION SYSTEM

- (a) Pools shall be equipped with a circulation system.
- (b) The capacity of the circulation system shall be sufficient to clarify and disinfect the entire volume of swimming pool water four times in 24 hours. The system shall be operated 24 hours per day during the operating season.

(c) The circulation piping shall be designed and installed with the necessary valves and pipes so that the flow from the swimming pool can be from main drains or the surface overflow system. The circulation piping shall be designed such the flow of water from the swimming pool can be simultaneous from the surface overflow system and the main drains. Skimmer piping constructed after May 1, 2010 shall be sized to handle the maximum flow rate for the required number of skimmers, but in no case less than 100 percent of the design flow rate. Perimeter overflow system piping constructed after May 1, 2010 shall be sized to handle 100 percent of the design flow rate. The main drain piping constructed after May 1, 2010 shall be sized to handle 100 percent of the design flow rate.

(d) Piping shall be designed to reduce friction losses to a minimum and to carry the required quantity of water at a maximum velocity not to exceed six feet per second for suction piping and not to exceed 10 feet per second for discharge piping except for copper pipe where the velocity shall not exceed eight feet per second. Piping shall be of non-toxic material, resistant to corrosion, and able to withstand operating pressures. If plastic pipe is used, a minimum of Schedule 40 PVC is required. Flexible pipe shall not be used except that flexible PVC hoses that meet NSF Standard 50 may be affixed to spa shells where rigid pipes do not provide the necessary angles to connect circulation components. Exposed pipes and valves shall be identified by a color code or labels.

(e) The circulation system shall include a strainer to prevent hair, lint, and other debris from reaching the pump. A spare basket shall be provided. Strainers shall be corrosion-resistant with openings not more than ¼ inch (6.4 mm) in size that provide a free flow area at least four times the cross-section area of pump suction line and are accessible for daily cleaning.

(f) A vacuum cleaning system shall be provided to remove debris and foreign material that settles to the bottom of the swimming pool. Where provided, integral vacuum ports shall be located on the pool wall at least six inches and no greater than 18 inches below the water level. Skimmer vacuums may be used in pools with two or fewer skimmers provided the skimmer basket remains in place while the vacuum is in operation. Integral vacuum cleaning systems shall be provided with valves and protective caps. Integral vacuum ports constructed after May 1, 2010 shall have self-closing caps designed to be opened with a tool.

(g) A rate-of-flow indicator, reading in liters or gallons per minute, shall be installed on the filtered water line and located so that the rate of circulation is indicated. The indicator shall be capable of measuring flows that are at least 1½ times the design flow rate, shall be accurate within 10 per cent of true flow, and shall be easy to read. The indicator shall be installed in accordance with manufacturers' specifications.

(h) A pump or pumps shall be provided with capacity to recirculate the swimming pool water four times in 24 hours, and shall be so located as to eliminate the need for priming. If the pump or pumps, or suction piping is located above the overflow level of the pool, the pump or pumps shall be self-priming. The pump or pumps shall be capable of providing a flow adequate for the backwashing of filters. Unless headloss calculations are provided by the designing engineer, pump design shall be based on an assumed total dynamic head of 65 feet of water. Pumps three horsepower or smaller shall be NSF International (NSF) listed or verified by an independent third-party testing laboratory to meet all applicable provisions of NSF/ANSI Standard 50 which is incorporated by reference including any subsequent amendments or editions. Copies may be obtained from NSF International, P.O. Box 130140, Ann Arbor, MI 48113-0140 at a cost of one hundred fifty-five dollars (\$155.00). Verification shall include testing and in-plant quality control inspections. Larger pumps for which NSF listing is not available shall be approved by the Department on a case-by-case basis.

(i) Inlets.

- (1) Inlets shall be provided and arranged to produce a uniform circulation of water and maintain a uniform disinfectant residual throughout the pool.
- (2) The number of inlets for any swimming pool shall be determined based on return water flow. There shall be at least one inlet per 20 gallons per minute of return water flow. There shall be a minimum of four inlets for any swimming pool.
- (3) Inlets shall be located so that no part of the swimming pool is more than 25 feet of horizontal distance from the nearest return inlet.
- (4) Provision shall be made to permit adjustment of the flow through each inlet, either with an adjustable orifice or provided with replaceable orifices to permit adjustments of the flows.

(j) Drains.

- (1) Public Swimming pools with suction drains shall be provided with at least two main drain outlets which are located at the deepest section of the pool and connected by "T" piping.

Connecting piping shall be sized and configured such that blocking any one drain will not result in flow through the remaining drain cover/grates exceeding the cover/grate manufacturer's safe flow rating while handling 100 percent of the pump system flow. The drains shall be capable of permitting the pool to be emptied completely. Drains shall be spaced not more than 30 feet apart, and not more than 15 feet away from the side walls. Drains shall be separated by at least three feet measured from centers of the cover/grates. This shall not preclude construction of a public swimming pool without main drains where water is introduced at the bottom of the pool and removed through a surface overflow system designed to handle 100 percent of the design flow rate. Provision shall be made to completely drain pools constructed without drains. Public swimming pools constructed prior to May 1, 2010 with a single drain or multiple drains closer than three feet apart shall protect against bather entrapment with an unblockable drain or a secondary method of preventing bather entrapment in accordance with Rule .2539 of this Section.

- (2) Drain outlets shall comply with the American National Standard ASME/ANSI A112.19.8-2007 Suction Fittings for Use in Swimming Pools, Wading Pools, Spas, and Hot Tubs which is hereby incorporated by reference including any subsequent amendments, editions, and successor standards under the Virginia Graeme Baker Pool and Spa Safety Act (15 U.S.C. 8001 et seq.). Copies may be obtained from ASME, P.O. Box 2300, Fairfield, NJ 07007-2300 at a cost of fifty-three dollars (\$53.00).
 - (3) Public swimming pools constructed after May 1, 2010 shall comply with ANSI/APSP -7 2006 American National Standard for Suction Entrapment Avoidance in Swimming Pools, Wading Pools, Spas, Hot Tubs and Catch Basins which is hereby incorporated by reference including any subsequent amendments and editions. Copies may be obtained from APSP, 2111 Eisenhower Avenue, Alexandria, VA 22314 at a cost of three hundred fifty dollars (\$350.00).
- (k) Surface Overflow Systems.
- (1) Swimming pools shall be provided with a surface overflow system that is an integral part of the circulation system and that consists of a built-in-place perimeter overflow system, a pre-fabricated perimeter overflow system, or recessed automatic surface skimmers.
 - (2) Whenever a built-in-place perimeter overflow system or a pre-fabricated perimeter overflow system is provided, it shall be designed and installed as follows:
 - (A) The system shall be capable of handling 100 percent of the circulation flow without the overflow troughs being flooded;
 - (B) A surge capacity shall be provided either in the system or by use of a surge tank; and the total surge capacity shall be at least equal to one gallon per square foot (41L per square meter) of swimming pool water surface area;
 - (C) The water level of the swimming pool shall be maintained above the level of the overflow rim of the perimeter overflows, except for the time needed to transfer all of the water that may be in the surge capacity back into the swimming pool after a period of use; provided that this transfer time shall not be greater than 20 minutes;
 - (D) When installed the tolerance of the overflow rim shall not exceed $\frac{1}{4}$ inch (6.4 mm) as measured between the highest point and the lowest point of the overflow rim;
 - (E) During quiescence, the overflow system shall be capable of providing continuously and automatically a skimming action to the water at the surface of the swimming pool;
 - (F) The overflow troughs shall be installed completely around the perimeter of the swimming pool, except at steps, recessed ladders and stairs;
 - (G) The exposed surfaces of the overflow trough shall be capable of providing a firm and safe hand-hold; and
 - (H) The overflow trough shall be cleanable and shall be of such configuration as to minimize accidental injury.
 - (3) Whenever a recessed automatic surface skimmer or skimmers are installed, they shall be designed and constructed in accordance with Section 8 of NSF Standard #50 for

circulation system components for swimming pools, spas, or hot tubs. Recessed automatic surface skimmers shall be installed as follows:

- (A) The flow-through rate through any one recessed automatic surface skimmer shall be between 20 gallons per minute and the maximum flow the skimmer is certified for under NSF Standard Number 50;
- (B) There shall be at least one recessed automatic surface skimmer for each 400 square feet of water surface area of the swimming pool or fraction thereof;
- (C) When two or more recessed automatic surface skimmers are required, they shall be so located as to minimize interference with each other and as to insure proper and complete skimming of the entire swimming pools water surface; and
- (D) Skimmers shall not protrude into the swimming pool. Automatic surface skimmer or skimmers without a perimeter overflow system shall be installed so that the operating level of the pool is no more than nine inches below the finished deck level so that the deck can be used as a handhold.

(l) Where flooded suction on the pump is not possible to prevent cavitation and loss of prime, skimmers shall have a device or other protection to prevent air entrainment in the suction line. The inlet to the equalizer line shall be provided with a grate.

(m) Nothing in this Section shall preclude the use of a roll-out or deck-level type of swimming pool. Such designs shall conform to the general provisions relating to surface overflow systems.

(n) Nothing in this Section shall preclude the use of a surface overflow system that combines both a perimeter overflow system and a recessed automatic surface skimmer or skimmers.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. May 1, 2010; February 1, 2004; April 1, 1999; January 1, 1996; July 1, 1992.*

15A NCAC 18A .2519 FILTERS

(a) All swimming pools shall be equipped with a filtration system for the purpose of clarifying the swimming pool water; said filtration system shall be an integral part of the circulation system and shall consist of one or more units of sand type filters, of diatomaceous earth type filters, or of cartridge type filters.

(b) All filter units shall be designed and constructed in accordance with Section 5 of the National Sanitation Foundation's Standard number 50 which is hereby adopted by reference in accordance with G.S. 150B-14(c), or equivalent.

(c) When a sand type filter is installed on a swimming pool, it may be either a gravity or a pressure sand type filter, and it may be either a standard-rate sand type filter which shall be designed for filtration rates not in excess of three gallons per minute per square foot (122 L per minute per square meter) of sand bed area, or a high-rate sand type filter which shall be designed for filtration rates not in excess of 15 gallons per minute per square foot (612 L per minute per square meter) of sand bed area or the flow rate indicated for commercial pools in the most recent NSF listing.

(d) When a sand type filter is installed on a swimming pool, it shall be designed and installed such that it may be backwashed at a rate recommended by the manufacturer or, in the absence of manufacturer's recommendations, at a rate not less than 15 gallons per minute per square foot (612 L per minute per square meter) of filter bed area. The backwash water shall be discharged to waste. A sight glass or other means for viewing the clarity of the backwash water shall be provided.

(e) If the sand type filter is designed to be operated in conjunction with a coagulant, a chemical feeder shall be provided for adding the coagulant ahead of the filters.

(f) When a diatomaceous earth type filter is installed on a swimming pool, it may be either a pressure or vacuum type and it may be designed to operate either with or without continuous body feed. Diatomaceous earth filters which operate with continuous body feed shall be designed for filtration rates not in excess of 2.5 gallons per minute per square foot (102 L per minute per square meter) of filter area; and diatomaceous earth filters which operate without continuous body feed shall be designed for filtration rates not in excess of two gallons per minute per square foot (82 L per minute per square meter) of filter area.

(g) When a diatomaceous earth type filter is installed on a swimming pool, it shall be designed and installed with provisions for cleaning by one or more of the following methods:

- (1) backwashing at two gallons per minute per square foot minimum;
 - (2) air-bump-assist backwashing;
 - (3) spray wash, (either mechanical or manual); or
 - (4) agitation.
- (h) The water used in cleaning a diatomaceous earth type filter shall be discharged to waste, or in a manner approved by the Department.
- (i) When a cartridge type filter is installed on a swimming pool, it shall be designed for filtration rates not in excess of 0.375 gallons per minute per square foot (15 L per minute per square meter) of effective filtration area.
- (j) When a cartridge type filter is installed on a swimming pool, it shall be designed and installed with provisions being provided for cleaning or replacement as recommended by the manufacturer. Two sets of filter cartridges shall be provided to facilitate the cleaning and drying of one set while the filter is operating.
- (k) All filters on swimming pools shall be designed and installed so as to provide easy accessibility for cleaning, operating, maintaining, and servicing. All filter tanks shall be so positioned as to provide adequate circulation of air beneath and around all sides, when necessary, to reduce corrosion and to facilitate cleaning. Whenever filter tanks are installed in the ground (i.e. buried), provisions shall be made so that the tanks are protected against corrosion and are installed in accordance with the recommendations of the manufacturer.
- (l) Filters on swimming pools shall be equipped with an approved type pressure gauge or gauges.
- (m) Filters on swimming pools shall be designed and installed with all the necessary valves and piping which may be needed to drain the filters completely.
- (n) All pressure filters on swimming pools shall be designed and installed with an air-relief valve or valves which shall be located at or near the high point of the filters.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. January 1, 1996.*

15A NCAC 18A .2520 CHEMICAL FEEDERS

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Repealed Eff. July 1, 1992.*

15A NCAC 18A .2521 LADDERS, RECESSED STEPS, AND STAIRS

- (a) If the vertical distance from the bottom of the swimming pool to the deck is over two feet (0.61 m), recessed steps, stairs, or ladders shall be provided in the shallow area of all swimming pools. Recessed steps or ladders shall be provided at the deep portion of all pools; and, if the swimming pool is over 30 feet (9.14 m) wide, such recessed steps or ladders shall be installed on each side near the deep end. A stairway, ladder or set of recessed steps shall be provided every 75 feet along the shallow area perimeter. Where stairs are provided in the shallow area of the pool, one ladder may be deleted in the shallow area for each stairway provided.
- (b) Pool Stairs - The design and construction of pool ladders and stairs shall conform to the following:
- (1) Stair treads shall have a minimum unobstructed horizontal depth of 10 inches, a maximum horizontal depth of 36 inches, and a minimum unobstructed surface area of 240 square inches.
 - (2) Risers at the centerline of the treads shall have a maximum height of 12 inches and shall be within one inch of a uniform height with the bottom riser height allowed to vary plus or minus two inches from the uniform riser height.
 - (3) Each set of stairs shall be provided with at least one handrail to serve all treads and risers. For stairs wider than 20 feet, additional handrails shall be provided and spaced no more than 10 feet from adjacent handrails or stair ends.
 - (A) Handrails, if removable, shall be installed in such a way than they cannot be removed without the use of tools.
 - (B) The leading edge of handrails facilitating stairs and pool entry/exit shall be no more than 18 inches horizontally from the vertical plane of the bottom riser.

- (C) The outside diameter of handrails shall be between one inch and one and nine-tenths inches.
- (4) The leading edge of stair treads shall be marked with a contrasting color band or line at least two inches (5 cm) wide visible from above the stairs. Use of contrasting color tiles installed in the stair tread is acceptable provided the tiles are spaced no more than one inch (2.5 cm) from the edge of the tread or from adjacent tiles.
- (5) Swimming pool ladders shall be corrosion-resistant and shall be equipped with slip-resistant treads. All ladders shall be designed to provide a handhold and shall be installed rigidly. There shall be a clearance of not more than six inches (15.3 cm), nor less than three inches (7.6 cm), between any ladder and the swimming pool wall. If the steps are inserted in the walls or if step holes are provided, they shall be of such design that they may be cleaned easily and shall be arranged to drain into the swimming pool to prevent the accumulation of dirt thereon. Step holes shall have a minimum tread of five inches (12.7 cm) and a minimum width of 14 inches (35.6 cm).
- (6) When step holes or ladders are provided within the swimming pool, there shall be a handrail at each side.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. May 1, 2010; January 1, 1996.*

15A NCAC 18A .2522 DECKS

- (a) Outdoor swimming pools shall have a continuous deck extending completely around the swimming pool. The width of the deck or walkway shall provide at least six feet of clear walking space at all points. If the swimming area of the pool is 1600 square feet or larger, at least eight feet of clear walking space is required.
- (b) Indoor swimming pools shall have a continuous deck or walkway extending completely around the swimming pool. The width of the deck shall provide at least five feet of clear walking space at all points. Structures covering swimming pools, including temporary domes, shall be constructed to maintain a vertical clearance of at least seven feet from all parts of the required clear walk space.
- (c) Wading pools shall have a continuous deck extending completely around the wading pool. The width of the deck or walkway shall provide at least four feet of clear walking space at all points.
- (d) Spas shall have a continuous deck extending at least one-half way around the spa. The width of the deck or walkway shall provide at least four feet of clear walking space at all points.
- (e) There shall be at least five feet of clear walking space around any diving board, handrail, slide or other permanent structure installed on a swimming pool deck.
- (f) All deck areas and walkways shall be sloped at a grade of one-fourth inch to one-half inch per foot to a deck drain or sheet drain to deck edge. Deck drains shall not be connected to the circulation system in any manner.
- (g) All decks and walkways shall have a slip-resistant, impervious surface.
- (h) Sufficient hose bibs shall be provided to allow all areas of the deck to be reached with a 100 foot hose.
- (i) Special purpose pools such as waterslides and wave pools may vary from the minimum deck area requirements to the extent necessary to accommodate the special features of the pool.
- (j) Structures necessary to provide access to a public swimming pool by persons with disabilities shall be allowed to vary from the provisions of this Section to the extent necessary to accommodate such access. Such structures shall be approved on a case-by-case basis and shall be designed so as to minimize obstruction of the deck.
- (k) For all swimming pools constructed after April 1, 2000 decks shall be continuous with the top of the pool wall or gutter and shall not be more than nine inches above the standard operating water level.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. February 1, 2004; April 1, 1999; January 1, 1996; July 1, 1992.*

15A NCAC 18A .2523 DEPTH MARKINGS AND SAFETY ROPES

(a) On swimming pools the depth of the water shall be marked at or above the water surface on the vertical wall of the swimming pool where possible and on the edge of the deck next to the swimming pool. Where depth markers cannot be placed on the vertical walls at or above the water level, other means shall be used; provided the markings shall be visible to persons in the swimming pool. Depth markers shall be placed at the following locations:

- (1) at the points of maximum and minimum depths;
- (2) at the transition point where the slope of the bottom changes from the uniform slope of the shallow area;
- (3) if the pool is designed for diving, at points to denote the water depths in the diving area; and
- (4) at both ends of the pool.

(b) Depth markers shall be so spaced that the distance between adjacent markers is not greater than 25 feet (7.5 m) when measured along the perimeter of the pool.

(c) Depth markers shall be in Arabic numerals at least four inches (10 cm) high and of a color contrasting with the background. Depth markings shall indicate the depth of the pool in feet of water and shall include the word "feet" or symbol "ft" to indicate the unit of measurement. Depth markings installed in pool decks shall provide a slip resistant walking surface.

(d) "No Diving" markers shall be provided on the pool deck adjacent to all areas of the pool less than five feet deep. "No Diving" markers shall consist of the words "No Diving" in letters at least four inches high and of a color contrasting with the background or at least a six-by-six inch international symbol for no diving in red and black on a white background. The distance between adjacent markers shall not be more than 25 feet. Posting of "No Diving" markers shall not preclude shallow diving for racing starts and competitive swimming practice.

(e) A minimum of $\frac{3}{4}$ inch diameter safety rope shall be provided at the breakpoint where the slope of the bottom changes to exceed a 1 to 10 vertical rise to horizontal distance at a water depth of five feet (1.5 m) or less. The position of the rope shall be marked with colored floats at not greater than a five-foot spacing and a minimum two inch wide contrasting color band across the pool bottom. Float ropes shall be positioned within two feet on the shallow side of the breakpoint marker.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. May 1, 2010; February 1, 2004; January 1, 1996; July 1, 1992.*

15A NCAC 18A .2524 LIGHTING AND VENTILATION

(a) Artificial lighting shall be provided at all pools that are to be used at night, or when natural lighting is insufficient to provide visibility in the pool area.

(b) Lighting fixtures shall be of such number and design as to illuminate all parts of the pool, the water, the depth markers, signs, entrances, restrooms, safety equipment and the required deck area and walkways.

(c) Fixtures shall be installed so as not to create hazards such as burning, electrical shock, mechanical injury, or temporary blinding by glare to the bathers, and so that lifeguards, when provided, can see every part of the pool area without being blinded by glare. The illumination shall be sufficient so that the floor of the pool can be seen at all times the pool is in use.

(d) If underwater lighting is used, it shall provide at least 0.5 watts or 8.35 lumens per square foot of water surface and deck lighting shall provide not less than 10 foot candles of light measured at 6 inches above the deck surface.

(e) Where underwater lighting is not used, and night swimming is permitted, area and pool lighting combined shall provide not less than 10 foot candles of light to all parts of the pool and required deck area.

(f) Mechanical ventilation is required for all indoor pools.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. May 1, 2010; February 1, 2004; January 1, 1996; July 1, 1992.*

15A NCAC 18A .2525 HEATER AND TEMPERATURE REQUIREMENTS

(a) Pool heaters shall be designed for the purpose intended.

(b) Heaters shall be equipped with thermostatic controls capable of assuring that the maximum operating temperature of spa water does not exceed 104 degrees Fahrenheit (40 degrees C), and that the maximum operating temperature of other heated public swimming pools does not exceed 90 degrees Fahrenheit (32 degrees C). Such controls shall be accessible only to the operator.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. February 1, 2004; August 1, 1991.*

15A NCAC 18A .2526 DRESSING AND SANITARY FACILITIES

(a) Dressing and sanitary facilities shall be provided at all pools, except for pools at hotels, motels, condominiums, and apartments where pool use is restricted to residents or guests. At hotels, motels, condominiums and apartments where the farthest unit is more than 300 feet from the pool, as measured along walkways provided for access by residents or guests to the pool area, a toilet and lavatory shall be provided. All public swimming pools shall post a sign visible upon entering the pool enclosure directing pool users to shower before entering the pool.

(b) Partitions shall be of material, not subject to damage by water and shall be designed so that a waterway is provided between partitions and floor to permit thorough cleaning of the walls and floor areas with hoses and brooms.

(c) Dressing facility floors shall be continuous throughout the areas. Floors shall have a slip-resistant surface that shall be smooth, to insure complete cleaning. Floor drains shall be provided, and floors shall be sloped not less than ¼ inch per foot toward the drains to insure positive drainage.

(d) Hose bibs shall be provided such that all parts of the dressing facility interior can be reached with a 50 foot hose.

(e) The minimum number of fixtures required in dressing and sanitary facilities shall be based upon the maximum bather load.

(f) One water closet, one lavatory, and one urinal shall be provided for the first 100 male users. One additional water closet, lavatory, and urinal shall be provided for each additional 200 male users up to a total of 500 users. Where user load exceeds 500 male users, two additional water closets or urinals and one lavatory shall be provided for each additional 250 male users. Where the maximum bather load includes less than 50 male users, one water closet and one lavatory will be sufficient.

(g) Two water closets and two lavatories shall be provided for the first 100 female users. One additional water closet and lavatory shall be provided for each additional 100 female users up to a total of 500 users. Where user load exceeds 500 female users, two additional water closets and one lavatory shall be provided for each additional 250 female users. Where the maximum bather load includes less than 50 female users, one water closet and one lavatory will be sufficient.

(h) Showers shall be provided in the proportion of one for each 200 persons at the time of maximum bather load.

(i) The water heater shall be inaccessible to users. The system shall be designed such that water temperature at the shower heads and lavatories cannot exceed 110° Fahrenheit.

(j) Soap dispensers with either liquid or powdered soap shall be provided at each lavatory or required shower. The dispenser shall be of all metal or plastic type, with no glass permitted in these units.

(k) If mirrors are provided, they shall be of shatterproof materials.

(l) Toilet paper holders with toilet paper shall be provided at each water closet.

(m) Dressing and sanitary facilities shall be kept clean and in good repair.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. February 1, 2004; April 1, 1999; January 1, 1996; July 1, 1992.*

15A NCAC 18A .2527 SWIMMING POOL SLIDES

All swimming pool slides installed at a public swimming pool shall be labeled by the manufacturer for use in public pools, and shall be installed in accordance with manufacturer's instructions.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991.*

15A NCAC 18A .2528 FENCES

(a) Public Swimming pools shall be completely enclosed by a fence, wall, building, or other enclosure, or any combination thereof, which encloses the swimming pool area such that all of the following conditions are met:

- (1) The top of the barrier shall be at least 48 inches above grade measured on the side of the barrier that faces away from the swimming pool. The maximum vertical clearance between grade and the bottom of the barrier shall be two inches measured on the side of the barrier that faces away from the swimming pool;
 - (2) Openings in the barrier shall not allow passage of a four-inch-diameter sphere and shall provide no external handholds or footholds. Solid barriers that do not have openings shall not contain indentations or protrusions except for normal construction tolerances and tooled masonry joints;
 - (3) Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is 45 inches or more, spacing between the vertical members shall not exceed four inches. Where there are decorative cutouts within the vertical members, spacing within the cutouts shall not exceed 1.75 inches in width;
 - (4) Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is less than 45 inches, the horizontal members shall be located on the swimming pool side of the fence. Spacing between the vertical members shall not exceed 1.75 inches in width. Where there are decorative cutouts within the vertical members, spacing within the cutouts shall not exceed 1.75 inches in width;
 - (5) Maximum mesh size for chain link fences shall be a 2.25 inch square unless the fence is provided with slats fastened at the top or the bottom that reduce the openings to no more than 1.75 inches;
 - (6) Where the barrier is composed of diagonal members, the maximum opening formed by the diagonal members shall be no more than 1.75 inches;
 - (7) Access gates shall comply with the dimensional requirements for fences and shall be equipped to accommodate a locking device. Effective April 1, 2011, pedestrian access gates shall open outward away from the pool and shall be self-closing and have a self-latching device except where a gate attendant and lifeguard are on duty. Gates other than pedestrian access gates shall have a self-latching device. Where the release mechanism of the self-latching device is located less than 54 inches from the bottom of the gate, the release mechanism shall require the use of a key, combination or card reader to open or shall be located on the pool side of the gate at least three inches below the top of the gate, and the gate and barrier shall have no openings greater than 0.5 inch within 18 inches of the release mechanism; and
 - (8) Ground level doors and windows opening from occupied buildings to inside the pool enclosure shall be self-closing or child protected by means of a barrier or audible alarm.
- (b) Public swimming pool fences constructed prior to May 1, 2010 may vary from the provisions of Paragraph (a) of this Rule as follows:
- (1) the maximum vertical clearance between grade and the bottom of the barrier may exceed two inches, but shall not exceed four inches;
 - (2) where the barrier is composed of vertical and horizontal members and the space between vertical members exceeds 1.75 inches, the distance between the tops of the bottom horizontal member and the next higher horizontal member may be less than 45 inches, but shall not be less than 30 inches;
 - (3) gates other than pedestrian access gates are not required to have self-latching devices if the gates are kept locked; and
 - (4) gates may swing towards a pool where natural topography, landscape position or emergency egress requirements prevent gates from swinging away from the pool.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. May 1, 2010; February 1, 2004; April 1, 1999; January 1, 1996; July 1, 1992.*

15A NCAC 18A .2529 USER LOADING

In determining the maximum number of persons allowed in the pool at any one time, the following criteria shall govern:

- (1) Fifteen square feet (1.39 sq m) of water surface area per person shall be provided in areas of the pool five feet (1.52 m) deep or less.
- (2) Twenty-four square feet (2.23 sq m) of water surface area per person shall be provided in areas of the pool greater than five feet (1.52 m) deep. Three hundred square feet (27.87 sq m) of pool area around each diving board or platform, where provided, shall not be included in computing this area for the purpose of determining maximum bather load.
- (3) Ten square feet (0.9 sq m) of water surface area per person shall be provided in spas.
- (4) Twenty-five square feet of splash zone area per person shall be provided at interactive play attractions.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. March 1, 2004; January 1, 1996.*

15A NCAC 18A .2530 SAFETY PROVISIONS

(a) Swimming pools shall have lifesaving equipment conspicuously and conveniently on hand at all times. A unit of lifesaving equipment shall include the following:

- (1) A pole not less than 12 feet long, with a body hook securely attached. The pole attached to the body hook shall be non-telescoping, non-adjustable and non-collapsible.
- (2) A minimum $\frac{1}{4}$ inch diameter throwing rope as long as one and one-half times the maximum width of the pool or 50 feet, whichever is less, attached to a U.S. Coast Guard approved ring buoy. A rescue tube or rescue can shall be accepted as a substitute for the ring buoy where it is accompanied by a lifeguard who has been trained to use it properly.

(b) Two units of lifesaving equipment must be provided for any pool that exceeds 3,000 square feet (186 sq m) of total surface area.

(c) When a swimming pool does not have at least one lifeguard on duty, a sign shall be posted with legible letters of at least four inches (10 cm) in height stating: "WARNING-NO LIFEGUARD ON DUTY." In addition there shall be signs legible from all bather entrances with a minimum letter size of one inch stating: "CHILDREN SHOULD NOT USE THE SWIMMING POOL WITHOUT ADULT SUPERVISION", and: "ADULTS SHOULD NOT SWIM ALONE". Wading pools that do not have a lifeguard inside the wading pool enclosure shall have a sign posted stating "WARNING NO LIFEGUARD ON DUTY". Such signs shall be mounted permanently.

(d) A sign prohibiting pets and glass containers in the pool area shall be provided.

(e) Pool closed signs shall be provided and shall be posted at bather entrances whenever an operation permit is suspended for water quality or safety violations.

(f) A telephone capable of directly dialing 911 or other emergency notification system shall be provided and accessible to all pool users. Effective April 1, 2005 the telephone shall be permanently affixed to a location inside the pool enclosure or outside the enclosure within 75 feet of a bather entrance. The telephone shall be visible from within the pool enclosure or a sign shall be posted indicating the location of the emergency telephone. A sign with legible letters shall be posted at the telephone providing dialing instructions, address of the pool location and the telephone number. Where the telephone does not directly access 911, the emergency notification system shall:

- (1) Provide 24 hour monitoring of all incoming calls by a telecommunicator who answers only emergency calls;
- (2) Be capable of routing calls to the local 911 telecommunicator via the 911 dedicated emergency trunk line; and
- (3) Electronically transfer Automatic Number Identification and Automatic Locator Identification for the emergency telephone at the pool to the Enhanced 911 system for all calls routed to 911.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;*

Amended Eff. February 1, 2004; April 1, 1999; January 1, 1996; July 1, 1992.

15A NCAC 18A .2531 WADING POOLS

(a) Wading pools shall meet all design specifications for swimming pools and wading pools included in Rules .2512 through .2530 of this Section with the following exceptions:

- (1) Wading pools shall be physically separate from other public swimming pools except that a fill pipe and valve from a swimming pool recirculation system may be used to introduce water to a wading pool.
- (2) Every wading pool shall be equipped with a circulation system that is separate from, and independent of, the circulation system of the swimming pool. Such circulation system shall at least consist of a circulating pump, piping, a filter, a rate-of-flow meter, a disinfectant feeder, two inlets, and one automatic surface skimmer. Individual components of a wading pool system must meet the criteria of Rule .2518 of this Section.
- (3) The capacity of the circulation system shall be capable of filtering and disinfecting the entire volume of water in the wading pool 12 times in every 24 hours.
- (4) Wading pools shall be equipped with a surface overflow system capable of removing floating material.
- (5) Wading pools shall be no deeper than 24 inches (61 cm) at the deepest point.
- (6) Wading pools' floor slope shall not exceed one foot in 12 feet.
- (7) Wading pools shall be located in the vicinity of the shallow end of the swimming pool, and shall be separated from the swimming pool by a fence or structure similar to that described in Rule .2528 of this Section, that shall be equipped with self-closing and positive self-latching closure mechanisms, and shall be equipped with permanent locking devices. Wading pool entrance gates located inside another public swimming pool enclosure shall open away from the deeper pool. Wading pool fences constructed after April 1, 2000 shall be at least four feet high.
- (8) Wading pools shall be designed to provide at least 10 square feet per child.
- (9) Depth markers are not required at wading pools.
- (10) The free chlorine residual in wading pools shall be maintained at no less than two parts per million.
- (11) Wading pools are not required to provide the lifesaving equipment described in Rule .2530(a) of this Section.

(b) Children's activity pools shall be constructed and operated in accordance with the rules of this Section including the requirements for wading pools with the following exceptions:

- (1) The filter circulation system shall be separate from any feature pump circulation system.
- (2) The filter circulation system for stand-alone children's activity pools shall filter and return the entire water capacity in no more than one hour and shall operate 24 hours a day.
- (3) The disinfectant residual in children's activity pools shall be maintained at a level of at least two parts per million of free chlorine measured in the pool water and at least one part per million in all water features.
- (4) Valves shall be provided to control water flow to the features in accordance with the manufacturers' specifications.
- (5) Children's activity pools built prior to February 1, 2004 that do not comply with this Paragraph may operate as built if no water quality or safety violations occur.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. May 1, 2010; February 1, 2004; April 1, 1999; January 1, 1996.*

15A NCAC 18A .2532 SPAS AND HOT TUBS

Spas and hot tubs shall meet all design specifications for swimming pools and wading pools included in Rules .2512 through .2530 of this Section with the following exceptions:

- (1) The circulation system equipment shall provide a turnover rate for the entire water capacity at least once every 30 minutes.

- (2) The arrangement of water inlets and outlets shall produce a uniform circulation of water so as to maintain a uniform disinfectant residual throughout the spa.
- (3) A minimum of two inlets shall be provided with inlets added as necessary to maintain required flowrate.
- (4) Water outlets shall be designed so that each pumping system in the spa (filter systems or booster systems if so equipped) provides the following:
 - (a) Where drains are provided, drains shall be unblockable or shall consist of two or more drains connected by a "T" pipe. Connecting piping shall be of the same diameter as the main drain outlet. Filter system drains shall be capable of emptying the spa completely. In spas constructed after April 1, 2000 drains shall be installed at least three feet apart or located on two different planes of the pool structure.
 - (b) Filtration systems shall provide at least one surface skimmer per 100 square feet, or fraction thereof of surface area.
- (5) The water velocity in spa or hot tub discharge piping shall not exceed 10 feet per second (3.05 meters per second); except for copper pipe where water velocity shall not exceed eight feet per second (2.44 meters per second). Suction water velocity in any piping shall not exceed six feet per second (1.83 meters per second).
- (6) Spa recirculation systems shall be separate from companion swimming pools.
 - (a) Where a two-pump system is used, one pump shall provide the required turnover rate, filtration and disinfection for the spa water. The other pump shall provide water or air for hydrotherapy turbulence without interfering with the operation of the recirculation system. The timer switch shall activate only the hydrotherapy pump.
 - (b) Where a single two-speed pump is used, the pump shall be designed and installed to provide the required turnover rate for filtration and disinfection of the spa water at all times without exceeding the maximum filtration rates specified in Rule .2519 of this Section. The timer switch shall activate only the hydrotherapy portion of the pump.
 - (c) Where a single one-speed pump is used, a timer switch shall not be provided.
- (7) A timer switch shall be provided for the hydrotherapy turbulence system with a maximum of 15 minutes on the timer. The switch shall be placed such that a bather must leave the spa to reach the switch.
- (8) The maximum operational water depth shall be four feet (1.22 m) measured from the water line.
- (9) The maximum depth of any seat or sitting bench shall be two feet (61 centimeters) measured from the waterline.
- (10) A minimum height between the top of the spa/hot tub rim and the ceiling shall be seven and a half feet.
- (11) Depth markers are not required at spas.
- (12) Steps, step-seats, ladders or recessed treads shall be provided where spa and hot tub depths are greater than 24 inches (61 centimeters).
- (13) Contrasting color bands or lines shall be used to indicate the leading edge of step treads, seats, and benches.
- (14) A spa or hot tub shall be equipped with at least one handrail (or ladder equivalent) for each 50 feet (15.2 meters) of perimeter, or portion thereof, to designate points of entry and exit.
- (15) Where water temperature exceeds 90 degrees Fahrenheit (32 degrees Celsius), a caution sign shall be mounted adjacent to the entrance to the spa or hot tub. It shall contain the following warnings in letters at least ½ inch in height:

CAUTION:

 - Pregnant women; elderly persons, and persons suffering from heart disease, diabetes, or high or low blood pressure should not enter the spa/hot tub without prior medical consultation and permission from their doctor;
 - Do not use the spa/hot tub while under the influence of alcohol, tranquilizers, or other drugs that cause drowsiness or that raise or lower blood pressure;

- Do not use alone;
 - Unsupervised use by children is prohibited;
 - Enter and exit slowly;
 - Observe reasonable time limits (that is, 10-15 minutes), then leave the water and cool down before returning for another brief stay;
 - Long exposure may result in nausea, dizziness, or fainting;
 - Keep all breakable objects out of the area.
- (16) Spas shall meet the emergency telephone and signage requirements for swimming pools in Rule .2530(f).
 - (17) A sign shall be posted requiring a shower for each user prior to entering the spa or hot tub and prohibiting oils, body lotion, and minerals in the water.
 - (18) Spas are not required to provide the lifesaving equipment described in Rule .2530(a) of this Section.
 - (19) In spas less than four feet deep, the slope of the pool wall may exceed 11 degrees from plumb, but shall not exceed 15 degrees from plumb.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. May 1, 2010; January 1, 2006; July 1, 2004; February 1, 2004; April 1, 1999; January 1, 1996; July 1, 1992.*

15A NCAC 18A .2533 EQUIPMENT ROOM

- (a) All pumps, chemical feeding apparatus and other mechanical and electrical equipment shall be enclosed in a weatherproof structure with a minimum ceiling height of seven feet. The equipment room shall be provided with a door with a permanent lock that must be kept locked when not in use by the pool operator. Filters located outside the equipment room shall be completely enclosed by a fence.
- (b) Lighting to allow the operator to read all gauges and control devices shall be provided.
- (c) Valves and control devices shall be accessible and visible to the pool operator. At least three feet of clear walkway shall be provided to allow access to equipment.
- (d) Drainage in and around the equipment room shall preclude the possibility of water entering or accumulating on any interior surface of the enclosure. Equipment room floors shall be sloped not less than ¼ inch per foot toward the drains.
- (e) Natural cross draft or continuous forced ventilation is required.
- (f) A permanent means of access shall be provided to all equipment rooms.
- (g) A hose bib with an approved backflow prevention device shall be provided within 50 feet of the equipment room.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. February 1, 2004; January 1, 1996.*

15A NCAC 18A .2534 CHEMICAL STORAGE ROOM

A separate chemical storage room that meets the following criteria shall be provided:

- (1) The chemical storage room shall be in a dry, weatherproof structure with a minimum ceiling height of seven feet.
- (2) For public swimming pools built after May 1, 1996, chemical storage space shall be provided based on a minimum of five square feet for the first 10,000 gallons of pool water plus one additional square foot for each additional 3,000 gallons or portion thereof up to a total area of 100 square feet. Public swimming pools constructed after April 1, 2004 shall provide a separate room for storage of pool chemicals.
- (3) Natural cross draft or continuous forced ventilation is required.
- (4) Provision shall be made for dry storage of all pool chemicals in waterproof containers or above the floor on shelves, pallets or dollies.
- (5) The chemical storage room shall be arranged so that chemicals which can react with other pool chemicals are stored separately and shall be constructed and arranged to permit easy cleanup of chemical spills.

- (6) Lighting shall be provided in chemical storage rooms.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. February 1, 2004; January 1, 1996.*

15A NCAC 18A .2535 WATER QUALITY STANDARDS

Whenever a public swimming pool is open for use, water quality shall be maintained in accordance with the following:

- (1) The chemical quality of the water shall be maintained in an alkaline condition at all times with the pH between 7.2 and 7.8.
- (2) The clarity of the water shall be maintained such that the main drain grate is visible from the pool deck at all times.
- (3) Disinfection shall be provided in accordance with manufacturers' instructions for all pools by a chemical or other process that meets the criteria listed as follows:
 - (a) registered with the U.S. Environmental Protection Agency for pool water or potable water;
 - (b) provides a residual effect in the pool water that can be measured by portable field test equipment;
 - (c) will not impart any immediate or cumulative adverse physiological effects to pool bathers when used as directed;
 - (d) will not produce any safety hazard when stored or used as directed;
 - (e) will not damage pool components or equipment; and
 - (f) will demonstrate reduction of total coliform and fecal coliform to a level at least equivalent to free chlorine at a level of one part per million in the same body of water.
- (4) When chlorine is used as the disinfectant, a free chlorine residual of at least one part per million (ppm) shall be maintained throughout the pool whenever it is open or in use. Pools that use chlorine as the disinfectant must be stabilized with cyanuric acid except at indoor pools or where it can be shown that cyanuric acid is not necessary to maintain a stable free chlorine residual. The cyanuric acid level shall not exceed 100 parts per million.
- (5) When bromine or compounds of bromine are used as the disinfectant, a free bromine residual of at least two parts per million, shall be maintained throughout the pool whenever it is open or in use.
- (6) When chlorine or bromine are used as the disinfectant, automatic chemical feeders shall be used. Automatic chlorine or bromine feeders shall be manufactured and installed in accordance with NSF/ANSI Standard number 50. Automatic chlorine and bromine feeder pumps shall be automatically prevented from operating when the circulation pump is not in operation.
- (7) When biguanide is used as the disinfectant, a residual of 30 to 50 parts per million shall be maintained throughout the pool whenever it is open or in use.
- (8) When silver/copper ion systems are used, the copper concentration in the pool water shall not exceed one part per million and a chlorine residual must be maintained in accordance with Item (4) of this Rule.
- (9) The use of chlorine in its elemental (gaseous) form for disinfection of public swimming pools is prohibited.
- (10) Test kits or equipment capable of measuring disinfectant level, pH, and total alkalinity must be maintained at all public swimming pools. Pools using cyanuric acid or chlorinated isocyanurates must have a test kit capable of measuring cyanuric acid levels.
- (11) The pool operator shall inspect the pool at least daily and maintain written records of the operating conditions of each pool. Records shall be maintained at the pool site for a period of not less than six months. Records shall include the following:
 - (a) daily recording of the disinfectant residual in the pool;
 - (b) daily recording of pool water pH;

- (c) daily recording of water temperature in heated pools; recording of activities pertaining to pool water maintenance including chemical additions and filter backwash cycles;
 - (d) weekly recording of total alkalinity and cyanuric acid levels; and
 - (e) daily recording of pool drain cover/grate inspection.
- (12) Water temperature in heated swimming pools shall not exceed 90 degrees Fahrenheit (32 degrees Celsius) and in heated spas shall not exceed 104 degrees Fahrenheit (40 degrees Celsius).
- (13) The pool operator shall take the following steps to manage fecal and vomitus accidents:
- (a) Direct everyone to leave all pools into which water containing the feces or vomit is circulated and do not allow anyone to enter the pool(s) until decontamination is completed;
 - (b) Remove as much of the feces or vomit as possible using a net or scoop and dispose of it in a sewage treatment and disposal system;
 - (c) Raise the free available chlorine concentration to two ppm at a pH of 7.2 to 7.5 and test to assure the chlorine concentration is mixed throughout the pool; and
 - (d) For accidents involving formed stools or vomit, maintain the free available chlorine concentration at two ppm for at least 25 minutes or at three ppm for at least 19 minutes before reopening the pool. For accidents involving liquid stools increase the free chlorine residual and closure time to reach a CT inactivation value of 15,300 then backwash the pool filter before reopening the pool. CT refers to concentration (C) of free available chlorine in parts per million multiplied by time (T) in minutes.

History Note: Authority G.S. 130A-282;
 Eff. May 1, 1991;
 Amended Eff. May 1, 2010; February 1, 2004; April 1, 1999; January 1, 1996; July 1, 1992.

15A NCAC 18A .2536 REVOCATION OF PERMITS

The Department may suspend or revoke permits in accordance with G.S. 130A-23.

History Note: Authority G.S. 130A-282;
 Eff. May 1, 1991.

15A NCAC 18A .2537 MAINTENANCE AND OPERATION

- (a) All public swimming pools constructed or remodeled on or after May 1, 1991 shall be maintained and operated in accordance with the Rules of this Section.
- (b) On or after May 1, 1993 all public swimming pools including those constructed prior to May 1, 1991 shall be maintained and operated in accordance with the following:
 - (1) All safety provisions of Rule .2530 of this Section shall be met.
 - (2) Decks shall be structurally sound and shall be maintained free of trip hazards or offsets greater than one-half inch resulting from deterioration or changes from the original deck profile.
 - (3) There shall be no loose coping.
 - (4) Artificial lighting shall be provided for all pools used when natural lighting is not sufficient to make all parts of the pool and pool area clearly visible.
 - (5) Swimming pools shall be protected by a fence, wall, building, or other enclosure, or any combination thereof, that completely encloses the swimming pool area. All gates and doors shall be equipped with self-closing and positive self-latching closure mechanisms. Existing waterslide flumes and other appurtenances are not required to be located inside the fence.
 - (6) Depth and safety markings shall be provided as required in Rule .2523 of this Section
 - (7) Drain covers shall be in good condition and securely attached.
 - (8) Damaged face plates or fittings shall be repaired or replaced.

- (9) Underwater light niches shall be maintained or covered so as not to present a potential hazard to bathers.
 - (10) Diving equipment and pool slides including stairs and railing shall be maintained in good working order.
 - (11) A timer switch that allows no more than 15 minutes of operation without manual resetting shall be used to control air blowers and hydrotherapy pumps on heated spas.
 - (12) All breaks in grade of the pool bottom including the leading edges of stair treads and seats and the tops of breakpoints where the slope of the bottom changes at a depth of five feet (15m) or less shall be marked with a contrasting color band by May 1, 2000. Contrasting color bands are not required where a registered engineer, registered architect or licensed swimming pool contractor certifies in writing that structural weakness or materials of construction prevent the installation of permanent markings.
 - (13) All heated spas shall post a caution sign as specified in Rule .2532 of this Section.
 - (14) Pool maintenance shall include removal of debris from the water surface and bottom of the pool.
 - (15) All pool chemicals shall be stored in a clean, dry, well ventilated area and shall be organized so as to prevent chemicals from reacting.
 - (16) No submersible pumps or mechanical pool cleaning equipment shall be placed or used in the pool while bathers are in the pool.
- (c) The owner of a public swimming pool shall provide for the operation of the pool by a person or persons who shall be responsible to the owner for operation, maintenance, pool safety and record keeping. The pool owner shall maintain documentation that the person responsible for operating the pool has been trained on pool equipment operation, disease and injury prevention, pool water chemistry and regulatory requirements for public swimming pools. A pool and spa operator certificate issued by the National Swimming Pool Foundation or other organization that provides training on those subjects shall be accepted as meeting this requirement.

*History Note: Authority G.S. 130A-282;
 Eff. July 1, 1992;
 Temporary Amendment Eff. May 11, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner.
 The Codifier of Rules determined that the agency's findings of need did not meet the criteria listed in GS 150B-21.1(a);
 Temporary Amendment Eff. May 1, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
 Amended Eff. February 1, 2004; April 1, 1999; January 1, 1996; October 1, 1993; May 1, 1993.*

15A NCAC 18A .2538 FILL AND DRAW POOLS

Fill and draw pools are prohibited. Provisions shall be made for filtration and recirculation of water in all public swimming pools, wading pools, and spas.

*History Note: Authority G.S. 130A-282;
 Eff. May 1, 1993.*

15A NCAC 18A .2539 SUCTION HAZARD REDUCTION

- (a) At all public wading pools that use a single main drain for circulation of water, signs shall be posted stating, "WARNING: To prevent serious injury do not allow children in wading pool if drain cover is broken or missing." Signs shall be in letters at least one-half inch in height and shall be posted where they are visible to people entering the wading pool.
- (b) All submerged suction outlets other than vacuum ports shall be protected by anti-entrapment cover/grates in compliance with ASME/ANSI A112.19.8-2007 Suction Fittings for Use in Swimming Pools, Wading Pools, Spas, and Hot Tubs. All submerged suction fittings shall be installed in accordance with the manufacturer's instructions. Pumping systems that have a single main drain or single submerged suction outlet other than an unblockable drain, or which have multiple outlets separated by less than three

feet measured at the centers of the cover grates shall have one or more secondary methods of preventing bather entrapment. Secondary methods of preventing bather entrapment include:

- (1) Safety vacuum release system which ceases operation of the pump, reverses the circulation flow, or otherwise provides a vacuum release at the suction outlet when a blockage has been detected, that has been tested by a third party and found to conform to ASME/ANSI standard A112.19.17 which is incorporated by reference including any subsequent amendments or editions. Copies may be obtained from ASME, P.O. Box 2300, Fairfield, NJ 07007-2300 at a cost of forty-five dollars (\$45.00);
- (2) A suction-limiting vent system with a tamper-resistant atmospheric opening;
- (3) A gravity drainage system that utilizes a collector tank;
- (4) An automatic pump shut-off system;
- (5) Drain disablement; or
- (6) Any other system determined by the U.S. Consumer Product Safety Commission to be equally effective as, or better than the systems in Subparagraphs (1) through (5) of this Paragraph.

(c) Prior to issuance of operation permits, owners of all public swimming pools shall provide documentation to the Department to verify suction outlet safety compliance. This documentation shall include:

- (1) Documentation of the maximum possible flow rate for each pump suction system. This shall be the maximum pump flow shown on the manufacturer's pump performance curve except where flow reductions are justified with total dynamic head measurements or calculations; and
- (2) Documentation that cover/grates meeting ASME/ANSI A112.19.8-2007 are installed in compliance with the standard and manufacturer's instructions. This includes documentation that each cover/grate on a single or double-drain pump suction system is rated to meet or exceed the maximum pump system flow and that cover/grates on a pump suction system with three or more suction outlets are together rated to always meet or exceed the maximum pump system flow with one drain completely blocked; and
- (3) Documentation that drain sumps meet the dimensional requirements specified in the cover/grate manufacturer's installation instructions.

(d) Operators of all public swimming pools shall inspect pools daily to ensure the drain covers are in good condition and securely attached. Missing, broken, or cracked suction fittings shall be replaced and loose suction fittings shall be reattached before using the pool.

*History Note: Authority G.S. 130A-282;
Temporary Adoption Eff. June 1, 1994 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Eff. October 1, 1994;
Amended Eff. May 1, 2010; January 1, 2006; February 1, 2004; April 1, 1999.*

15A NCAC 18A .2540 REPORTING OF INJURY OR ILLNESS

The pool operator shall report any death, serious injury or complaint of illness attributed by a bather to use of a public swimming pool to the local health department within two working days of the incident or complaint. The report to the health department shall include the following:

- (1) Name and telephone number or address of the person injured or making a complaint.
- (2) Date of the incident or onset of illness.
- (3) Description of the type of injury or complaint.
- (4) Name and phone number of the person rendering assistance or first aid.
- (5) The name of any known hospital, rescue squad or physician providing medical assistance.
- (6) Names and phone numbers of available witnesses to the incident.

*History Note: Authority G.S. 130A-282;
Eff. January 1, 1996.*

15A NCAC 18A .2541 FLOW THROUGH POOLS

Tanks or structures built prior to May 1, 1995 which hold a flowing natural water source for public swimming, diving, wading or recreational use without physical or chemical treatment shall not be required to comply with the rules of this Section.

*History Note: Authority G.S. 130A-282;
Eff. January 1, 1996.*

15A NCAC 18A .2542 IN POOL EXERCISE EQUIPMENT

(a) Exercise equipment such as steps, weights, or floats used in a public swimming pool shall be designed and constructed so as not to pose a threat to water quality or bather safety and shall be removed from the pool after each use.

(b) Where in-pool exercise equipment such as underwater treadmills remain in a swimming pool when not in use, the following conditions shall be met:

- (1) The swimming pool shall be restricted to use only by adults or a lifeguard shall be on duty at all times when children are allowed in the pool.
- (2) Exercise equipment shall meet Underwriters' Laboratories Standard Number 1647 for exercise equipment as verified in writing by an independent third party testing laboratory.
- (3) The position of underwater equipment shall be marked with colored floats attached by a 3/4 inch diameter rope or other movable barrier that surrounds the equipment with a visible perimeter designed so as not to entangle or otherwise threaten bather safety.
- (4) Equipment shall be verified by the manufacturer to be designed for use in a public swimming pool and to be free of grease or oil that might negatively impact pool water quality.
- (5) Any cords or hoses attached to underwater exercise equipment shall not pose a threat of bather entanglement. Cords or hoses which cross a pool deck shall be covered or shielded to prevent tripping. Covers that protrude more than one-half inch from the deck surface shall be sloped at an angle of no more than 30° from the horizontal deck surface.

*History Note: Authority G.S. 130A-282;
Eff. January 1, 1996;
Amended Eff. February 1, 2004.*

15A NCAC 18A .2543 WATER RECREATION ATTRACTIONS

(a) Water recreation attractions including water slides, wave pools, rapid rides, lazy rivers and other similar features can deviate from the requirements of this Section with respect to pool profile, depth, freeboard, flow dynamics and surface skimming systems. The designing engineer or equipment manufacturer shall provide the Department with information to justify such deviation as necessary for the proper function of the attraction. Water recreation attractions shall meet all other requirements of this Section.

(b) Water slide landing pools with a capacity of less than 60,000 gallons shall have a circulation and filtration system capable of turning over the entire pool capacity every two hours. Where automatic chemical controllers are used the turnover time shall be no more than three hours. Landing pool dimensions shall be consistent with the slide manufacturer's recommendation.

(c) When waterfalls are incorporated in water recreation attractions, they shall be constructed with no handholds or footholds to a height of four feet to discourage climbing.

(d) Interactive play attractions shall be constructed and operated in accordance with the rules of this section and shall comply with the following:

- (1) The recirculation system shall contain a water capacity equal to at least three minutes of maximum flow of all feature pumps and filter circulation pumps combined and shall not be less than 1,000 gallons. Where the water capacity exceeds 10,000 gallons, the minimum capacity shall be based on the lesser of three minutes of maximum feature flow or 7.5 gallons per square foot of splash zone watershed drained to the surge container.
- (2) Access shall be provided to the surge water container.
- (3) A filter circulation system shall be provided and shall be separate from the feature pump system except that both systems can draw water from a common drain pipe if the drain

and pipe are sized to handle the flow of all pumps without exceeding the flow velocities specified in Rule .2518 of this Section.

- (4) The filter circulation system shall draw water from the surge container through a variable height surface skimmer and a bottom drain located no more than 6 inches from the bottom of the container. Custom skimming systems that do not comply with ANSI/NSF Standard 50 shall be approved where the operational requirements make it necessary to deviate from that standard.
 - (5) The filter circulation system shall filter and return the entire water capacity in no more than 30 minutes and shall operate 24 hours a day.
 - (6) Automatic chemical controllers shall be provided to monitor and adjust the disinfectant residual and pH of the water contained in the system.
 - (7) The disinfectant residual in interactive play attractions shall be maintained at a level of at least two parts per million of free chlorine. Chlorine feeders shall be capable of producing 12 parts per million of free chlorine in the filter circulation piping.
 - (8) Valves shall be provided to control water flow to the features in accordance with the manufacturers' specifications.
 - (9) Splash zones shall be sloped to drains sized and located to remove all feature water to the surge tank without water accumulating on the surface.
 - (10) Deck or walkway space is not required outside the splash zone.
 - (11) Dressing and sanitary facilities shall be provided.
 - (12) Interactive play features shall not be required to have a fence except the wading pool fence requirements shall apply to interactive play features located inside a swimming pool enclosure.
 - (13) The safety provisions of Rule .2530 of this Section shall not apply except a sign shall be posted prohibiting pets and glass containers.
 - (14) Interactive play attractions built prior to April 1, 2004, that do not comply with these design and construction requirements shall be permitted to operate as built if no water quality or safety violations occur.
- (e) Training pools shall meet the requirements for swimming pools with the following exceptions:
- (1) Training pools shall be equipped with a filter circulation system that filters and returns the entire pool capacity in no more than two hours.
 - (2) The free chlorine residual in training pools shall be maintained at no less than two parts per million.

*History Note: Authority G.S. 130A-282;
Eff. April 1, 1999;
Amended Eff. March 1, 2004.*

Inspection of Swimming Pool

Demerit Score: _____
Date of Insp/Chg _____
Status Code: _____

Health Department _____
Current Facility ID _____
Old Facility ID _____

Water Supply: 1 Community 3 Non-Transient Non-Community
 2 Transient Non-Community 4 Non-Public Water Supply

Water sample taken today? YES NO
 1 Inspection Name Change
 2 Re-Inspection Verification of Closure
 V Visit Status Change

Wastewater System: 1 Community 2 On-Site Systems

Name of Establishment: _____ Pool Operator: _____

Location Address: _____ Mailing Addr.: _____

City: _____ State: NC Zip: _____ City: _____ State: _____ Zip: _____

Points Deducted (Circle) * Indicates critical item (6-point demerit)

- WATER QUALITY: (.2535)
*1. Water clear enough to clearly see bottom of pool and pool drain 6
*2. Disinfectant residual provided by: free chlorine = (at least 1.0 ppm or 2.0 ppm where required); bromine = (at least 2.0 ppm); or biguanide = (30 to 50 ppm)..... 6
*3. Pool water pH = (7.2 to 7.8)..... 6
*4. Water temperature of heated pool °F; does not exceed 90°F (swimming pool) or 104°F (spa) 6
5. Daily written records of water quality and test kit kept on site 4

- POOL MAINTENANCE:
*6. Main drain covers secured and in good repair, no suction hazard. Single drains protected by April 1, 2006 (.2537, .2539)..... 6
7. Pool walls and floor kept clean, free of debris and in good repair (.2537)..... 4
8. Surface skimmers (with weirs, baskets and covers) or gutters clean, in good repair, and functioning properly, no floating debris (.2518, .2537) 4
9. Depth markings and no diving markers or signs visible and properly located (.2523, .2537)..... 4
10. Safety ropes with floats and contrasting color bands provided at shallow area breakpoints (.2515, .2523)..... 2
11. Diving equipment, ladders, steps and handrails properly placed, in good repair (.2517, .2521)..... 2
12. Inlets and other fittings in place and in good repair (.2537)..... 4
13. Contrasting band on steps and benches (.2521, .2516, .2532)..... 4
14. Spa timer working properly (.2537)..... 4

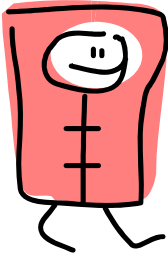
- PREMISES:
*15. Body hook and ring buoy with throw rope or lifeguard with rescue tube provided and properly located (.2530, .2537) 6
16. Fence or barrier with self-closing, self-latching gates properly constructed and maintained (.2528, .2537) 4
17. Decks unobstructed, properly drained, free of trip hazards (.2522, .2537)..... 4
18. Lifeguards present or warning signs posted (.2530) 4
19. Signs prohibit glass containers or pets in pool area(.2530) 4
20. Caution signs posted at hot water spas (.2532) 4
21. Pool and deck lighting provided at pools that operate at night (.2524, .2537) ... 4
*22. Emergency telephone provided (.2530) 6

- EQUIPMENT ROOM:
23. Chlorine or bromine automatic feeders that meet NSF Standard 50 (.2535) 4
24. Approved pump, filter, and flow meter operating properly (2518, .2519) 4
25. Equipment and chemicals kept in a dry, well-ventilated enclosure (.2533, .2534, .2537) 2
26. Valves and pipes identified by color codes or labels (.2518) 2
27. Filter backwash discharged through an air gap (.2513) 2

- DRESSING AND SANITARY FACILITIES:
28. Bathhouse or rest rooms accessible; shower sign posted (.2526) 2
29. Required fixtures provided, clean, and in good repair (.2526) 2
30. Approved water source, no cross connections (.2512) 2
31. Sewage disposed of in a properly operating sewage system (.2513) 2
32. Floors smooth, slip-resistant, kept clean(.2526) 2
33. Hose bibbs and floor drains provided (.2526) 2

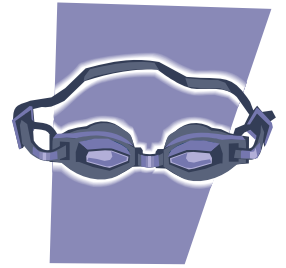
Inspection Conducted by: _____ EHS I.D.# _____ Comment Sheet Attached Yes No

Report received by: _____
Purpose: General Statute 130A-282 requires the Commission for Health Services to adopt rules governing Public Swimming Pools. 15A NCAC 18A .2511 specifies the contents of an inspection form to record the results of inspections. This form is developed to be used in making inspections of public swimming pools, spas, wading pools and water recreation attractions. Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: 1. Original to be left with the responsible person. 2. Copy for the local health department. 3. Copy for the Environmental Health Services Section, Division of Environmental Health. Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the Records Disposition Schedule published by the N.C. Division of Archives and History. Additional forms may be ordered from: Division of Environmental Health, 1630 Mail Service Center, Raleigh, NC 27699-1630.



Pool Safety

"Children Aren't Waterproof"



Drowning Prevention and Safety Tips

- ↪ Never leave a child out of eye contact supervision in or near a pool, even for a second.
- ↪ Young children should never be considered water safe despite their swimming skills, previous instruction or experience.
- ↪ Teach children good pool safety habits such as no running, pushing playmates, no jumping on others, no diving or jumping in shallow water or “dunking”.
- ↪ Do not rely solely on plastic inner tubes, inflatable arm bands or other toys to prevent accidents.
- ↪ Keep toys, particularly tricycles or wheel toys, away from the pool. A child playing with these could accidentally fall into the water.
- ↪ Do not allow anyone of any age to swim without a “spotter” nearby.
- ↪ During social gatherings, be certain that someone has the major responsibility of watching the children and swimmers at all times.
- ↪ Do not permit playful screaming for help (false alarms) which might mask a real emergency.
- ↪ Teach children the most effective way to get out of the pool quickly.
- ↪ Do not allow a child to swim immediately after eating a heavy meal.
- ↪ Do not allow swimming during thunder or other storms.
- ↪ Do not allow glass in the pool area.
- ↪ Do not allow the use of drugs or alcohol by persons using the pool or in the pool area.
- ↪ A fence, wall, or natural/artificial barrier should completely enclose all pools.
- ↪ All gates or doors with access to the pool should have a spring lock, self-closing and self-latching mechanism that protects against unauthorized entry and use.
- ↪ The inside latch on the gate should be above the reach of toddlers and young children.
- ↪ A float line stretched across a pool indicating where the deep end begins can avoid a dangerous excursion by young children into water over their heads.
- ↪ A clear view of the pool from the house should be assured by removing vegetation and other obstacles.
- ↪ Reaching and throwing aids should be kept on both sides of the pool. These should remain stationary and not be used for play activities.
- ↪ Children who cannot swim should wear a life jacket tested by the Underwriters Laboratories and approved by the US Coast Guard.

Chapter 3: HEALTH

Purpose of these Requirements

The requirements in this chapter provide the organized structure needed to promote healthy environments for children in child care. Healthy environments not only promote basic health in the areas of physical activity, nutrition and sleep, but also prevent sickness and injury by excluding children who have common symptoms of illness, providing the steps needed to administer medication correctly and providing the sanitary procedures needed in daily routines. Implementing these requirements helps children to develop trust in their environment and promotes learning and development in all areas.

Resources for health issues in child care:

- The document, **Health and Safety Resources for Child Care**, with health and safety contact information and websites, is in the Resource Section at the end of Chapter 1.
- For health and safety information and for a listing of child care health consultants, visit the North Carolina Child Care Health and Safety Resource Center website at www.healthychildcarenc.org or call 1-800-367-2229.

SECTION 1: HEALTH RECORDS

Requirement for Child's Health Assessment

NC General Statute 110-91(1) & Child Care Rule .1721(a)(1)


- ★ Each child must have a health assessment before being admitted, or within 30 days following admission to a child care facility.
- ★ The assessment must be completed and signed by one of the following:
 - a licensed physician
 - the physician's authorized agent who is currently approved by the North Carolina Medical Board, or comparable certifying board in any state contiguous to North Carolina
 - a certified nurse practitioner
 - a public health nurse meeting the Department's Standards for Early Periodic Screening, Diagnosis, and Treatment Program

- ☑ Each child must have on file a **Children's Medical Report** form or a form with the same information provided by the physician.
- ☑ The health assessment must be completed before being admitted or within 30 days of the child's start date in the program.
- ☑ The top portion of the sample form should be completed by the child's parent or guardian. A health care professional should complete the bottom portion.

A health assessment is not required for a child who is and has been in normal health if the child's parent, guardian, or full-time custodian objects in writing to a health assessment on religious grounds which conform to the teachings and practice of any recognized church or religious denomination. The written statement must be maintained in the child's records. An objection based upon a "scientific" belief (i.e. a foreign substance or chemical may be harmful) or non-religious personal belief or philosophy (i.e. clean living, fresh air, pure water) is not considered to be a religious exemption and is not allowed under North Carolina law.


A health assessment is not required for school age children. However, the operator must have a copy of the school-age child's immunization record on file.

Review health assessment information carefully to see if there is health care information such as allergies, special diets, prior medical history, asthma, etc. that you need to be aware of to be able to provide proper care.

 Additional forms are available in the resource section to assist parents and the operator 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:

- **Food Allergy Action Plan**
- **Asthma Action Plan**
- **Diabetes Action Plan**
- **Seizure Action Plan**

HH Although not required, request parents to update their child's health assessment information annually, after each annual well check visit to a physician, or when a child's medical condition changes, such as being diagnosed with an allergy to ensure you have the most up-to-date health information on file.


 A sample **Children's Medical Report** form (health assessment) is located in the resource section of *Chapter 4-Records and Activities*. If you choose to develop your own health assessment form, it must include every item of information found on the sample form.


Requirement for Immunization Records

NC General Statute 110-91(1) & Child Care Rule .1721(a)(2)


- ★ Each child must have an up to date record of immunization on file at the FCCH within 30 days of enrollment.
- ★ A current immunization record showing child is age-appropriately immunized must remain on file for each child while in care.
- ★ Every center must file an immunization report annually with the State Health Department as required by General Statute 130A-155(c).

- ☑ Child care operators must request documentation of immunizations for every child on the first day of attendance. If is the immunization record is not presented on the first day, the operator must notify the parent they have 30 calendar days from the first day of attendance to obtain the required immunizations for the child.
- ☑ Child care operators must request parents to provide a copy of each child’s immunization (shot card) record whenever new immunizations are given.
- ☑ Child care operators must complete an **Annual Child Care Immunization Report**. Each FCCH should receive the forms with instructions in the mail each year. If the operator has questions about immunizations or needs information about completing the report, contact the NC Immunization Branch at 919-707-5550 or <http://www.immunizenc.com/ChildCares.htm>.
- ☑ When a child transfers to another child care program, the FCCH where the child previously attended, must, upon request, send a copy of the child’s immunization record, at no charge, to the child care facility to which the child has transferred.
- ☑ Even though a school age child does not need a medical report on file at the FCCH, the operator must have a current copy of the immunization record.
- 📁 A sample **Immunization History** form is located in the resource section of *Chapter 4- Records and Activities*.
- 📁 For a list of vaccine names, abbreviations and brand names as well as a list of combination vaccines and their brand names refer to the resource section of this chapter.

 **Children in Child Care: What Shots Do They Need?** is a document in the resource section that will define and explain each abbreviated vaccine name used on children’s immunization records.


 Additional resources are available from Immunize North Carolina. Visit www.immunizenc.com for the recommended immunization schedule for children and adults.

Health and Emergency Information
NC General Statute 110-91(1) & Child Care Rule .1721(a)(3)



 The operator must maintain the Health and Emergency Information form for each child who attends on a regular basis, including his or her own preschool children.


- The completed **Child’s Health and Emergency Information** form must be on file in the program on the child’s first day of attendance.
- If you choose to create your own form, it must include the following information:
 - the child’s name, address and date of birth
 - the names of individuals to whom the child may be released
 - the general status of the child’s health
 - any allergies or restrictions on the child’s participation in activities with specific instructions from the child’s parent or physician
 - the names and phone number of the child’s physician and preferred hospital
 - authorization for the operator to seek emergency medical care in the parent’s absence
 - parent’s signature
- Make sure each line on the **Child’s Health and Emergency Information** form is completed.
- The authorization for emergency medical care is on the **Child’s Health and Emergency Information** form. It must be signed by the child’s parent or legal guardian.
- Update the information on the **Child Health and Emergency Information** form regularly to assure that current emergency information is always on file for each child.
- If a child needs to be taken to a medical facility, make sure the **Child’s Health and Emergency Information** form is taken with the injured or ill child.

HH A copy of the **Child’s Health and Emergency Information for FCCH’s** form can be used in a vehicle to document children’s emergency and identification information. You would need to add to the form the child’s identifying information on an appropriate line, including eye and hair color, height and weight.

 You can find a copy of the **Child’s Health and Emergency Information** form in the resource section of *Chapter 4 – Records and Activities*.


**Medication Administration Permission
General Statute 110-102.1A & Child Care Rule .1721(4)**

-  Written authorization is required any time prescription or over-the-counter medication is administered by the operator to children receiving care, including anytime medication is administered in the event of an emergency medical condition.
-  The child’s name, date, time, amount and type of medication given, and the name and signature of the person administering the medication must be recorded.




- An authorization to administer medication form must be completed prior to when medication is administered.
- The **Medication Administration Permission and Record** form can be used to document medication authorization or it can be documented on a separate form developed by the provider which includes the following information:
 - child’s name
 - date
 - time
 - amount and type of medication given
 - printed name and signature of the person administering the medication
- The completed **Medication Administration Permission and Record** must be kept on file during the time the medication is being administered and for at least six months after the medication is administered.
- More information about the authorization to administer medication form is provided in **SECTION 3: Medication** of this chapter.
-  Samples of the **Medication Administration Permission and Record, Permission to Administer Topical Ointment/Lotion/Powder and Permission to Administer Medication for Chronic Medical Conditions and Allergic**

Reactions are located in the resource section of *Chapter 4-Records and Activities*.

- In the event medication is given in error, if medical care is sought as a result, the incident must be reported to the consultant within seven days.

 A form is provided in the resource section of this chapter for you to use to document when medication is given in error and actions you took to ensure the health of the child who received the medication.

Incident Reports
Child Care Rule .1721 (b)(3)

-  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 in the family child care home.
-  The incident must be reported on a form provided by the Division. The report must be signed by the operator and 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 the incident occurs.

- This requirement applies when the parent or provider takes the child to the doctor after the incident just to be evaluated, even when the child receives no medical treatment.
- Some operators choose to complete an incident report any time a child is injured. However, the operator only needs to submit the report to the Division when the child is taken to the doctor to be evaluated.
- Remember to record incidents on the incident report log. Copies of the **Incident Report** form are in the resource section of *Chapter 4 – Records and Activities*.

Incident Logs
Child Care Rule . 1721(b)(4)

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

 A copy of the **Incident Log** is located in the resource Section of *Chapter 4- Records and Activities*.

SECTION 2: INFECTIOUS AND CONTAGIOUS DISEASES

In FCCBs, children and the caregiver 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 SECTION 8 - OUTDOOR PLAY 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 this resource:






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.

Infectious and Contagious Disease Control
Child Care Rules .1718a(6), .1720(b)


- ★ You must provide a quiet, separate area for children too sick to remain with other children.
- ★ You must notify parents immediately if their child becomes too sick to remain in care.
- ★ You may care for mildly ill children, but children who are too sick must be excluded from your program.


- Children with any of the following symptoms may not remain in care:
 - Fahrenheit temperature of 100 degrees when taken under the arm or 101 degrees when taken orally.

- Sudden onset of diarrhea characterized by an increased number of bowel movements compared to the child’s normal pattern and with increased stool water.
 - Two or more episodes of vomiting within a 12 hour period.
 - Red or pink eye(s) with white or yellow eye discharge. Child may return to care 24 hours after treatment has begun.
 - Scabies or lice.
 - Chicken pox or a rash suggestive of chicken pox.
 - Tuberculosis. Child may return to care after a health professional states the child is not infectious.
 - Strep throat. A child may return to care 24 hours after treatment has begun.
 - Pertussis or whooping cough. Child may return to care five days after appropriate antibiotic treatment.
 - Hepatitis A virus infection. Child may return to care one week after onset of illness or jaundice.
 - Impetigo. Child may return to care 24 hours after treatment has begun.
- If a child is not able to participate in regular activities, regardless of symptoms, the child may not remain in care.
- When a physician or other health professional issues a written order to separate a child from other children, the child may not remain in care.
- The quiet, separate area for sick children must be in a place that is easy for you to supervise. For example, appropriate areas could be a cot or a mat on the other side of the room or near the doorway of the next room. The area must be where you can see and hear the child and respond to them quickly.
- HH** Sometimes children will not have a fever, but they are too sick to remain in child care. For example, a child that is not able to go outside due to an ear infection, or is not able to take part in the activities of the whole group because they have a cold, must be excluded from care.
- HH** Prevent the spread of germs in your FCCH by putting mouthed toys in a bin until the toys have been cleaned and sanitized.
- HH** For advice on the exclusion of children from child care due to health issues, please call your local health department, contact the NC Child Care Health and Safety Resource Center at 1-800-367-2229, or use the **Communicable Diseases and Exclusion from Child Care** chart.

-  For a list of illnesses and diseases and how to handle the exclusion of children, see the document, **Communicable Diseases and Exclusion from Child Care**, in the resource section of this chapter.
-  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 of this chapter.
-  Six tips for germ control can be found in the article, **Maintaining a Sanitary Child Care Environment**, in the resource section of this chapter.
-  A document providing guidance on how to prevent the spread of diseases that are transmitted by body fluids, **Cleaning Up Body Fluids**, is in the resource section of this chapter.
-  During flu season, there are occasions when concerns rise about flu outbreaks. To prepare for the potential effects of a wide spread flu use the guide, **Child Care and Preschool Pandemic Influenza Planning Checklist**, that can be found at www.pandemicflu.gov/plan/preschool.html. Taking steps now to prepare could prevent potential disruption of your service. A copy of this checklist is also in Appendix D of the FCCH Handbook.

Recognizing Common Symptoms of Illnesses
Child Care Rule .1720(a)(10)

 You must be able to recognize common symptoms of illnesses.

- Check with your local CCR&R, Smart Start partnership, community college or local child care association for workshops or classes you might attend on recognizing symptoms of childhood illnesses.
- A local child care health consultant, medical advisor, or physician is someone you can call to discuss questions regarding unfamiliar medical symptoms a child may be exhibiting.
-  Turn to the local resource section of this handbook and list the contact information for your local child care health consultant, medical advisor, or physician.

Emergency Medical Situations Child Care Rule .1720(a)(8)



You must have a working telephone within the FCCH. Telephone numbers for the fire department, law enforcement office, emergency medical service and poison control center shall be posted near the telephone.



See the resource section of this chapter for a chart that will help you determine whether or not certain situations require immediate medical attention.



See *Chapter 4-Records and Activities* for a sample **Emergency Telephone Numbers** chart.



See Appendix D of this handbook for **Emergency Preparedness Resources**.

SECTION 3: MEDICATION

Though the child care rules do not require you to administer medication to children, 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 or must administer medication due to the American with Disabilities Act, 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. In all cases, you must follow the guidelines in the child care requirements.

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 NC Child Care Health and Safety Resource Center’s website at www.healthychildcare.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.

Administering Medication
NC General Statute 110.102.1A &
Child Care Rules .1720(c)(1),(A); .1721(a)(4)

- ★ No prescription or over-the-counter (OTC) medication and no topical, ointment, repellent, lotion, cream or powder shall be administered to any child without written instructions and authorization from the child's parent, a physician, or other authorized health professional. A record of the authorization must be maintained at your program.
- ★ No drug or medication shall be administered for non-medical reasons, such as to induce sleep.
- ★ Willfully administering medication without written authorization can result in a Class A1 misdemeanor charge. Willfully administering medication without written authorization that results in serious injury to a child can result in a Class F felony charge.

- ☑ It is illegal to intentionally give a child medication without written authorization from the child's parent.
- ☑ It is the parent's responsibility to provide all the documentation and materials required to legally and safely administer medication.

 A sample **Permission to Administer Medication** form is in the resource section of *Chapter 4 – Records and Activities*.




Documentation of Medication Administration
Child Care Rule .1720(c)(13)

- ★ Any time you administer prescription or OTC medication to any child in care, the child's name, date, time, amount and type of medication given, and the name and signature of the person administering the medication must be documented.
- ★ You must keep documentation for administering medication for at least six months.

- ☑ Written authorization to administer medication must include the child's name, the specific name of the medication, dosage instructions, the beginning and end dates the medication is to be given the child, the parent's signature, and the date the parent signed the authorization form.

- ☑ Parents must provide detailed instructions on the dosage of medication and specific times the medication is to be given. Medication can not be administered on an “as needed” basis.
- 📁 A sample **Permission to Administer Medication** form is in the resource section *Chapter 4 – Records and Activities*.
- ☑ When you document the administration of medication on the **Permission to Administer Medication** form or on a separate form, you must keep the administration of medication record on file during the time period the medication is being administered and for at least six months after the medication is administered.
- ☑ Only one medication can be listed on each **Permission to Administer Medication** form.
- ☑ Check the expiration dates of the medicine you receive. No expired medications can be given to children.
- ☑ If you have questions concerning whether medication provided by the parent should be administered, you may decline to give the medication without signed, written dosage instructions from a licensed physician or authorized health professional. It is always your option to refuse to administer any medication. This question should be discussed, however, prior to enrollment so that children who need the medication will get it when needed.
- ☑ No documentation is required for applications of OTC topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders.
- 💻 For a copy of the *Steps to Administering Medication* poster go to the NC Child Care Health and Safety Resource Center website www.healthychildcarenc.org.
- 📁 A **Checklist for Administering Medication** is located in the resource section of this chapter.
- 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 of this chapter.

Prescribed Medications
Child Care Rules .1720(c)(2)(B-C), (3), (12-13)

-  Prescribed medication must be stored in its original container.
-  Prescribed medications can only be given to the person for whom they are prescribed.
-  Any medication remaining after the course of treatment is completed or after authorization is withdrawn must be returned to the child's parents. Any medication the parent fails to retrieve within 72 hours of completion of treatment must be discarded.

- Prescribed medication must be in the original container that bears the pharmacist's label and includes the following:
 - Child's name;
 - Date the prescription was filled;
 - The name of the prescribing physician or other health professional;
 - The amount and frequency of dosage; and
 - The name of the medication or the prescription number.

- If a parent brings a pharmaceutical sample, the medication must be accompanied by dated written instructions from a physician or other health professional specifying:
 - the child's name,
 - the name of the medication,
 - the amount and frequency of dosage, and
 - the signature of the prescribing physician or other health professional.

- Authorization to administer prescription medication is only valid for the course of treatment.

- 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.

- HH** Ask parents to see if the child's physician will prescribe medications that only require one or two doses per day which would reduce or eliminate the need for you to administer medication.

Over-The-Counter (OTC) Medications Child Care Rules .1720(c)(4),(5),(12)


- ★ OTC medications may only be given as authorized in writing by the child's parent, not to exceed the amounts and frequency of dosage specified on the label.
- ★ The parent's authorization include the child's name, the specific name of the OTC medicine, the amount and frequency of the dosages, the signature of the parent, physician or other health care professional, and the date the instructions were signed by the parent, physician or other health professional.
- ★ OTC medications may also be administered according to instructions from a physician or other authorized health professional.
- ★ Any medication remaining after the course of treatment is completed or after authorization is withdrawn must be returned to the child's parents. Any medication the parent fails to retrieve within 72 hours of completion of treatment must be discarded.

- ☑ Examples of OTC medications are cough syrup, decongestants, acetaminophen, ibuprofen, topical teething medication, topical antibiotic cream for abrasions, or medication for intestinal disorders.
 - ☑ OTC medications must be in their original containers and labeled with the child's name.
 - ☑ Authorization to administer OTC medications is valid for up to 30 days at a time.
 - ☑ A physician's signature is not required for permission to administer OTC medications. A parent's written permission is sufficient.
 - ☑ Any time OTC medications are administered you must document the child's name, the date, the time, amount and type of medication given, and the name and signature of the person administering the medication.
 - ☑ Medication cannot be administered "as needed." Specific instructions on when to administer medication must be given, providing symptoms that indicate a need for 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, signed and dated instructions from the physician.
- HH** The Food and Drug Administration issued a public health advisory in January 2008 stating that children younger than two-years-old should not be given cold medications because of serious and life-threatening side effects. The AAP has

taken the position that over-the counter cough and cold medicines do not work for children younger than six and in some cases may pose a health risk. Visit www.fda.gov for more information.

- ☑ In the event cold medicine or any other over the counter medication does not indicate on the label the dose for the age of the child who is receiving the medication, the parents must provide instructions on a form signed by a physician or other health care professional. The instructions should specify:
 - the child’s name
 - the name of the medication
 - the amount and frequency of the dosage
 - the date the instructions were signed by the physician or other health care professional

HH When children are taking these types of medication they may have some of their symptoms eliminated but may still need to be excluded from child care if they are not able to participate in all daily activities.

 See the Resource Section of *Chapter 4 – Records and Activities* for a sample **Permission to Administer Medication** form.






**Blanket Permission to Administer Certain Medications
Child Care Rules .1720(c)(6-9)**

- ★ A written statement from a parent may give blanket permission for up to six months to authorize administration of OTC or prescription medication for chronic medical conditions and allergic reactions.
- ★ A written statement from a parent may give blanket permission for up to one year to authorize administration of OTC topical ointments, topical teething ointment or gel, insect repellants, lotions, creams, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder.
- ★ A written statement from a parent may provide blanket permission to administer a one-time, weight appropriate dose of acetaminophen to a child in cases where the child has a fever and the parent cannot be contacted. This should only be used in case of emergency.
- ★ A parent can give you standing authorization to administer OTC medication as directed by the State Health Director, when there is a public health emergency as identified by the State Health Director.

- ☑ Parents who have children with known medical conditions with potential emergency symptoms should inform providers and substitutes. A six month blanket statement should be completed providing clear instructions on a provider’s

response to an emergency and a detailed explanation of how and when medication is administered.

- Some medical conditions that would warrant a six month blanket statement in a child care setting include, but are not limited to: asthma, diabetes, sickle cell anemia, epilepsy and allergies.
- If you have a child in your program with allergies who requires an Epipen, an Epipen, Jr., or a Twinject ask the parent to provide you with a trainer Epipen or a trainer Twinject. You are able to practice the injections without needles.
- The written twelve month statement must describe the specific conditions under which the ointments and creams are to be administered and detailed instructions on how, where and when they are to be administered. Parents may not indicate “as needed” on the authorization form.
- Each time acetaminophen is administered in the event of an emergency when the parent can not be reached, a new blanket permission to administer medication must be completed for the next emergency.
- When a parent gives standing authorization to administer OTC medicine as directed by the NC State Health Director, the authorization must be in writing and is valid for as long as the child is enrolled. Documentation must contain the child’s name, signature of the parent, the date the authorization was signed by the parent, and the date that the authorization ends or a statement that the authorization is valid until withdrawn by the parent in writing. This would typically occur in the event of a public health emergency as identified by the State Health Director. For example, if a provider lives close to a nuclear power plant, they receive potassium iodide tablets to administer if an emergency occurs.
- Each time medications are administered by a provider whether for a chronic condition or not, a record must be kept on either the Permission to Administer Medication form or a form developed by the provider which includes the child’s name, the date, time, amount and type of medication given and the name and signature of the person administering the medication.
- The caregiver may decline to administer questionable medication without signed written dosage instructions from a licensed physician or authorized health professional.

-  Sample blanket **Permission to Administer Topical Ointment/Lotion/Powder** and **Permission to Administer Medication for Chronic Medical Conditions and Allergic Reactions** forms can be found in the resource section of *Chapter 4 – Records and Activities*.
-  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**
-  A sample blanket permission to administer medication form for food allergies can also be found on the Food Allergy and Anaphylaxis Network website, www.foodallergy.org.
- HH** To learn more about chronic medical conditions, refer to *Managing Chronic Health Needs in Child Care and Schools: A Quick Reference Guide* published by the American Academy of Pediatrics.
-  For more information about chronic medical conditions go to the American Academy of Pediatrics web page <http://www.aap.org/>.
-  See the Resource Section of *Chapter 4 – Records and Activities* for a sample **Permission to Administer Medication form**.

Administering Medication In An Emergency Situation Child Care Rule .1720(c)(10)



Medication can be administered to a child without parental authorization in the event of an emergency medical condition when the child's parent is unavailable, provided that the medication is administered with the authorization and in accordance with instructions from a medical professional.



If you administer medication in an emergency situation, you must document the contact information from the medical professional that you spoke with, instructions that were given for administering the medication, child's name, date, time and amount and name of medication given.

SECTION 4: NUTRITION

Research shows that there are crucial relationships between nutrition and health, and health and learning. Mealtimes not only promote physical and mental development, they also are a time to enhance children's social skills. Children are beginning to hear about good manners and participate in the conversation at the table, whether it be by smiling in response to a caregiver's interaction or peer to peer interaction of preschoolers. Opportunities are also given to develop self-help skills by washing hands before and after meals, helping to set the table, serving themselves, using child-sized utensils, and clearing their place. The purpose of these requirements is to establish the minimum nutritional requirements for children in child care.

Meal Patterns

Child Care Rule .1718(a)(1)

- ★ All meals and snacks must comply with the Meal Patterns for Children in Child Care.
- ★ The types of food and number and size of servings must be appropriate for the ages and developmental levels of the children in care.

- ☑ The **Meal Patterns for Children in Child Care** is based on the recommended nutrient intake for children. The National Research Council bases these recommendations on what is adequate for maintaining good nutrition for children.
- ☑ If children bring food from home for their meals or snacks, or if food is catered, you are responsible for making sure it is nutritional and meets the **Meal Patterns for Children in Child Care**. If it does not, you must have additional food available to supplement the meals and snacks brought from home. You should share nutritional information and meal ideas with parents to ensure they provide a well-balanced meal for their children.
- 📁 A copy of the chart, **Meal Patterns for Children in Child Care Programs**, can be found in the resource section of this chapter.
- ☑ Non-nutritional food should only be served on special occasions.
 - Non-nutritional foods include such items as potato chips, popcorn, candy, cakes, and some cookies.
 - Special occasions include birthdays, holidays, activities used to enhance learning, or other similar events.
- ☑ Juices that are served must be 100% fruit juice.
- ☑ There are three different types of meals that can be served to children.

- breakfast must include at least three different food groups,
- snacks must include at least two different food groups, and
- lunch/dinner must include at least four different food groups.


It is required that milk be served when you provide breakfast, lunch or dinner.

HH Making the menu available to parents by posting in a prominent area helps inform parents about proper nutrition.


Get as much information as possible from the child’s parent regarding the child’s food allergies and/or special diet.


Special diet would include dietary requirements due to allergies or other medical issues, or could be for religious reasons. It does not include parental preferences.


HH Children’s food allergies should be posted. Some food allergies may cause serious, even life threatening reactions. You should know what to look for if a child has an allergic reaction and what measures should be taken in case of accidental exposure.


 The web site, <http://www.foodallergy.org>, for the Food Allergy and Anaphylaxis Network, provides information and resources about the management of food allergies and the use of epinephrine (Epi Pen Jr.).


HH One way to prevent obesity in children is to serve 1% milk to children who are 2 and older rather than whole milk.

 A **Menu Planning** form can be found in the resource section of this chapter.

 Refer to the resource section for Issue Brief 2 – **Best Practices for Nutrition, Physical Activity & Screen Media Time in Child Care Settings**. It provides practical nutrition, physical activity and screen media time recommendations for the child care environment.

 See the Resource Section of this chapter for strategies to prevent obesity in the article, **Why Child Care Matters for Obesity Prevention**.

 You have the opportunity to start children out with good eating habits. For useful tips and the new food pyramid by the USDA go to the following web site:
<http://www.mypyramid.gov/>

 Additional resources on nutrition:

- **USDA Center for Nutrition Policy and Promotion** – Information about healthy eating habits, dietary

guidelines, and healthy eating activities for children and adolescents. <http://www.cnpp.usda.gov/>





- **NC Action for Healthy Kids** is a nationwide initiative dedicated to improving the health and educational performance of children through better nutrition and physical activity in schools.
<http://www.ncactionforhealthykids.org/AboutUs.html>
- **Be Active Kids** is an innovative, interactive physical activity, nutrition, and food safety curriculum for NC preschoolers ages four and five.
<http://beactivekids.org/bak/Front/Default.aspx>
- **Eat Smart, Move More North Carolina** is a statewide movement that promotes increased opportunities for healthy eating and physical activity. Program tools have been designed for preschool and child care programs.
www.eatsmartmovemorenc.com/Preschool.html.
- **Child and Adult Care Food Program**
Reimburse licensed child care providers for meals and snacks served to children. For more information about this program call 919-707-5799 or go to www.nutritionnc.com/snp/cacfp.htm


Nutritional Requirements
Child Care Rules .1718(a)(2-3)

- ★ No child shall go more than four hours without a meal or snack being provided.
- ★ Drinking water must be freely available to children and offered frequently.
- ★ Only pasteurized milk, milk products or fruit juices may be used.

- ☑ Water should be offered to children more frequently in hot weather and after and during vigorous play.
- ☑ Remember infants, toddlers and young children may not be able to verbalize their needs. Children who cannot drink without help must be offered water regularly throughout the day.
- HH** Create ways to make water more accessible to children. Provide a water cooler in the indoor/outdoor area with paper cups, have a pitcher in the refrigerator that can be used indoors or taken outdoors, or have a child sized plastic pitcher that could be placed on a low table in the room.

Infant Feeding
Child Care Rules .1718(c),(d)

-  You must hold infants for bottle-feeding until they are able to hold their own bottles. The bottles must never be propped.
-  Each child shall be held or placed in feeding chairs or other age-appropriate seating apparatus to be fed.
-  Any child less than 15 months of age must have an individual written feeding schedule that is provided by the parent or the child’s health care provider.
-  Any infant formula must be prepared according to the instructions on the formula package or label, or according to written instructions from the child’s health care provider.

- An infant must never be laid down with a bottle.
- HH** Laying infants down with bottles can cause them to choke or aspirate the contents of the bottle. This may also contribute to long-term health issues such as ear infections, bottle mouth disease, orthodontic problems and speech disorders.
- An infant who is able to hold his or her own bottle and older children who can feed themselves may be placed in a high chair, booster seat, or at a child-size table with sturdy chairs or other age-appropriate seat while eating.
- HH** A child’s feet should be firmly on the floor or on a footrest to provide support for the upper body and their elbows should be able to rest comfortably on the table.
- Children may not walk around or sit on the floor while eating.
- The **Infant Feeding Schedule** must include the child’s name, the date the schedule was made, amounts of food/breastmilk/formula, time intervals for feeding, parent or health care provider’s signature, and the child’s date of birth.
- Whenever you have questions about the type or quantity of food that the parent listed on the **Infant Feeding Schedule**, check with the parent and/or an outside professional such as a health consultant, nutritionist or pediatrician for answers to your questions.
- The **Infant Feeding Schedule** should be updated in consultation with the child’s parent and/or health care provider, to reflect changes in the child’s needs as he or she develops. Ask the parent to initial changes you have noted on the schedule from verbal requests.
-  A sample **Infant Feeding Schedule** can be found in *Chapter 4 – Records and Activities*.

HH Microwaves should not be used to warm baby bottles. If you choose to warm baby bottles, warm them under warm running tap water.

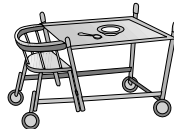
Can you suggest some examples of appropriate feeding devices?



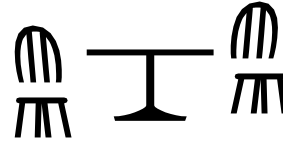
High chair




feeding table



child-size table and chairs



**Breastfeeding
Child Care Rule .1702(c)(9)**

 Accommodations for breastfeeding mothers are provided that include seating and an electrical outlet in a place other than the bathroom, that is shielded from view by staff and public, which may be used by mothers while they are breastfeeding or expressing milk.


Breastfeeding is the recommended feeding practice for infants, at least birth to 12 months and older, if mutually wanted by mother and infant. Encourage mothers to continue breastfeeding and provide breastmilk for their infant while in child care.

Importance of Breastfeeding:

- Breastfeeding supports optimal growth and development of infants.
- It decreases the possibility that babies will get a variety of infectious diseases, ear infections, diarrhea, and some forms of cancer.
- Breastfed infants have a lower incidence of sudden infant death syndrome.
- Breastfed infants have a lower risk of obesity in childhood and in adolescence.

A comfortable chair and an electrical outlet must be provided to mothers while they breastfeed or express milk. It should be shielded from the view of additional caregivers and other parents that may be present.

HH If space prevents you from providing a separate room for a breastfeeding mother, you may want to purchase a screen that can be set up in your primary space.

 Two resources on breastfeeding can be found at the end of this chapter, including **How to Handle Pumped Milk** and **10**

Ways Child Care Directors, Teachers, and Staff Can Support Breastfeeding.



Contact your local Breastfeeding Coordinator or Women, Infants, and Children (WIC) coordinator at the local health department to get up-to-date information on breastfeeding practices, how you can support breastfeeding, and potential grants supporting breastfeeding in child care programs.



For information on how to support breastfeeding in your Family Child Care Home, visit the NC Nutrition Services Branch website for information on promoting and supporting breastfeeding
<http://nutritionnc.com/breastfeeding/breastfeeding-home.htm>

Labeling Baby Bottles Child Care Rule .1720(d)(7)



You must date and label all bottles for each individual child when storing them in the refrigerator.



If you only have one child that is using a bottle then you are not required to label the bottle.

Meaningful Meal Times


- HH** Making the transition from playing to eating can be hard for some children. If children are over-stimulated from play, they may not feel like eating. Try to plan an activity that will relax the children and help them settle down before mealtime. Washing hands will also help ease the transition.
- HH** Have the meal ready to serve before calling children to the table or placing them in high chairs. When children are required to wait they often become restless and bored. Plan ahead to minimize wait time.
- HH** You can provide a positive example to children by eating the same foods they are and by discussing the foods being eaten, as part of nutrition education for children.
- HH** See mealtimes as an opportunity for interaction. Eat with the children in your care.
- HH** Activities such as reading books about farming and where different foods come from, or growing your own vegetable gardens with the children, will encourage the children to try foods that are new to them.

- HH** Cooking/science activities are opportunities to promote good nutrition. Choose activities that include nutritious foods, i.e., making a fruit salad.
- HH** Mealtime is important to a child’s development. The food they eat gives them the vitamins and nutrients needed to grow and stay healthy.

SECTION 5: FOOD SERVICE

The Division of Child Development does not require a sanitation inspection of Family Child Care Homes by the NC Department of Environment and Natural Resources. However, Child Care consultants monitor sanitary conditions as a part of their annual compliance visit as well as on any other visit that may occur in the course of the year.

Sanitary Procedures
Child Care Rule .1720(d)(4)

 **You must follow sanitary procedures when preparing and serving food to children.**

- All food must be served in a sanitary manner to minimize the possibility of spreading germs. Meals and snacks must be served on plates, napkins/paper towels or in containers appropriate for the age of the child. No food or snacks may be served directly on tabletops.
- You must wash your hands before and after handling food and feeding the children.
- You must be sure that children’s hands are washed before and after each child is fed.
- Children may not share bottles, plates, forks, spoons, cups, glasses or portions of food.
- Children must receive individual portions of food. For example: Two children cannot share one drink with two straws or one bowl of pudding with two spoons.
- HH** The following steps for hand washing should be followed to ensure sanitary food preparation:
 1. **Wet hands** with warm water, no less than 80° Farenheit and no more than 110° Fahrenheit.
 2. **Apply liquid soap** to hands.
 3. **Rub hands together** vigorously for at least 15 seconds. Rub areas between fingers, around nail beds, under fingernails, jewelry and back of hands.

4. **Rinse hands** under running water until they are free of soap and dirt. Leave the water running while drying your hands.
5. **Dry hands** with clean disposable paper towel or single use cloth towel.
6. **Turn off the faucet** with a disposable paper towel or single use cloth towel. Put disposable paper towel in covered trash container lined with a disposable plastic bag. Put single use cloth towel in the laundry hamper.

HH Although you are not required to sanitize the table before and after eating, this practice is highly recommended. It reduces the spread of communicable diseases.



Handwashing posters can be found on the NC Child Care Health and Safety Resource Center web site, www.healthychildcarenc.org, under the publications and resources tab. You may want to place this poster in the hand-washing areas.

Refrigerate All Perishable Food and Beverages Child Care Rule .1720(d)(6)



You must refrigerate all perishable food and beverages.

- The refrigerator must be in good repair and maintain a temperature of 45 degrees Fahrenheit or below. A refrigerator thermometer is required to monitor the temperature.
- Food left over in serving dishes or cooking containers does not need to be discarded if it has been maintained at the appropriate temperature and protected from contaminants.

SECTION 6: DIAPERING/TOILETING

Sanitary Toilet, Diaper Changing & Hand Washing Facilities Child Care Rule .1720(d)(2)



You must have sanitary toilet, diaper changing and hand washing facilities.

- Diaper changing areas must be separate from food preparation areas.
- Diapers should be changed on an easy to clean surface such as diaper changing table or vinyl or plastic changing pad.

- ☑ Any areas covered with or made of cloth, such as a towel, furniture, or carpet, may not be used as a surface for diapering. Bacteria may grow on feces left on these mater
- HH If you or the children use the same sink for both diapering and for food preparation, it is best practice to sanitize the sink by spraying the sink and faucets with a bleach solution after each diapering/toileting.

**Sanitary Diapering Procedures
Child Care Rule .1720(d)(3)**

- ★ You must follow sanitary diapering procedures.
- ★ Diapers should be changed whenever they become soiled or wet.

- ☑ You must regularly check children’s diapers to see if they have become soiled or wet. If diapers are not regularly changed a child can develop a rash or infection.
- HH To minimize the spread of germs the following diapering procedures are recommended when changing diapers or helping to toilet children:
 1. Get organized. Before bringing the child to the diaper changing area, wash your hands, gather and bring the supplies that you need to the diaper changing table (i.e., clean diaper, diaper cream, moistened wipes for cleaning the child, disposable gloves, a receptacle for the disposal of the dirty diaper, clean clothes if needed, and sanitizing solution for the diapering surface).
 2. Put on disposable gloves.
 3. Bring the child to the diaper changing area. Keep soiled clothing away from you and away from any surfaces you cannot easily clean and sanitize after the change.
 4. Clean the child’s diaper area. Remove stool and urine from front to back by using a fresh wipe or wet paper towel each time.
 5. Remove the soiled diaper without contaminating any surface not already in contact with stool or urine. Fold the soiled surface of the diaper inward. Put soiled disposable diapers, liner, soiled towelettes, then gloves in a covered, plastic-lined, hands-free covered receptacle. If reusable cloth diapers are used, put the soiled cloth diaper and its contents (without emptying or rinsing) in a plastic bag or into a plastic-lined, hands-free covered can to give to parents or laundry service.

- Wipe your hands with a disposable wipe. Wipe the child's hands with a fresh disposable wipe.
6. Put on a clean diaper and dress the child.
 7. Wash the child's hands for a minimum of 15 seconds and return the child to a supervised area.
 8. Clean and sanitize the diaper changing surface. Clean any visible soil from the changing surface with detergent and water; rinse with water. Wet the entire changing surface with the sanitizing solution (spray a sanitizing bleach solution of $\frac{1}{4}$ cup of household liquid chlorine bleach in one gallon of tap water, mixed fresh daily). Put away the spray bottle of sanitizer. If the recommended bleach dilute is sprayed on the surface, leave in contact with the surface for at least 2 minutes. The surface can be left to air dry or can be wiped dry after 2 minutes of contact with the bleach solution.
 9. Wash your hands.



Diaper procedure posters can be found on the NC Child Care Health and Safety Resource Center web site, www.healthychildcarenc.org, under the publications and resources tab. You may want to place this poster in the diaper changing area.

- HH** It is best practice to use disposable gloves when changing diapers. If you use disposable gloves:
- Put them on after gathering your supplies and before bringing the child to the changing table.
 - Remove gloves after disposing of soiled diaper.
 - Dispose of the gloves.
 - Clean your hands with a disposable wipe. Clean the child's hands with a fresh disposable wipe.
 - Follow steps 5, 6, 7 and 8 of the diapering procedure above.
 - Always wash your hands between diapering and toileting children.
- HH** To reduce the possibility of spreading germs, it is best practice to use disposable gloves if you have a cut or open wound on your hand.
- HH** A fun way to remember if you have washed your hands and the children's hands long enough is to wash your hands until you have finished singing a song such as "Row, Row, Row Your Boat" or "Happy Birthday" (or a song of similar length, fifteen seconds long).
- HH** Be cautious when changing diapers on an elevated surface.
1. Never leave a child unattended.
 2. Always have supplies readily accessible to you.

3. Position yourself so the child cannot roll or wiggle off the changing table.
4. Use a changing table or pad that has upward curved edges.
5. If an emergency arises, you should place the child on the floor or take the child with you.

SECTION 7: SLEEP

Daily Rest Time

NC General Statute 110-91(2)

- ★ You must provide daily rest time for each child.

- ☑ Rest time should be provided according to the needs of the child.
- ☑ Children do not have to sleep during rest time. You must provide some type of quiet activity if children are not able to sleep.

Sleeping Space




NC General Statute 110-91(6) & Child Care Rules .1718(a)(5); .1724(a)(2),(4)

- ★ Space shall be available for proper storage of beds, cribs, mats, cots, sleeping garments and linens.
- ★ Each child shall have their own individual sleeping space and linens.
- ★ Infants 12 months and younger must be placed in a crib, bassinet or play pen with a firm padded surface when sleeping.
- ★ Children's faces must not be covered while they sleep.

- ☑ Examples of adequate sleeping space include bed, crib, play pen, cot, mat or sleeping bag with individual linens. Children must be able to rest comfortably. If beds are used, only one child can be placed on each.
- ☑ Linens must be changed weekly or whenever they become soiled or wet and cannot be shared between children.
- ☑ Infants and toddlers should be able to rest or sleep when they are tired. Infants and toddlers often rest by playing quietly or just lying down and gazing. Sleep requires a safe place away from noise, movement and stimulation.

- HH** It is recommended, that children sleep at least 18 inches apart, to decrease the spread of germs.
- HH** It is best practice to not use a sofa/couch for a sleeping arrangement due to sanitation and the potential of children getting hurt should they roll off.
- HH** When setting up the environment, consider the ages of the infants and other children in care. Are you going to serve children of about the same age or children of mixed ages. Consider how you will alter the environment to protect younger infants from the older infants and children who are mobile.
- HH** If you have children who have difficulty going to sleep, some suggestions for helping them relax include reading books, playing soft music, closing the blinds, or having them lie down with their “special toy” or blanket.
- There should be enough light to supervise the children.
- HH** Cribs and play pens used for sleeping must be easily cleanable, and equipped with a firm, tight-fitting mattress made of waterproof, washable material at least 2 inches thick.
- HH** A large vinyl-covered mat on the floor can provide a place where infants and toddlers can move about safely. Children who stay in a crib or a play pen for extended periods of time will not experience the social, emotional, physical or intellectual stimulation, so important to their development.
- HH** There should be ample floor space for crawling, creeping, and toddling.

**Supervision During Sleep
Child Care Rule .1718 (a)(7)(B)**

-  For children who are sleeping or napping, the staff are not required to visually supervise them, but must be able to hear and respond quickly to them.
-  Children must not sleep or nap in a room with a closed door between the children and the supervising staff.
-  The staff must be on the same level of the home where children are sleeping or napping.



- Electronic monitors cannot be used as the way to hear
- Children cannot sleep in rooms with the door closed if you are in another room.
- Children may be placed in bedrooms that are on ground level as long as you can hear them and respond to them quickly. This means that your own children must sleep on the ground level except for overnight


care. When providing overnight care, your children may sleep in their own rooms, even if those rooms are not on ground level.

- You may not be outdoors and leave sleeping children indoors.

Infant Sleep Position

General Statute 110-91(15) & Child Care Rule .1724(a)(1),(4)

-  Infants must be placed on their backs to sleep unless there is a written waiver that specifies another sleep position.
-  Nothing may be placed over the head or face of an infant aged 12 months or younger when the infant is laid down to sleep.

- You are required to place infants 12 months and younger to sleep on their backs unless there is a written waiver from a health care professional specifying a different position.
- A health care professional is a physician licensed to practice in North Carolina, a nurse practitioner approved to practice in North Carolina, or a licensed physician assistant.
- A waiver from a parent for a different sleep position is allowed once the infant is at least six months old.
- You must develop safe sleep policies and review the policy with parents before the child enrolls, and parents need to sign a statement that they reviewed the safe sleep policies.
-  You can find detailed information on what to include in your safe sleep policy in *Chapter 2 - Safety*.
- You must visually check infants at designated intervals. You will note the intervals in your safe sleep policy. The visual checks can be documented on the sample Visual Check forms found in *Chapter 4 – Records and Activities*.
- If a baby rolls over into another position after you place the child on their back, the American Academy of Pediatrics does not recommend that you reposition the child on his or her back.
- HH** Parents are often concerned that putting a baby on their back to sleep will cause a flat spot on the back of the head. Changing a baby’s position throughout the day as well as ensuring plenty of tummy play time will minimize flatness. Tummy time also helps the child work on strengthening the neck muscles.



<http://www.nchealthystart.org>. Check this website from the Healthy Start Foundation to learn more about Sudden Infant Death Syndrome and the NC Back to Sleep Campaign.



ITS-SIDS information is available on the DCD website, www.ncchildcare.net, including information on background, related to the laws and rules, sample safe sleep policies, sample sleep charts, sample waivers, ITS-SIDS trainer list, trainer eligibility requirements and links to additional ITS-SIDS resources.

Overnight Care Requirements Child Care Rule .1701(h)

If you are licensed to provide overnight care, you may sleep during nighttime hours provided:

- ★ The operator and the children in care, excluding the operator’s own children, are on ground level.
- ★ All children are asleep.
- ★ You and all child care children are on the ground level of the home.
- ★ You can hear and respond to the children quickly.
- ★ A smoke detector wired into the electrical system with a battery back up, or two smoke detectors, one wired into the electrical system with another one that is battery operated is located in each room where children are sleeping.

- ☑ If you are licensed for overnight care, it will be indicated on your license as third shift care.
- ☑ Your own children may sleep in an upstairs room during overnight hours. During the day, your preschool children must nap in the same area used by the children enrolled in child care.

SECTION 8: OUTDOOR PLAY





*Recent attention has been given to the increasing number of children who are overweight or obese and the health issues that result. The American Academy of Pediatrics recommends increasing the amount of time spent in outdoor play because children are more physically active when they play outdoors. The Center for Disease Control and the National Association for Sports and Physical Education recommends **at least** 60 minutes of physical activity daily.*

Caregivers are in a unique position to utilize the outdoor environment to promote not only physical development but all types of development and learning. The outdoor learning environment offers a sense of freedom for children. Children are able to play freely with peers, expand their imagination and investigations beyond the restraints of indoor activities, release energy and explore their sense of touch, smell, taste and sense of motion.

The purpose of these requirements is to guarantee that all children in child care are given the opportunity to play outdoors on a daily basis.

Outdoor Play

NC General Statute 110-91(2) & Child Care Rules .1718(4), (10)(D-E)

-  Developmentally appropriate equipment and materials shall be provided for a variety of outdoor activities which allow for vigorous play, large and small muscle development, and social, emotional, and intellectual development.
-  The operator must provide space and time for vigorous indoor activities when children cannot play outdoors.
-  The written schedule must include a minimum of one hour of outdoor play throughout the day, if weather conditions permit.
-  The written schedule must include a daily gross motor activity which may occur indoors or outdoors.

- All children, including infants, toddlers, and school age-children must be taken outdoors daily, if weather conditions permit.
- Children who are too sick to go outdoors and/or are not able to participate in all daily activities, which include outdoor activities, should be excluded from care until they are well enough to participate in all parts of the program.
- HH** Taking children outside provides many benefits, such as fresh air, an environment more free of germ containment; physical fitness; stress reduction for you and children; and natural opportunities for active physical play.
- “Weather conditions permit” means:
 - Temperatures that fall within the guidelines developed by the Iowa Department of Public Health and specified on the Weather Watch chart. These guidelines must be used when determining appropriate weather conditions for taking children outside for outdoor learning activities and playtime. This chart may be downloaded free of charge from:

<http://www.idph.state.ia.us/hcci/common/pdf/weatherwatch.pdf>.


- Healthy air quality as forecast by the Department of Environment and Natural Resources' Air Quality Forecasts and Information web page.
- No active precipitation.


 A copy of the chart, **Child Care Weather Watch**, can be found in the Resource Section of this chapter.

HH Caregivers would be expected to shorten outside time on days that are very cold/very hot or not go outside at all. They should bring children inside if the children are uncomfortable.


HH Playing in gentle rain or snow is a learning experience and can be both educational and fun for children. Ask parents to bring weather appropriate clothes such as rain boots, coat, gloves, and hats.


Consult the Air Quality Index (AQI) for information about air quality and amount of time children can play outside. The AQI uses a color-coded system to indicate when air quality may be a health risk.

 For a color coded Air Quality Index guide and more information on ozone levels in your area, go to the web site for the Division of Air Quality, <http://xapps.enr.state.nc.us/aq/ForecastCenter>. You can also check your local news, listen to the radio or call 1-888-RU4NCAIR.

 See the resource section of this chapter for a color coded **Air Quality Index Guide**.

HH The schedule may need to be changed to allow children to go outdoors at the most appropriate time of the day. For example, in the heat of the summer taking children outside earlier when it is cooler or waiting until the afternoon in the winter when it is warmer.

 See *Chapter 2 – Safety* for information and rules for outdoor play equipment.

 See the resource section of this chapter for the following articles related to the outdoor learning environment:

- **Getting Started: Ten Free or Inexpensive Ideas to Enrich Your Outdoor Learning Environment Today**
- **What the Research Shows: A Summary of Research-Based Indicators of the Nature Deficit**

- **What’s In It For Me? What Teachers/Caregivers Can Expect to Gain From Taking on the OUTDOORS...**



Many people believe children will get sick from playing outside in cold weather. Children are actually more likely to stay well if they play outdoors during the winter months. Germs are not contained and concentrated outdoors. Refer to the Winter 2005 issue of the NC Child Care Health and Safety Bulletin on Outdoor Health and Safety for additional information on how the outdoors is healthy for children.

www.healthychildcarenc.org.



The North Carolina Outdoor Learning Environments (NCOLE) Alliance is a statewide collaboration comprised of organizations, agencies, and individuals focused on improving the quality of outdoor environments and experiences for all children. To access research and other supporting information on the benefits of outdoor play visit the Outdoor Section of the NC Office of School Readiness website at www.osr.nc.gov/ole.

SECTION 9: INDOOR AIR QUALITY

Smoke Free Program Child Care Rule . 1720 (f)



The operator must not use tobacco products at any time while children are in care.



Tobacco products may not be used indoors while children are in care or in a vehicle when transporting children.

SECTION 10: SCREEN TIME

Television exposure is associated with obesity, language delay, inactivity, aggression, and decreased attention spans. Children experience these negatives effects as well as miss out on important opportunities for socialization with peers and interactions with teachers when exposed to television viewing. The total amount of screen time a child experiences in a day nearly doubles if a Family Child Care Home caregiver exposes children to television. The American Academy of Pediatrics discourages television viewing in the first 2 years of life and recommends a daily limit of 1 to 2 hours of quality programming for older children. Rules are now in place to limit the amount of screen time.

Screen Time

Child Care Rule .1718 (11)

- ★ When screen time, including videos, video games, and computer usage, is provided, it shall be:
 - a) Offered only as a free choice activity,
 - b) Used to meet a developmental goal, and
 - c) Limited to no more than two and a half hours per week for each child two years of age and older.
- ★ Usage time periods may be extended for special events, projects, occasions such as a current event, homework, on-site computer classes, holiday, and birthday celebration.
- ★ Screen time is prohibited for children under the age of two years.
- ★ The operator must offer alternative activities for children under the age of two years.

- When multiple ages are in a room, make sure alternative activities are provided for children under two. Try to re-direct the toddlers to those activities when they go towards the television. If attempts have been made to interest the toddlers in other activities, especially by engaging in those other activities with them, and they still go to the television or computer with the other children, then you would be in compliance with the rule.

HH Refer to the resource section for Issue Brief 2 – **Best Practices for Nutrition, Physical Activity & Screen Media Time in Child Care Settings**. It provides practical nutrition, physical activity and screen media time recommendations for the child care environment.

Resource Section

Chapter 3: HEALTH

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

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

You may also wish to use this section to store additional resource materials that you have related to the chapter or information that is specific to your program.

Food Allergy Action Plan

Student's Name: _____ D.O.B: _____ Teacher: _____



ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

<u>Symptoms:</u>	<u>Give Checked Medication**:</u> <small>** (To be determined by physician authorizing treatment)</small>
▪ If a food allergen has been ingested, but <i>no symptoms</i> :	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Mouth Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Throat† Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Lung† Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Heart† Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Other† _____	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

†Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg (see reverse side for instructions)

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number: _____

3. Parent _____ Phone Number(s) _____

4. Emergency contacts:
Name/Relationship _____ Phone Number(s) _____

a. _____ 1.) _____ 2.) _____

b. _____ 1.) _____ 2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian's Signature _____ Date _____

Doctor's Signature _____ Date _____

(Required)

TRAINED STAFF MEMBERS

1. _____

Room _____

2. _____

Room _____

3. _____

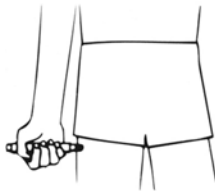
Room _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



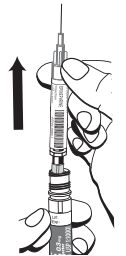
- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.

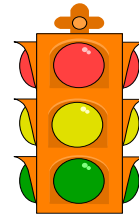


Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*





_____’s Asthma Action Plan DOB: _____
Child’s Name

Avoid Triggers: (Check all that apply)

<input type="checkbox"/> Illness	<input type="checkbox"/> Cigarette/other smoke	<input type="checkbox"/> Food:
<input type="checkbox"/> Emotions	<input type="checkbox"/> Exercise	<input type="checkbox"/> Allergies:
<input type="checkbox"/> Weather Changes	<input type="checkbox"/> Chemical odors	<input type="checkbox"/> Other:

**Green Zone:
Child breathing at best
Well**

- sleeps through the night without coughing or wheezing
- has no early warning signs of an asthma flare-up
- plays actively



Take Long-Term Control medications:

- _____
- _____
- _____
- _____



Take quick-relief medicines 15 minutes before active playtime.

- _____
- _____

**Yellow Zone:
Child not breathing at best
Sick**

- coughing or wheezing at night or at child care
- has early warning signs of a flare-up:

- has trouble doing usual activities/play,
- may self limit activities/squat/hunch over
- decrease in appetite/difficulty drinking or taking a bottle.



Take quick-relief medicines:

- _____
- _____

Adjust Long-Term Control medicines as follows until back in Green Zone:

- _____
- _____

Activity Restrictions:

- _____

Ozone Restrictions:

- _____

Call child’s parent if:

- child’s symptoms do not improve or worsen 15 to 20 minutes after treatment

Call the physician if:

- parent not available

**Red Zone:
Danger Zone
Emergency**

- breathing is hard and fast
- coughing, short of breath, wheezing
- neck and chest “suck in” skin between ribs, above the breastbone and collarbone when breathing
- has trouble walking or talking
- stops activities
- unable to drink or take bottle



Emergency Medicine Plan:

- _____
- _____
- _____
- _____



Call 911 if

- no improvement 15 minutes after quick relief medication given and
- nails or lips are blue
- is having trouble walking or talking
- cannot stop coughing

Parent: _____
Telephone: _____
Physician: _____
Telephone: _____

Physician Signature
 Date: _____

Child’s Name _____

Child’s Date of Birth: _____

Child Care Facility: _____ Teacher: _____ Classroom: _____

1 Parent/Guardian: _____ Phone (w): _____ (c): _____

2 Parent/Guardian: _____ Phone (w): _____ (c): _____

Physician: _____ Phone: _____

Physician Signature: _____ Date: _____

Diabetes Information

<u>Hyperglycemia (High Blood Sugar)</u>	<u>Hypoglycemia (Low Blood Sugar)</u>
<i>Not enough insulin in the body to allow sugar to be used</i>	<i>Usually happens before lunch or after exercise</i>
<ul style="list-style-type: none"> •Excessive thirst •Flushed dry skin •Frequent urination •Tired •Blurred vision •Excessive hunger •Fruity odor to breath •Fatigue •Weakness •Vomiting 	<ul style="list-style-type: none"> •Weakness, fatigue •Feeling faint •Dizziness •Shaky, trembling •Nausea •Rapid pulse •Excessive hunger •Abdominal pain •Confusion •Anxious, Irritability •Sweaty, Pallor •Slurred speech

First Aid for High Blood Sugar or Low Blood Sugar

<u>Hyperglycemia (High Blood Sugar)</u>	<u>Hypoglycemia (Low Blood Sugar)</u>
<ol style="list-style-type: none"> 1 Check the blood sugar with a glucose meter if signs & symptoms occur. 2 Stay with the child. 3 Call parent if blood sugar is above 250 4 Check urine for ketones. If positive call parent immediately. 5 Qualified person to administer insulin per physician’s order. Can be given by parent. 6 Call 911 immediately, if the child is in a coma or symptoms do not subside. 7 Provide adult supervision for the other children. 8 Stay with the child continuously. 	<ol style="list-style-type: none"> 1 Check the blood sugar with a glucose meter if signs & symptoms occur. 2 Stay with the child. 3 Give the carbohydrate supplement ordered by the physician if blood sugar is greater than 70 but less than 80 and child is conscious, cooperative, and able to swallow. <ul style="list-style-type: none"> •Give <u>15</u> grams of carbohydrates such as 4oz of fruit juice, 6oz of regular soda, 3 glucose tablets, 1 box of raisins OR _____ followed by a meal or snack of _____ (peanut butter crackers) 4 Check child’s blood sugar level again after 15 minutes. <ul style="list-style-type: none"> •If normal and symptoms are gone, child may resume normal activities •If blood sugar is still low, repeat supplement and call parent. •If still no improvement within 15–20 minutes, call physician. 5 Call 911, the parents, and the child’s physician, if <ul style="list-style-type: none"> • the child’s symptoms do not subside • the child loses consciousness • the child has a seizure 6 Give Glucagon _____ mg IM or sq for symptom of low blood sugar and child is unconscious, experiencing a seizure, or unable to swallow: 7 If child improves, you may give 4oz of juice until EMS arrives.

Diabetes Management

<p>❖ Blood Glucose Monitoring</p>	Normal Blood Sugar Range: _____ mg/dl to _____ mg/dl
	Usual times to check blood sugar at childcare: _____
	Other times to do <i>extra</i> checks: Before Active Play____ After Active Play____ Other _____
	Can the child check his/her own blood sugar? Yes _____ No _____ With Assistance _____

❖ Insulin	<p>Types of insulin taken: _____</p> <p>Usual times of insulin injections: _____ Basil Rate if on pump: _____</p> <p>Amount of insulin to give (if a sliding scale is used, physician must order below): _____</p> <p>Can child give his/her own injections? ___ Yes ___ No ___ With Assistance</p>																								
❖ Insulin Administration <i>*Carbohydrate intake units are to be used only for the lunch hour blood sugar check. For all other checks, use only the sliding scale units to determine how much insulin to administer.</i>	<p>1 Using the glucose meter, check the blood sugar. Be sure to follow the checklist for "Procedure for Recording and Reporting."</p> <p>2 Document the observed blood sugar in the log book and NOTIFY PARENT/GUARDIAN!</p> <p>3 Administer the insulin using the following calculations:</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Units of Insulin to Give</u></td> <td style="text-align: center;">PLUS*</td> <td style="text-align: center;"><u>Carbohydrate Intake to Give</u></td> </tr> <tr> <td style="text-align: center;"><u>Based on</u></td> <td></td> <td style="text-align: center;"><u>Based On</u></td> </tr> <tr> <td style="text-align: center;"><u>Sliding Scale of Blood Sugar Reading</u></td> <td></td> <td style="text-align: center;"><u>Units of Insulin Given</u></td> </tr> <tr> <td>Blood Sugar < 200 = ___ Units</td> <td>8-15mg Carb = ___ Units</td> <td>8-55mg Carbs= ___ Units</td> </tr> <tr> <td>Blood Sugar 200-300 = ___ Units</td> <td>16-23mg Carbs = ___ Units</td> <td>56-63mg Carbs= ___ Units</td> </tr> <tr> <td>Blood Sugar 300-400 = ___ Units</td> <td>24-31mg Carbs = ___ Units</td> <td>64-71mg Carbs= ___ Units</td> </tr> <tr> <td>Blood Sugar > 400 = ___ Units</td> <td>32-39mg Carb = ___ Units</td> <td>72-79mg Carbs= ___ Units</td> </tr> <tr> <td></td> <td>40-47mg Carbs = ___ Units</td> <td></td> </tr> </table>	<u>Units of Insulin to Give</u>	PLUS*	<u>Carbohydrate Intake to Give</u>	<u>Based on</u>		<u>Based On</u>	<u>Sliding Scale of Blood Sugar Reading</u>		<u>Units of Insulin Given</u>	Blood Sugar < 200 = ___ Units	8-15mg Carb = ___ Units	8-55mg Carbs= ___ Units	Blood Sugar 200-300 = ___ Units	16-23mg Carbs = ___ Units	56-63mg Carbs= ___ Units	Blood Sugar 300-400 = ___ Units	24-31mg Carbs = ___ Units	64-71mg Carbs= ___ Units	Blood Sugar > 400 = ___ Units	32-39mg Carb = ___ Units	72-79mg Carbs= ___ Units		40-47mg Carbs = ___ Units	
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❖ Qualified Staff	<p>Staff qualified to use glucose meter: _____</p> <p>Staff qualified to give insulin injections: _____</p>																								
❖ Supplies Location	<p>Diabetes care supplies are kept: _____</p> <p>Supplies of snack foods kept : _____</p>																								
Nutrition and Exercise																									
❖ Meals & Snacks	<p><i>Times of meals and snacks and indications for additional snacks for exercise:</i></p> <p>Breakfast time _____ am Dinnertime _____ pm</p> <p>Midmorning snack _____ am Bedtime snack _____ pm</p> <p>Lunch time _____ am Snack before exercise _____ am/pm</p> <p>Mid-afternoon snack _____ am Snack after exercise _____ am/pm</p> <p>Other times to give snacks: _____</p> <p>Preferred snack foods: _____</p> <p>Suggested treats for in-school parties: _____</p> <p>Foods to avoid, if any: _____</p>																								
❖ Exercise and Sports or Activity Restrictions	<p><i>Physician's order required</i></p> <p>Physical activity restrictions / limitations: _____</p> <p>_____</p> <p>_____</p> <p>Special activity accommodations that must be made? _____</p> <p>_____</p> <p>_____</p> <p>Child should not participate in active play if blood sugar is below _____ mg/dl or above _____ mg/dl.</p>																								

_____’s Seizure Action Plan

Child’s Name

Date of Birth: _____			
Parent: _____		Phone: _____	
Physician: _____		Phone: _____	
Physician Signature: _____		Date: _____	
Seizure Information			
Seizure Type	Length	Frequency	Description
Seizure triggers or warning signs:		Response after seizure:	
Special Considerations and Precautions: (activities, trips, diet)			
Treatment			
<input type="checkbox"/> Absence <input type="checkbox"/> Atonic <input type="checkbox"/> Complex Partial <input type="checkbox"/> Infantile Spasms	<ol style="list-style-type: none"> 1. Stay with the child during and after the seizure. Although the child may appear conscious, he/she may lose awareness of surroundings. 2. Be prepared to assist child to the floor if he loses consciousness. 3. Document seizure in log. 4. Notify parent. <p>Special Instructions:</p>		
<input type="checkbox"/> General Tonic/Clonic	<ol style="list-style-type: none"> 1. Do not restrain movement. Let the seizure run its course. 2. Turn child on side. Loosen the child’s collar. 3. Do not place anything in the mouth. Remove hard, sharp objects from the area. 4. If possible turn head to the side in the event he/she vomits. (Use “Universal Precautions” if child vomits.) 5. Observe, note time & be prepared to describe the pattern of the seizure. 6. Record details as they occur, or as soon as possible thereafter. 7. Notify parent. 8. When seizure is over, allow the child to rest. 9. Stay with the child until fully recovered or parent arrives. 		
Administer Emergency Medication: Emergency Response Call 911!	<p>Diastat order: _____</p> <p>Vagus Nerve Stimulator? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe magnet use: _____</p> <p>Call 911 if:</p> <ul style="list-style-type: none"> ▪ the seizure lasts more than _____ minutes, or ▪ the child has a continuous seizure, or ▪ the child remains unconscious after the seizure, or ▪ he or she is having difficulty breathing, or ▪ any injury resulted from the seizure. 		



Information based on information provided by Immunize North Carolina

Please use the following list of vaccines and brand names to assist you in assessing a child's immunization status. Vaccines may be listed on a child's immunization care by vaccine name, abbreviation, or brand name. Please note that some brand names contain more than one vaccine.

Disease and Vaccine Brand Names for Required Vaccines

Disease	Vaccine/Abbreviations	Brand Name
Diphtheria, Tetanus, Pertussis	DTaP, DTP	Tripedia Infanrix Daptacel
Hepatitis B	Hep B, HBV	Engerix B Recombivax HB
Haemophilus influenzae type b	Hib	PedvaxHIB* (PRP-OMP) HibTITER (HbOC) ActHIB (PRP – T)
Polio	IPV, OPV	IPOL
Measles, Mumps, Rubella	MMR	MMR II
Chickenpox	Varicella, VZ	Varivax

* 3 Pedvax doses are equivalent to 4 Hib doses

Combination Immunization Brand Names

Some health care providers give a child a single combination shot that includes more than one vaccine. On the child's shot card they can record the brand name of the shot next to one of the vaccines included in the combination shot, or next to each of the vaccines in the combination shot.

Vaccine	Brand Name
DTaP & Hepatitis B & IPV	Pediarix
DTaP & Hib	TriHIBit Tetramune
DTaP & IPV & Hib	Pentacel
DTaP & IPV	Kinrix
Hepatitis B & Hib	Comvax
MMRV	ProQuad

Recommended (but not Required) Vaccines

Vaccine	Brand Name
Influenza	Fluzone, Fluvirin, Fluarix or FluMist
Hepatitis A	Havrix or Vaqta
Pneumococcal 7-valent§	Prevnar
Pneumococcal (PPV-23)	Pneumovax
Rotavirus	RotaTeq

§ Childhood Pneumonia Vaccine, PCV-7

MEDICATION ERROR REPORT

Facility Name	State License Number	Facility Telephone Number																	
Child's Name		Child's Date of Birth																	
PRESCRIBED or AUTHORIZED Medication Information																			
Medication	Time	Date																	
		Dosage																	
		Route																	
<p>Date of Medication Error</p> <p>Reason for Report (circle all that apply and write how you gave the medicine/i.e., define the error.)</p> <p>Incorrect Child _____</p> <p>Incorrect Medication _____</p> <p>Incorrect Time _____</p> <p>Incorrect Date _____</p> <p>Incorrect Route _____</p> <p>Forgot to give medication _____</p> <p>No written permission from parent/guardian _____</p> <p>Expired permission from parent/guardian _____</p> <p>Medicine expired _____</p> <p>Other (be specific): _____</p>	<p>Time of Medication Error</p> <p>Describe /circle what you have observed:</p> <p>No change observed _____</p> <p>Change in child's behavior (describe) _____</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Temperature _____</td> <td style="border: none;">Seizures _____</td> </tr> <tr> <td style="border: none;">Moaning _____</td> <td style="border: none;">Diarrhea _____</td> </tr> <tr> <td style="border: none;">Itching _____</td> <td style="border: none;">Vomiting _____</td> </tr> <tr> <td style="border: none;">Rash/hives _____</td> <td style="border: none;">Trouble breathing _____</td> </tr> <tr> <td style="border: none;">Headache _____</td> <td style="border: none;">Crying _____</td> </tr> <tr> <td style="border: none;">Stomachache _____</td> <td style="border: none;">Sweating _____</td> </tr> <tr> <td style="border: none;">Trouble urinating _____</td> <td></td> </tr> <tr> <td style="border: none;">Change in skin color of lips or face _____</td> <td></td> </tr> <tr> <td style="border: none;">Other (be specific): _____</td> <td></td> </tr> </table>	Temperature _____	Seizures _____	Moaning _____	Diarrhea _____	Itching _____	Vomiting _____	Rash/hives _____	Trouble breathing _____	Headache _____	Crying _____	Stomachache _____	Sweating _____	Trouble urinating _____		Change in skin color of lips or face _____		Other (be specific): _____	
Temperature _____	Seizures _____																		
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Trouble urinating _____																			
Change in skin color of lips or face _____																			
Other (be specific): _____																			

Action Taken

Who have you notified?	Date notified (dd/mm/yyyy)	Signature of the Director or person giving medicine
Regional Poison Control Center: Yes No		
Parent/Guardian (required immediately): Yes No		
Encourage parent/guardian to notify health care provider: Yes No		
Child Care Health Consultant: Yes No		
Other: _____: Yes No		

Describe corrective action taken. (Indicate that an investigation will be done.)

Describe how the error or mishap could be avoided in the future.

Name and signature of all individuals involved in the error:

1. _____ Date _____

2. _____ Date _____

Child Care Facility Director/Administrator Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Anytime an error occurs at the child care facility and the child's condition requires medical attention, call 911 and/or Poison Control immediately. Fill out an Incident Report.

Original to Child's File

Licensing Consultant's Name (Print) _____

Child Care Health Consultant's Name (Print) _____

Communicable Diseases and Exclusion from Child Care

The following are guidelines developed for reference.

For more specific information:

- Call your Local Health Department
- Contact the NC Child Care Health & Safety Resource Center (1-800-367-2229)
- Visit the Center for Disease Control and Prevention website *Diseases and Conditions*: www.cdc.gov/DiseasesConditions/

Disease	Overview	Symptoms	Prevention	Exclusion
CMV (Cytomegalovirus)	Viral infection, common in children	-Mild to no symptoms	-Thorough handwashing -Can be harmful to fetus	Do not exclude.
Chicken Pox (Varicella-Zoster infection)	Infection caused by the varicella-zoster virus	-Rash (small, red, blistering bumps -Fever, runny nose, cough	-Varicella vaccine -Thorough handwashing and surface sanitation -Keep room well ventilated	Contact local Health Dept. Exclude until rash has become dry and crusted.
Diarrhea (Campylobacteriosis)	Infection caused by campylobacter bacteria	-Bloody diarrhea -Fever -Vomiting -Abdominal cramping	-Thorough handwashing and surface sanitation, especially after contact with animals and raw meat	Exclude if bloody or uncontrollable diarrhea.
Diarrhea (E.coli and E. coli 0157:H7)	Infection caused by Escherichia coli and Escherichia Coli 0157:H7 bacteria	-Loose stools (watery or bloody) -Abdominal pain -Fever	-Cook ground beef thoroughly -Use only pasteurized milk and juice products	Contact local Health Dept. Exclude until diarrhea ends, and 2 consecutive negative stool samples 24 hours apart at least 48 hours off antibiotics.
Diarrhea (Giardiasis)	Infection caused by Giardia lamblia parasite	-Watery diarrhea -Excessive gas -Abdominal pains -Decreased appetite -Weight loss	-Thorough handwashing -Caregivers who change diapers should not prepare food	Exclude until diarrhea ends.
Diarrhea (Norovirus)	Viral infection	-Acute onset of watery diarrhea and abdominal cramps -nausea - vomiting	-Thorough handwashing -Surface sanitation	Exclude until diarrhea ends.
Diarrhea (Rotovirus)	Viral infection, most common cause of diarrhea and vomiting	-Non-bloody diarrhea -Nausea and vomiting	-Thorough handwashing and surface sanitation	Exclude until diarrhea ends.

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Disease	Overview	Symptoms	Prevention	Exclusion
Diarrhea (Salmonellosis)	Infection caused by Salmonella bacteria	-Diarrhea -Fever -Abdominal cramps -Nausea or Vomiting	-Thorough handwashing -No reptiles -Avoid contact with raw eggs and poultry -Cook eggs and poultry thoroughly	Contact local Health Dept. Exclude until diarrhea ends, and 2 consecutive negative stool samples at least 24 hours apart and at least 48 hours after taking antibiotics.
Diarrhea (Shigellosis)	Infection caused by the Shigella bacteria	-Loose, watery stools with blood or mucus -Fever, headache -Abdominal pains -Convulsions	-Thorough handwashing -No shared water play -Sanitary diaper changing techniques -Sanitary food handling	Contact local Health Dept. Exclude until treatment is complete, and 2 consecutive negative stool samples at least 24 hours apart and at least 48 hours after taking antibiotics.
Fifth Disease (Erythema Infectiosum)	Infection caused by Human Parvovirus B19	-Fever, headache -Muscle and joint aches -Red, lace-like rash on torso, arms, and thighs that lasts 1-3 weeks	-Thorough handwashing and surface sanitation -Disposal of tissues contaminated with blood or mucus -Can be harmful to fetus	Do not exclude unless person has sickle cell syndrome, immune deficiency, or ordered by a health care professional.
German Measles (Rubella)	Uncommon, mild infection caused by Rubella virus	-Red or pink rash on the face and body -Swollen glands behind ears -Slight fever	-MMR vaccine. <i>Required.</i> -Can be very harmful to fetus	Contact local Health Dept. Exclude for 6 days after the beginning of the rash.
Hand-Foot-and-Mouth Disease (Coxsackievirus)	Infection caused by Coxsackie-virus, more common in summer and fall	-Tiny blisters in the mouth, on the fingers, palms or hands, buttocks, and soles of feet -Common cold-like symptoms (i.e. sore throat, runny nose, cough, and fever)	-When coughing or sneezing cover mouths and noses with a disposable tissue -Thorough handwashing after handling contaminated tissues or changing diapers	Do not exclude.

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Disease	Overview	Symptoms	Prevention	Exclusion
Head Lice (Pediculosis Capitis)	Small insects that draw blood from the scalp and lay tiny eggs (Nits) on hair shafts	-Itchy skin on scalp or neck -Scratching around ears and at the nape of the neck -White nits glued to hair	-Do not share brushes, hats, blankets, or pillows -Launder contaminated fabric with hot water and high-heat drying	Exclude until after treatment recommended by health care professional.
Hepatitis A (HAV)	Viral infection, causes liver inflammation	-Fever, fatigue -Jaundice (yellowing of skin or eyes) -Decreased appetite, abdominal pain	-HAV vaccine. <i>Not required.</i> -Regular and thorough handwashing	Contact local Health Dept. Exclusion is dependent upon local and state Health Department guidelines.
Hepatitis B (HBV)	Viral infection, causes liver inflammation	-Flu-like symptoms, fatigue, decreased appetite -Jaundice -Joint pain	-HBV vaccine. <i>Required.</i> -Cover open wounds or sores -Sanitize surfaces that have been contaminated with blood	Exclude if weeping sores, biting or scratching behavior, or a bleeding problem.
Hepatitis C (HCV)	Viral infection, causes liver inflammation	-Nausea, decreased appetite, fatigue -Jaundice -Muscle and joint pain	-Cover open wounds or sores -Sanitize surfaces contaminated with blood	Exclude if weeping sores, biting or scratching behavior, or a bleeding problem.
HIV/AIDS	Viral infection, progressively destroys the body's immune system	-Slow or delayed growth -Enlarged lymph nodes -Swelling of salivary glands -Frequent infections	-Wear gloves when handling blood or blood-containing fluids -Sanitize surfaces that have been contaminated with blood	Do not exclude, unless ordered by a health care professional.
Impetigo	Infection caused by streptococcal or staphylococcal bacteria	-Small, red pimples or fluid-filled blisters with crusted, yellow scabs on the skin	-Thorough handwashing -Disinfect and cover any open sores or wounds	Exclude as soon as infection is suspected and return after 24 hours of medication.
Influenza	Infection caused by a number of respiratory viruses	-Fever, chills, headache -Cough and sore throat -Muscle aches -Decreased energy	-Flu vaccine. <i>Not required but advised.</i> -Thorough handwashing	Do not exclude, unless ordered by a health care professional.

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Disease	Overview	Symptoms	Prevention	Exclusion
MRSA (Methicillin Resistant Staphylococcus aureus)	Infection caused by Staph bacteria resistant to broad-spectrum antibiotic treatment	-Small, red, pimple-like bumps -Abscesses (collection of pus under the skin)	-Thorough handwashing and surface sanitation -Do not share towels, clothing, or bedding -Keep wounds covered	Exclude if open, draining sores can not be covered and the dressing kept dry. Complex cases should be cleared by a health care professional.
Measles (Rubeola)	Infection caused by the measles virus, highly contagious	-Fever, cough, runny nose, red and watery eyes -Small, red spots in mouth -Rash spreading from the hairline downward	-MMR vaccine. <i>Required.</i> -Thorough handwashing and surface sanitation	Contact local Health Dept. Exclude for at least 4 days after the beginning of the rash.
Meningitis (<i>Pneumococcus</i> , <i>Meningococcus</i>)	Bacterial or viral infection, causes swelling or inflammation of brain and spinal cord tissue	-Fever, headache -Nausea, loss of appetite -Stiff neck -Confusion, drowsiness, irritability	-Hib vaccine. <i>Required.</i> -Thorough handwashing	Contact local Health Dept. Exclude as soon as infection is suspected until cleared by a health care professional.
Molluscum Contagiosum	Skin infection caused by a virus, similar to warts	-Small, flesh-colored bumps on the skin	-Thorough handwashing after touching bumps -Do not share towels, wash cloths, or blankets used by an infected child.	Do not exclude.
Mononucleosis (Mono)	Infection caused by the Epstein-Barr virus	Mild to no symptoms in young children.	-Thorough handwashing -Do not share objects contaminated with mucus	Do not exclude, unless ordered by a health care professional.
Mumps (Rubulavirus)	Viral infection with swelling of one or more salivary glands	-Swollen glands -Fever, headache, earache	-MMR vaccine. <i>Required.</i>	Contact local Health Dept. Exclude for at least 9 days after the beginning of swelling.

Communicable Diseases and Exclusion from Child Care

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Disease	Overview	Symptoms	Prevention	Exclusion
Pink Eye (Conjunctivitis)	Bacterial or viral infection, causes inflammation of eye tissue	-Red or pink, swollen, itchy eyes -Yellow or green discharge and crusting in the eyes	-Thorough handwashing before and after touching the eyes, nose, and mouth -Thorough sanitation of objects commonly touched by hands or faces	Exclude if bacterial until treatment has begun with antibiotic eye drops, or if health care professional recommends exclusion.
	Other causes: allergies and blocked tear ducts in infants			
Pneumonia	Bacterial or viral infection, causes Inflammation of lungs	-Cough, fever -Difficulty breathing -Loss of appetite -Muscle aches -Fatigue	-Thorough handwashing and surface sanitation -Dispose tissues contaminated with mucus	Do not exclude unless person has sickle cell syndrome, immune deficiency, or is ordered by a health care professional.
Pinworms (Enterobias)	Infection caused by small threadlike round worm	-Itching and irritation around the anal or vaginal area	-Thorough handwashing and sanitation of hard surfaces and toys -Change bedding often	Do not exclude.
RSV (Respiratory Syncytial Virus)	Viral infection caused by Respiratory Syncytial virus, causes common cold, occurs mostly in winter and early spring	-Cold-like symptoms -Respiratory problems (wheezing, difficulty breathing) -labored breathing or blue episodes	-Thorough handwashing and sanitation of hard surfaces and toys -Dispose of tissues contaminated with mucus	Do not exclude unless rapid or labored breathing or blue, or person has sickle cell syndrome, immune deficiency, or is ordered by a health care professional.
Ringworm	Infection caused by several kinds of fungi, may affect the body, feet, or scalp	-Red, circular patches on the skin -Cracking and peeling of skin between toes -Redness, scaling of scalp	-Cover skin lesions -Do not share objects that come in contact with the head (hats, brushes, bedding, etc.)	Exclude until treatment is started.
Roseola (Human Herpesvirus 6)	Viral infection causing a rash in children ages 6-24 months old	-High fever -Red, raised rash	-Thorough handwashing	Do not exclude.

Communicable Diseases and Exclusion from Child Care

The following are guidelines developed for reference.

For more specific information:

- Call your Local Health Department
- Contact the NC Child Care Health & Safety Resource Center (1-800-367-2229)
- Visit the Center for Disease Control and Prevention website *Diseases and Conditions*: www.cdc.gov/DiseasesConditions/

Disease	Overview	Symptoms	Prevention	Exclusion
Scabies (Sarcoptes scabiei)	Infestation on the skin by small insects (mites)	-Rash, severe itching -Itchy red bumps or blisters in skin folds	-Contain clothing and bedding that can not be laundered in plastic bags for at least 4 days -Launder bedding and clothing in hot water with a hot dry cycle	Exclude until treatment recommended by health care professional is completed.
Strep Throat	Infections caused by Group A streptococcus bacteria	-Sore throat, fever, headache -Decreased appetite, stomachache -Swollen lymph nodes	-Thorough handwashing -Avoid direct contact with potentially infected individuals	Exclude until antibiotics have been administered for at least 24 hours.
Scarlet Fever		-Sunburn-like rash with tiny bumps that may itch -Fever, sore throat, swollen glands -Yellow or white coating on tongue and throat		
TB (Tuberculosis)	Infection caused by a bacterium, usually affecting the lungs	-Chronic cough -Weight loss -Fever, chills, night sweats -Positive skin test	-When coughing or sneezing cover mouths and noses with a disposable tissue	Contact local Health Dept. Exclude until cleared by a health care professional.
Whooping Cough (Pertussis*)	Contagious bacterial infection that causes mild to severe coughing	-Cold-like symptoms -Coughing that leads to vomiting, loss of breath, or blue face -Whooping sound when inhaling after coughing	-DTaP vaccine, for children less than 7 years of age. -Tdap vaccine, for persons 10 years and older. -Thorough handwashing	Contact local Health Dept. Exclude until at least 5 days of antibiotic treatment has been completed.

DAILY CHILD CARE HEALTH CHECK

INSTRUCTIONS:

Complete the daily health check when you greet each child and parent upon arrival. It usually takes less than a minute.
Observe the child throughout the day and upon the child's departure.

Greet the child and parent. Interact with both. Be on the child's level.

- | | |
|---|---|
| <p>➤ Check and observe the child's:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Behavior <input type="checkbox"/> Physical Condition <ul style="list-style-type: none"> ○ Breathing ○ Skin ○ Eyes, nose, ears, and mouth | <p>➤ Talk with the parent about the child's:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sleeping <input type="checkbox"/> Eating and drinking <input type="checkbox"/> Bowels and urinating <input type="checkbox"/> Mood and behavior at home <input type="checkbox"/> Unusual events |
|---|---|

CHART FOR DAILY HEALTH CHECKS:

Child's Name _____		BEHAVIOR CHECK	PHYSICAL CONDITION CHECK	TALK WITH PARENT	COMMENTS
Week of _____ date _____					
Monday	AM				
	NOON				
	PM				
Tuesday	AM				
	NOON				
	PM				
Wednesday	AM				
	NOON				
	PM				
Thursday	AM				
	NOON				
	PM				
Friday	AM				
	NOON				
	PM				
Additional Comments:					

Cleaning Up Body Fluids

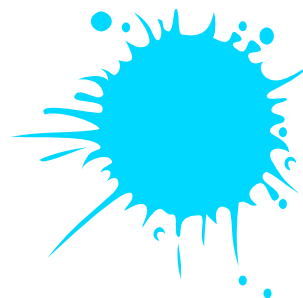


Treat urine, stool, vomit, blood and all body fluids as potentially infectious. Spills of body fluid should be cleaned up and surfaces sanitized with a strong sanitizing or disinfecting solution (1 tablespoon of bleach to 1 quart of water, 500-800 ppm of chlorine). Alternative sanitizing solutions must be approved by the U.S. Environmental Protection Agency (EPA) and their Material Safety Data Sheet (MSDS) must be kept on file.




For small amounts of urine and stool on smooth surfaces

1. Wipe off and clean away visible soil with a detergent solution.
2. Rinse the surface with clean water.
3. Apply disinfecting solution to the surface.
4. Let it air dry.

Follow the directions for EPA approved disinfectants.



For larger spills on floors, or any spills on rugs or carpets

	1. Wear gloves while cleaning. Wear disposable gloves when cleaning a spill that may contain blood. Use either disposable gloves or household gloves for other body fluids.
2. Avoid splashing any contaminated material onto the mucous membranes of the eyes, nose or mouth, or into any open sores.	
Smooth surfaces and floors	Carpets, rugs, and surfaces covered with fabric
3. Wipe up as much visible material as possible with disposable paper towels. Place soiled paper towels and other soiled disposable material in a leak-proof, plastic bag. Securely tie or seal the bag.	3. Vacuum carpets, rugs or surfaces covered with fabric with a wet/dry vacuum, if available, OR blot the area to remove body fluids as quickly as possible. 
	4. Clean the spill area with a detergent or a disinfectant-detergent.
4. Spot clean the area with a detergent-disinfectant (not bleach solution). Shampooing or steam cleaning the area may be necessary.	4. Spot clean the area with a detergent-disinfectant (not bleach solution). Shampooing or steam cleaning the area may be necessary.
5. Rinse the area with clean water.	5. Do not rinse the area.
6. Disinfect surface by wetting the affected area with a strong bleach solution (500-800 ppm) OR use industrial disinfectant, following manufacturer's direction.	6. When cleaned with a detergent-disinfectant, disinfecting happens by applying and extracting the solution until there is no visible soil. Follow the manufacturer's directions for product use.
7. Dry the surface.	
8. Clean with detergent, rinse, and disinfect reusable household gloves . Remove, dry and store these gloves away from food or food surfaces. OR Discard disposable gloves in a plastic bag. Securely tie or seal the plastic bag.	
9. Clean with detergent, rinse and disinfect all mops and other equipment used to clean up the spill. Wring out excess water or solution and air dry.	
10. Wash Your Hands .	
11. Remove clothing soiled by body fluids (staff and children). Place in plastic bag. Securely tie or seal the bag.	
12. Wash soiled skin and hands of everyone involved.	
13. Put on fresh clothes (staff and children).	

SITUATIONS THAT REQUIRE IMMEDIATE MEDICAL ATTENTION

In the two boxes below, you will find lists of common medical emergencies or urgent situations you may encounter as a child care provider. To prepare for such situations:

- 1) Know how to access Emergency Medical Services (EMS) in your area.
- 2) Educate staff on the recognition of an emergency.
- 3) Know the phone number for each child's guardian and primary health care provider.
- 4) Develop plans for children with special medical needs with their family and physician.

At anytime, if you believe the child's life may be at risk, or you believe there is a risk of permanent injury, seek immediate medical treatment.

Call Emergency Medical Services (EMS) immediately if:

- You believe the child's life is at risk or there is a risk of permanent injury.
- The child is acting strangely, much less alert or much more withdrawn than usual.
- The child has difficulty breathing or is unable to speak.
- The child's skin or lips look blue, purple, or gray.
- The child has rhythmic jerking of arms and legs and a loss of consciousness (seizure).
- The child is unconscious.
- The child is less and less responsive.
- The child manifests any of the following after a head injury: decrease in level of alertness, confusion, headache, vomiting, irritability, or difficulty walking.
- The child has increasing or severe pain anywhere.
- The child has a cut or burn that is large, deep, and/or won't stop bleeding.
- The child is vomiting blood.
- The child has a severe stiff neck, headache, and fever.
- The child is significantly dehydrated: sunken eyes, lethargic, not making tears, not urinating.

After you have called EMS, remember to call the child's legal guardian.

Some children may have urgent situations that do not necessarily require ambulance transport but still need medical attention. The box below lists some of these more common situations. The legal guardian should be informed of the following conditions. If you or the guardian cannot reach the physician within one hour, the child should be brought to a hospital.

Get medical attention within one hour for:

- Fever in any age child who looks more than mildly ill.
- Fever in a child less than 2 months (8 weeks) of age.
- A quickly spreading purple or red rash.
- A large volume of blood in the stools.
- A cut that may require stitches.
- Any medical condition specifically outlined in a child's care plan requiring parental notification.

AMERICANS WITH DISABILITIES ACT

COMMONLY ASKED QUESTIONS RELATED TO GIVING MEDICINE IN CHILD CARE

The Americans with Disabilities Act (ADA), passed July 26, 1990 as Public Law 101-336 (42 U.S.C. Sec. 12101 *et seq.*), became effective on January 26, 1992. The ADA requires that child care provider/directors not discriminate against persons with disabilities on the basis of disability, that is, that they provide children and parent/guardians with disabilities with an equal opportunity to participate in child care programs and services. Child care facilities must make reasonable modifications to their policies and practices, such as giving medicine, to integrate children with disabilities.

1. Q: Does the Americans with Disabilities Act – or “ADA” – apply to child care centers? What about family child care homes?

A: Yes. Almost all child care facilities, even small, home-based centers regardless of size or number of employees, must comply with title III of the ADA. Child care services provided by government agencies must comply with title II. The exception is child care centers that are actually run by religious entities such as churches, mosques, or synagogues. Activities controlled by religious organizations are not covered by title III.

2. Q: Our facility has a policy that we will not give medication to any child. Can I refuse to give medication to a child with a disability?

A: No. In some circumstances, it may be necessary to give medication to a child with a disability in order to make a program accessible to that child. Disabilities include any physical or mental impairment that substantially limits one or more major life activities including asthma, diabetes, seizure disorders, or attention deficit hyperactivity disorder (ADHD).

3. Q: What about children who have severe, sometimes life-threatening allergies to bee stings or certain foods? Do we have to take them?

A: Generally, yes. Children cannot be excluded on the sole basis that they have been identified as having severe allergies to bee stings or certain foods. A child care facility needs to be prepared to take appropriate steps in the event of an allergic reaction, such as administering a medicine called “epinephrine” that will be provided in advance by the child’s parents or guardians.

4. Q: What about children with diabetes? Do we have to admit them to our program? If we do, do we have to test their blood sugar levels?

A: Generally, yes. Children with diabetes should not be excluded from the program on the basis of their diabetes. Providers should obtain written authorization from the child’s parents or guardians and physician and follow their directions for simple diabetes-related care. In most instances, they will authorize the provider to monitor the child’s blood sugar – or “blood glucose”. The child’s parents or guardians are responsible for providing all appropriate testing equipment, training, and special food necessary for the child.

5. Q: What about children with asthma? Do we have to admit them to our program?

A: Generally, yes. Children with asthma should not be excluded from the program on the basis of their medical condition. Providers should obtain written authorization from the child’s parents or guardians and physician and follow their directions for asthma care.

6. Q: Are there any reference books or video tapes that might help me further understand the obligations of child care providers under title III?

A: Yes, the Arc published *All Kids Count: Child Care and the ADA*, which addresses the ADA’s obligations of child care providers. Copies are available by calling **1-800-433-5255**. For general information child care providers may call the Department of Justice Information Line at **1-800-514-0301**.

Checklist for Administering Medication

- ___ 1. Check for the permission slip signed by the parent.
- ___ 2. Take the medication out of the locked storage area.
- ___ 3. Double check the amount of the dosage.
- ___ 4. Give the exact dosage to the child.
- ___ 5. Return any remaining medication to the locked storage area.
- ___ 6. Write down the time and the dosage given.
- ___ 7. Sign the medication log.

All medications given to children by the facility staff must be in the original container. No medication can be given without written permission from the parent. The parent must indicate in writing the name of the medication, the exact dosage, the times to be given each day, the days to be given, the name of the child, and they must sign this request. Medication that must be refrigerated must be kept in a locked box in the refrigerator.

Meal Patterns for Children in Child Care Programs

The Child Care Commission approved the use of the United States Department of Agriculture (USDA) meal patterns as the minimum amount of food which can be served to comply with the licensing standards for adequate nutrition. The Recommended Dietary Allowance is based on the age, sex, weight, and height of an individual.

	Child Meal Pattern		
Breakfast	1-2 year olds	3-5 year olds	6-12 year olds
Milk —must be fluid milk	1/2 cup	3/4 cup	1 cup
Vegetable or fruit or 100% fruit juice	1/4 cup	1/2 cup	1/2 cup
Grains/Breads —must be enriched or whole grain			
Bread	1/2 slice	1/2 slice	1 slice
OR, Cornbread or biscuit or roll or muffin	1/2 serving	1/2 serving	1 serving
OR, Cold dry cereal	1/4 cup	1/3 cup	3/4 cup
OR, Hot cooked cereal	1/4 cup	1/4 cup	1/2 cup
OR, Cooked pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
Lunch or Supper	1-2 year olds	3-5 year olds	6-12 year olds
Milk —must be fluid milk	1/2 cup	3/4 cup	1 cup
Meat/Meat alternate			
Lean meat, poultry, or fish without bone	1 oz	1 1/2 oz	2 oz
OR, Alternate protein product	1 oz	1 1/2 oz	2 oz
OR, Cheese	1 oz	1 1/2 oz	2 oz
OR, Egg (large)	1/2 egg	3/4 egg	1 egg
OR, Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
OR, Peanut butter or other nut or seed butters	2 tbsp	3 tbsp	4 tbsp
OR, Nuts and/or seeds	1/2 oz	3/4 oz	1 oz
OR, Yogurt, plain or sweetened	4 oz	6 oz	8 oz
Vegetable or fruit or 100% fruit juice —serve two different vegetables and/or fruits to equal	1/4 cup	1/2 cup	3/4 cup
Grains/Breads —must be enriched or whole grain			
Bread	1/2 slice	1/2 slice	1 slice
OR, Cornbread or biscuit or roll or muffin	1/2 serving	1/2 serving	1 serving
OR, Cold dry cereal	1/4 cup	1/3 cup	3/4 cup
OR, Hot cooked cereal	1/4 cup	1/4 cup	1/2 cup
OR, Cooked pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
Snack—select 2 of the 4 components	1-2 year olds	3-5 year olds	6-12 year olds
Milk —must be fluid milk	1/2 cup	1/2 cup	1 cup
Vegetable or fruit or 100% fruit juice	1/2 cup	1/2 cup	3/4 cup
Grains/Breads —must be enriched or whole grain			
Bread	1/2 slice	1/2 slice	1 slice
OR, Cornbread or biscuit or roll or muffin	1/2 serving	1/2 serving	1 serving
OR, Cold dry cereal	1/4 cup	1/3 cup	3/4 cup
OR, Hot cooked cereal	1/4 cup	1/4 cup	1/2 cup
OR, Pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
Meat/Meat alternate			
Lean meat, poultry, or fish	1/2 oz	1/2 oz	1 oz
OR, Alternate protein product	1/2 oz	1/2 oz	1 oz
OR, Cheese	1/2 oz	1/2 oz	1 oz
OR, Egg	1/2 egg	1/2 egg	1/2 egg
OR, Cooked dry beans or peas	1/8 cup	1/8 cup	1/4 cup
OR, Peanut or other nut or seed butters	1 tbsp	1 tbsp	2 tbsp
OR, Nuts and/or seeds	1/2 oz	1/2 oz	1 oz
Or, Yogurt, plain or sweetened	2 oz	2 oz	4 oz

Menu Planning Form

Week of _____

MEAL PATTERNS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<u>Breakfast</u> Juice or fruit Bread and/or cereal Milk, fluid (three food groups)					
<u>A. M. Supplement</u> Milk, juice, fruit or vegetable bread or cereal (two food groups)					
<u>Lunch</u> Meat and/or alternate Vegetables and/or fruits Bread Butter/margarine Milk, fluid whole Other foods (four food groups)					
<u>P. M. Supplement</u> Milk, juice, fruit, vegetable, bread or cereal (two food groups)					
<u>Supper</u> Meat and/or alternate Vegetables and/or fruits Bread Butter/margarine Milk, fluid whole Other foods (four food groups)					

Best Practices for Nutrition, Physical Activity & Screen Media in Child Care Settings



Issue Brief #2 ♦ 2009

The child care setting strongly influences child behavior and early habits.

Successful childhood obesity prevention efforts focus on creating healthy environments that make healthy choices possible. Research shows that nutrition, physical activity, and screen media behaviors are linked to a child's physical and social development.

This issue brief offers practical steps based on recommendations from leading researchers, clinicians, child care providers and others in the child care field. These best practices can serve as a guide for policy change in all types of child care settings. While some actions are easy to do, others increase costs and require additional effort. To fully implement these steps, child care providers will require more support, training, technical assistance, and funding from public and private sources.

- Children who receive CACFP meals eat healthier food than children who bring meals and snacks from home.¹
- Adding portable play equipment to an outdoor preschool playground significantly increases physical activity in 3-5 year old boys and girls.²
- For 3 year olds, each one hour increment of TV viewing per day is linked to consumption of more sugar-sweetened beverages, fast food, and calories; and less fruit, vegetables, calcium, and fiber.³

1. Make every calorie count by offering a variety of healthy foods.

Children's early experiences with food influence their preferences and consumption—they like what they know. Good eating habits come from exposure to healthy food and pleasant meal and snack times. Below are some specific measures that child care providers can take.

- Develop and follow a menu that includes a selection of nutritious foods.
- Include nutrition and feeding policies and practices in the orientation for new employees and regularly review policies with employees.
- Include a policy about foods brought from home in the parent guidebook.
- Find out if you are eligible for the USDA Child and Adult Care Food Program (CACFP) to help with food costs and menu planning.
- Provide meals, snacks, and beverages as suggested by a nutrition consultant, or as required by licensing or CACFP.



Recommendations

- ✓ **Grain products:** Make most of your grains whole. Look on labels for the words whole wheat or whole oats, etc. These provide fiber to help digestion.
- ✓ **Vegetables:** Vary your veggies. Consider new ways to serve them. Use to introduce different colors, shapes and textures.
- ✓ **Fruits:** Try new colors. Choose fresh, frozen, canned or dried.
- ✓ **Meat & Meat Alternatives:** Choose lowfat or lean meats and limit high fat products (hot dogs, chicken nuggets, etc.). Try different types of bean products.
- ✓ **Milk products:** Go lowfat (1%) or fat free for children 2 years and older. Limit flavored milks.
- ✓ **Juice:** If you serve juice, make it 100% juice and only provide to children older than 12 months. Serve in cups not bottles and limit to 4 ounces per day.
- ✓ **Sweetened Beverages:** Avoid beverages with added sweeteners. Instead, offer milk to provide calcium and Vitamin D which are essential for bone growth.
- ✓ **Water:** Make water available at all times. Encourage water with snack and meal times.
- ✓ **Low-nutrition, high fat, high calorie foods:** Offer sparingly and provide healthy suggestions to parents for special events.

2. Create healthy meal and snack times.

- Serve food in common bowls and pitchers to pass around so children can serve themselves.
- Have adults eat with children for safety and to model healthy eating.
- Introduce new foods with familiar foods.
- Let the child decide how much to eat.

Healthy meal times are not just about the food.



3. Move throughout the day.

A child's health, development, and learning depend on getting physical activity every day.

- Offer 30-60 minutes of age-appropriate physical activity and play daily.
- Train teachers to engage and lead children in physical activities.
- Incorporate movement (stretching, dancing, marching, jumping, crawling) into all aspects of the curriculum, including transition times.
- Include policies in the parent handbook about outside play and physical activity. Ask parents to dress children in clothes that encourage active play. Keep extra mittens, hats, and coats on hand.

Physical activity is more than exercise.



4. Minimize Screen Media Time.

Even young children are widely exposed to screen media—television, video, video games, computers, phones—every day. The long term effects are unknown. However, research has linked TV viewing by young children to increased aggressive and antisocial behavior, lower academic performance, poor nutrition, obesity, and sleep disorders. Because of these adverse effects, the American Academy of Pediatrics (www.aap.org) recommends:

- No TV viewing for children younger than 2 years.
- Limit children's total media time for non-educational purposes to no more than 1-2 hours per day.
- Encourage active games, listening and moving to music, and creative play to foster interaction and help brain development.

Less screen time means more time for play.



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- ¹ Bruening KS et al. *Journal of the American Dietetic Association*. 1999 Dec;99(12):1529-35.
- ² Hannon JC, Brown BB. *Preventive Medicine*. 2008 Jun;46(6):532-6.
- ³ Miller SA et al. *International Journal of Pediatric Obesity*. 2008;3(3):168-76.

For more information and tools to put these practices in action see www.cphn.org



Prepared by the University of Washington Center for Public Health Nutrition.
Support for this project was provided by a grant from the Robert Wood Johnson Foundation.

Why Child Care Matters for Obesity Prevention



Issue Brief #1 ♦ 2009

Child care needs to be part of any strategic plan for obesity prevention.

Healthy child development depends on eating nutritious food and being physically active every day. This is especially important during the preschool years when children are rapidly building their brains and bodies.

Millions of America's children spend hours in out-of-home child care each day. The care environment greatly influences what children eat and do, and can play a key role in preventing childhood obesity. Policies for nutrition, physical activity, screen media, and training for child care providers are important tools for getting children on track for good health.

- Over 80% of children under age 5 spend some time in non-parental care.¹
- 18.4% of 4-year-old US children are obese.²
- Overweight preschool children are 5 times more likely to be overweight at age 12 than those who were never overweight.³

1. Child care impacts children at a critical stage of development.

Obesity prevention must start early in life. Many young children have little opportunity for sustained physical activity during child care and are fed high calorie, low nutrient foods. Child care practices and policies can have widespread and long-term impact.



2. Child care practice is associated with childhood obesity.

A large national study found that the type of child care in the year before kindergarten is linked to obesity. Children cared for by a parent or in licensed child care centers are less likely to start kindergarten obese than children in child care offered by extended family, friends, and neighbors.⁴ In the US, 33 to 53% of children under 5 yrs old with employed parents are cared for in these unlicensed settings.⁵ This underscores the need for education and policies that support good practices in all types of child care.

3. Child care offers opportunities for health promotion.

Obesity prevention efforts must happen both in and out of the home. Guidelines that encourage healthy behaviors for children in child care can also benefit their families. Providing information to parents can increase their understanding of children's nutritional needs and help improve home meals and sack lunches sent to child care.

4. Child care is an investment in tomorrow's students.

Well fed, healthy children are better prepared to focus and learn in the classroom. Quality child care across all settings would help reduce differences in early learning experiences that can lead to gaps in school readiness.

References

- ¹ US Census Bureau. 2005. <http://www.census.gov>
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- ⁴ Maher EJ et al. *Pediatrics*. 2008 Aug;122(2):322-30.
- ⁵ National Center for Children in Poverty. 2008. http://www.nccp.org/publications/pub_835.html

For more information see www.cphn.org



Prepared by the University of Washington Center for Public Health Nutrition.
Support for this project was provided by a grant from the Robert Wood Johnson Foundation.

Child Care Sheet: How to Handle Pumped Milk

Breastfed Babies Welcomed Here!

As a result of supportive child care centers and homes such as yours, we are seeing an increase in mothers continuing to breastfeed their babies after returning to work or school. This is good news for everyone: children are healthier, parents miss less work, and childcare absenteeism is lower. Praise your mothers for providing precious milk to their breastfed babies and follow a few basic safety guidelines listed below.

Accepting Pumped Mother's Milk

- Most centers have a preference whether pumped mother's milk shall arrive as liquid or frozen milk. Ask mother to bring enough milk each day, plus some extra for hungry days, in serving sizes ready to serve.
- Pumped milk arrives each day with the mother and baby's name on each container

Mother's milk is a food and should be handled with care

Keep milk frozen or refrigerated until feeding time.



- Wash hands as for food preparation
- Send unused milk home with mother each day
- Milk left after each feeding must be discarded within an hour of being taken out of the refrigerator

Labels on containers of milk

- Parents will bring containers of milk each day labeled
- Date the milk when milk is unfrozen (thawed ready to use)

Mother's name
Baby's name
Frozen 7/18
Thawed 10/7



Frozen milk can be stored safely up to a year. Always return unused milk to mother.

Warming Milk to Thaw (unfreeze)

- Milk should be thawed by running cool water over the container or swirling the container in a bowl of warm water. **NEVER USE A MICROWAVE TO THAW OR WARM MILK.** (Too much heat can change or destroy important proteins and vitamins. You also risk burning your baby's mouth and throat.)
- It is not necessary to warm milk but some babies prefer it.
- Mother's milk separates as it sits in the refrigerator. Shake the bottle back and forth gently to mix layers back together. It does not look like baby formula or regular milk. It may have a green or blue tint.

Storing and Feeding

- Once frozen milk is thawed, use it within 24 hours and do not freeze again.
- Keep unfrozen milk refrigerated.
- Avoid wasting mother's precious pumped milk. Feeding bottles or cups should have just the amount both you and the mother think the baby will take at each feeding. This may be 1 to 2 ounces for very young infants.

For More Information

Call your local community WIC Program Breastfeeding Coordinator. To locate call North Carolina Family Health Resource Line: 1-800-FOR-BABY (1-800-367-2229). TTY for hearing-impaired in English and Spanish: 1-800-976-1922.
Open Monday - Friday, 8:00 a.m. to 5:00 p.m. except holidays.

North Carolina Child Care Health & Safety Resource Center: www.healthychildcarenc.org

State of North Carolina Department of Health Human Services
Division of Public Health • Nutrition Services Branch
www.nutritionnc.com

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1/05 - DHHS# 4211





10 Ways Child Care Programs Can Support Breastfeeding

1. Educate staff and parents about the importance of breastfeeding.
2. Train staff in the skills necessary to handle, store and feed the mother's milk properly.
3. Review with parents how to properly store and label milk for child care program use.
4. Provide a comfortable place for mothers to nurse their babies or pump (express milk).
5. Develop a feeding plan with the parents that is regularly updated and posted in the infant room.
6. Refer mothers to the Breastfeeding Coordinator or Woman, Infant, and Children's Coordinator at the local Health Departments. Keep a list of community resources related to breastfeeding and infant nutrition in child care and contact them for educational opportunities.
7. Display posters and provide brochures for new mothers and parents of breastfeeding babies to show that your child care supports breastfeeding and best practice.
8. Provide updates to staff on best practices and trends related to breastfeeding.
9. Allow staff sufficient break time to breastfeed or express milk while working.
10. Get feedback about your breastfeeding support by including a related question on your parent surveys.

Sources:

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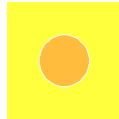
Understand the Weather

Wind-Chill



- 30° is **chilly** and generally uncomfortable
- 15° to 30° is **cold**
- 0° to 15° is **very cold**
- 20° to 0° is **bitter cold** with significant risk of **frostbite**
- 20° to -60° is **extreme cold** and **frostbite** is likely
- 60° is **frigid** and exposed **skin will freeze** in 1 minute

Heat Index



- 80° or below is considered **comfortable**
- 90° beginning to feel **uncomfortable**
- 100° **uncomfortable** and may be **hazardous**
- 110° considered **dangerous**

All temperatures are in degrees Fahrenheit

Child Care Weather Watch

Wind-Chill Factor Chart (in Fahrenheit)

		Wind Speed in mph								
		CALM	5	10	15	20	25	30	35	40
Air Temperature	50	50	48	40	36	32	30	28	27	26
	40	40	37	28	22	18	16	13	11	10
	30	30	27	16	9	4	0	-2	-4	-6
	20	20	16	4	-5	-10	-15	-18	-20	-21
	10	10	6	-9	-18	-25	-29	-33	-35	-37
	0	0	-5	-21	-36	-39	-44	-48	-49	-53
	-10	-10	-15	-33	-45	-53	-59	-63	-67	-69
	-20	-20	-26	-46	-58	-67	-74	-79	-82	-85
	-30	-30	-36	-58	-72	-82	-87	-94	-98	-102



Comfortable for out door play



Caution



Danger

Heat Index Chart (in Fahrenheit)

		Relative Humidity (Percent)															
		15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
Temperature (°F)	110	108	112	117	123	130	137	143	150								
	105	102	105	109	113	118	123	129	135	142	149						
	100	97	99	101	104	107	110	115	120	126	132	138	144				
	95	91	93	94	96	98	101	104	107	110	114	119	124	130	136		
	90	86	87	88	90	91	93	95	96	98	100	102	106	109	113	117	122
	85	81	82	83	84	85	86	87	88	89	90	91	93	95	97	99	102
	80	76	77	77	78	79	79	80	81	81	82	83	85	86	86	87	88
	75	71	72	72	73	73	74	74	75	75	76	76	77	77	78	78	79

Child Care Weather Watch

Watching the weather is just part of the job for child care providers. Planning for playtime, field trips, or weather safety is part of the daily routine. The changes in weather require the child care provider to attend to the health and safety of children in their care. What clothing, beverages, and sun screen are appropriate? Dress children to maintain a comfortable body temperature (warmer months - lightweight cotton, colder months - wear layers of clothing). Drinking beverages helps the body maintain a comfortable temperature. Water or fruit juices are best. Avoid high sugar content beverages and soda pop. Sunscreen may be used year around. Use a sunscreen labeled as SPF-15 or higher. Apply sunscreen generously and frequently. Read the label of the sunscreen product. You can also use sunscreen to block harmful rays from the sun. Look for sunscreen with UVB and UVA ray protection. Have children play in shaded areas or create shade in the play area.



Condition **GREEN** - Most children may play outdoors and be comfortable. Child care providers should watch for the child that becomes uncomfortable while playing outdoors.

INFANTS AND TODDLERS Infants/toddlers are unable to tell the child care provider if they are too hot or cold. The infant/toddler may become fussy when uncomfortable. Infants/toddlers tolerate shorter periods of outdoor play. Dress infants/toddlers in lightweight cotton or cotton-like fabrics during the warmer months. In cooler or cold months dress infants in layers to keep them warm. Protect infants from the sun by using sunscreen and playing in shaded areas. Give beverages while playing outdoors.

YOUNG CHILDREN Use precautions regarding clothing, sunscreen, and beverages. Young children need to be reminded to stop play and drink a beverage and apply more sunscreen.

OLDER CHILDREN Use precautions for clothing, beverages, and sunscreen. The older child needs a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens). Apply sunscreen and give beverages while outdoors.

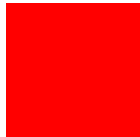


Condition **YELLOW** means the child care provider must use caution and closely observe the children for signs of being too hot or cold while outdoors. Clothing, sunscreen, and beverages are important. Shorten the length of outdoor time.

INFANTS AND TODDLERS Child care providers should use the precautions outlined in Condition Green. Clothing, sunscreen, and beverages are important. Shorten the length of time for outdoor play.

YOUNG CHILDREN Use the precautions regarding clothing, sunscreen, and beverages. Younger children may insist they are *not* too hot or cold because they are enjoying playtime. Child care providers need to structure the length of time for outdoor play for the young child.

OLDER CHILDREN Use precautions for clothing, sunscreen, and beverages. Use a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens), applying sunscreen and drinking liquids remain important while playing outdoors.



During condition **RED** most children should not play outdoors due to the health risk.

INFANTS/TODDLERS should play indoors and have ample space for large motor play.

YOUNG CHILDREN may ask to play outside and do not understand the potential danger of weather conditions.

OLDER CHILDREN may play outdoors for very short periods of time. Child care providers must be vigilant about proper clothing, beverages, and use of sunscreen

Understand the Weather

The weather forecast may be confusing unless you know the meaning of the words used by your weather forecaster.

- **Blizzard Warning:** There will be snow and strong winds that produce a blinding snow, deep drifts, and life-threatening wind chills. Seek shelter immediately.
- **Heat Index Warning:** How hot it feels to the body when the air temperature (in Fahrenheit) and relative humidity are combined.
- **Relative Humidity:** The percent of moisture in the air.
- **Temperature:** The temperature of the air in degrees Fahrenheit.
- **Wind:** The speed of the wind in miles per hour.
- **Wind Chill Warning:** There will be sub-zero temperatures with moderate to strong winds expected which may cause hypothermia and great danger to people, pets & livestock.
- **Winter Weather Advisory:** Winter weather conditions are expected to cause significant inconveniences and may be hazardous. If caution is exercised, these situations should not become life threatening.
- **Winter Storm Warning:** Severe winter conditions have begun in your area.
- **Winter Storm Watch:** Severe winter conditions, like heavy snow and ice are possible within the next day or two.

Air Quality Color Guide

Air Quality Index	Guidelines to protect your health	Care for the air
Good 0-50 <i>Code Green</i>	No health effects expected.	<ul style="list-style-type: none"> ■ Conserve energy: drive less and use less electricity. ■ Carpool, use public transportation, bike or walk whenever possible. ■ Keep your car, boat, lawnmower and other engines tuned and maintained. ■ Keep tires properly inflated and wheels aligned. ■ Never burn your trash. This is illegal and releases toxic chemicals. <p>Avoid burning leaves and brush, which is sometimes legal but always pollutes the air.</p>
Moderate 51-100 <i>Code Yellow</i>	Unusually sensitive people: consider limiting prolonged or heavy exertion.	
Unhealthy for Sensitive Groups 101-150 <i>Code Orange</i>	Children, active people, older adults, and those with heart or lung disease (like asthma): limit prolonged or heavy exertion.	
Unhealthy 151-200 <i>Code Red</i>	Children, active people, older adults, and those with heart or lung disease (like asthma): avoid prolonged or heavy exertion. Everyone else: limit prolonged or heavy exertion.	
Very Unhealthy 201-300 <i>Code Purple</i>	Everyone: avoid all exertion.	

The daily air quality forecast covers two common air pollutants:

Ground-level ozone forms when pollutants from cars, power plants and other sources combine in hot sunlight. Ozone is a lung irritant that causes shortness of breath, irritates throats and eyes, and aggravates asthma. Ozone levels are highest outdoors from early afternoon to early evening on hot, sunny days.

Particle pollution is a mixture of very small solids and liquids suspended in air. These tiny particles can reach deep into the lungs, where they can aggravate asthma and other lung conditions, and even cause heart problems. Particle pollution can be high at any time of day or night, and any time of year. High particle levels often are caused by forest fires or residential wood burning, especially when weather conditions causes pollution to stay close to the ground.

The daily forecast always tells you which pollutant is of greatest concern.

Air Quality Forecasts and Information: www.ncair.org / 1-888-RU4NCAIR (1-888-784-6224)

What Color Is Your Air?

Facts you should know about air quality

How can air quality affect your health?

Air pollution irritates the lungs and respiratory system, and can even affect the heart. Air pollution can make asthma worse, trigger asthma attacks, or cause the onset of asthma. Even healthy people can have trouble taking deep breaths on “bad air” days, and can experience damage to lung tissues. Repeated damage, especially during childhood, can reduce lung function permanently. Particle pollution, a type of air pollution, has been linked to serious cardiac problems including arrhythmias and heart attacks.

Who’s at risk?

Anyone can experience health effects – whether noticed or unnoticed – at air pollution levels of code red or above. But these sensitive groups can be affected at lower levels:

- All children. Children breathe at a higher respiratory rate, their lungs are still developing, and they are likely to be active outdoors. Children also have a higher rate of asthma.
- Older adults, because they are more likely to have undiagnosed heart or lung disease.
- Anyone with respiratory disease such as asthma or emphysema, and anyone with a heart condition such as coronary artery disease or congestive heart failure.
- Anyone who is frequently active outdoors. In addition, certain “unusually sensitive” individuals can experience breathing problems even at code yellow levels.

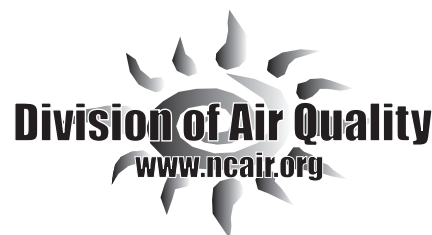
How can you protect your health?

- Know the Code. Pay attention to the daily air quality forecast.
- Know your body. Be aware of any health conditions that may increase your risk. Notice if you experience breathing difficulties or other problems on bad air days.

- Limit your outdoor physical activity on code orange or worse days, especially if you’re a member of a sensitive group. Pollution exposure depends on the length of time and level of exertion. Any activity that raises your breathing rate increases your risk. You don’t need to stay indoors, but “take it easy” outdoors to reduce your risk.
- If you have a heart condition, use special caution on forecasted high particle pollution days. Particle pollution can be high at any time of day or night, unlike ozone pollution, which is highest in the afternoons. Particles also can penetrate indoors, unlike ozone, so indoor particle levels may be higher than normal on high particle pollution days. Limit indoor exertion, as well as outdoor exertion, on forecasted high particle days.
- Do your share to care for the air. Driving less, keeping your car tuned, and using less electricity reduces emissions from cars and coal-fired power plants, so that everyone can breathe easier.

How can I get the daily air quality forecast?

- Subscribe to e-mail or text forecast notifications at www.enviroflash.info
- Check the NC Division of Air Quality website at www.ncair.org
- Check your newspaper’s weather page, or watch your local TV weather report. Some TV news broadcasts report orange, red, or purple forecasts only.
- Call the Air Awareness hotline at 1-888-RU4NCAIR (1-888-784-6224)





play outside!

Getting Started: Ten Free or Inexpensive Ideas to Enrich Your Outdoor Learning Environment Today*

- 1. Plant a tree . . . or shrub or bush.** Your Cooperative Extension Agency or the US Forest Service may be able to help you locate free, native trees such as dogwood, longleaf pine, redbud, sassafras or native red cedar. Blueberries and oakleaf hydrangea are good choices for versatile bushes. A three foot tall fig tree (\$12) will double in size in one year and will provide a shady retreat where children can play while still in your sight. Fig leaves are very interesting. When the fruit matures, the children can harvest figs for cooking activities. Yummy!
- 2. Hang a bird feeder . . . or two or three.** Use the area just outside the classroom window so children can watch the birds when they are playing inside, too. Birds are attracted to different kinds of seeds and food. Experiment and help the children discover various birds' preferences.
- 3. Create a special place for digging.** Use existing dirt or buy soil from a nursery. Provide shovels, spoons, buckets and whatever accessories complement the play themes that children initiate. What might happen if you filled the dirt digging area with sand? A tarp will protect the digging area when it's not in use.
- 4. Place a log outside the heavily trafficked area.** Children can use the log as a bench. Little scientists will discover captivating beetles under the bark. They can roll the log to find all sorts of interesting things underneath. They can observe changes as the log disintegrates over time.
- 5. Designate a table or shelf as an outside discovery center.** This is an area where items collected during nature walks can be placed and studied. Collections of rocks, seeds, pine cones and leaves can be counted, sorted, sequenced and drawn. Encourage children to bring natural items to the center that have been collected from their homes and neighborhoods.
- 6. Plant a cornfield.** (Think on a three-year-old scale.) Chart the growth of the stalks. Pumpkins planted under the shelter of the corn will thrive if the soil is good and rich. Imagine all the science and math the children will learn beginning with planting season through harvest. What fun to stand in the middle of the 'field' shaded by lush plants!
- 7. Create a whiskey barrel herb garden.** Plant chives, rosemary, parsley, marjoram, lavender, bronze fennel and basil for a fragrant and edible garden that will attract beautiful butterflies. Cost? Whiskey barrel (\$20), soil (\$20), plants (\$15). Alternative enclosures could be cinder blocks, logs, a tire . . . Don't forget to water!
- 8. Construct a rose arbor.** Okay, this one may take longer than a day to pull off but you may have a talented parent who would love to help. Imagine a shady, sweetly fragrant outdoor space with seating where children and adults can gather to play, read, dance, stage plays, or simply experience natural beauty . . . ahhh. A thornless climbing vine such as the Banksiae Rose will cover a wooden arbor in no time. The fragrance is incredible. Eventually, children will notice birds building nests in the arbor and imaginations will light up with possible uses for such an appealing outdoor space.

- 9. Plant a North Carolina heritage garden.** Okra and black-eyed peas do well together. Cabbage and turnips or a three sisters garden of beans, corn and squash would be fun to grow. Harvest and cook the vegetables. If you grow okra, harvest and cook the okra, but leave some to dry on the stalk. Watch them develop into beautiful striped seed pods that make wonderful rhythm instruments for small hands. When you are ready, take the dried pods apart to find the seeds. Plant them in the spring. Pods can also be used to create animal figures.
- 10. Inventory natural elements.** Take a walk with the children around your outdoor environment to document what you find. Use photographs, charts, tape recorders and dictation to record observations. Even toddlers can make bark rubbings. How many trees are on the playground? How many animals and what kinds of animals live there? What colors do you notice? Expand on the documentation by creating a list of what the children would like to see/do/smell/hear in their outdoor environment. This activity may lead to amazing transformations . . .

***We've heard from administrators and teachers who value high quality outdoor environments and understand the importance of nature and exploration for the physical, emotional/social, and cognitive well-being of children. This document is intended to inspire those who are ready to make the leap and want a place to start.**

Mary Bradford, Nancy Easterling, Trish Mengel and Virginia Sullivan
Professional Development Work Group of the NC Outdoor Learning Environment (OLE) Alliance



Children & Nature Network

Building a Movement to Reconnect Children and Nature

What the Research Shows: A Summary

RESEARCH-BASED INDICATORS OF THE NATURE DEFICIT

- Children today spend less time playing outdoors than any previous generation. 82 percent of mothers with children between the ages of 3 and 12 cited crime and safety concerns as one of the primary reasons they do not allow their children to play outdoors. (Clements, 2004)
- Today's children have a more restricted range in which they can play freely, have fewer playmates who are less diverse, and are more home-centered than any previous generation. (Karsten, 2005)
- Children's free play and discretionary time declined more than seven hours a week from 1981 to 1997 and an additional two hours from 1997 to 2003, totaling nine hours less a week of time over a 25-year period in which children can choose to participate in unstructured activities. (Hofferth and Sandberg, 2001; Hofferth and Curtin, 2006)
- Children between the ages of six months and six years spend an average of 1.5 hours a day with electronic media, and youth between the ages of 8 and 18 spend an average of 6.5 hours a day with electronic media—that's more than 45 hours a week! (Kaiser Family Foundation, 2005 and 2006)
- Obesity in children has increased from about 4 percent in the 1960s to close to 20 percent in 2004. (Centers for Disease Control and Prevention, 2006)
- 62 percent of children do not participate in any organized physical activity and 23 percent do not participate in any free-time physical activity. (Centers for Disease Control and Prevention, 2003)
- The percent of children who live within a mile of school and who walk or bike to school has declined nearly 25 percent in the past 30 years. Barely 21 percent of children today live within one mile of their school. (Centers for Disease Control and Prevention, 2006)
- While 71 percent of adults report that they walked or rode a bike to school when they were young, only 22 percent of children do so today. (Beldon Russonello and Stewart Research and Communications, 2003)

- 94 percent of parents say that safety is their biggest concern when making decisions about whether to allow their children to engage in free play in the out- of- doors. (Bagley, Ball and Salmon, 2006)
- Children predominantly play at home, with their activities monitored and controlled by adults, compared to children a generation ago. Only 3 percent of today's children have a high degree of mobility and freedom in how and where they play. (Tandy, 1999)
- Children can identify 25 percent more Pokemon characters than wildlife species at eight years old. (Balmfold, Clegg, Coulson and Taylor, 2002)

RESEARCH-BASED INDICATORS OF NATURE'S BENEFITS TO CHILDREN

- Contact with the natural world can significantly reduce symptoms of attention deficit disorder in children as young as five years old. (Kuo and Taylor, 2004)
- The greener a child's everyday environment, the more manageable are their symptoms of attention-deficit disorder. (Taylor, Kuo and Sullivan, 2001)
- Access to green spaces for play, and even a view of green settings, enhances peace, self-control and self-discipline within inner city youth, and particularly in girls. (Taylor, Kuo and Sullivan, 2001)
- Green plants and vistas reduce stress among highly-stressed children in rural areas, with the results the most significant where there are the greatest number of plants, green views and access to natural play areas. (Wells and Evans, 2003)
- Proximity to, views of, and daily exposure to natural settings increases children's ability to focus and enhances cognitive abilities. (Wells, 2000)
- Nature is important to children's development in every major way—intellectually, emotionally, socially, spiritually and physically. Play in nature is especially important for developing capacities for creativity, problem-solving, and intellectual development. Therefore changes in our modern built environments should be made to optimize children's positive contact with nature. (Kellert, 2005)
- Children will be smarter, better able to get along with others, healthier and happier when they have regular opportunities for free and unstructured play in the out-of-doors. (Burdette and Whitaker, 2005)
- Positive direct experience in the out-of-doors and being taken outdoors by someone close to the child—a parent, grandparent, or other trusted guardian—are the two factors that most contribute to individuals choosing to take action to benefit the environment as adults. (Chawla, 2006)

- Children who experience school grounds with diverse natural settings are more physically active, more aware of nutrition, more civil to one another and more creative. (Bell and Dymment, 2006)
- Outdoor experiences for teens result in enhanced self-esteem, self-confidence, independence, autonomy and initiative. These positive results persist through many years. (Kellert with Derr, 1998)
- Factoring out other variables, studies of students in California and nationwide show that schools that use outdoor classrooms and other forms of nature-based experiential education produce significant student gains in social studies, science, language arts, and math. One recent study found that students in outdoor science programs improved their science testing scores by 27 percent. (American Institutes for Research, 2005)
- Studies of children in schoolyards with both green areas and manufactured play areas found that children engaged in more creative forms of play in the green areas, and they also played more cooperatively. (Bell and Dymment, 2006)

Visit the Children & Nature Network, www.cnaturenet.org, for C&NN's Annotated Bibliographies of Research and Studies, Volumes 1 and 2 (2007).

What's In It For Me?

What Teachers/Caregivers can expect to gain from “taking on” the OUTDOORS . . .

By Virginia Sullivan, Principal, Learning by the Yard, Consultants to School Grounds, and Janet McGinnis, Program Consultant, NC Office of School Readiness

It's good for you, too!

A rose is a rose
is a rose . . . (but
so much more!).
Did you know
that floral scents
contribute to
cognitive
functioning –
making teachers
as well as
children smarter,
more alert and
ready to learn?



The April 2007 issue of the NC Child Care Health and Safety Bulletin is filled with information about how the outdoors is healthy for children and important for their growth and development (www.healthychildcarenc.org). Well guess what? It's healthy for adults too! When you think about your typical day in your early care and education setting, how much time are YOU spending in the fresh air, in full spectrum sunlight, in an environment that has lots of “green” – plants, trees? The health benefits of being outdoors continues throughout life. There is even evidence that exposure to green spaces is healing. Research tells us that in hospital settings, patients that have window views onto green space (plants, trees.) heal faster than those who don't. We are just beginning to understand the health value of the outdoors for all of us.

Pleasure and relief from stress:

Many teachers who develop rich outdoor environments report that they can't wait to get to school to see what is happening outside. They say that being outside makes them feel calm, happy and peaceful. And the pleasure is guilt-free. Research shows that when adults share this interest and pleasure with children, it contributes to children's learning and well being.

Sense of freedom:

When you open the door for the children to go outside, babies will kick with joy, toddlers attempt to run, and older children “charge” across the play yard with delight and enthusiasm, expressing their joy in the freedom found outside the classroom. Have you ever noticed that you feel the same way?

Many teachers have had little chance themselves to explore nature outside. You may therefore think you don't know enough about nature. But you don't have to have all the answers. Children will notice and ask about the most incredible things (as you know) It is fun, freeing and appropriate for teachers to respond to questions by saying, “Let's find out together! This is how we learn...”.

Need exercise?
No time to go to
the gym? Try
playing “follow the
leader” with a
child. Let them
lead you and see
how much exercise
you get!

This is a chance for you to enjoy the details in nature, notice the shape of a leaf, the color of a flower, the sound of the wind. By talking about what you see, hear, and feel, you are modeling language and showing children that you care about the environment. Think of it as free educational materials: acorns for counting, leaves for sorting and counting, shadows to notice, branches to build with, shrubs to hide in, flowers to smell, birds to observe...

The environment as teacher:

Many teachers say a well-equipped outdoor environment is like having another teacher. Why is that? . . . Because children are naturally curious and attracted to things in their environment. They want to explore hills, trees, plants, butterflies, worms, grass, sand, water . . . sunshine and shadow. A rich outdoor environment suggests things to do.' Try chasing your shadow!' 'Climb up the hill.' You will find that children talk more and ask more questions in the outdoor environment. All of this is great for their development and exciting for you as well!



Photo by Wendy Banning

***So . . . have fun . . . play outside . . . knowing you are doing the right thing for children
...and for yourself!***

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The Hundred Languages of Children (1987) City of Reggio Emilia Department of Education, Reggio Emilia, Italy.

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(www.healthychildcarenc.org).

Chapter 4: RECORDS AND ACTIVITIES

As a Family Child Care Home operator you are required to maintain accurate records for the children in your care, for yourself, for additional caregivers, and for program administration. Records are used to verify that your program is meeting the child care requirements for a Family Child Care Home.

Children's records consist of items such as a medical and immunization history, emergency medical care information, and parental acknowledgement that they received information about behavior management policies, a summary of the NC child care law, ITS-SIDS policies as well as the provisions you will make for children when attending to routine tasks. The operator and additional caregiver records ensure that children are being cared for by individuals who are healthy, have no criminal record, and meet certain education and safety training standards. Lastly, your program records provide information about how often you conduct fire drills, what you will do in case of an emergency, as well as any reports required by local ordinances. All records are used by your child care consultants to verify compliance with the requirements.

Four checklists have been designed for you to use to help with record keeping. The checklists are: Children's Records, Operator Records, Additional Caregiver Records, and Program Records. The checklists and a copy of each form listed on the checklists are located in the Resource Section of this chapter. Most of the forms can also be found on the Division of Child Development web page at <http://ncchildcare.dhhs.state.nc.us/providers/pvprovideforms.asp>.




Family Child Care Home operators must establish and implement daily activities that are based on each child's individual stage of development. You should consider carefully the curriculum and activities you plan to implement. Having a written description of your schedule and a daily activity plan gives you and parents a common understanding, helps define the service and contributes to the relationship between the provider and parent. Written schedules and activity plans provide parents with a clear picture of the child's day.


SECTION 1. GENERAL RECORD KEEPING

Detailed information about children's records, provider records, and program records is discussed throughout the handbook. The record checklists in the resource section of this chapter note the chapters you will find the information that corresponds with the record topic

Record Keeping

NC General Statutes 110 – 91(9), (14) & Child Care Rule. 1721(c)(6)




-  You must keep accurate records for each child receiving care and for each staff member or other person delegated responsibility for the care of children.
-  Your license may be revoked or denied if there is any effort to falsify information.
-  All records, except financial records, must be available for review by the Division at all times.

- The following records must be posted in your Family Child Care Home where they are easily seen by parents:
 Child Care License
 Summary of NC Law
 Emergency Telephone Numbers
 Safe Sleep Chart/Notice of Waiver
- The written schedule must be displayed in a place where parents are able to view.
- Operators must determine if any additional records must be posted based on local ordinances.
- Operators must keep accurate daily attendance records for all children in care, including the operator’s own children. The attendance record must indicate the date and time of arrival and departure for each child.
-  A sample attendance record form is in the resource section of this chapter.
- The notice of an infant with a sleep position waiver must be posted near the infant’s crib, bassinet or play pen and must include 1) the infant’s name, 2) the infant’s authorized sleep position, and 3) the location of the signed waiver.
- The Health Questionnaire completed by the operator and additional caregivers must be completed annually.
- Records may be maintained in a paper format or electronically, except that records that require a signature of a staff person or parent must be maintained in a paper format.
- HH** Maintain all children’s records in an orderly manner and in one place for easy review by your child care

consultant. Some ways to organize your files include using a portable file box or a notebook for each of the file types: children’s files, operator/additional caregiver files, and program files

- HH** Make a copy of the children’s and operator’s file checklist to attach to the applicable files and complete as forms are received. You will easily be able to see what is missing.
- HH** Keep the in-service training log and certificates to document training together in a separate file.

Record Retention
Child Care Rules .1721 (c)(1-3)

-  All children’s records, except medication permission slips, must be kept on file for one year from the date the child is no longer enrolled.
-  Additional caregiver records must be maintained on file for one year from the employee’s last date of employment.
-  Current program records must be maintained on file for as long as the license remains valid. Prior versions of the record must be kept based on the time frame listed in the charts below.

- Medication permission slips with a record of 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 available for review during the time period the medication is being given and for at least six months after the medication is administered.
- Instead of immediately throwing away the older version of a program file you have revised or replaced, you need to keep the record according to the amount of time listed on the charts below.

Keep the prior version of these records for at least 30 days from the date you revised or replaced the document:

Record	Rule
Daily Schedule	.1718(13)
Infant Feeding Schedule	.1718(6)
SIDS Sleep Chart/Visual Check	.1724(8)

Keep the prior version of these records for at least one year from the date you revised or replaced the document:

Record	Rule
Attendance	.1721 (b)(6)
Emergency Numbers	.1720(a)(8)
Emergency Procedures Form	.1721(b)(1)
Field Trip/Transportation Permission	.1723(1)
Fire Drill Log	.1721(b)(2)
Incident Log	.1721(b)(4)
Playground Inspection	.1721(b)(5)
Pet Vaccinations	.1720(d)(10)

- Well-water analysis, pool inspections, and inspections for local ordinances must remain on file for as long as the license remains valid.

SECTION 2: ACTIVITY SCHEDULE

Definition

Developmentally Appropriate: Suitable to the chronological age range and developmental characteristics of a specific group of children. This means the materials should interest and challenge the children, in terms of their age and abilities, without them becoming frustrated.

Activity Areas: An activity area is an identifiable space that is accessible to the children and where related equipment and materials are kept in an orderly fashion.

NC General Statute 110-91(12) & Child Care Rules .1718(10), (11)

- ★ The operator must provide on a daily basis developmentally appropriate activities as planned on a written schedule.
- ★ Materials must be available indoors and outdoors to support the activities listed on the daily schedule.
- ★ The written schedule must:
 - show blocks of time usually assigned to types of activities and include periods of time for active play and quiet play or rest;
 - be displayed in a place where parents are able to view;
 - reflect opportunities for both free-choice and teacher-directed activities;
 - include a minimum of one hour of outdoor play throughout the day, if weather conditions permit; and
 - include a daily gross motor activity which may occur indoors or outdoors
- ★ When screen time, including videos, video games, and computer usage, is provided, it shall be:
 - offered only as a free choice activity
 - used to meet a developmental goal, and
 - limited to no more than two and a half hours per week for each child two years of age and older

Usage time periods may be extended for specific events, projects, occasions such as a current event, homework, on-site computer classes, holiday; and birthday celebration.
- ★ Screen time is prohibited for children under two. The operator must offer alternate activities for children under two years.
- ★ Children under the age of 12 months must be given the opportunity each day to play while awake while positioned on his or her stomach.

A written schedule shows blocks of time assigned to different types of activities.

- The daily schedule must be posted for easy reference for parents. This helps parents know about the children's daily routine.
- A schedule serves several purposes.
 1. It establishes a routine and helps children know what to expect on most days; for example, naptime follows lunch, etc.
 2. It helps parents know approximately when their child will be involved in certain types of activities in case they want to observe the program, join them for lunch, or avoid

picking them up during their favorite activity.

3. A schedule helps you plan a day of activities around blocks of time appropriate for the children in care. A schedule, however, is only a guide. It is expected that you will “seize the moment” and allow children time to experience unexpected events, such as an unexpected snowfall, a rainbow, baby birds in a nest, etc.

The schedule must be current and reflect what children are currently doing

HH As the seasons change, so will the times allotted for outdoor play. In warm weather, children should be taken outside in the early part of the day when it is coolest. Likewise, in cool weather, you will want to take them outside late in the afternoon when the temperature is warmest.

You may need to have several different schedules rotated throughout the year.

The time when an infant is positioned on his/her stomach should not be in a crib, playpen or any other restrictive equipment. The infant should be able to move freely.

HH Developing an Activity Schedule

Your activity schedule is the routine you usually follow with your children. By following these steps you will develop an activity schedule that shows the flow of a typical day in your program. Remember, you should have different schedules based on the ages and development of the children in care and the time of year. Once you have developed an activity schedule, you may have to change it to reflect what is actually happening during your day. Use the following steps outlined below to help create your own activity schedule.

Step One Fill in the times for arrival, departure, meals/snacks, and naptime(s).

Step Two Fill in the time(s) you go outside for playtime.

Step Three What activities do you typically have in the morning as the children are arriving or after they

have all arrived? Fill in the times and type of activities that occur in the morning. For example at 9:00 a.m. – 9:15 a.m. you have circle time and 9:15 a.m. – 10:30 a.m. you have free play in activity areas.

Step Four What activities do you typically have in the afternoon after the children have woken up from nap and had a snack? Fill in the times and type of activities that occur in the afternoon. For example from 2:00 p.m. 2:30 p.m. you have music time and 4:00 p.m. departure you have free play in activity areas.

HH You may indicate on the bottom of your schedule that individual care routines will be included for infants and toddlers.



The written schedule must include all the activities for that day from the time you open to the time you close, including one gross motor activity that must occur either indoors or outdoors.



A schedule serves several purposes.

- It shows what children actually experience each day.
- It establishes a routine that helps children know what to expect on most days; for example, the timing of circle time; nap time follows lunch; etc.
- It helps parents know approximately when their child will be involved in certain types of activities in case they want to observe the program, join them for lunch, or avoid picking them up during their favorite activity.
- A schedule helps caregivers plan a day of activities around blocks of time that usually work for the children in that group.



You can find a sample **Family Child Care Home Schedule** at the end of this chapter.



There are times when you need to be flexible with the written activity schedule to meet special needs of the day, meet the needs of the whole group and/or meet an individual's needs.



You will need to have different schedules that are changed as needed throughout the year. As the seasons change, so will the times allotted for outdoor play. In warm weather, children should be taken outside in the early part of the day when it is coolest. Likewise, in cool weather, you will want to take them

outside late in the afternoon when the temperature is warmest.

The schedule should reflect opportunities indoors and outdoors for free-choice and teacher directed activities.

A daily nap/rest period must be provided for each child in child care. For more information on this requirement refer to *Chapter 3 – Health*.

It is required that children be offered a minimum total of one hour of outdoor time throughout the day, if weather conditions permit. For more information on the outdoor requirement see *Chapter 3 – Health*.

HH Refer to the resource section of *Chapter 3 – Health* for Issue Brief 2 - ***Best Practices for Nutrition, Physical Activity & Screen Media Time in Child Care Settings***. It provides practical nutrition, physical activity and screen media time recommendations for the child care environment.

HH Keep these characteristics of an appropriate schedule in mind when setting up your schedule.


- The schedule is flexible and adaptable. Change to meet individual and group needs.
- The schedule sets an unhurried, child-directed pace for routines and experiences of the day.
- There should be enough time for routines, play, and transitions.
- Balance between active and quiet times.
- The full-day schedule should reflect two opportunities to go outdoors, once in the morning and once in the afternoon or evening.
- Children have opportunities to be alone (although supervised), spend time with teacher/caregiver, and have small group time.


Activity Planning

Developmentally appropriate activities must be planned and time for those activities should be reflected on your written schedule.

HH For more space to write specific planned activities, write your detailed plans on a form separate from the activity schedule. The separate form will allow more room and help you to prepare for the week in advance. You will be able to gather any needed supplies for activity areas or special projects you may

be doing with the children. Parents will be reassured knowing that you are prepared for their child.

 **Equipment and Material Suggestions for Infants 0-12 Months, 12-36 Months, Preschool-Age and School-Age** children are in the resource section of *Chapter 1-Getting Started*.

 See the resource section of this chapter for school-age care resources, including a state and national list of entities supporting school age care, helpful websites, and a sample homework policy.


Free-choice (child-initiated) activities are started by children using materials that are accessible to them. Examples include: choosing to use paint at an easel, choosing to put together a puzzle, climbing an outdoor climber, or choosing to listen to music.

Teacher-directed activities are planned and started off by you or additional caregivers and children are invited to participate. Examples include: setting up and guiding an art activity, reading to children during circle time, or teaching children a song.

 **Guide to Planning Developmentally Appropriate Activities** is available in the resource section of this chapter.

It is important to provide a stimulating environment that offers many opportunities for exploration, discovery and learning. Children learn and develop through their experiences. Through these experiences children development social, emotional, intellectual (cognitive), language/communication and physical skills that prepare them for later successes in life.

Many activities will address more than one developmental goal.

 Blank **Activity Planning Forms** are available in the resource section. Operators may create their own planning form or may use a planning form provided by one of the NC Approved Early Childhood Curricula (list located in *Chapter 6 – Star Rated License*).

HH When developing an activity plan, consider the activity or learning areas, the skills and interests of the children, and available resources.

HH Create activity areas in your home as much as possible. Activity areas should contain materials that

stimulate and support a specific type of play. For example, the blocks and block building area may include blocks made of different materials (wood, plastic, cloth) and various sizes, standard sets as well as props could be added to the block area such as large hollow blocks, road signs, vehicles, toy people and animals.

HH Give attention to the number of items required in each activity area. There must be enough of each item so that the children may have a choice.

HH Activities can take place indoors and outdoors.



Include a daily gross motor activity which can occur indoors or outdoors to promote physical health and well-being.



Include a minimum of one hour of outdoor play throughout the day, if weather conditions permit.



Screen time is prohibited for children under the age of two years. The operator must offer alternate activities for children under two.



For additional information on the outdoor play and screen time requirements refer to *Chapter 3 – Health*.

HH Loud background music which is on much of the day interferes with ongoing activities. Constant background music makes conversations in normal tones difficult. Integrate music activities into meaningful experiences. Play one or two songs, then turn the music off. At naptime make sure the music is not too loud and is not played simultaneously with music that can be heard coming from another room.



Early Learning Guidelines: North Carolina has published two documents that articulate expectations for children's development and learning. These guidelines provide a common vision for the development and learning of all children in North Carolina from birth to five years of age.

- Infant-Toddler Foundations: Guidelines for Development and Learning for North Carolina's Infants and Toddlers (Birth to 36 months).

Infant-Toddler Foundations provides guidelines and strategies that may help caregivers, teachers, and families focus on experiences that will make a difference in young children's lives. Infant-Toddler Foundations is available from the Division or is available online at www.ncchild.net.

- Foundations: Early Learning Standards for North Carolina Preschoolers and Strategies for Guiding Their Success. Foundations is an important book that provides early learning standards for children ages three, four and pre-k five. Foundations is a guide for teachers, administrators, families or any adult working with preschool children in North Carolina. This document is available through the Department of Public Instruction or is available online at www.osr.nc.gov.

The child care rules require FCCHs to plan developmentally appropriate activities. When you plan developmentally appropriate activities, they should stimulate four developmental goal areas.

Social development:	Social development occurs through activities which encourage children to share, to take turns, and to play together. Caregivers can support social development by building positive relationships with children and their parents, helping children to form friendships, and by providing secure and stimulating environments.
Emotional development:	Emotional development occurs through activities that help children learn about different feelings and how to express themselves, and develop a sense of others. Playing in the housekeeping area gives children an opportunity to act out many different feelings. Showing children pictures of someone who is smiling, frowning, crying, or laughing and talking about the person in the picture is another activity that encourages emotional development. Caregivers can support emotional development by observing children and responding with sensitivity to the individual needs of children. Warm guidance and encouragement help children learn how to successfully interact with others.

Cognitive development:	Cognitive (intellectual) development occurs when children are encouraged to be creative, use their imaginations, explore, and ask questions. Some specific examples are: having the children tell a story about what they are doing, letting the children draw pictures about something they have done or have seen, playing games which help teach ideas such as “alike” and “different”, “over” and “under”, “near” and “far” , talking about the size, shape, or color of blocks, puzzle pieces, and toys.
Physical development:	Physical development occurs through activities that provide opportunities for children to begin developing and refining motor skills, self-care, physical health and growth, and safety awareness. Running, jumping, climbing, crawling, hopping, skipping and riding a tricycle are examples of activities that promote physical development. These activities develop a child’s large muscles. Learning to hold a paint brush or crayon, putting a puzzle together, and stringing beads are examples of activities that promote the development of small muscles.

Additional developmental goal areas are important to the development and learning of children. These include:

Language Development and Communication:	Language development and communication occurs when caregivers and parents talk to children and respond to a child’s effort to communicate. Caregivers expose children to language when they talk, read, play, respond, and interact with children. Caregivers can give children opportunities to build receptive language skills (hearing, listening, and understanding) by reading, singing and talking to children. Caregivers can give children opportunities to build expressive language skills (talking and communicating) by letting children express their wants, needs, and feelings in many ways including speech, gestures, and sign language. Early literacy the foundations of reading and writing begin in infancy. Incorporate the child’s home language into the environment.
Approaches to Learning	Children’s approaches to learning include how they go about developing new skills and concepts and their attitude toward learning. Caregivers should support children’s efforts and encourage children’s enthusiasm for learning by honoring their culture, valuing their curiosity, and setting up safe, interesting environments. Approaches to learning are intertwined in all developmental goals of learning. Caregivers who nurture healthy approaches to learning lay a strong foundation for future learning, success, and enjoyment of life.

Routines

- HH** Work together with the children in your care to clean-up. This helps the children to develop a good habit and social skills. Materials should be returned to its appropriate container and activity area. Materials will last longer and the children will develop a sense of responsibility for the condition of their activity areas.
- Toilet training should begin in cooperation with the parent when the individual child shows an interest. It should not begin just because a child reaches a certain

age or because other children in the group are being toilet trained.

- ☑ Positive interaction on the part of caregivers with the children normally happen as they play with children, but it should also occur during routine activities such as diaper changing and feeding. These activities provide an opportunity for one-on-one attention and nurturing for each child. Talking and reading to children, encouraging them to make sounds, and praising them for their efforts help them to develop their own language skills.



Interactions

Interactions with children during free choice and caregiver directed activities help promote all areas of children's development.

Caregiver Interactions Child Care Rules .1703 (1-4)

- ★ Caregivers shall relate to children in positive ways by helping them feel welcome and comfortable, treating them with respect, listening to what they say, responding to them with acceptance and appreciation and participating in many activities with the children. For example, caregivers shall:
 - (1) Make eye contact when speaking to a child;
 - (2) Actively engage children in conversation to share experiences, ideas and opinions;
 - (3) Help children develop problem-solving skills; and
 - (4) Facilitate learning by providing positive reinforcement, encouraging efforts and recognizing accomplishments.

- ☑ Offer a variety of learning experiences and activities in the FCCH to give you opportunities to have positive interactions.
- ☑ Additional positive interactions not listed in the rule include smiling at a child, verbally acknowledging appropriate behavior, and helping children pick up toys and materials.
- ☑ Examples of negative interactions include harsh tones of voice, ignoring crying children, voicing developmentally inappropriate expectations, and inappropriate conversation to discuss behavior issues.
- 📁 See *Chapter 5 – Behavior Management* for a section on providing nurturing and positive relationships.

-  A list of state resources is available in the resource section of *Chapter 5 – Behavior Management* to assist you with promoting positive social and emotional health, including interactions.
-  Information about the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), an entity that is offering professional development to early childhood program staff in NC to promote the social and emotional development of young children, can be found in the resource section of this chapter.

Resource Section

Chapter 4: RECORDS AND ACTIVITIES

The following pages contain the resource materials related to the content in the preceding chapter, including the records that are listed on each of the following checklists.

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

You may also wish to use this section to store additional resource materials that you have related to the chapter or information that is specific to your program.

School-Age Care Resources

State

School-Age Child Care Quality Improvement Project

The goal of the School-age Quality Improvement Project is to improve the quality and availability of child care services for school-age children in North Carolina by increasing the supply of licensed and high-quality school-age child care spaces. The School-age Quality Improvement Project is designed to assist programs serving school-age children to obtain licensure or improve their licensure level from the NC Division of Child Development. A School-Age Specialist is available (free of charge) to work with specific programs to provide technical assistance and training to programs to assist them in obtaining licensure or upgrading the quality of their current programs. Contact your local Child Care Resource and Referral agency to obtain the contact information for the School-Age Specialist assigned to your county.

North Carolina Center for Afterschool Programs (NC CAP)

Created by Governor Mike Easley to bring together our state's afterschool providers, community leaders and policy makers to build a network that addresses the afterschool program issues of quality, accessibility, and sustainable funding. NC CAP makes access to quality afterschool a reality for all children and youth. To learn more, visit www.nccap.net or call 919.781.6833.

National

Afterschool Alliance

Works to ensure that all children have access to affordable, quality afterschool programs. The Afterschool Alliance works with the Administration, the U.S. Congress, governors, mayors and advocates across the country. To learn more, visit www.afterschoolalliance.org or call 1.866-KIDS-TODAY.

National AfterSchool Association

Their mission is to be the leading voice of the afterschool profession dedicated to the development, education and care of children and youth during their out-of-school hours. To learn more, visit www.naaweb.yourmembership.com or call 1-888-801-3NAA(3622).

Helpful web sites for school-age care:

The Afterschool Alliance - The Afterschool Alliance is a nonprofit organization dedicated to raising awareness of the importance of afterschool programs and advocating for quality, affordable programs for all children. <http://www.afterschoolalliance.org/>

SERVE - The SERVE Center at the University of North Carolina at Greensboro, under the leadership of Dr. Ludwig David van Broekhuizen, is a university-based education organization with the mission to promote and support the continuous improvement of educational opportunities for all learners in the Southeast. <http://www.serve.org/>

4-H Afterschool - 4-H Afterschool offers extensive resources to help train staff, implement sound youth development practices, create new after-school programs, and strengthen existing programs. <http://www.4-hafterschool.org/>

Southwest Educational Development Laboratory (SEDL) - To connect research and practice, SEDL partners with educators, administrators, parents, and policymakers to conduct research and development projects that result in strategies and resources to improve teaching and learning. SEDL also helps partners and clients bridge the gap between research and practice with professional development, technical assistance, and information services tailored to meet their needs. <http://www.sedl.org/>

National Institute on Out-of-School Time (NIOST) - The National Institute on Out-of-School Time at Wellesley College has moved the afterschool field forward through its research, education and training, consultation, and field-building. Much of NIOST's work has encompassed projects of national scope and influence, several representing "firsts" for the field and many focusing on building out-of-school time systems. <http://www.niost.org/>

North Carolina Center for Afterschool Programs (NC CAP) - NC CAP was created to bring together our state's afterschool providers, community leaders and policy makers to build a network that addresses the afterschool program issues of quality, accessibility, and sustainable funding. NC CAP envisions that the result of this collective work will make access to quality afterschool a reality for all children and youth. <http://www.nccap.net/>

Promising Practices in Afterschool (PPAS) - The Promising Practices in Afterschool Initiative! The goal of the Promising Practices in Afterschool Initiative is to increase the quality and quantity of afterschool programs by identifying and promoting organizational, programmatic, and interpersonal practices. These practices are related to positive social, emotional, cognitive, physical and cultural outcomes for school-age children and youth. <http://www.afterschool.org/ppas>

PBS Kids – Parent and teacher resource for child development from birth to school age. Also includes interactive literacy and math games for children. <http://pbskids.org/>

National Afterschool Association (NAA) - It is our mission to be the leading voice of the afterschool profession dedicated to the development, education and care of children and youth during their out-of-school hours <http://www.naaweb.org/>

The North Carolina Department of Juvenile Justice and Delinquency Prevention SOS Program - The Support Our Students (SOS) Program is a community based after-school initiative that provides support and guidance to young people by involving them in constructive activities to keep them focused and out of trouble. The SOS Program provides high quality after-school activities for school-aged children through award of grants to neighborhood and community-based organizations.
http://www.djjdp.org/community_programs/support_our_students.html

Foundations - Foundations is an organization that provides professional development, training, technical assistance, assessment tools, and publications to build the quality of educational experiences for low-income children and youth nationwide. With services addressing both in-school and out-of-school time, Foundations works with schools, school districts, community organizations, and afterschool networks to help children succeed in school and beyond. <http://www.foundationsinc.org/>

School Age Notes - School-Age Notes is a publisher and retailer of books, videos, DVDs, music CDs and other resources for after-school professionals and after-school programs and summer programs geared to school-age children. Science and math enrichment, literacy, curriculum planning, staff training, discipline, summer programs, arts and crafts, fitness, games, cooking, drama, multicultural activities and many more topics are covered in resources available for order from School-Age Notes. <http://www.schoolagenotes.com/>

Afterschool Investments Project -To support State efforts to provide quality afterschool opportunities, the Child Care Bureau awarded a technical assistance contract on out-of-school time to The Finance Project and their partner, The National Governors Association Center for Best Practices. The Afterschool Investments project provides technical assistance to Child Care and Development Fund grantees and other State and local leaders supporting afterschool efforts. <http://nccic.org/afterschool/>

Harvard Family Research Project - Harvard Family Research Project (HFRP) strives to promote more effective educational practices, programs, and policies for disadvantaged children and youth by generating, publishing, and disseminating our and others' research. www.hfrp.org

21st Century Community Learning Centers – Administered by the North Carolina Public School System, the 21st Century Community Learning Center Grant funds are to assist schools, local education agencies (LEAs), and faith- or community-based organizations to provide before school, afterschool, and summer services through the establishment of 21st Century Community Learning Center programs (21st CCLCs).
<http://www.ncpublicschools.org/21cclc/>

The Finance Project – The Finance Project is a specialized non-profit research, consulting, technical assistance and training firm for public and private sector leaders nationwide. We help leaders make smart investment decisions, develop sound financing strategies, and build solid partnerships that benefit children, families and communities. <http://www.financeproject.org/>

North Carolina AfterSchool Coalition (NCASC) - The mission of the North Carolina AfterSchool Coalition (NCASC) continues: To build a profession that develops, supports, and promotes quality programs for school-age children and youth during out-of-school time. <http://www.ncafterschool.org/>

Council On Accreditation (COA) – The national organization that works in collaboration with NAA (National Afterschool Association) that is responsible for accreditation, certification, and registration of school age programs. www.coafterschool.org

April 2009

HOMWORK POLICY

At _____ my goal is to offer children a well
(Name of FCCH)

balanced program. While I understand the importance that homework plays in the life of a child, as well as for the families served, I strive to meet the needs of the whole child. In addition to helping children meet personal academic goals, I recognize my responsibility to give children a chance to socialize, have un-structured play (in well developed activity areas both indoors and out), have time outdoors and have a nutritious snack.

The schedule reflects current research showing children concentrate better and produce more work when they've had a chance for a physical break first. It also reflects current licensing standards to take children outside every day. Therefore, outdoor time is the first activity after arrival and snack.

My philosophy is that children learn and grow through play. I reinforce this by having materials and activity choices that support the North Carolina General Course of Study.

For those choosing to do homework, while I can't promise accuracy and/or completion, I do wish to support the homework choice in the following ways:

- A 20-30 minute time frame to work on homework at the same time as other quiet activity choices
- Paper, pencils, basic resource materials such as a thesaurus and dictionary
- A place to work
- Interaction with children completing homework when appropriate

Guide to Planning Developmentally Appropriate Activities

Block of Time	Activity
<i>Arrivals and Greeting</i>	Greet children individually. take notice of any change in escort arrangement. Operator conducts morning health inspection.
<i>Free Play</i>	Children participate in activities of their choice. Operators supervise these activities, providing guidance that will lead to a successful experience.
<i>Clean-Up</i>	Give Children advance notice that clean-up time is approaching. Suggest they complete their activities and prepare to help put up equipment. Clean-up time-encourage all children to participate.
<i>Toileting</i>	Escort children who have finished cleaning up to the bathroom to wash up before morning snack and breakfast.
<i>Snack or Breakfast</i>	Operators sit with children and help them with their eating. Encourage socialization among children while they are eating. Meet nutritional needs of children.
<i>Group Time</i>	Informal discussions, show -and-tell, story time, presentation of concepts, special visitors, songs and music, group games, finger plays, etc.
<i>Organized Free Play</i>	Children move freely into activity areas, such as blocks, housekeeping, art, music, books, etc., set up to provide them with opportunities for creative and dramatic play These areas are preplanned. (consult activity plans). Operator must be prepared to help develop skills by observing the needs of children and providing materials, suggestions, and encouragement.

Block of Time	Activity
<i>Clean up</i>	
<i>Toileting</i>	
<i>Outside Time</i>	<p>Staff is responsible for seeing that all children are dressed appropriately for weather. Supervise transition from inside to outside. Planned activities take place outdoors for children who wish to participate. Carefully supervise all activities.</p>
<i>Toileting</i>	
<i>Lunch</i>	<p>Children serve themselves under supervision of caregiver. Children who are not adept at using cutlery correctly must not be criticized. Let the children relax and enjoy their food. Practice and encouragement will help the child develop the coordination necessary for good table manners. Small servings of food with seconds, if desired, is encouraged.</p>
<i>Rest Time</i>	<p>Each child scrapes his plate and places the used dishes in a designated place. Escort small groups of children to bathroom for tooth brushing and toileting. Children awaiting their turn may visit friends, quietly converse or share a book.</p> <p>Operators sit with children and comfort them until they all settle down. Certain chores may be completed during this time, such as straightening up and making activity plans. In-service training or planning sessions may be carried out.</p>
<i>Snack</i>	
<i>Toileting</i>	
<i>Outdoor Time or Free Play</i> <i>Departure</i>	<p>Operators prepare children for leaving and are available to talk with parents as they pick up children.</p>

SAMPLE

ACTIVITY PLANNING FORM FOR CHILDREN AGED BIRTH THROUGH 24 MONTHS

Operator's Name _____ Week
of _____

<i>Child's Name and Age</i>	<i>Emotional and Social Development Activities</i>	<i>Cognitive (Intellectual) Development Activities</i>	<i>Physical and Health Development Activities</i>	<i>Language Development and Communication Activities</i>

*Infants and toddlers must be taken outside daily, if weather conditions permit.

ACTIVITY PLANNING FORM FOR PRESCHOOL AGE CHILDREN

Operator's Name _____ Week of _____ Ages of _____
 Children _____

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
TOPIC:					
Group Time					
Outdoor Time					
Art /Free Expression					
Manipulatives / Fine Motor Skill					
Dramatic Play / Family Living					
Blocks / Block Building					
Books / Language Development					
Music / Rhythm*					
Science / Nature*					
Sand / Water*					
Special Activities					

Notes:

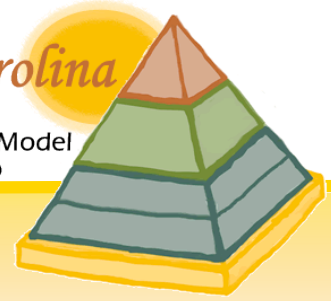
- 1) Group Time may include routines such as "greeting song", introduction to daily activity / theme, "show & tell", etc.
- 2) Activity information should include a variety of activities for children, including free-choice (children can choose from anything available in area), self-directed (caregiver has highlighted specific items or added additional theme related materials to activity area), or operator-directed (caregiver will assist children in small group activity play) activities.

ACTIVITY PLANNING FORM FOR SCHOOL AGE CHILDREN

Operator's Name _____ Week of _____ Ages of _____
 Children _____

TOPIC:	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
Group Time					
Activity Option #1 / Category					
Activity Option #2 / Category					
Activity Option #3 / Category					
Activity Option #4 / Category					

Categories:	Active Outdoor Play	Cultural Studies	Health and Safety	*Indicate whether activity is: TD-teacher-directed SD-self-directed FC-free-choice FP-indicates children may choose to do whatever they wish
	Arts and Crafts	Dramatic Play	Life-Related Chores	
	Block Play	Environmental Studies	Money-Making Projects	
	Books and Language	Field Trips	Music, Rhythm, and Creative Movement	
	Carpentry	Food Experiences	Number Concepts	
	Community Awareness	Games for Individuals	Problem Solving	
	Creative Art	Games for Small Groups	Sand and Water Play	
	Sewing	Self Help Skills	Science and Nature	



North Carolina CSEFEL Pyramid Model Partnership

Vision Statement:

To develop and sustain a unified professional development system to address the emotional and social needs of all children birth-5 through the use of the Pyramid Model integrated with other relevant efforts for NC's early care and education workforce.

Overview:

North Carolina will be participating in a new early childhood professional development opportunity designed to support the social and emotional development of children birth through five. The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) has been refunded by the Office of Head Start and the Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services to provide training and technical assistance to selected states. The broad goal of the intensive training and technical assistance (T/TA) activities is to foster professional development of the early care and education workforce that:

- 1) enhances knowledge and skills;
- 2) supports the implementation and sustainability of evidence-based practices; and
- 3) increases the size of the workforce skilled in supporting the social emotional development of young children (birth – 5 years old).

CSEFEL has developed a conceptual model of evidence-based practices for promoting young children's social and emotional competence and for preventing and addressing challenging behavior. This model is referred to as the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children. CSEFEL has evaluated data from the first five years of implementing the Pyramid Model in several states and they believe that the Pyramid Model is a sound framework for early care and education systems. CSEFEL has also developed extensive, user-friendly training materials, videos, and print resources to help North Carolina's communities and programs implement the model.

Outcomes of the Partnership:

CSEFEL staff will work with North Carolina to accomplish these four specific goals:

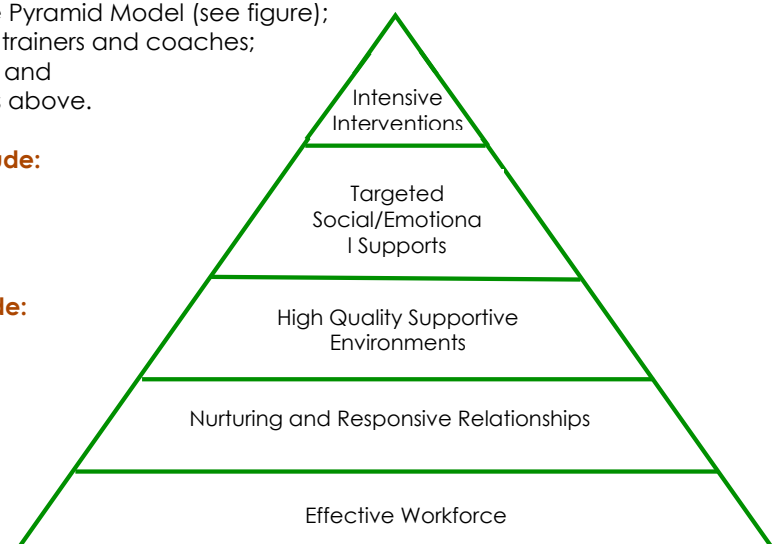
- 1) an enhanced capacity to adopt the Pyramid Model (see figure);
- 2) an increased number of high quality trainers and coaches;
- 3) a cadre of local demonstration sites; and
- 4) an evaluation of the three outcomes above.

States That Have Participated in the Past Include:

- Colorado
- Maryland
- Iowa

States That are Participating in Round 2 Include:

- North Carolina
- Vermont
- Nebraska
- Hawaii
- Tennessee



CHILDREN'S FILE CHECKLIST

Name of Employee: _____ Date of Employment: _____

The following items must be present in each child's file, including your own preschool child(ren), if applicable. Forms are available online at www.ncchildcare.net. To get more detailed information about each record listed below, go to the corresponding chapter noted in parentheses.

Item	Due Date	Date Received/ Completed
<input type="checkbox"/> Written Plan of Care (Chapter 1)	1 st day	
<input type="checkbox"/> Child's Health and Emergency Information (Chapter 3)	1 st day	
<input type="checkbox"/> Immunization History (Chapter 3)	1 st day	
<input type="checkbox"/> Children's Medical Report (Chapter 3)	Within 30 days of enrollment	
<input type="checkbox"/> Signed Safe Sleep Policy (Chapter 2)	1 st day for an infant 12 months or under	
<input type="checkbox"/> Waiver of SIDS policy (Chapter 2)	1 st day, if applicable	
<input type="checkbox"/> Permission to Administer Medication/Record of Medication Given (Chapter 3)	As occurs	
<input type="checkbox"/> Permission to Administer Medication for Chronic Medical Conditions and Allergic Reactions (Chapter 3)	1 st day	
<input type="checkbox"/> Permission to Administer Topical Ointments (Chapter 3)	As occurs	
<input type="checkbox"/> Infant Feeding Schedule (Chapter 3)	Prior to 1 st day for children/infants less than 15 months age	
<input type="checkbox"/> Discipline Policy (Chapter 5)	1 st day	
<input type="checkbox"/> Documentation of Receipt: Summary of Child Care Law (Chapter 8)	1 st day	
<input type="checkbox"/> Incident Report (Chapter 2)	Day incident occurs. If receive medical treatment, send to consultant within 7 days	

Updated 08-09

Facility ID# & Name _____
 Operator: _____

Written Plan of Care

Hours of Operation: _____ to _____

Date adopted: _____

All family child care home operators are required to develop and adopt a written plan of care for completing routine tasks; such as running errands, meeting family and personal demands, and attending classes. This ensures that routine tasks do not interfere with the care of children during hours of operation. This is required by Child Care Rule 10A NCAC 09 .1701(i).

NOTE: This plan of care must be given and explained to parents of children in care on or before the first day the child attends. Parents must sign a statement acknowledging the receipt and explanation of the plan. If the operator amends the plan, the operator must give written notice of the amendment to parents at least 30 days before the amended plan is implemented.

Part 1 Check the option that applies to your FCCH:

- I do not complete routine tasks while children are in care. If this changes I will develop a plan of care and give parents at least 30 days notice prior to implementation. *If you check this option, only complete part 3.*
- I will complete routine tasks while children are in care. Below is a schedule of routine tasks and typical times they are completed while children are in care. *If you check this option, complete part 2 and 3.*

Part 2 Complete Routine Tasks Schedule:

Fill in this information to reflect the most accurate days/times routines tasks typically occur.

Task/Destination	Plan of Care for children T = Transport S = Substitute caregiver	Frequency Weekly/Monthly	Departure Time	Return Time
<i>Example</i> → Bank/BB&T – HWY 70	<i>T</i>	<i>Tuesday</i>	<i>10:30 a.m.</i>	<i>11:30 a.m.</i>

Note: Routine tasks listed above must also be included on the written schedule.

- List any additional caregiver(s) and/or substitute caregiver(s) that will care for children while you, the operator, complete routine tasks. These individuals must meet requirements for staff qualifications stated in Rule .1701.

- Specify how you will maintain compliance with transportation requirements specified in Rule.1723 when children are transported off premises to accompany you while completing routine tasks:

- Indicate how parents will be notified when children accompany you off premises for routine tasks not specified on the written schedule:

- Indicate any other steps that will be taken to ensure routine tasks do not interfere with the care of children during hours of operation:

Part 3 Signatures

I, the undersigned parent or guardian of _____ (child’s full name), do hereby state that I have read and received a copy of this family child care home’s Written Plan of Care and that the operator has discussed the plan of care with me.

Date of Child’s Enrollment: _____

Signature of Parent/Guardian: _____ Date: _____
 Signature of Operator: _____ Date: _____

Distribution: one signed copy to parent/guardian; signed copy in child’s facility record.

Child's Health and Emergency Information for Family Child Care Homes

(To be completed by the child's parent or guardian)

Date of Application: _____

Date of Enrollment: _____

Information on Child

Child's Name _____ Name Called _____ Birthdate _____

Address _____ Home Phone _____

Parent/Guardian's Name _____ Parent/Guardian's Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Workplace _____ Workplace _____

Work Phone _____ Work Phone _____

Person(s) responsible for pick-up and delivery _____

Other person(s) allowed to pick up child from child care home _____

In case of emergency when a parent cannot be reached, please notify:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Please give identifying information about your child (eg. eye and hair color, height, and weight)

Please give specific instructions if your child needs special assistance, equipment, or materials to participate in activities.

List any allergies your child may have: _____

Other important health information about your child (eg. Contact info for dentist) _____

Authorization for Emergency Medical Care

In case of accident or illness requiring medical attention, the undersigned authorizes _____ (child care provider) to call a health care provider or to take my child _____ (child's name) to the nearest hospital or doctor; and it is understood that if possible, services will be obtained. If neither parents nor preferred health care provider can be contacted, the child care provider is authorized to contact another health care provider. It is also understood that this agreement covers only those situations which, in the best judgment of the child care provider, are true emergencies.

My health care provider/physician to call is:

Name: _____

Address: _____

Telephone Number: _____

My hospital preference is:

Name: _____

Address: _____

Telephone Number: _____

I agree to be responsible for the cost of such emergency medical care.

Parent(s)/Guardian(s) _____ Date _____

Immunization History

Name: _____ **Date of Birth:** _____

Enter the date an immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all child care facilities to have this information on file.

Enter date of each dose - Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
*DTP / DT (circle which)					
*Polio					
Hib*					
*Hepatitis B					
*MMR (combined doses)					
**Chicken Pox					
OTHER					
OTHER					

*Required by state law.

**Required by State law for children born on or after 4/1/01.

Records Updated by:	Date Updated:

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No ___ Yes ___ If yes, what? _____

2. Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason? _____

3. Is the child on any continuous medication? No ___ Yes ___ If yes, what? _____

4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___ ; diabetes No ___ Yes ___ ;
convulsions No ___ Yes ___ ; heart trouble No ___ Yes ___ ; asthma No ___ Yes ___ .
If others, what/when? _____

6. Does the child have any physical disabilities: No ___ Yes ___ If yes, please describe: _____

Any mental disabilities? No ___ Yes ___ If yes, please describe: _____

Signature of Parent or Guardian _____ Date _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.

Height _____% Weight _____%

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____

Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____

Neurological System _____ Skin _____ Vision _____ Hearing _____

Results of Tuberculin Test, if given: Type _____ date _____ Normal ___ Abnormal ___ followup _____

Developmental Evaluation: delayed _____ age appropriate _____

If delay, note significance and special care needed; _____

Should activities be limited? No ___ Yes ___ If yes, explain: _____

Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____

Name of FCCH: _____



Infant/Toddler Safe Sleep Policy Sample (Revised)

Date Adopted: _____

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the baby died and a review of the baby's clinical history.

Child care providers can maintain safer sleep environments for babies that help lower the chances of SIDS. N.C. law requires that child care providers caring for children 12 months of age or younger, implement a safe sleep policy, share this information with parents and participate in training.

In the belief that proactive steps can be taken to lower the risks of SIDS in child care and that parents and child care providers can work together to keep babies safer while they sleep, this Family Child Care Home (FCCH) will practice the following safe sleep policy.

Safe Sleep Practices

1. The FCCH operator and additional staff who may potentially work in the FCCH will receive training on the Infant Safe Sleep Policy.
2. Infants will always be placed on their backs to sleep, unless there is a signed sleep position medical waiver on file. In that case, a waiver notice will be posted at the infant's crib and the waiver filed in the infant's file.
3. The American Academy of Pediatrics recommends that babies are placed on their back to sleep, but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer for sleep.
4. To promote healthy development, awake infants will be given supervised "tummy time" for exercise and for play.
5. **Visually checking sleeping infants.** Sleeping infants will be checked daily, every 15-20 minutes, by the FCCH operator or additional staff. The sleep information will be recorded on a Sleep Chart. The Sleep Chart will be kept on file for one month after the reporting month. I will be especially alert to monitoring a sleeping infant during the first weeks the infant is in child care.

I will check to see if the infant's skin color is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly. I will check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness.

6. All parents/guardians of infants cared for in the FCCH will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment.

Safe Sleep Environment

7. Room temperature will be kept between 68-75°F **and a thermometer kept in the room.**
8. Infants' heads will not be covered with blankets or bedding. Infants' cribs will not be covered with blankets or bedding. **I may use a sleep sack instead of a blanket.**
9. No loose bedding, pillows, bumper pads, etc. will be used in cribs. We will tuck any infant blankets in at the foot of the crib and along the sides of the crib mattress.
10. Toys and stuffed animals will be removed from the crib when the infant is sleeping. **Pacifiers will be allowed in infants' cribs while they sleep.**
11. A safety-approved crib with a firm mattress and tight fitting sheet will be used.
12. Only one infant will be in a crib at a time, unless I am evacuating infants in an emergency.
13. No smoking is permitted in the infant room or on the premises.
14. Steps will be taken to keep babies from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over-dressing or over-wrapping the baby.

Best Practices

1. Any additional staff and I will participate in *Responding to an Unresponsive Infant* practice drill twice each year, in April and in October, in conjunction with fire drills.

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the FCCH's Infant/Toddler Safe Sleep Policy and that the operator has discussed the FCCH's Infant/Toddler Safe Sleep Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____

Date: _____

Signature of Child Care Provider: _____

Date: _____

Distribution: one signed copy to parent(s)/guardian(s); signed copy in child's FCCH record.

Effective date: 5/1/04

Review: #1 12/15/05

Alternative Sleep Position Waiver

Parent Request

This waiver may only be used for infants over the age of 6 months.

Child's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

This child care facility follows the safe sleep practice of placing all infants on their backs to sleep. As the parent or guardian of the above named child, you may request that he/she be placed to sleep in an alternative sleep position.

Check the box below for this waiver to be valid:

I would like my child placed to sleep in an alternative sleep position.

Please describe the requested sleep position for the above named child:

Effective Dates of Waiver: **from** ____/____/____ **to** ____/____/____

“I, as the parent or guardian of the above mentioned child, do hereby release and hold harmless the child care facility listed below, its officers, directors, and employees, from any and all liability whatsoever associated with harm to my child due to Sudden Infant Death Syndrome (SIDS). I affirm and acknowledge that I been provided with information concerning SIDS. I further authorize the child care facility and its employees to place my child in an alternative sleep position, as described above.”

Parent/Guardian Signature: _____ Date: _____

An authorized official with the child care facility must complete the following section.

Name of Child Care Facility: _____ ID #: _____

Facility Representative's Signature: _____ Date: _____

Alternative Sleep Position Waiver
Health Care Professional Recommendation
(Physician, Nurse Practitioner, Physician's Assistant ^{10A NCAC 09 .0102(14)})

Child's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

To be completed by the child's primary health care professional.

Name of Health Care Professional: _____

Name of Practice: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Pager: _____ Fax: _____

Email: _____

The N.C. Child Care Law requires that child care facilities place all infants on their backs to sleep. At the advice of the infant's primary health care professional, the facility may be authorized to use an alternative sleep position for the infant for medical reasons.

The infant named above has the following medical condition, which necessitates an alternative sleep position:

The appropriate sleep position for the infant named above is: _____

Effective Dates of Waiver: **from** ____/____/____ **to** ____/____/____

Health Care Professional's Signature

Date

"I, as the parent or guardian of the above mentioned child, do hereby release and hold harmless the child care facility listed below, its officers, directors, and employees, from any and all liability whatsoever associated with harm to my child due to Sudden Infant Death Syndrome (SIDS). I affirm and acknowledge that I been provided with information concerning SIDS. I further authorize the child care facility and its employees to place my child in an alternative sleep position, at the recommendation of my child's primary health care professional, as described above."

Parent/Guardian Signature: _____ Date: _____

An authorized official with the child care facility must complete the following section.

Name of Child Care Facility: _____ ID #: _____

Facility Representative's Signature: _____ Date: _____

MEDICATION ADMINISTRATION PERMISSION & RECORD

Information about the child and the medicine
(Completed by parent/guardian)

Child's Name			Child's Date of Birth	
Medicine	Time	Date	Dosage	Route
Expiration Date:				
Special Instruction:				
Possible Reactions:				
Prescribing provider:			Phone:	
Pharmacy:			Phone:	
I give authorization to give medicine and to call the health care provider if needed. Parent/Guardian signature				Date
RETURNED to Parent/Guardian	Date	Parent/Guardian signature		Child Care Staff signature
DISPOSED of Medicine	Date	Child Care Staff signature		Witness signature

Medication Log
(Completed by child care provider)

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date					
Actual time given	AM ____ PM ____	AM ____ PM ____	AM ____ PM ____	AM ____ PM ____	AM ____ PM ____
Dosage/Amount					
Route					
Facility staff's Signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date					
Actual time given	AM ____ PM ____	AM ____ PM ____	AM ____ PM ____	AM ____ PM ____	AM ____ PM ____
Dosage/Amount					
Route					
Facility staff's Signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date					
Actual time given	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
Dosage/Amount					
Route					
Facility staff's Signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date					
Actual time given	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
Dosage/Amount					
Route					
Facility staff's Signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date					
Actual time given	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
Dosage/Amount					
Route					
Facility staff's Signature					

Describe error or mishap in a Medical Error Form

Date/time	Error/Mishap	Parent/Guardian Notified?	Child Care Staff Signature
		__Yes __No	
		__Yes __No	



Permission to Administer Medication for Chronic Medical Conditions And Allergic Reactions

Authorization must be provided for the operator to administer prescription or over-the-counter medication to a child, when needed, for chronic medical conditions and for allergic reactions. Item must be provided in its original container and labeled clearly with the child's name. The operator will keep prescription and non-prescription items in locked cabinets. Designated emergency medications may be stored out of reach of children, at least five feet above the floor.

Child's Name: _____ Medical Condition: _____

Name of Medication: _____

Criteria for giving the medication: _____

Amount and frequency of dosage: _____

Describe how the medication is to be administered: _____

From : ___ / ___ / ___ To: ___ / ___ / ___ *Permission may be given for up to 6 months*

I give permission to my child care provider to administer the medication listed above as instructed.

Parent/Guardian Signature

Date



Permission to Administer Medication for Chronic Medical Conditions and Allergic Reactions

Authorization must be provided for the operator to administer prescription or over-the-counter medication to a child, when needed, for chronic medical conditions and for allergic reactions. Item must be provided in its original container and labeled clearly with the child's name. The operator will keep prescription and non-prescription items in locked cabinets. Designated emergency medications may be stored out of reach of children, at least five feet above the floor.

Child's Name: _____ Medical Condition: _____

Name of Medication: _____

Criteria for giving the medication: _____

Amount and frequency of dosage: _____

Describe how the medication is to be administered: _____

From : ___ / ___ / ___ To: ___ / ___ / ___ *Permission may be given for up to 6 months*

I give permission to my child care provider to administer the medication listed above as instructed.

Parent/Guardian Signature

Date



Permission to Administer Topical Ointment/Lotion/Powder

Authorization must be provided for the operator to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder.

Item must be provided in its original container and labeled clearly with the child's name. The operator will keep items out of reach of children when not in use.

Child's Name: _____

Name of Ointment: _____ Amount: _____

From : ___ / ___ / ___ To: ___ / ___ / ___ Permission may be given for up to 12 months

Apply to:

- all exposed skin diaper area
- face only other (specify) _____

When:

- before going outside in the afternoon after a bowel movement
 - after each diaper change other (specify) _____
- We cannot accept "as needed"*

I give permission to my child care provider to apply the medication listed above as instructed.

Parent/Guardian Signature

Date



Permission to Administer Topical Ointment/Lotion/Powder

Authorization must be provided for the operator to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder.

Item must be provided in its original container and labeled clearly with the child's name. The operator will keep items out of reach of children when not in use.

Child's Name: _____

Name of Ointment: _____ Amount: _____

From : ___ / ___ / ___ To: ___ / ___ / ___ Permission may be given for up to 12 months

Apply to:

- all exposed skin diaper area
- face only other (specify) _____

When:

- before going outside in the afternoon after a bowel movement
 - after each diaper change other (specify) _____
- We cannot accept "as needed"*

I give permission to my child care provider to apply the medication listed above as instructed.

Parent/Guardian Signature

Date

Infant Feeding Schedule

Name of Child _____ Date _____

Date of Birth _____

Instructions

1. Food/Bottles Brought Daily (quantity):

2. Instructions for Feeding:

A. Bottles (breast milk, formula, milk, juice)

B. Food (baby food, cereal, table food)

3. I plan to nurse: (approximate time) _____

Parent Signature

Changes in Schedule (Must be recorded as eating habits change)

Food:	Date to Introduce:	New Instructions:	Parent or Staff Signature:
Milk			
Baby Food			
Juice			
Cereal			
Table Food			

**Must be completed for all children less than 15 months old*

SAMPLE #1

Name of Facility: _____

Discipline and Behavior Management Policy

Date Adopted _____

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO use short supervised periods of time-out sparingly.
12. DO stay consistent in the behavior management plan.
13. DO use effective guidance and behavior management techniques that focus on a child's development.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of _____
(child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/operator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian _____ Date _____

Distribution: one copy to parent(s) signed copy in child's facility record

SAMPLE #2

Name of Facility: _____

Discipline and Behavior Management Policy

Date Adopted _____

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO stay consistent in the behavior management plan.
12. DO use effective guidance and behavior management techniques that focus on a child's development.
13. DO use short supervised periods of time-out sparingly.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

The program's goals for helping children develop self-control and learn acceptable forms of social behavior are:

Distribution: one copy to parent(s) signed copy in child's facility record

SAMPLE #2

Children are helped to resolve conflict and develop problem solving skills with peers by:

I ensure myself and the additional caregivers follow the programs discipline and behavior management policies and practices and use behavior management strategies appropriately by:

Local resources that can assist with services and support when persistent challenging behaviors continue to occur are:

Operator:

I, the undersigned facility director/operator (or other designated staff member) of _____ (facility name), do hereby state that I have given and discussed the facility's Discipline and Behavior Management Policy with the child's parent or guardian.

Signature of Director/Operator (or other designated staff member):

_____ Date _____

Parent or Guardian:

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/operator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian _____

_____ Date _____

Distribution: one copy to parent(s) signed copy in child's facility record



I _____ have received and read a Summary of the North
Name of Parent (Print)

Carolina Child Care Laws and Rules.

Signature

Date



I _____ have received and read a Summary of the
Name of Parent (Print)

North Carolina Child Care Laws and Rules.

Signature

Date

SAMPLE

INCIDENT REPORT FORM

Family Child Care Home Child Care Center County Name _____
 Date/Time of Incident _____ Child's Name _____ Sex _____ Age _____
 Witness to Incident _____ Parents Notified By _____ Time Notified _____

Piece of Equipment Involved:

Indoors:	<input type="checkbox"/> Block	<input type="checkbox"/> Furniture	Outdoors:	<input type="checkbox"/> Bench	<input type="checkbox"/> Climber	<input type="checkbox"/> Fence/Wall
<input type="checkbox"/> Cubby	<input type="checkbox"/> Door	<input type="checkbox"/> Floor	<input type="checkbox"/> Composite Play Structure	<input type="checkbox"/> Deck	<input type="checkbox"/> Swing	
<input type="checkbox"/> Medication	<input type="checkbox"/> Toy	<input type="checkbox"/> Other Child	<input type="checkbox"/> Other Child	<input type="checkbox"/> Sandbox	<input type="checkbox"/> Sidewalk	
<input type="checkbox"/> Shelving	<input type="checkbox"/> Sink	<input type="checkbox"/> Walker	<input type="checkbox"/> Slide	<input type="checkbox"/> Surfacing	<input type="checkbox"/> Merry-Go Round	
<input type="checkbox"/> Steps	<input type="checkbox"/> None		<input type="checkbox"/> Toy	<input type="checkbox"/> Other Plygrnd Eqpmnt. _____		
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Vehicle	<input type="checkbox"/> None	<input type="checkbox"/> Other: _____	

Cause of Injury:

Fall from Height Hit By or Bumped Into Object Human Bite Sharp/Piercing Object
 Burn Splinter/Foreign Object Pinched/Caught In Other: _____

Type of Injury:

Dental Injury Cut/Scrape Puncture Bite Bump/Bruise Splinter
 Burn Crush Fracture/Dislocation Sprain/Strain Other: _____

Body Part Injured:

Head Eye Face Mouth Neck Arm Hand/Wrist/Finger Leg
 Abdomen/Trunk/Chest Knee Foot/Ankle Other: _____

Where Child Received Treatment:

Clinic Dentist Doctor's Office Hospital/ER Onsite By Health Professional
 Urgent Care Other: _____

Description of How and Where Incident Occurred & First Aid Received: _____

Steps Taken to Prevent Reoccurrence _____

Signature of Staff Member _____ Date _____

Signature of Parent/Guardian _____ Date _____

**Anytime a Child Receives Medical Treatment as a Result of an Incident Occurring
 at a Child Care Facility this Report Must be Submitted Within
 7 Calendar Days to your Child Care Consultant**

Original to Child's File
Copy to Child Care Consultant
Enter into Incident Log

Child Care Consultant's Name _____

DCD-0058 11/98

PROGRAM RECORDS CHECKLIST

Name of Employee: _____ Date of Employment: _____

The following items must be included in program files. To get more detailed information about each record listed below, go to the corresponding chapter of the Family Child Care Home Handbook noted in parentheses. Applicable forms are available online at www.ncchildcare.net.

Item	Due Date	Date Received/ Completed
<input type="checkbox"/> Emergency Procedures (Chapter 2)	Prior to license	
<input type="checkbox"/> Emergency Telephone Numbers (Chapter 2)	Prior to license	
<input type="checkbox"/> Well Water Analysis (Chapter 1)	Prior to license	
<input type="checkbox"/> Pet Vaccinations (Chapter 1)	Prior to license	
<input type="checkbox"/> Inspection reports required by local ordinances (Chapter 1)	Prior to license	
<input type="checkbox"/> ITS-SIDS Sleep Charts (Chapter 3)	1 st day, if applicable	
<input type="checkbox"/> Incident Log (Chapter 3)	As occurs	
<input type="checkbox"/> Fire Drill Report (Chapter 2)	Monthly	
<input type="checkbox"/> Outdoor Inspection Checklist (Chapter 2)	Monthly	
<input type="checkbox"/> Schedule (Chapter 4)	Assume weekly/monthly Reviewed on annual compliance visit	
<input type="checkbox"/> Daily Attendance Records (Chapter 4)	Daily	
<input type="checkbox"/> Travel and Activity Authorization (Chapter 2)	Prior to transporting child	
<input type="checkbox"/> Blanket Permission for Routine Transport of Children (Chapter 1)	Prior to transporting child, if applicable	

EMERGENCY PROCEDURES FORM

The safety of the children in your care is your first responsibility as a child care provider. Being prepared for an emergency will help you remain calm and reassuring to the children. This form will help you be prepared for an emergency. Please fill in all the boxes below so that everyone in your home can see how to handle emergencies.

Name of Caregiver: _____ **Address:** _____



In Case of FIRE:

Type of alarm/notification system	
Emergency exits	
Location of telephones <i>(include at least one not located inside your home)</i>	
Outdoor meeting location	
<i>Monthly Fire Drills must be conducted to help the children know what to do in case of an actual fire in your home.</i>	



In Case of SEVERE WEATHER:

TORNADO	Safe place inside home	
SEVERE STORM/HIGH WINDS	Safe place inside home	
FLOODING	Safe place inside home	
	Safe place outside home	



In Case of ILLNESS OR ACCIDENT of caregiver:

Call substitute immediately. If you care for a child able to understand, teach them what to do in case of emergency and how to call for help or contact another adult.

NAME OF SUBSTITUTE	
PHONE # OF SUBSTITUTE	
Phone # of EMS/Rescue Squad	



In Case of ILLNESS OR ACCIDENT of a child:

Call Rescue Squad Immediately, if needed. Always phone child's parent/guardian immediately after seeking medical attention. Call substitute to care for other children, if necessary.

Phone # of Rescue Squad/Nearest Hospital	
Type of Transportation Available	
Location of children's records	

Date Completed: _____

Emergency Telephone Numbers

To Call	Number
Rescue Squad/Paramedics	
Fire Department	
Police	
Health Department	
Public Health Nurse	
Closest Hospital	
Address:	
Directions:	
Poison Control Center	Carolinas Poison Center 1-800-222-1222

NOTE: WHEN YOU CALL FOR AN AMBULANCE OR RESCUE SQUAD:

Keep Calm. You will think more clearly.

Dial the correct number.

Tell where you need the help.

Tell why you need the help.

Stay on the phone until your message is repeated to you.

CHILD CARE CENTER / HOME

BACK TO SLEEP POSITION CHECK

CHILD: _____ DOB: _____

Date: _____ Arrival time: _____ Departure Time: _____

"Thank you for checking me every 15 minutes to make sure that I am breathing, my color is good, my blanket is not around my head and that I am on my back, unless I can turn over and it's posted at my crib!!!" --Baby

<u>INITIAL / TIME</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>INITIAL / TIME</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY
		BACK	SIDE	TUMMY		BACK	SIDE	TUMMY

Note: printed 2 sided can use for 4 days with same baby

Source: JDanielson

Sleep Chart

Month: _____

Year: _____

(name of childcare facility)

N.C. licensing rules require that babies 12 months of age or younger be placed on their back to sleep, unless a signed waiver states otherwise. Providers must keep a daily record of how they visually check sleeping babies. Keep this record for at least one month after the reporting month. Providers must decide how often their facility will check sleeping babies. *Note:* Checking every 15 minutes is reasonable.

Instructions: Complete this form each time staff visually checks sleeping infants. Use the chart for an individual baby or list several babies – if you check them all together. Write the name of each baby checked in the *Name* column. Staff doing the checking must note the times and put their initial.

Check the **Sleep Position** and **Code Letter:** *B*=Back; *Si*=Side; *T*=Tummy (Stomach) to indicate the baby’s sleep position when FIRST placed to sleep and when checked. Write additional comments describing the infant’s sleep such as “rolled over for the first time,” in the comment space provided.

Baby’s Name:	Date: Sleep Time: Initial:	Position when FIRST placed to sleep:	1 Time Checked & Initial: <i>Baby’s Position:</i>	2 Time Checked & Initial: <i>Baby’s Position:</i>	3 Time Checked & Initial: <i>Baby’s Position:</i>	4 Time Checked & Initial: <i>Baby’s Position:</i>	5 Time Checked & Initial: <i>Baby’s Position:</i>
Name: _____	Date: _____ Time: _____ Initial: _____	<input type="checkbox"/> <i>Back</i> <input type="checkbox"/> <i>Side</i> <input type="checkbox"/> <i>Tummy</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>
<i>Comments:</i>							
Name: _____	Date: _____ Time: _____ Initial: _____	<input type="checkbox"/> <i>Back</i> <input type="checkbox"/> <i>Side</i> <input type="checkbox"/> <i>Tummy</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>
<i>Comments:</i>							
Name: _____	Date: _____ Time: _____ Initial: _____	<input type="checkbox"/> <i>Back</i> <input type="checkbox"/> <i>Side</i> <input type="checkbox"/> <i>Tummy</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>
<i>Comments:</i>							
Name: _____	Date: _____ Time: _____ Initial: _____	<input type="checkbox"/> <i>Back</i> <input type="checkbox"/> <i>Side</i> <input type="checkbox"/> <i>Tummy</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>
<i>Comments:</i>							

Sleep Chart

Month: _____

Year: _____

Baby's Name:	Date: Sleep Time: Initial:	Position when FIRST placed to sleep:	1 Time Checked & Initial: <i>Baby's Position:</i>	2 Time Checked & Initial: <i>Baby's Position:</i>	3 Time Checked & Initial: <i>Baby's Position:</i>	4 Time Checked & Initial: <i>Baby's Position:</i>	5 Time Checked & Initial: <i>Baby's Position:</i>
Name: _____	Date: _____ Time: _____ Initial: _____	<input type="checkbox"/> <i>Back</i> <input type="checkbox"/> <i>Side</i> <input type="checkbox"/> <i>Tummy</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>
<i>Comments:</i>							
Name: _____	Date: _____ Time: _____ Initial: _____	<input type="checkbox"/> <i>Back</i> <input type="checkbox"/> <i>Side</i> <input type="checkbox"/> <i>Tummy</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>
<i>Comments:</i>							
Name: _____	Date: _____ Time: _____ Initial: _____	<input type="checkbox"/> <i>Back</i> <input type="checkbox"/> <i>Side</i> <input type="checkbox"/> <i>Tummy</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>
<i>Comments:</i>							
Name: _____	Date: _____ Time: _____ Initial: _____	<input type="checkbox"/> <i>Back</i> <input type="checkbox"/> <i>Side</i> <input type="checkbox"/> <i>Tummy</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>
<i>Comments:</i>							
Name: _____	Date: _____ Time: _____ Initial: _____	<input type="checkbox"/> <i>Back</i> <input type="checkbox"/> <i>Side</i> <input type="checkbox"/> <i>Tummy</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>	Time: _____ Initial: _____ <input type="checkbox"/> <i>B</i> <input type="checkbox"/> <i>Si</i> <input type="checkbox"/> <i>T</i>
<i>Comments:</i>							

Instructions: Check the **Sleep Position** and **Code Letter**: *B*=Back; *Si*=Side; *T*=Tummy (Stomach) to indicate the baby's sleep position when FIRST placed to sleep and when checked. Write additional comments in the comment space provided.

INCIDENT LOG

To be completed any time an incident report is completed as required by 10A NCAC 09 .0802(e) and 10A NCAC 09 .1721(b)(4). This log is to be cumulative and maintained for review by a representative from the Division of Child Development.

CHILD'S NAME	DATE OF INCIDENT	DATE SUBMITTED	SUBMITTED BY:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

FAMILY CHILD CARE HOMES FIRE DRILL REPORT YEARS _____

Name of Family Child Care Home: _____

Name of Operator: _____

Address of Family Child Care Home: _____

Each Family Child Care Home Operator shall keep a record of monthly fire drills, giving the date each drill held, the time of day, the length of time taken to evacuate the home and the operator's signature {1721(b)(2)}. **There must be at least one unannounced fire drill monthly and it must be conducted at a different time each month.** Procedures for responding to emergency situations, such as a fire, must be written on the Emergency Procedures Form. To make sure that the children remain protected, it is best to not use a fire extinguisher until they are safely evacuated.

DATE	HOUR OF FIRE DRILL	TIME REQUIRED TO EVACUATE BUILDING	SIGNATURE
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Outdoor Inspection Checklist for Family Child Care Homes

Name of Home: _____ Date & Time completed: _____

Completed by: _____ Signature: _____

Rule 10A NCAC 09.1721 (b) (5) requires this inspection checklist to be completed monthly and kept for review by a representative of the Division.

Category	Pass	Fail	Problem	Solution
General Inspection				
Outdoor area free of litter and debris				
Equipment not damaged or vandalized				

Surfacing				
Equipment not installed over concrete or asphalt				

General Hazards				
Poisonous items such as toxic plants are not accessible to children				
Equipment and supplies such as lawn mowers, power tools or nails are inaccessible to children				
Equipment free of potential entrapment hazards				
Equipment free of loose nails or screws and splinters				
Outdoor area free of tripping hazards				

Deterioration of Equipment				
Stationary outdoor equipment firmly anchored				
Footings which anchor the equipment are not exposed				

Monthly Inspections shall be maintained and available for review by a representative of the Division of Child Development.

SAMPLE SCHEDULE WITH TIMEFRAMES
DAILY SCHEDULE

7:00 – 9:30 am	Children Arrive (Each child’s hands are washed and diaper is checked). Greet Parents Free Choice of Activities in Play Area
8:30 – 9:30 am	Breakfast Served
9:00 – 9:30 am	Diaper, Toileting, Clean-Up
9:30 – 9:50 am	Circle; Music; Planned Activities
9:50 – 10:20 am	Child-Directed Activities (eg. art, paint, playdoh, tummy time)
10:20 – 11:10 am	Outdoor Play (Time period may change depending on weather)
11:10 – 11:40 am	Diapering, Toileting and Hand Washing Prepare for Lunch
11:40 – 12:10 pm	Lunch
12:10 – 12:40 pm	Clean-Up from Lunch, Prepare for Nap
12:40 – 1:00 pm	Soft Music, Book, or other Quiet Activities to Prepare for Nap
1:00 – 3:00 pm	Nap (Quiet Activities for non-nappers)
3:00 – 3:30 pm	Diapering, Toileting, Prepare for Snack
3:30 – 3:45 pm	Snack
3:45 – 4:30 pm	Outdoor Play
4:30 – 5:30 pm	Free Choice Activities Prepare for Departure

*Infants will be fed and have diaper changes on an as need bases.

*Potty trained children are encouraged to use the bathroom on as needed bases.

*At minimum, one daily gross motor activity will be offered.

Travel and Activity Authorization

Name of FCCH

Today's Date

We have a special trip/activity planned and would like your permission to take your child.

Date of trip _____	Departure Time _____
Location of Trip _____	Return Time _____
Phone _____	Method of Travel _____
Transportation Provider _____	
To give permission, please sign the lower half of the permission slip and return it to me by _____.	
(Date)	
(keep the top half of the form for your information)	

(cut along the dotted line and return this half)

Travel and Activity Authorization

- For routine transport as identified on my written plan of care
- Special one time permission only
- Blanket permission for all given activities

Child's Name _____
(Last) (First)

I give permission for my child to participate in the following trip/activity:

_____ on _____ at _____.
(Location) (Date) (Time)

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 when my child is transported in a vehicle. The facility will notify me each time that my child is to participate in an activity that would involve transportation.

I can be reached at (_____) _____ during the hours of the trip/activity.
(Phone)

Signature of Parent/Guardian

Date

BLANKET PERMISSION FOR ROUTINE TRANSPORT OF CHILDREN*

_____ (Facility's Name) _____ (Today's Date)

I _____ give permission for _____
(Parent) (Child's name)

to be transported to _____.
(Where)

Departure Time _____

Return Time _____

Method of Travel _____

Transportation Provider(s) _____

Other important information _____

Permission to transport is valid for _____ *to* _____.
(up to 12 months)

Signature of Parent/Guardian _____

Date _____

*This form is not to be used for field trips or other off premise activities.

OPERATOR FILE CHECKLIST

Name of Employee: _____ Date of Employment: _____

The following items must be included in the operator's file. To get more detailed information about each record listed below, go to the corresponding chapter of the Family Child Care Home Handbook noted in parentheses. If applicable, the items marked with an * must be completed and maintained for household members. Forms are available online at www.ncchildcare.net.

Item	Due Date	Date Received/ Completed
<input type="checkbox"/> Verification of age – 21 years-old (Chapter 1)	Prior to license	
<input type="checkbox"/> Tuberculin (TB) Test (Chapter 1)	Prior to license	
<input type="checkbox"/> First Aid Training Certificate or Card (Chapter 1)	Prior to license Renew every three years	
<input type="checkbox"/> CPR Certification (Chapter 1)	Prior to license Renew every two years	
<input type="checkbox"/> Copy of HS Diploma or GED (Chapter 1)	Prior to license	
<input type="checkbox"/> Criminal History Check (Chapter 1) *	Prior to receiving the license	
<input type="checkbox"/> DCD Qualifying Letter (Chapter 1) *	NA	
<input type="checkbox"/> Modified Criminal Record Check (Chapter 1) *	Every 3 years	
<input type="checkbox"/> Health Questionnaire (Chapter 1)	Within 60 days of employment date. Completed annually by compliance visit.	
<input type="checkbox"/> ITS-SIDS Training (Chapter 1)	Within 4 months of receiving the license, if applicable, and every 3 years	
<input type="checkbox"/> In-service Training Record and Documentation for each training event (Chapter 1)	Annual compliance visit	
<input type="checkbox"/> Early Educator Certification (Chapter 1)	Within 60 days of receiving the license	
<input type="checkbox"/> Family Child Care Credential Application (Chapter 1)	Prior to 2-5 Star License	

Tuberculin (TB) Test

All staff members are required to have a negative test result before coming in to contact with children. Volunteers and Substitutes present more than once per week must also have evidence of a negative test.

NAME _____
Last First Middle

HOME ADDRESS _____

TELEPHONE NUMBER _____

Evidence of tuberculin test:

Type of test _____ Date given _____

Results Negative Positive

Comments:

Signature of Authorized Health Professional

Address

Phone Number

CRIMINAL RECORD BACKGROUND CHECK SUPPLEMENTAL INSTRUCTIONS

FOR POTENTIAL OWNER/OPERATOR OF A FAMILY CHILD CARE HOME

(This supplement is to be used in addition to the *Criminal Record Background Check Basic Instructions*.)

POTENTIAL FAMILY CHILD CARE HOME PROVIDER

(Refer to additional information in the *Applicant Packet* for a new family child care home and *Criminal Record Background Check Basic Instructions*.)

- All potential family child care home owners/operators and household members must complete a criminal record background check.
- All household members over age 15 who are present in family child care homes when children are in care must also undergo the criminal record background check.
- The owner/operator of a potential child care program, and all household members/other staff living or working in the home who are over age 15, must obtain a *local criminal history check* from the Clerk of Court's office in all counties of residence during the prior 12 months, including the counties in which the individual(s) lived in another state.

Remember that you need to keep copies of your local history check(s) to give to your child care consultant along with your other application forms. (Please follow specific instructions for mailing the forms and other required information.)

- As a potential owner or operator of a family child care home **you** may submit only your forms to the Division without an ID#. You must fill in the oval for "New Family Child Care Home" as the type of program (box 9) on the *Identifying Information Form* (DHHS-004) sheet. In box 10, which is titled "Job Type," you should fill in the oval for "Owner." Box 11 (for License #) would be left blank. For box 14 (*Date of Hire*), please fill in the date you signed or submitted your Application to the consultant.
(Note: If an ID # has been issued when you submit your CRC forms to the Division, please fill in the date of the Permit or License in box 14.)
- *For any "Employee" (substitute teacher, etc.) or "Household member" you must obtain an ID # from your child care consultant before you submit the forms to the Division. You should mark "Family Child Care Home (FCCH)" as the type of program, and fill in box 14 with the date of the Permit or License.*

CRIMINAL RECORD BACKGROUND CHECK BASIC INSTRUCTIONS INCLUDING FORMS & APPROVED COUNTY LIST FOR ELECTRONIC FINGERPRINTING

Please maintain a copy of these instructions and blank forms for future use

The North Carolina Child Care Law (General Statute 110-90.2) requires a criminal record check for all child care operators and providers (which includes household members, age 16 and older) in licensed or regulated facilities and nonlicensed facilities approved to receive State or federal funds for providing child care.

You must submit completed criminal record check forms immediately to the NC Division of Child Development (Division) for anyone in your program who has not submitted forms previously for the background check. The Law requires that completed forms for each new provider or employee be submitted to the Division no later than eight (8) working days after beginning work.

*This version of the Criminal Record Background Check Instructions includes information for electronic fingerprinting. The SBI and certain local law enforcement agencies (LEA) have formed a partnership agreement that allows child care providers/applicants to have their fingerprints submitted electronically to the SBI for processing. This arrangement provides a higher quality of print impressions and reduces the possibility of rejected prints. It also reduces the response time for completing the criminal record background check when you and your employees use these agencies. Please follow the instructions carefully when submitting forms under this arrangement. Select agencies that are authorized to transmit your fingerprint impressions to the SBI can be found on the *Approved Agency Guide*. Please visit www.ncchildcare.net under the "DHHS Criminal Record Checks" link for updated list. Please call agency in advance for scheduled days and/or times.*

What must be done to complete the check and meet the Law and Rules? (Also refer to the Supplemental Instructions if you are a potential owner/operator of a child care facility.)

MANDATORY NOTICE & PRIOR CONVICTION STATEMENT (Form DCD-0049)

- Each child care provider must be given a copy of a statement (*Mandatory Notice*) which explains that a criminal record check is required by Law. Each child care provider must sign a *Prior Conviction/Pending Indictment* statement that is to be kept in the provider's personnel

file. A sample *Mandatory Notice* statement and *Conviction/Pending Indictment* statement (one form, DCD-0049) is included in this packet.

This form should be kept in the employee's personnel file and is not to be mailed to the Division. The owner/operator must also keep a copy of his or her own statement on file.

ITEMS TO BE COMPLETED FOR SUBMISSION TO THE DIVISION

1. FINGERPRINT CARD

- ***Each child care provider (or household member) must complete at least one fingerprint card for a SBI check. The type of fingerprint card that must be used is called the APPLICANT CARD and the form number is FD-258. The provider may be required to present a picture identification card at the time fingerprints are taken.*** Included in this mailing is a *sample* of how the card **must** be filled out and additional instructions on completing the other required information. *The Division does not provide the cards.* (See *suggested locations listed on the sample page.*)
- **The fingerprint card must be mailed to the Division with other criminal record check items. Information should not be mailed to the SBI.**
- The fingerprint card must not be folded when mailed to the Division.
- **If the provider has not lived in North Carolina for the last five (5) years in a row, the fingerprint card will also be submitted to the FBI for a national check.**

- ***If you or your employees go to one of the law enforcement agencies identified on the list of Agencies Approved For Electronic Fingerprinting, your prints will be processed electronically. You must have the required forms (4 & 5) completed and appropriately signed before the agency will take the fingerprints. A picture identification card must be presented to the agent. (See information below for Applicant Information [4] and Electronic Fingerprint Submission Release of Information [5] forms.) If the prints are processed electronically you will not receive a fingerprint card. The fingerprint impressions will be transmitted immediately to the SBI. The agent must sign the Electronic Fingerprint Submission Release and return it to the person being fingerprinted. It must to be mailed immediately to the Division with the other packet items.***
- ***You may go to any of the approved counties on the list to request to have your fingerprints transmitted electronically.*** (You are not required to be a resident of the county to have fingerprints taken.)

2. LOCAL OR COUNTY CRIMINAL RECORD REPORT

- Each child care provider (or household member) must obtain a **certified criminal record check** from the **county** in which they **reside**. The county of residence must be consistent with the provider's current address as shown on the other forms. This county or local check **must be obtained from the County Clerk of Court's office** and must have been done **within the last 90 days (of date the forms are mailed to the Division)**. This type of record check is also known as a "certified name check." The record check must reflect the provider's *legal and current first and last name* and must be consistent with the name written

on *all other criminal record check forms*. (Record checks from local law enforcement or other criminal records agencies are not acceptable and will delay the process if submitted.) Providers who are out of state residents must get a certified report from the Clerk of Court of the Circuit or District Court in their county of residence, or the State Repository office for their state. South Carolina residents may contact the State Law Enforcement Division (SLED) at www.sled.state.sc.us. Virginia residents may contact the Virginia State Police (VSP) at www.vsp.state.va.us. Once obtained, the **original certified record check from the Clerk of Court, SLED, VSP, or State Repository office must be submitted to the Division**. A copy of the local record check must be kept in the employee's personnel file. If there are criminal convictions indicated on the local check, this does not mean that the Division will automatically disqualify the person. However, an owner/employer may choose to use this information during their hiring process.

- **If the child care provider has a conviction (*guilty judgment or admission of guilt*), pending charge or indictment, is under deferred prosecution, has received a Prayer for Judgment, or is on probation for a crime, the provider can submit additional information for the Division to consider when making the decision to qualify or disqualify. This should be sent in at the same time the other forms are submitted. We urge each provider to do this so that a more complete history is known about the conviction or the pending case.**

3. IDENTIFYING INFORMATION FORM – DHHS 004 (revision of DCD 0050) – WITH RELEASE INFORMATION

- Each child care provider (or household member) **must complete and submit an original Identifying Information Form DHHS-004 (bubble form)**. The information provided on this form must be consistent with all other forms. This form will be submitted to the Division and scanned by computer. The form must be completed with a No. 2 pencil and must not be folded, torn or mutilated. **Please read the specific instructions on the form very carefully and review the form that each employee completes before mailing to the Division.** Leaving a corresponding oval blank for a filled in box, or completing two or more blanks in one row, will cause incorrect information to be recorded or the form to be rejected. Unnecessary blank spaces should not be left between letters in a name as this will distort information. Information should be filled in consecutively in the boxes and ovals unless otherwise directed on the form. A photocopy may not be submitted. If you need additional forms, you may call the Division's Raleigh office. You will be asked for your license ID #, mailing address, and contact information. *Please do not place staples or make any marks or hole punches on any of the black marks on this form.*

Help with completing the *Identifying Information Form* sheet:

Please list maiden name and all previous names used on the lines provided, if applicable.

- #1** Write and fill in ovals for Name. Last name is first and must match the names on other forms submitted for the person. *(Please be consistent with hyphenation and dual last names.)*
- #2** Write and fill in ovals for the person's social security number.
- #3** Write and fill in ovals for the person's date of birth. The year must be 4 digits.

- #4** Indicate the person's gender.
- #5** Indicate the person's race.
- #6** Must be answered: *If the person has lived in North Carolina for less than 5 years in a row (up to the current year), this item must be answered "No."*
- #7** Write and fill in ovals for the home mailing address. If needed, there is extra space for the address on the bottom right hand side of the form. If the mailing address is a Post Office Box, please write the physical address in the extra space provided.
- #8** The county code must match the current county where the person lives and the address in item # 7.
- #9** Only mark one program type.
- #10** Choose only one job type.
- Owner* - owner or operator of the child facility or family child care home.
- Employee* - anyone employed by a child care facility or who assists the owner in a family child care home.
- Household member* over age 15 (they have had their 16th birthday) - one who lives in the home (on a permanent or temporary basis) and is not involved with child care.
- The Law does not require volunteers, contract persons, and any other employees not providing care to a child to submit forms to the Division. *If you are unsure about who needs the check please contact your child care consultant or the Division's Criminal Record Check (CRC) Unit.*
- #11** This number is listed on the child care facility license permit or noted in visit summaries left by your child care consultant (for church exempt programs). *You should contact your child care consultant if you do not have a facility ID # and you are not the potential owner/operator of a new family child care home.*
- #12** Only *local purchasing agencies* and other programs approved by the Division are to complete this section.
- #13** Write in the complete name, address and phone number of the child care facility, even if it is a nonlicensed or family child care home.
- #14** Date of hire or employment at child care facility identified in box 13. *For Family Child Care Home, this is date home was opened or issued permit, or date of eligibility as a household member. For non-licensed home, this is date approved for subsidy funds.*

"Authority for Release of Information (State and Federal Record Check)"

This section must be signed (in blue or black ink) and dated by the person listed in item #1. If the person is under age 18, parental consent is also requested.

Select & Print associated forms: *Child Care Electronic Prints Form 1 (SBI Release) & Child Care Electronic Prints Form 2 (Applicant form) (Adobe reader required)* from www.ncchildcare.net site, under “DHHS Criminal Record Checks” link on main page.

REQUIRED FORMS- FOR ELECTRONIC FINGERPRINTING (REFER TO ITEM 1)

4. APPLICANT INFORMATION FORM

- ***Each child care provider who visits a law enforcement agency approved for electronic fingerprinting must take a completed Applicant Information form to the agency. The information on this form must be consistent with all other forms. The type of check required for “Reason fingerprinted” must be indicated by the provider, director or program agent before visiting the law enforcement agency. If the provider has lived in the state less than the last five (5) years in a row, or is a non-resident, a “state & federal” check is required and must be indicated on the form. The Applicant Information form may be retained by the agent after use.***

5. ELECTRONIC FINGERPRINT SUBMISSION RELEASE OF INFORMATION (with SBI Letterhead) - Replacement for Fingerprint Card only

- ***Each child care provider who visits a law enforcement agency approved for electronic fingerprinting must take a completed and authorized Electronic Fingerprint Submission Release of Information form. The provider (employee) must sign this form. The form must also be signed by the program owner, director or other agent to authorize the individual to be fingerprinted and have the fingerprints submitted to the SBI electronically. The owner/operator must authorize his or her own form. This form must be presented to the agent at time fingerprints are taken to be submitted electronically. A photo identification card is required before the prints are taken. The official taking the fingerprints must sign the original copy of the Electronic Fingerprint Submission Release to certify that the fingerprints were taken and return the form to the provider. You must submit the original certified copy to the Division with the other packet items when the fingerprints have been processed electronically. A copy must be kept in the employee’s personnel file.***

ADDITIONAL INFORMATION

Each provider who visits a local law enforcement agency approved to transmit fingerprints electronically must complete and take the required forms to the agency. The local law enforcement agency will not have blank forms. If the local agency is not able to process the fingerprints electronically the provider will be advised by the agent.

Each provider (or household member) must have a complete criminal record check packet submitted to the Division. **The Division will not accept an incomplete packet or items mailed separately.** You can send in each individual’s complete packet separately, or send packets for some or all individuals at one time. All the forms for one provider should be stapled in the upper

right hand corner to prevent forms from becoming mixed up and **must not be folded**. If an item is inadvertently omitted from the mailing, please do not send it separately. You must wait until the Division returns the packet to you.

If fingerprints for any provider are being submitted electronically by the law enforcement agency, the remaining packet items must be mailed to the Division immediately in a separate envelope. The envelope must be marked with a large “E” (for Electronic fingerprinting) to identify it from any other criminal record mailings. If the packet items are not received by the Division within 30 days after electronic fingerprinting has been done, the SBI results will become invalid. The provider must submit new information for the background check to be completed, including new fingerprints. INFORMATION SHOULD NOT BE MAILED TO THE SBI.

Any new employee that is hired must submit forms in the timeframe specified in rule 10A NCAC 09 .2702(a). This rule requires that new employees submit all completed forms to you within 5 working days after beginning work. You then have 3 additional working days to submit the forms to the Division. You should keep copies of the forms until a decision is received from the Division.

When the Division receives the results of the fingerprint check from the SBI, the *entire criminal history record* of the provider will be reviewed. The provider may be requested to provide additional information before a decision is made. A **letter of notification** will be sent to the provider (or household member) and the employer, program owner or other agency, as applicable. This notification will indicate if the individual is *qualified* or *not qualified*, but cannot give any specific details about the reason for a disqualification. ***A letter of disqualification prevents an individual from owning, operating, providing transportation, working, or being employed as a child care provider/employee in a child care program in North Carolina. If the individual lives in a home where child care is provided, a letter of disqualification may require that the individual not be present when children are in care; that child care may no longer be funded; or that child care may no longer be provided in the home.*** Included in the disqualification letter will be details about appealing the decision that was made.

FOR EMPLOYEES WHO PREVIOUSLY COMPLETED THE CRIMINAL RECORD CHECK PROCESS

If you, or a new employee submitted criminal record check forms from *another* child care program, child care rule .2702 states that if the date of qualification (based on fingerprinting) on the Notice is within the last 12 months then new fingerprint cards do not need to be submitted. The rules do require that a current original local criminal record report be submitted to the Division. (Current means dated within the last 90 days.) Along with the new local criminal record, the provider must submit a new *Identifying Information* form with the identification number of your child care program. Copies of all submitted forms must be maintained in the personnel file. If you, or your new employee have a Notice with a **qualification date** that is more than 12 months ago, all forms, including the fingerprint card(s), must be submitted.

*If forms were previously submitted by another child care program but the *Notice of Qualification* has not been received, please attach a note to the new forms with the name of the former child care program and include the date the initial forms were submitted (if known).

3 YEAR RE-CHECK FOR QUALIFICATION

Effective November 1, 2007, Child Care Rule 10A NCAC 09 .2702 requires that all child care providers and household members who are employed or remain at the same facility for three (3) consecutive years be subject to a modified criminal record check by the Division. On *each* three (3) year anniversary date of employment at the facility, owners and employees (who have a previous Notice of Qualification) must submit the completed Identifying Information (DHHS-004) form to the Division. *For a family child care home, the owner, employee(s), and household member(s) shall complete and submit the Identifying Information form to the Division on each three year anniversary from the date the child care home was opened or issued license, or from the date of eligibility as household member.* The Division will notify the provider (or household member), employer, or other agency of the result of the three (3) year review.

A complete criminal record check packet has the following 3 items:

√	A completed <i>Identifying Information</i> form (bubble form) with Release Statement - Form DHHS-004 (revision of DCD-0050)
√	One completed fingerprint card (Applicant Card -Form FD258) OR Original Electronic Fingerprint Submission Release form with Certification from approved law enforcement agency that fingerprints were submitted electronically to the SBI.
√	An <i>original certified</i> local criminal record (history) check from the Clerk of Court’s office in the county where the person lives (with raised seal), or State Repository for out of state residents, and must be dated within the last 90 days.

The envelope (with fingerprint card) must be addressed exactly as written below and marked “CONFIDENTIAL”

DHHS CRIMINAL RECORD CHECK UNIT
 CHILD CARE TEAM
 2201 MAIL SERVICE CENTER
 319 CHAPANOKE ROAD, SUITE 120
 RALEIGH NC 27699-2201

FOR ELECTRONIC SUBMISSION, PLEASE MARK ENVELOPE WITH A LARGE “E”
AND ADDRESS ENVELOPE MARKED “CONFIDENTIAL” TO:

DHHS – CRIMINAL RECORD CHECK UNIT
DOCD – ELECTRONIC PROCESS
 2201 MAIL SERVICE CENTER
 319 CHAPANOKE ROAD, SUITE 120
 RALEIGH NC 27699-2201

PLEASE DO NOT FOLD OR BEND FORMS

Questions – 1-800-859-0829 (in State calls only) or (919) 773-2856

NOTICE
CHILD CARE PROVIDER MANDATORY CRIMINAL HISTORY CHECK

North Carolina law requires that a criminal history check be conducted on all persons who provide child care in a licensed or registered child care facility, and all persons providing child care in nonlicensed child care homes, or facilities that receive state or federal funds.

"Criminal history" includes county, state, and federal convictions or pending indictments of any of the following crimes: the following Articles of Chapter 14 of the General Statutes: Article 6, Homicide; Article 7A, Rape and Kindred Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 26, Offenses Against Public Morality and Decency; Article 27, Prostitution; Article 39, Protection of Minors; Article 40, Protection of the Family; and Article 59, Public Intoxication; violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5; or similar crimes under federal law or under the laws of other states. Your fingerprints will be used to check the criminal history records of the State Bureau of Investigation (SBI) and the Federal Bureau of Investigation (FBI).

If it is determined, based on your criminal history, that you are unfit to have responsibility for the safety and well-being of children, you shall have the opportunity to complete, or challenge the accuracy of, the information contained in the SBI or FBI identification records.

If you disagree with the determination of the North Carolina Department of Health and Human Services on your fitness to provide child care, you may file a civil lawsuit in the district court in the county where you live.

Any child care provider who intentionally falsifies any information required to be furnished to conduct the criminal history shall be guilty of a Class 2 misdemeanor.

PRIOR CONVICTION/PENDING INDICTMENT STATEMENT

(Please check one)

____ I swear, under penalty of perjury, that I **have** been convicted of a crime and/or I **have** pending indictments or pending charges that are not minor traffic violations.

____ I swear, under penalty of perjury, that I **have not** been convicted of a crime, **nor** have any pending indictments or pending charges, other than a minor traffic violation.

I also swear that I am _____, am not ____ under a deferred prosecution agreement or on probation for a crime. If I have been convicted of a crime, have pending indictments or pending charges, am under a deferred prosecution agreement, have received a Prayer for Judgment, or am on probation for a crime, I understand that my employment is conditional pending approval from the Division of Child Development. I also understand that I may submit to the Division of Child Development additional information concerning the conviction or charges that could be used by the Division in making the determination of my qualification for employment. The Division may consider the following in making their decision: length of time since conviction; nature of the crime; circumstances surrounding the commission of the offense or offenses; evidence of rehabilitation; number of prior offenses; and my age at the time of occurrence.

Signature

Printed Name

Date

The Division of Child Development makes no representations regarding this person's eligibility to provide child care based solely on this Statement.

Maintain Original Form in Employee Personnel File

INSTRUCTIONS**MANDATORY NOTICE STATEMENT**

- **Each employee must receive a statement concerning the mandatory criminal record check.**
- **Each employee must sign a Prior Conviction/Pending Indictment statement.**
- **This form is a sample form and can be copied. Maintain an original form for ongoing use as new employees are hired.**
- **If you choose to develop your own form it must contain the text that is substantially similar to the text on this form.**
- **The signed form is to be kept in the provider's personnel file.**

NOTICE
CHILD CARE PROVIDER MANDATORY CRIMINAL HISTORY CHECK

North Carolina law requires that a criminal history check be conducted on all persons who provide child care in a licensed or registered child care facility, and all persons providing child care in nonregistered child care homes, or facilities that receive state or federal funds.

“Criminal history” includes county, state, and federal convictions or pending indictments of any of the following crimes: the following Articles of Chapter 14 of the General Statutes: Article 6, Homicide; Article 7A, Rape and Kindred Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 26, Offenses Against Public Morality and Decency; Article 27, Prostitution; Article 39, Protection of Minors; Article 40, Protection of the Family; and Article 59, Public Intoxication; violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5; or similar crimes under federal law or under the laws of other states. Your fingerprints will be used to check the criminal history records of the State Bureau of Investigation (SBI) and the Federal Bureau of Investigation (FBI).

If it is determined, based on your criminal history, that you are unfit to have responsibility for the safety and well-being of children, you shall have the opportunity to complete, or challenge the accuracy of, the information contained in the SBI or FBI identification records.

If you disagree with the determination of the North Carolina Department of Health and Human Services on your fitness to provide child care, you may file a civil lawsuit in the district court in the county where you live.

Any child care provider who intentionally falsifies any information required to be furnished to conduct the criminal history shall be guilty of a Class 2 misdemeanor.

PRIOR CONVICTION/PENDING INDICTMENT STATEMENT

(Please check one)

____ I swear, under penalty of perjury, that I **have** been convicted of a crime and/or I **have** pending indictments or pending charges that are not minor traffic violations.

____ I swear, under penalty of perjury, that I **have not** been convicted of a crime, **nor** have any pending indictments or pending charges, other than a minor traffic violation.

I also swear that I am _____, am not ____ under a deferred prosecution agreement or on probation for a crime. If I have been convicted of a crime, have pending indictments or pending charges, am under a deferred prosecution agreement, have received a Prayer for Judgment, or am on probation for a crime, I understand that my employment is conditional pending approval from the Division of Child Development. I also understand that I may submit to the Division of Child Development additional information concerning the conviction or charges that could be used by the Division in making the determination of my qualification for employment. The Division may consider the following in making their decision: length of time since conviction; nature of the crime; circumstances surrounding the commission of the offense or offenses; evidence of rehabilitation; number of prior offenses; and my age at the time of occurrence.

 Signature Printed Name Date

The Division of Child Development makes no representations regarding this person's eligibility to provide child care based solely on this Statement.

**INSTRUCTIONS
MANDATORY NOTICE STATEMENT**

- **Each employee must receive a statement concerning the mandatory criminal record check.**
- **Each employee must sign a Prior Conviction/Pending Indictment statement.**
- **This form is a sample form and can be copied. Maintain an original form for ongoing use as new employees are hired.**
- **If you choose to develop your own form it must contain the text that is substantially similar to the text on this form.**
- **The signed form is to be kept in the provider's personnel file.**

Select & Print associated forms: Child Care Electronic Prints Form 1 (SBI Release) & Child Care Electronic Prints Form 2 (Applicant form) (Adobe reader required) from www.ncchildcare.net site, under "DHHS Criminal Record Checks" link on main page.

INSERT

APPLICANT FORM

Select & Print associated forms: **Child Care Electronic Prints Form 1 (SBI Release)** &
Child Care Electronic Prints Form 2 (Applicant form) (Adobe reader required)
from www.ncchildcare.net site, under "DHHS Criminal Record Checks" link on main page.

PAGE 1

INSERT

SBI RELEASE
ELECTRONIC FINGERPRINT
SUBMISSION RELEASE OF INFORMATION

Select & Print associated forms: *Child Care Electronic Prints Form 1 (SBI Release)* & *Child Care Electronic Prints Form 2 (Applicant form)* (Adobe reader required) from www.ncchildcare.net site, under "DHHS Criminal Record Checks" link on main page.

SIDE 2

INSTRUCTIONS
ELECTRONIC FINGERPRINT
SUBMISSION RELEASE OF INFORMATION

- This form must accompany remainder of *packet items* when fingerprints are submitted electronically to the SBI by a law enforcement agency.
- All items must be mailed to the Division of Child Development.
- This form must be signed by the person being fingerprinted.
- This form must be authorized by the owner, director, or other agent of the child care program for the person to be fingerprinted and have the fingerprints submitted to the SBI electronically. Form must be completed prior to visiting the law enforcement agency.
- It can be copied but you can not develop your own form.
- Maintain an original form for ongoing use.
- Do not mail form to the SBI.

SAMPLE FINGERPRINT CARD

(Take this information with you when you go to get your fingerprints taken.)

IMPORTANT: When you get your fingerprints taken, your card must contain the circled information shown on the sample below, along with your identifying information. It is very important that the three circled boxes below are filled in with these exact words whether typed or printed by hand. If they are not, the SBI will not be able to return the results of the fingerprint check to the Division of Child Development. The actual fingerprint cards (Form FD-258) are available from your local police department, sheriff's offices and other private individuals or companies that offer fingerprinting services. You may have your fingerprints taken at any of these locations.

Please Note - Only 1 completed fingerprint card is required. If you have lived in North Carolina for less than the last 5 years in a row, a state and national check will be performed.

APPLICANT	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK								FBI	LEAVE BLANK	
		LAST NAME NAM	FIRST NAME	MIDDLE NAME								
		1										
SIGNATURE OF PERSON FINGERPRINTED		ALIASES AKA	O R I	NCBCIOOO ST BU OF INV RALEIGH, NC						DATE OF BIRTH DOB		
13		2								MONTH		DAY
RESIDENCE OF PERSON FINGERPRINTED										3		
14												
		CITIZENSHIP CTZ	SEX 5	RACE 6	HGT 7	WGT 8	EYES 9	HAIR 10	PLACE OF BIRTH POB			
		4									11	
DATE 15	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 16		YOUR NO. OCA		LEAVE BLANK CLASS _____ REF. _____							
		DOCD00000										
		FBI NO. FBI										
		ARMED FORCES NO. MNU										
EMPLOYER AND ADDRESS				SOCIAL SECURITY NO. SOC								
DOCD (CRC) 2201 Mail Svc Center Raleigh NC 27699		B										
REASON FINGERPRINTED				MISCELLANEOUS NO. MNU								
Child Care Provider N.C.G.S. 110-90.2		C										

17				
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE
18				

SAMPLE

INSTRUCTIONS FOR COMPLETING APPLICANT FINGERPRINT CARD FOR CHILD CARE

EACH FINGERPRINT CARD MUST CONTAIN THE INFORMATION SHOWN BELOW.

- A. OCA Print or type in “DCD00000”**
- B. Employer and Address: Print or type**
“DOCD
2201 MAIL SVC CENTER
RALEIGH NC 27699-2201”
- C. Reason Fingerprinted: Print or type (For State Only) “CHILD CARE PROVIDER**
N.C.G.S. 110-90.2”
- (For State & Federal) “CHILD CARE PROVIDER**
N.C.G.S. 110-91”

Complete other blocks as indicated.

1. NAM - Complete last name, first name, and middle name of individual being fingerprinted.
2. AKA - List any and all alias names or nicknames, maiden name or other married name.
3. DOB - List date of birth numerically - month, day, and year. Example: May 31, 1948 should be shown as 05 31 48.
4. CTZ - Indicate American citizenship (US), or indicate other nationality.
5. SEX - Male (M), Female (F)
6. RACE: White (W) Black (B) Hispanic (H) American Indian or Alaskan Native (I)
 Asian or Pacific Islander (A) Other (O)
7. HGT - Height in feet and inches using all numerics. Example: 6' 01"=601
8. WGT - Weight in pounds using all numerics. Example: 135lbs. = 135
9. EYES - List eye color: BLK - Black BLU - Blue BRO - Brown
 GRY - Gray GRN - Green HAZ - Hazel
10. HAIR - List hair color: BLK - Black BLN - Blond or Strawberry
 BRO - Brown GRY - Gray or partially SDY - Sandy
 RED - Red or Auburn BAL - Bald (if hairless or lost most of hair)
11. POB - Indicate city and state where the individual was born. Abbreviate State.
12. SOC - Social Security Number of individual.
13. SIGNATURE - Legible signature of person being fingerprinted must appear in this space.
14. CURRENT RESIDENCE - Complete number, street, city, state, and zip.
15. DATE - Indicate date fingerprints were taken.
16. Signature of person taking the fingerprints.
17. & 18. Fingerprint impressions.

NOTICE
CHILD CARE PROVIDER MANDATORY CRIMINAL HISTORY CHECK

North Carolina law requires that a criminal history check be conducted on all persons who provide child care in a licensed or registered child care facility, and all persons providing child care in nonlicensed child care homes, or facilities that receive state or federal funds.

"Criminal history" includes county, state, and federal convictions or pending indictments of any of the following crimes: the following Articles of Chapter 14 of the General Statutes: Article 6, Homicide; Article 7A, Rape and Kindred Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 26, Offenses Against Public Morality and Decency; Article 27, Prostitution; Article 39, Protection of Minors; Article 40, Protection of the Family; and Article 59, Public Intoxication; violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5; or similar crimes under federal law or under the laws of other states. Your fingerprints will be used to check the criminal history records of the State Bureau of Investigation (SBI) and the Federal Bureau of Investigation (FBI).

If it is determined, based on your criminal history, that you are unfit to have responsibility for the safety and well-being of children, you shall have the opportunity to complete, or challenge the accuracy of, the information contained in the SBI or FBI identification records.

If you disagree with the determination of the North Carolina Department of Health and Human Services on your fitness to provide child care, you may file a civil lawsuit in the district court in the county where you live.

Any child care provider who intentionally falsifies any information required to be furnished to conduct the criminal history shall be guilty of a Class 2 misdemeanor.

PRIOR CONVICTION/PENDING INDICTMENT STATEMENT

(Please check one)

____ I swear, under penalty of perjury, that I **have** been convicted of a crime and/or I **have** pending indictments or pending charges that are not minor traffic violations.

____ I swear, under penalty of perjury, that I **have not** been convicted of a crime, **nor** have any pending indictments or pending charges, other than a minor traffic violation.

I also swear that I am _____, am not ____ under a deferred prosecution agreement or on probation for a crime. If I have been convicted of a crime, have pending indictments or pending charges, am under a deferred prosecution agreement, have received a Prayer for Judgment, or am on probation for a crime, I understand that my employment is conditional pending approval from the Division of Child Development. I also understand that I may submit to the Division of Child Development additional information concerning the conviction or charges that could be used by the Division in making the determination of my qualification for employment. The Division may consider the following in making their decision: length of time since conviction; nature of the crime; circumstances surrounding the commission of the offense or offenses; evidence of rehabilitation; number of prior offenses; and my age at the time of occurrence.

Signature

Printed Name

Date

The Division of Child Development makes no representations regarding this person's eligibility to provide child care based solely on this Statement.

Maintain Original Form in Employee Personnel File

INSTRUCTIONS**MANDATORY NOTICE STATEMENT**

- **Each employee must receive a statement concerning the mandatory criminal record check.**
- **Each employee must sign a Prior Conviction/Pending Indictment statement.**
- **This form is a sample form and can be copied. Maintain an original form for ongoing use as new employees are hired.**
- **If you choose to develop your own form it must contain the text that is substantially similar to the text on this form.**
- **The signed form is to be kept in the provider's personnel file.**

INFORMATION FOR LIVE SCAN FINGERPRINTING FOR CHILD CARE

The North Carolina Department of Health and Human Services has specific requirements in order to process fingerprints that have been submitted electronically to the State Bureau of Investigation (SBI).

Before a child care applicant can use the Live Scan (electronic fingerprinting) service, they must do the following:

- Use the agency guide to select an approved law enforcement agency;
- Call the approved law enforcement agency for information on what day(s) and time(s) they perform Live Scan services;
- Complete and sign the Electronic Fingerprint Submission Release of Information (on SBI letterhead) form, and have the form completed and signed by your employer, or other agent that is authorizing the fingerprinting;
- Complete the Applicant Information form; and
- Bring a photo identification card and the exact fee amount to the law enforcement agency.

The following will be printed on each fingerprint card in the designated areas by the law enforcement agency, along with the applicant’s identifying information:

<u>Employer and Address</u>	<u>OCA</u>	
DHHS Criminal Record Check Unit 2201 Mail Service Center Raleigh, NC 27699-2201	DOCD00000	(child care)

Reason Fingerprinted Section

The child care program has its own identifying title and North Carolina General Statute (NCGS) reference that is required to be printed on the fingerprint card. Please make sure to provide the law enforcement agency with the following titles and NCGS reference that corresponds with the type of applicant.

Child Care

Child Care Provider
 NCGS 110-90.2 **State Only**
 (this designation is for those applicants that have lived in NC for more than five (5) consecutive years)

Child Care Provider
 NCGS 110-90.1 **State and Federal**
 (this designation is for those applicants that have **not** lived in NC for more than five (5) consecutive years)

Certification of Form

The official taking the fingerprints must sign the original copy of the *Electronic Fingerprint Submission Release of Information* form to certify (by seal or stamp) that the fingerprints were taken. The certified Release will be given to you on the day the fingerprints are transmitted to the SBI for processing.

Applicants will not be able to have their fingerprints taken by Live Scan without the following:

- The correct, **completed** forms
 1. Electronic Fingerprint Submission Release of Information Form (on SBI letterhead)
 2. Applicant Information Form
- Photo Identification
- Fee

Once applicants are fingerprinted by Live Scan, the Certified Electronic Fingerprint Release form, the bubble sheet (DHHS-004) and a current, certified local history from the applicant's county of residence must be submitted to the Department of Health and Human Services Criminal Record Check Unit at the following address:

DHHS Criminal Record Check Unit
Child Care Team
2201 Mail Service Center
Raleigh, NC 27699-2201
Attention: Electronic Fingerprinting

The SBI/FBI are processing Live Scan fingerprints in a matter of days so it is imperative for prompt notification that the required paperwork be sent to DHHS **the same day** the fingerprints are taken to avoid delays. DHHS will not release any results of the fingerprinting until the required paperwork is complete and on file.

Contact Information

If you have any questions, please feel free to contact the DHHS Criminal Record Check Unit at (919) 773-2856 or 1-800-859-0829 (in state calls only).

CHILD CARE:

**Pat Andrews
Sherrie Koonce**

APPLICANT INFORMATION

Name: Last: _____ Date of Birth: _____

First: _____ Place of Birth: _____

Middle: _____ Residence: _____

Maiden Name: _____

Aliases: _____ Employer and Address: DOCD, 2201 Mail Service Center, Raleigh, NC, 27699-2201

Sex: Male _____ Female _____
(Circle Appropriate Box)

Race: _____
(Write the appropriate letter in the space provided)

W - White, B - Black, I - American Indian,
A - Asian or Pacific Islander, U - Unknown

Height: _____

Weight: _____

Eye Color: _____
(Write the appropriate letters in the space provided)

BLK - Black GRY - Gray MAR - Maroon
BLU - Blue BRO - Brown GRN - Green
HAZ - Hazel PNK - Pink XXX - Unknown

Hair Color: _____
(Write the appropriate letters in the space provided)

BAL - Bald BLK - Black BLN - Blond or strawberry
BRO - Brown GRY - Gray or partially
RED - Red or Auburn SDY - Sandy

Reason Fingerprinted (Must indicate one):

State Check Only _____ (Over 5 yrs in NC)
NC Day Care Provider, NCGS 110-90-2

State and Federal Check _____ (Less than 5 yrs in NC)
NC Day Care Provider, NCGS 110-90-1 to 110-91

Social Security Number: _____
(*Optional)

Your Case NO. (OCA): DOCD00000

Type of Transaction: NFUF _____

NC FP Card Type: CCP _____

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

This form is to be submitted to the Division of Child Development with all other required items for a criminal history check to be conducted. Do NOT send this form to the SBI.



ROY COOPER
ATTORNEY GENERAL

NORTH CAROLINA
STATE BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE

3320 GARNER ROAD
PO Box 29500
RALEIGH, NC 27626-0500
(919) 662-4500
FAX: (919) 662-4523



ROBIN P. PENDERGRAFT
DIRECTOR

**ELECTRONIC FINGERPRINT
SUBMISSION RELEASE OF INFORMATION**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Criminal Information and Identification Section to perform either a national criminal history record check or a NC state only check in connection with my fitness to be a child care provider/employee, or other household member of a child care program regulated by the Department of Health and Human Services, Division of Child Development pursuant to NCGS 114-19.5, 110-90.1 to 110-91.

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, the Federal Bureau of Investigation, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I understand that the above named agency cannot provide a hard copy of the results of this criminal history record check to me.

Applicant's Name _____ DOB _____

Date _____ Applicant's Signature _____

I authorize the above named subject to be fingerprinted and have the fingerprints submitted to the SBI electronically.

Date _____ Agency Authorized Official's Signature _____

Printed Name _____

Address _____

Phone Number _____

I certify that I have taken the fingerprints of the above named subject and have forwarded them electronically to the SBI/Criminal Information and Identification Section.

Date _____ Signature of Official taking Fingerprints _____

Agency Seal/Certification _____

This form is to be submitted to the Division of Child Development with all other required items for a criminal history check to be conducted. Do NOT send this form to the SBI.



A Nationally Accredited State Agency

An ASCLD/LAB Accredited Laboratory Since 1988



SAMPLE FINGERPRINT CARD

(Take this information with you when you go to get your fingerprints taken.)

IMPORTANT: When you get your fingerprints taken, your card must contain the circled information shown on the sample below, along with your identifying information. It is very important that the three circled boxes below are filled in with these exact words, whether typed or printed by hand. If they are not, the SBI will not be able to return the results of the fingerprint check to the Division of Child Development. The actual fingerprint cards (Form FD-258) are available from your local police department, sheriff's offices and other private individuals or companies that offer fingerprinting services. You may have your fingerprints taken at any of these locations.

Please Note - Only 1 completed fingerprint card is required. If you have lived in North Carolina for less than 5 years, a state and national check will be performed.

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK						EBI LEAVE BLANK	
		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME					
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		O R I NCBCIOOO ST BU OF INV RALEIGH, NC				DATE OF BIRTH <u>DOB</u>			
13		2				MONTH		DAY		YEAR	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>		SEX	RACE	HGT	WGT	EYES	HAIR	PLACE OF BIRTH <u>POB</u>	
14		4		5	6	7	8	9	10	11	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. <u>OCA</u>		LEAVE BLANK						
15	16		DOCD00000		CLASS _____						
EMPLOYER AND ADDRESS		FBI NO. <u>FBI</u>		REF. _____							
DOCD 2201 Mail Svc Center Raleigh NC 27699-2201		ARMED FORCES NO. <u>MNU</u>									
REASON FINGERPRINTED		SOCIAL SECURITY NO. <u>SOC</u>									
Child Care Provider N.C.G.S. 110-90.2		12									
		MISCELLANEOUS NO. <u>MNU</u>									

		17			
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE	
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	
		18			

SAMPLE

INSTRUCTIONS FOR COMPLETING APPLICANT FINGERPRINT CARD FOR CHILD CARE

EACH FINGERPRINT CARD MUST CONTAIN THE INFORMATION SHOWN BELOW.

- A. OCA Print or type in** **DOCD00000**
- B. Employer and Address: Print or type**
DOCD
2201 MAIL SERVICE CENTER
RALEIGH NC 27699-2201
- C. Reason Fingerprinted: Print or type** **CHILD CARE PROVIDER**
N.C.G.S. 110-90.2

Complete other blocks as indicated.

1. NAM - Complete last name, first name, and middle name of individual being fingerprinted.
2. AKA - List any and all alias names or nicknames, maiden name or other married name.
3. DOB - List date of birth numerically - month, day, and year. Example: May 31, 1948 should be shown as 05 31 48.
4. CTZ - Indicate American citizenship (US), or indicate other nationality.
5. SEX - Male (M), Female (F).
6. RACE: White (W) Black (B) Hispanic (H) American Indian or Alaskan Native (I)
Asian or Pacific Islander (A) Other (O)
7. HGT - Height in feet and inches using all numerics. Example: 6' 01"=601.
8. WGT - Weight in pounds using all numerics.. Example: 135lbs. = 135
9. EYES - List eye color: BLK - Black BLU - Blue BRO - Brown
GRY - Gray GRN - Green HAZ - Hazel
10. HAIR - List hair color: BLK - Black BLN - Blond or Strawberry
BRO - Brown GRY - Gray or partially SDY - Sandy
RED - Red or Auburn BAL - Bald (if hairless or lost most of hair)
11. POB - Indicate city and state where the individual was born. Abbreviate State.
12. SOC - Social Security Number of individual.
13. SIGNATURE - Legible signature of person being fingerprinted must appear in this space.
14. CURRENT RESIDENCE - Complete number, street, city, state, and zip.
15. DATE - Indicate date fingerprints were taken.
16. Signature of person taking the fingerprints.
17. & 18. Fingerprint impressions.

2010 General Information For Child Care Providers

Department of Health and Human Services

Criminal Record Check Unit

What To Submit

- **New applicants** or applicants **qualified over a year ago** at a previous facility:
 1. Current, certified local history (less than 90 days old)
 2. Completed fingerprint card (Applicant FD 258)
 3. DHHS 004 form (brown bubble sheet)
- Applicants **qualified (through a fingerprint check) less than one year ago** at a previous facility:
 1. Current, certified local history (less than 90 days old)
 2. DHHS 004 form (brown bubble sheet)
- Applicants applying for the **3 year re-qualification** (on each 3 year anniversary of employment):
 1. DHHS 004 (brown bubble sheet)*

***Applicants who live out of state** are required to submit a current, local history from the clerk of court in their county of residence. DHHS doesn't have access to out of state records.
- Applicants who are submitting fingerprints via **Live Scan** must send in the completed Live Scan forms with all the other required paperwork on the **same day** they are fingerprinted. Results of the fingerprint check will not be released until all required forms are complete and on file with DHHS.

When to Submit

- Applicants have 5 days after hire to submit the complete/accurate paperwork to their director/owner.
- Director/owner has 3 additional days to submit the complete/accurate paperwork to Raleigh.

Where to Submit

- Mailing address: DHHS Criminal Record Check Unit/Child Care Team
2201 Mail Service Center
Raleigh, NC 27699-2201
- Unit phone number: (919)773-2856 or (800)859-0829 (in state only)
- Unit email address: DHHS.CRC.UNIT@dhhs.nc.gov

Things to Remember When Submitting CRC Paperwork

- Failure to submit a complete & accurate packet is **a violation of Child Care Rule 10A NCAC 09 .2702(c)**.
- Full, legal name of applicant is written/signed exactly the same on all 3 forms. **Do not use** nicknames or middle names as first names. If a name is **hyphenated**, it must be hyphenated on all paperwork.
- Only one (1) Applicant FD 258 fingerprint card is submitted and the card is not altered (white out, etc.).
- **A Division of Child Development issued ID#** (usually 8 digits) is included in Box #11. The only exception is for new family child care home **owners**.
- A date of hire is required in box #14. Date of hire is when an applicant is hired, when the FCCH was licensed, when a household member moved into the FCCH or when the household member turns 16.
- Disqualified applicants must contact DHHS for re-application **prior** to working in child care. Disqualified applicants are not eligible for hire or re-hire until a **subsequent** qualifying letter has been issued.

2010 Checklist for Child Care Providers

Department of Health and Human Services Criminal Record Check Unit

This is a tool to ensure complete and accurate paperwork. **Do not send it to DHHS.**

Applicant's Name: _____

Date of Hire: _____

LOCAL HISTORY (must be submitted for every applicant)

- _____ Included with packet
- _____ From the clerk of Superior court's office in the county of the **applicant's residence**
- _____ Less than 90 days old
- _____ Is the original with a certified seal (no photocopies)
- _____ Name on the local is correct & is exactly the same as shown on the bubble sheet and fingerprint card

BROWN BUBBLE SHEET-DHHS 004 (must be submitted for every applicant)

- _____ Included with packet
- _____ It is the new brown bubble sheet (not the old purple, green or blue sheets)
- _____ It is the original (no photocopies) and it is not torn, folded or mutilated in any way
- _____ It is filled out completely (front and back) and with a **#2 pencil**
- _____ A Division of Child Development ID# has been filled out in Box #11
- _____ A date of hire is written in Box #14*
- _____ The Authority For Release is signed by the applicant in pen on the back of the form. If the applicant is less than 18 yrs old, the parent or legal guardian's signature is required in addition to the applicant's signature.
- _____ Name on the bubble sheet/release is correct & is exactly the same as shown on the local & fingerprint card

FINGERPRINT CARD (submitted for new applicants or applicants qualified over a year ago)

- _____ Included with packet for new applicants/applicants qualified over a year ago at another facility
- _____ Correct type of card (FD 258)
- _____ All personal data, including signature, has been completed
- _____ Fingerprints were rolled by a trained professional (local law enforcement agency)
- _____ Only one (1) card has been submitted
- _____ Name on card is correct and is exactly the same as shown on the local and bubble sheet

LIVE SCAN FORMS (submitted when prints are taken electronically & a fingerprint card is not submitted)

- _____ Included with packet for new applicants/applicants qualified over a year ago at another facility **and** a fingerprint card has not been submitted.
- _____ Correct type of forms (for child care providers)
- _____ The form has been signed by the applicant, law enforcement agency that is taking the prints and the director/owner of the child care facility.
- _____ Name on forms is correct and is exactly the same as shown on the local and bubble sheet.

***DATE OF HIRE:** An applicant's date of hire is **one** of the following circumstances; 1. The date an individual was hired as an employee of a center or family child care home; **or** 2. The date the family child care home was licensed; **or** 3. The date a household member turns 16 years old **after** the family child care home was already licensed; **or** 4. The date when a household member moves into the family child care home **after** the family child care home was already licensed.

NOTE: Applicants applying for the 3 year re-qualification only have to submit the DHHS 004 (brown bubble sheet) form on each 3 year anniversary date of employment*. All 3 year re-qualification applicants should indicate "3 year re-check" in Box #10. **DHHS will accept 3 year re-qualification requests up to 6 months in advance of the employment anniversary.**

*Applicants who live out of state are also required to submit a current, local history from the clerk of superior court in their county of residence. DHHS doesn't have access to out of state records.

Staff Health Questionnaire

(To be completed by all operators and placed in file once per year)

NAME _____
Last First Middle

HOME ADDRESS _____

TELEPHONE NUMBER _____

HEALTH STATUS

1. I am in excellent mental and physical health and am free of communicable disease. (If not, please explain)

2. I take the following medications regularly (please explain)

This health statement is accurate to the best of my knowledge. I will advise the child care consultant if my health status changes.

Signature _____ Date _____

RECORD OF IN-SERVICE TRAINING

Name of Employee _____ Date of Employment _____ Record for training year beginning _____

Training Hours Required _____ Training Hours Brought Forward _____

Training Date	Number of Training Hours Received	Topic	Instructor	Sponsor

(attach documentation of attendance, agendas, etc for each training event)

North Carolina Division of Child Development Credential Application
Early Childhood Credential (NCECC), Family Child Care Credential
(NCFCCC) and School-Age Child Care Credential (NCSACCC) (DCD.0168)

DCD Use Only
WFID# _____

A. APPLICANT INFORMATION—Fill in every blank or write N/A. Please print or type.				SSN (last 4 digits):	Date of Birth (mm/dd/yy):
Mr./Ms.	First Name:	MI:	Last Name:	/ /	
Maiden Name:			Email Address:		
Home Mailing Address (Include Apt # or lot #, if applicable):			City:	State:	Zip:
Home Phone (include area code): ()		Cell Phone (include area code): ()		County of Residence:	

B. FACILITY EMPLOYMENT INFORMATION—If you are currently employed in a child care center or family child care home regulated by the Division of Child Development (DCD) you must provide all of the following:					
Facility ID# (on license):		Facility Name:			
Facility Address:			City:	State:	Zip:
Facility Phone #: ()	Date of employment (at this facility): / /	Date Employment ended: / /	# of hours worked per week on a regular basis: Check one: <input type="checkbox"/> 0-19 <input type="checkbox"/> 20-40 <input type="checkbox"/> 40+		
Current position at this facility (check one): <input type="checkbox"/> Director <input type="checkbox"/> Co-Director <input type="checkbox"/> Asst. Director <input type="checkbox"/> Family Child Care Home Provider <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Floater <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Group Leader <input type="checkbox"/> Other:					
If you were employed in a different DCD regulated facility at the time you completed the Credential coursework, you must provide all of the following:					Facility Name:
Facility ID# (on license):		Date of employment (at this facility): / /	Date Employment ended: / /	# of hours worked per week on a regular basis: Check one: <input type="checkbox"/> 0-19 <input type="checkbox"/> 20-40 <input type="checkbox"/> 40+	

C. EDUCATIONAL BACKGROUND—Check all that have been completed. Attach all college level official transcripts. Please check here <input type="checkbox"/> if the NC Community College is mailing your official transcript separately.					
High School Info (REQUIRED): <input type="checkbox"/> High School Diploma (HSD) <input type="checkbox"/> Adult HSD <input type="checkbox"/> GED <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> None:			Year graduated from HS or GED Program:		
<input type="checkbox"/> AA/AAS	Major:	College:	<input type="checkbox"/> MA/MS	Major:	College:
<input type="checkbox"/> BA/BS	Major:	College:	<input type="checkbox"/> EdD/PhD	Major:	College:
Are you currently enrolled in a NC Community College Early Childhood curriculum program? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of NC Community College: _____					
If all or part of your educational expenses have been paid by a scholarship, please check all that apply: <input type="checkbox"/> TEACH <input type="checkbox"/> Center Paid <input type="checkbox"/> CDA <input type="checkbox"/> Grant <input type="checkbox"/> Other: _____					

D. COURSE INFORMATION: Read the instructions for Section D. before proceeding!						
Course Code	Instructor's Name or Signature	Name of NC Community College where coursework completed	Date of Enrollment (mm/dd/yy)	Date Course Completed (mm/dd/yy)	# of Hrs. Absent	Grade
EDU 111						
EDU 112						
EDU 113						
EDU 119						
EDU 145						
EDU 235						
EDU 263						

Note: Successful completion of the credential coursework in regard to the certificate is determined by the NC Division of Child Development and is subject to laws, rules and regulations in effect upon completion of individual courses. I understand that approval of my credential certificate is conditional upon, but not limited to, successful completion of the coursework and receipt of a high school diploma or GED.

Check for accuracy, sign and date your application. Mail completed application with official transcripts. (see address on bottom of page 2) Please allow 8-12 weeks to receive your certificate.

This statement must be signed and dated by applicant: I attest to the accuracy of the above information.

Signature _____ Date: _____

Applicant should retain a copy of this form and any attached documentation for his/her records.

Please read these instructions carefully. (Keep this page for your reference.)

Incomplete forms will be returned and will delay processing.

YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS FORM to be considered for a credential certificate. Please print clearly in ink or type your answers. If a question does not apply to you, write N/A ("Not Applicable") in the space.

Applicant should retain a copy of this form and any attached documentation for his/her records.

Section A. Applicant Information:

Complete all requested information in this section. Please include your maiden name (if applicable). Do not abbreviate street names, cities or counties.

Section B. Facility Employment Information:

Note: Students completing any credential coursework after 12/31/2008 who are not also on a T.E.A.C.H. scholarship will not receive a bonus award.

Section C. Educational Background:

High School Information (*this is a required field*): Check one. **To qualify for any of the credential certificates, the applicant must have a High School Diploma** (from a regionally accredited high school), **Adult High School Diploma or GED**. High school diplomas do not need to be submitted unless specifically requested by DCD. Please know that DCD may request proof of high school diploma or GED at anytime.

College: Check all that have been completed. **Official transcripts must be attached for ALL completed college level coursework, certificates, diplomas and/or degrees.** Please do not attach copies of in-service training documentation as these are not considered college coursework. Photocopies of transcripts, student or internet copies, and grade reports are NOT accepted. For any coursework over 10 years old to be counted, you must have earned a certificate, diploma or degree or be currently enrolled in a degree program with credit given on a current official transcript for this older coursework.

***Accredited** is defined as an institution of higher education having nationally recognized regional accreditation by one of the six regional accrediting agencies. (For schools outside the U.S.A., the recognized system of the specified country's accreditation process will be accepted).

Section D. Course Information:

Credential Certificates:

NC Early Childhood Credential (NCECC) = EDU 111 and EDU 112 **OR** EDU 119

NC Family Child Care Credential (NCFCCC) = EDU 111 and EDU 113 **OR** EDU 113 and EDU 119

NC School-Age Child Care Credential (NCSACCC) = EDU 145 and EDU 235 **OR** EDU 145 and EDU 263

Credential Course Names:

EDU 111—Early Childhood Credential I, **EDU 112**—Early Childhood Credential II, **EDU 113**—Family Early Child Credential,

EDU 119—Introduction to Early Childhood Education, **EDU 145**—Child Development II,

EDU 235—School-Age Development & Program, **EDU 263**—Development of School-Age Program

- Instructor's Name or Signature:** Provide name of course instructor. *If a course was completed before March 1, 2001*, the actual instructor or Early Childhood Department Chair must sign this form and fill in the appropriate boxes.
- Name of NC Community College Where Coursework Completed:** Provide name of NC Community College where you enrolled in the course, not name of facility or building where course was held.
- Date of Enrollment:** Provide date of first class you attended for this course. Example: 01/15/02 **NOT** Spring 2002
- Date Completed Course:** Provide date of last class you attended for this course. Example: 12/15/02 **NOT** Fall 2002
- # of Hrs. Absent:** *If you completed the course before July 1, 1999*, the number of hours missed must be provided by the instructor or department chair.
- Grade:** Attach official NC Community College transcripts to the form to verify course grades.

NOTE:

- To qualify for the NCSACCC, you must have completed EDU 145 and EDU 235 or EDU 263 after March, 1999.
- All courses (EDU 111, EDU 112, EDU 119, EDU 113, EDU 145, EDU 235, and/or EDU 263) must be completed at a NC Community College with a grade of C or better to qualify for a credential certificate.
- Grade PE (Credit Received), CE (Credit by Exam) or EL (Experiential Learning) disqualifies you from receiving the credential certificate.

Mail to:

Division of Child Development
Workforce Education Unit
2201 Mail Service Center
Raleigh, NC 27699-2201

Questions?

Call the Workforce Education Unit
919-662-4567 or 1-800-859-0829

Website:

www.ncchildcare.net

ADDITIONAL CAREGIVER FILE CHECKLIST

Name of Employee: _____ Date of Employment: _____

The following items must be included in the additional caregiver's file including substitutes. Items with an * go in the emergency substitute file. To get more detailed information about each record listed below, go to the corresponding chapter of the Family Child Care Home Handbook noted in parentheses. Forms are available online at www.ncchildcare.net.

Item	Due Date	Date Received/ Completed
<input type="checkbox"/> Verification of age – 21 years-old. (Chapter 1) 18 years-old if emergency substitute*	Prior to license	
<input type="checkbox"/> Tuberculin (TB) Test (Chapter 1)	Prior to license	
<input type="checkbox"/> First Aid Training Certificate or card (Chapter 1)	Prior to hire date Renew every three years	
<input type="checkbox"/> CPR Certification (Chapter 1)	Prior to hire date Renew every two years	
<input type="checkbox"/> Copy of HS Diploma or GED (Chapter 1) Not required if additional caregiver works less than five hours.	Prior to hire date	
<input type="checkbox"/> Criminal History Check* (Chapter 1) Keep until you receive the qualifying letter from the Division.	By the end of the fifth working day	
<input type="checkbox"/> DCD Qualifying Letter (Chapter 1)	NA	
<input type="checkbox"/> Modified Criminal Record Check* (Chapter 1)	Every 3 years	
<input type="checkbox"/> Health Questionnaire (Chapter 1)	Within 60 days of employment date Annual compliance visit	
<input type="checkbox"/> ITS-SIDS Training (Chapter 1)	Within 4 months of hire date, if applicable, and every 3 years	
<input type="checkbox"/> In-service Training Record and Documentation for each training event (Chapter 1) Not required for an additional caregiver that works less than five hours.	Annual compliance visit	
<input type="checkbox"/> Early Educator Certification (Chapter 1)	Prior to start date	
<input type="checkbox"/> Child Care Requirements and Law Review statement* (Chapter 1)	Prior to providing care	

Review Statement

I have reviewed NC General Statute 110 and the NC Child Care Requirements with, _____, the additional caregiver and/or emergency substitute in my Family Child Care Home as required in .1701(d).

Print name

Operator Signature

Date

Chapter 5: BEHAVIOR MANAGEMENT

Purpose Of These Requirements

Children are naturally curious and creative, which in turn, leads them to learn and explore. Children are also unpredictable and spontaneous. It is nearly impossible to prevent children from ever misbehaving; however there are positive steps caregivers can take to limit misbehavior and guide children towards more acceptable behaviors or positive choices. Positive relationships are essential for the development of children's social competence. In order for a caregiver to respond appropriately to a child's behavior, the caregiver must know what behaviors are appropriate for the child's development. Secure relationships with caregivers provide the foundation for healthy social and emotional development. As children learn to respond appropriately to a variety of situations and people, their need to use challenging behaviors decreases. Providing positive guidance, through nurturing and responsive relationships and supportive environments to promote children's self-control, teaches responsibility and helps children make thoughtful choices. The more effective caregivers are at encouraging appropriate behavior, the less time and effort caregivers have to spend correcting children's behavior. Effective guidance and behavior management techniques focus on the child's development. The purpose of these requirements is to ensure children are attended to in a nurturing and appropriate manner, in keeping with their developmental needs and to ensure parents are aware of the discipline and behavior management policies and practices of the child care program. In addition, this chapter discusses the importance of a discipline policy and provides strategies to minimize problem behaviors and approaches to support children's social and emotional health.

Definitions

Staff: any additional caregiver, substitute caregiver, or volunteer.

Corporal Punishment: the intentional infliction of physical pain as a method of changing behavior. It may include methods such as hitting, slapping, punching, kicking, pinching, shaking, use of various objects (paddles, belts, sticks, or others) or painful body postures.

Child Care Facility: child care centers, family child care homes, and any other child care arrangement that provides child care, regardless of the time of day, wherever operated, and whether or not operated for profit.

SECTION 1: DISCIPLINE REQUIREMENTS

Discipline Practices NC General Statute 110-91(10)

- ★ Each operator or staff member shall attend to any child in a nurturing and appropriate manner, and in keeping with the child’s developmental needs.
- ★ Each child care facility shall have a written policy on discipline, describing the methods and practices used to discipline children enrolled that facility.
- ★ The use of corporal punishment as a form of discipline is prohibited in child care facilities and may not be used by any operator or staff member of any child care facility. The written policy on discipline shall clearly state the prohibition on corporal punishment.
- ★ Corporal punishment may be used in religious sponsored child care facilities (as defined in G.S. 110-106) that operate under a Notice of Compliance only if the religious sponsored child care facility files with the Division a notice stating that corporal punishment is part of the religious training of its program, and the religious sponsored child care facility clearly states in its written policy of discipline that corporal punishment is part of the religious training of its program.




- Staff must attend to children in a nurturing and appropriate manner in keeping with the child’s developmental needs
- The discipline policy of the facility must explain the practices and methods that will be used by staff to promote healthy social and emotional behaviors and prevent and address challenging behaviors exhibited by children
- The policy must clearly state that corporal punishment is not used, unless the facility has taken religious exemptions allowed by law (Refer to Chapter 15 for allowable religious exemptions).
- HH** Effective guidance and discipline focuses on the development of the child. When thinking about how to respond to a child’s behavior, consider the child’s development and the behaviors that are typical for children at that stage of development.
- HH** Caregivers have the responsibility to guide children to develop self-control and orderly conduct in relationships with peers and adults

Discipline Policy and Records




General Statute 110-91(10) & Child Care Rules .1721; .1722

- ★ The operator of a family child care home shall provide a written copy of and explain the facility’s discipline practices to a parent, legal guardian, or full-time custodian of each child at the time of enrollment.
- ★ A parent, legal guardian, or full-time custodian of each child must sign a statement which attests that a copy of the discipline policy was given to and discussed with them.
- ★ The statement must include the child’s name, the date of enrollment, and if different, the date the parent, legal guardian, or full-time custodian signs the statement.
- ★ The signed, dated statement must be in the child’s record and must remain on file for at least one year from the date the child is no longer enrolled.
- ★ If an operator changes the discipline policy, the parent, legal guardian, or full-time custodian must sign and date a statement acknowledging that they received written notice of and discussed the new policy at least 30 days prior to the implementation of the new policy. The signed statement shall be kept on file in the home for at least one year from the date the child is no longer enrolled.

- Each family child care home operator shall develop and adopt a written discipline policy
- The written policy must:
 - Describe methods and practices that will be used to promote healthy social and emotional behaviors and prevent and address challenging behaviors
 - Clearly state that corporal punishment is not used
- A copy of the operator’s discipline policy must be given to and discussed with parents at the time of enrollment
- A parent, guardian, or full-time custodian must sign a statement which attests that a copy of the operator’s discipline policy was given to and discussed with him or her
- The signed statement must include:
 - The Child’s name
 - Date of enrollment
 - Date the parent, guardian, or full-time custodian signs the statement (if different than the date of enrollment)
- The signed statement must be maintained in the child’s record in the home for at least one year from the date the child is no longer enrolled
- HH** When developing your written discipline policy, be sure to set clear and consistent rules that focus on the desired behavior, rather than the one to be avoided

-  There are two samples of **Discipline and Behavior Management Policy** templates available in the resource section of *Chapter 4 – Records and Activities*. Use these samples to help guide you in developing a policy that works for your program.
-  Another source to use when developing your discipline policy is www.vanderbilt.edu/csefel, the website for the Center on the Social and Emotional Foundations for Early Learning.
-  A list of state resources is available in the resource section of this chapter to assist you with developing your discipline policy and promoting positive social and emotional health.

Appropriate Discipline Practices Child Care Rule .1722

-  The discipline practices adopted by the family child care home operator must assure that no child is subjected to any form of corporal punishment or physical discipline by the operator, substitute caregiver, or any other person in the home, whether or not those persons reside in the home.
-  Discipline must be age and developmentally appropriate.
-  The use of physical restraints is strictly prohibited and may not be used on children at any time.

- The following behaviors are prohibited in all child care settings and by all caregivers:
 - No child shall be handled roughly in any way, including shaking, pushing, shoving, pinching, slapping, biting, kicking, or spanking
 - No child shall ever be placed in a locked room, closet, or box or left alone in a room separated from staff
 - No discipline shall ever be delegated to another child
 - Discipline shall in no way be related to food, rest or toileting
 - No food shall to be withheld, or given, as a means of discipline
 - No child shall ever be disciplined for lapses in toilet training
 - No child shall ever be disciplined for not sleeping during rest period
 - No child shall be disciplined by assigning chores that require contact with or use of hazardous materials, such as cleaning bathrooms or floors or emptying diaper pails

- ☑ Physical restraints also include the use of therapeutic holds. Therapeutic holds can only be used if indicated in a child's Individualized Education Program (IEP) and the caregiver must follow the documented procedures indicated in the IEP
- ☑ Other forms of physical restraint that are prohibited could include putting a child in a highchair for purposes other than feeding or in a bed or crib for purposes other than sleeping
- ☑ In an emergency situation, it may be necessary to intervene by physically separating or removing a child from a situation to prevent the child from harming him or herself or others. For example, if a child is about to run into the street the Division would expect the caregiver to protect the child and keep the child safe by stopping the child from running out in the street.
- ☑ Nap/rest periods should be limited to no more than two hours. Children must be given alternative activities if they are unable to sleep during nap/rest time. It is not appropriate for children to be forced to remain in a crib, bed or on their cot or mat for the entire rest period if they are awake.

SECTION 2: BEHAVIOR MANAGEMENT STRATEGIES

Importance of a discipline policy:

- A discipline policy is developed to provide information on appropriate methods of behavior management to support children's social and emotional health. Early care educators play a critical role in the social and emotional development of young children.
- The goal of a discipline policy is to implement behavior management strategies and practices to support children as they regulate their emotions and behavior.
- Behavior management strategies are implemented to enhance children's social success in group settings and prevent and address challenging behaviors.
- Effective behavior management strategies includes careful planning, providing children with meaningful learning opportunities, and the use of guidance procedures such as redirection and planned ignoring to support children as they navigate the development of social relationships with peers and caregivers.
- Positive, supportive relationships between caregivers, the children, and parents are important for healthy social and emotional development.
- Caregivers who effectively support children's social and emotional development are preparing children for academic success in school and life.
- In multi-age environments, it is important to consider the development of each child as you promote social and emotional development.

Parents:

- The parent, guardian or full-time custodian must be provided with information about the child care program's discipline policy.
- Parents should be well informed about the behavior management strategies implemented to support their child's social and emotional health.

- If the child is displaying challenging behaviors, families should be informed of strategies and resources available to support them in dealing with the child's challenging behavior.

Family Child Care Home Operators and Caregivers:

- Family child care home operators and all other caregivers must be knowledgeable about the development and goals of the discipline policy due to the vital role they have of teaching behavior expectations and providing children with social and emotional support.
- Taking a proactive approach in daily practices can decrease the possibility of challenging behaviors from the children in care.
- It is important for the family child care home operator and all other caregivers to participate in training and professional development that addresses promoting social skills, preventing problem behaviors (through room arrangements, individualizing to children's interests and abilities), and providing effective intervention strategies when needed.
- If more than one caregiver is present in the child care environment, it is important for them to develop a kind and warm relationship with one another.

The list below outlines positive approaches to minimizing problem behaviors and strategies that support children's social and emotional health.

Promote an Effective Caregiving Staff

- It is important for the family child care home operator and all other caregivers to participate in training and professional development for promoting social skills, preventing problem behaviors (through room arrangements, individualizing to children's interests and abilities), and providing effective intervention strategies when needed.
- It is important for the family child care home operator and all other caregivers to know typical patterns of development and be able to recognize variations. Deeper knowledge of the steps and stages of child development leads to reasonable expectations for children.
- It is also important for the family child care home operator and all other caregivers to understand why a child may misbehave. Children usually misbehave because they:
 - Feel rejected
 - Lack knowledge and experience
 - Are upset and insecure
 - Are discouraged
 - Feel unloved
 - Lack confidence
 - Want attention
 - Do not feel well
 - Are upset by changes
 - Are testing limits
- Once you understand why children misbehave, it is easier to know what to do about it. Ask yourself, "Why are they acting this way? What are they trying to gain by misbehaving?"






For a guide on the developmental milestones of children, refer to the following resources:

- The Talaris Institute provides a research-based timeline organized by a child's age. Available at www.talaris.org/timeline.htm.
- Infant-Toddler Foundations: Guidelines for Development and Learning for North Carolina's Infants and Toddlers (Birth to 36 months). Available from the Division of Child Development or online at www.ncchild.net.
- Foundations: Early Learning Standards for North Carolina Preschoolers and Strategies for Guiding Their Success. Available from the Department of Public Instruction or online at www.osr.nc.gov.

Provide Nurturing and Responsive Relationships

Supportive, responsive relationships among adults and children are an essential component to promote healthy social emotional development. Building positive relationships with families is important in order to gain valuable information about the individual child and their needs and to ensure smooth transitions between home and school.

- Ways to build positive relationships with families may include:
 - Spending time playing and interacting with children and parents during indoor and outdoor activities and other daily routines.
 - Sitting, eating, and talking with children during meal and snack times.
 - Taking time to learn children's interests by asking children about their family members, pets, and other special interests in their lives.
 - Communicating with parents often through casual conversation, positive notes and telephone calls about good or fun things the child has done.
 - Respecting and valuing cultural views, language and strengths of each family as related to the development of the child.
 - Providing periodic parent conferences.
 - Keeping records that describe special times in the class. Some caregivers carry around a small notebook, or sticky notes to collect and use later.
 - Recording things that children say, then telling parents.
- Engaging in one-to-one, face-to-face interactions.
- Getting down on the child's eye level for face-to-face interactions.
- Providing children with warm responsive physical contact
- Communicating calmly to children at their eye level.

- Providing positive responses that include telling the child what he or she did well.
 - Using a pleasant, calm voice and simple language while making eye contact with children.
 - Helping children learn classroom expectations
 - Establishing effective, ongoing, positive relationships with children through expressions of warmth and affection.
 - Expressing warmth and affection in many different ways including smiles, laughter, voice tone, words of endearment (“I missed you”, “little one”), encouragement, and many types of physical contact (a quick pat on the head, a special handshake, gentle stroking, hugging).
-  Rules on caregiver interactions can be found in *Chapter 4 – Records and Activities*.
-  A list of state resources is available in the resource section of this chapter to assist you with promoting positive social and emotional health, including interactions.
-  Information about the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), an entity that is offering professional development to early childhood program staff in NC to promote the social and emotional development of young children, can be found in the resource section of *Chapter 4 – Records and Activities*.

Create Supportive Environments to Promote Positive Social Interactions

Environmental strategies are changes and adaptations that can be made to a home’s physical environment, schedule, activities and materials to encourage positive social interactions between children in the home.

- The design and layout of the physical environment has a strong impact on children’s behavior and learning.
- When an environment is designed appropriately, children have freedom to move about safely while participating in a variety of activities with little intervention required by caregivers.
- A poorly arranged environment may trigger behavior such as aggressive play or running. Observe how children use the space and be willing to modify the arrangement of equipment and furnishings when necessary.
- Arrange the environment and select activities and materials that encourage positive peer interactions.
- Provide options for children. Do not expect all children to be doing the same thing at the same time.
- Remember that each child is unique. A wide range of activities and behaviors is normal for children of the same age.

- Many challenging behaviors often occur during transitions from one activity to another. Young children benefit from a schedule that requires a limited number of transitions throughout the day.
- When transitions are necessary, they should be well planned to allow enough time for children to participate at their own pace.
- Eliminate waiting time when children have nothing to do. When children have nothing to do but wait, you are asking them to invent something to do. Inappropriate behavior often occurs during long waits.
- Make sure there are sufficient materials and toys available to all children in care to provide children with choices.
- There must be duplicates of popular toys. Young children are beginning to learn how to share, but have not fully developed that social skill. Having duplicate toys prevents conflicts that could potentially occur.
- Choice of materials should closely match the interests and developmental abilities of the children in care.
- Rotating toys is an excellent and cost-effective means of maintaining the "newness" and novelty of materials. Simply shelving materials so they are not available for a few weeks and reintroducing them to the activity area can make them appear brand new and greatly increase the children's interest in them.
- Arrange the environment to ensure easy visual supervision of all children at all times.

When misbehaving does occur, some strategies are:

Redirection

- Use sensible problem solving strategies to redirect children
- Developmentally appropriate problem solving activities helps children to learn and understand
- Identify inappropriate behaviors and engage children in problem solving
- Quickly get the child's attention and introduce another activity
- Assure the child he/she is valued even when challenging behavior must be stopped
- Use positive instructions instead of negative commands
- Help child to understand why positive behavior is better

Planned Ignoring

- Planned ignoring includes ignoring minor misbehaviors and focusing on positive behaviors.

- Children may exhibit challenging behaviors to acquire adult attention, so ignoring those behaviors and focusing on positive behaviors can eliminate the challenging behaviors.
- Mildly challenging behavior should be ignored and the child redirected without focusing on the challenging behavior.


Logical And Natural Consequences

- Letting logical consequences follow children's behaviors is a natural way to increase or decrease behaviors
- When children exhibit challenging behaviors give alternatives to correct the problem.

Time-Out

- Time-out is short for "time out from positive reinforcement." Children are removed for a brief time from caregiver and peer attention and from ongoing activities.
- Time-out is only effective when used in the context of a comprehensive approach to behavior support that is designed to teach, nurture, and encourage positive social behaviors.
- Time-out should only be used when the challenging behaviors have been fully addressed with high quality preventative and pro-active practices such as redirection and guidance have been implemented and the child is still using destructive behavior and aggression towards peers and adults.
- Time-out should only be reserved for the highly aggressive acts, and caregivers should agree on what challenging behaviors are reserved for time-out.
- Remember that time-out is only effective if it is used infrequently.
- The time-out approach is not developmentally appropriate for infants and toddlers.
- When it is agreed that time-out should be used, the following actions should be followed:
 - Caregivers should participate in training on the appropriate procedures for the use of time-out.
 - Once the child is calm, the caregiver should address the challenging behavior with the child. Caregivers should always remain calm, respectful and display a non-angry approach towards the child.
 - Remember that time-out is only effective when used in the context of a comprehensive approach to behavior support that is designed to teach, nurture, and encourage positive social behaviors.
 - During time out, children are taken to a place in the room away from others to calm down.

- The area used for time out must be in a spot that can be easily supervised by the caregiver.
- Before a child leaves time-out, talk about what he/she should have done instead by providing a brief explanation.
- One minute for each year of the child's age is appropriate.

 Information on time-out was taken and adapted from the *What Works Brief #14* titled, *The Role of Time-Out in a Comprehensive Approach for Addressing Challenging Behaviors of Preschool Children*, developed by the Center on the Social and Emotional Foundations for Early Learning. www.vanderbilt.edu/csefel/

RESOURCE SECTION

Chapter 5: BEHAVIOR MANAGEMENT

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

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

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 FCCH.

Social and Emotional Health

State Resources

- North Carolina has partnered with **the Center on the Social and Emotional Foundations for Early Learning (CSEFEL)** to participate in a new early childhood professional development opportunity designed to support the social and emotional development of children birth through five. For an overview of the project refer to the resource sheet titled, *North Carolina CSEFEL Pyramid Model Partnership*.
 - To locate a CSEFEL trainer contact Brenda Dennis at 919-962-7359, dennis@mail.fpg.unc.edu or Margaret Mobley at 919-270-3511, mam@mebtel.net.
 - To find teacher/caregiver resources go to CSEFEL's website: www.vanderbilt.edu/csefel.
 - There are child care programs across the state serving as NC/CSEFEL Pyramid Model demonstration sites. Caregivers and early childhood professionals are encouraged to visit the demonstration sites to observe the CSEFEL Pyramid Model in practice. For more information on demonstration sites, call the Division at 1-800-859-0827 or 919-662-4499.
- **Early Learning Guidelines:** North Carolina has published two documents that articulate expectations for children's development and learning. These guidelines provide a common vision for the development and learning of all children in North Carolina from birth to five years of age.
 - Infant-Toddler Foundations: Guidelines for Development and Learning for North Carolina's Infants and Toddlers (Birth to 36 months). Available from the Division of Child Development or online at www.ncchild.net.
 - Foundations: Early Learning Standards for North Carolina Preschoolers and Strategies for Guiding Their Success. Available from the Department of Public Instruction or online at www.osr.nc.gov.
- Twenty-five **regional behavior specialists** work for the project *Promoting Healthy Social Behaviors in Child Care Centers*. They encourage programs to help children develop the skills they need to take care of their emotional needs, and to get along with others. They provide training and technical assistance. To locate a behavior specialist contact your local child care resource and referral agency.
- **Partnerships for Inclusion (PFI)** is a statewide technical assistance project that provides training and consultation to early childhood programs that are interested in improving the quality of services provided to young children with disabilities and their families. www.fpg.unc.edu/~pfi/index.cfm

Chapter 6: STAR RATED LICENSE

Background Information

In 1999, the North Carolina General Assembly enacted legislation creating NC's Quality Rating System known as the Star Rated License System. The Star Rated License System represents enhanced voluntary program standards that reflect higher quality child care and exceeds the state's minimum licensing requirements. The star rated license system is aligned with the state's licensing system and is inclusive of all eligible child care facilities. Child care programs that meet the minimum licensing requirements and choose not to be assessed for higher voluntary standards are issued a One Star License. Child care programs that voluntarily meet higher standards may earn Two to Five Stars, depending on the standards they meet. Originally, the star rated license system evaluated child care programs on three components: program standards, education standards, and compliance history with child care requirements. In 2005 legislation was enacted that revised the star rated license program so that only two components are used to determine the number of stars earned: program standards and education standards. Research shows that program standards and education standards most accurately determine or reflect quality in child care settings and are directly linked to improved quality of care and good outcomes for children. The system was created for many reasons. It allows child care programs to be recognized for the higher quality care that already exists, improves consumer awareness of quality, and focuses on continuous quality improvement.

Purpose Of These Requirements

To provide voluntary enhanced program standards which reflect higher quality child care than the mandatory minimum licensing standards. These enhanced program standards address operator qualifications, learning environment, written operational policies, developmentally appropriate curricula, and capacity.

Definitions

Two component license: refers to a license issued based on an evaluation of the Family Child Care Home's program standards and education standards.

SECTION 1: APPLICATION FOR A STAR RATED LICENSE

Eligibility Requirements

General Statute 110-90 & Child Care Rules .2801, .2802

- ★ A FCCH must be in operation for a minimum of six consecutive months, to request an initial two through five star rated license, or to request that a star rating be changed to a two through five star rated license.
- ★ Prior to the issuance of a two through five star rated license, the FCCH must be in compliance with all applicable minimum child care requirements at the time the program is assessed.
- ★ The FCCH must have a compliance history score of 75% or better over an 18 month period, or the period that the FCCH has been in operation, whichever is less.


- ☑ The operator can request a star rated license assessment after the FCCH has been in operation for a minimum of six consecutive months.
- ☑ The requirements for a voluntary rated license of two stars or higher are in addition to the minimum requirements outlined in the child care law and rules.
- ☑ A FCCH's compliance history is a collection of violations cited over a specific period of time. As part of the rated license assessment, a child care consultant will check the FCCH's compliance history. For more information on compliance history scores refer to *Chapter 7 – Licenses*.
- ☑ A One Star License is issued to FCCHs that meet the minimum licensing requirements. For information on a One Star License refer to *Chapter 7 – Licenses*.

Application Process



Child Care Rules .2802 (b)(d)

- ★ The operator must submit a completed application to the Division for a voluntary rated license on a form provided by the Division.
- ★ A Division representative will assess the facility requesting a voluntary rated license to determine if all applicable requirements have been met to achieve the score for the requested star rating. This assessment may include a review of the Division records and site visits.

- ☑ To apply for a two through five star rated license, the operator must complete an Application for a Two Component Star Rated License Packet for FCCHs.

-  Application packets are available by request. Contact the Division at 1-800-859-0829 or 919-662-4499 or visit the Division's web site at www.ncchildcare.net to request the *Application for a Two Component Rated License Packet for FCCHs*.
- The completed Application for Assessment for a Two Component Star Rated License must be submitted to your child care consultant, and, if applicable, copies of your operational policies. Policy requirements are discussed later in this chapter.
- The child care consultant will review the information for completeness. If the information is incomplete, the child care consultant will contact you for missing information.
- Once the packet is complete, the child care consultant will contact you to arrange for an announced rated license assessment visit. The rated license assessment visit may include an annual compliance visit.


Components of a Star Rated License Child Care Rule .2802 (c)

-  A two through five star license is based on the number of points a child care program voluntarily chooses to meet in two components: program standards and education standards.
-  An operator may apply for a star rating based on the total number of points achieved for each component of the voluntary enhanced requirements.

- A program can earn up to seven points in each component (program standards and education standards). Points are based on the enhanced requirements a program chooses to meet in each component.
- Programs also have the option to earn one additional quality point towards the total points earned by meeting an education or programmatic quality point option. Quality point options are discussed in more detail later in this chapter.

- ☑ In order to achieve a two through five star rating, the total points earned must be at least as follows:


Total number of points	Rating
4 through 6	Two Stars
7 through 9	Three Stars
10 through 12	Four Stars
13 through 15	Five Stars

-  A document listing frequently asked questions and answers about the Star-Rated License is in the resource section of this chapter.


SECTION 2: PROGRAM STANDARDS


The program standards component offers FCCHs options to voluntarily enhance the quality of care children are receiving by having written operational policies and procedures, by providing a quality environment, and limiting the number of children under one year of age.

Points Levels for Program Standards Child Care Rule .2821


 When evaluating program standards, a program may earn up to seven points.

- ☑ The program standards component evaluates the quality of the child care environment and use of developmentally appropriate practices. This component focuses on how children are cared for.
- ☑ The number of points a program receives depends on the voluntary enhanced standards the program chooses to meet such as:
 - Having operating policies and procedures
 - Limiting the number of children under one year of age
 - Having an Environment Rating Scale (ERS) completed for the program and having specified scores from the assessment


-  A summary of each point level is found in the resource section in a chart, **Rated License For Family Child Care Homes.**

-  For the complete rule text refer to Section .2800 of the child care rules.


Operational Policies and Procedures Child Care Rules .2821 (b-g)


 To achieve two to seven points for program standards for a star rating, the operator must have written operational policies and procedures that includes information about:


- Meal and snack practices
- Daily activities
- Parent involvement
- Health and safety practices
- Infection control/ill child exclusion/inclusion
- Business practice

 Operational policies are reviewed by the child care consultant as part of the rated license assessment.

HH Research consistently finds that high quality administrative practices are essential for ensuring good outcomes for children and families.

 A checklist of items to include in your operational policies can be found in the resource section of this chapter.

 Information for your business practice policies can be found in a business course called, **Child Care Business Basics**. This is the business course accepted by the Division for the Quality Point. For more information about the class, refer to **SECTION 3: QUALITY POINT OPTIONS** in this chapter.


 The McCormick Tribune Center for Early Childhood Leadership developed the *Program Administration Scale* (PAS) to reliably measure the leadership and management practices of center-based programs. Though the PAS was intended for center based programs, many of the items and indicators also apply to family child care programs. The PAS was constructed to complement the environment rating scales. When used together, these tools provide a focused look at best practices at the classroom level and the broad view of program quality from an organizational perspective. You can access additional informational at www.cecl.nl.edu/.




- HH** A plan for parent involvement can include some of the following information:
- a procedure for registering a child for child care which involves both parents when possible and which encourages a visit to the FCCH by the child and the child's parents before the child begins attending the FCCH
 - opportunities for you to meet with parents on a regular basis to discuss their child's needs and progress and to exchange information about the program
 - activities which provide parents opportunities to participate in the FCCH program on a regular basis
 - a procedure for parents who need information or have complaints about the child care program
- HH** The more resourceful a caregiver is in encouraging parent participation in your family child care home, the more positive the child care experience will be for the child and caregiver.
- HH** The possibilities for parent/family participation in the child care setting are almost limitless. Here are a few examples: parties, celebrations, parent participation in or observation of group activities, toy repair, and daily communication through friendly conversations and written notes. All of these examples contribute to feelings of connection between you and the families served. Provide families with meaningful opportunities to participate in the program in your home.
- HH** Adopt policies and practices that embrace culture diversity. Young children are learning differences between their home culture, the culture of the community, and how to navigate among these. A FCCH aspect of quality is how you address fundamental issues of race, gender, language, and culture. Embed cultural competence into program practices.



A new issue brief from the Build Initiative, titled *Quality Rating and Improvement Systems for a Multi-Ethnic Society*, by Charles Bruner with Aisha Ray, Michelle Stover Wright and Abby Copeman, discusses why it is important to include cultural and linguistic responsiveness and anti-bias programming as aspects of early learning quality and how states have included these issues in quality rating and improvement system planning and development. It is available online at <http://www.buildinitiative.org/files/ORIS%20for%20a%20Multi-Ethnic%20Society%20Policy%20Brief.pdf>.

Family Child Care Environment Rating Scale Child Care Rules .2821(c-g)

 To achieve three to seven points for program standards for a star rating, the operator must have written operational policies and achieve a specified score on the Family Child Care Environment Rating Scale, Revised (FCCERS-R).

- The Environmental Rating Scales are nationally recognized assessment tools used to evaluate the quality of care received by a group of children in child care settings. These quality assessment tools were developed through the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill.
- The North Carolina Rated License Assessment Project (NCRLAP), which is located at the University of North Carolina at Greensboro, works collaboratively with the Division to complete ERS assessments across the state.
- If you want to have the FCCERS-R assessment completed, you will need to tell your child care consultant. Your child care consultant will contact the Rated License Assessment Project (NCRLAP) staff to request the FCCERS-R for your program. Staff at the NCRLAP office will contact you directly to schedule the ERS assessment. Trained evaluators will then visit your program to observe the children and their environment. Evaluators score programs on how well or how often certain things occur.
-  NCRLAP has an extensive web site, www.ncrlap.org that contains many helpful resources for child care providers. Refer to their web site for additional notes for each scale, frequently asked questions, how to prepare for a visit, and the current scheduling process.
-  NCRLAP offers free webinars about the assessment process and ERS. Each session typically lasts 30 minutes. Go to www.ncrlap.org and click the link on the home page for more details and information about registration or call 1-866-NCRLAP to register.
- HH** Prior to requesting an ERS, it is recommended that you complete training on the ERS and become familiar with the content. Contact your local Child Care Resource and Referral agency or Smart Start Partnership to ask about any special training they may be offering on the ERS.
-  **A Quick Reference to the Rated License Assessment Project** is located at the end of this chapter. This

information provides a quick reference on how to prepare for the ERS and what to expect the day of your assessment.

- ☑ The Division will provide for ERS assessments to be completed, as appropriate for the program, free of charge to operators requesting an initial three to seven points for program standards.
- ☑ The FCCERS-R is an overall assessment of the quality of a FCCH. The FCCERS-R is organized into seven categories:
 - Space and Furnishings
 - Personal Care Routines
 - Listening and Talking
 - Activities
 - Interaction
 - Program Structure
 - Parents and Provider



You can receive a copy of the FCCERS-R by contacting your local CCR&R, local Smart Start agency or ordering a copy from Teacher's College Press at 1-800-575-6566.






A brochure, **Scheduling Your Rated License Assessment**, is located at the end of this chapter.


- ☑ After the ERS assessments are completed, a summary report will be completed and forwarded to the child care consultant. The child care consultant will contact you to schedule a visit to review and discuss the summary report.
- ☑ If your program scores 4.0 on the FCCERS-R then your program will earn three points in program standards, if operational policies have also been created and minimum standards of the General Statutes and Child Care Requirements have been met.
- ☑ If your program scores less than a 4.0 on the FCCERS-R, then you will earn no more than two points in program standards.
- ☑ If you score less than 4.0 on the rating scale assessment, you may have your FCCH re-assessed with no additional charge. The Division will pay for no more than one low scoring assessment for any facility. If you are re-assessed and score less than 4.0 again, then you would have to pay for any additional re-assessments.
- ☑ If you re-apply for a higher star rated license and request to complete the ERS again before the three year period has elapsed, you will be charged for the ERS assessment




Information for Child Care Providers about the NCRLAP Grievance Process is in the resource section of this chapter.

-  An **Environmental Rating Scale Improvement Plan** form is located in the resource section of this chapter.
-  For the score a FCCH provider must achieve at each point level refer to the **Rated License For Family Child Care Homes** chart found in the resource section of this chapter.
-  See the following web page for **Frequently Asked Questions about the Environment Rating Scales**.
<http://ncrlap.org/Resources/Pages/FAQs.asp>

**Limiting the Number of Children Under the Age of One
Child Care Rules .2821 (f)(3), (g)(3)**

-  To achieve six to seven points for program standards for a star rating, the operator must have written operational policies, achieve a specified score on the Family Child Care Environment Rating Scale, Revised and limit the number of children under one year of age.





- To achieve six points in program standards no more than four children can be under one year old.
- To achieve seven points in program standards no more than three children may be under one year old.
- A restriction will be added to your license indicating that you may not care for more than 4 or 3 infants at one time, depending on the points achieved.
-  To see all the requirements needed to be achieved at each point level refer to the **Rated License For Family Child Care Homes** chart found in the resource section of this chapter.

SECTION 2: EDUCATION STANDARDS

**Education Standards
Child Care Rule .2822**

-  When evaluating education standards, up to seven points may be earned.



- For the complete rule text refer to Section .2800 of the child care rules.
- The points earned for education standards are based on a combination of the education and experience of the operator. If two operators are on the license, then the operator with the least education is used to determine the education points for the program.

- The Division will have access to the education information you submit to the Institute of Child Development Professionals when evaluating your points for education standards.
-  A summary of the education requirements for each point level is found in the resource section in a chart, **Rated License For Family Child Care Homes**.
- You must be at least 21 years of age and have at least a high school diploma or equivalent, the minimum requirement for a family child care home provider, to apply for a 2 to 5 Star-Rated License.
- An operator can achieve points for education standards in the Star Rated License by completing the North Carolina Family Child Care Credential or its equivalent. To receive the Family Child Care Home credential certificate, you must submit to the Division the **North Carolina Division of Child Development Credential Application**.
-  The **North Carolina Division of Child Development Credential Application** is in the Resource Section of *Chapter 4 – Records and Activities*.
-  Refer to the **Sample Professional Development Plan** handout in the resource section of this chapter for assistance with creating an education improvement plan.
-  The NC Institute for Child Development Professionals assesses the education of individuals working in a Family Child Care Home within 60 days of licensure. Your level of education determines your certification level. For more information about the certification system offered by the NC Institute for Child Development Professionals call 919-942-7442.
- Experience in child care must have been in a licensed or formal child care arrangement, including Pre-K Programs, Kindergartens and preschools. Experience in informal child care programs such as Mother’s Morning Out programs operated many times by faith based programs do not count.
- Your experience is documented on the **Application for Assessment for a Two Component Star Rated License**.

SECTION 3: QUALITY POINT OPTIONS

Quality Point Options Child Care Rule .2823

-  Operators being evaluated for a two to five star rated license can earn one additional quality point towards the total points earned.

-  A complete list of Quality Point Options can be found in the resource section on the chart, **Rated License For Family Child Care Homes**.
- The quality point option is a way to give credit to an operator who is meeting an educational or programmatic area that is not already covered in the two components.
- There are multiple programmatic and educational items an operator can meet; however, the operator can never earn more than one total quality point in this area.
- To earn this point, a child care consultant will verify the FCCH meets the quality point option during the rated license assessment visit.
- The Infant/Toddler Care Certificate is only awarded through the NC Community College system. The curriculum prepares individuals to work with children from infancy to three years of age in diverse learning environments.
- To receive a quality point for the use of an age/developmentally appropriate curriculum, the program must be using approved curricula.
-  Refer to the **North Carolina Approved Early Childhood Curricula** handout for a list of approved curricula. The Division and the NC Office of School Readiness (OSR) facilitated a comprehensive curriculum review process that was conducted by a panel of experts. This list is also available on the Division's web site at www.ncchildcare.net or the OSR's web site at www.osr.nc.gov.
- HH** Though the approved curricula has information that will be specific to center environments, much of the information provided can be applied to Family Child Care Home environments as well.
- To receive a quality point for the Business Training Course and Wage and Hour Course, it must be at least 30 hours long. Once completed the course does not need to be taken again.
- HH** A major entity that offers an approved business training course is Self-Help. Self-Help is a non-profit that provides

financing, technical support, consumer financial services and advocacy for individuals and groups who are economically disadvantaged or underserved. One entity in the community they see as underserved are child care programs.


- HH Child Care Business Basics** developed and presented by Self Help is a business course that has been approved by the Division to satisfy the 30 hour business training course quality point option. For more information contact Self Help at 1-800-476-7428 or www.selfhelp.org.
- HH** Trainers and more information about the Child Care Basic Business Course can be found on the website for Self-Help. <http://www.self-help.org/business-and-nonprofit-loans/resource-center-1/child-care-business-basics/?searchterm=Child%20Care%20business%20Basics>
- HH** Business courses are also offered by Small Business Administration offices. Any training must be from an approved trainer.

SECTION 4: MAINTAINING A STAR RATING

Maintaining a Star Rating Child Care Rule . 2824




- ★ A representative from the Division will make announced or unannounced visits to facilities to assess on-going compliance with the requirements of a star rating after it has been issued.
- ★ If changes occur at a facility which results in the operator not complying with the standards for the star rating issued, the operator must correct the noncompliance within 30 days.
- ★ A complete assessment of requirements for a voluntary star rated license of two to five stars will be conducted at least once every three years.

- If violations with the standards that determine the star rating are documented or if changes occurred at a facility which resulted in noncompliance and the operator did not correct noncompliance within 30 days, the Division may take one or more of the following actions:
 - Advise the operator to submit written verification that the violation(s) have been corrected.
 - Return to the facility for an unannounced visit at a later date to determine if compliance has been achieved.
 - Recommend an Environment Rating Scale Assessment be conducted.
 - Recommend a complete reassessment of requirements of the star rating issued to the facility.
 - Recommend the star rating be reduced.
 - Recommend administrative action.

- The Division will provide for an evaluation of program standards using the environment rating scales free of charge once every three years when reassessing the ratings of operators with 3-7 points for program standards.
- Prior to a FCCH three year reassessment, the Division will mail a packet of information to the program; this includes a self-study checklist and several other documents to help the program prepare for the three year reassessment. This process includes a Rated License Reassessment Self-Study that should be completed by the operator and sent to the child care consultant within thirty days of receipt of the packet.
-  A copy of the **Rated License Reassessment Self-Study** and **Environmental Rating Scale Improvement Plan** is located in the resource section.

SECTION 6: REQUESTING AN APPEAL OR CHANGE IN RATING

Requesting an Appeal of Rating Child Care Rule .2825

-  An operator may apply for a change or appeal of the star rating at any time.
-  An operator may have extra rating scale assessments performed at his or her expense in addition to the free one performed by the Division.
-  An operator may appeal a reduction of a star rating as provided in General Statute 110-94.

- After receiving a two through five star rated license the operator may apply at anytime for a higher star rating. To initiate an assessment the operator will need to request and complete an Application for a Two Component Rated License Packet for FCCHs. Follow procedures found in section one of this chapter on application for a star rated license.

Resources available to assist you in increasing or maintaining your Star Rated License:

- Visit the Division’s web site at www.ncchildcare.net to find resources and information about NC’s Star Rated License system.
- Contact your child care consultant, and other Division staff, for technical assistance, guidance, and consultation on the rated license system.

- Learn more about the TEACH program and WAGES to help offset the cost of classes and salary supplements by visiting www.childcareservices.org.
- Child Care Health Consultants can provide you with assistance on improving the overall health and safety of your child care program. To find out if there is a child care health consultant in your area, call the Health and Safety Resource Center at 1-800-367-2229 or visit their web site at www.healthychildcarenc.org.
- Local Smart Start Partnerships have various quality improvement programs in which they work closely with individual FCCHs to improve the quality of care provided.
- Resource and Referral Agencies provide training on a variety of topics, including completing an environment rating scale.
- NCRLAP has an extensive web site, www.ncrlap.org that contains helpful resources for child care providers. Refer to their web site for additional notes for each scale, frequently asked questions, how to prepare for a visit, .webinars on assessment process and ERS, and the current scheduling process.
- For resources on professional development refer to the NC Institute for Child Development Professionals at <http://ncicdp.org/> to develop a professional plan of action to guide career growth.
- All 58 schools in the North Carolina Community College System offer child care related coursework leading to an Associates Degree (AAS) in Early Childhood Education (ECE). Some colleges also offer a Certificate and/or Diploma in ECE before the AAS. School-age coursework is also available. Click on this link to find the nearest community college near you.
http://www.ncccs.cc.nc.us/colleges_map.htm

Resource Section

Chapter 6: STAR RATED LICENSE

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

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

You may also wish to use this section to store additional resource materials that you have related to the chapter or information that is specific to your program.

Star Rated License Frequently Asked Questions

What is the process for applying for a 2-5 star rated license?

Please contact your child care consultant or a Division customer service representative at 1.800.859.0829 to request an application packet. Once you've completed the application, mail it to your child care consultant and a visit will be made to evaluate your program. You may also request an [application packet](#) on this site.

What is the cost to apply for a higher license?

There is no cost to apply for a star rated license. If you are having an Environment Rating Scale Assessment completed (to earn more points in the area of program standards), you will receive one free assessment every three years. If you re-apply for a higher star rated license and request to have the rating scale done again before the three year period has elapsed, you will be charged for the rating scale assessment on a per classroom basis.

How long do I have to wait to apply for a higher star rated license?

You can apply for a higher license at any time. Again, you can either contact your child care consultant, a Division customer service representative or visit DCD's website at http://ncchildcare.dhhs.state.nc.us/providers/pv_requestLicenseAssessment.asp to get the Rated License Assessment packet by mail

How do I obtain the Environment Rating Scale book?

Many local Resource and Referral agencies or Smart Start partnerships have Environment Rating Scale books that you can borrow. You can also purchase one from Teachers College Press by calling 1.800.575.6566.

I hear that there is additional information about Environment Rating Scales that providers can use as a resource. Where can I access this information?

The North Carolina Rated License Assessment Project maintains a [web site](#) at <http://ncrlap.org/> with detailed information about the Environment Rating Scale Process as well as additional notes that are provided as clarification for provider.

What occurs when an Environment Rating Scale Assessment is done?

Child Care Centers: The assessors schedule a date to visit your program. When they arrive, they will randomly select classrooms to observe. One-third of the classrooms will be assessed. No information will be left at the end of the assessment. A summary will be mailed to your consultant who will deliver and review it with you.

Family Child Care Homes: The assessors schedule a date to visit your home. They will stay and observe for approximately four hours. No information will be left at the end of the assessment. A summary will be mailed to your consultant who will deliver and review it with you.

Star Rated License Frequently Asked Questions

What if I disagree with the Environment Rating Scale Assessment score?

There is a way for providers to appeal their rating scale scores if they disagree with the assessment. The first step is to let your child care consultant know you would like to appeal the score. In some cases, the assessments may be repeated.

What information about a 2-5 star rated license is available for public review at the Division of Child Development?

A copy of the application for the 2-5 star rated license and documents that support the number of points earned for the star rated license are kept on file at the Division, along with other public information about the facility (visits, inspections, etc.). This would include the compliance history score calculated when the application was submitted and a copy of the Environment Rating Scale Assessment, if one was completed.



RATED LICENSE FOR FAMILY CHILD CARE HOMES



PROGRAM REQUIREMENT	EDUCATION REQUIREMENT
<ul style="list-style-type: none"> • Meets minimum licensing requirements. <p style="text-align: center;">1 pt.</p>	<p>Operator meets minimum licensing requirements contained which includes:</p> <ul style="list-style-type: none"> • Be at least 21 years old (exempt if operating prior to 1-1-98) • Must have a high school diploma or equivalent (exempt if operating prior to 1-1-98) • Must take 12 hours of annual in-service training (8 hours if 10 years experience or more) <p style="text-align: center;">1 pt.</p>
<ul style="list-style-type: none"> • Meets minimum licensing requirements; • Has written operational policies. <p style="text-align: center;">2 pts.</p>	<p>Operator meets minimum licensing requirements, plus:</p> <ul style="list-style-type: none"> • Have completed the NC Family Child Care Credential or equiv. OR- • Have completed at least 4 semester credit hours of ECE/CD² - OR - • Have at least 5 years of full-time verifiable early childhood work experience and completed 8 additional in-service hours annually <p style="text-align: center;">2 pts.</p>
<ul style="list-style-type: none"> • Meets minimum licensing requirements; • Has written operational policies; • FCCERS-R¹ score of 4.0 <p style="text-align: center;">3 pts</p>	<p>Operator meets minimum licensing requirements, plus:</p> <ul style="list-style-type: none"> • Have completed the NC Family Child Care Credential or equiv. <p style="text-align: center;">3 pts.</p>
<ul style="list-style-type: none"> • Meets minimum licensing requirements; • Has written operational policies; • FCCERS-R¹ score of 4.25 <p style="text-align: center;">4 pts</p>	<p>Operator meets minimum licensing requirements, plus:</p> <ul style="list-style-type: none"> • Have completed the NC Family Child Care Credential or equiv. • Have completed at least 6 semester credit hours of ECE/CD² <p style="text-align: center;">4 pts</p>

¹FCCERS-R= Family Child Care Environment Rating Scale, Revised Edition ²ERS= Environmental Rating Scales (ITERS-R/ECERS-R/SACERS)

³NCECAC = North Carolina Early Childhood Administrator Credential ⁴NCECC = North Carolina Early Childhood Credential

⁵ECE/CD = Early Childhood Education/Child Development

⁶SACERS = School-Age Care Environment Rating Scale

**Note: You may choose to earn one quality point towards the total points earned on your rated license assessment. See Child Care Rule .2823 for a list of educational and programmatic options. Rev. 6/10.*



RATED LICENSE FOR FAMILY CHILD CARE HOMES



<ul style="list-style-type: none"> Meets minimum licensing requirements; Has written operational policies; FCCERS-R¹ score of 4.5 <p style="text-align: center;">5 pts.</p>	<p>Operator meets minimum licensing requirements, plus:</p> <ul style="list-style-type: none"> Have completed the NC Family Child Care Credential or equiv. Have completed at least 12 semester credit hours of ECE/CD² Two of 12 semester hours in early childhood education are in child care administration or one year verifiable early childhood work experience. <p style="text-align: center;">5 pts.</p>
<ul style="list-style-type: none"> Meets minimum licensing requirements; Has written operational policies; FCCERS-R¹ score of 4.75 Of the 5 preschoolers enrolled, only 4 children <age 1 <p style="text-align: center;">6pts.</p>	<p>Operator meets minimum licensing requirements, plus:</p> <ul style="list-style-type: none"> Have completed the NC Family Child Care Credential or equiv. Have completed at least 18 semester credit hours of ECE/CD² Five of 18 semester hours in early childhood education are in child care administration or two years verifiable early childhood work experience. <p style="text-align: center;">6 pts.</p>
<ul style="list-style-type: none"> Meets minimum licensing requirements; Has written operational policies; FCCERS-R¹score of 5.0 Of the 5 preschoolers enrolled, only 3 children <age 1 <p style="text-align: center;">7 pts</p>	<p>Operator meets minimum licensing requirements, plus:</p> <ul style="list-style-type: none"> Have an A.A.S. or B.A. in any major with 12 semester credit hours of hours of ECE/CD² AND have 2 years full-time verifiable early childhood work experience - OR - Have an A.A.S. or B.A. in ECE/CD² AND have 18 months of full-time verifiable early childhood work experience <p style="text-align: center;">7 pts.</p>

Composite Scoring for Star Rating

In each column determine the number of points attained based upon the highest standards met. Total the points from each column to determine the composite score.

Total Number of Points

- 4 through 6**
- 7 through 9**
- 10 through 12**
- 13 through 15**

Star Rating

- Two Stars**
- Three Stars**
- Four Stars**
- Five Stars**

¹FCCERS-R= Family Child Care Environment Rating Scale, Revised Edition ²ERS= Environmental Rating Scales (ITERS-R/ECERS-R/SACERS)

³NCECAC = North Carolina Early Childhood Administrator Credential ⁴NCECC = North Carolina Early Childhood Credential

⁵ECE/CD = Early Childhood Education/Child Development

⁶SACERS = School-Age Care Environment Rating Scale

**Note: You may choose to earn one quality point towards the total points earned on your rated license assessment. See Child Care Rule .2823 for a list of educational and programmatic options. Rev. 6/10.*

ID # _____

Name of Program _____

Operational Policies for Family Child Care Homes

Effective Date of Policies: _____

I. Check each item reviewed and indicate if it is acceptable

Sufficient	Not Adequate	Missing	<i>Item</i>	<i>Comments</i>
			Business Practices (minimum requirements) <ul style="list-style-type: none"> • Days and Hours of Operation • Tuition Rates/Payment Policy • Ages Accepted • Enrollment Procedures • Closing Dates (i.e. Vacation/Holidays/Professional Development) • Substitute Arrangement • Written Plan of Care (suggestions) <ul style="list-style-type: none"> • Additional Fees (early drop-off, late pick-up, deposit, supply fee...) • Severe Weather Policy • Trial Enrollment Period Policy • Supplies (what parent provides) • Termination Policy • Program Description • Summary of the Law • Records 	
			Health and Safety Practices (minimum requirements) <ul style="list-style-type: none"> • Safe Sleep Policy • Discipline Policy • Procedures for Adminstrating Medications • Statement of First Aid and CPR Certification • Emergency Information Request • Transportation Procedures and Permission (if applicable) • Policy on Pick-up of Child(ren) • Fire Drill Procedures • Abuse and Neglect Reporting Procedures • Breastfeeding Support (suggestions) <ul style="list-style-type: none"> • Emergency Procedures • Community Health Resources • Procedures for Reporting Injuries • Toilet Training 	

ID # _____

Name of Program _____

Sufficient	Not Adequate	Missing	Item	Comments
			Infection Control – Ill Child Exclusion/Inclusion (minimum requirements) <ul style="list-style-type: none"> • Policy for when a child is too sick to attend (including symptoms) • Policy for when children are too ill to remain in care (including symptoms) • Procedures for when the provider is sick (suggestions) <ul style="list-style-type: none"> • Immunization Requirements • Hand Washing Procedures 	
			Meal and Snack Practices (minimum requirements) <ul style="list-style-type: none"> • What Meals are Supplied (i.e. breakfast, snack, lunch...) • Approximate Times of Meals • Nutritional Requirements (suggestions) <ul style="list-style-type: none"> • Information about Food Program (if on the food program) • Sample Menus • Allergy Plans 	
			Daily Activities (minimum requirements) <ul style="list-style-type: none"> • Copy of Schedule • Description of Types of Activities • Field Trip Permission (if applicable) (suggestions) <ul style="list-style-type: none"> • Description of the importance of different types of activities 	
			Parent Involvement (minimum requirements) <ul style="list-style-type: none"> • A statement on how parents will be encouraged to be involved (i.e. parent conferences, sharing time or talent, attending field trips, donations...) 	

How Quality Is Assessed

Highly trained assessors seek to determine the quality of children's care and education using items found in one of the following four rating scales:

- Infant/Toddler Environment Rating Scale (revised)—birth through 30 months.
- Early Childhood Environment Rating Scale (revised)—31 months through 5 years.
- Family Child Care Environment Rating Scale (revised)—multi-age care in a home environment.
- School-Age Environment Rating Scale—5 through 12 years.

To conduct a valid assessment, we attempt to complete the assessment on a "typical day" (e.g., usual routine, no special activities or guests). Also, each classroom or family child care home must have more than half of the children enrolled in attendance on the day of the assessment. Finally, each home or classroom being assessed should expect two assessors for the observation, although it is possible that only one assessor will conduct the observation.

In multi-classroom centers, a minimum of one-third of the total classrooms will be assessed. This will include at least one classroom from each age group requiring a specific rating scale (i.e., one infant/toddler classroom, one school-age classroom, etc.).

Special types of programs: When scheduling the assessment, please notify our offices if your program has a specialized focus or serves special populations (for example, children with moderate to severe disabilities, non-English speaking teachers and/or children, etc.).

Visit www.ncrlap.org for additional information about the rating scales and assessment process, as well as upcoming training events such as conference sessions and webinars.

THE NORTH CAROLINA RATED LICENSE ASSESSMENT PROJECT is a collaboration between the North Carolina Division of Child Development (DCD) and the University of North Carolina at Greensboro. NCRLAP's purpose is to conduct voluntary assessments for child care centers and family child care homes attempting to earn a higher star rating in the North Carolina Star Rated License system.

The NC Star Rated License is determined by points earned in two components:

1. Program Standards
2. Staff Education Standards

Program Standards points are awarded as programs meet basic licensing, enhanced standards, and ratio requirements. It is in this area that Environment Rating Scale assessments are used. Child care programs with higher rating scale scores can earn more Program Standards points. For additional information regarding the NC Star Rated System and how points are earned in both components, you may visit the DCD Web site: <http://ncchildcare.dhhs.state.nc.us>.



NCRLAP Main Office:

University of North Carolina at Greensboro

915 Northridge Street

Greensboro, NC 27403

Phone: 866-3NCRLAP (toll-free) or 336-315-7717

Fax: 336-315-7728

www.ncrlap.org

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1000 copies were printed at a cost of \$.49 per copy.

A Quick Reference to the Rated License Assessment Process



How quality is assessed

How to prepare for the visit

What to expect the day of the assessment and after the assessment

WHAT TO EXPECT

The Day of the Assessment

Upon Arrival of the Assessor

The assessor will typically greet the administrator or provider, give a brief overview of the day, and may tour the facility. In child care centers, classrooms to be assessed are chosen randomly on the morning of each scheduled assessment.

The Observation

The observation will take approximately three to five hours. During that period, the assessor will observe a wide variety of interactions, activities, and materials as required by the rating scale. For example, the assessor may observe indoor and outdoor space, materials used by the children, room arrangement, health practices, staff/child interactions, and so on. Our assessors will remain as unobtrusive as possible while conducting the observation.



Interview with Staff

The Environment Rating Scales require a 30- to 45-minute interview with a the lead classroom teacher or provider. The interview may take place during naptime, or while a substitute teacher replaces the classroom teacher. For after school assessments, assessors typically conduct an interview before children arrive as well as a post-assessment interview.

Improving the quality of child care across North Carolina one facility at a time.

HOW TO PREPARE

for the Visit

Common Ways to Prepare:

1. Read and study the Environment Rating Scales. It is **extremely** helpful to spend time reading the rating scales carefully, including any definitions in the front of the books and the notes for clarification.

It is also **strongly recommended** that you examine these materials accessed at our Web site (www.ncrlap.org) and your local Child Care Resource & Referral agency.

- NC Additional Notes for each rating scale
 - NCRLAP's Requirements for Gross Motor Space and Equipment
 - Meal Guidelines: Ages 1–12 and/or Infant Meal Guidelines: Ages 0–11 Months
2. Participate in a “self-assessment” before the scheduled assessment.
 3. Talk with a Child Care Licensing Consultant about the assessment and/or receive assistance from an outside agency (such as your local Smart Start partnership or Child Care Resource & Referral Network). Also consider networking with providers who have experienced the assessment process.

4. Prepare your facility to maximize the assessment process through quality enhancements. Any changes should reflect the best practices for young children and should improve the quality of the program on an ongoing basis.
5. Prior to the assessment, inform the children that they will have a visitor in the classroom.
6. After the assessment is scheduled, a packet of information and forms will be sent to you. Please have the necessary paperwork completed and available to give to the assessors before the observation. These include:
 - Classroom Information Form
 - Teacher Information Form
 - Classroom Daily Schedules

Rescheduling and Date Changes

If you need to make any changes to your scheduling window or block out dates, please immediately contact your Child Care Licensing Consultant and the NCRLAP office to request the changes. This is important because delaying assessments could potentially impact your operating license depending upon the renewal date.



After the Assessment

For each observation, the assessor will complete a detailed report that identifies strengths and areas needing improvement as determined by the Environment Rating Scale assessment. The completed report is forwarded to the facility's Child Care Licensing Consultant, who is responsible for communicating the information to the child care facility.

The facility summary report is designed to provide specific feedback so that child care staff may enhance their program's quality through goal setting and other quality enhancement efforts.

If you have additional questions about the assessment process, please contact the NCRLAP main office toll-free at 866-3NCRLAP.

Your rated license assessment visit is important.

Making sure the observations occur on a typical day is key!

The Environment Rating Scale assessment is an important component of your center or home's child care license. This brochure contains helpful information to consider while scheduling and planning for your assessments. Please note this information corresponds with the Rated License Assessment Request Review form that is completed with your Child Care Licensing Consultant.



SCHEDULING **Your Assessment**

- 1. Assessment Request.** Once you are ready to be assessed, ask your Child Care Licensing Consultant to submit an Environment Rating Scale (ERS) assessment request to NCRLAP.
- 2. Initial Phone Call.** You will be contacted to schedule your assessment and to have your questions answered about the assessment process.
- 3. Setting the Date.** A four-week scheduling window is given for assessments. The window always starts on a Monday and ends on the Friday of the fourth week after the start date. NCRLAP staff may be available immediately; therefore, your program is expected to be prepared at the time the ERS request is submitted and will be given the next available dates.
- 4. Wait times.** Depending upon the number of pending assessments, there may be times when your program will wait longer to be assessed.
- 5. Block-out days.** Programs have the option of identifying up to five dates to block out. Assessments need to occur on "typical days" that represent children's daily experiences while in child care. Therefore, special events such as field trips, parties, or resource visits cannot occur during assessments. Additionally, block-out days should be used when many staff have planned vacation time or attendance is expected to be very low. Using block-out days allows providers to designate specific days during their four-week scheduling window that may not be considered "typical." Special events can occur during the four-week window; however, it is imperative that NCRLAP is informed of these days. If you need to change your block-out dates for any reason *after* your four-week window has begun, contact your Child Care Licensing Consultant for approval first.
- 6. Confirmation Call.** You will receive a confirmation call the week before the start of your scheduling window. This call serves to confirm that you are ready for our assessors to arrive to conduct the ERS, to verify directions and arrival times, and to provide a final opportunity to make changes to the block-out dates if necessary.



Contact the NCRLAP office and speak with one of our schedulers regarding any questions you have about your assessment date or window. We look forward to visiting your program.

FOR MORE INFORMATION about the NC Rated License Assessment Project and the Environment Rating Scales (ITERS-R, ECERS-R, FCCERS-R, and SACERS), as well as upcoming training events such as conference sessions and webinars, see our Web site at www.ncrlap.org.



NCRLAP Main Office

University of North Carolina at Greensboro
915 Northridge Street
Greensboro, NC 27403
Phone: 866-3NCRLAP (toll-free) or 336-315-7717
Fax: 336-315-7728
www.ncrlap.org



North Carolina Rated License Assessment Project

SCHEDULING PROCEDURES FOR ASSESSMENTS

Environment Rating Scale assessments are scheduled using a four-week window. Rather than assigning a specific announced date, assessments can occur anytime within an assigned four-week period. Except for block-out dates (described in this brochure), program staff can expect assessors to come on any day during the four-week window.



POSTPONEMENTS

- If an assessment is attempted but cannot be completed due to factors beyond the program's control, such as low attendance or inclement weather, NCRLAP will prioritize rescheduling your assessment to complete the assessment within the original four-week window.
- If NCRLAP is not notified of block-out dates prior to the beginning of your four-week window and an assessment cannot be completed because of events such as field trips, planned staff absences, etc., it may be necessary to extend the scheduling window until an assessor is available. Your Child Care Licensing Consultant will be notified, and your rated license packet may be processed without ERS scores.
- If NCRLAP is unable to complete your assessment on the second attempt due to factors within the program's control, your program will have to pay the assessment fee.

Conducting assessments to improve child care quality one facility at a time!



PLAN for a Typical Day

Assessments should occur on a typical day in your program. There are several factors within a program's control that impact whether an assessment day is considered to be typical.

Regular Classroom Staff:

- Only teachers who work with the children daily should be present during the observation, and they should be present during their normal work hours only.
- Additional staff (such as floaters, teachers from another classroom, or an administrator) can be present in the classroom during breaks or at a certain time of day if this is part of their daily routine; however, the additional staff should not stay for a longer period of time than is usual.
- Other adults such as volunteers, therapists, interns, or family members should also participate only at their usual times.
- Extra staff will be asked to leave the classroom during the assessment, and your Child Care Licensing Consultant may be contacted to determine whether or not the typical staff were present during the assessment.
- If a substitute for a lead teacher will be present and you do not believe this individual has enough knowledge of the children or classroom to complete the assessment, call NCRLAP (in advance of the assessment) to discuss your options.

Regular Daily Schedule: The normal daily schedule must be followed. Assessors need to see what occurs day in and day out. If something slightly unexpected occurs (e.g., a fire drill, thunderstorm), the standard plan for that type of day should be followed.

Regular Indoor and Outdoor Activities:

The assessment(s) cannot be completed when special events such as resource visits, parties/celebrations, or field trips are planned. Please keep NCRLAP informed of non-typical days within your window (your block-out dates).

Regular Attendance: For an assessment to be considered valid, more than half of the enrolled children must be present for the majority of the observation. Other specific attendance requirements will be discussed during the scheduling call.

Keep in Mind: If it is determined that the day is not typical based on NCRLAP guidelines for a valid assessment, your assessment(s) must be rescheduled.



PLEASE NOTE: Providing false information regarding staffing (e.g., additional or different staff in room) or other program characteristics (e.g., number of classrooms, correct enrollment, etc.) will result in a reassessment fee for each rescheduled assessment and an administrative action may be issued by the Division of Child Development.



Information for Child Care Providers about the NCRLAP Grievance Process

It is common for child care providers to have questions about their facility summary report. Occasionally, child care providers raise objections or disagree with some aspect of the report. This document outlines the steps that providers may follow if they have questions about their report.

Step 1: Talk with your Child Care Consultant about your questions or concerns

Your Child Care Consultant is available to clarify and offer guidance about the NCRLAP assessment and grievance processes. In most situations, questions can be addressed in an informal way (e.g., often with a simple telephone call to the NCRLAP main office).

Step 2: Write a letter to NCRLAP explaining your grievance within 30 working days of receiving your facility summary report

If you decide to proceed beyond Step 1, we ask that you write a letter to fully describe your grievance. The letter should be submitted to your Child Care Consultant within 30 days of receiving the facility summary report. Your consultant will forward the letter to NCRLAP. The letter should include the following:

- Facility name and contact information (e.g., provider's name, telephone, and mailing address)
- Assessment date(s), rating scale used, and assessor name(s)
- Description of your grievance for each item (please identify the item/indicator number).

After NCRLAP receives your letter, a State Anchor will provide a written response to each question or concern raised in your letter. Additional information about the Environment Rating Scale requirements or assessment procedures may also be provided. The response letter is generally completed within 30 working days.

Step 3: Remedies

During a grievance process the entire assessment report will be reviewed. Revisions will be made to correct errors or modify information as needed. If changes are made, then a revised facility summary report will be submitted to the provider and consultant. Ideally programs will use the information provided in the response letter to determine what, if any program improvements are necessary.

After receiving the response letter, there is an option to have a grievance meeting with NCRLAP staff and your Child Care Consultant to further discuss concerns and address any additional information about the assessment(s). Participants usually include a director or home provider, classroom teacher, child consultant, licensing supervisor, assessor, and a state anchor. In rare cases a reassessment may be warranted. All available options will be identified in NCRLAP's response letter so that you can make the best decision for your program.

Additional information about the grievance process

1. The grievance process applies only the most recently completed assessment(s) at a facility, rather than a previous assessment.
2. Another assessment cannot be scheduled at a facility until the grievance process for the most recent assessment is completed.

Environment Rating Scale Improvement Plan

*Use this form to review FCCH scores from previous rating scale assessments or practice ratings conducted by other individuals. Complete **prior to visit** from consultant and make a copy to review during the visit.*

FCCH INFORMATION

FCCH Assessed	Scale Used	Operator During Observation
	<input type="checkbox"/> FCCERS-R	

ASSESSMENT INFORMATION

Type of Assessment: Practice; date _____ For most recent Rated License; date _____

List below item numbers from the scale that scored below 5.

Item # from Scale	Score	Summary of Concerns and Assessor Remarks

IMPROVEMENTS MADE

Item # from Above	Changes made

SUGGESTIONS FOR IMPROVEMENT

Item # from Above	Changes to be made	Responsible Party/Agency	Estimated Time Frame to Complete

Completed By:

Operator's Name _____ Title _____ Date _____

Reviewed By:

Consultant's Name _____ Date _____

Sample Professional Development Plan

Name of Operator: _____	Opening Date: _____
Position: _____	Group: _____ Plan for _____ Year

Current Educational Level

- HS AA/AAS in EC/CD BA/BS in EC/CD
 AA/AAS with _____ SCH in EC/CD BA/BS with _____ SCH in EC/CD

Credential Status

NCECC/equivalent: Required Yes No enrolled: _____ (date) completed: _____ (date)

NCECAC/equivalent: Required Yes No enrolled: _____ (date) completed: _____ (date)

Additional Post-Secondary Coursework Completed

Please list each early childhood or child development course staff member has completed that is in addition to degrees listed above.

Course Number	Course Title	Date Completed	SCH awarded

Individual Professional Development Plans

- Educational Goals:** 1) _____
- 2) _____
- 3) _____

Required Professional Development

Course Number	Course Title	Must be Completed by

Remedial Training

Topic	Suggested Course	Anticipated Completion

Optional Training

Topic	Suggested Course	Anticipated Completion

North Carolina Approved Early Childhood Curricula

Division of Child Development, NC Department of Health and Human Services | Office of School Readiness, NC Department of Public Instruction

The North Carolina Division of Child Development and the North Carolina Office of School Readiness are pleased to announce a list of approved curricula for use in early childhood programs. The list is the result of a comprehensive and rigorous curriculum review process conducted by a panel of experts.

The list of infant-toddler and preschool curricula, approved by the Division of Child Development, will apply to the curriculum quality point for the NC Star Rated License effective November 2008. Any program that received a quality point using a previously approved curriculum will have until November 2009 to either use one of the curricula noted below, or to earn a quality point in a different area.

The list of preschool curricula, approved by the State Board of Education, will apply to the More at Four Pre-Kindergarten Program and the NC Pre-K Standards Initiative effective for the 2009-10 school year. Other preschool programs are encouraged to consider this list when making curriculum choices.

INFANT – TODDLER CURRICULA *Approved by the Division of Child Development*

- **The Creative Curriculum® for Infants, Toddlers and Twos, 2nd Edition**
Teaching Strategies, Copyright 2006 | <http://www.teachingstrategies.com>
- **High/Scope Infant-Toddler Curriculum** | High/Scope Press, Copyright 2000 | <http://www.highscope.org> | Approved with the stipulation that programs use the supplemental books titled *Multicultural Programs* and *I Belong*.
- **The Program for Infant/Toddler Care (PITC)** | Developed by the California Department of Education and WestEd
<http://www.pitc.org> | Approved with the stipulation that providers must complete PITC modules I – IV with a certified trainer as required by WestEd.

PRESCHOOL CURRICULA *Approved by the State Board of Education and the Division of Child Development*

- **The Creative Curriculum® for Preschool, 4th Edition** | Teaching Strategies, Copyright 2002
<http://www.teachingstrategies.com>
- **The Empowered Child™, Childtime, 2nd Edition** | Copyright 2007 | <http://www.childtime.com/education.aspx>
Approved for use in Childtime programs.
- **Explorations with Young Children: A Curriculum Guide from the Bank Street College of Education**
Gryphon House, Copyright 1992 | <http://www.gryphonhouse.com>
- **High/Scope Preschool Curriculum** | High/Scope Press, Copyright 2002 | <http://www.highscope.org>
- **Opening the World of Learning™ (OWL)** | Pearson Early Learning, Copyright 2005 | <http://www.pearsonschool.com>
Approved with the stipulation that full-year programs have a plan to supplement or extend the curriculum, since OWL is designed to cover a school year.
- **Passports** | HighReach Learning, Copyright 2007 | <http://www.highreach.com> | Approved with the stipulation that programs purchase the *Compass* and at least one set of study/theme materials.
- **Tutor Time LifeSmart™** | Copyright 2005 | <http://www.tutortime.com/curriculum.aspx>
Approved for use in Tutor Time programs.

This list does not constitute an endorsement of any program using the curriculum.

Issued November 2008

CURRICULUM APPROVAL

DEFINITION OF CURRICULUM

A curriculum is a written set of materials that provides an integrated framework to guide decisions adults make about experiences provided for children and includes the following:

- a theoretical, philosophical and/or research basis to guide the approach to nurturing and facilitating children's development
- goals and objectives for children's learning and development that the curriculum seeks to foster
- experiences that will be provided to support diverse learners and facilitate each child's progress toward the expressed goals and objectives (including features of the physical environment, scheduling, specific experiences, and adult-child interactions)
- a process through which adults will plan and implement experiences to facilitate each child's progress toward the goals and objectives, including avenues for collaboration with families and members of the larger community to guide decisions made about children's experiences
- a means to assure that the environment, activities and interactions children experience are appropriate for individual children by collecting on-going information on individual children that is used to gauge how each child is making progress toward the curriculum's stated goals and objectives for children's development and learning, and to plan experiences that facilitate individual children's growth and development.

CRITERIA FOR CURRICULUM APPROVAL

- 1) **EVIDENCE BASED:**The curriculum must articulate a theoretical and/or research-base for the approach and clearly demonstrate how the curriculum utilizes the theory and/or research as a basis for making decisions about experiences provided for children. The curriculum may also have empirical evidence regarding the effectiveness of the curriculum collected with sound research methodology.
- 2) **PLANNING PROCESS:**The curriculum must have a process to guide adults in making decisions about experiences provided for children. The curriculum describes the intent or developmental goals of given experiences and the environment. The curriculum includes an on-going process for observing and documenting information related to individual children's level of development, current skills, and interests, and using that information to develop plans. Experiences provided for children should be derived from each child's needs, abilities and interests with appropriate teacher/caregiver input and facilitation. The curriculum should include plans for a variety of types of experiences and activities, including large group, small group, individual, child-initiated, and teacher-initiated activities.
- 3) **AREAS OF CHILDREN'S DEVELOPMENT AND LEARNING:**The curriculum must include a balance of experiences that address all areas of children's development and learning – physical, social and emotional, approaches toward learning, language and communication, and cognitive development and general knowledge, integrating content areas such as early literacy, mathematics, social studies, science, creative arts, and technology as appropriate for the age of children in the group. Preschool curricula must provide opportunities for children to develop the knowledge, behaviors, and competencies defined in North Carolina's early learning standards.
- 4) **SCHEDULING AND ROUTINES:**The curriculum must include a schedule that is age appropriate, predictable but flexible, and responsive to the needs of individual children. The schedule must include an appropriate balance of teacher/caregiver initiated and child-initiated experiences, and large blocks of time for play and exploration with appropriate facilitation from the adult. Routines such as feeding and toileting should be age appropriate and included as an integral part of children's experiences.
- 5) **PHYSICAL ENVIRONMENT:**The curriculum must provide appropriate guidance for teachers and caregivers on the physical environment, including guidance on room/home space arrangement, furnishings, equipment, and other aspects of the physical environment that reflects an understanding of child development and supports children's learning and development.
- 6) **SOCIAL ENVIRONMENT:**The curriculum must provide appropriate guidance on how teachers/caregivers can facilitate children's social-emotional development, including guidance on adult-child interactions, promoting children's peer relationships, and managing children's behavior.
- 7) **MATERIALS AND EXPERIENCES:**The materials and experiences used in the curriculum must be appropriate for the age and developmental level of children targeted and should include both child-directed and teacher/caregiver-directed activities. They should be engaging for children, play-based, and present concepts that are concrete and relevant to children's everyday experiences. The materials and experiences should be flexible enough to promote each child's development and learning in both indoor and outdoor settings, and provide a variety of experiences that support children in making choices, exploring and demonstrating independence. Materials and experiences must be free of bias, violent and otherwise unacceptable content.
- 8) **DIVERSITY:**The curriculum should support the development and learning of children from diverse backgrounds and explicitly address how adults can provide experiences that are culturally relevant and sensitive for children and families who reflect a variety of cultures, languages, socio-economic status, and structures.
- 9) **INCLUSION OF CHILDREN WITH DIVERSE DEVELOPMENTAL/ABILITY LEVELS:**The curriculum should include provisions for modifications/adaptations as appropriate to include children with varying developmental/ability levels, including children with disabilities, children who speak languages other than English, gifted children, etc.
- 10) **FAMILY INVOLVEMENT:**The curriculum must include a plan for how teachers/caregivers will collaborate with families in a shared decision-making process and promote two-way communication between teachers/caregivers and families. Collaboration with families should be an integral part of the curriculum at the classroom/group level, and families should be included as collaborators in planning individualized experiences for their own children.
- 11) **IMPLEMENTATION GUIDES:**Curricula must provide adequate and appropriate explanatory materials for adults to support implementation of the curriculum. The materials should include guidance on how to set up the environment, how to plan individualized and group instruction, how to implement activities, and how to interact with children. The curriculum may include resources or tools that facilitate teacher/caregivers' ability to assess the extent to which they are implementing the curriculum as it is designed.



Rated License Reassessment Self-Study

Program Standards

Please indicate the number of points earned in this component on your license: 1 2 3 4 5 6 7

Are you meeting [check all that apply]: Enhanced Ratios

Operational and Personnel Policies

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have written operational and personnel policies?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If you do not have policies, would you like assistance on developing them?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have your policies been reviewed and approved by a DCD child care consultant?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If you previously earned 2 or more points, have you made any changes to your policies since your last rated license application? *If yes, please attach a copy of your current policies.

Activities for Children

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have activity areas available daily for each group of children over 2 years of age? If so, which ones? <input type="checkbox"/> Art <input type="checkbox"/> Dramatic Play <input type="checkbox"/> Blocks <input type="checkbox"/> Manipulatives <input type="checkbox"/> Language Development
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have any supplemental activity areas available? If so, which ones? <input type="checkbox"/> Music & Movement: <input type="checkbox"/> available daily <input type="checkbox"/> available weekly <input type="checkbox"/> available monthly <input type="checkbox"/> Science & Nature: <input type="checkbox"/> available daily <input type="checkbox"/> available weekly <input type="checkbox"/> available monthly <input type="checkbox"/> Sand & Water: <input type="checkbox"/> available daily <input type="checkbox"/> available weekly <input type="checkbox"/> available monthly

Environment Rating Scale Assessments

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Did you have Environment Rating Scales done for your previous rated license application? If yes, what were your scores? <input type="checkbox"/> ITERS-R: _____ <input type="checkbox"/> ECERS-R: _____ <input type="checkbox"/> SACERS-R: _____ <input type="checkbox"/> FCCERS-R: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you implemented any changes as a result of your previous rating scale assessment? If yes, please describe on the enclosed "Rating Scale Improvement Plan"
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you conducted a practice self-assessment with the scales recently? Date: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you implemented any changes as a result of the practice assessment? If yes, please describe on the enclosed "Rating Scale Improvement Plan"
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Would you like technical assistance on making changes at your FCCH based on a rating scale assessment prior to your rated license reassessment?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have current versions of the scales?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you know how to access "Additional Notes for Clarification" for the scales? *If no, go to www.ncrlap.org and look for the link to the Environment Rating Scales.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Will you be requesting an Environment Rating Scale assessment to be conducted as a part of your rated license reassessment?

Education Standards

Please indicate the total number of points earned in this component on your license: 1 2 3 4 5 6 7

Individual Staff Category Points from Current License

Operator: 1 2 3 4 5 6 7

Other: _____ 1 2 3 4 5 6 7

General Staff Information

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have any <u>new</u> caregivers since your last rated license assessment? *If yes, please notify your Licensing Consultant
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have any additional caregivers, caring for school-age children, who were not evaluated as part of your previous rated license assessment?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have any new or existing caregivers who have taken coursework that should be sent to NC Institute for Child Development Professionals for evaluation? *If yes, please have them obtain an official transcript, complete an Early Educator application and submit them to the Institute.

Once the *Application for Assessment for a Two Component Star Rated License* is complete, mail it to your child care consultant along with the Self-Study checklist. During the technical assistance visit, he/she will provide you with the results from the preliminary review of your points earned for the education component.

Compliance History

Complaints and violations cited during a visit can affect your compliance history score. Your consultant will provide you with an up-to-date compliance history during their visit.

Things to Review before the Visit

Yes <input type="checkbox"/>	No <input type="checkbox"/>	The current "Child Care Requirements" book is dated August 1, 2010. Do you have a copy? If no, please order using the enclosed order form or contact customer service at 800/859-0829 to order a rulebook for your center.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have a copy of a "Compliance Listing" for your FCCH? If no, please contact your child care consultant and one can be mailed to you.

During the visit with your child care licensing consultant you will have the opportunity to discuss things to assist you in maintaining and improving your compliance with the requirements and to improve the quality of care at your program. There are many small changes that could have a large impact on your rating.

Please list below any specific areas that you would like to have your consultant discuss with you.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Name of FCCH: _____ ID#: _____

Person completing this form: _____ Title: _____ Date: _____

Chapter 7: LICENSES

Purpose Of These Requirements

Child care arrangements that meet the definition of child care are required to be licensed by the Division of Child Development. The purpose of child care licensing is to ensure the safety and developmental well-being of children while in out-of-home care. Child care regulations reduce the risk of predictable harm to children while in child care. In addition, regulations provide basic consumer protection. Potential operators must comply with established child care rules prior to the issuance of a license.

Definitions

Child care: is defined as a program or arrangement where three or more children less than 13 years old, who do not reside where the care is provided, receive care on a regular basis of at least once per week for more than 4 hours but less than 24 hours per day from persons other than their guardians or full-time custodians, or from persons not related to them by birth, marriage, or adoption.

Child Care Facility: Includes child care centers, family child care homes, and any other kind of arrangement not excluded by GS 110-86(2), that provides child care, regardless of the time of day, wherever operated, and whether or not operated for profit.

Family Child Care Home: is a child care arrangement located in a residence where, at anyone time, more than two children, but less than nine children, receive child care.

Licensee: means the person or entity that is granted permission by the State of North Carolina to operate a child care facility.

Article 7, Chapter 110 of the North Carolina General Statutes allows the Department of Health and Human Services to issue the following types of permits:

For Child Care Centers

License: a permit issued by the Secretary of the Department of Health and Human Services to any child care facility that meets the statutory standards.

For Religious Sponsored Programs

Notice of Compliance: a permit issued by the Secretary of the Department of Health and Human Services to a religious sponsored child care facility opting to take certain exemptions from the child care rules but in compliance with all health and safety standards not exempted by law.

SECTION 1: TYPES OF LICENSES

Types of Licenses

NC General Statutes 110-88 & 110-90

- ★ The Division has the authority to issue the following types of licenses to family child care homes:
 - Temporary
 - Notice of Compliance
 - Star-Rated
 - Provisional
 - Special Provisional
 - Probationary

Temporary Licenses

Child Care Rule .0403

- ★ A temporary license may be issued to the operator of a family child care home when a change of location occurs. This type of license is effective for 60 days.
- ★ The operator must apply for a license prior to the location change and must have sufficient equipment and materials to operate for the number of children enrolled.
- ★ The temporary license must be posted in a prominent place in the program that parents are able to view daily.


Notice of Compliance

NC General Statute 110-106

- ★ Religious sponsored child care programs (those operated by a church, synagogue, or school of religious charter) may receive a Notice of Compliance.


- ☑ North Carolina General Statute 110-106 allows religious sponsored child care programs the option of being issued a license or a Notice of Compliance.
- ☑ If a religious-sponsored child care program elects to comply with all of the child care licensing requirements, they will be issued a license.
- ☑ If the program elects to take exemptions allowed by GS 110-106, they will be issued a “Notice of Compliance.”

Star Rated License
NC General Statute 110-90


 A star rated license is issued to a child care facility that meets standards established in child care law and rules. The rating is based on program standards and education levels of staff.

- A One Star Rated License indicates the child care operator meets minimum child care requirements and can be issued after being in operation for a minimum of six months.
- A Two through Five Star Rated License is issued to child care operators who voluntarily meet enhanced standards of child care requirements and has been in operation for a minimum of six months.
- New operators wishing to be eligible for a Two through Five Star Rated License should begin preparing for this from the time they open and let the consultant know during initial assessment visits to the program.
- The consultant will help the operator prepare to meet any voluntary enhanced standards necessary for the level license they wish to achieve. Refer to *Chapter 6 – Star Rated License* for specific requirements.


Provisional Licenses
Child Care Rule .0401


 A Provisional License is a permit that may be issued for up to one year to child care providers who fail to meet minimum licensing requirements.

- This license is issued if the Division determines that the applicant is making a reasonable effort to conform to the requirements but has yet to achieve full compliance.
- Provided that a situation is not hazardous to children, a provisional license can be issued in the following situations:
 - To allow a specific time period for the FCCH to comply fully with all licensing requirements and to demonstrate that compliance will be maintained, provided that conditions at the FCCH are not hazardous to the health or safety of the children or staff.
 - To allow time for the applicant or licensee to request a declaratory ruling when they do not agree with a violation cited or decision made by the Division.


- As an administrative action for substantiation of child abuse or neglect.
 - As an administrative action for not maintaining a compliance history score of at least 75%, for the past 18 months or during the length of time the facility has operated.
- ☑ The provisional license and the document describing the reasons for its issuance must be posted in a prominent place in the facility where parents can view it daily.
 - ☑ Written notification of the provisional license must be given to all parents of children currently enrolled and copies of documentation must be maintained on-site in a binder accessible to parents.
 - ☑ If an operator appeals the provisional license, the license does not have to be posted however written notification must be completed and distributed as stated above.
-  See *Chapter 9 – Administrative Actions* for more information on Provisional Licenses.


Special Provisional Licenses Child Care Rule .1904

 A Special Provisional License is a permit that may be issued for up to six months to child care providers when it is determined that child abuse or neglect has occurred in a facility.

- ☑ The special provisional license and the reasons for its issuance must be posted in a prominent place in the facility.
 - ☑ The special provisional license and reasons for issuance must remain posted for the entire time period covered by the license, and also during the time of any administrative proceedings.
 - ☑ In some circumstances, no new children may be enrolled in the facility until the Division is satisfied that the abusive or neglectful situation no longer exists and gives the operator written permission to accept new children.
 - ☑ Written notification of the special provisional license must be given to all parents of children currently enrolled and copies of documentation must be maintained on-site in a binder accessible to parents.
-  See *Chapter 9 – Administrative Actions* for more information on Special Provisional Licenses.

**Probationary Licenses
Child Care Rule .2204**




 A Probationary License is a permit that may be issued for up to one year to child care providers when it is determined that a violation of the child care law or rules has been willful, continual or hazardous to the health and safety of children.

- The notice describing the reasons for the issuance of the probationary license will describe the specific section of the child care law or rules violated and will specify the length of the probationary license period.
 - The probationary license and the notice describing the reasons for its issuance must be posted in a prominent place in the facility.
 - Failure of the licensee to comply with the terms of probation may result in the start of proceedings to suspend or revoke the license.
 - The probationary license and reasons for issuance must remain posted for the entire period covered by the license, and also during the time of any administrative proceedings.
 - Written notification of the probationary license must be given to all parents of children currently enrolled and copies of documentation must be maintained on-site in a binder accessible to parents.
-  See *Chapter 9 – Administrative Actions* for more information on Probationary Licenses.

SECTION 2: STATUS CHANGE

A status change is an event that requires the issuance of a new license.

**Change of Location of a Family Child Care Home
Child Care Rule .0204**


-  When a licensed child care operator moves from one location to another, the operator must apply for a license for the new location.
-  The operator must notify the Division 30 days prior to the change of location.
-  The operator must obtain the new license prior to occupying the new location.

- The operator must complete a new application packet. First, the Facility Profile form must be completed and sent to the

child care consultant. Additional forms will need to be completed later in the process and will be supplied by the child care consultant.


- New building, fire and sanitation inspections must be completed for the new location prior to the issuance of a Temporary License, if applicable.
- The operator may not care for children in the new location until a license is received.

**Adding or Removing Restrictions from a License
Child Care Rule .0204**

-  A change in restriction can occur in two situations:
 1. to add a new restriction
 2. to remove an existing restriction

- A restriction on a license limits the type of care that can be given at a FCCH.
- When the operator conforms to a requirement previously found out of compliance, a restriction can be removed. Likewise, if an operator fails to conform to a requirement, a restriction can be added to the license.
- Restrictions on the number or age of children may be required by building code, fire code, local zoning requirements, sanitation requirements, or some combination of these.
- The addition or removal of a restriction is not effective until a new license has been issued reflecting the change.

**Reissuing a Current License
Child Care Rule .0204**

-  Certain situations may require that a license be reissued to reflect current information about the operator or center.

- In certain circumstances, the name of the center or the owner may change. If an operator’s name changes, such as due to marriage, a new license needs to be issued to reflect the name change.


- ☑ In some areas, street names may change or cities may switch from using route and box numbers to street number and name. A new license would need to be issued to reflect the current location address of the facility.
- ☑ If the operator wishes to change the name under which the child care facility does business, a new license can be issued to reflect the new name.
- ☑ The reissuance of a license is not effective until all reports have been reviewed and the child care facility has received a new license from the Division.
- ☑ All requests for the reissuance of a license must include a new Application - Facility Profile form to be completed.

SECTION 3: COMPLIANCE HISTORY

Compliance History
General Statute 110-90 & Child Care Rule .0304

- ★ To maintain a license or Notice of Compliance, a child care facility must have a compliance history of at least 75% for the past 18 months or during the length of time the facility has operated.
- ★ A provisional license or provisional Notice of Compliance or other administrative action may be issued when a facility fails to maintain a compliance history of at least 75%.

- ☑ All facilities will have a compliance history score generated prior to the issuance of a One to Five Star Rated License.
- ☑ The Division will assess the compliance history of a facility by evaluating compliance with the child care requirements for the past 18 months, or during the length of time the facility has been operating.
- ☑ Points are assigned for the occurrence of specific violations. The point value is based on the potential threat to the health and safety of children.
- 📁 A sample **Compliance History Assessment** sheet used to calculate the compliance history percentage is located in the resource section. The compliance score sheet show compliance points earned. Possible points earned will vary dependent upon the child care requirements monitored during visits.

 **For information on compliance monitoring see *Chapter 8***
– *Compliance Monitoring.*

- Points are assigned for each occurrence of violations of the following requirements:
- supervision of children (6 points)
 - capacity (6 points)
 - program records (1-3 points)
 - health and safety practices (3-6 points)
 - discipline (6 points)
 - nutrition and feeding practices(1-3 points)
 - staff qualifications and training (2-5 points)
 - transportation, if applicable (1-3 points)
 - developmentally appropriate activities (2-4 points)

RESOURCE SECTION

Chapter 7: LICENSES

The following pages contain resource materials related to the content in 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.

Compliance History Assessment 18 Months			
Name: ABC Child Care			
ID#12345678			
Required Components	Lic. Points	Visit Date	
		4/7/2010	10/3/2010
Type of Visit		A/C Full	Rtd Lic
Supervision			
A1. Supervision	6	6	6
Capacity			
B1. Capacity	6	6	6
Staff Qualifications and Training			
C1. Operator Qualifications	5	5	5
C2. Additional Staff Qualification	5	5	5
C3. Inservice Training Hrs	2	2	2
C4. CPR and/or ITS SIDS Training	3	3	3
C5. First Aid	2	2	2
C6. CRC Completed	2	2	2
Health			
D1. General Health	3	3	3
D2. Administering of Medication	4	4	4
D3. Mildly Ill	2	2	2
Safety			
E1. Storage of Hazardous Substances -	5	0	5
E2. Storage of Medication -	5	5	5
E3. General Safety -	3	0	3
E4. Equipment -	4	4	0
Program			
F1. Discipline -	6	6	6
F2. Age Approp Activities-	3	3	3
F3. Adequate/ Approved Space -	6	6	6
F4. Nutrition/Infant Feeding -	2	2	2
F5. General Licensing Requirements	2	2	2
Management			
G1. Staff Records -	1	1	1
G2. Children's Records -	1	1	1
G3. Program Records	1	1	1
G4. License Posted	2	2	2
Fire/Building			
H1. Fire Safety	3	3	3
H2. Building Code Requirements	3	3	3
H3. Sanitation	3	3	3
Transportation			
I2. Seat Restraints for Children	3	3	
I3. Airbags -	3	3	
I4.State and Federal Laws for Transporting Passengers	2	2	
I5. Emergency Information -	1	1	1
I6. General Transportation Safety	1	1	
Total Points		92/100	87/91
Percentage		92%	96%
Center Assigned To ABConsultant		Compliance Percentage (179/191) 94%	

Chapter 8: COMPLIANCE MONITORING

Purpose Of These Requirements

To ensure child care facilities provide a physically safe and healthy environment where the developmental needs of children are met. All regulated child care facilities must comply with all State laws, federal laws and local ordinances that pertain to child health, safety, and welfare. Child care facilities are monitored on a regular basis to assess compliance with these requirements.

SECTION 1: AUTHORITY TO INSPECT CHILD CARE PROGRAMS

General Statute 110-105 & Child Care Rule .0201

- ★ The Division will periodically visit and inspect all child care programs to insure compliance with North Carolina General Statutes and child care.
 - ★ A representative of the Division will conduct an announced visit prior to the initial issuance of the license. The prospective or current licensee will be notified in advance about the visit. This Rule does not apply to the investigation of centers that are operating without a license in violation of the law.
 - ★ An inspection may be conducted without notice, if there is probable cause to believe an emergency situation exists or there is a complaint alleging a violation of licensing requirements.
 - ★ An inspection may be conducted without notice, when the Division is notified or receives a report alleging child abuse or neglect has occurred in a child care facility.
 - ★ If an operator refuses to allow a Division representative to inspect the child care facility, the Division can seek an administrative warrant.
- After a license is issued, the Division is responsible for monitoring the facility to assure that compliance is being maintained.

SECTION 2: TYPES OF VISITS

The following are the different types of visits that will be made by Division of Child Development Child Care Consultants to Family Child Care Homes.

- ★ Technical Assistance
- ★ Initial Assessment
- ★ Temporary Time Period
- ★ Annual Compliance
- ★ Complaint Investigation
- ★ Routine Unannounced or Announced
- ★ Rated License Assessment
- ★ Follow-up



- Each type of visit will be discussed in more detail on the following pages.

Technical Assistance Visits

- ★ A technical assistance visit is used to acquaint the operator with the child care requirements or have the consultant offer suggestions for improvements to the FCCH.


- A Technical Assistance visit can be requested by a provider at any time to receive advice and guidance for a particular part of the child care program.
- Examples of advice and guidance might involve information on programming, room arrangement, operator training, help understanding the child care regulations, violations and options for correcting them, recommendations for ways to improve quality, and community resources.

Initial Assessment Visit

-  Initial assessment visits are used to verify the FCCH is in compliance with all of the applicable child care requirements and local ordinances.
-  During initial assessment visits technical assistance is also provided on ways for the potential licensee to achieve and maintain compliance as well as consultation about best practices in the field of early care and education.


- A child care consultant will make on-site visits to assess compliance with the child care requirements.
- During the initial assessment visit, the child care consultant will review the following:
 - Child care law and rules
 - Available equipment and materials
 - All rooms/spaces to be used by children
 - Capacity of the FCCH
 - Copy of permits or inspections if required by local zoning ordinances
 - Forms and paperwork that will be used at the FCCH
 - Size of the FCCH indoor and outdoor areas used by children
 - Vehicle that will be used to transport children, if transportation will be provided
- If all requirements are met, the child care consultant can issue a One Star License to the FCCH at that time.

Initial Follow-Up Visits

-  During the first 6 months of operation, follow-up visits are conducted to monitor the FCCH for satisfactory compliance with all applicable requirements and work with the operator to address any identified concerns or problem areas.


- The unannounced Follow-Up visit is scored and can impact your compliance history rating.

Annual Compliance Visits

-  Annual Compliance Visits are conducted once per year to determine if the FCCH continues to comply with all applicable child care requirements.







- Although a license issued to a FCCH does not expire, the FCCH must continue to be monitored to make sure child care requirements continue to be met.
- Annual compliance visits are unannounced.
- Any violations of the requirements observed by the child care consultant during the visit will be documented and reviewed with the operator. The operator will be given the opportunity to correct the violations.
- Follow up visits may be conducted to assure that all violations have been corrected.

Licensing Complaint Visits


 Unannounced complaint visits will be made, when the Division receives a report alleging violation of the child care requirements or when the Division has reason to believe an emergency exists in the FCCH.

- When the complaint is related to a violation of child care licensing requirements and does not allege child abuse or neglect, it will be classified as a licensing complaint. Licensing complaints are investigated by the child care consultant or a child care abuse/neglect consultant.
- The child care consultant may need to interview/talk to you, review records, or observe in the FCCH to investigate the complaint allegations.

Child Abuse and Neglect Investigation Complaint Visits Child Care Rule .1903

-  Anyone from the public may contact the Division to report suspected child abuse or neglect in a child care setting. Once a report is received, the Division initiates an investigation.
-  The investigation may include interviews with you, staff, parents, or any other adult who has information regarding the allegation. Reports from law enforcement officers and other professionals, as well as photographs and other investigative tools, may be used as appropriate.
-  The Division and DSS share information with each other related to child abuse and neglect investigations.
-  At any time during the investigation, a representative from the Division may conduct an evaluation for compliance with all applicable child care requirements.
-  The Division will issue a written notice to you and the local DSS when the investigation is completed. The Division may also report to law enforcement officers and other professionals that have been involved in the investigation.
-  A written notice of findings and any further action, if appropriate, will be made within 90 days after the Division receives the allegation. If the investigation is not complete at that time, an interim report explaining the status of the investigation will be made to the operator 90 days after receipt of the allegation and every 30 days thereafter, until the final decision is made.

- When the complaint is related to a child abuse or neglect situation, it will be classified as a child abuse or neglect complaint.
- Investigations of child abuse and neglect in child care programs are conducted jointly between the local county DSS and the Division. Some investigations involve additional investigators, such as law enforcement, medical personnel, medical examiners, and others.
- The local county DSS determines whether a child or children are in need of protective services.
- The Division determines if violations of child care requirements have occurred.
- The Division must initiate an investigation for any case alleging child abuse or neglect within seven days of receiving a report.
- The child abuse/neglect representative from the Division may interview the child or children about the allegations of abuse or neglect only in those cases where the DSS does not conduct an investigation.

- ☑ Any information obtained during an investigation that is subject to confidentiality laws or regulations will be handled so as to preserve the confidential nature of the material.
 - ☑ The Division must receive the local DSS case conclusion report before the case can be closed.
 - ☑ After the Division receives all information from other investigators, including the DSS conclusion, the Division determines whether or not violations of child care requirements occurred related to the report. The Division notifies the facility operator of the outcome of the investigation and closes the investigation with either a letter or administrative action.
 - ☑ The local Child Care Resource and Referral Agency (CCR&R) will also be sent a notification of the child abuse or neglect report and a copy of the document closing the case. The local CCR&R may have a policy that says they will cease referring children to a facility while an investigation of child abuse or neglect is underway or after an administrative action is issued until the matter has been resolved.
-  Refer to the handout, **Investigating Allegations of Child Abuse and/or Neglect in Child Care Programs**, for more information located in the resource section.

Routine Visits

- ★ Announced and unannounced routine visits can be conducted at any time to monitor compliance with the child care requirements.

- ☑ There are several types of routine visits that can be made to a FCCH, such as:
 - Annual compliance follow-up
 - Rated license assessment follow-up
 - Complaint follow-up
 - Administrative action follow-up
 - Monitoring visits

Follow-up Visits

- ★ Unannounced follow-up visits may be conducted to assess compliance, assure Division recommendations are put into practice, or to monitor the correction of violations.

Rated License Assessment Visits



Rated license assessment visits are conducted to determine compliance with voluntary enhanced standards for the issuance of a Two to Five Star Rated License, for the three year reassessment, or for a reapplication for a higher Two to Five Star Rated License.

- ☑ North Carolina's Star Rated License System provides voluntary standards for FCCHs that provide child care which exceeds the state's minimum licensing standards.
- ☑ An Application for a Self Assessment packet can be obtained by contacting a customer service representative at 1-800-859-0829 or can be requested on line at www.ncchildcare.net.
- ☑ Refer to *Chapter 6 – Star Rated License* for complete instructions and rules for a star rated license.

SECTION 3: PARENT MONITORING

In addition to child care consultants, parents must also have access to child care programs.

Parent's Right to Access Child Care Rule .0205

The parent, guardian or full-time custodian of a child enrolled in any FCCH must be allowed unlimited access to the FCCH during its operating hours for the purposes of contacting the child or evaluating the FCCH and the care provided by the FCCH.

- ☑ The parent, guardian or custodian should notify the operator of his or her presence immediately upon entering the premises.
- ☑ A FCCH cannot restrict access to any known parent. Even in situations where one parent does not have custody of a child, if the operator knows the person to be the parent of the child, they cannot prevent this person from visiting or removing the child without court order paperwork.
- ☑ The operator must also release a child to any person listed on an application as parent, guardian, custodian or authorized pick up person.
- HH Research shows parent involvement gives children better chances for success in school.
- HH Parent involvement can include parents playing in FCCHs with children, reading to children, participating in special events, eating lunch, and playing outside. Parents may also

want to initiate special projects such as gardening or cooking activities.

**Parent Education in the NC Child Care Law
General Statute 110-102**

- ★ Operators of FCCHS must provide a copy of a summary of the child care law to each child's parent, guardian, and full-time custodian before the child is enrolled in the center.
- ★ Each parent, guardian, or full-time custodian must sign a statement acknowledging that he or she received a copy of the summary before the child's enrollment.



A Summary: North Carolina Child Care Law and Rules is located in the resource section.



This summary is updated as changes occur to the child care law and rules. You may request a copy of the summary from the Division at 1-800-859-0829 or access it online at www.ncchildcare.net.

RESOURCE SECTION

Chapter 8: COMPLIANCE MONITORING

The following pages contain resource materials related to the content in 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.

INVESTIGATIONS OF CHILD ABUSE/NEGLECT ALLEGATIONS IN CHILD CARE FACILITIES

Who reports allegations of child abuse or neglect? - A parent, staff member, concerned citizen, volunteer, facility visitor, facility director, family child care provider, physician, social worker, law enforcement representative or other individuals with information about a situation.

Is the operator of a facility required to report incidents of possible or suspected child abuse/neglect that occur in the child care facility? - Yes. North Carolina General Statute 7B-301 is a Mandatory Reporting Law that requires all citizens to report suspected child abuse or neglect. Reporting on the facility and the investigation of that report may be a difficult experience for the facility operator. However, making a report helps protect the children in the facility and investigation of the report will help identify and correct conditions that may put children at serious risk of injury or death.

Why report? – To help protect a child or children and alert the appropriate investigating authorities when a person thinks or suspects a child is being, or may have been, harmed in some way as a result of neglect and/or abuse (physical, emotional, and/or sexual).

To whom is the report made? - A report must be made to the local Department of Social Services (DSS). In addition to making a report to the local DSS, a report may also be made to the Division of Child Development. If applicable a report can be made to the local Law Enforcement agency.

Does the reporter have to know for sure that child abuse or neglect is taking place? - No. A person only has to think or suspect there is a possibility the abuse or neglect is taking place. When a person reports, that person is making allegations that abuse or neglect may have happened. A report is investigated to find out if the allegations are true or not true, and whether or not a child was abused and/or neglected.

Is every allegation that is reported investigated? – The Department of Social Services only investigates allegations that meet the definitions of child abuse and child neglect given in the state's juvenile law. However, the Division of Child Development will look into all reports or complaints regarding violations of child care requirements in licensed child care facilities (child care centers and family child care homes) and illegally operated child care facilities (centers and homes).

Does the reporter have to identify himself or herself? - No, the person making the report may remain anonymous.

What happens to the report after it is made? - When the report is made to the Department of Social Services (DSS), an Intake Worker will contact the Division of Child Development within 24 hours to give an Intake Consultant the information.

If a report is also made to the Division of Child Development (DCD), within 24 hours, an Intake Consultant will contact the Department of Social Services of the county in which the incident took place, and give an Intake Worker the information.

Who investigates? - When a family child care home or child care facility is named in the allegations, the report is investigated jointly by a Child Protective Services (CPS) Investigator from the local Department of Social Services, and a Child Abuse/Neglect (A/N) Consultant from the Division of Child Development. Both investigators will visit the facility, sometimes together, and interview all staff members who may be able to provide information about the allegations. The CPS Investigator will also interview the child(ren) and family members. The Child A/N Consultant may interview others as well. The Child A/N Consultant will determine whether or not violations of child care rules that apply to the report have occurred. The Child A/N Consultant will also identify violations of child care rules that are found during the visit to the facility. The CPS Investigator will obtain medical records if a child has been injured or treated by medical staff as a result of an injury that occurred at the child care facility. The CPS Investigator and Child A/N Consultant may request copies of documentation or records kept by the facility that are related to the allegations being investigated.

When allegations of physical abuse are made, an investigator from the local Police Department or Sheriff's Department will investigate the report to determine if any criminal act has taken place.

When allegations of sexual abuse are made, an investigator from the local Police Department or Sheriff's Department will investigate the report to determine if any criminal act has taken place. In addition, an investigator from the State Bureau of Investigation (SBI) may become involved in the investigation.

How does an investigation affect the facility? - During a child abuse/neglect investigation, the Division of Child Development will not issue a new license to the facility and will not allow any changes to the present license. In addition, the Division may not approve any other changes related to the operation of the facility. During a child abuse/neglect investigation, resource and referral agencies have policies that prevent them from making referrals to child care facilities that are under investigation.

How is an investigation closed? - The CPS Investigator completes all the required interviews and discusses the case with the Child A/N Consultant. Afterward, the CPS Investigator presents the information to a supervisor or team of social workers for consideration and decision-making. The decision will be to substantiate if there is evidence that a child was neglected or abused. The decision will be to unsubstantiate if there is not enough evidence that a child was neglected or abused. The CPS Investigator will notify the reporter, the operator of the facility, and the child's family of the decision, in writing. The CPS Investigator will send a report regarding the decision to the Division of Child Development.

The Child A/N Consultant reviews all of the information gathered from the investigation then submits a recommendation and information to support the recommendation to a Regulatory Services Supervisor at the Division of Child Development.

If the report is unsubstantiated and there were no violations of child care requirements, a representative of the Division of Child Development will send the operator of the child care facility a letter regarding the decision and closure of the case. Sometimes violations of child care requirements are determined to have occurred during the course of the

investigation and are included in the letter. An administrative action may be issued instead of a letter, even if DSS unsubstantiated child abuse and/or child neglect.

If the report is substantiated and/or there are violations of child care requirements, the recommended administrative action undergoes an internal review process to determine whether or not the Division of Child Development will issue the recommended administrative action to the facility. When administrative action is taken, the operator of the child care facility will receive written notice. The notice will tell the reason for the administrative action. The notice will also tell what the facility will be required to do correct the problems identified during the investigation and prevent similar incidents of child abuse or child neglect or violations of child care requirements in the future.

What happens when the Division of Child Development takes administrative action against a facility? – The administrative action provides the operator of the facility with information about why the action is being taken, what to do to correct the problems identified during the investigation (a Corrective Action Plan), and when the corrections must be completed. Corrective Action Plans often require operators to develop written policies and procedures for their staff, arrange for staff training, provide and/or participate in staff training, provide increased supervision for staff and develop plans for correcting violations. A Child A/N Consultant will make unannounced visits to the center to determine whether or not the Corrective Action Plan is being put into action. When every item in the Corrective Action Plan is successfully completed, the Child A/N Consultant will provide written documentation that the operator has done what the Division of Child Development required to correct the problems identified during the investigation.

What can operators do if they disagree with the administrative action taken by the Division of Child Development? – Operators may call the Division of Child Development and request an Informal Meeting with Division management to discuss the administrative action. Operators may also appeal the action, and have their case heard before an administrative law judge. Instructions for requesting an appeal are included with the administrative action.

The following requirements apply to both centers and homes.

Transportation

Child care centers or family child care homes providing transportation for children must meet all motor vehicle laws, including inspection, insurance, license, and restraint requirements. Children may never be left alone in a vehicle and child-staff ratio must be maintained.

Records

Centers and homes must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills practiced with safe evacuation of children must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care.

Discipline

Each program must have a written policy on discipline, must discuss it with parents, and must give parents a copy when the child is enrolled. Changes in discipline policy must be shared with parents in writing before going into effect. Corporal punishment (spanking, slapping, or other physical discipline) is prohibited in all family child care homes and centers. Religious-sponsored programs which notify the Division of Child Development that corporal punishment is part of their religious training are exempt from that part of the law.

Parental Rights

- Parents have the right to enter a family child care home or center at any time while their child is present.
- Parents have the right to see the license displayed in a prominent place.
- Parents have the right to know how their child will be disciplined.

The law and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. Check the telephone directory or talk with a child care provider to see if there is a child care resource and referral agency in your community. For more information visit the Resources in Child Care website at: www.ncchildcare.net. For more information on the law and rules, contact the Division of Child Development at 919-662-4499 or 1-800-859-0829, or visit our homepage at: <http://www.ncchildcare.net>.

Reviewing Files

A public file is maintained in the Division's main office in Raleigh for every center or family child care home. These files can be

- viewed during work hours;
- requested via the Division's web site at www.ncchildcare.net; or,
- requested by contacting the Division at 1-800-859-0829.

How to Report a Problem

North Carolina law requires staff from the Division of Child Development to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be fined up to \$1,000 and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development at 919-662-4499 or 1-800-859-0829.

Child Abuse or Neglect

Abuse occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. Abuse may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. Neglect occurs when a child does not receive proper care, supervision, or discipline, or when a child is abandoned. **North Carolina law requires any person who suspects child abuse or neglect to report the case to the county department of social services.** In addition, any person can call the Division of Child Development at 919-662-4499 or 1-800-859-0829 and make a report of suspected child abuse or neglect in a child care operation. Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any abuse/neglect complaint or the issuance of any administrative action against the child care facility.

Summary: North Carolina Child Care Law and Rules

Division of Child Development
North Carolina Department of
Health and Human Services
319 Chapanoke Road
Raleigh, NC 27603

June 2010



The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.

2,000 copies of this document were printed at a cost of \$179.64 or \$0.09 per copy.

What Is Child Care?

The law defines child care as:

- three or more unrelated children under 13 years of age
- receiving care from a non-relative
- on a regular basis, of at least once a week
- for more than four hours per day but less than 24 hours.

It is only when all of these conditions exist that regulation is required. The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development. The purpose of regulation is to protect the well-being of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110.

The North Carolina Child Care Commission is responsible for adopting rules to carry out the law. Some counties and cities in North Carolina also have local zoning requirements for child care programs.

Star Rated Licenses

Centers and homes that are meeting the minimum licensing requirements will receive a one star license. Programs that choose to voluntarily meet higher standards can apply for a two through five star license. The number of stars a program earns is based upon the education levels their staff meet and the program standards met by the program.

Family Child Care Homes

A family child care home is licensed to care for five or fewer preschool age children, and can include three additional school-age children. This includes preschoolers living in the home but the provider's own school-age children are not counted (Individuals caring for one or two children are exempt from being licensed.) Licenses are issued to family child care home providers who meet the following requirements:

- Home providers must be 21 years old with at least a high school education or its equivalent, and mentally and emotionally capable of caring for children.
- He or she must undergo a criminal records background check initially, and every three years thereafter.
- All household members over age 15 who are present in family child care homes when children are in care must also undergo a criminal records background check. As of December 2008, criminal records rechecks are completed every three years.
- All family child care home providers must have current certification in CPR and first aid and complete an ITS-SIDS

training every three years. They also must complete a minimum number of training hours annually.

All family child care homes must meet basic health and safety standards. Providers must maintain verification of children's immunization and health status. They must provide developmentally appropriate toys and activities, as well as nutritious meals and snacks for the children in care.

Child Care Centers

Licensing as a center is required when six or more preschool children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose to meet the standards of the Notice of Compliance rather than the Star Rated License. Programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

Licensed centers must meet requirements in the following areas.

Staff

The administrator of a child care center must be at least 21, and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours including ITS-SIDS training for any caregiver that works with infants 12 months of age or younger, and CPR and first aid training. All staff must also undergo a criminal records background check. As of December 2008, criminal records rechecks are completed every three years.

Ratios

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. Ratios and group sizes for licensure are shown below and must be posted in each classroom.

0-12 months	1:5	10
12-24 months	1:6	12
2 years old	1:10	20
3 years old	1:15	25
4 years old	1:20	25
School-age	1:25	25

Small centers in a residence that are licensed for six to twelve children may keep up to three additional school-age children, depending on the ages of the other children in care. When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.

Space and Equipment

To meet licensing requirements, there must be at least 25 square feet per child indoors and 75 square feet per child outdoors. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

Curriculum

The Division of Child Development does not promote or require any specific curriculum over another unless programs are using curriculum to get a quality point for the star-rated license. Child care programs choose the type of curriculum appropriate for the ages of the children enrolled. Activity plans must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. Rooms must be arranged to encourage children to explore and use materials on their own.

Health and Safety

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. Meals and snacks must be nutritious, and children must have portions large enough to satisfy their hunger. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed programs to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) and must have space and time provided for rest.

Age	Teacher : Child Ratio	Maximum Group Size
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Chapter 9: ADMINISTRATIVE ACTIONS

Purpose Of These Requirements

Administrative actions are a means that the Division uses to require child care operators to comply with the child care rules and law. The child care licensing law and the North Carolina Administrative Procedures Act empower the Division to issue administrative actions. Administrative actions are designed to direct child care operators in taking corrective action to achieve and maintain satisfactory compliance and promote safe environments to sustain quality child care.

Definitions

Administrative Action: an action taken by the Division against a facility as the result of violations of the child care requirements or a substantiation of child abuse or neglect.

DSS: Department of Social Services

Substantiation: when an allegation is found to be true or to have occurred.

Corrective Action Plan (CAP): a detailed plan of action developed to correct current violations and decrease the chances of the violations or the incident from reoccurring.

SECTION 1: CAUSES OF AN ADMINISTRATIVE ACTION

Administrative actions may be issued when any of the following occur:

- The operator fails to make a reasonable effort to comply, fails to correct violation(s), delays in making corrections, or is unable to comply;
- Substantiation of child abuse or neglect;
- Failure to comply with the CAP of a previous administrative action;
- When an administrative action was issued in the past and the violation(s) continue to be cited;
- Recommendation made by a local inspector to allow time to correct a violation of building, fire, or sanitation requirements;
- Pattern or history of violations over a period of time; or
- Compliance history score less than 75% over 18 month period.

The type of administrative action that is issued is based upon the incident that occurred and is not limited to the reasons above.

Violations of child care requirements impacting children's health and safety, such as violations of capacity, supervision, inappropriate discipline, and safety of children often lead to the recommendation of an administrative action. In addition, a pattern or history of noncompliance, regardless of the violation type may result in the recommendation of an administrative action.

Sequence of events prior to an administrative action




1. Violations cited at the facility as the result of a monitoring visit, investigation of a complaint, and/or child abuse/neglect report.
2. The operator does not comply with child care rules and/or law, is unable to correct the violation(s), or corrects a violation that still warrants an administrative action.
3. Child care and/or abuse/neglect consultant recommends an administrative action.

SECTION 2: ADMINISTRATIVE ACTIONS

The type of administration action taken as a consequence to noncompliance varies with the seriousness of the incident or area of noncompliance. The intent of the Division is to help a child care facility recognize the violation, and make changes so that the child care facility is providing and maintaining a healthy and safe child care program for children. With that purpose in mind, the Division incorporates Corrective Action Plans (CAP) in many of the issued administrative actions. The purpose of a CAP is to ensure child care facilities are given adequate support through monitoring, training, and oversight during the time the CAP is in place. The CAP also serves to assist Division staff to plan and manage progress and outcomes of a CAP issued as part of an administrative action. A CAP specifically tells the child care facility operator what to do to correct the violation(s) and/or remedy the child abuse/neglect situation that is the basis for the administrative action. The timeframe for the CAP to be completed is included in the administrative action.

It is also the intent of the Division to make child care providers notify parents of the substantiation of any child abuse or neglect complaint or the issuance of any administrative action against a child care facility. The Division feels it is important for parents to be aware of these types of situations. To ensure parents are notified the following child care rules have been adopted.




Parent Notification Child Care Rule .2201

-  Following the substantiation of any child abuse or neglect complaint or the issuance of any administrative action against a child care facility, the operator must, within 30 days, notify all parents of children currently enrolled that a complaint was substantiated or that an administrative action was taken against the facility. This includes administrative actions that may be pending an appeal.
-  The notification must be in writing, it must state the nature of the substantiated complaint or the type of administrative action taken, and be given to all parents.
-  The operator must document the date that the written notice was given to all parents and maintain written documentation that all parents of children currently enrolled at the facility have received the notice.

- The written notification must state where a binder containing copies of the substantiated complaint investigation or administrative action may be found on site for review by the parents.





- Copies of the documentation of the substantiated complaint investigation or the administrative action must be maintained in a binder for 3 years, and be accessible to parents.
- The date the written notification was given to all parents and the documentation that all parents of children currently enrolled at the facility received the notice must be on file at the child care facility.

**Written Reprimands
Child Care Rules .2201 & .2202**

-  A written reprimand may be issued when the Division determines that an incident was a brief uncustomary event which is unlikely to recur in the ordinary continuing operation of the facility.
-  The written reprimand will describe the reasons for its issuance, including identification of the specific section of the statutes or rules violated.
-  Written notification of the administrative action must be given to all parents of children currently enrolled and copies of documentation must be maintained on-site in a binder accessible to parents.

- A written reprimand may be issued if:
 - The incident is not likely to happen again as long as you maintain compliance with the requirements.
 - You have already taken corrective action to prevent reoccurrence and no further action is necessary.
- A written reprimand does not typically include a CAP.
- In certain situations, a civil penalty (fine) may be issued in connection with a written reprimand. Most written reprimands are issued without a civil penalty. Civil penalties will be discussed later in this chapter.
- A written reprimand does not change your license and it does not have to be posted in the facility.
- A copy of the written reprimand will be placed in your file and is available to the public. The Division’s web site will indicate that an administrative action has been issued.
- You may request an agency review of the situation and/or file a petition to appeal the action taken. Procedures for requesting an agency review and the appeal process will be discussed later in this chapter.

Written Warning Child Care Rules .2201 & .2203

-  A written warning may be issued for any violation to give you an opportunity to demonstrate compliance with all child care requirements.
-  The written warning and request for compliance will describe the reasons for its issuance, including identification of the specific section of the statutes or rules violated. It will also describe the CAP.
-  If you fail to achieve compliance during the specified time period, the Division can employ more restrictive action to achieve compliance or can revoke your license.
-  Written notification of the administrative action must be given to all parents of children currently enrolled and copies of documentation must be maintained on-site in a binder accessible to parents.

- A written warning puts you on notice that unless corrective action is taken, and compliance is maintained, a more serious administrative action may be necessary.
- A CAP is issued with the written warning and will indicate the timeframe during which you must make all necessary corrections.
- In some circumstances, a civil penalty may be issued in connection with a written warning. Civil penalties will be discussed later in this section.
- A written warning does not change your license and it does not have to be posted in the facility.
- A copy of the written warning will be placed in your file and is available to the public. The Division's web site will indicate that an administrative action has been issued.
- You may request an agency review of the situation and/or file a petition to appeal the action taken. Procedures for requesting an agency review and the appeal process will be discussed later in this chapter.

Provisional License

Child Care Rules .0401, .1716(a) & .2201

- ★ If the Division determines that a family child care home operator fails to maintain compliance with the requirements for licensure, the Division may recommend issuance of a provisional license.
- ★ A provisional license may be issued for up to one year upon the Division's determination that you are making a reasonable effort to conform to child care requirements previously found to be out of compliance.
- ★ The notice ordering a provisional license will describe the reasons for its issuance including identification of the specific section of the statutes or rules violated and specify the period of the provisional. It will also specify terms of the provisional license with which you must comply to retain a license.
- ★ The provisional license and the notice describing the reasons for its issuance must be posted in a prominent place in your facility.
- ★ Failure to comply with the CAP may result in a more stringent action, up to and including a revocation.
- ★ Written notification of the administrative action must be given to all parents of children currently enrolled and copies of documentation must be maintained on-site in a binder accessible to parents.

- ☑ Provided that a situation is not hazardous to children, a provisional license can be issued in the following cases:
 - To allow a specific time period for correcting a violation of the building, fire, or sanitation requirements, provided the appropriate inspector documents that the violation is not hazardous to the health or safety of the children but still necessitates a provisional classification until corrected.
 - To allow a specific time period for you to comply with licensing requirements other than building, fire, or sanitation and to demonstrate that compliance will be maintained, provided that conditions at the facility are not hazardous to the health/safety of the children or staff.
 - To allow time for you to request a declaratory ruling when you do not agree with a decision by the Division because you do not think it applies to the circumstance at your child care facility.
 - As a possible administrative action for substantiation of child abuse or neglect.
- ☑ You will be notified in advance of the Division's intent to issue a provisional license. You will have 15 calendar days to respond to this proposed administrative action in writing, stating why you believe the action should not be taken.

- ☑ A CAP is always included and must be completed as specified.
- ☑ In some circumstances, a civil penalty may be issued in connection with a provisional license. Civil penalties will be discussed later in this section.
- ☑ When you receive and post your provisional license, you must return your prior license to the Division.
- ☑ A copy of the provisional license will be placed in your file and is available to the public. The Division’s web site will indicate that an administrative action has been issued.
- ☑ You may request an agency review of the situation and/or file a petition to appeal the action taken. Procedures for requesting an agency review and the appeal process will be discussed later in this chapter.

**Probationary License
Child Care Rules .2201 & .2204**

- ★ A license may be placed in probationary status for up to one year, when a violation of any section of the statutes or rules has been willful, continual, or hazardous to health or safety.
- ★ The notice ordering probation will describe the reasons for its issuance including identification of the specific section of the statutes or rules violated and specify the period of probation. It will also specify terms of probation with which you must comply to retain a license.
- ★ The probationary license and the notice describing the reasons for its issuance must be posted in a prominent place in your facility.
- ★ Failure to comply with the CAP may result in a more stringent action, up to and including a revocation.
- ★ Written notification of the administrative action must be given to all parents of children currently enrolled and copies of documentation must be maintained on-site in a binder accessible to parents.

- ☑ You will be notified in advance of the Division’s intent to issue a probationary license. You will have 15 calendar days to respond to this administrative action in writing, stating why you believe the action should not be taken.
- ☑ A CAP is always included and must be completed as specified.
- ☑ In some circumstances, a civil penalty may be issued in connection with a probationary license. Civil penalties will be discussed later in this section.
- ☑ When you receive and post your probationary license, you must return your prior license to the Division.

- ☑ A copy of the probationary license will be placed in your file and is available to the public. The Division's web site will indicate that an administrative action has been issued.
- ☑ You may request an agency review of the situation and/or file a petition to appeal the action taken. Procedures for requesting an agency review and the appeal process will be discussed later in this chapter.

Special Provisional License Child Care Rules .1904 & .2201

- ★ A special provisional license may be issued for up to six months when it is determined that child abuse or neglect occurred in your child care facility.
- ★ The notice ordering a special provisional will describe the reasons for its issuance including identification of the specific section of the statutes or rules violated and specify the period of the special provisional. It will also specify terms of the special provisional with which you must comply to retain a license.
- ★ The special provisional license and notice describing the reasons for its issuance must be posted in a prominent place in your facility.
- ★ Failure to comply with the CAP may result in a more stringent action, up to and including a revocation.
- ★ Written notification of the administrative action must be given to all parents of children currently enrolled and copies of documentation must be maintained on-site in a binder accessible to parents.

- ☑ In some circumstances, no new children may be enrolled until the Division is satisfied that the abusive or neglectful situation no longer exists and gives you written permission to accept new children. When no new children can be enrolled a restriction will be indicated on the license and will be part of the CAP. The local DSS is notified of the no new enrollment permit restriction.
- ☑ You will be notified in advance of the Division's intent to issue a special provisional license. You will have 15 calendar days to respond to this administrative action in writing, stating why you believe the action should not be taken.
- ☑ A CAP is always included and must be completed as specified.
- ☑ In some circumstances, a civil penalty may be issued in connection with the special provisional license. Civil penalties will be discussed later in this section.
- ☑ When you receive and post your special provisional license, you must return your prior license to the Division.

- A copy of the special provisional license will be placed in your file and is available to the public. The Division's web site will indicate that an administrative action has been issued.
- You may request an agency review of the situation and/or file a petition to appeal the action taken. Procedures for requesting an agency review and the appeal process will be discussed later in this chapter.

Suspension of a License **Child Care Rules .1716(b), .2201 & .2205**

- Suspension of a license can be ordered for up to forty-five days when a violation of statutes or child care requirements has been willful, continual, or hazardous to children's health or safety, and/or you have not made reasonable efforts to conform to standards.
- You will be notified in advance of the Division's determination to suspend your license and the reasons for such action.
- The suspension order will specify the time period of suspension and the reasons for its issuance. You must return your current license to the Division on the effective date of the suspension order and refrain from operating a facility during the suspension period.
- Written notification of the administrative action must be given to all parents of children currently enrolled and copies of documentation must be maintained on-site in a binder accessible to parents.

- You will be notified in advance of the Division's intent to issue a suspension of a license. You will have 15 calendar days to respond to this administrative action in writing, stating why you believe the action should not be taken.
- Suspension of a license means you must temporarily close. During this time, the problem that led to the suspension must be corrected, if your facility is to re-open.
- The Division only uses suspension of a license when other administrative actions have failed to bring your facility into compliance with requirements.
- A copy of the notice of suspension of a license will be placed in your file and is available to the public. The Division's web site will indicate that an administrative action has been issued.
- You may request an agency review of the situation and/or file a petition to appeal the action taken. Procedures for requesting an agency review and the appeal process will be discussed later in this chapter.



Revocation of a License

Child Care Rules .1716(b), .2201 & .2206

- ★ A revocation may be recommended when violations of any section of the statutes or child care requirements has been willful, continual, or hazardous to the health or safety of the children, or when you have not made reasonable efforts to comply with child care requirements once found to be out of compliance, or with serious incidents of child abuse and neglect.
- ★ Written notification of the administrative action must be given to all parents of children currently enrolled and copies of documentation must be maintained on-site in a binder accessible to parents.

- You will be notified in advance of the Division's intent to issue a revocation. You will have 15 calendar days to respond to this administrative action in writing, stating why you believe the action should not be taken.
- Revocation orders will be hand-delivered.
- The revocation orders will specify the reason(s) for its issuance and the effective date of revocation. The revocation orders must be posted prominently in your facility immediately upon receipt.
- A CAP and civil penalty are not included in a revocation of a license.
- You must return your current license on or before the effective date of the revocation order, and refrain from operating thereafter.
- If you appeal a revocation, your facility can remain open until a final decision is made. Further information regarding the appeal process will be discussed later in this chapter.
- Failure to comply with a revocation order may result in civil action or a criminal penalty.
- If your facility license is revoked and you choose not to appeal, your facility must close immediately.
- All subsidy services vouchers are terminated 45 days after the issuance of a revocation of a license, regardless whether the action is appealed.
- A copy of the notice of revocation of a license will be placed in your file and is available to the public. The Division's web site will indicate that an administrative action has been issued.
- You may request an agency review of the situation and/or file a petition to appeal the action taken. Procedures for requesting an agency review and the appeal process will be discussed later in this chapter.

Summary Suspension of a License Child Care Rule .2207

-  A summary suspension of a license is issued when the Division's determinates that emergency action is required to protect the health, safety, or welfare of children at your facility.
-  You must return your license on the effective date of the suspension order and refrain from operating your facility until final action is determined.

- Summary suspension means that you must immediately close and return your license to the Division.
- Unlike a regular suspension, the Division is not required to give advance notice of a summary suspension. This is a temporary emergency administrative action.
- Summary suspension orders will be hand-delivered.
- Once summary suspension of a license is ordered, the Division continues to investigate the situation and determines a permanent administrative action to take.
- A summary suspension order will remain in effect during any suspension or revocation proceedings, or until a less stringent action is issued.
- If you appeal a summary suspension, your facility must remain closed during the appeal process.
- All subsidy services vouchers are terminated upon issuance of the summary suspension and remain terminated until the facility is allowed to re-open.
- A copy of the notice of summary suspension of a license will be placed in your file and is available to the public.
- You may request an agency review of the situation and/or file a petition to appeal the action taken. Procedures for requesting an agency review and the appeal process will be discussed later in this chapter.

SECTION 3: DENIAL OF A LICENSE

Denial of a License Child Care Rules .0302 & .1702

- ★ When an applicant fails to meet the applicable requirements for issuance of a license, including failing to obtain an approved building, fire or sanitation inspection, the Division is authorized to deny the license. In addition, an application for a license shall be denied under the following circumstances:
 - If any child care facility license previously held by that person has been denied, revoked, or summarily suspended by the Division;
 - If the Division has initiated denial, revocation or summary suspension proceedings against any child care facility license previously held by that person and the person voluntarily relinquished the license;
 - During the pendency of an appeal of a denial, revocation or summary suspension of any child care facility license previously held by that person;
 - 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;
 - Based in the person’s previous non-compliance as an operator; or
 - If abuse or neglect has been substantiated against this person, regardless of whether the substantiation resulted from an incident in a child care facility or in another setting.

SECTION 4: CIVIL PENALTIES

Civil Penalties for Family Child Care Homes Child Care Rule .1716(c)

- ★ A civil penalty (fine) can be issued with any administrative action or as a separate action. The child care rules establish the criteria and maximum amounts for civil penalties based on the violations that were documented and whether the child care facility is a center or a family child care home.
- ★ The Division may levy a civil penalty against you for willful violation of one or more child care requirements.

- The amount of any penalty assessed will be based upon the following factors:
 - willful non-compliance or negligence by the operator
 - any other factors relevant to the unique situation
 - extent of deviation from the regulation
 - evidence of good faith effort to comply
 - history of non-compliance
- The civil penalty in an amount up to one thousand dollars (\$1,000.00) may be imposed for the following violations:
 - Substantiation that a child (or children) was abused or neglected while in care in a family child care home

- A civil penalty in an amount up to two hundred dollars (\$200.00) may be imposed for the following violations:
 - Repeated incidents of exceeding the number of children allowed in a licensed family child care home;
 - Repeated incidents where there has been a lack of supervision of the children; or
 - Willful, repeated pattern of noncompliance with any requirement
- A civil penalty in an amount up to one hundred dollars (\$100.00) may be imposed for the following violations:
 - Denial of entry to an authorized representative of the Division;
 - Documented noncompliance with the number of children allowed in the licensed family child care home;
 - Lack of supervision of the children in care; or
 - Failure to comply with a corrective action plan designed by the Division to correct noncompliance with any applicable requirement
- Money collected by the Division of Child Development through civil penalties goes into the Public Education Fund.

**Notice of Assessment of a Penalty
Child Care Rule .2210**

- You will be notified by registered or certified mail of the amount and reasons for the assessment of the civil penalty. Notice will specify the factors used to determine the amount of the penalty and will specify a time period by which payment must be received by the Division.

- Notice of Assessment of Penalty will be included as part of the Notice of Administrative Action.

**Failure to Pay Assessed Penalty
Child Care Rule .2212**

- Failure to pay the assessed penalty or to exercise appeal rights within 30 days after receipt of a Notice of Assessment may result in civil action by the Division.

- Each facility must pay any penalty assessed by the Division within 30 days of receipt of the Notice of Assessment.
- If the Notice of the Administrative Action is appealed, the civil penalty does not have to be paid until the final outcome of the contested case.

SECTION 5: ADMINISTRATIVE ACTION PROCEDURES

Definitions

- **OAH:** Office of Administrative Hearings
- **DHHS:** Department of Health and Human Services
- **DCD:** Division of Child Development
- **Prior Notice:** A letter sent to an operator that notifies operator of the Division’s intent to issue an administrative action (proposed action) against a facility.
- **Notice of Administrative Action:** Official notification sent to an operator that an Administrative Action has been issued against a facility.
- **Contested Case:** An administrative proceeding to resolve a dispute between an agency and another person that involves that person’s rights, duties, or privileges, including licensing or the levy of monetary penalty.

Issuing the Administrative Action

Prior Notice for Administrative Actions




With any action that changes the status of a license, except a summary suspension of a license, a prior notice is used to inform you that the Division plans to take administrative action against your facility.

- A prior notice letter is sent to you when the recommended administrative action will affect the status of the license issued to your facility.
- Actions that change the status of a license:
 - Provisional License
 - Probationary License
 - Special Provisional License
 - Suspension of License
 - Revocation of License
- A certified letter explaining that the Division is considering taking administrative action is sent to you before the action is taken. Attached to the letter is a notice describing the proposed action and the reasons for the action.
- An operator has 15 calendar days from the date the prior notice letter is received to submit a written response for review by the Division. The written response should include why

action should not be taken, how the operator has come into compliance and how the operator plans to maintain compliance.


- Prior to issuing the Final Notice of Administrative Action, a review will be completed of any documents submitted by you and any additional information submitted by the child care consultant, child abuse/neglect consultant, or the regulatory supervisor.
- Based on this review, it will be determined whether the action should go forward as proposed, be changed, or withdrawn.
- If no written response is received within 15 calendar days, the Division proceeds with the action specified in the prior notice letter.
- A Final Notice of Administrative Action always follows a Prior Notice. Final actions may be appealed through OAH, which will be discussed later in this chapter.
- The 2 administrative actions that do not affect the status of a license are:
 - Written Reprimands
 - Written Warnings



Final Notice of Administrative Action

 Final notice is used to inform an operator that an Administrative Action has been officially issued by the Division against a facility.


- A certified letter explaining that the Division has taken administrative action is sent to you.
- An operator has 30 calendar days from the receipt of Notice of Administrative Action to appeal the administrative action. A petition for a contested case hearing must be filed with OAH, in accordance with the Administrative Procedures Act (APA) found in Chapter 150B-23(a) of the North Carolina General Statutes.
- The Division's position is to always try to resolve cases through an agency review. Although this will not extend the timeframe to file a petition, the operator may request an informal meeting with Division staff to discuss the administrative action.

SECTION 6: CONTESTED CASES

 Whenever an administrative action is issued against a facility, the Administrative Procedures Act (APA) must be followed. When an operator believes they are aggrieved by an administrative action, the APA allows for them to file a petition to appeal the administrative action. When a petition is filed, the case becomes a *contested case*.

- The following section explains the sequence of steps taken for a contested case hearing. After the Division provides the operator with a Notice of Administrative Action, the operator is allowed 30 calendar days from the date of receipt of the Notice to file a petition. The appeals process may take several months, depending on an individual case’s circumstance.
-  To access a copy of the APA, visit the NC Office of Administrative Hearing’s web site at www.ncoah.com/150b.pdf.
-  The **Procedure for Appeal** process is located in the resource section.

Informal Meeting General Statute 150B-22

 In accordance with North Carolina General Statute 150B-22, it is the policy of this agency to try to settle any disputes between the agency and any other person through informal procedures.

- The Division is available at the operator’s request for discussion or consultation that might resolve the matter.
- Informal Meeting information is attached to all Final Notices of Administrative Action.
- Informal Meetings are conducted at the Raleigh office.
- You must contact the Licensing Enforcement Unit of the Division to request an Informal Meeting.
- The Licensing Enforcement Unit will send you a request form to complete.
- After you complete the request form and return it to the Licensing Enforcement Unit, the meeting will be scheduled as soon as possible.
- Division staff, including the regional manager and supervisor for your local area, will attend.

- If you bring an attorney, the Division’s attorney will also attend the meeting.
- The purpose of the meeting is for you, the operator, to talk with Division staff regarding why you think an administrative action should be changed or removed from your record.
- No judge is present at these meetings.
- No decision is made at the Informal Meeting regarding the administrative action issued to your facility. You will receive written notification regarding the outcome of the meeting.
- Use of this informal procedure does not extend the 30 calendar days allowed to file a petition for a contested case hearing.

**Right to a Hearing
Child Care Rule .2211**



If you contest an administrative action, you are entitled to an administrative hearing and judicial review in accordance with the APA, Chapter 150B, Article 3 of the North Carolina General Statutes.

- When you receive the Notice of Administrative Action, you have 30 calendar days to file a petition with the Office of Administrative Hearings (OAH). Contact information and procedures for appeal are attached to the notice explaining how to file your appeal.
- Once a petition is accepted by the OAH, they may send you additional forms to be completed to initiate the Contested Case Hearing proceedings.
- An appeal of an administrative action must be filed with OAH, not the Division.
- Failure to properly file an appeal may result in the dismissal of the appeal.
- Technical questions about contested case processes should be directed to OAH, not the Division.
- OAH will notify the Division that the operator has filed a petition for a Contested Case Hearing.
- You may represent yourself or hire an attorney to represent you in the administrative hearing.
- OAH sets a hearing date and assigns an Administrative Law Judge to the case.
- Pre-hearing statements may be filed by you or an attorney hired to represent you, and the Division’s counsel.

- Pre-hearing statements may consist of preliminary information regarding the case, issues to be heard, and any witnesses expected to be present at the hearing.
- OAH will send a Notice of Hearing to all parties at least 15 days prior to the hearing.

Mediation

- Mediated settlement conference may be ordered by the chief administrative law judge involving the parties of a contested case and conducted by a mediator prior to a contested case hearing.
- A mediator is a neutral person who acts to encourage and facilitate a resolution of a contested case but who does not make a decision on the merits of the contested case.
- Conference: The chief administrative law judge may order a mediated settlement conference for all or any part of a contested case to which an administrative law judge is assigned to preside. All aspects of the mediated settlement conference shall be conducted insofar as possible in accordance with the rules adopted by the Supreme Court for the court-ordered mediation pilot program under North Carolina General Statute 7A-38.
- Attendance: The parties to a contested case in which a mediated settlement conference is ordered, their attorneys, and other persons having authority to settle the parties' claims shall attend the settlement conference unless excused by the presiding administrative law judge.
- Costs: Costs of a mediated settlement conference shall be paid one share by the petitioner, one share by the respondent, and an equal share by any intervener, unless otherwise apportioned by the administrative law judge.
- Inadmissibility of Negotiations: All conduct or communications made during a mediated settlement conference are presumed to be made in compromise negotiations and shall be governed by Rule 408 of the North Carolina Rules. This means all conduct or communication during the mediation settlement conference is not admissible in a contested case hearing.

After a Hearing

- ☑ Once a hearing is conducted, the administrative law judge may request one or both parties to prepare a proposed finding or recommended decision documents.
- ☑ The administrative law judge has 45 calendar days from the closing of the hearing record to issue a Final Recommended Decision to the final agency decision maker.
- ☑ The Division director is the final agency decision maker for all contested cases.

Recommended Decision

- ☑ All parties will receive the administrative law judge's recommended decision.
- ☑ OAH will forward an official record of the hearing and Recommended Decision to the Division for its Final Agency Decision.
- ☑ The Division director will notify all parties of their right to file exceptions to the Recommended Decision if either party does not agree with the administrative law judge's decision.
- ☑ Exceptions are received by the Division director and the Division has 60 calendar days to issue its Final Agency Decision or to request an additional 60 calendar days to prepare its Final Agency Decision.

Final Agency Decision

- ☑ You may appeal the Final Agency Decision by requesting a judicial review in the Superior Court in your county.
- ☑ If the administrative action is upheld and you do not intend to appeal the decision, you must accept the administrative action and proceed with any necessary steps to be in compliance with the action. This could include posting a license, implementing a CAP, or surrendering your license.

RESOURCE SECTION

Chapter 9: ADMINISTRATIVE ACTIONS

The following pages contain resource materials related to the content in 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.

PROCEDURE FOR APPEAL

To appeal an Administrative Action, a request for a contested case hearing may be made in accordance with Chapter 150B, Article 3, and Chapter 110, Article 7 of the North Carolina General Statutes. A Petition for a contested case hearing must be filed with the Office of Administrative Hearings, in accordance with North Carolina General Statute 150B-23(a). **In addition**, a copy of the Petition and certificate of service must be mailed, delivered or faxed to Emery Edwards Milliken, the registered agent for the State agency named on the Petition as Respondent. To file a Petition with the Office of Administrative Hearings, please follow the directions below:

STEP 1 – REQUESTING THE FORM: Contact the Office of Administrative Hearings (OAH) at 919-431-3000. You may request that the Petition form be mailed or faxed to you or you can obtain the form on line at www.ncoah.com/. The certificate of service is included on the bottom of the Petition form. OAH will also include a page titled, *Instructions for Form H-06 “Petition for a Contested Case” and “Certificate of Service.”*

STEP 2 – FILLING OUT THE FORM:

Once you receive the Petition and instruction sheet, read the instructions carefully and complete the top and bottom portions of the form.

- NOTES:**
- (1) Item (3) on the Petition (Respondent) is the Division of Child Development/Department of Health and Human Services (the agency about which you are complaining).
 - (2) Item (10) under CERTIFICATE OF SERVICE
Name of person served (10) is: Emery Edwards Milliken, General Counsel for the Division of Child Development.

STEP 3 – SUBMITTING THE COPIES:

- (1) The **ORIGINAL PLUS ONE COPY** of the Petition and certificate of service must be received by the **Office of Administrative Hearings within thirty (30) days after this Notice is received.** (REFER TO OAH INSTRUCTION SHEET FOR MAILING AND PHYSICAL ADDRESSES) **If a petition is not filed within this timeframe, the right to appeal may be lost and the administrative action explained in this Notice will become effective.**
- (2) A copy of the completed Petition and certificate of service must also be mailed, delivered, or faxed to the registered agent of the State agency, Emery Edwards Milliken. **FAILURE TO DO SO MAY RESULT IN THE DISMISSAL OF THE APPEAL.**

Ms. Emery Edwards Milliken
Department of Health and Human Services
Office of Legal Affairs

Mailing Address: 2005 Mail Service Center
Raleigh, NC 27699-2005

Physical Address: Adams Building
101 Blair Drive
Raleigh, NC 27699

Fax No. 919-715-4645

STEP 4 – FILING FEE:

A \$20.00 filing fee shall be assessed by the Office of Administrative Hearings for each petition.

INFORMAL PROCEDURES

In accordance with North Carolina General Statute 150B-22, it is the policy of this agency to try to settle any disputes between the agency and any other person through informal procedures. The Division of Child Development is available at the operator's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact the Division of Child Development at (919) 662-4547 or 1-800-859-0829. **Please note that the use of informal procedures does not extend the thirty (30) days allowed to file for a contested case hearing as explained above.**

Chapter 10: RULEMAKING PROCEDURES

Purpose Of These Requirements

The North Carolina General Assembly recognizes the importance of early care and education of children, and thereby declares its intent of the State of North Carolina to protect children in child care by ensuring these facilities provide a physically safe and healthy environment where the developmental needs of these children are met and where these children are cared for by qualified staff. Achieving this level of protection and early education requires mandatory licensing of child care facilities, promotion of higher quality child care through the development of enhanced standards which operators may comply with on a voluntary basis, and a program of education to help operators improve their programs and to deepen public understanding of child care needs and issues. This chapter identifies the procedures for creating, enacting, and enforcing rules to ensure children are receiving child care in a safe and healthy environment.

Definitions

Commission: the North Carolina Child Care Commission.

Function of a Commission: in general, Commissions are statutory based bodies within the executive branch of government. These appointive bodies are granted specific authority, usually including the authority to adopt rules.

Declaratory ruling: is required when a child care operator wishes to have the Commission review a rule for its relevance as it applies to the individual center or a specific situation at the center.

SECTION 1: NORTH CAROLINA CHILD CARE COMMISSION

The Commission is made up of fifteen members: seven are appointed by the Governor, four by the Speaker of the House of Representatives, and four by the President Pro Tempore of the Senate. Child Care Commission Members are appointed to serve two-year terms. Members may be reappointed and can serve up to four (4) consecutive terms for a total of eight consecutive years. The Commission meetings are held quarterly, generally in Raleigh at the main office of the Division.

The Commission is highly committed to ensuring quality child care across North Carolina. Commission members hear from parents, providers and the public about their opinions on child care in North Carolina's Child Care Rules. This is generally done at each Commission meeting during a time that is set aside for comments from the public. The Commission is responsible for adopting rules to implement the child care laws established by the NC General Assembly.

Powers and Duties of the NC Child Care Commission North Carolina General Statute 110-88



The NC Child Care Commission has the following powers and duties:

- To adopt applicable rules and standards for child care facilities.
- To develop policies and procedures for the issuance of a license to any child care facility.
- To require initial and annual sanitation, fire and building inspections of child care centers.
- To adopt rules for the issuance of provisional licenses, temporary licenses, and other types of licenses to child care facilities.
- To adopt rules for administrative action against child care facilities.
- To develop and adopt voluntary enhanced program standards which reflect higher quality child care.
- To develop a procedure by which the Department will furnish those forms as may be required for implementation of rules.
- To adopt rules for child care facilities which provide care for children who are mildly sick.
- To adopt rules regulating the amount of time a child care administrator must be on-site at a child care center.
- To adopt rules for child care facilities that provide care for children who are medically fragile.
- To adopt rules establishing standards for certification of child care centers providing Developmental Day programs.



Commission meetings are held quarterly, mostly in Raleigh at the main office of the Division.



A copy of the North Carolina General Statutes, Article 7, Chapter 110 can be located in Appendix A.



Links to the Commission member listing and its tentative meeting schedule are available on the homepage of the Division's website at www.ncchildcare.net. You can also sign up to be on the Commission mailing list to receive meeting notices.

SECTION 2: PETITIONS FOR RULEMAKING

Petitions for Rulemaking Procedural Rule .2001

- ★ Any person wishing to request the adoption, amendment, or repeal of a rule made by the Commission must make the request in a written petition to the Division.
- ★ The request must contain either a draft of the proposed rule or a summary of its contents, the reasons for the proposal, and the name and address of the petitioner.

- ☑ The written petition should be sent to: Administrative Procedures Coordinator, Division of Child Development, 2201 Mail Service Center Raleigh, NC 27699-2201.
- ☑ The petition must include any of the following items known to the petitioner:
 - the statutory authority for the Commission to promulgate the rule;
 - the effect on existing rules;
 - any data supporting the proposal;
 - the effect of the proposed rule on existing practices in the area involved, including cost factors; and
 - the names and addresses of those most likely to be affected by the proposed rule

Commission Decisions Regarding Petitions Procedural Rule .2001 (d)

- ★ The Division Director or designee will present the petition, plus any additional information or recommendations deemed relevant, to the Commission to determine whether the public interest will be served by granting the petition.
- ★ The Commission will render a decision as to whether to deny or grant the petition at its next scheduled meeting, which may be no later than 120 days after submission of the petition.

- ☑ The decision of the Commission to deny or grant a petition for rulemaking does not indicate whether they are in favor of the proposed rule or rule change.
- ☑ Granting the petition means the rule will be published in the NC Register. It does not mean the Commission approves and/or agrees with the proposed rule.
- ☑ If the Commission grants the petition, and begins the rulemaking process, the general public will be given the opportunity to comment on the proposed rule.


- ☑ If the decision is to deny the petition, the Division Director or designee shall notify the petitioner in writing, stating the reasons for the denial.
- ☑ If the decision is to deny the petition, the petitioner has the right to appeal to superior court.


SECTION 3: RULEMAKING PROCEDURES

Permanent Rulemaking Procedures Procedural Rule .2002

★ The rulemaking procedures for the Division are governed by the Administrative Procedures Act [General Statute 150B], 10A NCAC 1A .0102-.0107 and apply to all actions of the Commission.




- ☑ The primary steps in the permanent rulemaking process are:
 - The Commission reviews a petition or proposed rule change.
 - The proposed rules are reviewed by the Department of Health and Human Services for legality, cost and justification.
 - The cost of the proposed rules are reviewed by the State Office of Budget and Management if State or Local funds are affected.
 - The proposed rules are published in the North Carolina Register, which is a document published twice a month to inform the public of proposed rules and action taken on rules by all state agencies.
 - The Commission holds a public hearing so that anyone who wishes to comment on the rules may do so. The Commission also accepts written comments during this period.
 - After a 60 day public comment period, the Commission votes on the proposed rule.
 - Rules adopted by the Commission are reviewed by the Rules Review Commission (RRC), which is a group of appointed persons whose task is to review all rules adopted by all state agencies.
 - The proposed rule becomes effective on the first day of the month following the month that it's approved by the RRC, unless the RRC received 10 or more written objections to the rule in accordance with G.S. 150B-21.3(b2), or the adopting agency specifies a later effective date.
 - Once approved by the RRC the rule is entered into the NC Administrative Code.

 The Division tries to notify all licensed operators when there is going to be rulemaking action by the Commission. Operators can request to be added to the mailing list by contacting the Division. Operators may review proposed rules in the North Carolina Register, which is available at most public libraries or online at www.ncoah.com. Copies of proposed rules are always posted on the Division’s web site at www.ncchildcare.net or can be obtained directly from the Division.

 To visually see all the steps involved in the rulemaking process, refer to the **Permanent Rulemaking Process** flow chart located in the resource section.

SECTION 4: DECLARATORY RULINGS

Declaratory Rulings Procedural Rule .2003

-  The Commission has the power to make declaratory rulings. All requests for declaratory rulings must be by written petition and must be submitted to the Division.
-  A declaratory ruling procedure may consist of written submissions, oral hearings, or such other procedure as may be deemed appropriate, at the discretion of the Commission, in the particular case.
-  A record of all declaratory ruling proceedings will be maintained by the Division and will be available for public inspection during regular business hours.

- Every request for a declaratory ruling must include the following information:
 - the name and address of the petitioner;
 - the statute or rule to which the petition relates;
 - a concise statement of the manner in which the petitioner is aggrieved by the rule or statute or its potential application to him or her; and
 - the consequences of a failure to issue a declaratory ruling.
- The record of declaratory rulings will contain:
 - the original request
 - the reasons for refusing to issue a ruling
 - all written memoranda and information submitted
 - any written minutes or audio tape or other record of the oral hearing
 - a statement of the ruling

RESOURCE SECTION

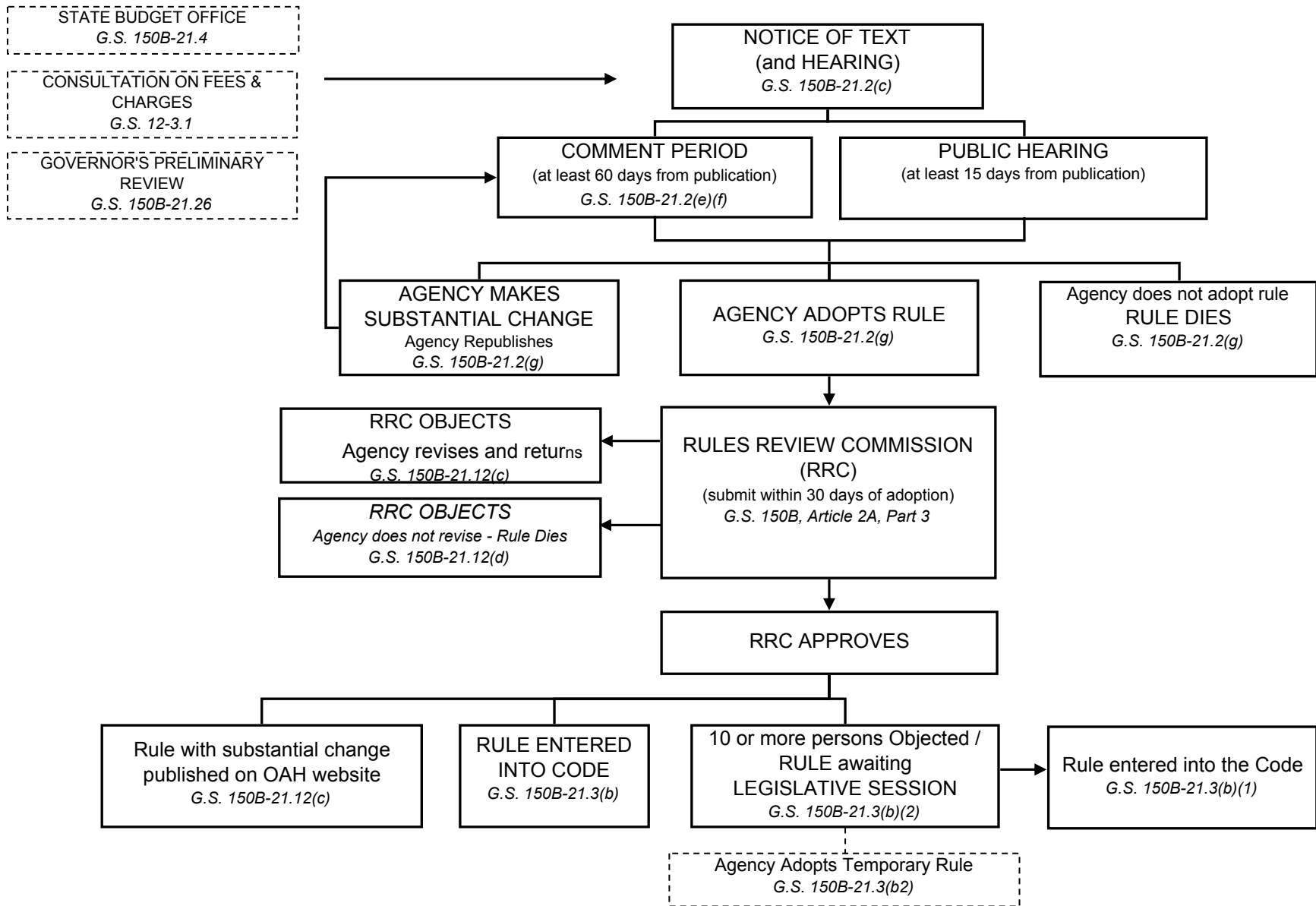
Chapter 10: RULEMAKING PROCEDURES

The following pages contain resource materials related to the content in 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.

PERMANENT RULEMAKING PROCESS



APPENDIX A

NC GENERAL STATUTES

Article 7.

Child Care Facilities.

§ 110-85. Legislative intent and purpose.

Recognizing the importance of the early years of life to a child's development, the General Assembly hereby declares its intent with respect to the early care and education of children:

- (1) The State should protect children in child care facilities by ensuring that these facilities provide a physically safe and healthy environment where the developmental needs of these children are met and where these children are cared for by qualified persons of good moral character.
- (2) Repealed by Session Laws 1997-506, s. 2, effective September 16, 1997.
- (3) Achieving this level of protection and early education requires the following elements: mandatory licensing of child care facilities; promotion of higher quality child care through the development of enhanced standards which operators may comply with on a voluntary basis; and a program of education to help operators improve their programs and to deepen public understanding of child care needs and issues. (1971, c. 803, s. 1; 1987, c. 788, s. 1; 1997-506, ss. 1, 2.)

§ 110-86. Definitions.

Unless the context or subject matter otherwise requires, the terms or phrases used in this Article shall be defined as follows:

- (1) Commission. – The Child Care Commission created under this Article.
- (2) Child care. – A program or arrangement where three or more children less than 13 years old, who do not reside where the care is provided, receive care on a regular basis of at least once per week for more than four hours but less than 24 hours per day from persons other than their guardians or full-time custodians, or from persons not related to them by birth, marriage, or adoption. Child care does not include the following:
 - a. Arrangements operated in the home of any child receiving care if all of the children in care are related to each other and no more than two additional children are in care;
 - b. Recreational programs operated for less than four consecutive months in a year;
 - c. Specialized activities or instruction such as athletics, dance, art, music lessons, horseback riding, gymnastics, or organized clubs for children, such as Boy Scouts, Girl Scouts, 4-H groups, or boys and girls clubs;
 - d. Drop-in or short-term care provided while parents participate in activities that are not employment related and where the parents are on the premises or otherwise easily accessible, such as drop-in or short-term care provided in health spas, bowling alleys, shopping malls, resort hotels, or churches;
 - d1. Drop-in or short-term care provided by an employer for its part-time employees where (i) the child is provided care not to exceed two and one-half hours during that day, (ii) the parents are on the premises, and (iii) there are no more than 25 children in any one group in any one room;
 - e. Public schools;
 - f. Nonpublic schools described in Part 2 of Article 39 of Chapter 115C of the General Statutes that are accredited by the Southern

- Association of Colleges and Schools and that operate a child care facility as defined in subdivision (3) of this section for less than six and one-half hours per day either on or off the school site;
 - g. Bible schools conducted during vacation periods;
 - h. Care provided by facilities licensed under Article 2 of Chapter 122C of the General Statutes;
 - i. Cooperative arrangements among parents to provide care for their own children as a convenience rather than for employment; and
 - j. Any child care program or arrangement consisting of two or more separate components, each of which operates for four hours or less per day with different children attending each component.
- (2a) Child care administrator. – A person who is responsible for the operation of a child care facility and is on-site on a regular basis.
- (3) Child care facility. – Includes child care centers, family child care homes, and any other child care arrangement not excluded by G.S. 110-86(2), that provides child care, regardless of the time of day, wherever operated, and whether or not operated for profit.
- a. A child care center is an arrangement where, at any one time, there are three or more preschool-age children or nine or more school-age children receiving child care.
 - b. A family child care home is a child care arrangement located in a residence where, at any one time, more than two children, but less than nine children, receive child care.
- (4) Repealed by Session Laws 1997-506, s. 3.
- (4a) Department. – Department of Health and Human Services.
- (5) Repealed by Session Laws 1975, c. 879, s. 15.
- (5a) Lead teacher. – An individual who is responsible for planning and implementing the daily program of activities for a group of children in a child care facility.
- (6) License. – A permit issued by the Secretary to any child care facility which meets the statutory standards established under this Article.
- (7) Operator. – Includes the owner, director or other person having primary responsibility for operation of a child care facility subject to licensing.
- (8) Secretary. – The Secretary of the Department of Health and Human Services. (1971, c. 803, s. 1; 1975, c. 879, s. 15; 1977, c. 4, ss. 1-3; 1983, c. 46, s. 1; c. 297, ss. 1, 2; 1983 (Reg. Sess., 1984), c. 1034, s. 78; 1985, c. 589, s. 36; c. 757, s. 155(c); 1987, c. 788, s. 2; 1989, c. 234; 1991, c. 273, s. 1; 1991 (Reg. Sess., 1992), c. 904, ss. 1, 2; c. 1024, s. 1; c. 1030, s. 51.12; 1997-443, ss. 11A.118(a), 11A.122; 1997-506, s. 3; 2005-416, s. 1.)

§ 110-87. Repealed by Session Laws 1975, c. 879, s. 15.

§ 110-88. Powers and duties of the Commission.

The Commission shall have the following powers and duties:

- (1) To develop policies and procedures for the issuance of a license to any child care facility that meets all applicable standards established under this Article.
- (1a) To adopt applicable rules and standards based upon the capacity of a child care facility.
- (2) To require inspections by and satisfactory written reports from representatives of local or State health agencies, fire and building inspection

- agencies, and from representatives of the Department prior to the issuance of an initial license to any child care center.
- (2a) To require annually, inspections by and satisfactory written reports from representatives of local or State health agencies and fire inspection agencies after a license is issued.
 - (3) Repealed by Session Laws 1997-506, s. 4.
 - (4) Repealed by Session Laws 1975, c. 879, s. 15.
 - (5) To adopt rules and develop policies for implementation of this Article, including procedures for application, approval, annual compliance visits for centers, and revocation of licenses.
 - (6) To adopt rules for the issuance of a provisional license that shall be in effect for no more than 12 consecutive months to a child care facility that does not conform in every respect with the standards established in this Article and rules adopted by the Commission pursuant to this Article but that is making a reasonable effort to conform to the standards.
 - (6a) To adopt rules for administrative action against a child care facility when the Secretary's investigations pursuant to G.S. 110-105(a)(3) substantiate that child abuse or neglect did occur in the facility. The rules shall provide for types of sanctions which shall depend upon the severity of the incident and the probability of reoccurrence. The rules shall also provide for written warnings and special provisional licenses.
 - (7) To develop and adopt voluntary enhanced program standards which reflect higher quality child care than the mandatory standards established by this Article. These enhanced program standards must address, at a minimum, staff/child ratios, staff qualifications, parent involvement, operational and personnel policies, developmentally appropriate curricula, and facility square footage.
 - (8) To develop a procedure by which the Department shall furnish those forms as may be required for implementation of this Article.
 - (9) Repealed by Session Laws 1985, c. 757, s. 156(66).
 - (10) To adopt rules for the issuance of a temporary license which shall expire in six months and which may be issued to the operator of a new center or to the operator of a previously licensed center when a change in ownership or location occurs.
 - (11) To adopt rules for child care facilities which provide care for children who are mildly sick.
 - (12) To adopt rules regulating the amount of time a child care administrator shall be on-site at a child care center.
 - (13) To adopt rules for child care facilities that provide care for medically fragile children.
 - (14) To adopt rules establishing standards for certification of child care centers providing Developmental Day programs.

The Division and the Commission shall permit individual facilities to make curriculum decisions and may not require the standards, policies, or curriculum of any single accrediting child care organization. If Division inquiries to providers include database fields or questions regarding accreditation, the inquiry shall permit daycare providers to fill in any accrediting organization from which they have received accreditation. (1971, c. 803, s. 1; 1975, c. 879, s. 15; 1985, c. 757, s. 155(d), (e), 156(a), (z), (aa), (bb); 1987, c. 543, s. 2; c. 788, s. 3; c. 827, s. 232; 1991, c. 273, s. 2; 1993, c. 185, s. 1; 1997-506, ss. 4(a), 28.3; 1999-130, ss. 1, 5; 2004-124, s. 10.35; 2009-187, s. 2.)

§ 110-88.1. Commission may not interfere with religious training offered in religious-sponsored child care facilities.

Nothing in this Article shall be interpreted to allow the State to determine the training or curriculum offered in any religious-sponsored child care facility as defined in G.S. 110-106(a). (1999-130, s. 6.)

§ 110-89. Repealed by Session Laws 1975, c. 879, s. 15.

§ 110-90. Powers and duties of Secretary of Health and Human Services.

The Secretary shall have the following powers and duties under the policies and rules of the Commission:

- (1) To administer the licensing program for child care facilities.
- (1a) To establish a fee for the licensing of child care facilities. The fee does not apply to a religious-sponsored child care facility operated pursuant to a letter of compliance. The amount of the fee may not exceed the amount listed in this subdivision.

Capacity of Facility	Maximum Fee
12 or fewer children	\$ 52.00
13-50 children	\$187.00
51-100 children	\$375.00
101 or more children	\$600.00

- (2) To obtain and coordinate the necessary services from other State departments and units of local government which are necessary to implement the provisions of this Article.
- (3) To employ the administrative personnel and staff as may be necessary to implement this Article where required services, inspections or reports are not available from existing State agencies and units of local government.
- (4) To issue a rated license to any child care facility which meets the standards established by this Article. The rating shall be based on the following:
 - a. Before January 1, 2008, for any child care facility currently holding a license of two to five stars, the rating shall be based on program standards, education levels of staff, and compliance history of the child care facility. By January 1, 2008, the rating shall be based on program standards and education levels of staff.
 - b. Effective January 1, 2006, for any new license issued to a child care facility with a rating of two to five stars, the rating shall be based on program standards and education levels of staff.
 - c. By January 1, 2008, for any child care facility to maintain a license or Notice of Compliance, the child care facility shall have a compliance history of at least seventy-five percent (75%), as assessed by the Department. When a child care facility fails to maintain a compliance history of at least seventy-five percent (75%) for the past 18 months or during the length of time the facility has operated, whichever is less, as assessed by the Department, the Department may issue a provisional license or Notice of Compliance.
 - d. Effective January 1, 2006, for any new license or Notice of Compliance issued to a child care facility, the facility shall maintain a compliance history of at least seventy-five percent (75%), as assessed by the Department. When a child care facility fails to maintain a compliance history of at least seventy-five percent (75%) for the past 18 months or during the length of time the facility has

- operated, whichever is less, as assessed by the Department, the Department may issue a provisional license or Notice of Compliance.
- e. The Department shall provide additional opportunities for child care providers to earn points for program standards and education levels of staff.
- (5) To revoke the license of any child care facility that ceases to meet the standards established by this Article and rules on these standards adopted by the Commission, or that demonstrates a pattern of noncompliance with this Article or the rules, or to deny a license to any applicant that fails to meet the standards or the rules. These revocations and denials shall be done in accordance with the procedures set out in G.S. 150B and this Article and rules adopted by the Commission.
 - (6) To prosecute or defend on behalf of the State, through the office of the Attorney General, any legal actions arising out of the administration or enforcement of this Article.
 - (7) To promote and coordinate educational programs and materials for operators of child care facilities which are designed to improve the quality of child care available in the State, using the resources of other State and local agencies and educational institutions where appropriate.
 - (8) Repealed by Session Laws 1997-506, s. 5.
 - (9) To levy a civil penalty pursuant to G.S. 110-103.1, or an administrative penalty pursuant to G.S. 110-102.2, or to order summary suspension of a license. These actions shall be done in accordance with the procedures set out in G.S. 150B and this Article and rules adopted by the Commission.
 - (10) To issue final agency decisions in all G.S. 150B contested cases proceedings filed as a result of actions taken under this Article including, but not limited to the denial, revocation, or suspension of a license or the levying of a civil or administrative penalty.
 - (11) To issue a license to any child care arrangement that does not meet the definition of child care facility in G.S. 110-86 whenever the operator of the arrangement chooses to comply with the requirements of this Article and the rules adopted by the Commission and voluntarily applies for a child care facility license. The Commission shall adopt rules for the issuance or removal of the licenses.

Notwithstanding any other provision of law, rules adopted by the Commission regarding a public school that voluntarily applies for a child care facility license shall provide that a classroom that meets the standards set out in G.S. 115C-521.1 shall satisfy child care facility licensure requirements as related to the physical classroom. (1971, c. 803, s. 1; 1975, c. 879, s. 15; 1985, c. 757, ss. 155(g), 156(cc), (dd); 1987, c. 788, s. 4; c. 827, s. 233; 1991, c. 273, s. 3; 1993, c. 185, s. 2; 1997-443, s. 11A.118(a); 1997-506, s. 5; 2003-284, s. 34.12(a); 2005-36, s. 1; 2009-123, s. 2; 2009-451, s. 10.11.)

§ 110-90.1: Repealed by Session Laws 1997-506, s. 6.

§ 110-90.2. Mandatory child care providers' criminal history checks.

- (a) For purposes of this section:
 - (1) "Child care", notwithstanding the definition in G.S. 110-86, means any child care provided in child care facilities required to be licensed under this

Article and nonlicensed child care homes approved to receive or receiving State or federal funds for providing child care.

- (2) "Child care provider" means a person who:
- a. Is employed by or seeks to be employed by a child care facility providing child care as defined in subdivision (1) of this subsection and has contact with the children;
 - b. Owns or operates or seeks to own or operate a child care facility or nonlicensed child care home providing child care as defined in subdivision (1) of this subsection; or
 - c. Is a member of the household in a family child care home or nonlicensed child care home and is over 15 years old and is present when children are in care. This subdivision shall apply only to new family child care homes and nonlicensed homes beginning March 1, 1998.
- (3) "Criminal history" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or a felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of children as set forth in G.S. 110-91(8). Such crimes include the following North Carolina crimes contained in any of the following Articles of Chapter 14 of the General Statutes: Article 6, Homicide; Article 7A, Rape and Kindred Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 26, Offenses Against Public Morality and Decency; Article 27, Prostitution; Article 39, Protection of Minors; Article 40, Protection of the Family; and Article 59, Public Intoxication. Such crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. In addition to the North Carolina crimes listed in this subdivision, such crimes also include similar crimes under federal law or under the laws of other states.

(b) Effective January 1, 1996, the Department shall ensure that the criminal history of all child care providers is checked and a determination is made of the child care provider's fitness to have responsibility for the safety and well-being of children based on the criminal history. The Department shall ensure that child care providers who have lived in North Carolina continuously for the previous five years are checked for county and State criminal histories. The Department shall ensure that all other child care providers are checked for county, State, and national criminal histories. The Department may prohibit a child care provider from providing child care if the Department determines that the child care provider is unfit to have responsibility for the safety and well-being of children based on the criminal history, in accordance with G.S. 110-91(8).

(c) The Department of Justice shall provide to the Division of Child Development, Department of Health and Human Services, the criminal history from the State and National Repositories of Criminal Histories of any child care provider as requested by the Division.

The Division shall provide to the Department of Justice, along with the request, the fingerprints of the provider to be checked, any additional information required by the Department of Justice, and a form consenting to the check of the criminal record and to the use of fingerprints and other identifying information required by the repositories signed by the child care provider to be checked. The fingerprints of the provider shall be forwarded to the

State Bureau of Investigation for a search of their criminal history record file and the State Bureau of Investigation shall forward a set of fingerprints to the Federal Bureau of Investigation for a national criminal history record check.

At the time of application the child care provider whose criminal history is to be checked shall be furnished with a statement substantially similar to the following:

"NOTICE

CHILD CARE PROVIDER
MANDATORY CRIMINAL HISTORY CHECK

NORTH CAROLINA LAW REQUIRES THAT A CRIMINAL HISTORY CHECK BE CONDUCTED ON ALL PERSONS WHO PROVIDE CHILD CARE IN A LICENSED CHILD CARE FACILITY, AND ALL PERSONS PROVIDING CHILD CARE IN NONLICENSED CHILD CARE HOMES THAT RECEIVE STATE OR FEDERAL FUNDS.

"Criminal history" includes county, state, and federal convictions or pending indictments of any of the following crimes: the following Articles of Chapter 14 of the General Statutes: Article 6, Homicide; Article 7A, Rape and Kindred Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 26, Offenses Against Public Morality and Decency; Article 27, Prostitution; Article 39, Protection of Minors; Article 40, Protection of the Family; and Article 59, Public Intoxication; violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5; or similar crimes under federal law or under the laws of other states. Your fingerprints will be used to check the criminal history records of the State Bureau of Investigation (SBI) and the Federal Bureau of Investigation (FBI).

If it is determined, based on your criminal history, that you are unfit to have responsibility for the safety and well-being of children, you shall have the opportunity to complete, or challenge the accuracy of, the information contained in the SBI or FBI identification records.

If you disagree with the determination of the North Carolina Department of Health and Human Services on your fitness to provide child care, you may file a civil lawsuit within 60 days after receiving written notification of disqualification in the district court in the county where you live.

Any child care provider who intentionally falsifies any information required to be furnished to conduct the criminal history shall be guilty of a Class 2 misdemeanor."

Refusal to consent to a criminal history check is grounds for the Department to prohibit the child care provider from providing child care. Any child care provider who intentionally falsifies any information required to be furnished to conduct the criminal history shall be guilty of a Class 2 misdemeanor.

(d) The Department shall notify in writing the child care provider, and the child care provider's employer, if any, or for nonlicensed child care homes the local purchasing agency, of the determination by the Department whether the child care provider is qualified to provide child care based on the child care provider's criminal history. In accordance with the law regulating the dissemination of the contents of the criminal history file furnished by the Federal Bureau of Investigation, the Department shall not release nor disclose any portion of the child care provider's criminal history to the child care provider or the child care provider's employer

or local purchasing agency. The Department shall also notify the child care provider of the procedure for completing or challenging the accuracy of the criminal history and the child care provider's right to contest the Department's determination in court.

A child care provider who disagrees with the Department's decision may file a civil action in the district court of the county of residence of the child care provider within 60 days after receiving written notification of disqualification.

(e) All the information that the Department receives through the checking of the criminal history is privileged information and is not a public record but is for the exclusive use of the Department and those persons authorized under this section to receive the information. The Department may destroy the information after it is used for the purposes authorized by this section after one calendar year.

(f) There shall be no liability for negligence on the part of an employer of a child care provider, an owner or operator of a child care facility, a State or local agency, or the employees of a State or local agency, arising from any action taken or omission by any of them in carrying out the provisions of this section. The immunity established by this subsection shall not extend to gross negligence, wanton conduct, or intentional wrongdoing that would otherwise be actionable. The immunity established by this subsection is waived to the extent of indemnification by insurance, indemnification under Article 31A of Chapter 143 of the General Statutes, and to the extent sovereign immunity is waived under the Torts Claim Act, as set forth in Article 31 of Chapter 143 of the General Statutes.

(g) The child care provider shall pay the cost of the fingerprinting and the local check. The Department of Justice shall perform the State criminal history check. If the Department determines that a child care provider who has lived continuously in the State less than five years is not disqualified based on the local and State criminal history record check, the Department shall request a criminal history check from the National Repository of Criminal History from the Department of Justice. The Department of Health and Human Services shall pay the cost for the national criminal history record check. (1995, c. 507, s. 23.25(a); c. 542, s. 25.2; 1997-443, s. 11A.118(a); 1997-506, s. 7.)

§ 110-91. Mandatory standards for a license.

All child care facilities shall comply with all State laws and federal laws and local ordinances that pertain to child health, safety, and welfare. Except as otherwise provided in this Article, the standards in this section shall be complied with by all child care facilities. However, none of the standards in this section apply to the school-age children of the operator of a child care facility but do apply to the preschool-age children of the operator. Children 13 years of age or older may receive child care on a voluntary basis provided all applicable required standards are met. The standards in this section, along with any other applicable State laws and federal laws or local ordinances, shall be the required standards for the issuance of a license by the Secretary under the policies and procedures of the Commission except that the Commission may, in its discretion, adopt less stringent standards for the licensing of facilities which provide care on a temporary, part-time, drop-in, seasonal, after-school or other than a full-time basis.

- (1) Medical Care and Sanitation. – The Commission for Public Health shall adopt rules which establish minimum sanitation standards for child care centers and their personnel. The sanitation rules adopted by the Commission for Public Health shall cover such matters as the cleanliness of floors, walls, ceilings, storage spaces, utensils, and other facilities; adequacy of ventilation; sanitation of water supply, lavatory facilities, toilet facilities, sewage disposal, food protection facilities, bactericidal treatment of eating and drinking utensils, and solid-waste storage and disposal; methods of food preparation and serving; infectious disease control; sleeping facilities; and

other items and facilities as are necessary in the interest of the public health. The Commission for Public Health shall allow child care centers to use domestic kitchen equipment, provided appropriate temperature levels for heating, cooling, and storing are maintained. Child care centers that fry foods shall use commercial hoods. These rules shall be developed in consultation with the Department.

The Commission shall adopt rules for child care facilities to establish minimum requirements for child and staff health assessments and medical care procedures. These rules shall be developed in consultation with the Department. Each child shall have a health assessment before being admitted or within 30 days following admission to a child care facility. The assessment shall be done by: (i) a licensed physician, (ii) the physician's authorized agent who is currently approved by the North Carolina Medical Board, or comparable certifying board in any state contiguous to North Carolina, (iii) a certified nurse practitioner, or (iv) a public health nurse meeting the Departments Standards for Early Periodic Screening, Diagnosis, and Treatment Program. However, no health assessment shall be required of any staff or child who is and has been in normal health when the staff, or the child's parent, guardian, or full-time custodian objects in writing to a health assessment on religious grounds which conform to the teachings and practice of any recognized church or religious denomination.

Organizations that provide prepared meals to child care centers only are considered child care centers for purposes of compliance with appropriate sanitation standards.

- (2) Health-Related Activities. – The Commission shall adopt rules for child care facilities to ensure that all children receive nutritious food and beverages according to their developmental needs. After consultation with the State Health Director, nutrition standards shall provide for requirements appropriate for children of different ages.

Each child care facility shall have a rest period for each child in care after lunch or at some other appropriate time and arrange for each child in care to be out-of-doors each day if weather conditions permit.

- (3) Location. – Each child care facility shall be located in an area which is free from conditions which are considered hazardous to the physical and moral welfare of the children in care in the opinion of the Secretary.
- (4) Building. – Each child care facility shall be located in a building which meets the appropriate requirements of the North Carolina Building Code under standards which shall be developed by the Building Code Council, subject to adoption by the Commission specifically for child care facilities, including facilities operated in a private residence. These standards shall be consistent with the provisions of this Article. A local building code enforcement officer shall approve any proposed alternate material, design, or method of construction, provided the building code enforcement officer finds that the alternate, for the purpose intended, is at least the equivalent of that prescribed in the technical building codes in quality, strength, effectiveness, fire resistance, durability, or safety. A local building code enforcement officer shall require that sufficient evidence or proof be submitted to substantiate any claim made regarding the alternate. The Child Care Commission may request changes to the Building Code to suit the special needs of preschool children. Satisfactorily written reports from representatives of building inspection agencies shall be required prior to the

issuance of a license and whenever renovations are made to a child care center, or when the operator requests licensure of space not previously approved for child care.

- (5) Fire Prevention. – Each child care facility shall be located in a building that meets appropriate requirements for fire prevention and safe evacuation that apply to child care facilities as established by the Department of Insurance in consultation with the Department. Except for child care centers located on State property, each child care center shall be inspected at least annually by a local fire department or volunteer fire department for compliance with these requirements. Child care centers located on State property shall be inspected at least annually by an official designated by the Department of Insurance.
- (6) Space and Equipment Requirements. – There shall be no less than 25 square feet of indoor space for each child for which a child care center is licensed, exclusive of closets, passageways, kitchens, and bathrooms, and this floor space shall provide during rest periods 200 cubic feet of airspace per child for which the center is licensed. There shall be adequate outdoor play area for each child under rules adopted by the Commission which shall be related to the size of center and the availability and location of outside land area. In no event shall the minimum required exceed 75 square feet per child. The outdoor area shall be protected to assure the safety of the children receiving child care by an adequate fence or other protection. A center operated in a public school shall be deemed to have adequate fencing protection. A center operating exclusively during the evening and early morning hours, between 6:00 P.M. and 6:00 A.M., need not meet the outdoor play area requirements mandated by this subdivision.

Each child care facility shall provide indoor area equipment and furnishings that are child size, sturdy, safe, and in good repair. Each child care facility that provides outdoor area equipment and furnishings shall provide outdoor area equipment and furnishings that are child size, sturdy, free of hazards that pose a threat of serious injury to children while engaged in normal play activities, and in good repair. The Commission shall adopt standards to establish minimum requirements for equipment appropriate for the size of child care facility. Space shall be available for proper storage of beds, cribs, mats, cots, sleeping garments, and linens as well as designated space for each child's personal belongings.

The Division of Child Development of the Department of Health and Human Services shall establish and implement a policy that defines any building which is currently approved for school occupancy and which houses a public or private elementary school to include the playgrounds and athletic fields as part of the school building when that building is used to serve school-age children in after-school child care programs. Playgrounds and athletic fields referenced in this section that do not meet licensure standards promulgated by the North Carolina Child Care Commission shall be noted on the program's licensure and rating information.

- (7) Staff-Child Ratio and Capacity for Child Care Facilities. – In determining the staff-child ratio in child care facilities, all children younger than 13 years old shall be counted.
 - a. The Commission shall adopt rules for child care centers regarding staff-child ratios, group sizes and multi-age groupings other than for infants and toddlers, provided that these rules shall be no less

stringent than those currently required for staff-child ratios as enacted in Section 156(e) of Chapter 757 of the 1985 Session Laws.

1. Except as otherwise provided in this subdivision, the staff-child ratios and group sizes for infants and toddlers in child care centers shall be no less stringent than as follows:

Age	Ratio Staff/ Children	Group Size
0 to 12 months	1/5	10
12 to 24 months	1/6	12
2 to 3 years	1/10	20.

No child care center shall care for more than 25 children in one group. Child care centers providing care for 26 or more children shall provide for two or more groups according to the ages of children and shall provide separate supervisory personnel and separate identifiable space for each group.

2. When any preschool-aged child is enrolled in a child care center and the licensed capacity of the center is six through 12 children, the staff-child ratios shall be no less stringent than as follows:

Age	Ratio Staff/Children
0 to 12 months	1/5 preschool children plus 3 additional school-aged children
12 to 24 months	1/6 preschool children plus 2 additional school-aged children.

The following shall also apply:

- I. There is no specific group size.
 - II. When only one caregiver is required to meet the staff-child ratio, the operator shall make available to parents the name, address, and phone number of an adult who is nearby and available for emergency relief.
 - III. Children shall be supervised at all times. All children who are not asleep or resting shall be visually supervised. Children may sleep or rest in another room as long as a caregiver can hear them and respond immediately.
- b. Family Child Care Home Capacity. – Of the children present at any one time in a family child care home, no more than five children shall be preschool-aged, including the operator's own preschool-age children.
- (8) Qualifications for Staff. – All child care center administrators shall be at least 21 years of age. All child care center administrators shall have the North Carolina Early Childhood Administration Credential or its equivalent as determined by the Department. All child care administrators performing administrative duties as of the date this act becomes law and child care administrators who assume administrative duties at any time after this act becomes law and until September 1, 1998, shall obtain the required credential by September 1, 2000. Child care administrators who assume administrative duties after September 1, 1998, shall begin working toward the completion of the North Carolina Early Childhood Administration Credential or its equivalent within six months after assuming administrative

duties and shall complete the credential or its equivalent within two years after beginning work to complete the credential. Each child care center shall be under the direction or supervision of a person meeting these requirements. All staff counted toward meeting the required staff-child ratio shall be at least 16 years of age, provided that persons younger than 18 years of age work under the direct supervision of a credentialed staff person who is at least 21 years of age. All lead teachers in a child care center shall have at least a North Carolina Early Childhood Credential or its equivalent as determined by the Department. Lead teachers shall be enrolled in the North Carolina Early Childhood Credential coursework or its equivalent as determined by the Department within six months after becoming employed as a lead teacher or within six months after this act becomes law, whichever is later, and shall complete the credential or its equivalent within 18 months after enrollment.

For child care centers licensed to care for 200 or more children, the Department, in collaboration with the North Carolina Institute for Early Childhood Professional Development, shall establish categories to recognize the levels of education achieved by child care center administrators and teachers who perform administrative functions. The Department shall use these categories to establish appropriate staffing based on the size of the center and the individual staff responsibilities.

Effective January 1, 1998, an operator of a licensed family child care home shall be at least 21 years old and have a high school diploma or its equivalent. Operators of a family child care home licensed prior to January 1, 1998, shall be at least 18 years of age and literate. Literate is defined as understanding licensing requirements and having the ability to communicate with the family and relevant emergency personnel. Any operator of a licensed family child care home shall be the person on-site providing child care.

No person shall be an operator of nor be employed in a child care facility who has been convicted of a crime involving child neglect, child abuse, or moral turpitude, or who is an habitually excessive user of alcohol or who illegally uses narcotic or other impairing drugs, or who is mentally or emotionally impaired to an extent that may be injurious to children.

The Commission shall adopt standards to establish appropriate qualifications for all staff in child care centers. These standards shall reflect training, experience, education and credentialing and shall be appropriate for the size center and the level of individual staff responsibilities. It is the intent of this provision to guarantee that all children in child care are cared for by qualified people. Pursuant to G.S. 110-106, no requirements may interfere with the teachings or doctrine of any established religious organization. The staff qualification requirements of this subdivision do not apply to religious-sponsored child care facilities pursuant to G.S. 110-106.

- (9) Records. – Each child care facility shall keep accurate records on each child receiving care in the child care facility and on each staff member or other person delegated responsibility for the care of children in accordance with a form furnished or approved by the Commission, and shall submit records as required by the Department.

All records of any child care facility, except financial records, shall be available for review by the Secretary or by duly authorized representatives

of the Department or a cooperating agency who shall be designated by the Secretary and shall be submitted as required by the Department.

- (10) Each operator or staff member shall attend to any child in a nurturing and appropriate manner, and in keeping with the child's developmental needs.

Each child care facility shall have a written policy on discipline, describing the methods and practices used to discipline children enrolled in that facility. This written policy shall be discussed with, and a copy given to, each child's parent prior to the first time the child attends the facility. Subsequently, any change in discipline methods or practices shall be communicated in writing to the parents prior to the effective date of the change.

The use of corporal punishment as a form of discipline is prohibited in child care facilities and may not be used by any operator or staff member of any child care facility, except that corporal punishment may be used in religious sponsored child care facilities as defined in G.S. 110-106, only if (i) the religious sponsored child care facility files with the Department a notice stating that corporal punishment is part of the religious training of its program, and (ii) the religious sponsored child care facility clearly states in its written policy of discipline that corporal punishment is part of the religious training of its program. The written policy on discipline of nonreligious sponsored child care facilities shall clearly state the prohibition on corporal punishment.

- (11) Staff Development. – The Commission shall adopt minimum standards for ongoing staff development for facilities but limited to the following topic areas:

- a. Planning a safe, healthy learning environment;
- b. Steps to advance children's physical and intellectual development;
- c. Positive ways to support children's social and emotional development;
- d. Strategies to establish productive relationships with families;
- e. Strategies to manage an effective program operation;
- f. Maintaining a commitment to professionalism;
- g. Observing and recording children's behavior;
- h. Principles of child growth and development; and
- i. Learning activities that promote inclusion of children with special needs.

These standards shall include annual requirements for ongoing staff development appropriate to job responsibilities. A person may carry forward in-service training hours that are in excess of the previous year's requirement to meet up to one-half of the current year's required in-service training hours.

- (12) Developmentally Appropriate Activities. – Each facility shall have developmentally appropriate activities and play materials. The Commission shall establish minimum standards for developmentally appropriate activities for child care facilities. Each child care facility shall have a planned schedule of developmentally appropriate activities displayed in a prominent place for parents to review and the appropriate materials and equipment available to implement the scheduled activities. Each child care center shall make four of the following activity areas available daily: art and other creative play, children's books, blocks and block building, manipulatives, and family living and dramatic play.

- (13) Transportation. – When a child care facility staff person or a volunteer of a child care facility transports children in a vehicle, each adult and child shall be restrained by an appropriate seat safety belt or restraint device when the vehicle is in motion. Children may never be left unattended in a vehicle.

The ratio of adults to children in child care vehicles may not be less than the staff/child ratios prescribed by G.S. 110-91(7). The Commission shall adopt standards for transporting children under the age of two, including standards addressing this particular age's staff/child ratio during transportation.

- (14) Any effort to falsify information provided to the Department shall be considered by the Secretary to be evidence of violation of this Article on the part of the operator or sponsor of the child care facility and shall constitute a cause for revoking or denying a license to such child care facility.

- (15) Safe Sleep Policy. – Operators of child care facilities that care for children ages 12 months or younger shall develop and maintain a written safe sleep policy, in accordance with rules adopted by the Commission. The safe sleep policy shall address maintaining a safe sleep environment and shall include the following requirements:

- a. A caregiver in a child care facility shall place a child age 12 months or younger on the child's back for sleeping, unless: (i) for a child age 6 months or younger, the operator of the child care facility obtains a written waiver of this requirement from a health care professional, as defined in rules adopted by the Commission; or (ii) for a child older than 6 months, the operator of the child care facility obtains a written waiver of this requirement from a health care professional, as defined in rules adopted by the Commission, a parent, or a legal guardian.
- b. The operator of the child care facility shall discuss the safe sleep policy with the child's parent or guardian before the child is enrolled in the child care facility. The child's parent or guardian shall sign a statement attesting that the parent or guardian received a copy of the safe sleep policy and that the policy was discussed with the parent or guardian before the child's enrollment.
- c. Any caregiver responsible for the care of children ages 12 months or younger shall receive training in safe sleep practices. (1971, c. 803, s. 1; 1973, c. 476, s. 128; 1975, c. 879, s. 15; 1977, c. 1011, s. 4; c. 1104; 1979, c. 9, ss. 1, 2; 1981 (Reg. Sess., 1982), c. 1382, ss. 1, 2; 1983, c. 46, s. 2; cc. 62, 277, 612; 1985, c. 757, ss. 155(h), (i), 156(c)-(h); 1987, c. 543, s. 3; c. 788, s. 6; c. 827, s. 234; 1989 (Reg. Sess., 1990), c. 1004, s. 56; 1991, c. 273, s. 5; c. 640, s. 1; 1993, c. 185, s. 3; c. 321, s. 254(c); c. 513, s. 9; c. 553, s. 32; 1995, c. 94, s. 32; 1997-443, s. 11A.44; 1997-456, s. 43.1(a); 1997-506, s. 8(a); 1998-217, s. 11; 1999-130, s. 2; 2003-407, s. 1; 2007-182, s. 2; 2009-64, s. 1; 2009-244, s. 1.)

§ 110-92. Duties of State and local agencies.

When requested by an operator of a child care center or by the Secretary, it shall be the duty of local and district health departments to visit and inspect a child care center to determine whether the center complies with the health and sanitation standards required by this Article and with the minimum sanitation standards adopted as rules by the Commission for Public Health as authorized by G.S. 110-91(1), and to submit written reports on these visits or

inspections to the Department on forms approved and provided by the Department of Environment and Natural Resources.

When requested by an operator of a child care center or by the Secretary, it shall be the duty of the building inspector, fire prevention inspector, or fireman employed by local government, or any fireman having jurisdiction, or other officials or personnel of local government to visit and inspect a child care center for the purposes specified in this Article, including plans for evacuation of the premises and protection of children in case of fire, and to report on these visits or inspections in writing to the Secretary so that these reports may serve as the basis for action or decisions by the Secretary or Department as authorized by this Article. (1971, c. 803, s. 1; 1973, c. 476, ss. 128, 138; 1975, c. 879, s. 15; 1985, c. 757, s. 155(j); 1987, c. 543, s. 4; 1989, c. 727, s. 31; 1989 (Reg. Sess., 1990), c. 1024, s. 21; 1991, c. 273, s. 6; 1997-443, s. 11A.45; 1997-506, s. 9; 2007-182, s. 2.)

§ 110-93. Application for a license.

(a) Each person who seeks to operate a child care facility shall apply to the Department for a license. The application shall be in the form required by the Department. Each applicant seeking a license shall be responsible for supplying with the application the necessary supporting data and reports to show conformity with rules adopted by the Commission for Public Health pursuant to G.S. 110-91(1) and with the standards established or authorized by this Article, including any required reports from the local and district health departments, local building inspectors, local firemen, voluntary firemen, and others, on forms which shall be provided by the Department.

(b) If an applicant conforms to the rules adopted by the Commission for Public Health pursuant to G.S. 110-91(1) and with the standards established or authorized by this Article as shown in the application and other supporting data, the Secretary shall issue a license that shall remain valid until the Secretary notifies the licensee otherwise pursuant to G.S. 150B-3 or other provisions of this Article, subject to suspension or revocation for cause as provided in this Article. If the applicant fails to conform to the required rules and standards, the Secretary may issue a provisional license under the policies of the Commission. The Department shall notify the applicant in writing by registered or certified mail the reasons the Department issued a provisional license.

(c) Repealed by Session Laws 1997-506, s. 10, effective September 16, 1997.

(d) Repealed by Session Laws 1977, c. 929, s. 1. (1971, c. 803, s. 1; 1975, c. 879, s. 15; 1977, c. 4, s. 4; c. 929, s. 1; 1985, c. 757, s. 155(k), (l); 1987, c. 543, ss. 5, 6; c. 788, s. 7; 1991, c. 273, s. 7; 1997-443, s. 11A.118(a); 1997-506, s. 10; 1999-130, s. 3; 2007-182, s. 2.)

§ 110-93.1: Repealed by Session Laws 2006-66, s. 10.2(a), (b), effective July 1, 2006.

§ 110-94. Administrative Procedure Act.

The provisions of Chapter 150B of the General Statutes shall be applicable to the Commission, to the rules the Commission adopts, and to child care contested cases. However, a child care operator shall have 30 days to file a petition for a contested case pursuant to G.S. 150B-23. The contested case hearing shall be scheduled to be held within 120 days of the date the petition for a hearing is received, pursuant to G.S. 150B-23(a), in any contested case resulting from administrative action taken by the Secretary to revoke a license or Letter of Compliance or from administrative action taken in a situation in which child abuse or neglect in a child care facility has been substantiated. A request for continuance of a hearing shall be granted upon a showing of good cause by either party. (1971, c. 803, s. 1; 1975, c. 879, s. 15; 1977, c. 929, s. 2; 1985, c. 757, s. 155(m); 1987, c. 788, s. 8; 1989, c. 429; 1991, c. 273, s. 8; 1997-506, s. 11.)

§§ 110-95 through 110-97. Repealed by Session Laws 1977, c. 929, s. 1.

§ 110-98. Mandatory compliance.

It shall be unlawful for any person to:

- (1) Offer or provide child care without complying with the provisions of this Article; or
- (2) Advertise without disclosing the child care facility's identifying number that is on the license or the letter of compliance. (1971, c. 803, s. 1; 1985, c. 757, s. 156(ee); 1987, c. 788, s. 9; 1997-506, s. 12.)

§ 110-98.1. Prima facie evidence of existence of child care.

A child care arrangement providing child care for more than two children for more than four hours per day on two or more consecutive days shall be prima facie evidence of the existence of a child care facility. (1977, c. 4, s. 6; 1987, c. 788, s. 10; 1997-506, s. 13.)

§ 110-99. Possession and display of license.

(a) It shall be unlawful for a child care facility to operate without a current license authorized for issuance under G.S. 110-88.

(a1) Each child care facility shall display its current license in a prominent place at all times so that the public may be on notice that the facility is licensed and may observe any rating which may appear on the license. Any license issued to a child care facility under this Article shall remain the property of the State and may be removed by persons employed or designated by the Secretary in the event that the license is revoked or suspended, or in the event that the rating is changed.

(b) A person who provides only drop-in or short-term child care as described in G.S. 110-86(2)d. and G.S. 110-86(2)d1., excluding drop-in or short-term child care provided in churches, shall register with the Department that the person is providing only drop-in or short-term child care. Any person providing only drop-in or short-term child care as described in G.S. 110-86(2)d. and G.S. 110-86(2)d1., excluding drop-in or short-term child care provided in churches, shall display in a prominent place at all times a notice that the child care arrangement is not required to be licensed and regulated by the Department and is not licensed and regulated by the Department. (1971, c. 803, s. 1; 1997-506, s. 14; 1999-130, s. 4; 2003-192, s. 2; 2005-416, s. 2.)

§ 110-100: Repealed by Session Laws 1997-506, s. 15.

§ 110-101: Repealed by Session Laws 1997-506, s. 16.

§ 110-101.1. Corporal punishment banned in certain "nonlicensed" homes.

The use of corporal punishment as a form of discipline is prohibited in those child care homes that are not required to be licensed under this Article but that receive State or federal subsidies for child care unless this care is provided to children by their parents, stepparents, grandparents, aunts, uncles, step-grandparents, or great-grandparents. Care provided children by their parents, stepparents, grandparents, aunts, uncles, step-grandparents, or great-grandparents is not subject to this section. Religious sponsored nonlicensed homes are also exempt from this section. (1993, c. 268, s. 1; 1997-506, s. 17.)

§ 110-102. Information for parents.

The Secretary shall provide to each operator of a child care facility a summary of this Article for the parents, guardian, or full-time custodian of each child receiving child care in the facility to be distributed by the operator. Operators of child care facilities shall provide a copy

of the summary to each child's parent, guardian, or full-time custodian before the child is enrolled in the child care facility. The child's parent, guardian, or full-time custodian shall sign a statement attesting that he or she received a copy of the summary before the child's enrollment. The summary shall include the name and address of the Secretary and the address of the Commission. The summary shall explain how parents may obtain information on individual child care facilities maintained in public files by the Division of Child Development. The summary shall also include a statement regarding the mandatory duty prescribed in G.S. 7B-301 of any person suspecting child abuse or neglect has taken place in child care, or elsewhere, to report to the county Department of Social Services. The statement shall include the definitions of child abuse and neglect described in the Juvenile Code in G.S. 7B-101 and of child abuse described in the Criminal Code in G.S. 14-318.2 and G.S. 14-318.4. The statement shall stress that this reporting law does not require that the person reporting reveal the person's identity.

The summary of this Article shall be posted with the facility's license in accordance with G.S. 110-99. Religious-sponsored programs operating pursuant to G.S. 110-106 shall post the summary in a prominent place at all times so that it is easily reviewed by parents. (1971, c. 803, s. 1; 1975, c. 879, s. 15; 1977, c. 1011, s. 3; 1985, c. 757, ss. 155(o), 156(v); 1997-443, s. 11A.118(a); 1997-506, s. 18; 1998-202, s. 13(w); 2003-196, s. 1.)

§ 110-102.1. Reporting of missing or deceased children.

(a) Operators and staff, as defined in G.S. 110-86(7), and G.S. 110-91(8), or any adult present with the approval of the care provider in a child care facility as defined in G.S. 110-86(3) and G.S. 110-106, upon learning that a child which has been placed in their care or presence is missing, shall immediately report the missing child to law enforcement. For purposes of this Article, a child is anyone under the age of 18.

(b) If a child dies while in child care, or of injuries sustained in child care, a report of the death must be made by the child care operator to the Secretary within 24 hours of the child's death or on the next working day. (1985, c. 392; 1987, c. 788, s. 12; 1997-506, s. 19.)

§ 110-102.1A. Unauthorized administration of medication.

(a) It is unlawful for an employee, owner, household member, volunteer, or operator of a licensed or unlicensed child care facility as defined in G.S. 110-86, including child care facilities operated by public schools and nonpublic schools as defined in G.S. 110-86(2)(f), to willfully administer, without written authorization, prescription or over-the-counter medication to a child attending the child care facility. For the purposes of this section, written authorization shall include the child's name, date or dates for which the authorization is applicable, dosage instructions, and signature of the child's parent or guardian. For the purposes of this section, a child care facility operated by a public school does not include kindergarten through twelfth grade classes.

(b) In the event of an emergency medical condition and the child's parent or guardian is unavailable, it shall not be unlawful to administer medication to a child attending the child care facility without written authorization as required under subsection (a) of this section if the medication is administered with the authorization and in accordance with instructions from a bona fide medical care provider. For purposes of this subsection, the following definitions apply:

- (1) A bona fide medical care provider means an individual who is licensed, certified, or otherwise authorized to prescribe the medication.
- (2) An emergency medical condition means circumstances where a prudent layperson acting reasonably would have believed that an emergency medical condition existed.

(c) A violation of this section that results in serious injury to the child shall be punished as a Class F felony.

(d) Any other violation of this section where medication is administered willfully shall be punished as a Class A1 misdemeanor. (2003-406, s. 2.)

§ 110-102.2. Administrative penalties.

For failure to comply with this Article, the Secretary may:

- (1) Issue a written warning and a request for compliance;
- (2) Issue an official written reprimand;
- (3) Place a licensee upon probation until his compliance with this Article has been verified by the Commission or its agent;
- (4) Order suspension of a license for a specified length of time not to exceed one year;
- (5) Permanently revoke a license issued under this Article.

The issuance of an administrative penalty may be appealed as provided in G.S. 110-90(5) and G.S. 110-90(9). (1985, c. 757, s. 156(ff); 1987, c. 788, s. 13; c. 827, s. 235.)

§ 110-103. Criminal penalty.

(a) Any person who violates the provisions of G.S. 110-98 shall be guilty of a Class 1 misdemeanor. Violations of G.S. 110-98(2), 110-99(b), 110-99(c), and 110-102 are exempted from the provisions of this subsection.

(b) It shall be a Class I felony for any person who operates a child care facility to:

- (1) Willfully violate the provisions of G.S. 110-99(a), or
- (2) Willfully violate the provisions of this Article while providing child care for three or more children, for more than four hours per day on two consecutive days.

(c) Any person who violates the provisions of this Article and, as a result of the violation, causes serious injury to a child attending the child care facility, shall be guilty of a Class H felony.

(d) Any person who violates subsection (a) of this section, and has a prior conviction for violating subsection (a), shall be guilty of a Class H felony. (1971, c. 803, s. 1; 1983, c. 297, s. 3; 1985, c. 757, s. 156(gg); 1987, c. 788, s. 14; 1993, c. 539, s. 824; 1994, Ex. Sess., c. 24, s. 14(c); 1997-506, s. 20; 2003-192, s. 1.)

§ 110-103.1. Civil penalty.

(a) A civil penalty may be levied against any operator of any child care facility who violates any provision of this Article. The penalty shall not exceed one thousand dollars (\$1,000) for each violation documented on any given date. Every operator shall be provided a schedule of the civil penalties established by the Commission pursuant to this Article.

(b) In determining the amount of the penalty, the threat of or extent of harm to children in care as well as consistency of violations shall be considered, and no penalty shall be imposed under this section unless there is a specific finding that this action is reasonably necessary to enforce the provisions of this Article or its rules.

(c) A person who is assessed a penalty shall be notified of the penalty by registered or certified mail. The notice shall state the reasons for the penalty. If a person fails to pay a penalty, the Secretary shall refer the matter to the Attorney General for collection.

(d) The clear proceeds of penalties provided for in this section shall be remitted to the Civil Penalty and Forfeiture Fund in accordance with G.S. 115C-457.2. (1985, c. 757, s. 156(gg); 1987, c. 788, s. 15; c. 827, s. 236; 1991, c. 273, s. 9; 1997-506, s. 21; 1998-215, s. 75.)

§ 110-104. Injunctive relief.

The Secretary or the Secretary's designee may seek injunctive relief in the district court of the county in which a child care facility is located against the continuing operation of that child care facility at any time, whether or not any administrative proceedings are pending. The district court may grant injunctive relief, temporary, preliminary, or permanent, when there is any violation of this Article or of the rules promulgated by the Commission or the Commission for Public Health that threatens serious harm to children in the child care facility, or when a final order to deny or revoke a license has been violated, or when a child care facility is operating without a license, or when a child care facility repeatedly violates the provisions of this Article or rules adopted pursuant to it after having been notified of the violation. (1977, c. 4, s. 5; c. 929, s. 3; c. 1011, s. 1; 1985, c. 757, s. 156(hh); 1987, c. 543, s. 7; c. 788, s. 16; c. 827, s. 237; 1997-506, s. 22; 2007-182, s. 2.)

§ 110-105. Authority to inspect facilities.

(a) The Commission shall adopt standards and rules under this subsection which provide for the following types of inspections:

- (1) An initial licensing inspection, which shall not occur until the administrator of the facility receives prior notice of the initial inspection visit;
- (2) A plan for visits to all facilities, including announced and unannounced visits, which shall be confidential unless a court orders its disclosure;
- (3) An inspection that may be conducted without notice, if there is probable cause to believe that an emergency situation exists or there is a complaint alleging a violation of licensure law. When the Department is notified by the county director of social services that the director has received a report of child abuse or neglect in a child care facility, or when the Department is notified by any other person that alleged abuse or neglect has occurred in a facility, the Commission's rules shall provide for an inspection conducted without notice to the child care facility to determine whether the alleged abuse or neglect has occurred. This inspection shall be conducted within seven calendar days of receipt of the report, and when circumstances warrant, additional visits shall be conducted.

The Secretary or the Secretary's designee, upon presenting appropriate credentials to the operator of the child care facility, may perform inspections in accordance with the standards and rules promulgated under this subsection. The Secretary or the Secretary's designee may inspect any area of a building in which there is reasonable evidence that children are in care.

(b) If an operator refuses to allow the Secretary or the Secretary's designee to inspect the child care facility, the Secretary shall seek an administrative warrant in accordance with G.S. 15-27.2. (1983, c. 261, s. 1; 1985, c. 757, s. 156(ii); 1987, c. 788, s. 17; c. 827, s. 238; 1991, c. 273, s. 10; 1997-506, s. 23.)

§ 110-105.1: Repealed by Session Laws 1997-506, s. 24.

§ 110-105.2. Abuse and neglect violations.

(a) For purposes of this Article, child abuse and neglect, as defined in G.S. 7B-101 and in G.S. 14-318.2 and G.S. 14-318.4, occurring in child care facilities, are violations of the licensure standards and of the licensure law. The Department, local departments of social services, and local law enforcement personnel shall cooperate with the medical community to ensure that reports of child abuse or neglect in child care facilities are properly investigated.

(b) When an investigation pursuant to G.S. 110-105(a)(3) substantiates that child abuse or neglect did occur in a child care facility, the Department may issue a written warning which shall specify any corrective action to be taken by the operator. The Department shall make an unannounced visit within one month after issuance of the written warning to determine whether

the corrective action has occurred. If the corrective action has not occurred, then the Department may issue a special provisional license.

(c) When the Department issues a special provisional license pursuant to this section, the Department shall send a letter which states the reasons for the special provisional status, and the license shall specify corrective action that shall be taken by the operator. A special provisional license issued pursuant to this section shall be in effect for no more than six months from issuance. The operator shall post, where parents can see them, the letter stating the reasons for the special provisional status and the special provisional license. Under the terms of the special provisional license, the Secretary may limit enrollment of new children until satisfied the abusive or neglectful situation no longer exists. The Department shall make unannounced visits as often as the Department believes it is necessary during the period the special provisional license is in effect.

(d) Specific corrective action required by a written warning, special provisional license, or any other administrative penalty authorized by this Article may include the permanent removal of the substantiated abuser or neglecter from child care.

(e) Nothing in this section shall restrict the Secretary from using any other statutory or administrative remedies available. (1985, c. 757, s. 156(w); 1987, c. 788, s. 19; 1997-506, s. 25; 1998-202, s. 13(x); 2003-407, s. 2.)

§ 110-106. Religious sponsored child care facilities.

(a) The term "religious sponsored child care facility" as used in this section shall include any child care facility or summer day camp operated by a church, synagogue or school of religious charter.

(b) Procedure Regarding Religious Sponsored Child Care Facilities. –

- (1) Religious sponsored child care facilities shall file with the Department a notice of intent to operate a child care facility and the date it will begin operation at least 30 days prior to that date. Within 30 days after beginning operation, the facility shall provide to the Department written reports and supporting data which show the facility is in compliance with applicable provisions of G.S. 110-91. After the religious sponsored child care facility has filed this information with the Department, the facility shall be visited by a representative of the Department to ensure compliance with the applicable provisions of G.S. 110-91.
- (2) Each religious sponsored child care facility shall file with the Department a report indicating that it meets the minimum standards for facilities as provided in the applicable provisions of G.S. 110-91 as required by the Department. The reports shall be in accordance with rules adopted by the Commission. Each religious sponsored child care facility shall be responsible for supplying with its report the necessary supporting data to show conformity with those minimum standards, including reports from the local and district health departments, local building inspectors, local firemen, volunteer firemen, and other, on forms which shall be provided by the Department.
- (3) It shall be the responsibility of the Department to notify the facility if it fails to meet the minimum requirements. The Secretary shall be responsible for carrying out the enforcement provisions provided by the General Assembly in Article 7 of Chapter 110 including inspection to ensure compliance. The Secretary may issue an order requiring a religious sponsored child care facility which fails to meet the standards established pursuant to this Article to cease operating. A religious sponsored child care facility may request a hearing to determine if it is in compliance with the applicable provisions of

G.S. 110-91. If the Secretary determines that it is not, the Secretary may order the facility to cease operation until it is in compliance.

- (4) Religious sponsored child care facilities including summer day camps shall be exempt from the requirement that they obtain a license and that the license be displayed and shall be exempt from any subsequent rule or regulatory program not dealing specifically with the minimum standards as provided in the applicable provisions of G.S. 110-91. Nothing in this Article shall be interpreted to allow the State to regulate or otherwise interfere with the religious training offered as a part of any religious sponsored child care program. Nothing in this Article shall prohibit any religious sponsored child care facility from becoming licensed by the State if it so chooses.
- (5) Religious sponsored child care facilities found to be in violation of the applicable provisions of G.S. 110-91 shall be subject to the injunctive provisions of G.S. 110-104, except that they may not be enjoined for operating without a license. The Secretary may seek an injunction against any religious sponsored child care facility under the conditions specified in G.S. 110-104 with the above exception and when any religious sponsored child care facility operates without submitting the required forms and following the procedures required by this Article.

(c) G.S. 110-91(8), 110-91(11), 110-91(12) do not apply to religious sponsored child care facilities, and these facilities are exempt from any requirements prescribed by subsection (b) of this section that arise out of these provisions.

(d) No person shall be an operator of nor be employed in a religious sponsored child care facility who has been convicted of a crime involving child neglect, child abuse, or moral turpitude, or who is a habitually excessive user of alcohol or who illegally uses narcotic or other impairing drugs, or who is mentally or emotionally impaired to an extent that may be injurious to children.

(e) Each religious sponsored child care facility shall be under the direction or supervision of a literate person at least 21 years of age. All staff counted toward meeting the required staff/child ratio shall be at least 16 years old, provided that persons younger than 18 years old work under the direct supervision of a literate staff person at least 21 years old. Effective January 1, 1998, a person operating a religious sponsored child care home must be at least 21 years old and literate. Persons operating religious sponsored child care homes prior to January 1, 1998, shall be at least 18 years old and literate. The definition of literate in G.S. 110-91(8) shall apply to this subsection. (1983, c. 283, ss. 1, 2; 1985, c. 757, ss. 155(p), 156(k); 1987, c. 788, s. 20; 1997-506, s. 26.)

§ 110-106.1: Repealed by Session Laws 1997-506, s. 27.

§ 110-107. Fraudulent misrepresentation.

(a) A person, whether a provider or recipient of child care subsidies or someone claiming to be a provider or recipient of child care subsidies, commits the offense of fraudulent misrepresentation when both of the following occur:

- (1) With the intent to deceive, that person makes a false statement or representation regarding a material fact, or fails to disclose a material fact.
- (2) As a result of the false statement or representation or the omission, that person obtains, attempts to obtain, or continues to receive a child care subsidy for himself or herself or for another person.

(b) If the child care subsidy is not more than one thousand dollars (\$1,000), the person is guilty of a Class 1 misdemeanor. If the child care subsidy is more than one thousand dollars (\$1,000), the person is guilty of a Class I felony.

- (c) As used in this section:
- (1) "Child care subsidy" means the use of public funds to pay for day care services for children.
 - (2) "Person" means an individual, association, consortium, corporation, body politic, partnership, or other group, entity, or organization. (1999-279, s. 1.)

§ 110-108: Repealed by Session Laws 2002-126, s. 10.58, effective July 1, 2002.

§ 110-109: Repealed by Session Laws 2001-424, s. 21.73(a).

§§ 110-110 through 110-114. **Reserved for future codification purposes.**

APPENDIX B

NC CHILD CARE REQUIREMENTS

**CHAPTER 9 – FAMILY CHILD CARE HOME RULES
(Amended Eff. August 1, 2010)**

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The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

CHAPTER 9 - CHILD CARE RULES

SECTION .0100 - DEFINITIONS

10A NCAC 09 .0101 RESERVED FOR FUTURE CODIFICATION

10A NCAC 09 .0102 DEFINITIONS

The terms and phrases used in this Chapter are defined as follows except when the content of the rule requires a different meaning. The definitions prescribed in G.S. 110-86 also apply to these Rules.

- (1) "Agency" as used in Section .2200 of this Chapter, means Division of Child Development, Department of Health and Human Services located at 319 Chapanoke Road, Suite 120, Raleigh, North Carolina 27603.
- (2) "Appellant" means the person or persons who request a contested case hearing.
- (3) "Basic School-Age Care" training (BSAC training) means the training on the elements of quality afterschool care for school-age children, developed by the North Carolina State University Department of 4-H Youth Development and subsequently revised by the North Carolina School-age Quality Improvement Project. Other training shall be approved if the Division determines that the content of the training offered is substantially equivalent to the BSAC training.
- (4) "Child Care Program" means a single center or home, or a group of centers or homes or both, which are operated by one owner or supervised by a common entity.
- (5) "Child care provider" as defined by G.S. 110-90.2 (a) (2) a. and used in Section .2700 of this Chapter, includes the following employees who have contact with the children in a child care program: facility directors, administrative staff, teachers, teachers' aides, cooks, maintenance personnel, and drivers.
- (6) "Child Development Associate Credential" means the national early childhood credential administered by the Council for Early Childhood Professional Recognition.
- (7) "Developmentally appropriate" means suitable to the chronological age range and developmental characteristics of a specific group of children.
- (8) "Division" means the Division of Child Development within the Department of Health and Human Services.
- (9) "Drop-in care" means a child care arrangement where children attend on an intermittent, unscheduled basis.
- (10) "Early Childhood Environment Rating Scale - Revised Edition" (Harms, Clifford, and Cryer, - 2005, published by Teachers College Press, New York, NY) is the instrument used to evaluate the quality of care received by a group of children in a child care center, when the majority of children in the group are two and a half years old through five years old, to achieve three or more points for the program standards of a rated license. This instrument is incorporated by reference and includes subsequent editions. Individuals wishing to purchase a copy may call Teachers College Press at 1-800-575-6566. The cost of this scale in May 2010 is nineteen dollars and ninety-five cents (\$19.95). A copy of this instrument is on file at the Division at the address given in Item (1) of this Rule and is available for public inspection during regular business hours.
- (11) "Family Child Care Environment Rating Scale - Revised Edition" (Harms, Cryer and Clifford, 2007, published by Teachers College Press, New York, NY) is the instrument used to evaluate the quality of care received by children in family child care homes to achieve three or more points for the program standards of a rated license. This instrument is incorporated by reference and includes subsequent editions. Individuals wishing to purchase a copy may call Teachers College Press at 1-800-575-6566. The cost of this scale in May 2010 is nineteen dollars and ninety-five cents (\$19.95). A copy of this instrument is on file at the Division at the address given in Item (1) of this Rule and is available for public inspection during regular business hours.

- (12) "First aid kit" is a collection of first aid supplies (such as bandages, tweezers, disposable nonporous gloves, micro shield or face mask, liquid soap, cold pack) for treatment of minor injuries or stabilization of major injuries.
- (13) "Group" means the children assigned to a specific caregiver or caregivers, to meet the staff/child ratios set forth in G.S. 110-91(7) and this Chapter, using space which is identifiable for each group.
- (14) "Health care professional" means:
 - (a) a physician licensed in North Carolina;
 - (b) a nurse practitioner approved to practice in North Carolina;
 - (c) a licensed physician assistant.
- (15) "Household member" means a person who resides in a family home as evidenced by factors including, maintaining clothing and personal effects at the household address, receiving mail at the household address, using identification with the household address, or eating and sleeping at the household address on a regular basis.
- (16) "If weather conditions permit" means:
 - (a) temperatures that fall within the guidelines developed by the Iowa Department of Public Health and specified on the Child Care Weather Watch chart. These guidelines shall be used when determining appropriate weather conditions for taking children outside for outdoor learning activities and playtime. This chart may be downloaded free of charge from <http://www.idph.state.ia.us/hcci/common/pdf/weatherwatch.pdf>, and is incorporated by reference and includes subsequent editions and amendments;
 - (b) healthy air quality as forecast by the Department of Environment and Natural Resources' Air Quality Forecasts and Information web page. The Air Quality Color Guide can be found on the Division's web site at <http://xapps.enr.state.nc.us/aq/ForecastCenter> or call 1-888-RU4NCAIR (1-888-784-6224); and
 - (c) no active precipitation. Caregivers may choose to go outdoors when there is active precipitation if children have appropriate clothing such as rain boots and rain coats, or if they are under a covered area.
- (17) "Infant/Toddler Environment Rating Scale - Revised Edition" (Harms, Cryer, and Clifford, 2003, published by Teachers College Press, New York, NY) is the instrument used to evaluate the quality of care received by a group of children in a child care center, when the majority of children in the group are younger than thirty months old, to achieve three or more points for the program standards of a rated license. This instrument is incorporated by reference and includes subsequent editions. Individuals wishing to purchase a copy may call Teachers College Press at 1-800-575-6566. The cost of this scale in May 2010 is nineteen dollars and ninety-five cents (\$19.95). A copy of this instrument is on file at the Division at the address given in Item (1) of this Rule and is available for public inspection during regular business hours.
- (18) "ITS-SIDS Training" means the Infant/Toddler Safe Sleep and SIDS Risk Reduction Training developed by the NC Healthy Start Foundation for the Division of Child Development for caregivers of children ages 12 months and younger.
- (19) "Licensee" means the person or entity that is granted permission by the State of North Carolina to operate a child care facility. The owner of a facility is the licensee.
- (20) "North Carolina Early Childhood Credential" means the state early childhood credential that is based on completion of coursework and standards found in the North Carolina Early Childhood Instructor Manual (published by the NC Community College System Office). These standards are incorporated by reference and include subsequent amendments. A copy of the North Carolina Early Childhood Credential requirements is

- on file at the Division at the address given in Item (1) of this Rule and is available for public inspection or copying at no charge during regular business hours.
- (21) "Owner" means any person with a five percent or greater equity interest in a child care facility, however, stockholders of corporations who own child care facilities are not subject to mandatory criminal history checks pursuant to G.S. 110-90.2 and G.S. 110-91(8) unless they are involved in day-to-day operations of the child care facility.
 - (22) "Parent" means a child's parent, legal guardian, or full-time custodian.
 - (23) "Part-time care" means a child care arrangement where children attend on a regular schedule but less than a full-time basis.
 - (24) "Passageway" means a hall or corridor.
 - (25) "Person" means any individual, trust, estate, partnership, corporation, joint stock company, consortium, or any other group, entity, organization, or association.
 - (26) "Preschooler" or "preschool-age child" means any child who does not fit the definition of school-age child in this Rule.
 - (27) "School-Age Care Environment Rating Scale" (Harms, Jacobs, and White, 1996, published by Teachers College Press) is the instrument used to evaluate the quality of care received by a group of children in a child care center, when the majority of the children in the group are older than five years, to achieve three or more points for the program standards of a rated license. This instrument is incorporated by reference and includes subsequent editions. Individuals wishing to purchase a copy may call Teachers College Press at 1-800-575-6566. The cost of this scale in - May 2010 is nineteen dollars and ninety-five cents (\$19.95). A copy of this instrument is on file at the Division at the address given in Item (1) of this Rule and is available for public inspection during regular business hours.
 - (28) "School-age child" means any child who is attending or who has attended, a public or private grade school or kindergarten and meets age requirements as specified in G.S. 115C-364.
 - (29) "Seasonal Program" means a recreational program as set forth in G.S. 110-86(2)(b).
 - (30) "Section" means Division of Child Development.
 - (31) "Substitute" means any person who temporarily assumes the duties of a staff person for a time period not to exceed two consecutive months.
 - (32) "Temporary care" means any child care arrangement which provides either drop-in care or care on a seasonal or other part-time basis and is required to be regulated pursuant to G.S. 110-86.
 - (33) "Track-Out Program" means any child care provided to school-age children when they are out of school on a year-round school calendar.
 - (34) "Volunteer" means a person who works in a child care facility and is not monetarily compensated by the facility.

*History Note: Authority G.S. 110-85; 110-88; 143B-168.3;
Eff. January 1, 1986;
Amended Eff. April 1, 1992; October 1, 1991; October 1, 1990; November 1, 1989;
Temporary Amendment Eff. January 1, 1996;
Amended Eff. August 1, 2010; November 1, 2007; May 1, 2006; May 1, 2004; April 1,
2003; July 1, 2000; April 1, 1999; July 1, 1998; April 1, 1997.*

SECTION .0400 - ISSUANCE OF PROVISIONAL AND TEMPORARY LICENSES

10A NCAC 09 .0401 PROVISIONAL LICENSES FOR FACILITIES

(a) A provisional license may be issued in accordance with the provisions of G.S. 110-88(6) for any period of time not to exceed twelve consecutive months for any of the following reasons:

- (1) To allow a specific time period for correcting a violation of the building, fire, or sanitation requirements, provided that the appropriate inspector documents that the violation is not hazardous to the health or safety of the children but nevertheless necessitates a provisional classification until corrected.
- (2) To allow a specific time period for the facility to comply fully with all licensing requirements other than building, fire, or sanitation, and to demonstrate that compliance will be maintained, provided that conditions at the facility are not hazardous to the health or safety of the children or staff.
- (3) To allow time for the applicant or licensee to obtain a declaratory ruling pursuant to Section .2000 of this Subchapter.
- (4) As a possible administrative action for substantiation of child abuse or neglect.

(b) The provisional license may be issued upon the Division's determination that the applicant or licensee is making a reasonable effort to conform to such requirements.

(c) The provisional license and the document describing the reasons for its issuance shall be posted in a prominent place in the facility that parents are able to view daily.

(d) A licensee may obtain an administrative hearing on the issuance of a provisional license in accordance with Section .2200 of this Chapter.

History Note: Authority G.S. 110-88(6); 110-99; 143B-168.3;

Eff. January 1, 1986;

Amended Eff. July 1, 1998; April 1, 1992; August 1, 1990; July 1, 1988; January 1, 1987.

10A NCAC 09 .0402 RESERVED FOR FUTURE CODIFICATION

10A NCAC 09 .0403 TEMPORARY LICENSES FOR CENTERS

(a) A temporary license may be issued in accordance with the provisions of G.S. 110-88(10) to the operator opening a new center or to the operator of a previously licensed center when a change in ownership or location occurs provided:

- (1) the operator applied for a license, pursuant to Section .0300, or Rule .0204(a) or (b) of this Subchapter prior to the change in status; and
- (2) the center has sufficient equipment and materials to operate for the number of children enrolled.

(b) The temporary license shall be posted in a prominent place in the center that parents are able to view daily.

(c) The temporary license shall expire after six months, or upon the issuance of a license or provisional license to the operator, whichever is earlier.

(d) An operator may obtain an administrative hearing on the denial of a temporary license in accordance with Section .2200 of this Subchapter.

History Note: Authority G.S. 110-88(10); 110-99; 143B-168.3;

Eff. July 1, 1988;

Amended Eff. July 1, 1998; April 1, 1992; November 1, 1989.

SECTION .1700 –FAMILY CHILD CARE HOME REQUIREMENTS

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

- (a) All family child care homes shall comply with the standards for licensure set forth in this Section. A one- star rated license shall be issued to a family child care home operator who complies with the minimum standards for a license contained in this Section and G.S. 110-91.
- (b) An individual who provides care for five hours or more in a week, during planned absences of the operator, shall be at least 21 years old, have a high school diploma or GED, have completed a first aid and cardiopulmonary resuscitation (CPR) course as described in Rule .1705, Subparagraphs (a)(3), (a)(4), (b)(2), and (b)(3) of this Section, have completed a health questionnaire, have proof of negative results of a tuberculosis test completed within 12 months prior to the first day of providing care, submit criminal records check forms as required in 10A NCAC 09 .2702, and annual in-service training as described in Rule .1705(b)(5) of this Section. Copies of required information shall be on file in the home available for review and shall be transferable to other family child care homes where the individual is providing care.
- (c) An individual who provides care for less than five hours in a week, during planned absences of the operator shall meet all requirements listed in Paragraph (b) of this Rule, except the requirements for annual in-service training and a high school diploma or GED. The individual shall be literate.
- (d) The operator shall review the appropriate requirements found in this Chapter and in G.S. 110 with any individuals who are providing care prior to the individual's assuming responsibility for the children. The operator and individual providing care shall sign and date a statement which attests that this review was completed. This statement shall be kept on file in the home available for review.
- (e) An individual who provides care during unplanned absences of the operator, such as medical emergencies, shall be at least 18 years old and submit criminal records check forms as required in 10A NCAC 09 .2702, Paragraph (j). The children of an emergency caregiver shall not be counted in the licensed capacity for the first day of the emergency caregiver's service.
- (f) The provisions of G.S. 110-91(8) which exclude persons with certain criminal records or personal habits or behavior which may be harmful to children from operating or being employed in a family child care home are hereby incorporated by reference and shall also apply to any person on the premises with the operator's permission when the children are present. This exclusion shall not apply to parents or other persons who enter the home only for the purpose of performing parental responsibilities; nor does it include persons who enter the home for brief periods for the purpose of conducting business with the operator and who are not left alone with the children.
- (g) The parent of a child enrolled in any family child care home subject to regulation under G.S. 110, Article 7 shall be allowed unlimited access to the home during its operating hours for the purposes of contacting the child or evaluating the home and the care provided by the operator. The parent shall notify the operator of his or her presence immediately upon entering the premises.
- (h) An operator licensed to care for children overnight may sleep during the nighttime hours when all the children are asleep provided:
- (1) the operator and the children in care, excluding the operator's own children, are on ground level; and
 - (2) the operator can hear and respond quickly to the children if needed; and
 - (3) a battery operated smoke detector or an electrically operated (with a battery backup) smoke detector is located in each room where children are sleeping.
- (i) Each operator shall develop and adopt a written plan of care for completing routine tasks; including running errands, meeting family and personal demands, and attending classes, to ensure that routine tasks shall not interfere with the care of children during hours of operation. The plan shall:
- (1) Specify typical times for completing routine tasks and include those times on the written schedule, or specify that routine tasks will not occur during hours of operation;

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

(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 Division representatives.

(k) The written plan shall be developed and shared with parents of children currently enrolled within 60 days after Paragraph (i) of this Rule becomes effective.

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

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

(a) Any person who plans to operate a family child care home shall apply for a license using a form provided by the Division. The applicant shall submit the completed application, which complies with the following, to the Division:

- (1) Only one licensed family child care home shall operate at the location address of any home.
- (2) The applicant shall list each location address where a licensed family child care home will operate.

(b) When a family child care home will operate at more than one location address by cooperative arrangement among two or more families, the following procedures apply:

- (1) One parent whose home is used as a location address shall be designated the coordinating parent and shall co-sign the application with the applicant.
- (2) The coordinating parent shall know the current location address at all times and shall provide the information to the Division upon request.

(c) The applicant shall assure that the structure in which the family child care home is located complies with the following requirements:

- (1) The structure complies with the North Carolina Building Code for family child care homes or has written approval for use as a family child care home by the local building inspector.
- (2) The structure meets North Carolina Residential Building Code or is a manufactured home bearing a third party inspection label certifying compliance with the Federal Manufactured Home Construction and Safety Standards or certifying compliance with

construction standards adopted and enforced by the State of North Carolina. Homes shall be installed in accordance with North Carolina Manufactured/Mobile Home Regulations adopted by the NC Department of Insurance.

Exception: Single wide manufactured homes will be limited to a maximum of three preschool-age children (not more than two may be two years of age or less) and two school-age children.

- (3) All children are kept on the ground level with an exit at grade.
- (4) 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.
- (5) All homes are provided with at least one five pound 2-A: 10-B: C type extinguisher readily accessible for every 2,500 square feet of floor area.
- (6) Fuel burning space heaters, fireplaces and floor furnaces which are listed and approved by the Department of Insurance for that installation and are provided with a protective screen attached securely to substantial supports are allowed. However, unvented fuel burning heaters and portable electric space heaters of all types are prohibited.
- (7) All indoor areas used by children are heated in cool weather and ventilated in warm weather.
- (8) Hot pipes or radiators which are accessible to the children are covered or insulated.
- (9) Accommodations for breastfeeding mothers are provided that include seating and an electrical outlet, in a place other than a bathroom, that is shielded from view by staff and the public, which may be used by mothers while they are breastfeeding or expressing milk.

(d) 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 the certified criminal history check from the Clerk of Superior Court's office in the county or counties where the applicant and any household member(s) over age 15, have resided during the previous 12 months;
- (2) a copy of documentation of completion of a first aid and cardiopulmonary resuscitation (CPR) course;
- (3) proof of negative results of the applicant's tuberculosis test completed within the past 12 months;
- (4) a completed health questionnaire;
- (5) a copy of current pet vaccinations for any pet in the home;
- (6) a negative well water bacteriological analysis if the home has a private well;
- (7) copies of any inspections required by local ordinances; and
- (8) any other documentation required by the Division according to these Rules to support the issuance of a license.

(e) Upon receipt of a complete application and supporting documentation, a Division representative shall make an announced visit to each home unless the applicant meets the criteria in Paragraph (g) of this Rule to determine compliance with the requirements, to offer technical assistance when needed, and to provide information about local resources. The issuance of a license applies as follows:

- (1) If all applicable requirements of G.S. 110 and this Section are met, a license shall be issued;
- (2) If the applicable requirements are not met but the applicant has the potential to comply, the Division representative shall establish with the applicant a time period for the home to achieve full compliance. If the Division representative determines that all applicable requirements are met within the established time period, a license shall be issued; or
- (3) If all applicable requirements are not met or cannot be met within the established time, the Division shall deny the application. Final disposition of the recommendation to deny is the decision of the Division.

(f) The Division shall allow the applicant to temporarily 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. A person shall not operate until he or she has received from the Division either temporary permission to operate or a license.

(g) When a person applies for a family child care home license, the Secretary shall deny the application for the license under the following circumstances:

- (1) if any child care facility license previously held by that person has been denied, revoked or summarily suspended by the Division;
- (2) if the Division has initiated denial, revocation or summary suspension proceedings against any child care facility license previously held by that person and the person voluntarily relinquished the license;
- (3) during the pendency of an appeal of a denial, revocation or summary suspension of any child care facility license previously held by that person;
- (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 Subparagraph (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 person's previous non-compliance as an operator with the requirements of G.S. 110 and this Chapter; or
- (6) if abuse or neglect has been substantiated against the person, or if abuse or neglect was substantiated against a household member.

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

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

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

(k) The license shall be displayed in a prominent place that parents are able to view daily and shall be shown to each child's parent when the child is enrolled.

(l) A licensee shall notify the Division whenever a change occurs which affects the information shown on the license.

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

Eff. January 1, 1986;

Amended Eff. July 1, 2010; April 1, 2003; April 1, 2001; July 1, 1998; January 1, 1991;

November 1, 1989; January 1, 1987.

10A NCAC 09 .1703 CAREGIVER INTERACTIONS

Caregivers shall relate to children in positive ways by helping them feel welcome and comfortable, treating them with respect, listening to what they say, responding to them with acceptance and appreciation and participating in many activities with the children. For example, caregivers shall:

- (1) Make eye contact when speaking to a child;
- (2) Actively engage children in conversation to share experiences, ideas and opinions;
- (3) Help children develop problem-solving skills; and

- (4) Facilitate learning by providing positive reinforcement, encouraging efforts and recognizing accomplishments.

*History Note: Authority G.S. 110-85; 110-91(8),(11); 143B-168.3;
Eff. July 1, 2010.*

10A NCAC 09 .1704 RESERVED FOR FUTURE CODIFICATION

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

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

- (1) Complete and keep on file a health questionnaire which attests to the operator's physical and emotional ability to care for children. The Division may require a written statement or medical examination report signed by a licensed physician or other authorized health professional if there is reason to believe that the operator's health may adversely affect the care of the children.
- (2) Obtain written proof that he or she is free of active tuberculosis. The results indicating the individual is free of active tuberculosis shall be obtained within 12 months prior to applying for a license.
- (3) Complete within 12 months prior to applying for a license a basic first aid course that at a minimum, shall address principles for responding to emergencies, techniques for rescue breathing, and techniques for handling common childhood injuries, accidents and illnesses such as: choking, burns, fractures, bites and stings, wounds, scrapes, bruises, cuts and lacerations, poisoning, seizures, bleeding, allergic reactions, eye and nose injuries and sudden changes in body temperature.
- (4) Successfully complete within 12 months prior to applying for a license a course by the American Heart Association or the American Red Cross or other organizations approved by the Division, in cardiopulmonary resuscitation (CPR) appropriate for the ages of children in care. Other organizations will be approved if the Division determines that the courses offered are substantially equivalent to those offered by the American Red Cross. Successfully completed is defined as demonstrating competency, as evaluated by the instructor, in performing CPR. Documentation of successful completion of the course from the American Heart Association, the American Red Cross, or other organization approved by the Division shall be on file in the home.

(b) After receiving a license, an operator shall:

- (1) Update the health questionnaire referenced in Paragraph (a) of this Rule annually. The Division may require the operator to obtain written proof that he or she is free of active tuberculosis.
- (2) Complete a first aid course as referenced in Paragraph (a) of this Rule every three years.
- (3) Successfully complete a CPR course annually as referenced in Paragraph (a) of this Rule.
- (4) If licensed to care for infants ages 12 months and younger, complete ITS-SIDS training within four months of receiving the license, or within four months of this Rule becoming effective, whichever is later, and complete it again every three years from the completion of previous ITS-SIDS training. Completion of ITS-SIDS training may be included once every three years in the number of hours needed to meet the annual in-service training requirement in Paragraph (b)(5) of this Rule. Individuals who have completed initial ITS-SIDS training prior to this Rule becoming effective shall not be required to repeat the training until three years from the completion of initial ITS-SIDS training.
- (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

regulated child care arrangement shall complete eight clock hours of annual in-service training.

- (A) Only training which has been approved by the Division as referenced in Rule .0708 of this Subchapter shall count toward the required hours of annual in-service training.
- (B) 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 once every three years.

History Note: Authority G.S. 110-88; 110-91; 143B-168.3;

Eff. January 1, 1986;

Amended Eff. May 1, 2004; July 1, 1998; November 1, 1989; January 1, 1987.

10A NCAC 09 .1706 RESERVED FOR FUTURE CODIFICATION

10A NCAC 09 .1707 RESERVED FOR FUTURE CODIFICATION

10A NCAC 09 .1708 RESERVED FOR FUTURE CODIFICATION

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10A NCAC 09 .1713 RESERVED FOR FUTURE CODIFICATION

10A NCAC 09 .1714 RESERVED FOR FUTURE CODIFICATION

10A NCAC 09 .1715 RESERVED FOR FUTURE CODIFICATION

10A NCAC 09 .1716 FAILURE TO MAINTAIN REQUIREMENTS

(a) If the Division determines that a family child care home operator fails to maintain compliance with the requirements for licensure, the Division may establish a reasonable time period to allow the operator to achieve compliance or recommend issuance of a provisional license in accordance with Rule .0401 of this Subchapter.

(b) If the operator fails to achieve compliance within the established time period, the Division may suspend, terminate, or revoke the license. The operator may appeal any such action pursuant to the provisions of G.S. 150B.

(c) The Division may recommend imposition of a civil penalty in accordance with the procedures set forth in Section .2200 of this Subchapter and according to the following schedules:

- (1) A civil penalty in an amount up to one thousand dollars (\$1,000.00) may be imposed when the Division has substantiation that a child was abused or neglected while in care in a family child care home.
- (2) A civil penalty in an amount up to two hundred dollars (\$200.00) may be imposed for the following violations:

- (A) Repeated incidents of exceeding the number of children allowed in a licensed family child care home;
 - (B) Repeated incidents where there has been a lack of supervision of the children; or
 - (C) Willful, repeated pattern of noncompliance with any requirement contained in this Subchapter or in the General Statutes.
- (3) A civil penalty in an amount up to one hundred dollars (\$100.00) may be imposed for the following violations:
- (A) Denial of entry to an authorized representative of the Division;
 - (B) Documented noncompliance with the number of children allowed in a licensed family child care home;
 - (C) Lack of supervision of the children in care; or
 - (D) Failure to comply with a corrective action plan designed by the Division to correct noncompliance with any applicable requirement in this Subchapter or in the General Statutes.

History Note: Authority G.S. 110-86(3); 110-88(1),(5),(6a); 110-91; 110-98; 110-103.1; 110-105; 110-105.2; 110-106; 143B-168.3; 150B-23; Eff. January 1, 1986; Amended Eff. July 1, 1998; January 1, 1991; January 1, 1987.

10A NCAC 09 .1717 RESERVED FOR FUTURE CODIFICATION

10A NCAC 09 .1718 REQUIREMENTS FOR DAILY OPERATIONS

- (a) The operator shall provide the following on a daily basis for all children in care:
- (1) Meals and snacks which comply with the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA) which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition. The types of food and number and size of servings shall be appropriate for the ages and developmental levels of the children in care. The Meal Patterns for Children in Child Care Programs are incorporated by reference and include subsequent amendments. A copy of the Meal Patterns for Children in Child Care Programs is available free of charge from the Division at the address in Rule .0102 of this Chapter;
 - (2) A meal or snack at least every four hours;
 - (3) Drinking water freely available to children;
 - (4) Developmentally appropriate equipment and materials for a variety of outdoor activities which allow for vigorous play, large and small muscle development, and social, emotional, and intellectual development. Each child shall have the opportunity for outdoor play each day that weather conditions permit. The operator shall provide space and time for vigorous indoor activities when children cannot play outdoors;
 - (5) An individual sleeping space such as a bed, crib, play pen, cot, mat, or sleeping bag with individual linens for each pre-school aged child in care for four hours or more, or for all children if overnight care is provided, to rest comfortably. Individual sleep requirements for infants aged 12 months or younger shall be provided for as specified in 10A NCAC 09 .1724(a)(2). Linens shall be changed weekly or whenever they become soiled or wet;
 - (6) A quiet, separate area which can be easily supervised for children too sick to remain with other children. Parents shall be notified immediately if their child becomes too sick to remain in care;
 - (7) Adequate supervision as described below:
 - (A) For children who are awake, staff shall interact with the children while moving about the indoor or outdoor area, and shall be able to hear and see the children at

all times, except when emergencies necessitate that direct supervision is impossible for brief periods of time; and

- (B) For children who are sleeping or napping, the staff are not required to visually supervise them, but shall be able to hear and respond quickly to them. Children shall not sleep or nap in a room with a closed door between the children and the supervising staff. The staff shall be on the same level of the home where children are sleeping or napping.
- (8) A safe sleep environment by ensuring that when a child is sleeping or napping, bedding or other objects shall not be placed in a manner that covers the child's face;
- (9) The opportunity each day for each child under the age of 12 months to play while awake while positioned on his or her stomach;
- (10) Developmentally appropriate activities as planned on a written schedule. Materials or equipment shall be available indoors and outdoors to support the activities listed on the written schedule. The written schedule shall:
 - (A) Show blocks of time usually assigned to types of activities and include periods of time for both active play and quiet play or rest;
 - (B) Be displayed in a place where parents are able to view;
 - (C) Reflect daily opportunities for both free choice and guided activities;
 - (D) Include a minimum of one hour of outdoor play throughout the day, if weather conditions permit; and
 - (E) Include a daily gross motor activity which may occur indoors or outdoors; and
- (11) When screen time, including videos, video games, and computer usage, is provided, it shall be:
 - (A) Offered only as a free choice activity,
 - (B) Used to meet a developmental goal, and
 - (C) Limited to no more than two and a half hours per week for each child two years of age and older.

Usage time periods may be extended for specific special events, projects, occasions such as a current event, homework, on-site computer classes, holiday; and birthday celebration. Screen time is prohibited for children under the age of two years. The operator shall offer alternate activities for children under the age of two years.

(b) When milk, milk products, or fruit juices are provided by the operator, only pasteurized products or products which have undergone an equivalent process to pasteurization shall be used. Any formula which is prepared by the operator shall be prepared according to the instructions on the formula package or label, or according to written instructions from the child's health care professional.

(c) Each infant shall be held for bottle feeding until able to hold his or her own bottle. Bottles shall not be propped. Each child shall be held or placed in feeding chairs or other age-appropriate seating apparatus to be fed.

(d) The parent or health care professional of each child under 15 months of age shall provide the operator an individual written feeding schedule for the child. This schedule shall be followed at the home. This schedule shall include the child's name, be signed by the parent or health care professional, and be dated when received by the operator. Each infant's schedule shall be modified in consultation with the child's parent or health care professional to reflect changes in the child's needs as he or she develops.

*History Note: Authority G.S. 110-85; 110-88; 110-91(2),(12);
Eff. July 1, 1998;
Amended Eff. July 1, 2010; March 1, 2006; May 1, 2004.*

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

The operator shall maintain a safe indoor and outdoor environment for the children in care. In addition, the operator shall:

- (1) keep all areas used by the children, indoors and outdoors, clean and orderly and free of items which are potentially hazardous to children. This includes the removal of small items that a child can swallow. In addition, loose nails or screws and splinters shall be removed on inside and outside equipment;
- (2) safely store equipment and supplies such as lawnmowers, power tools, or nails, so they are inaccessible to children;
- (3) ensure that all stationary outdoor equipment is firmly anchored and is not installed over concrete or asphalt. Footings which anchor the equipment shall not be exposed;
- (4) securely mount electric fans out of the reach of children or have a mesh guard on each fan;
- (5) cover all electrical outlets not in use and remove old, cracked or frayed cords in occupied outlets;
- (6) have solid and safe indoor and outdoor stairs and steps if these are used by the children. Indoor and outdoor stairs with two or more steps which 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;
- (7) maintain any swimming pools or wading pools on the premises in a manner which will safeguard the lives and health of the children. All swimming or wading pools used by children in care shall meet the "Rules Governing Public Swimming Pools," in accordance with 15A NCAC 18A .2500 which are hereby incorporated by reference including subsequent amendments. A copy of these Rules is on file at the Division at the address given in Rule .0102 of this Subchapter or may be obtained at no cost by writing the North Carolina Division of Environmental Health, 1630 Mail Service Center, Raleigh, NC 26799-1630;
- (8) enclose any in-ground swimming pools by a fence four feet high to prevent chance access by children. The swimming pool shall be separate from the play area. Access to the water in above ground swimming pools shall be prevented by locking and securing the ladder in place or storing the ladder in a place inaccessible to the children;
- (9) ensure that animals that are potentially dangerous to children as determined by the Division are safely secured in areas not accessible to the children in care; and
- (10) safely store all combustible materials that may create a fire hazard.

*History Note: Authority G.S. 110-88; 110-91(3),(4),(5),(6);
Eff. July 1, 1998;
Amended Eff. April 1, 2001.*

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

(a) To assure the safety of children in care, the operator shall:

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

- (8) have a working telephone within the family child care home. Telephone numbers for the fire department, law enforcement office, emergency medical service, and poison control center shall be posted near the telephone;
 - (9) have access to a means of transportation that is always available for emergency situations; and
 - (10) be able to recognize common symptoms of illnesses.
- (b) The operator may provide care for a mildly ill child who has a Fahrenheit temperature of less than 100 degrees axillary or 101 degrees orally and who remains capable of participating in routine group activities; provided the child does not:
- (1) have the sudden onset of diarrhea characterized by an increased number of bowel movements compared to the child's normal pattern and with increased stool water; or
 - (2) have two or more episodes of vomiting within a 12 hour period; or
 - (3) have a red eye with white or yellow eye discharge until 24 hours after treatment; or
 - (4) have scabies or lice; or
 - (5) have known chicken pox or a rash suggestive of chicken pox; or
 - (6) have tuberculosis, until a health professional states that the child is not infectious; or
 - (7) have strep throat, until 24 hours after treatment has started; or
 - (8) have pertussis, until five days after appropriate antibiotic treatment; or
 - (9) have hepatitis A virus infection, until one week after onset of illness or jaundice; or
 - (10) have impetigo, until 24 hours after treatment; or
 - (11) have a physician's or other health professional's written order that the child be separated from other children.
- (c) The following provisions apply to the administration of medication in family child care homes:
- (1) No prescription or over-the-counter medication and no topical, non-medical ointment, repellent, lotion, cream or powder shall be administered to any child:
 - (A) without written authorization from the child's parent;
 - (B) without written instructions from the child's parent, physician or other health professional;
 - (C) in any manner not authorized by the child's parent, physician or other health professional;
 - (D) after its expiration date; or
 - (E) for non-medical reasons, such as to induce sleep.
 - (2) Prescribed medications:
 - (A) shall be stored in the original containers in which they were dispensed with the pharmacy labels specifying:
 - (i) the child's name;
 - (ii) the name of the medication or the prescription number;
 - (iii) the amount and frequency of dosage;
 - (iv) the name of the prescribing physician or other health professional; and
 - (v) the date the prescription was filled; or
 - (B) if pharmaceutical samples, shall be stored in the manufacturer's original packaging, shall be labeled with the child's name, and shall be accompanied by written instructions specifying:
 - (i) the child's name;
 - (ii) the names of the medication;
 - (iii) the amount and frequency of dosage;
 - (iv) the signature of the prescribing physician or other health professional; and
 - (v) the date the instructions were signed by the physician or other health professional; and
 - (C) shall be administered only to the child for whom they were prescribed.

- (3) A parent's written authorization for the administration of a prescription medication described in Paragraph (c)(2) of this Rule shall be valid for the length of time the medication is prescribed to be taken.
- (4) Over-the-counter medications, such as cough syrup, decongestant, acetaminophen, ibuprofen, topical antibiotic cream for abrasions, or medication for intestinal disorders shall be stored in the manufacturer's original packaging on which the child's name is written or labeled and shall be accompanied by written instructions specifying:
 - (A) the child's name;
 - (B) the names of the authorized over-the-counter medication;
 - (C) the amount and frequency of the dosages;
 - (D) the signature of the parent, physician or other health professional; and
 - (E) the date the instructions were signed by the parent, physician or other health professional.

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

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

- (B) the signature of the parent;
 - (C) the date the authorization was signed by the parent;
 - (D) the date that the authorization ends or a statement that the authorization is valid until withdrawn by the parent in writing.
- (9) A parent may give a caregiver standing authorization to administer an over-the-counter medication as directed by the North Carolina State Health Director or designee, when there is a public health emergency as identified by the North Carolina State Health Director or designee. The authorization shall be in writing, may be valid for as long as the child is enrolled, and shall contain:
- (A) the child's name;
 - (B) the signature of the parent;
 - (C) the date the authorization was signed by the parent; and
 - (D) the date that the authorization ends or a statement that the authorization is valid until withdrawn by the parent in writing.
- (10) Pursuant to G.S. 110-102.1A, a caregiver may administer medication to a child without parental authorization in the event of an emergency medical condition when the child's parent is unavailable, providing the medication is administered with the authorization and in accordance with instructions from a bona fide medical care provider.
- (11) A parent may withdraw his or her written authorization for the administration of medications at any time in writing.
- (12) Any medication remaining after the course of treatment is completed or after authorization is withdrawn shall be returned to the child's parents. Any medication the parent fails to retrieve within 72 hours of completion of treatment, or withdrawal of authorization, shall be discarded.
- (13) Any time prescription or over-the-counter medication is administered by a caregiver to children receiving care, including any time medication is administered in the event of an emergency medical condition without parental authorization as permitted by G.S. 110-102.1A, the child's name, the date, time, amount and type of medication given, and the name and signature of the person administering the medication shall be recorded. This information shall be noted on a medication permission slip, or on a separate form developed by the provider which includes the required information. This information shall be available for review by a representative of the Division during the time period the medication is being administered and for at least six months after the medication is administered. No documentation shall be required when items listed in Subparagraph (c)(7) of this Rule are applied to children.
- (d) To assure the health of children through proper sanitation, the operator shall:
- (1) collect and submit samples of water from each well used for the children's water supply for bacteriological analysis to the local health department or a laboratory certified to analyze drinking water for public water supplies by the North Carolina Division of Laboratory Services every two years. Results of the analysis shall be on file in the home;
 - (2) have sanitary toilet, diaper changing and handwashing facilities. Diaper changing areas shall be separate from food preparation areas;
 - (3) use sanitary diapering procedures. Diapers shall be changed whenever they become soiled or wet. The operator shall:
 - (A) wash his or her hands before, as well as after, diapering each child;
 - (B) ensure the child's hands are washed after diapering the child; and
 - (C) place soiled diapers in a covered, leak proof container which is emptied and cleaned daily;
 - (4) use sanitary procedures when preparing and serving food. The operator shall:
 - (A) wash his or her hands before and after handling food and feeding the children; and
 - (B) ensure the child's hands are washed before and after the child is fed;

- (5) wash his or her hands, and ensure the child's hands are washed, after toileting or handling bodily fluids.
 - (6) refrigerate all perishable food and beverages. The refrigerator shall be in good repair and maintain a temperature of 45 degrees Fahrenheit or below. A refrigerator thermometer is required to monitor the temperature;
 - (7) date and label all bottles for each individual child, except when there is only one bottle fed child in care;
 - (8) have a house that is free of rodents;
 - (9) screen all windows and doors used for ventilation;
 - (10) have all household pets vaccinated with up-to-date vaccinations as required by North Carolina law and local ordinances. Rabies vaccinations are required for cats and dogs; and
 - (11) store garbage in waterproof containers with tight fitting covers.
- (e) The operator shall not force children to use the toilet and the operator shall consider the developmental readiness of each individual child during toilet training.
- (f) The operator shall not use tobacco products at any time while children are in care. Smoking or use of tobacco products shall not be permitted indoors while children are in care, or in a vehicle when children are transported.

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

10A NCAC 09 .1721 REQUIREMENTS FOR RECORDS

- (a) The operator shall maintain the following health records for each child who attends on a regular basis, including his or her own preschool child(ren):
- (1) a copy of the child's health assessment as required by G.S. 110-91(1);
 - (2) a copy of the child's immunization record;
 - (3) a health and emergency information form provided by the Division that is completed and signed by a child's parent. The completed form shall be on file the first day the child attends. An operator may use another form other than the one provided by the Division, as long as the form includes the following information:
 - (A) the child's name, address, and date of birth;
 - (B) the names of individuals to whom the child may be released;
 - (C) the general status of the child's health;
 - (D) any allergies or restrictions on the child's participation in activities with instructions from the child's parent or physician;
 - (E) the names and phone numbers of persons to be contacted in an emergency situation;
 - (F) the name and phone number of the child's physician and preferred hospital;
 - (G) authorization for the operator to seek emergency medical care in the parent's absence; and
 - (4) when medication is administered, authorization for the operator to administer the specific medication according to the parent's or physician's instructions.
- (b) The operator shall complete and maintain other records which include:
- (1) documentation of the operator's procedures in emergency situations, on a form which is provided by the Division;
 - (2) documentation that monthly fire drills are practiced. The documentation shall include the date each drill is held, the time of day, the length of time taken to evacuate the home, and the operator's signature;

- (3) incident reports that are completed each time a child receives medical treatment by a physician, nurse, physician's assistant, nurse practitioner, community clinic, or local health department, as a result of an incident occurring while the child is in the family child care home. Each incident shall be reported on a form provided by the Division, signed by the operator and the parent, and maintained in the child's file. A copy shall be mailed to a representative of the Division within seven calendar days after the incident occurs;
 - (4) an incident log which is filled out any time an incident report is completed. This log shall be cumulative and maintained in a separate file and shall be available for review by a representative of the Division. This log shall be completed on a form supplied by the Division;
 - (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 a representative of the Division; and
 - (6) Accurate daily attendance records for all children in care, including the operator's own preschool children. The attendance record shall indicate the date and time of arrival and departure for each child.
- (c) Written records shall be maintained as follows:
- (1) All children's records as required in this Chapter, except medication permission slips as required in Rule .1720(c)(13) of this Section, must be kept on file one year from the date the child is no longer enrolled.
 - (2) Additional caregiver records as required in this Chapter shall be maintained on file one year from the employee's last date of employment.
 - (3) Current program records as required in this Chapter shall be maintained on file for as long as the license remains valid. Prior versions shall be maintained based on the time frame in the following charts:
 - (A) A minimum of 30 days from the revision or replacement date:

Record	Rule
Daily Schedule	.1718(13)
Infant Feeding Schedule	.1718(6)
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 Procedures Form	.1721(b)(1)
Field Trip/Transportation Permission	.1723(1)
Fire Drill Log	.1721(b)(2)
Incident Log	.1721(b)(4)
Playground Inspection	.1721(b)(5)
Pet Vaccinations	.1720(d)(10)

- (4) Well-water analysis, pool inspection and inspections for local ordinances as referenced in Rules .1720(d)(1), .1719(7), and .1702(d) of this Section shall remain on file at the family child care home for as long as the license remains valid.

- (5) Records may be maintained in a paper format or electronically, except that records that require a signature of a staff person or parent shall be maintained in a paper format.
- (6) All records required in this Chapter shall be available for review by a representative of the Division.

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

10A NCAC 09 .1722 DISCIPLINE POLICY

- (a) The operator shall provide a written copy of and explain the operator's discipline practices to a parent of each child at the time of enrollment. A parent must sign and date a statement which attests that a copy of the discipline policy was given to, and discussed with them. If an operator changes discipline practices, the parent must sign and date a statement acknowledging that they received written notice of and discussed the new policy at least 30 days prior to the implementation of the new policy. The signed statement shall be kept on file in the home available for review.
- (b) No child shall be subjected to any form of corporal punishment by the family child care home operator, substitute caregiver, or any other person in the home, whether or not these persons reside in the home.
- (c) No child shall be handled roughly in any way, including shaking, pushing, shoving, pinching, slapping, biting, kicking, or spanking.
- (d) No child shall ever be placed in a locked room, closet, or box, or be left alone in a room separated from staff.
- (e) No discipline shall ever be delegated to another child.
- (f) Discipline shall in no way be related to food, rest or toileting:
 - (1) No food shall be withheld, or given, as a means of discipline.
 - (2) No child shall ever be disciplined for lapses in toilet training.
 - (3) No child shall ever be disciplined for not sleeping during rest period.
- (g) No child shall be disciplined by assigning chores that require contact with or use of hazardous materials, such as cleaning bathrooms or floors, or emptying diaper pails.
- (h) Discipline shall be age and developmentally appropriate.

*History Note: Authority G.S. 110-91(10);
Eff. July 1, 1998;
Amended Eff. April 1, 2003; April 1, 2001.*

10A NCAC 09 .1723 TRANSPORTATION REQUIREMENTS

To assure the safety of children whenever they are transported, the operator, or any other transportation provider, shall:

- (1) have written permission from a parent to transport his or her child and notify the parent when and where the child is to be transported, and who the transportation provider will be.
- (2) ensure that all children regardless of age or location in the vehicle shall be restrained by individual seat belts or child restraint devices. Only one person shall occupy each seat belt or child restraint device.
- (3) be at least 18 years old, and have a valid driver's license of the type required under the North Carolina Motor Vehicle Law for the vehicle being driven, or comparable license from the state in which the driver resides, and no convictions of Driving While Impaired (DWI), or any other impaired driving offense, within the last three years.
- (4) ensure that each child is seated in a manufacturer's designated area.

- (5) ensure that a child shall not occupy the front seat if the vehicle has an operational passenger side airbag.
- (6) never leave children in a vehicle unattended by an adult.
- (7) have emergency and identification information about each child in the vehicle whenever children are being transported.

*History Note: Authority G.S. 110-91; G.S. 110-91(13);
Eff. July 1, 1998;
Amended Eff. April 1, 2003.*

10A NCAC 09 .1724 SAFE SLEEP POLICY

(a) Each operator licensed to care for infants aged 12 months or younger shall develop and adopt a written safe sleep policy that:

- (1) specifies that the operator shall place infants aged 12 months or younger on their backs for sleeping, unless:
 - (A) for an infant aged six months or less, the operator receives a written waiver of this requirement from a health care professional; or
 - (B) for an infant older than six months, the operator receives a written waiver of this requirement from a health care professional, or a parent, or a legal guardian;
- (2) specifies that infants aged 12 months or younger shall be placed in a crib, bassinet or play pen with a firm padded surface when sleeping;
- (3) specifies whether pillows, blankets, toys, and other objects may be placed in a crib with a sleeping infant aged 12 months or younger, and if so, specifies the number and types of allowable objects;
- (4) specifies that nothing shall be placed over the head or face of an infant aged 12 months or younger when the infant is laid down to sleep;
- (5) specifies that the temperature in the room where infants aged 12 months or younger are sleeping does not exceed 75°F;
- (6) specifies the means by which the operator shall visually check sleeping infants aged 12 months or younger;
- (7) specifies the frequency with which the operator shall visually check sleeping infants aged 12 months or younger;
- (8) specifies how the operator shall document compliance with visually checking on sleeping infants aged 12 months or younger, with such documents to be maintained for a minimum of one month; and
- (9) specifies any other steps the operator shall take to provide a safe sleep environment for infants aged 12 months or younger.

(b) The operator shall post a copy of the safe sleep policy or a poster about safe sleep practices in a prominent place in the infant sleeping room or area.

(c) A copy of the operator's safe sleep policy shall be given and explained to the parents of an infant aged 12 months or younger on or before the first day the infant attends the home. The parent shall sign a statement acknowledging the receipt and explanation of the policy. The acknowledgement shall contain:

- (1) the infant's name;
- (2) the date the infant first attended the home;
- (3) the date the operator's safe sleep policy was given and explained to the parent; and
- (4) the date the parent signed the acknowledgement.

The operator shall retain the acknowledgement in the child's record as long as the child is enrolled at the home.

(d) If an operator amends a home's safe sleep policy, the operator shall give written notice of the amendment to the parents of all enrolled infants aged 12 months or younger at least 14 days before the amended policy 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 record as long as the child is enrolled at the home.

(e) A health care professional's or parent's waiver of the requirement that all infants aged 12 months or younger be placed on their backs for sleeping shall:

- (1) bear the infant's name and birth date;
- (2) be signed and dated by the infant's health care professional or parent; and
- (3) specify the infant's authorized sleep positions;

The operator shall retain the waiver in the child's record as long as the child is enrolled at the home.

(f) For each infant with a waiver on file at the home as specified in Paragraph (e) of this Rule, a notice shall be posted for quick reference near the infant's crib, bassinet, or play pen that shall include:

- (1) the infant's name;
- (2) the infant's authorized sleep position; and
- (3) the location of the signed waiver.

No confidential medical information, including an infant's medical diagnosis, shall be shown on the notice.

*History Note: Authority G.S. 110-85; 110-91(15); 143B-168.3;
Eff. May 1, 2004;
Amended Eff. July 1, 2010.*

SECTION .1900 - SPECIAL PROCEDURES CONCERNING ABUSE/NEGLECT IN CHILD CARE

10A NCAC 09 .1901 NOTIFICATION TO COUNTY DEPARTMENTS OF SOCIAL SERVICES

Any allegation of abuse or neglect received by the Division shall be referred to the county department of social services within 24 hours of receipt of the complaint or on the next working day. Even if the county department of social services determines the allegation does not warrant investigation according to G.S. 7B-302, the complaint shall be investigated by the Division.

*History Note: Authority G.S. 110-88(5); 143B-168.3;
Eff. January 1, 1986;
Amended Eff. April 1, 2001; November 1, 1989.*

10A NCAC 09 .1902 RESERVED FOR FUTURE CODIFICATION

10A NCAC 09 .1903 INVESTIGATION PROCEDURES

- (a) The investigation shall include interviews with the operator, staff, parents, or any other adult who has information regarding the allegation. Reports from law enforcement officers and other professionals, as well as photographs and other investigative tools, may be used as appropriate.
- (b) The Division's representative may interview the child or children about the allegations of abuse or neglect only in those cases where the county department of social services does not conduct an investigation.
- (c) The Division shall share information related to investigations with departments of social services, as appropriate. However, any information subject to confidentiality laws or regulations shall be handled so as to preserve the confidential nature of the material.
- (d) At any time during the investigation, the representative of the Division may conduct an evaluation for compliance with all applicable requirements.
- (e) The Division shall make a written report to the operator and the county department of social services when the investigation is completed. The Division may also report to law enforcement officers and other professionals that were involved in the investigation. This report shall explain the Division's findings and what further action will be taken, if any.
- (f) The final written report of findings and further action shall be made within 90 days of receipt of the allegation. If the investigation is not complete at that time, an interim report explaining the status of the investigation shall be made to the operator 90 days after receipt of the allegation and every 30 days thereafter until the final report is made. The county department of social services shall be sent a copy of each interim report.

*History Note: Authority G.S. 7B-301; 110-88(5); 110-105; 143B-168.3;
Eff. January 1, 1986;
Amended Eff. April 1, 2001; October 1, 1991; July 1, 1988; January 1, 1987.*

10A NCAC 09 .1904 ADMINISTRATIVE SANCTIONS

- (a) A special provisional license may be issued for a six-month period when the Division determines that abuse or neglect occurred in a child care center or home. The following provisions shall apply:
- (1) the special provisional license and the reasons for its issuance shall be posted in a prominent place in the center or home as soon as they are received by the operator;
 - (2) the special provisional license and reasons for issuance shall remain posted for the entire six months covered by the license, and also during the time of any administrative proceedings;

- (3) no new children shall be enrolled in the center or home until the Division is satisfied that the abusive or neglectful situation no longer exists and gives the operator written permission to accept new children; and
- (4) an operator may obtain an administrative hearing on the issuance of a special provisional license in accordance with the provisions of G.S. 150B-23.

(b) A written warning specifying corrective action to be taken by the operator of the child care center or home may be issued when the investigation is concluded and the Division determines that abuse or neglect occurred in a center or home and the situation does not warrant issuance of a special provisional license.

(c) A civil penalty, in accordance with the schedules listed in Rule .1716 and .Section .2200 of this Subchapter, may be levied against the operator of a child care home or center when the Division determines that child abuse or neglect has occurred while the child was in the care of the home or center. In addition, any violation of the terms of a special provisional license may result in the assessment of a civil penalty as provided in Rule .1716 and Section .2200 of this Subchapter.

(d) Failure to implement the corrective action plan required by a written warning pursuant to G.S. 110-88(6a) may result in either the assessment of a civil penalty as provided in Section .2200 of this Subchapter or the issuance of a special provisional license or may result in both actions being taken.

(e) The type of sanction imposed by the Secretary shall be determined by one or more of the following criteria:

- (1) severity of the incident;
- (2) probability of reoccurrence;
- (3) prior incidents of abuse or neglect in the center or home;
- (4) history of compliance with child care requirements; or
- (5) the Division's assessment of the operator's response to the incident.

(f) Nothing in this Rule shall restrict the Secretary from using any other statutory or administrative penalty available pursuant to G.S. 110-102.2 and Section .2200 of this Subchapter, or the provisions in 150B-3(c) to summarily suspend a license if the health, safety or welfare of any child is in jeopardy.

History Note: Authority G.S. 110-88(5); 110-88(6a); 110-102.2; 110-103.1; 143B-168.3; 150B-3; 150B-23;

Eff. January 1, 1986;

Amended Eff. April 1, 2001; August 1, 1990; November 1, 1989; July 1, 1988.

SECTION .2000 - RULEMAKING AND CONTESTED CASE PROCEDURES

10A NCAC 09 .2001 PETITIONS FOR RULEMAKING

(a) Any person wishing to request the adoption, amendment, or repeal of a rule made by the Child Care Commission (hereinafter referred to as the Commission) shall make the request in a written petition to:

Administrative Procedures Coordinator
Division of Child Development
2201 Mail Service Center
Raleigh, North Carolina 27699-2201

(b) The petition shall contain either a draft of the proposed rule or a summary of its contents, the reasons for the proposal, and the name and address of the petitioner. The petition shall also include any of the following items known to the petitioner:

- (1) the statutory authority for the Commission to promulgate the rule;
- (2) the effect on existing rules;
- (3) any data supporting the proposal;
- (4) the effect of the proposed rule on existing practices in the area involved, including cost factors; and
- (5) the names and addresses of those most likely to be affected by the proposed rule.

(c) The Division Director or designee shall present the petition, plus any additional information or recommendations deemed relevant, to the Commission to determine whether the public interest will be served by granting the petition.

(d) The Commission shall render a decision as to whether to deny or approve the petition at its next scheduled meeting, which may be no later than 120 days after submission of the petition. If the decision is to deny the petition, the Division Director or designee shall notify the petitioner in writing, stating the reasons for the denial. If the decision is to approve the petition, the Commission shall initiate a rulemaking proceeding by issuing a rulemaking notice, as provided in these rules.

*History Note: Authority G.S. 143B-168.3; 150B-16;
Eff. November 1, 1989.*

10A NCAC 09 .2002 RULEMAKING PROCEDURES

(a) The rulemaking procedures for the Secretary of the Department of Health and Human Services codified in 10A NCAC 01 are hereby adopted by reference pursuant to G.S. 150B-14(c) to apply to the actions of the Commission, with the following modifications:

- (1) Correspondence related to the Commission's rulemaking actions shall be submitted to:

Administrative Procedures Coordinator
Division of Child Development
2201 Mail Service Center
Raleigh, North Carolina 27699-2201

- (2) The "Secretary's designee" shall mean the Director of the Division of Child Development (hereinafter referred to as the Division).
- (3) "The Division" shall be substituted for the "Office of General Counsel" in 10A NCAC 01.
- (4) "Hearing officer" shall mean the Chairman of the Child Care Commission or designee.

(b) Copies of 10A NCAC 01 may be inspected in the Division at the address given in Subparagraph (a)(1) of this Rule. Copies may be obtained from the Office of Administrative Hearings, 424 North Blount Street, Raleigh, North Carolina, 27601.

*History Note: Authority G.S. 143B-168.3; 150B-11; 150B-14;
Eff. November 1, 1989.*

10A NCAC 09 .2003 DECLARATORY RULINGS

(a) The Commission shall have the power to make declaratory rulings. All requests for declaratory rulings shall be by written petition and shall be submitted to:

Administrative Procedures Coordinator
Division of Child Development
2201 Mail Service Center
Raleigh, North Carolina 27699-2201

(b) Every request for a declaratory ruling must include the following information:

- (1) the name and address of the petitioner;
- (2) the statute or rule to which the petition relates;
- (3) a concise statement of the manner in which the petitioner is aggrieved by the rule or statute or its potential application to him or her; and
- (4) the consequences of a failure to issue a declaratory ruling.

(c) Where a declaratory ruling is deemed to be in the public interest, the Commission shall issue the ruling within 60 days of the receipt of the petition.

(d) A declaratory ruling procedure may consist of written submissions, oral hearings, or such other procedure as may be deemed appropriate, in the discretion of the Commission, in the particular case.

(e) The Commission may issue notice to persons who might be affected by the ruling that written comments may be submitted or oral presentations received at a scheduled hearing.

(f) A record of all declaratory ruling proceedings shall be maintained by the Division and shall be available for public inspection during regular business hours. This record shall contain:

- (1) the original request,
- (2) the reasons for refusing to issue a ruling,
- (3) all written memoranda and information submitted,
- (4) any written minutes or audio tape or other record of the oral hearing, and
- (5) a statement of the ruling.

*History Note: Authority G.S. 143B-168.3; 150B-11; 150B-17;
Eff. November 1, 1989.*

10A NCAC 09 .2004 CONTESTED CASES: DEFINITIONS

The following terms shall have the following meaning unless the context of the rule requires a different interpretation:

- (1) "Department" means the Department of Health and Human Services;
- (2) "Director" means the Director of the Division of Child Development;
- (3) "Hearing" means a contested case hearing as provided in G.S. 150B-2(2) and 150B-23;
- (4) "OAH" means the Office of Administrative Hearings.

*History Note: Authority G.S. 143B-10; 150B-11;
Eff. November 1, 1989.*

10A NCAC 09 .2005 CONTESTED CASES: REQUEST FOR DETERMINATION

(a) In accordance with G.S. 150B-2(2), any person may request a determination of his legal rights, privileges, or duties as they relate to laws or rules administered by the Department. All requests must be

in writing and contain a statement of the facts prompting the request sufficient to allow for appropriate processing by the Department.

(b) Any person seeking such a determination must exhaust all informal procedures available before requesting a hearing under G.S. 150B-23.

(c) All petitions for hearings regarding matters under the control of the Department shall be filed with the OAH in accordance with G.S. 150B-23 and 26 NCAC 03 .0003. In accordance with G.S. 1A-1, Rule 4(j)4, the petition shall be served on a registered agent for service of process for the Department. A list of registered agents may be obtained from the Office of General Counsel, 2005 Mail Service Center, Raleigh, NC 27699-2005.

*History Note: Authority G.S. 143B-10; 150B-11; 150B-22; 150B-23;
Eff. November 1, 1989.*

10A NCAC 09 .2006 CONTESTED CASES: RECORD

(a) The official record of a hearing shall be maintained in the, Division of Child Development, 2201 Mail Service Center, Raleigh, North Carolina 27699-2201.

(b) Any person wishing to examine the hearing record shall submit such request in writing to the, Division of Child Development, 2201 Mail Service Center, Raleigh, North Carolina 27699-2201. Such request must be given in sufficient time to allow the record to be prepared for inspection.

*History Note: Authority G.S. 143B-10(j)(3); 150B-11; 150B-23(e); 150B-29(b);
Eff. November 1, 1989.*

10A NCAC 09 .2007 CONTESTED CASES: EXCEPTIONS TO RECOMMENDED DECISION

(a) Upon receipt of the official record as defined in G.S. 150B-37, the Director shall notify the parties to the contested case of receipt of the record and provide them an opportunity to file exceptions to the decision recommended by the administrative law judge and to present written arguments in accordance with G.S. 150B-36.

(b) The time provided to submit arguments and exceptions shall be specified in the notice and shall be at least 15 days from the date the notice was mailed.

(c) No new evidence may be included in the exceptions and arguments presented for consideration by the final decision-maker.

*History Note: Authority G.S. 143B-10; 150B-11; 150B-36; 150B-37;
Eff. November 1, 1989.*

SECTION .2200 - ADMINISTRATIVE ACTIONS AND CIVIL PENALTIES

10A NCAC 09 .2201 ADMINISTRATIVE PENALTIES: GENERAL PROVISIONS

(a) Pursuant to G.S. 110-102.2, the secretary or designee may order one or more administrative penalties against any operator who violates any provision of Article 7 of Chapter 110 of the General Statutes or of this Chapter.

(b) Nothing in this Section shall restrict the Secretary from using any other statutory or civil penalty available. A civil penalty in accordance with G.S. 110-103.1 and Section .2200 of this Chapter may be imposed in conjunction with any other administrative activity.

(c) The issuance of an administrative penalty may be appealed pursuant to G.S. 150B-23.

(d) Following the substantiation of any abuse or neglect complaint or the issuance of any administrative action against a child care facility, the operator shall:

- (1) maintain copies of documentation of the substantiated complaint investigation or the administrative action issued against the facility for the past three years in a binder, which is accessible to parents;
- (2) within 30 days, notify the parents of the children currently enrolled that a complaint was substantiated or that an administrative action was taken against the facility, including administrative actions that may be stayed pending appeal. The notice shall:
 - (A) be in writing;
 - (B) include information on the nature of the substantiated complaint or the type of administrative action taken; and
 - (C) state where the binder containing copies of the substantiated complaint investigation or administrative action may be found on site for review by the parents; and
- (3) document the date that the written notice was given to all parents and have parents sign an acknowledgement that they have received said notice.

History Note: Authority G.S. 110-85; 110-102.2; 110-103.1; 143B-168.3; 150B-23;

Eff. July 1, 1988;

Amended Eff. July 1, 2010; January 1, 2006; April 1, 2001; November 1, 1989.

10A NCAC 09 .2202 WRITTEN REPRIMANDS

(a) A written reprimand may be issued to censure any violation which the Division determines to have been a brief uncustomary event which is unlikely to recur in the ordinary operation of the center or home.

(b) The reprimand shall describe the reasons for its issuance including identification of the specific section of the statutes or rules violated.

History Note: Authority G.S. 110-102.2; 143B-168.3;

Eff. July 1, 1988;

Amended Eff. April 1, 2001; August 1, 1990; November 1, 1989.

10A NCAC 09 .2203 WRITTEN WARNINGS

(a) A written warning and a corrective action plan may be issued in regard to any violation to allow the operator an opportunity to demonstrate compliance with all requirements.

(b) The written warning and corrective action plan shall describe the reasons for its issuance including identification of the specific section of the statutes or rules violated. It shall also describe those actions necessary for the operator to be in full compliance with requirements and shall specify a time period for compliance to be achieved.

(c) If the operator fails to achieve compliance during the specified time period, the Division shall employ more restrictive action to achieve compliance or shall revoke the permit.

*History Note: Authority G.S. 110-102.2; 143B-168.3;
Eff. July 1, 1988;
Amended Eff. April 1, 2001; November 1, 1989.*

10A NCAC 09 .2204 PROBATIONARY LICENSE

(a) A permit may be placed in probationary status for a period of time not to exceed one year when, in the Division's determination, violation of any section of the statutes or rules has been willful, continual, or hazardous to health or safety.

(b) The document ordering probation shall describe the reasons for its issuance including identification of the specific section of the statutes or rules violated and shall specify the period of probation. It shall also specify terms of probation with which the operator must comply to retain the permit.

(c) The order of probation shall be posted in a prominent place in the center or home during the probationary period. If probation is stayed pending appeal, the probation order shall remain posted in the center or home pending final action.

(d) Failure of the operator to comply with the terms of probation shall result in the commencement of proceedings to suspend or revoke the permit.

*History Note: Authority G.S. 110-102.2; 143B-168.3;
Eff. July 1, 1988;
Amended Eff. April 1, 2001; November 1, 1989.*

10A NCAC 09 .2205 SUSPENSION

(a) Suspension of a permit for a period of time not to exceed 45 days may be ordered when violation of any section of the statutes or rules has been willful, continual, or hazardous to health or safety, and/or the operator has not made reasonable efforts to conform to standards.

(b) The operator shall be notified in advance of the determination to suspend the permit and the reasons for such action. The operator may request an agency review of the situation and shall be given an opportunity to show compliance with all requirements for retention of the permit.

(c) The suspension order shall specify the period of suspension and the reasons for its issuance. The operator shall surrender the permit to the Division on the effective date of the suspension order and shall refrain from operating a center or home during the suspension period.

(d) If suspension is stayed pending appeal, the suspension order shall be posted in a prominent place in the center or home pending final action.

(e) Failure to comply with the suspension order shall result in civil action in accordance with G.S. 110-103.1 and/or criminal penalty in accordance with G.S. 110-103. The Division may also seek injunctive relief in accordance with G.S. 110-104.

*History Note: Authority G.S. 110-102.2; 143B-168.3; 150B-3;
Eff. July 1, 1988;
Amended Eff. April 1, 2001; November 1, 1989.*

10A NCAC 09 .2206 REVOCATION

(a) Revocation of a permit may be ordered when violation of any section of the statutes or rules has been willful, continual, or hazardous to health or safety, or the operator has not made reasonable efforts to conform to standards or is unable to comply.

- (b) The operator shall be notified in advance of the determination to revoke the permit and the reasons for such action. The operator may request an agency review of the situation and shall be given an opportunity to show compliance with all requirements for retention of the permit.
- (c) The revocation order shall specify the reasons for its issuance and the effective date of revocation and shall be posted prominently in the center or home immediately upon receipt. The operator shall surrender the permit on the effective date of the revocation order and shall refrain from operating the center or home thereafter.
- (d) Failure to comply with the revocation order shall result in civil action in accordance with G.S. 110-103.1 or a criminal penalty in accordance with G.S. 110-103, or both. The Secretary may also seek injunctive relief in accordance with G.S. 110-104.

*History Note: Authority G.S. 110-102.2; 143B-168.3; 150B-3;
Eff. July 1, 1988;
Amended Eff. April 1, 2001; August 1, 1990; November 1, 1989.*

10A NCAC 09 .2207 SUMMARY SUSPENSION

- (a) Summary suspension of a permit may be ordered in accordance with G.S. 150B-3(c) when, in the Division's determination, emergency action is required to protect the health, safety, or welfare of children in a child care facility regulated by the Division.
- (b) The suspension order shall specify the reasons for its issuance including identification of the specific section of the statutes and rules violated and the determination of the need for emergency action. The order shall be effective on the date specified in the order. The order shall be effective during proceedings to suspend or revoke the permit.
- (c) The operator shall surrender the permit on the effective date of the order and shall refrain from operating a center or home until final action is determined.
- (d) Failure to comply with the summary suspension order shall result in civil action in accordance with G.S. 110-103.1, and/or criminal penalty in accordance with G.S. 110-103. The Division may also seek injunctive relief in accordance with G.S. 110-104.

*History Note: Authority G.S. 110-102.2; 143B-168.3; 150B-3;
Eff. July 1, 1988;
Amended Eff. April 1, 2001; November 1, 1989.*

10A NCAC 09 .2208 CIVIL PENALTIES: SCOPE AND PURPOSE

Any operator who violates any provision of G.S. 110, Article 7 or of this Subchapter, or who fails to take corrective action after being provided adequate written notice by the Division, shall be considered to be in willful violation of the licensing law and a civil penalty may be levied against the operator by the secretary or designee pursuant to rules and schedules of penalties adopted by the Commission.

*History Note: Authority G.S. 110-90(9); 110-103.1; 143B-168.3;
Eff. January 1, 1986;
Amended Eff. April 1, 2001; November 1, 1989; January 1, 1987.*

10A NCAC 09 .2209 AMOUNT OF PENALTY

- (a) The amount of the penalty assessed shall be based upon the following factors: willful or negligent non-compliance by the operator, history of non-compliance, extent of deviation from the regulation, evidence of good faith effort to comply, and any other factors relevant to the unique situation.
- (b) The amount of the penalty, within the limitation established by G.S. 110-103.1, shall be in accordance with the following schedule:
- (1) Where a violation presents a clear and imminent danger to the safety of the children, a civil penalty up to one thousand dollars (\$1000) may be imposed;

- (2) Where a violation endangers, or has the potential to endanger the children's health, safety, or well-being, a civil penalty up to five hundred dollars (\$500.00) may be imposed;
 - (3) Where a violation does not directly endanger the children, a civil penalty of up to two hundred and fifty dollars (\$250.00) may be imposed.
- (c) A separate penalty may be imposed for each violation.

*History Note: Authority G.S. 110-90(9); 110-103.1; 143B-168.3;
Eff. January 1, 1986.*

10A NCAC 09 .2210 NOTICE OF ASSESSMENT OF PENALTY

The operator shall be notified by registered or certified mail of the amount and reasons for the assessment of the civil penalty. The notice shall specify the factors used to determine the amount of the penalty and must specify a time period by which payment must be received by the Division.

*History Note: Authority G.S. 110-90(9); 110-103.1; 143B-168.3;
Eff. January 1, 1986;
Amended Eff. July 1, 1988.*

10A NCAC 09 .2211 RIGHT TO A HEARING

Any operator contesting a penalty is entitled to an administrative hearing and judicial review in accordance with Chapter 150B of the General Statutes, the Administrative Procedures Act.

*History Note: Authority G.S. 110-90(9); 110-103.1; 143B-168.3;
Eff. January 1, 1986;
Amended Eff. January 1, 1987.*

10A NCAC 09 .2212 FAILURE TO PAY ASSESSED PENALTY

Failure to pay the assessed penalty or to exercise appeal rights within 30 days after receipt of the notice of assessment may result in civil action in accordance with the provisions of G.S. 110-103.1(c).

*History Note: Authority G.S. 110-90(9); 110-103.1; 143B-168.3;
Eff. January 1, 1986;
Amended Eff. July 1, 1988.*

10A NCAC 09 .2213 SCHEDULE OF CIVIL PENALTIES FOR CHILD CARE CENTERS

- (a) The following penalties may be assessed against child care centers as defined in G.S. 110-86(3).
- (b) A civil penalty in an amount up to one thousand dollars (\$1,000) may be imposed for the following violations:
 - (1) Non-compliance with the standards for:
 - (A) Staff-child ratios;
 - (B) Adequate supervision of children;
 - (C) Transportation of children; or
 - (D) Use of swimming pools and other swim areas;
 - (2) Disapproved fire safety, building or sanitation inspection reports;
 - (3) Exceeding licensed capacity of center, or use of unauthorized space;
 - (4) Change of ownership or relocation of center without prior notification to the Division;
 - (5) Substantiation that a child (or children) was abused or neglected while in the care of the center; or
 - (6) Willful, repeated pattern of non-compliance with any requirement over extended period of time.

(c) A civil penalty in an amount up to five hundred dollars (\$500.00) may be imposed for the following violations:

- (1) Non-compliance with the standards for:
 - (A) Staff health requirements;
 - (B) Staff qualifications;
 - (C) Children's health requirements;
 - (D) Proper nutrition;
 - (E) Sanitation and personal hygiene practices;
 - (F) Discipline of children;
 - (G) Indoor or outdoor space; or
 - (H) Emergency medical plan;
- (2) Failure to comply with a corrective action plan;
- (3) Denial of entry to an authorized representative of the department or Division.

(d) A civil penalty in an amount up to two hundred and fifty dollars (\$250.00) may be imposed for the following violations:

- (1) Non-compliance with the standards to provide:
 - (A) Age-appropriate activities; or
 - (B) Staff development.
- (2) Failure to post provisional permit; or
- (3) Failure to maintain accurate records.

(e) Violation of other standards may result in the assessment of a penalty according to the effect or potential effect of the violation on the safety and well-being of the child.

*History Note: Authority G.S. 110-90(9); 110-103.1; 143B-168.3;
Eff. January 1, 1986;
Amended Eff. April 1, 2001; October 1, 1991.*

SECTION .2700 - CRIMINAL RECORDS CHECKS

10A NCAC 09 .2701 APPLICATION FOR PERMITS

(a) In addition to the requirements set forth in Rules .0302 and .1702, of this Chapter, a prospective child care provider shall submit to the Division at the time of application the following forms:

- (1) a certified criminal history check from the Clerk of Superior Court's office in the county or counties where the individual has resided during the previous 12 months;
- (2) a signed Authority for Release of Information using the form provided by the Division; and
- (3) a completed fingerprint card using SBI form FD-258.

If the prospective child care provider has lived in North Carolina for less than five consecutive years, immediately preceding the date the fingerprint card is completed, a national check shall be completed pursuant to G.S. 110-90.2(c).

(b) The prospective child care provider shall sign a statement declaring under penalty of perjury if he or she has been convicted of a crime other than a minor traffic violation. The prospective child care provider shall maintain this statement on file available for review by a representative of the Division until the notice of qualification is received by the provider. If the prospective child care provider has been convicted, has pending charges or indictments, is under deferred prosecution, has received a Prayer For Judgment, or is on probation for a crime, the prospective child care provider shall acknowledge that he or she is aware that the issuance of a permit is conditional pending approval by the Division.

(c) If the prospective child care provider has been convicted, has pending charges or indictments, is under deferred prosecution, has received a Prayer For Judgment, or is on probation for a crime, he or she may submit to the Division additional information concerning the conviction or charges that could be used by the Division in making the determination of the prospective child care provider's qualification. The Division may consider the following in making its decision:

- (1) length of time since conviction;
- (2) nature of the crime;
- (3) circumstances surrounding the commission of the offense or offenses;
- (4) evidence of rehabilitation;
- (5) number of prior offenses; and
- (6) age of the individual at the time of occurrence.

(d) A prospective child care provider's refusal to complete the required criminal history record check paperwork is grounds to deny issuance of a permit.

(e) Determination by the Division that the prospective child care provider is disqualified is reasonable cause to deny issuance of a permit.

(f) If the prospective child care provider is a firm, partnership, association, or corporation, the chief executive officer or other person serving in like capacity or a person designated by the chief executive officer as responsible for the operation of the facility, shall complete the criminal history record check as specified in Paragraph (a) of this Rule.

(g) When a Letter of Intent to Operate pursuant to G.S. 110-106 is submitted to the Division, the person signing the Letter of Intent shall also submit all forms as required in Rule .2702(a) of this Section.

(h) Determination by the Division that the person submitting the Letter of Intent is disqualified is reasonable cause to issue a Notice to Cease Operation.

(i) Any child care provider who owns or operates an existing child care program, and who is applying for a permit for an additional child care program within one year from the date of qualification that was based on fingerprinting, shall submit a certified criminal history check from the Clerk of Superior Court's office in the county or counties where the individual has resided during the previous 12 months. A new fingerprint card is not required unless deemed necessary by the Division in making the determination of qualification. If the criminal history check was completed more than one year prior to the application for an additional child care program, the applicant shall complete all forms as required in Paragraph (a) of this Rule.

History Note: Authority G.S. 110-85; 110-90.2; 114-19.5; 143B-168.3; S.L. 1995, c. 507, s. 23.25; Temporary Adoption Eff. January 1, 1996; Eff. April 1, 1997; Amended Eff. November 1, 2007.

10A NCAC 09 .2702 CRIMINAL RECORD CHECK REQUIREMENTS FOR CHILD CARE PROVIDERS

(a) Child care providers shall submit the following to their employer no later than five business days after beginning work:

- (1) a certified criminal history check from the Clerk of Superior Court's office in the county where the individual resides;
- (2) a signed Authority for Release of Information using the form provided by the Division;
- (3) a fingerprint card using SBI form FD-258; and
- (4) a signed statement declaring under penalty of perjury if he or she has been convicted of a crime other than a minor traffic violation.

If the child care provider has been convicted, has pending charges or indictments, is under deferred prosecution, has received a Prayer For Judgment, or is on probation for a crime, the child care provider shall acknowledge on the statement that he or she is aware that the employment is conditional pending approval by the Division. If the child care provider has lived in North Carolina for less than five consecutive years immediately preceding the date the fingerprint card is completed, a national check shall be completed pursuant to G.S. 110-90.2(c).

(b) If the child care provider has been convicted, has pending charges or indictments, is under deferred prosecution, has received a Prayer For Judgment, or is on probation for a crime, he or she may submit to the Division additional information concerning the conviction or charges that could be used by the Division in making the determination of the provider's qualification for employment. The Division may consider the following in making a decision:

- (1) length of time since conviction;
- (2) nature of the crime;
- (3) circumstances surrounding the commission of the offense or offenses;
- (4) evidence of rehabilitation;
- (5) number and type of prior offenses; and
- (6) age of the individual at the time of occurrence.

(c) The child care provider's employer shall mail a complete and accurate packet that includes a certified criminal history check from the Clerk of Superior Court's office in the county where the individual resides, Authority for Release of Information using the form provided by the Division, and a fingerprint card to the Division no later than three business days after receipt. A copy of the submitted information and the declaration statement shall be maintained in the child care provider's personnel file, and shall be available for review by a representative of the Division until the notice of qualification is received by the provider. At that time the submitted information and the declaration statement may be discarded. The notice of qualification shall be maintained in the child care provider's personnel file, and shall be available for review by a representative of the Division.

(d) The child care provider shall be on probationary status pending the determination of qualification or disqualification by the Division.

(e) If the child care provider changes employers within one year from the date of qualification that was based on fingerprinting, he or she shall submit a certified criminal history check from the Clerk of Superior Court's office in the county where the individual resides. This local check shall be submitted to his or her employer no later than five business days after beginning work. The employer shall complete the steps as defined in Paragraphs (c), (d) and (g) of this Rule, except that the fingerprint card and the Authority for Release of Information as referenced in Paragraph (c) is not required. If the criminal

history check was completed more than one year prior to employment, the child care provider shall complete all forms required in Paragraph (a) of this Rule.

(f) If a family child care home changes the location of operation, the family child care home providers and household members over 15 years old, including family members and non-family members who use the home on a permanent or temporary basis as their primary residence, shall submit a certified criminal history check from the Clerk of Superior Court's office in the county or counties where the provider and household members have lived during the previous 12 months. This local check shall be submitted to the child care consultant no later than 10 business days after the location change. A new fingerprint card is not required unless deemed necessary by the Division in making its determination of qualification.

(g) Child care providers determined by the Division to be disqualified shall be terminated by the center or family child care home immediately upon receipt of the disqualification notice.

(h) Refusal on the part of the employer to dismiss a child care provider who has been found to be disqualified shall be grounds for suspension, denial, or revocation of the permit in addition to any other administrative action or civil penalties pursued by the Division. If an employer appeals the administrative action, the child care provider shall not be employed during the appeal process.

(i) A substitute child care provider who is employed for more than five days, whether working full or part-time, shall submit all forms as required in Paragraph (a) of this Rule to the employer by the end of the fifth working day. The employer shall complete the steps as defined in Paragraphs (c), (d) and (g) of this Rule.

(j) If a child care provider or household member is employed or remains at the same facility for three consecutive years, a modified criminal record check shall be conducted by using the Administrative Office of the Courts (AOC) System. On each three year anniversary date of employment, the child care provider or household member shall complete and submit the form provided by the Division. The Division may request a certified criminal history check from the Clerk of Superior Court's office in the county where the individual resides or from the provider or household member to verify the AOC results.

(k) For persons employed at the same facility for more than three consecutive years, as of the effective date of this Rule, the required form shall be mailed to the provider by the Division on a schedule determined by the Division. These existing staff members shall complete and submit the form to the Division within 10 business days of Division notification.

(l) Existing family child care home providers and household members who were qualified more than three years prior to January 1, 2008, shall be notified by a separate mailing and shall complete and submit the required form to the Division within 10 business days of receipt of Division notification.

(m) After a child care provider or household member has been qualified, the Division may complete a new criminal record check at any time there has been an investigation that references the child care provider or household member conducted by the Department of Social Services or the Division of Child Development.

The Division may complete a new criminal record check for the discovery or indication of any charges or indictments (pending or otherwise) that occurred after the initial qualification. When requested, the child care provider or household member shall complete and submit the packet as described in Paragraph (c) of this Rule to the Division within five business days of the request for a new criminal record check.

(n) Any individuals over 15 years old who move into the household or any individuals who live in the household who have had their 16th birthday after the initial licensing of a family child care home, including family members and non-family members who use the home on a permanent or temporary basis as their primary residence, shall complete and submit the packet as described in Paragraph (c) of this Rule to the Division within five business days of moving into the home or their 16th birthday.

History Note: Authority G.S. 110-85; 110-90.2; 114-19.5; 143B-168.3; S.L. 1995, c. 507, s. 23.25; Temporary Adoption Eff. January 1, 1996; Eff. April 1, 1997;

10A NCAC 09 .2703 RESERVED FOR FUTURE CODIFICATION

10A NCAC 09 .2704 CRIMINAL RECORD CHECK REQUIREMENTS FOR NONLICENSED HOME PROVIDERS

(a) A nonlicensed home provider and household members over 15 years old, including family members and non-family members who use the home on a permanent or temporary basis as their primary residence, shall submit the following to the local purchasing agency:

- (1) a certified criminal history check from the Clerk of Superior Court's office in the county or counties where the individual has resided during the previous 12 months;
- (2) a signed Authority for Release of Information using the form provided by the Division;
- (3) a fingerprint card using SBI form FD-258; and
- (4) a signed statement declaring under penalty of perjury if he or she has been convicted of a crime other than a minor traffic violation.

This rule also includes any individuals over 15 years old who move into the household, or any individuals who live in the household who have had their 16th birthday after initial approval, including family members and non-family members who use the home either on a permanent or temporary basis as their primary residence. These persons shall submit items in Subparagraphs (a)(1) through (a)(4) of this Rule to the local purchasing agency within five business days of moving into the home or their 16th birthday.

(b) New nonlicensed home providers and any household members over 15 years old shall submit the complete and accurate packet no later than five business days after applying for enrollment as a nonlicensed home provider of subsidized child care. If more than 12 months have elapsed since the criminal record check has been completed and subsidy funds were not received, then a new criminal record check must be submitted by the nonlicensed home provider and any household member over 15 years old.

(c) Any individual over 15 years old, including family members and non-family members who use the home either on a permanent or temporary basis as their primary residence, shall submit all criminal record check forms as required in 10A NCAC 09 .2704, Subparagraphs (a)(1) through (a)(4) of this Rule, within 10 business days of joining the household.

(d) If the nonlicensed home provider or household member has been convicted, has pending charges or indictments, is under deferred prosecution, has received a Prayer For Judgment, or is on probation for a crime, the nonlicensed home provider shall acknowledge on the statement that he or she is aware that payment is conditional pending approval by the Division. If the nonlicensed home provider has lived in North Carolina for less than five consecutive years immediately preceding the date the fingerprint card is completed, a national check shall be completed pursuant to G.S. 110-90.2(c).

(e) If a nonlicensed home provider or household member has been convicted, has pending charges or indictments, is under deferred prosecution, has received a Prayer For Judgment, or is on probation for a crime, he or she may submit to the Division additional information concerning the conviction or charges that could be used by the Division in making the determination of the provider's qualification. The Division may consider the following in making a decision:

- (1) length of time since conviction;
- (2) nature of the crime;
- (3) circumstances surrounding the commission of the offense or offenses;
- (4) evidence of rehabilitation;
- (5) number of prior offenses; and
- (6) age of the individual at the time of occurrence.

(f) The local purchasing agency shall mail the certified criminal history check from the Clerk of Superior Court's office in the county where the individual resides, Authority for Release of Information

using the form provided by the Division, and a fingerprint card to the Division no later than five business days after receipt. A copy of the submitted information and the declaration statement shall be maintained in the nonlicensed home provider's file until the notice of qualification is received by the nonlicensed home provider. At that time the submitted information and the declaration statement may be discarded. The notice of qualification shall be maintained in the nonlicensed home provider's file.

(g) A nonlicensed home provider may receive payment during the period in which the state or national criminal history check is being completed if the applicant would otherwise receive approval or temporary approval from the local purchasing agency for enrollment in the subsidized child care program, subject to the provisions referenced in 10A NCAC 10 .0803(b), .0810, and .0811.

(h) Disqualification of a nonlicensed home provider by the Division shall be reasonable cause for the local purchasing agency to deny further payment.

(i) If a nonlicensed home provider disagrees with the decision of disqualification and files a civil action in district court, the provider may continue to operate as a nonlicensed home provider only but shall not receive payment during the proceedings. If the determination is that the nonlicensed home provider is qualified, the nonlicensed provider shall receive retroactive payment for the care that was provided.

(j) If a nonlicensed home provider remains open for three consecutive years, a provider and household member(s) shall have a modified criminal record check conducted using the Administrative Office of the Courts (AOC) System. On each three year anniversary date of approval by the local purchasing agency to receive subsidy funds, the provider or household member shall complete and submit the form provided by the Division. The Division may request a certified criminal history from Clerk of Superior Court, from the provider, or household member to verify the AOC results.

(k) Existing nonlicensed home providers who have been operating for more than three consecutive years, as of December 1, 2007, shall be notified by a separate mailing and shall complete and submit the form to the Division within 10 business days of receipt.

(l) After a nonlicensed home provider or household member has been qualified, the Division may complete a new criminal record check at any time there has been an investigation that references the nonlicensed home provider or household member conducted by the Department of Social Services or the Division of Child Development.

The Division may complete a new criminal record check for the discovery or indication of any charges or indictments (pending or otherwise) that occurred after the initial qualification. When requested, the nonlicensed home provider or household member shall complete and submit the packet as described in Subparagraphs (a)(1) through (a)(3) of this Rule to the Division within five business days of the request for a new criminal record check.

*History Note: Authority G.S. 110-85; 110-90.2; 114-19.5; 143B-168.3; S.L. 1995, c. 507, s. 23.25;
Temporary Adoption Eff. January 1, 1996;
Eff. April 1, 1997;
Amended Eff. December 1, 2007; April 1, 2003.*

SECTION .2800 - VOLUNTARY RATED LICENSES

10A NCAC 09 .2801 SCOPE

- (a) This Section applies to all child care facilities that have achieved a voluntary rated license of two stars or higher or that apply to be assessed for a voluntary rated license of two stars or higher.
- (b) A child care facility is eligible for a voluntary rated license of two through five stars.
- (c) No requirement in any component of a two-star or higher rating shall be less than the requirements for a one-star rating described in G.S. 110-91 and this Chapter. Prior to issuance of an initial two through five-star rating, all requirements in G.S. 110-91 and this Chapter must be in compliance at the time the program is assessed. The requirements for a voluntary rated license of two stars or higher are in addition to the standards found in G.S. 110-91 and this Chapter.
- (d) Nothing in this Section precludes or interferes with issuance of an administrative action as allowed by G.S. 110 and this Chapter.
- (e) As used in this Section a two component license refers to a license issued based on an evaluation of program standards and education standards.

*History Note: Authority G.S. 110-85; 110-88(7); 110-90(4); 143B-168.3;
Eff. April 1, 1999;
Amended Eff. July 1, 2010; May 1, 2006.*

10A NCAC 09 .2802 APPLICATION FOR A VOLUNTARY RATED LICENSE

- (a) After a licensed child care center or home has been in operation for a minimum of six consecutive months, the procedures in this Rule apply to request an initial two- through five-star rated license or to request that a rating be changed to a two- through five-star rated license.
- (b) The operator shall submit a completed application to the Division for a voluntary rated license on the form provided by the Division.
- (c) An operator may apply for a star rating based on the total number of points achieved for each component of the voluntary rated license. In order to achieve a two- through five-star rating, for a two component license the minimum score achieved must be a least four points as follows:

TOTAL NUMBER OF POINTS	RATING
4 through 6	Two Stars
7 through 9	Three Stars
10 through 12	Four Stars
13 through 15	Five Stars

- (d) A Division representative shall assess the facility requesting a voluntary rated license to determine if all applicable requirements have been met to achieve the score for the requested star rating. The assessment may include a review of Division records and site visits.
- (e) The Division shall provide for Infant/Toddler Environment Rating Scale Revised Edition, Early Childhood Environment Rating Scale - Revised Edition, School-Age Care Environment Rating Scale, or Family Child Care Environment Rating Scale - Revised Edition assessments to be completed, as appropriate for the program, free of charge to operators requesting an initial three or more points for program standards.
- (f) Upon completion of the Division's assessment:
 - (1) If the assessment indicates all the applicable requirements to achieve the score for the requested rating have been met, the Division shall issue the rating.
 - (2) If the assessment indicates all the applicable requirements to achieve the score for the requested rating are not met, the Division shall notify the operator of the requirements that were not met and the requested voluntary rating shall not be issued. The operator may:

- (A) Accept the rating for which the Division has found the operator to be eligible;
- (B) Withdraw the request and reapply when the identified requirements to achieve the score for the requested rating have been met; or
- (C) Appeal the denial of the requested rating as provided in G.S. 110-94.

*History Note: Authority G.S. 110-88(7); 110-90(4); 143B-168.3;
 Eff. April 1, 1999;
 Amended Eff. July 1, 2010; May 1, 2006.*

10A NCAC 09 .2814 PROGRAM STANDARDS FOR A RATED LICENSE FOR FAMILY CHILD CARE HOMES

10A NCAC 09 .2815 EDUCATION STANDARDS FOR A RATED LICENSE FOR FAMILY CHILD CARE HOMES

10A NCAC 09 .2816 COMPLIANCE HISTORY STANDARDS FOR A RATED LICENSE FOR FAMILY CHILD CARE HOMES

*History Note: Authority G.S. 110-88(7); 110-90(4); 143B-168.3;
 Eff. April 1, 1999;
 Amended Eff. April 1, 2003;
 Recodified from Rule .2805 Eff. May 1, 2006 (Rule .2813);
 Recodified from Rule .2806 Eff. May 1, 2006 (Rule .2814);
 Recodified from Rule .2807 Eff. May 1, 2006 (Rule .2815);
 Recodified from Rule .2808 Eff. May 1, 2006 (Rule .2816);
 Repealed Eff. July 1, 2010.*

10A NCAC 09 .2821 PROGRAM STANDARDS FOR A TWO COMPONENT RATED LICENSE FOR FAMILY CHILD CARE HOMES

- (a) This Rule applies to evaluating the program standards for a two component rated license for family child care homes.
- (b) To achieve two points for program standards, the operator shall have written operational policies and procedures that include information about meal and snack practices, daily activities, parent involvement, health and safety practices, infection control/ill child exclusion/inclusion, and business practice.
- (c) To achieve three points for program standards, the operator shall:
 - (1) Have written operational policies and procedures that include all information listed in Paragraph (a) of this Rule.
 - (2) Have an average score of 4.0 or higher on the Family Day Care Rating Scale.
- (d) To achieve four points for program standards, the operator shall:
 - (1) Have written operational policies and procedures that include all information listed in Paragraph (a) of this Rule.
 - (2) Have an average score of 4.25 or higher on the Family Day Care Rating Scale.
- (e) To achieve five points for program standards, the operator shall:
 - (1) Have written operational policies and procedures that include all information listed in Paragraph (a) of this Rule.
 - (2) Have an average score of 4.5 or higher on the Family Day Care Rating Scale.
- (f) To achieve six points for program standards, the operator shall:
 - (1) Have written operational policies and procedures that include all information listed in Paragraph (a) of this Rule;
 - (2) Have an average score of 4.75 or higher on the Family Day Care Rating Scale; and

- (3) Of the five preschoolers allowed to be enrolled, no more than four children shall be under one year of age.
- (g) To achieve seven points for program standards, the operator shall:
 - (1) Have written operational policies and procedures that include all information listed in Paragraph (a) of this Rule;
 - (2) Have an average score of 5.0 or higher on the Family Day Care Rating Scale; and
 - (3) Of the five preschoolers allowed to be enrolled, no more than three children shall be under one year of age.

*History Note: Authority G.S. 110-88(7); 110-90(4); 143B-168.3;
Eff. May 1, 2006.*

10A NCAC 09 .2822 EDUCATION STANDARDS FOR A TWO COMPONENT RATED LICENSE FOR FAMILY CHILD CARE HOMES

- (a) This Rule applies to evaluating the education standards for a two component rated license for family child care homes.
- (b) To achieve two points for education standards, the operator shall have completed:
 - (1) The North Carolina Family Child Care Credential or its equivalent;
 - (2) Four semester credit hours in early childhood education or child development (not including the North Carolina Family Child Care Credential coursework); or
 - (3) Five years verifiable early childhood work experience and eight additional clock hours of annual in-service training.
- (c) To achieve three points for education standards, the operator shall have completed the North Carolina Family Child Care Credential or its equivalent.
- (d) To achieve four points for education standards, the operator shall have completed:
 - (1) The North Carolina Family Child Care Credential or its equivalent; and
 - (2) Six semester credit hours in early childhood education or child development (not including the North Carolina Family Child Care Credential coursework).
- (e) To achieve five points for education standards, the operator shall have completed:
 - (1) The North Carolina Family Child Care Credential or its equivalent;
 - (2) 12 semester credit hours in early childhood education or child development (not including the North Carolina Family Child Care Credential coursework); and
 - (3) Two of 12 semester hours in early childhood education are in child care administration or one year verifiable early childhood work experience.
- (f) To achieve six points for education standards, the operator shall have completed:
 - (1) The North Carolina Family Child Care Credential or its equivalent;
 - (2) 18 semester credit hours in early childhood education or child development (not including the North Carolina Family Child Care Credential coursework); and
 - (3) Five of the 18 semester hours in early childhood education are in child care administration or two years verifiable early childhood work experience.
- (g) To achieve seven points for education standards, the operator shall have completed:
 - (1) At least an A.A.S. degree in any major with at least 12 semester credit hours in early childhood education/child development coursework and two years of full-time verifiable early childhood work experience; or
 - (2) At least an A.A.S. in early childhood education/child development and 18 months of full-time verifiable early childhood work experience.

*History Note: Authority G.S. 110-88(7); 110-90(4); 143B-168.3;
Eff. May 1, 2006.*

10A NCAC 09 .2823 QUALITY POINT OPTIONS

Operators may earn one additional quality point as follows:

- (1) Education options:
 - (a) Completion by staff of additional education coursework as follows:
 - (i) 75 percent of infant/toddler teachers have obtained an Infant/Toddler Certificate, or
 - (ii) 75 percent of teachers have completed an A.A.S. or higher in early childhood education/child development, or
 - (iii) 75 percent of lead teachers have completed a BA/BS or higher in early childhood education/child development, or
 - (iv) All lead teachers have completed an A.A.S. or higher in early childhood education/child development, or
 - (v) 75 percent of group leaders have obtained a North Carolina School Age Care Credential or have completed six semester hours in school-age coursework, or
 - (vi) A family child care home provider has obtained an Infant/Toddler Certificate or has a BA/BS or higher in early childhood education/child development.
 - (b) Completion of 20 additional annual in-service training hours for full-time lead teachers and teachers, and staff working part-time shall complete additional hours based on the chart in Rule .0707(c) of this Chapter.
 - (c) Completion of 20 additional annual in-service training hours for family child care home providers.
 - (d) 75 percent of lead teachers and teachers shall have at least 10 years verifiable early childhood work experience.
 - (e) All lead teachers and teachers shall have at least five years verifiable early childhood work experience employed by no more than two different employers.
 - (f) Having a combined turnover rate of 20 percent or less for the administrator, program coordinator, lead teachers, teachers and group leader positions over the last 12 months if the program has earned at least four points in education.
 - (g) In a stand alone school age program, 75 percent of group leaders shall have at least five years verifiable school-age work experience employed in no more than two different school-age settings.
- (2) Programmatic options:
 - (a) Use of age/developmentally appropriate curriculum that addresses five domains of development.
 - (b) Having group sizes decreased by at least one child per age group from the seven point level as described in Rule .2818(c) of this Section.
 - (c) Having staff/child ratios decreased by at least one child per age group from the seven point level as described in Rule .2818(c) of this Section.
 - (d) Meeting at least two of the following three programs standards:
 - (i) Having enhanced policies which include the following topics: emergency evacuation plan, field trip policy, staff development plan, medication administration, enhanced discipline policy, and health rules for attendance.
 - (ii) Having a staff benefits package that offers at least four of the following six benefits: paid leave for professional development, paid planning time, vacation, sick time, retirement or health insurance.
 - (iii) Having evidence of an infrastructure of parent involvement which would include at least two of the following: parent newsletters offered at least quarterly, parent advisory board, periodic conferences for all children, or parent information meetings offered at least quarterly.

- (e) Completion of a 30 hour or longer business training course by a family child care home provider.
- (f) Completion of a business training course and a wage and hour training by the center administrator that is at least 30 hours total.
- (g) Restricting enrollment to four preschool children in a family child care home.
- (h) Reducing infant capacity by at least one child from the seven point level for a family child care home as described in Rule .2821(g)(3) of this Section.

*History Note: Authority G.S. 110-88(7); 110-90(4); 143B-168.3;
Eff. May 1, 2006;
Amended Eff. December 1, 2006.*

10A NCAC 09 .2824 MAINTAINING THE STAR RATING

(a) A representative of the Division may make announced or unannounced visits to facilities to assess on-going compliance with the requirements of a star rating after it has been issued. When the Division representative documents violations with the standards that determine a rating, the representative may take one or more of the following actions:

- (1) Advise the operator to submit written verification that the violation(s) have been corrected.
- (2) Return to the facility for an unannounced visit at a later date to determine if compliance has been achieved.
- (3) Recommend an Environmental Rating Scale assessment be conducted.
- (4) Recommend a complete reassessment of requirements of the star rating issued to the facility.
- (5) Recommend that the star rating be reduced.
- (6) Recommend administrative action in accordance with G.S. 110 and this Subchapter.

(b) If changes occur at a facility which result in the operator not complying with the standards in this Section for the star rating issued, the operator shall correct the noncompliance within 30 days. If the operator does not correct the noncompliance within 30 days, the operator shall notify the Division. Based upon the information obtained, the Division may take any of the actions described in Paragraph (a) of this Rule.

(c) A complete assessment of requirements for a voluntary rated license of two stars or higher shall be conducted at least once every three years. The Division shall provide for one evaluation of program standards using the environment rating scales referenced in Rule .2802(e) free of charge once every three years when reassessing the ratings of operators with three to five points for program standards.

*History Note: Authority G.S. 110-88(7); 110-90(4); 143B-168.3;
Eff. April 1, 1999;
Recodified from Rule .2809 Eff. May 1, 2006.*

10A NCAC 09 .2825 HOW AN OPERATOR MAY REQUEST OR APPEAL A CHANGE IN RATING

(a) An operator may request a change in the star rating by following the procedures in Rule .2802 of this Section.

(b) After an initial three- through five-star rating is issued, the Division shall provide for one evaluation of program standards using the environment rating scales referenced in Rule .2802(e) of this Section during each three year period thereafter at no cost to the operator. An operator may have extra rating scale assessments as referenced in Rule .2802(e) of this Section performed at his or her own expense in addition to the free one performed by the Division. The additional rating scale assessments shall be completed by individuals approved by the Division to perform them. Approval shall be based upon the

individual's successful completion of training designated or authorized by the authors of the environment rating scales.

(c) An operator may appeal the reduction of a star rating as provided in G.S. 110-94.

*History Note: Authority G.S. 110-88(7); 110-90(4); 143B-168.3;
Recodified from Rule .2810 Eff. May 1, 2006;
Amended Eff. May 1, 2006.*

APPENDIX C

INCLUSION RESOURCES

Early Childhood Inclusion

A Joint Position Statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)

Today an ever-increasing number of infants and young children with and without disabilities play, develop, and learn together in a variety of places – homes, early childhood programs, neighborhoods, and other community-based settings. The notion that young children with disabilities¹ and their families are full members of the community reflects societal values about promoting opportunities for development and learning, and a sense of belonging for every child. It also reflects a reaction against previous educational practices of separating and isolating children with disabilities. Over time, in combination with certain regulations and protections under the law, these values and societal views regarding children birth to 8 with disabilities and their families have come to be known as early childhood inclusion.² The most far-reaching effect of federal legislation on inclusion enacted over the past three decades has been to fundamentally change the way in which early childhood services ideally can be organized and delivered.³ However, because inclusion takes many different forms and implementation is influenced by a

wide variety of factors, questions persist about the precise meaning of inclusion and its implications for policy, practice, and potential outcomes for children and families.

The lack of a shared national definition has contributed to misunderstandings about inclusion. DEC and NAEYC recognize that having a common understanding of what inclusion means is fundamentally important for determining what types of practices and supports are necessary to achieve high quality inclusion. This DEC/NAEYC joint position statement offers a definition of early childhood inclusion. The definition was designed not as a litmus test for determining whether a program can be considered inclusive, but rather, as a blueprint for identifying the key components of high quality inclusive programs. In addition, this document offers recommendations for how the position statement should be used by families, practitioners, administrators, policy makers, and others to improve early childhood services.



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Definition of Early Childhood Inclusion

Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports.

What is meant by Access, Participation, and Supports?

Access. Providing access to a wide range of learning opportunities, activities, settings, and environments is a defining feature of high quality early childhood inclusion. Inclusion can take many different forms and can occur in various organizational and community contexts, such as homes, Head Start, child care, faith-based programs, recreational programs, preschool, public and private pre-kindergarten through early elementary education, and blended early childhood education/early childhood special education programs. In many cases, simple modifications can facilitate access for individual children. Universal design is a concept that can be used to support access to environments in many different types of settings through the removal of physical and structural barriers. Universal Design for Learning (UDL) reflects practices that provide multiple and varied formats for instruction and learning. UDL principles and practices help to ensure that *every* young child has access to learning environments, to typical home or educational routines and activities, and to the general education curriculum. Technology can enable children with a range of functional abilities to participate in activities and experiences in inclusive settings.

Participation. Even if environments and programs are designed to facilitate access, some children will need additional individualized accommodations and supports to participate fully in play and learning activities with peers and adults. Adults promote belonging, participation, and engagement of children with and without disabilities in inclusive settings in a variety of intentional ways. Tiered models in early childhood hold promise for helping adults organize assessments and interventions by level of intensity. Depending on the individual needs and priorities of young children and families, implementing inclusion involves a range of approaches—from embedded, routines-based teaching to more explicit interventions—to scaffold learning and participation for all children. Social-emotional development and behaviors that facilitate participation are critical goals of high quality early childhood inclusion, along with learning and development in all other domains.

Supports. In addition to provisions addressing access and participation, an infrastructure of systems-level supports must be in place to undergird the efforts of individuals and organizations providing inclusive services to children and families. For example, family members, practitioners, specialists, and administrators should have access to ongoing professional development and support to acquire the knowledge, skills, and dispositions required to implement effective inclusive practices. Because collaboration among key stakeholders (e.g., families, practitioners, specialists, and administrators) is a cornerstone for implementing high quality early childhood inclusion, resources and program policies are needed to promote multiple opportunities for communication and collaboration among these groups. Specialized services and therapies must be implemented in a coordinated fashion and integrated with general early care and education services. Blended early childhood education/early childhood special education programs offer one example of how this might be achieved.⁴ Funding policies should promote the

pooling of resources and the use of incentives to increase access to high quality inclusive opportunities. Quality frameworks (e.g., program quality standards, early learning standards and guidelines, and professional competencies and standards) should reflect and guide inclusive practices to ensure that all early childhood practitioners and programs are prepared to address the needs and priorities of infants and young children with disabilities and their families.

Recommendations for Using this Position Statement to Improve Early Childhood Services

Reaching consensus on the meaning of early childhood inclusion is a necessary first step in articulating the field's collective wisdom and values on this critically important issue. In addition, an agreed-upon definition of inclusion should be used to create high expectations for infants and young children with disabilities and to shape educational policies and practices that support high quality inclusion in a wide range of early childhood programs and settings. Recommendations for using this position statement to accomplish these goals include:

- 1. Create high expectations for every child to reach his or her full potential.** A definition of early childhood inclusion should help create high expectations for every child, regardless of ability, to reach his or her full potential. Shared expectations can, in turn, lead to the selection of appropriate goals and support the efforts of families, practitioners, individuals, and organizations to advocate for high quality inclusion.
- 2. Develop a program philosophy on inclusion.** An agreed-upon definition of inclusion should be used by a wide variety of early childhood programs to develop their own philosophy on inclusion. Programs need a philosophy on inclusion as a part of their broader program mission statement to ensure that

practitioners and staff operate under a similar set of assumptions, values, and beliefs about the most effective ways to support infants and young children with disabilities and their families. A program philosophy on inclusion should be used to shape practices aimed at ensuring that infants and young children with disabilities and their families are full members of the early childhood community and that children have multiple opportunities to learn, develop, and form positive relationships.

- 3. Establish a system of services and supports.** Shared understandings about the meaning of inclusion should be the starting point for creating a system of services and supports for children with disabilities and their families. Such a system must reflect a continuum of services and supports that respond to the needs and characteristics of children with varying types of disabilities and levels of severity, including children who are at risk for disabilities. However, the designers of these systems should not lose sight of inclusion as a driving principle and the foundation for the range of services and supports they provide to young children and families. Throughout the service and support system, the goal should be to ensure access, participation, and the infrastructure of supports needed to achieve the desired results related to inclusion. Ideally, the principle of natural proportions should guide the design of inclusive early childhood programs. The principle of natural proportions means the inclusion of children with disabilities in proportion to their presence in the general population. A system of supports and services should include incentives for inclusion, such as child care subsidies, and adjustments to staff-child ratios to ensure that program staff can adequately address the needs of every child.

4. **Revise program and professional standards.** A definition of inclusion could be used as the basis for revising program and professional standards to incorporate high quality inclusive practices. Because existing early childhood program standards primarily reflect the needs of the general population of young children, improving the overall quality of an early childhood classroom is necessary, but might not be sufficient, to address the individual needs of every child. A shared definition of inclusion could be used as the foundation for identifying dimensions of high quality inclusive programs and the professional standards and competencies of practitioners who work in these settings.

5. **Achieve an integrated professional development system.** An agreed-upon definition of inclusion should be used by states to promote an integrated system of high quality professional development to support the inclusion of young children with and without disabilities and their families. The development of such a system would require strategic planning and commitment on the part of families and other key stakeholders across various early childhood sectors (e.g., higher education, child care, Head Start, public pre-kindergarten, pre-school, early intervention, health care, mental health). Shared assumptions about the meaning of inclusion are critical for determining

who would benefit from professional development, what practitioners need to know and be able to do, and how learning opportunities are organized and facilitated as part of an integrated professional development system.

6. **Influence federal and state accountability systems.** Consensus on the meaning of inclusion could influence federal and state accountability standards related to increasing the number of children with disabilities enrolled in inclusive programs. Currently, states are required to report annually to the U.S. Department of Education the number of children with disabilities who are participating in inclusive early childhood programs. But the emphasis on the prevalence of children who receive inclusive services ignores the quality and the anticipated outcomes of the services that children experience. Furthermore, the emphasis on prevalence data raises questions about which types of programs and experiences can be considered inclusive in terms of the intensity of inclusion and the proportion of children with and without disabilities within these settings and activities. A shared definition of inclusion could be used to revise accountability systems to address both the need to increase the number of children with disabilities who receive inclusive services and the goal of improving the quality and outcomes associated with inclusion.

Endnotes

- 1 Phrases such as “children with special needs” and “children with exceptionalities” are sometimes used in place of “children with disabilities.”
- 2 The term “inclusion” can be used in a broader context relative to opportunities and access for children from culturally and linguistically diverse groups, a critically important topic in early childhood requiring further discussion and inquiry. It is now widely acknowledged, for example, that culture has a profound influence on early development and learning, and that early care and education practices must reflect this influence. Although this position statement is more narrowly focused on inclusion as it relates to disability, it is understood that children with disabilities and their families vary widely with respect to their racial/ethnic, cultural, economic, and linguistic backgrounds.
- 3 In accordance with the Individuals with Disabilities Education Act (IDEA), children ages 3-21 are entitled to a free, appropriate public education (FAPE) in the least restrictive environment (LRE). LRE requires that, to the extent possible, children with disabilities should have access to the general education curriculum, along with learning activities and settings that are available to their peers without disabilities. Corresponding federal legislation applied to infants and toddlers (children birth to 3) and their families specifies that early intervention services and supports must be provided in “natural environments,” generally interpreted to mean a broad range of contexts and activities that generally occur for typically developing infants and toddlers in homes and communities. Although this document focuses on the broader meaning and implications of early childhood inclusion for children birth to eight, it is recognized that the basic ideas and values reflected in the term “inclusion” are congruent with those reflected in the term “natural environments.” Furthermore, it is acknowledged that fundamental concepts related to both inclusion and natural environments extend well beyond the early childhood period to include older elementary school students and beyond.
- 4 Blended programs integrate key components (e.g., funding, eligibility criteria, curricula) of two or more different types of early childhood programs (e.g., the federally funded program for preschoolers with disabilities [Part B-619] in combination with Head Start, public pre-k, and/or child care) with the goal of serving a broader group of children and families within a single program.

APPROVED BY DEC EXECUTIVE BOARD: April 2009

APPROVED BY NAEYC GOVERNING BOARD: April 2009

Suggested citation

DEC/NAEYC. (2009). *Early childhood inclusion: A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)*. Chapel Hill: The University of North Carolina, FPG Child Development Institute.

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http://community.fpg.unc.edu/resources/articles/Early_Childhood_Inclusion

Acknowledgments

Coordination of the development and validation of this joint position statement was provided by the National Professional Development Center on Inclusion (NPDCI), a project of the FPG Child Development Institute funded by a grant from the U.S. Department of Education, Office of Special Education Programs. NPDCI work group members included Camille Catlett, who directed the validation process, Virginia Buysse, who served as the lead writer, and Heidi Hollingsworth, who supervised the analysis of respondent comments and the editorial process.

DEC and NAEYC appreciate the work of Joint DEC-NAEYC Work Group members who participated in the development of the initial definition and position statement: Terry Harrison, NJ Department of Health and Senior Services; Helen Keith, University of Vermont; Louise Kaczmarek, University of Pittsburgh; Robin McWilliam, Siskin Children's Institute and the University of Tennessee at Chattanooga; Judy Niemeyer, University of North Carolina at Greensboro; Cheryl Rhodes, Georgia State University; Bea Vargas, El Papalote Inclusive Child Development Center; and Mary Wonderlick, consultant. Input from the members of the DEC Executive Board and the NAEYC Governing Board, as well as key staff members in both organizations, also is acknowledged.





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Questions & Answers about the Americans with Disabilities Act: A Quick Reference for Child Care Providers Updated February 2009

1. What is the ADA?

The Americans with Disabilities Act (ADA) is a federal civil rights law which was passed in 1990. Among other things, the ADA prohibits discrimination by child care centers and family child care providers against individuals with disabilities.¹

The ADA Amendments Act of 2008, which took effect January 1, 2009, strengthens protections for people with disabilities.² It reinforces the focus of the ADA on whether covered entities complied with the statute and not on simply whether a person has a disability.

States may provide greater protection for people with disabilities than what is guaranteed by the ADA.³ In California, the Unruh Civil Rights Act prohibits all business establishments, including child care providers, from discriminating on the basis of disability.⁴

2. Who is protected by the ADA?

Three groups of people receive protection under the ADA. They are:

- People with a **physical or mental impairment** which **substantially limits** one or more **major life activities**;
- People with a **history of** a physical or mental impairment which substantially limits one or more major life activities;
- People who are **regarded as** having a physical or mental impairment which substantially limits one or more major life activities.⁵

3. What constitutes a physical or mental impairment?

The term is defined in the Federal Code of Regulations and includes many conditions and diseases. Physical impairment includes:

- Physiological disorders or conditions;
- Cosmetic disfigurement; OR
- Anatomical loss affecting one or more bodily systems.

Mental impairment includes:

- Any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

The Federal Code of Regulations also contains a long list of contagious and noncontagious diseases and conditions including orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.⁶ Note, that an impairment that is “episodic or in remission is a disability if it would substantially limit a major life activity when active.”⁷

In the past, the mitigating effects of medications, equipment and other auxiliary aids were factored into the determination of whether or not someone qualified as having a disability. The ADA Amendments Act of 2008 changes that. With the exception of ordinary eyeglasses or contact lenses, efforts made by a person to lessen the severity of their disability should not be taken into account when determining whether a person has a disability.⁸ In other words, in determining whether someone is protected by the ADA, what matters is whether a person has a physical or mental impairment and not what that person does to mitigate the effects of that disability.

4. What is a major life activity?

The definition of a major life activity was clarified by the ADA Amendments Act of 2008. It includes, but is not limited to “caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working” as well as major bodily functions.⁹

5. Do child care providers have to comply with the ADA?

Yes. The ADA applies to all places of public accommodation under Title III.¹⁰ In most cases, child care providers are places of public accommodation. However, religious entities are exempt from the ADA.¹¹ Tribal governments and entities are covered by the ADA, but there are differences in how the law applies to tribes.¹² For a more detailed discussion of tribes and the ADA, see Endnote 10.

6. What is a public accommodation?

The ADA provides a list of specific places that are considered public accommodations including “a nursery, elementary, secondary, undergraduate, or postgraduate private school, or other place of education” and “day care center(s).” These private entities are considered places of public accommodation because they hold themselves out to the public as a business.¹³ A child care provider, whether operating out of a center or a family child care home, is a place of public accommodation.

7. My program operates as license-exempt. Am I still required to comply with the requirements of the ADA?

Yes. State law determines what programs are required to be licensed and what programs can operate as license-exempt. The ADA is a federal law and is not affected by state

licensing law. Therefore, license-exempt programs are required to comply with the ADA if they are places of public accommodations.

8. My program is run by a religious entity. Do I still have to comply with the ADA?

No. Title III of the ADA contains an exemption for religious organizations or entities controlled by religious organizations.¹⁴ Merely operating in a religious building does not meet the ADA exemption.

It is also important to note that California has a law, the Unruh Civil Rights Act, which is more expansive than the ADA and covers all business establishments. The Unruh Act contains no exemption for religious entities. A child care center or family child care home that is run as a business establishment would be required to follow the Unruh Act, which requires the same individualized assessment and reasonable accommodations for people with disabilities.

9. What does the ADA require of providers?

The ADA prohibits providers from discriminating against persons simply because they have disabilities. Instead, providers have to make a case-by-case assessment of what the person with the disability requires to be fully integrated into the program. Once they know what is needed, they must assess whether reasonable accommodations can be made.¹⁵ A provider does not have to make a reasonable accommodation if a person qualifies as a person with a disability under the “regarded as” standard described in Question 2 above.¹⁶

10. What types of accommodations does the ADA require?

The ADA sets out four primary types of accommodations:

- Admissions policies that screen out or tend to screen out persons with disabilities;¹⁷
- Changes in policies, practices, or procedures;¹⁸
- Provision of auxiliary aids and services to ensure effective communication;¹⁹ and
- Removal of physical barriers in existing program facilities.²⁰

11. How does a program determine reasonableness?

In practical terms, what is reasonable will vary. Generally, the three most important variables are (1) the needs of a person with a disability, (2) the accommodations requested, and (3) the resources available to the program. Because family child care homes generally have fewer resources and a smaller staff than centers, they may be required to do less. The accommodations, however, must be based on individualized assessments of the child’s needs and the program’s ability to make the necessary modifications.

The ADA requires child care programs to make accommodations in the areas described in Question 10 unless:

- In cases of changes in policies, practices or procedures, the accommodation would **fundamentally alter the nature of the program or services offered;**²¹

- In the case of auxiliary aids and services, the accommodation **would fundamentally alter the nature of the program or pose an undue burden** (i.e., pose a significant difficulty or expense),²²
- In the case of the removal of physical barriers, the accommodation is **not readily achievable**. The ADA allows programs to provide services to individuals with disabilities through alternative methods if physical barriers are not removed.²³

Child care providers should begin the process of identifying reasonable accommodations by talking with the parent(s) or legal guardian about the child's needs and the accommodations sought. If the child has an individualized family services plan (IFSP) or an individualized education plan (IEP) to meet his or her educational needs as required under the Individuals with Disabilities Education Act, the provider can also use that as a guide for determining reasonable accommodations, although these are only one tool and not the definitive answer to what is reasonable. An IEP can provide information about what services and accommodations a school is providing to help the child attain his or her educational goals. Both the parents and the provider should aim to reach an informal resolution whenever possible. If informal resolution is not possible, a court would ultimately decide what is reasonable.

12. Who within a particular program determines what is reasonable?

It depends on the particular program. In a private child care program, the center director or family child care provider would most likely make this determination. For a program that is run in conjunction with a school or on a school site, the answer is more complicated. A private program that is simply renting space from a school will likely have the autonomy to determine what are reasonable admissions policies, program modifications and auxiliary aids and services, but will have to consult with the school or school district about facility modifications. If the program is run by the school, then the person in charge of that school (usually a principal or superintendent) would make the reasonableness determination for the program.

It is important to note, however, that a parent or guardian can always disagree with a program's assessment of what is reasonable. Ultimately, a court of law would make a final determination about what is reasonable in a particular situation.

13. What do I do when another parent makes inquiries about a child with disabilities?

Information about a child's disability is confidential and should not be shared with others unless you have consent from the parents of the child with the disability. If you have a respectful relationship with the parents, you may be able to have a conversation with them about how they would like to see you handle inquiries about their child's disability from the parents and the children. Some parents will prefer that information about their child's disability continue to be kept confidential while others may welcome the opportunity to share with other families the nature of their child's disability. If a family chooses to share information about their child and his or her disability, it can provide valuable learning opportunities for all the children in the program.

Once again, one of the best ways to respond to other families is outside of the context of a particular child by providing general information about what quality care is all about. High quality programs will provide opportunities for parent education, which should include discussions of the benefits to all children of inclusive child care.

14. Are there a certain number of children I may care for if I care for a child with special needs?

There is no particular number of children you may care for when you care for children with special needs, as each child with special needs is different, and there are no required staffing ratios. The provider must evaluate his/her own program, keeping in mind the special needs of each child before determining how many children with special needs the program can accommodate.

Federal law, however, requires Head Start providers, to ensure that, at a minimum, at least 10% of the children served are children with disabilities.

15. Can I charge more for a child with special needs because they require more individualized attention? If I cannot, how will I survive financially?

Programs may not charge the parents of children with disabilities more for providing reasonable accommodations. Programs are free to raise their fees to all families, use tax credits or deductions available from the IRS if they are for-profit programs which pay taxes, or seek resources from outside their programs.

When an accommodation is above and beyond a reasonable accommodation, an additional fee may be imposed but a legal consultation should be made beforehand with someone knowledgeable about the ADA's requirements to both ensure that the accommodation is in fact "above and beyond" a reasonable accommodation as well as to ensure that there is sufficient documentation of agreement on this point.

Programs may charge parents for the cost of providing additional, non-child care services, such as physical therapy, occupational therapy and the like (if they are not already paid for by IDEA Part C funds or the local school district). Keep in mind that in many instances, the reasonable accommodations which are necessary are not very costly, and in some cases, such as improving staffing ratios, could benefit all the children in care. Please see our Publication, entitled "Questions and Answers about the IDEA & Child Care in California" for more information on how to apply for special education services for your child.

16. When I care for a child with special needs who receives a subsidy, may I receive any additional money?

Yes, there are special needs rates and additional funding that may be obtained when caring for "children with exceptional needs" and "severely disabled children." These terms are defined in the Education Code. To qualify as a child with exceptional needs, a child must be eligible for early intervention services or for educational services.²⁴ A "severely disabled child" is a child "who require[s] intensive instruction and training in [a] program serving

pupils with an enumerated profound disability.²⁵ However, the additional money cannot be charged to the parents, but must be billed to the funding entity. The adjustment rate for children with exceptional needs is 1.2 times the standard reimbursement rate and 1.5 times for severely disabled children.²⁶

17. I understand that programs may not discriminate, but in addition I want to be clear that my program welcomes children with disabilities. How do I say that in my brochure?

Your materials may include language that states that your “program is fully accessible” or that your teachers “have experience in caring for children with disabilities.” This goes beyond what is required by law, but is helpful to make your facility visible as one that promotes inclusion.

18. How can I care for children with disabilities if I am not trained or if I work on my own?

Many of the accommodations children need are not complicated and can be easily learned. If you work on your own, necessary accommodations can often be made without additional staffing. In other instances, where training is helpful or necessary, it may be available from the parent, early intervention or special education specialists, health professionals, disability organizations, local resource and referral agencies, or community colleges. An important first step is to identify community resources that can assist with inclusion.

19. May I automatically decline to serve a child with disabilities and simply refer them on to another provider who I think is better able to serve them?

No. A parent may prefer your care and if it is possible for you to make the reasonable accommodations necessary to serve that child he or she may not be turned away and referred to another program. If a program can document that it undertook an individualized assessment of the situation and found that accommodating the child would not be reasonable, the program may then offer suggestions for other potential care.

20. Shouldn't providers get to choose who they enroll since it is their business?

By deciding to become professional caregivers, providers become responsible for complying with many types of laws—tax laws, licensing laws—as well as civil rights laws, which in the case of ADA and the Unruh Civil Rights Law, protects people with disabilities from discrimination. It is worth remembering that any of us could become a person with a disability at any time, and we too may benefit from the protections of the ADA and the Unruh Civil Rights Act.

21. If a parent of a child with a disability has conflicts with the provider or the parent fails to comply with rules applied to all families, can the family be terminated from the program?

Yes, if it can be documented that the reasons for termination have to do with failure to comply with rules or standards that are uniformly applied to all families, not relevant to any potential required accommodations, and are not used as pretexts for discrimination. So for example, a recent case found that a mother's belligerence and total lack of cooperation, coupled with her failure to comply with rules imposed on everyone which had nothing to do with her child's disability, caused her ADA claim to fail.²⁷

22. Can I be sued by other parents for taking a child with disabilities?

While it is impossible to guarantee a provider will not be sued, it is extremely unlikely that a parent who sues because you are caring for a child with disabilities would be successful. The provider has an obligation to comply with the ADA and it is unlikely that a provider's lawful compliance would open them up to civil liability. It is, however, advisable for a high quality program to provide opportunities for parent education about the benefits for typically developing children and those with disabilities to be together in child care.

23. What can individuals do if they feel they have been discriminated against?

Individuals who feel they have been discriminated against may file a complaint with the Department of Justice in Washington, D.C. about a potential Americans with Disabilities Act violation. Written complaints should include the full name, address and telephone number of the person filing the complaint, the name of the person discriminated against, the name of the program which engaged in the discrimination, a description of the discrimination, the date or dates on which it occurred, the name(s) of those individuals discriminating, any other information that you believe is necessary to support your complaint, and copies of any relevant documents (originals should be kept in a safe place). This should be sent to:

U.S. Department of Justice
950 Pennsylvania Avenue, NW
Civil Rights Division
Disability Rights – NYAVE
Washington, DC 20530

There is no deadline for filing a complaint under the ADA but it is recommended that complaints be filed promptly once you decide to file. Typically, the older a case becomes, the more difficult it is to come up with reliable proof and witnesses. Additionally, there is an increased chance your case may be dismissed for failure to pursue it.

The Department of Justice (DOJ) will investigate your complaint. DOJ attempts to resolve most complaints through informal or formal settlement agreements, but is authorized to file lawsuits. If the Attorney General brings a lawsuit, she may seek monetary damages as well

as civil penalties (\$50,000 for the first violation; \$100,000 for any subsequent violation). More information is available at: <http://www.ada.gov/t3compfm.htm>.

Endnotes

These endnotes are legal citations for the information above. If you are having trouble understanding these citations, please speak with a reference librarian in your local law library. To look up the laws that apply to you, visit your local law library. Do not hesitate to look up the law and know your rights.

¹ Americans with Disabilities Act (ADA), 42 U.S.C. § 12101 et seq. (2009)

² Americans with Disabilities Amendments Act of 2008, 42 U.S.C. § 12101 et seq. (2009)

³ 28 Code of Federal Regulations § 12201(b).

⁴ California Civil Code § 51 (West 2006).

⁵ 42 U.S.C. § 12102(a)(1) (2009).

⁶ 28 CFR § 35.104(1)(i)(ii)(2008).

⁷ 42 U.S.C. § 12102(a)(4)(2009).

⁸ 42 U.S.C. § 12102(a)(4) (2009).

⁹ 42 U.S.C. § 12102(a)(2) (2009).

¹⁰ Title III of the ADA covers public accommodations, commercial facilities, and private entities that offer certain examinations and courses related to educational and occupational certification. “Places of public accommodation include over five million private establishments, such as restaurants, hotels, theaters, convention centers, retail stores, shopping centers, dry cleaners, laundromats, pharmacies, doctors' offices, hospitals, museums, libraries, parks, zoos, amusement parks, private schools, day care centers, health spas, and bowling alleys.” See U.S. Department of Justice, Civil Rights Division, Disability Rights Section, “Title III Highlights,” *available at*: <http://www.ada.gov/t3hilight.htm>.

¹¹ Note, however, if a religious entity is receiving any federal funds, it is prohibited from discriminating on the basis of disability under Section 504 of the Rehabilitation Act, as amended at 29 U.S.C. § 794.

¹² Tribes are not exempt from Title III of the ADA; however no private right of action can be brought against a tribal entity that violates the ADA. See *Florida Paralegic Association, Inc. v. Miccosukee Tribe of Indians of Florida*, 166 F.3d 1126 (1999). Only the Attorney General can bring such an action for violation of the ADA. Tribes are not amenable to private suit, because Congress did not unequivocally express intent to abrogate their tribal sovereign immunity. *Id.* Note, however, that tribes have been held to be exempt from Title I of the ADA, dealing with employment. See *Pena v. Miccosukee Service Plaza*, 2000 WL 1721806 (S.D. Fla.) (2000).

¹³ 42 U.S.C. § 12181(J) and (K)(2006).

¹⁴ 42 U.S.C. § 12187 (2005).

¹⁵ 42 U.S.C. § 12182 (2006); 28 C.F.R. § 35.130(b)(7) (2008).

¹⁶ 42 U.S.C. § 12201(1)(h) (2009).

¹⁷ 42 U.S.C. § 12182(b)(2)(A)(i) (2006); 28 C.F.R. § 36.302 (2006).

¹⁸ 42 U.S.C. § 12182(b)(2)(A)(ii) (2006); 28 C.F. R. § 36.302 (2006).

¹⁹ 42 U.S.C. § 12182(b)(2)(A)(iii) (2006); 28 C.F. R. § 36.303 (2006).

²⁰ 42 U.S.C. § 12182(b)(2)(A)(iv) (2006); 28 C.F. R. § 36.304 (2006).

²¹ 42 U.S.C. § 12182(b)(2)(A)(i)(ii) (2006); 28 C.F. R. § 36.30 (2006); 42 U.S.C. § 12134 (2006); 28 C.F.R. § 35.130(b)(7)(8)(2008)..

²² 42 U.S.C. § 12182(b)(2)(A)(iii) (2006); 42 U.S.C. § 12134 (2006); 28 C.F.R. § 35.130(f)(2008).. U.S. Dep’t of Justice, Title II Highlights (2002) available at <http://www.usdoj.gov/crt/ada/t2hlt95.htm>. U.S. Dep’t of Justice, Title III Highlights available at <http://www.ada.gov/t3hilight.htm>.

²³ 42 U.S.C. § 12182(b)(2)(A)(iv) (2006); U.S. Dep’t of Justice, Title III Highlights available at <http://www.ada.gov/t3hilight.htm>.

²⁴ Cal Educ. Code § 8208(l).

²⁵ Cal. Educ. Code § 8208(y). A profound disability includes “autism, blindness, deafness, severe orthopedic impairments, serious emotional disturbances, or severe mental retardation.”

²⁶ Cal. Educ. Code § 8265.5(b)(4)-(5).

²⁷ See *Beale v. Aardvark Day Care Center*, 2000 WL 33119418 (E.D. Pa.) (2000).

Helpful Web Sites on Inclusion Topics

State Resources

Partnerships for Inclusion (PFI) is a statewide technical assistance project with offices in the western, central, and eastern regions of North Carolina. PFI provides training and consultation to support the inclusion of young children with disabilities, ages birth through five, in all aspects of community life. <http://www.fpg.unc.edu/~pfi>

NC Early Intervention and Early Childhood Lending Libraries website, which houses two of North Carolina's libraries with materials related to Early Intervention and Early Childhood Education: The North Carolina Early Intervention-Early Childhood Library and The Exceptional Children's Assistance Center's Library. <http://www.ncei-eclibrary.org>

Family Support Network of North Carolina promotes and provides support for families with children who have special needs. Families are in a unique position to offer information and support to other families. An experienced family member can share the most practical advice and help a parent navigate the complex service system. Having support can make it easier for families to experience the joy and satisfaction that can come from parenting a child with special needs. This Parent-to-Parent support is available through local, affiliated Family Support Network programs across the state and through the Central Directory of Resources. <http://fsnnc.med.unc.edu/Services/CDR/cdr.htm>

The Arc of North Carolina is committed to securing for all people with mental retardation and other developmental disabilities the opportunity to choose and realize their goals of where and how they learn, live, work, and play. They provide innovative supports designed to assist people with developmental disabilities live successful, meaningful lives. www.ncarc.org

The **Clinical Center for the Study of Development and Learning (CDL)** operates in collaboration with the Family Support Network-NC. The CDL provides clinical services, training and technical assistance, research, and educational programs for professionals with a focus on how people with developmental disabilities learn, and how they can learn better. <http://www.cdl.unc.edu/>

The **Exceptional Children's Assistance Center (ECAC)** is a statewide Parent Training and Information Center (PTI) for North Carolina families of children with disabilities. They provide a variety of free services to families including a toll free Parent Info Line, website, workshops for parents and professionals, lending library, information packets, and newsletter. ECAC is a parent organization and all parent educators who answer the toll free information line or conduct workshops are themselves parents of children with disabilities. Their website and parent educators are especially helpful around issues of educational advocacy. <http://www.ecac-parentcenter.org/>

The North Carolina Council on Developmental Disabilities is a planning council that works to promote the "independence, productivity, integration and inclusion into the community" of people with developmental disabilities and their families. <http://www.nc-ddc.org/>

The **NC Department of Health and Human Services** web site is where many division sites can be located from this page, including Mental Health/Developmental Disabilities and Substance Abuse, Social Services, Medical Assistance, Vocational Rehabilitation to name a few. By accessing specific division pages you can find the local contact for the agency you are looking for, and find more thorough information on the services provided through the division. <http://www.dhhs.state.nc.us/>

NC Early Intervention Services is where you can find information on the NC Interagency Coordinating Council, the Infant-Toddler Program, Preschool Program, and more. <http://www.ncei.org/ei/index.html>

NC Health Info offers access to web sites of local health services, providers and programs serving residents of North Carolina. Through its connection with MEDLINEplus, a service of the National Library of Medicine and the National Institutes of Health, users of the site can get information about conditions, diseases and wellness, and find web sites of local health services, programs and providers throughout North Carolina. <http://www.nchealthinfo.org>

The **North Carolina Public School System** and the website for the schools' **Division for Exceptional Children**. Using the Exceptional Children Division pages can provide you with contact information for particular areas of service. <http://www.ncpublicschools.org/> and <http://www.ncpublicschools.org/ec/>

The **Office of School Readiness** prepares children for school success through high-quality early education. The office supports preschool programs throughout North Carolina, in public schools and licensed child care centers, including: Even Start Family Literacy, Head Start State Collaboration Office, More at Four Pre-Kindergarten Program, Preschool Exceptional Children, and Title I Preschool. <http://www.osr.nc.gov/>

National Resources

The **Child Care Law Center** advocates for children, families and communities facing barriers to high quality child care. <http://childcarelaw.org/>

The **Center on the Social and Emotional Foundations for Early Learning (CSEFEL)** is focused on promoting the social emotional development and school readiness of young children birth to age 5. CSEFEL is a national resource center funded by the Office of Head Start and Child Care Bureau for disseminating research and evidence-based practices to early childhood programs across the country. <http://www.vanderbilt.edu/csefel>

U.S. Department of Justice – Civil Rights Division Disability Rights Section carries out the Department’s responsibilities for enforcing the Americans with Disabilities Act (ADA) to ensure access to, and nondiscrimination by, businesses, State and local government programs and activities, and State and local government employment services. http://www.usdoj.gov/whatwedo/whatwedo_aawd.html
Americans with Disabilities Act (ADA) home page <http://www.ada.gov/>

TelAbility is a program that uses technology to improve the lives of children with disabilities. Using video-conferencing and internet technologies, TelAbility provides family centered care to children with disabilities across North Carolina and offers education, training, and peer support for people who care for them. Their website includes articles, handouts, a book store, a trading post, information on clinical trials, and access to expert resources. <http://www.telability.org/index.pl>

The National Child Care Information and Technical Assistance Center (NCCIC), a service of the Child Care Bureau, is a national clearinghouse and technical assistance (TA) center that provides comprehensive child care information resources and TA services to Child Care and Development Fund (CCDF) Administrators and other key stakeholders. <http://nccic.acf.hhs.gov/index.cfm>

Healthy Child Care America (HCCA) is supported by DHHS’s Child Care Bureau and Maternal and Child Health Bureau, and by the American Academy of Pediatrics. It is a collaborative effort of health professionals, child care providers, and families seeking to improve the health and well-being of children in child care. www.healthychildcare.org

National Early Childhood Technical Assistance Center (NECTAC) is the national early childhood technical assistance center that supports programs for young children with special needs and their families under the Individuals with Disabilities Education Act (IDEA). NECTAC is funded by the U.S. Department of Education's Office of Special Education Programs and serves all 50 States. <http://nectac.org/>

A Team Approach

Supporting Families of Children with Disabilities in Inclusive Programs

By: Louise A. Kaczmarek

(Source: <http://www.journal.naeyc.org/btj/200601/KaczmarekBTJ.asp>)

Since the first day she helped her son board the bus, Lakisha has worried. She hoped Spring Valley Preschool could give three-year-old Jeremy, who cannot speak or walk on his own, an opportunity to learn and interact with other children his age. Jeremy had been in an infant/toddler program for children with disabilities in which a developmental specialist and other therapists came to the home. Lakisha had enjoyed the trust and sharing with the developmental specialist; she looked forward to developing a similar relationship with one of the teachers or specialists at the preschool. Her son seems happy enough at day's end—maybe a little tired—but Lakisha has many questions: Is Jeremy making friends? Why are his clothes often messy? What is his day like? How are the new therapists? Should she be following up with therapy techniques at home? She has called Spring Valley several times and left messages. The teacher called back once while Lakisha was still at work, but there has been no contact with Jeremy's early intervention consulting teacher; the program hadn't given families that number. Parent-teacher conferences will not happen until October. Lakisha is making a list of questions to take with her.

LAKISHA'S ANXIETIES ABOUT SENDING HER SON TO PRESCHOOL and her many questions are not uncommon in families who have young children with disabilities. Children with special needs are increasingly enrolled in inclusive community-based settings—child care centers, Head Start, and preschool programs (U.S. Department of Education 1999). Like other parents of these children, Lakisha faces certain issues not even considered by families with a typical child.

Preschools, of course, offer families of children with disabilities the routine support given to all families, but their needs often go further. These families sometimes require more or different types of support, just as children with disabilities often require more or different types of classroom support than their typical classmates.

This article is intended for early childhood teachers and early intervention personnel serving children with special needs in community-based settings. While early care and education programs often stress creating learning environments in which all children belong, they also share the responsibility for creating a community in which all families belong. Although federal law mandates parental involvement in the special education process, such as in the development of the Individualized Education Program (IEP), there are additional strategies for supporting families of children with disabilities in inclusive settings that can be extremely useful. These strategies go beyond the requirements of the law to include deliberate, coordinated planning among early childhood and early intervention staff members, regular frequent communication between home and school, and the identification of useful community resources. This article focuses on these support strategies because when added to the mandates required by law, they can make a big difference in the lives of families of children with disabilities.

Coordinated planning

Key to success in collaborating with families of young children with special needs is a commitment to coordinated planning and communication between teachers and early intervention staff. Only with teamwork can we reach out and support families.

Let's look at another scenario:

Two weeks before Marta's first day of preschool, Pine Hollow Center holds an orientation for new families. Rosa welcomes the invitation; she is a bit apprehensive about Marta's enrollment. Marta has cerebral palsy as a result of a stroke in utero. She is unable to walk independently and is delayed in other areas of development as well. On orientation night, Rosa meets Marta's preschool teacher, her assistant, the early intervention consulting teacher, and two therapists. She enjoys seeing the classroom and meeting other parents, including another mother whose child also had a disability and several families who also speak Spanish.

The families receive a Family Handbook with information about the program's general schedule, its approach to curriculum, a schedule of upcoming field trips, and general arrival/departure procedures. The handbook also includes an addendum from the early intervention program with the phone numbers and best times to call for all the personnel who will be supporting Marta's development and learning. Rosa leaves the meeting feeling welcomed and reassured. She is a little worried that Marta might not be able to maneuver her wheelchair into all of the activity centers available in the classroom and plans to call Kate, the early intervention consulting teacher, about that the next day. Overall, she feels welcomed by the staff and families and looks forward with excitement to Marta's first day in preschool.

Contrast Rosa's experience with Lakisha's. Although both mothers felt similar anxieties about preschool, many of Rosa's fears were allayed at orientation. Rosa got to meet both early intervention and preschool personnel, explore her daughter's classroom, hear about the curriculum and typical day, and converse with other parents. She left armed with a packet of information, including the phone numbers of all the preschool and early intervention professionals who would be providing services in Marta's program. (See "Planning an Orientation to Help Families Understand Their Child's Program.")

Such a successful meeting for families requires careful planning by preschool and early intervention personnel who serve different functions and often operate under different programs/agencies. Their team efforts demonstrate sensitivity to the needs of parents of children with disabilities and a willingness to provide coordinated joint support to the child and the family. Although not all collaborations will look exactly the same as this example, the underlying goal of any collaboration should be to make sure that parents have the information they need to understand the totality of their child's experiences in the preschool setting.

Establishing ongoing communication

After Marta's first day at preschool, Rosa can tell that her daughter has enjoyed the experience. Rosa is pleased, even though her daughter's new clothes are stained with paint and food. In Marta's bookbag is a communication notebook. In it, Eliza, the head teacher, explains that the book is for sending information back and forth between school and home and that the early intervention and preschool staff will frequently write in it to keep Rosa informed. Eliza describes Marta's first day and notes Marta playing particularly well in the housekeeping area with another little girl. Eliza apologizes for the state of Marta's clothes; they forgot Marta's smock when it came time to paint. She suggests that Rosa send in an apron for Marta to wear at snack time. She encourages Rosa to write in the notebook, but also points out that phone calls or meetings can be scheduled, if Rosa prefers. Rosa writes back thanking Eliza for the report on Marta's first day. She indicates she will probably dress her daughter in older clothes—not an apron—so that Marta will not stand out from the other kids.

Marta's first day of preschool began in much the same way as Jeremy's. However, Marta and her mother were better prepared, thanks to the efforts of the teacher/specialist team. With the information Rosa received at orientation, she could talk to Marta about preschool, even show her photos of her teachers in the Family Handbook. The orientation and the resources from the meeting, along with the communication notebook, set the stage for regular and frequent open communication between school and home, a hallmark of successful partnerships between professionals and families (Dinnebeil, Hale, & Rule 1996; McWilliam, Tocci, & Harbin 1998).

The structure of classroom programs is not always conducive to easy communication. Teachers and other early intervention specialists must create an environment in which ongoing communication between home and school is valued. Many parents of children with disabilities need regular contact with their children's teachers and other service providers to monitor progress or an ongoing problem, inform each other of issues that arise, or seek information or advice (Soodak & Erwin 2000).

Communication with parents of typical children often occurs when children are brought to school by their parents. These brief face-to-face exchanges serve to update families and staff about noteworthy events, activities, and concerns. Even for parents who drop off and pick up their children with disabilities, these informal exchanges are sufficient most of the time. However, parents whose children are transported to school by bus do not have these daily communication opportunities and others may require more in-depth communication than can be conveyed at arrival and dismissal. Further, pertinent personnel are not always present when a parent arrives to drop off or pick up a child. In such cases, alternative forms of communication are necessary.

Early intervention and preschool personnel should talk with families to determine what strategies will work best for coordinating their services to a child and keeping the parents informed. Potential communication strategies include notebook exchanges, telephone calls, conferences, e-mails, or home visits (see "Modes of Ongoing Communication"). Families should have an opportunity to express their preferences. This gesture lets families know that ongoing communication is a valued and expected part of their children's preschool experience. A coordinated effort between both preschool and early intervention staff members is invaluable in developing a joint communication system.

Linking families to community resources

Rosa arrives early for her parent-teacher conference so she can browse the Parent Resource Lending Library. She had heard about the library at the orientation, but because of her work schedule and Marta taking the bus to school, Rosa had not had a chance to take a look. Now she needs a sitter for Marta while she attends an upcoming church event. Because Marta can be a challenge at bedtime, Rosa wants someone with experience, preferably with children with disabilities. In the resource literature, Rosa notices a notebook assembled by the early intervention and classroom staff. In one pocket are pamphlets from three respite care agencies. Rosa is perusing them when Eliza approaches to welcome her. After they join Kate, Marta's early intervention consulting teacher, for the conference, Eliza mentions that perhaps Kate could look into potential funding for respite care.

As they talk further, Rosa says she'd been thinking about what the future holds for Marta: when she enters elementary school, during adolescence, and throughout adulthood. Rosa knows some people with severe disabilities hold jobs and live in group homes or even independently. Kate tells her about an area support group for parents of children with disabilities that might be a source of information on the functional potential of children with disabilities as they grow older. Rosa asks for the phone number and e-mail address.

Through the use of the preschool's small resource library and in her interactions with Eliza and Kate, Rosa acquired information helpful to her and her family. Gathering information about community resources and parenting issues (such as TV watching or sleeping challenges) is often part of the support that early childhood centers provide to families. Classroom libraries, the public library, newsletters, and speakers can all inform families about resources (see "Strategies for Accessing Community Resources"). In addition to the usual topics of interest to all families of young children (such as recreational programs, special fairs and activities, child care resources, library information, government-supported programs), families of children with disabilities may be interested in parent support groups, disability-related organizations, respite care services, advocacy and other policy-making groups, specialized clinics and disability-related medical programs, and groups supporting siblings of children with special needs.

Probably the easiest way for programs to provide information is to collect pamphlets and other materials from local, state, and national resources. In addition, the Internet is an incredible source of information for families and programs alike. For families who have computer access, the program can collect a list of useful Web site addresses for the resource library. If there is a computer available in classroom, invite families to peruse bookmarked sites. (See "Online Resources for Families" for sites of particular interest to families of children with disabilities.) For families without computer access, print out selected Web pages to keep on file; update the information periodically.

Connecting within the program

The parents of children with disabilities are a particularly valuable classroom source of information and emotional support (Santelli et al. 1997; Santelli, Poyadue, & Young 2001). They can direct new families to community resources, share their experiences, and offer advice on issues that they themselves have confronted. In addition to social events or orientations, programs can purposefully connect families. This usually takes a little preparation to avoid violating family confidentiality. Enlist the support of veteran families of children with disabilities to be potential mentors to incoming families of children with disabilities. When a new family arrives, offer to make such a connection. If the offer is accepted, then the program contacts the parent mentor who then calls the new family.

Connecting outside the program

Many communities have parent-to-parent networks and support groups. In some, parents meet and talk with each other regularly, often about a selected issue. Other groups connect an individual family with a mentor whose child has a similar disability. Many groups sponsor newsletters, activities for children, emergency hotlines, and support for siblings. Many national organizations offer Web pages, e-mail updates, chat rooms, and Listservs on children and families with disabilities. Library and Internet resources can open up a whole new world for many families. (See "Online Resources for Families.")

Summary

Only by working together can early childhood and early intervention agencies provide the kind of coordinated, coherent support that best serves families of children with disabilities. We must recognize that some families in inclusive early childhood programs require more or different support than do families of typical children. With a shared and coordinated approach, developmentally appropriate programs can meet their needs.

Planning an Orientation to Help Families Understand Their Child's Program

Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Allows parents of children with disabilities to meet early intervention and classroom personnel as well as other parents of children with and without disabilities. • Enables families to explore classroom layout, equipment, and materials. • Informs families about curriculum, routines, activities, classroom procedures, and policies. • Gives teachers and specialists an opportunity to learn family concerns and preferences. 	<ul style="list-style-type: none"> • Difficulty scheduling so that all parents and all early intervention and classroom staff can attend. • Requires some extra preparation by staff before school actually starts. • Overcoming language barriers. 	<ul style="list-style-type: none"> • Prepare and pass out a Family Handbook; arrange for translations if necessary • Include biographical sketches of staff in handbook. • Prepare a family survey to find out concerns, communication needs and preferences, and volunteering interests. • Provide phone numbers and best times to call for all members of the child's team. • Find volunteers to serve as translators in families' home languages.

Follow-ups to Families Who Miss the Orientation

Phone Calls		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Lets parents know they were missed. • Convenient form of communication. 	<ul style="list-style-type: none"> • Some families may not have phones. • Could be problematic for families of limited English proficiency. 	<ul style="list-style-type: none"> • Schedule another phone call if the time called is inconvenient for the family. • Send home printed materials distributed at the orientation before the call. • Use a translator if appropriate. • Keep call friendly and informal; encourage parents to talk and ask questions.
Home Visits		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Lets parents know they were missed. • Allows staff to learn more about a family and child than through other methods. 	<ul style="list-style-type: none"> • May make some families feel ill at ease. • May be redundant if home visits are a routine part of the program. 	<ul style="list-style-type: none"> • Offer options for meeting places other than the home. • Encourage parents to talk and ask questions; listen.

Modes of Ongoing Communication

<u>Classroom Visits</u>		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Allows parents to see classroom in action. • May provide opportunities for talking with personnel. • Enables families to observe child's interactions with staff and other children. 	<ul style="list-style-type: none"> • May not be convenient if child is transported by bus to school, if family transport is limited, or if work schedules conflict. • Can be disruptive for some children. 	<ul style="list-style-type: none"> • Consider making a videotape of child to send home as an alternative. (See Audio/Visual Recordings.) • Follow up tape with a phone call or joint viewing opportunity. • Ask for suggestions for making classroom visits and scheduling easier for parents and educators.
<u>Newsletters</u>		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Keeps families informed of ongoing events and changes. • Educates families about childrearing, development practices, community events, and available classroom and community resources. 	<ul style="list-style-type: none"> • May not reach families with limited literacy or English proficiency. • Can be time consuming to produce 	<ul style="list-style-type: none"> • Try a quarterly newsletter: start of school; December; late February; May/June. • Use simple publishing software. • Ask for a volunteer parent to help. • Include a Meet the Teacher column in each issue.
<u>Communication Notebooks</u>		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Informs families of child's progress, activities, and demeanor; upcoming events; other issues and concerns. • Keeps staff informed about home progress, including health updates, emerging skills, family events. • Encourages back and forth interaction, asking and respond to questions. • Provides a forum for emotional support to families and staff. • Provides a permanent ongoing record of the child, "snapshots of history." 	<ul style="list-style-type: none"> • Reaching families with limited literacy or English proficiency. • Some families may prefer more direct contact. • May be inconvenient for some families. • Reluctance of some families to write in the book, even though they may value the information. 	<ul style="list-style-type: none"> • Use bound composition books or journals so the book stays intact. • Date entries. • Begin the book with an introduction and explanation of use. • Stress that grammar and spelling are not an issue. • Schedule a regular time to write in the books. • Encourage use by all staff who serve the child. • Do not get discouraged if parents don't respond; most will appreciate your efforts.

<u>Phone Calls</u>		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Is convenient form of communication. • More direct and interactive than handouts, other written communication, or recordings. 	<ul style="list-style-type: none"> • Problematic for families of limited English proficiency or for families who do not have phone service. • Offers less frequent communication than communication books. • May be difficult to schedule with busy family schedules. 	<ul style="list-style-type: none"> • Set up a regular calling schedule at mutually convenient times. • Provide families with numbers and best times to call. • Ask families for best times and locations to call them. • Strive for two-way communication, not just a professional report.
<u>E-mail</u>		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Can be written at convenience of staff. • Delivery method independent of child. 	<ul style="list-style-type: none"> • Internet not available to all families or staff. • Subject to technical problems. • May require a teacher's time outside of classroom day. 	<ul style="list-style-type: none"> • Exchange e-mail addresses in family survey. • Agree on an e-mail plan: how often, when, etc. • Find out how often families read e-mail.
<u>Audio Recordings</u>		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Use an audio cassette for sending and receiving messages from home • Faster than writing messages. • Includes more information than written communication (such as through intonation). • Might be useful for parents with limited literacy skills. 	<ul style="list-style-type: none"> • Requires technology (tape player) in home. • Listening to messages is more time-consuming than reading. • Does not provide a permanent record of information. 	<ul style="list-style-type: none"> • Find a quiet part of the classroom and schedule to record and listen to messages. • Ask a bilingual parent to translate.
<u>Routine Conferences</u>		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Usually a standard part of many programs. • Offers an opportunity to discuss child's progress, program activities, and concerns of both parents or staff. 	<ul style="list-style-type: none"> • Infrequent--usually held only once or twice per year. • May include only a limited number of early intervention and/or classroom personnel. 	<ul style="list-style-type: none"> • Encourage staff and families to schedule conferences as the need arises. • Celebrate accomplishments, don't just deal with concerns. • Hold at least one conference with teachers and specialists together for

<ul style="list-style-type: none"> • Often includes a written summary of child's progress or status. 		<p>family.</p> <ul style="list-style-type: none"> • Engage translators for families of limited English proficiency.
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Strategies for Accessing Community Resources

Parent Resource Lending Library		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Contains items that reflect topics of interest to families. • Includes national, state, regional, and local resources of interest to all families, not just those who have children with disabilities. • Offers a variety of different kinds of materials: books, booklets, videotapes, audiotapes, training materials. • Allows family members to browse at their leisure. • Lets families know that you are there to support them as well as their children. 	<ul style="list-style-type: none"> • Finding appropriate space. • Keeping the library up-to-date. • Setting up and maintaining a checkout system. • Finding/creating identical resources in Spanish or other home languages. 	<ul style="list-style-type: none"> • Brainstorm and compile initial resources through team effort; then assign one or more staff members to keep the library up-to-date. • Ask families what information they are especially interested in. • Make a basic list of contents that tells where items can be found in the collection. • Include local resource directories. • Collect pamphlets from agencies and programs in your area. • Look for and collect information from agencies that serve specific ethnic or language communities. • Collect and organize pamphlets in binders using pocket inserts, or house in file boxes or drawers. • Post upcoming community events on bulletin boards, or send home information with children. • At classroom computer station, bookmark addresses of useful Web sites. • Print out information from Web sites or lists of URLs to add to library.
The Public Library		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Often has more resources and 	<ul style="list-style-type: none"> • May not be easily accessible or 	<ul style="list-style-type: none"> • Work with your local library in setting up

<p>more up-to-date items than a center can acquire.</p> <ul style="list-style-type: none"> • Usually offers public access to the Internet. • Has knowledgeable staff to assist family members in finding information. 	<p>convenient for some families.</p> <ul style="list-style-type: none"> • May not have resources available in other languages. 	<p>a resource section for young children, including children with disabilities.</p> <ul style="list-style-type: none"> • Provide families with library hours of operation, resources available, and other information. • Regularly visit the library to see what's new and available.
Parent Meetings		
Advantages	Challenges	Suggestions
<ul style="list-style-type: none"> • Invite speakers from local resources. • Conduct a resource fair with individuals from multiple agencies. 	<ul style="list-style-type: none"> • Not always convenient for parents to attend. 	<ul style="list-style-type: none"> • Advertise well, including personal invitations. • Participate in a community resource fair and advertise that to families. • Invite families and staff members other programs or centers to hear your speaker(s).

Directories of Parent-to-Parent Organizations by State

Exceptional Parent Magazine—www.eparent.com/resources/directories/p2p.html

The Waisman Center Family Village—www.familyvillage.wisc.edu/cof_p2p.htm

Family Voices—www.familyvoices.org/states.htm

Directories of National Organizations Focusing on Disabilities

NICHCY Database of Disability Organizations (state and national)—www.nichcy.org/search.htm

Exceptional Parent Magazine—www.eparent.com/resources/associations/associationlinks.htm

Listserves, Chatrooms, and Discussion Boards

Developmental Disabilities Forum—www.nwlancia.com/list.php?f=7

The ARC of the United States—<http://thearc.org/wwwboard/wwwboard.html>

ERIC—<http://ericeac.org/maillist.html>

Waisman Center Family Village—www.familyvillage.wisc.edu/coffee.htm

Comprehensive Disability-related Web Sites

DRM Guide to Disability Resources on the Internet—www.disabilityresources.org/

The Family Village—www.familyvillage.wisc.edu

National Information Center for Children and Youth with Disabilities—www.nichcy.org/

Center for Disease Control and Prevention—www.cdc.gov/node.do/id/0900f3ec8000e01a

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This manuscript was supported by Grant # H024B40033 awarded to the University of Pittsburgh by the Office of Special Education Programs, U.S. Department of Education.

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The Benefits of an Inclusive Education: Making It Work

Source: <http://www.naeyc.org/ece/1996/07.asp>

In an increasing number of early childhood programs around the country, teachers, children, and parents are discovering the benefits of educating young children with special needs together with their same-age peers. Since learning is so important in the early years, this is the best time for children to begin to respect all people's differences and the contributions each individual makes. The key to creating a successful inclusive program is educating ourselves and others about how to ensure every student in the classroom has the chance to reach his or her fullest potential.

Children with disabilities are, first and foremost, children, and then children who may need support or adaptations for learning. The term "special needs" refers to a wide range of developmental disabilities or learning needs that may occur in different areas and to varying degrees. Traditionally, children with special needs were pulled out of regular classrooms and grouped together as if all their needs were alike. Relatively few children with disabilities were served in community-based early childhood programs apart from Head Start or public school programs.

In 1992, the Americans with Disabilities Act (ADA) established equal rights for people with disabilities in employment, state and local public services, and public accommodations including preschools, child care centers and family child care homes. The ADA has helped more and more educators recognize that developmentally appropriate classrooms are places where all children can and should learn together.

Early childhood teachers' strong knowledge of child development helps them to successfully teach young children with all talents, interests, and abilities. In effective inclusive programs, teachers adapt activities to include all students, even though their individual goals may be different. At times, early childhood professionals and children may benefit from the assistance of related professionals such as physical therapists and other school personnel who recognize children's individual interests and strengths.

Some raise concerns about the advisability of creating inclusive environments: Will inclusive classrooms hinder the academic success of children without special needs? How will an inclusive environment meet the needs of children with disabilities? Will children without special needs lose out on teacher time? How can early childhood professionals access resources, support and training? While these questions are valid, parents and teachers will find that creative modifications help all children's learning. According to the director of one NAEYC-accredited center, "Inclusion has helped us better focus on meeting the needs of every child in our program."

Research shows that the benefits of inclusive classrooms reach beyond academics. This is particularly important for young children, who learn best when they feel safe, secure, and at home in their classrooms. An environment that encourages young children's social and emotional development will stimulate all aspects of their learning.

Children in inclusive classrooms:

- demonstrate increased acceptance and appreciation of diversity;
- develop better communication and social skills;

- show greater development in moral and ethical principles;
- create warm and caring friendships; and
- demonstrate increased self-esteem.

Early childhood professionals who have successfully included young children with special needs note that, contrary to some expectations, they needed few adaptations to meet the needs of all children. They report not necessarily needing more staff, money, or expertise, but rather support from peers and specialists, willingness to adapt to new environments, and positive relationships with families.

Professional development programs, supplemental support staff, and teamwork by parents and school personnel will help achieve inclusion's ultimate goal: to provide a challenging and supportive educational experience for all children.

Resources:

Caring for Children with Special Needs. 1993. San Francisco, CA: Child Care Law Center.

Chandler, P.A. 1994. *A Place for Me*. Washington, DC: NAEYC #237/\$4.50.

Division for Early Childhood, Council for Exceptional Children, 1444 Wazee St., Suite 230, Denver, CO, 80202.

Early Childhood Initiative, Colorado Department of Education, State Office Building, Denver, CO, 80203.

Understanding the ADA. 1993. Washington, DC: NAEYC #514. 50¢ each/ 100 for \$10.

Woolery, M. & J.S. Wilbers, eds. 1994. *Including Children with Special Needs in Early Childhood Programs*. Washington, DC: NAEYC #145/ \$8.

APPENDIX D

EMERGENCY PREPAREDNESS RESOURCES



EMERGENCY PREPAREDNESS AND RESPONSE FOR CHILD CARE

Emergency Preparedness and Response for Child Care training is now available at **LOW or NO-COST** to all licensed/regulated child care programs across North Carolina. The training was developed by the University of North Carolina at Chapel Hill School of Public Health, Department of Maternal and Child Health and funded by the North Carolina Division of Child Development. This **LOW or NO-COST** training gives child care providers and staff members the knowledge, skills and resources they need to prepare and practice with children for potential emergencies.

The Emergency Preparedness and Response for Child Care Training aims to:

- Introduce standard emergency **preparedness and response procedures** that can be used for all NC child care facilities
- Provide standardized **training for emergency situations**
- Enable child care providers to receive 4 ½ **in-service training credit hours** for emergency preparedness and response classroom training, as well as 4 ½ additional in-service training credit hours for completing an emergency plan after the training

The *Emergency Preparedness and Response for Child Care* training incorporates the recommendations of the Caring for Our Children: National Health and Safety Performance Standards as well as the requirements of the North Carolina Division of Child Development.

Emergency Preparedness and Response for Child Care Overview



Planning

Educates the child care providers and staff members on how to assess the risks in their county and identify community resources.

Preparing

Instructs the child care providers and staff members on how to compile and maintain an emergency supply kit for their facility, create emergency plans, and evaluate the training needs of child care staff members and the families they serve.

Practicing

Informs providers and staff members on how to evacuate with practiced drills at the facility and in the community.

Responding

Reviews procedures that will protect children, providers and staff members during an emergency.

Recovering

Provides information on how to help children and staff members cope with feelings, get needed medical care, and make necessary repairs in order to get back to their routine after an emergency.

WHAT IS HAPPENING NOW?

Trained Child Care Health Consultants and Child Care Resource and Referral personnel have already delivered the training to over 1,000 providers and child care staff members across the state. A list of the trainers by county is available at the *Child Care Health Training for Child Care Professionals* website: <http://www.childcarehealthtraining.org/>

WHAT DOES THE TRAINING INVOLVE?

The Emergency Preparedness and Response training has **two parts**:

1. The first part is **classroom training** with an introduction to emergencies and ev acuations and instructions for participants on how to develop their own Emergency Plan.
2. The second part is a **series of assignments** for participants to complete at their facility. When the assignments are complete and approved by the tr ainer, the pa rticipant will have a facility-specific Emergency Plan. The trainer will then submit a summary of the Emergency Plan to the facility's local Emergency Management Office.

Upon completion of the training, participants will have a working knowledge on the benefits of **Planning, Preparing** and **Practicing** for emergencies as well as an understanding of the importance in **Responding** to and **Recovering** from an emergency or disaster in a child care setting.

In-Service Training Credit for Child Care Providers:

- Child care providers and staff members can receive a total of **9 in-service training credit hours** for *Emergency Preparedness and Response for Child Care* training.
- In Part I, the training consists of classroom instruction. At the end of the training, a certificate citing **4 ½ hours of in-service training credit** will be awarded to the participant.
- In Part II, participants receive the additional **4 ½ hours of in-service training credit** when they successfully complete the required field assignments:
 1. Task Sheets
 2. Their facility's Emergency Plan
 3. The Emergency Plan Summary

NEXT STEPS

If you are interested in having your facility trained in Emergency Preparedness and Response, contact your local Child Care Resource and Referral agency, your local Partnership for Children, or your Child Care Health Consultant. You can also find a trainer near you by going to the *Child Care Health Training for Child Care Professionals* website:

<http://www.childcarehealthtraining.org/>

or call the NC Child Care Health and Safety Resource Center at 800-367-2229.

The Department of Maternal and Child Health School of Public Health The University of North Carolina at Chapel Hill CB # 8126 116-A South Merritt Mill Road Chapel Hill, 27599



Supported by funding from The NC Department of Health and Human Services Division of Child Development Raleigh, NC

Security Awareness Tips for Child Care Providers

(Unless noted otherwise, these are just suggestions – not requirements. However, DCD strongly recommends that you take these kinds of steps for children's safety and parents' peace of mind.)

1) Monitor access to your facility.

- Consider tighter security for facility entrances. For example, single-action locks (which only lock people *out* of a building) are permitted by the Division of Child Development. Buzzers or bells that sound when doors open can signal when someone enters your building, as well as when children leave the building.
- Consider mandatory sign-in for all parents and visitors, with a staff member assigned at all times to answering the door or monitoring the building's entrance.
- As required, make sure that adults who pick up children from your program are authorized to do so. For any adult whom staff do not know, check that the adult's identification matches information on file about those authorized to pick up the child.

2) Develop policies about information to share with the public.

- Never share information about a child with anyone except his/her parents. Decide if there is other information that is sensitive and should be shared only with certain people.
- Tell your staff which information should (or should not) be shared, with whom, and how. Advise staff on what to do if they receive an unusual information request.
- Parents need information about your program to make informed decisions about child care. Be sure to balance security measures with responsiveness to parents.

3) Be alert and aware of your surroundings. Report anything out of the ordinary.

- Be aware of adults near your center or home who are not parents or adults from the neighborhood. Take notice of unusual visits or phone calls.
- Report anything out of the ordinary to the police and/or your Division of Child Development Licensing Consultant.

4) (*Hopefully as usual*) maintain high standards for handwashing/other aspects of sanitation

- Ask ALL children, staff, and visitors (including parents) to wash their hands upon entering the center or family child care home.
- Have children and staff wash their hands when coming in from outside; before preparing, serving, or eating food; after diapering and toileting; and after cleaning up sneezes.
- Take precautions in dealing with body fluids such as blood and vomit.

5) Get prepared for various types of emergencies.

- Call your local Emergency Management Coordinator/Red Cross office to find out about your area's risks, what you can do to prepare, and how to develop an emergency plan.
- Train your staff on how to be prepared and how to use the emergency plan.
- As part of the emergency plan, consider developing a plan for relocation of children off-site in case they need to be moved quickly for their safety. Identify two places (e.g., schools, recreation centers, other child care facilities, etc.) about a mile away where you can take your children. Make arrangements with the other facilities to agree to accept your children and staff in case of an emergency, and tell parents ahead of time where they can find their children if they are relocated during an emergency.
- If appropriate transportation is not readily available for all your children (including infants), make arrangements in advance with a local transportation authority, private company, or another child care program to help you safely transport children in an emergency.
- Call your county Emergency Management Coordinator to find out the kinds of situations in which "sheltering in place" is generally a safer option than relocation of children. "Sheltering in place" means staying/going inside, finding a "safe place," and (*depending on the type of danger*) sealing windows, doors, air vents, and/or staying away from windows. For example, in a tornado, it is better to "shelter in place" than to try to outrun the tornado, and it is important to go to a "safe place" that is toward the center/bottom of the building, away from windows.
- Learn how to identify suspicious packages that could contain dangerous materials. *Please note:* the known risk of dangerous mailings to child care providers is extremely low. For example, there is a better chance of being hit by lightning (a chance of one in three million) than of anyone in a child care facility contracting an infectious disease due to something sent in the mail.
- As a part of your required monthly fire drill, have your staff identify at least two ways out of each room and practice evacuation through alternate exits.
- Each month, test smoke alarms to make sure that they are in working order, and check any fire extinguishers you have to make sure that the gauges show that they are still "charged." Train staff on how to use any fire extinguishers you have. The county fire marshal's office or the local fire department will be available to assist in training needs.

Questions? Ask your Division of Child Development Licensing Consultant/Licensing Supervisor.

CHILD CARE AND PRESCHOOL PANDEMIC INFLUENZA PLANNING CHECKLIST



A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges that people have little or no immunity to and for which there may be no vaccine. The disease spreads easily person-to-person and causes serious illness. It can sweep across the country and around the world very quickly. It is hard to predict when the next flu pandemic will occur or how bad it will be.

Child care and preschool programs can help protect the health of their staff and the children and families they serve. Interruptions in child care services during an influenza (flu) pandemic may cause conflicts for working parents that could result in high absenteeism in workplaces. Some of that absenteeism could be expected to affect personnel and workplaces that are critical to the emergency response system. The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) offer this checklist to help programs prepare for the effects of a flu pandemic. Many of these steps can also help in other types of emergencies. More information on pandemic flu is available at www.pandemicflu.gov.

1. Planning and Coordination:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form a committee of staff members and parents to produce a plan for dealing with a flu pandemic. Include members from all different groups your program serves. Include parents who do not speak English who can help contact other non-English speakers in the community. Staff of very small programs might consider joining together with other similar programs for planning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assign one person to identify reliable sources of information and watch for public health warnings about flu, school closings, and other actions taken to prevent the spread of flu.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learn who in your area has legal authority to close child care programs if there is a flu emergency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learn whether the local/state health departments and agencies that regulate child care have plans. Be sure your flu plan is in line with their plans. Tell them if you can help support your community's plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify all the ways a flu pandemic might affect your program and develop a plan of action. (For example, you might have problems with food service, transportation, or staffing.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encourage parents to have a "Plan B" for finding care for their children if the program is closed during a flu pandemic. Give them ideas about where they might seek help based on your knowledge of the local child care community.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with those in charge of your community's plan to find other sources of meals for low-income children who receive subsidized meals while in your care. (For example, locate food pantries and meals on wheels.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learn about services in your area that can help your staff, children, and their families deal with stress and other problems caused by a flu pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stage a drill to test your plan and then improve it as needed. Repeat the drill from time to time. Consider volunteering to help in tests of community plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talk to other child care and preschool programs in your area to share information that could make your plan better. Discuss ways programs could work together to produce a stronger plan and pool resources.

2. Student Learning and Program Operations:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan ways to help families continue their child's learning if your child care program or preschool is closed. (For example, give parents things they can teach at home. Tell them how to find ideas on the internet. Talk with child care resource referral agencies or other groups that could help parents continue their children's learning at home.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan ways to continue basic functions if your program is closed. (For example, continue meeting payroll and keeping in touch with staff and student's families.)

3. Infection Control Policies and Actions:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give special attention to teaching staff, children, and their parents on how to limit the spread of infection. (For example, use good hand washing; cover the mouth when coughing or sneezing; clean toys frequently.) Programs should already be teaching these things to build habits that protect children from disease. (See www.cdc.gov/flu/school/ and www.healthykids.us/cleanliness.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keep a good supply of things you will need to help control the spread of infection. (For example, keep on hand plenty of soap, paper towels, and tissues.) Store the supplies in easy-to-find places.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tell families that experts recommend yearly flu shots for all children 6 months to 5 years old and for anyone who cares of children in that age range. (See www.cdc.gov/od/oc/media/pressrel/r060223.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encourage staff to get flu shots each year. (See www.cdc.gov/flu/protect/preventing.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tell parents to let your program know if their children are sick. Keep accurate records of when children or staff are absent. Include a record of the kind of illness that caused the absence (e.g., diarrhea/vomiting, coughing/breathing problems, rash, or other). (See http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teach staff a standard set of steps for checking children and adults each day as they arrive to see if they are sick. Make it clear that any child or adult who is ill will not be admitted. (See www.healthykids.us/chapters/sick_main.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have a plan for keeping children who become sick at your program away from other children until the family arrives, such as a fixed place for a sick room. (See http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Require staff members to stay home if they think they might be sick. If they become sick while at the program, require them to go home and stay home. Give staff paid sick leave so they can stay home without losing wages.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Require ill staff and students to stay at home until their flu symptoms are gone and they feel ready to come back to work.

4. Communications Planning:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and/or TV stations.) Test the contact methods often to be sure they work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels. <ul style="list-style-type: none"> <input type="checkbox"/> How to help control the spread of flu by hand washing/cleansing and covering the mouth when coughing or sneezing. (See www.cdc.gov/flu/school/.) <input type="checkbox"/> How to recognize a person that may have the flu, and what to do if they think they have the flu. (See www.pandemicflu.gov.) <input type="checkbox"/> How to care for ill family members. (See www.hhs.gov/pandemicflu/plan/sup5.html#box4.) <input type="checkbox"/> How to develop a family plan for dealing with a flu pandemic. (See www.pandemicflu.gov/planguide/.)



Emergency Preparedness Tips for Child Care Providers

BEFORE AN EMERGENCY

Know Your Risks

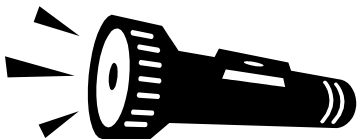
North Carolina child care providers are vulnerable to natural disasters and emergencies of all kinds, ranging from hurricanes, floods, and tornadoes to fires and chemical spills. *Visit <http://www.readync.org/> for comprehensive emergency education, planning, and preparation tools. Also, contact your county Emergency Management office or Red Cross chapter to learn your area's risk and how to prepare.*

Plan Ahead

Every program is encouraged to build on the required emergency procedures to develop a more comprehensive emergency plan. Consider...

- what actions to take if an emergency occurs while children are in your care.
- how your response will vary depending upon the type of emergency.
- where will you take the children to minimize the risk of injury.
- in case an emergency requires evacuation, do you have secondary sites and emergency transportation lined up? Do you have portable records/supplies?
- what you will say to children to reduce their fear and increase safety.
- how you will communicate with parents, local authorities, and DCD?

View an emergency plan template (Appendix 10) at http://ncchildcare.dhhs.state.nc.us/pdf_forms/evacuation_childcare_providers.pdf



Prepare An Emergency Supplies Kit (should be *portable* in case of evacuation)

- List of emergency phone numbers
- (As available) cell phone, calling card, change for pay phones, two-way radios
- Water-backup supply of what you typically use in a day (**note:** *boiled water is not good for infants*)
- Non-perishable food; manual can-opener
- First aid kit, blankets
- Radio, flashlights, extra batteries
- Essential medications
- Hand sanitizer
- Extra clothing/shoes
- Diapers, baby food/formula, other special items for infants and toddlers
- Other items for safety and comfort
- If evacuating/relocating, remember child records and attendance sheets.

DURING/AFTER AN EMERGENCY.....

Protect the Health and Safety of the Children in Your Care

If an emergency occurs while children are in your center or home:

- Make sure all children and staff are accounted for and safe.
- If in need of immediate help, call 911.
- Call your DCD licensing consultant to report problem/get trouble shooting help.
- Contact parents as soon as possible and make arrangements for children to be reunited with their families.
- Supervise children until they are reunited with their families.



Help Staff and Children Prepare

- Train staff annually on your emergency plan, specific disaster roles, and the location of disaster supplies.
- Train new staff as part of orientation.
- In addition to monthly fire drills, have periodic drills for other possible emergencies (e.g., severe weather/tornadoes)
- Look for approved **in-service training** on emergency preparedness topics; contact your local Child Care Resource and Referral/Partnership for Children or Child Care Health Consultant.
- Identify “safe places” in your facility to take children during storms.
- Prepare children for emergencies through informative, yet non-threatening activities.
- Provide parents with emergency preparedness materials for the home (Example: ReadyNC.org).

Before children return to your facility:

- Walk around your facility to identify possible unsafe/unhealthy conditions. If you have any questions about conditions, you must have the appropriate inspectors visit your facility before you reopen.
- If your facility is not safe, you may be allowed to relocate temporarily.

To reopen or relocate, contact your licensing consultant. If you cannot reach a licensing consultant or supervisor, call DCD Regulatory Services in Raleigh at 1-800-859-0829 or 919-662-4547.

DCD will try to make information available to providers via hotlines after a disaster – tune in to media announcements.

Consider Expanding Services

If your program is fully operational and could take extra children in an emergency, contact your licensing consultant. If some programs are closed, DCD might activate special licensing policies to allow others to temporarily expand capacity.

Call DCD to Learn about Assistance

- **Assistance in developing a plan to relocate or shelter children** if an emergency occurs when children are in care and poses an immediate threat
- **Child care provider needs assessment**
- Special steps to continue **reimbursement for subsidized child care**
- **Emergency child care** to enable families to qualify for subsidized care based on disaster-related needs
- Continuation of **investigations of alleged abuse/neglect** in child care
- **Special licensing policies** to offer providers more flexibility while still assuring healthy and safe care
Help in establishing **temporary child care** arrangements, if needed.

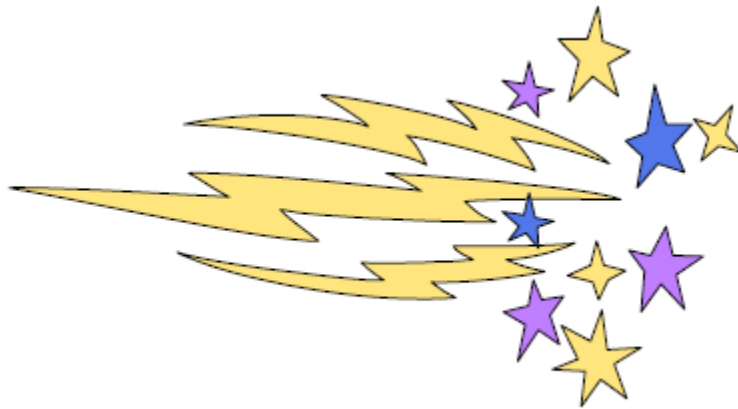
RESOURCES

- **ReadyNC.org** - <http://www.readync.org/>
Provides North Carolinians with information need to prepare for all types of emergencies. Also contains links to other Sources for preparedness like <http://www.ready.gov/kids/index.html> and
A phone listing of every counties Emergency Management Coordinator
- **American Red Cross**-See phone book or www.redcross.org/ to find contact information for a local chapter – Preparedness info, including helping children prepare for/cope with disaster.
- **NC Division of Emergency Management**
<http://www.nccrimecontrol.org/>
- **Your child care resource and referral agency**- preparedness/recovery training and other possible assistance.



Emergency Plan Template

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



MAY 2007

Child Care Facility

Emergency Plan Template

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May 2007 Template

EMERGENCY EVACUATION PLAN POLICY

- A. It is the responsibility of (your facility's name) to prepare plans whereby the facility, or parts thereof, can be evacuated quickly in the case of an emergency. Causes for evacuation could be fire, bomb threats, explosion, flood, severe thunderstorm, severe winter storm, hurricane, tornado, toxic fumes, electrical failure or structural failure. In an emergency, evacuation of (your facility's name) should proceed as rapidly and safely as possible. The plans shall be developed considering three scenarios of evacuation.

Those being:

1. **In-place evacuation:** Keeping children and staff members in place but securing location for the emergency at hand. Example: (tornado and chemical release)
2. **On-site evacuation:** Movement of children and staff members out of buildings affected and relocated to other areas on campus.
3. **Off-site evacuation:** Movement of part or all children and staff members off campus to another designated area.

These plans shall include:

- a) Authority
- b) Evacuation Routes
- c) Evacuation Procedures/locations
- d) Evacuation of Handicapped
- e) Collection points
- f) Accounting of Personnel
- g) Assignment of Responsibilities

Further areas of the plan shall include:

- a) Command Post
- b) Medical/Triage Post
- c) Communication
- d) Public Relations
- e) Transportation
- f) Shelters
- g) Records Retention
- h) Food/clothing
- i) Evacuation Cost Assessment
- j) Rescue and Clean-up

- B. The Facility Director shall be presented with the completed plan and shall review for approval. The plan shall be reviewed annually and updated as needed. A copy of a summary of this plan should be forwarded to the local Fire Department and the local Emergency Management Agency.

- C. Each employee at the facility shall be made familiar with the plan and trained in his/her responsibilities within the plan annually. New employees shall receive this review during their orientation period.
- D. Each child, if of capable age, shall receive training concerning emergency evacuation procedures during their orientation period.
- E. Floor plans shall be developed for each area and posted in public view showing exits and directional paths for traffic flow. Copies of the floor plan shall be given to the local Fire Department and the local Emergency Management Agency.
- F. Fire drills will be held monthly.
- G. Tornado drills should be held annually and scheduled to occur during Severe Weather Awareness Week (usually the last week of February each year), sponsored by the North Carolina Emergency Management Division and the National Weather Service.
- H. Power generators (when present) are to be tested at least every two weeks. All other emergency equipment shall be tested at pre-determined times.

EMERGENCY PROCEDURES AND EVACUATION

I. GENERAL INFORMATION

- A. The safety of the children and staff members at (your facility's name) is the highest priority. The purpose of this directive is to provide procedures to be followed by the staff members of (your facility's name) to insure the safety of its children and staff members in the event of an emergency.
- B. In the event of an emergency the Child Care Facility director (or his/her designee) will be notified as soon as possible regarding the situation and the response on it.
- C. In the event of an emergency the Child Care Facility Director, or designee, may require that all staff members on duty remain at work or return to work until the situation is no longer deemed an emergency.

II. FIRE

- A. Evacuate the area of the fire (always stay low as smoke and heated gasses collect near the ceiling first).
- B. Activate the fire alarm (if so equipped).**
- C. Call **911**, indicating the need for assistance from the fire department and law enforcement. Other communication networks should be identified and utilized in the event that the fire has caused the telephone system to be out of order.
- D. The facility director, or designee, will designate a person, or persons, to go to the nearest intersection to direct the fire department vehicles to the scene.
- E. Evaluate the situation; determine quickly, if possible, the size, nature, and location of the fire within the facility.
- F. Upon the arrival of the fire department the facility director, or designee, shall establish contact with the senior fire department official and coordinate subsequent activities with him or her.
- G. Make certain that all children and staff members are accounted for and safe. Move to other locations as required. A fire deemed in any way to be a threat to the safety of the children or the staff calls for evacuation to the outside area, away from the building.
- H. All windows and doors in the facility should be closed, and all electrical switches and breakers turned off.

However, do not waste time doing this if the condition is an emergency.

- I. Any of the steps above may be done simultaneously as the number of staff members on duty permits. The decision not to follow any of these steps is justifiable only when there is certainty that there is imminent danger.
- J. If the fire is small, any of the facility's fire extinguishers may be used to put it out, if the staff member has received proper training. Although there should be no hesitation regarding the use of fire extinguishers, the fighting of any fire by staff members should be undertaken only if there is no imminent danger.

1. The Child Care Facility's fire extinguishers are located as follows:

- a) _____
- b) _____
- c) _____
- d) _____

2. Each staff member is responsible for becoming familiar with the use of fire extinguishers (if so required by the facility).

- K. The nature of the fire is a key factor in determining a course of action. Smoke color may indicate the potential danger of the situation as follows:

- 1. **Yellow smoke** may indicate the presence of toxic gases. Evacuation should proceed immediately, and no effort should be made to extinguish the flame.
- 2. **Gray smoke** with brown wisps is indicative of any electrical fire. Again the area should be evacuated immediately, and all should stay clear of the area.
- 3. **Gray-black** smoke is indicative of a primary fire. The first priority remains evacuation of the immediate area. Staff members may attempt to extinguish the fire only if there is no severe danger of smoke inhalation.

- L. Ensure that no re-entry is attempted until authorized by the fire department

III. INCLEMENT WEATHER

(See separate Appendix B for Hurricane and Appendix C for Severe Weather Plans)

IV. ILLNESS OR INJURY

A. MINOR

1. Treat with medical supplies on hand.
2. Evaluate periodically to see if further medical attention is required.
3. Document treatments and evaluations in children's file.
4. Consult family members.

B. MAJOR

1. Employ first aid techniques as trained, if needed (Please see the Attached Appendix A for detailed information).
2. Contact **911**, if immediate medical attention required.
3. If an illness or an injury requires a doctor's care, but emergency services are not required, the staff members should then arrange for transportation to the emergency room, pediatric clinic, or hospital per instructions of the family member.

C. DEATH

1. If a death occurs at the Child Care Facility the following should be contacted immediately:
 - a) Call **911**, request emergency assistance.
 - b) Contact local Law Enforcement; allow them to notify the family members.
 - c) The facility director.
2. The body should not be moved or tampered with.
3. All children should be moved to a part of the building away from the body.
4. The children should only be told what is essential for them to know about what has occurred, but should be offered comfort and counseling as needed.
5. No news media should be contacted. If a news reporter is aware of what has occurred and solicits information, he/she should be referred to the facility's director.

No filming or photography is to be allowed inside the building.

V. BOMB THREATS

*****NOTE: Never move or touch unidentified or suspicious objects.**

A. GENERAL PRECAUTIONS

1. Any bomb threat should be treated as real until proven otherwise.
2. Unidentified or suspicious objects should be reported to the authorities.
3. Evacuation should be to an outdoor area as far from the building as safely possible. The area to be evacuated to should be searched quickly before evacuation.
4. Upon evacuation, all windows and doors should be left open, if possible, to minimize shock damage from blast.
5. Upon arrival of law enforcement authorities the facility director, or designee, will assist with search (i.e.: unlocking doors, identifying strange or suspicious objects).
6. The appropriate authorities should be consulted prior to re-entry into the building.
7. See Appendix D for threat information sheet.

B. TELEPHONE THREAT

1. The staff member who received the call should tell another staff member that a bomb threat is in progress so that:
 - a) The building may be immediately evacuated, and
 - b) Local Law Enforcement may be contacted via 911.
2. The receiver of the call should keep the caller on the line as long as possible.
3. Information should be recorded on the Bomb Threat Form as quickly as possible. **Information sheets are kept near each phone**, or specifically record the following information:
 - a) The exact time the call was received.
 - b) The caller's exact words.
 - c) A description of the caller's voice.
4. If the call receiver has time and opportunity he/she should ask the caller for:
 - a) The location of the bomb.
 - b) The exact time of explosion.

- c) A description of the nature and appearance of the bomb.
- d) The caller's name and his/her location.

C. **WRITTEN THREAT**

1. The staff member receiving the written threat should handle it as little as possible (to preserve finger prints), and should save all materials including any envelope or other container.
2. Local Law Enforcement should be contacted first, followed by the facility supervisor on duty, and/or the facility's director.
3. The building should be evacuated until it is determined that there is no longer a danger.
4. All materials involved in the threat should be turned over to the authorities.

VI. UTILITIES AND MAINTENANCE EMERGENCIES

A. **GAS LEAK**

1. If any staff member or children smells gas, act quickly.
2. Open windows immediately.
3. Call **911** and report the possible gas leak.
4. Do not turn any electrical switches **on OR off**. Eliminate all flames.
5. Check all gas taps and turn them off.
6. If necessary, turn off the gas main. The shutoff valve is next to the meter. Using a wrench turn the valve a quarter turn in either direction.
7. If the gas odor remains strong, evacuate the area immediately.
8. Do not return to the building until the fire department announces it is safe.

B. **POWER FAILURE**

1. The building's emergency lights, if so equipped, should come on automatically. They are connected to the facilities emergency generator, or back up batteries, which will start automatically upon loss of power (if a generator is present and connected properly).
2. The center has _____ flash lights which are located _____. There are spare batteries located _____.

3. A battery-operated radio is located _____. The radio may be used to monitor weather conditions, etc.
4. In the event of a power failure, the staff members on duty should contact the following:
 - a) Local Power Company. Phone: _____
 - b) The Child Care Facility's on-duty supervisor, and/or the Director.

C. LOSS OF WATER

1. There is an emergency supply of water located _____. This water should be used sparingly, and only for emergency.
2. In the event of the loss of water, the staff members on duty should contact the following:
 - a) Local Public Works (Only if loss of water is neither the result of a general power failure nor the result of an internal plumbing problem).
Phone: _____
 - b) The facility's supervisor on duty and/or the Director.

D. LOSS OF TELEPHONE SERVICE

1. There is a cellular phone located _____ which may be used in the event that regular telephone service is disrupted. Use of the cellular phone should be limited to absolute need.
2. In the event of loss of telephone services, the staff members on duty should contact the following:
 - a) Local Telephone Company repairs service. (Only if loss of service is not the result of a general power failure). Phone: _____
 - b) The facility's supervisor on duty and/or the Director.

E. LOSS OF HEAT/AIR CONDITIONING (emergencies only)

1. Contact the facility's supervisor on duty and/or the Director
2. The supervisor or staff member on duty should contact the installer of system and/or the company that services the units.

Contact Information: _____

F. PLUMBING PROBLEMS (emergencies only)

1. Contact the facility's supervisor on duty and/or the Director
2. The supervisor or staff member on duty should contact the following plumbing company:

Contact Information: _____

G. PROBLEMS WITH LOCKS AND KEYS

1. Contact the facility's supervisor on duty and/or the director.
2. The supervisor on duty may contact: _____.

VII. EMERGENCY EVACUATION

A. In the event of a fire, bomb threat, electrical, chemical or other emergency that would require the evacuation of the building, all staff members should adhere to the following:

1. Call **911**, indicating the need of assistance from the local Fire Department and law enforcement.
2. Make certain all children and staff members are accounted for and are safe.
3. Evacuate all children and staff members to an area as far from the building as safely practical.
 - a) Adhere to predetermined evacuation routes, if possible; however, do not hesitate to adjust these routes to avoid dangerous areas.
 - b) All children and staff members with special needs are to be assisted as needed.
4. Conduct a second head count for children and staff members.
5. Notify the Director as early as possible.
6. Do not approach or re-enter the building until consultation with the proper authorities.

Appendix A

SERIOUS INJURY OR ILLNESS

The immediate concern is to the aid of the sick or injured person. Proceed according to the following plan:

A. No staff member should place themselves at risk in the rescue of an injured child or staff member. Call Emergency **911** and request the needed emergency responders.

B. Do not move the victim, especially if their injury is the result of a fall, unless they are in a life threatening or dangerous environment.

C. Notify a qualified first aid person in the facility. Qualified first aid personnel are:

NAME: _____ LOCATION: _____

D. Treat immediately life-threatening injuries first in priority order:

(Emergency 911 should be called first for each of the following):

1) Impaired Breathing	2) Heart or Circulatory
3) Severe Bleeding	4) Shock

- a) **Impaired Breathing** - Work efficiently. The average person will die in six minutes or less if their oxygen supply is cut off. Place victim on his/her back, loosen collar, remove any obstructions to the airway, and apply mouth-to-mouth resuscitation (if so trained). After the victim is breathing alone, treat for shock.
- b) **Heart / Circulation Failure** - Work quickly. If possible, get trained help and work as a team. Apply cardiopulmonary resuscitation (CPR). If successful, treat for shock.
- c) **Severe Bleeding** - Act quickly. Apply direct pressure on the wound with your hands, using a clean cloth if one is available. If there are no fractures, elevate the wound. If bleeding is of a spouting or pumping nature, apply pressure to the appropriate arterial pressure point. Never use a tourniquet except as a last resort.
- d) **Shock** - If there is no head or chest injury, keep head lower than the rest of the body. Loosen clothing and cover with blankets. Encourage fluids if victim is conscious and there is no abdominal injury or nausea.

E. Other injuries / illnesses should be treated in priority with respect to threat to life.

F. Depending on the seriousness of the injury the victim should be taken to a nearby hospital by ambulance, or driven by someone else.

Appendix B

HURRICANE PLAN

A. The safe place designated by the Facility Director is the

1. All children will be moved to the safe location.
 2. Maintain flashlight and voice contact among staff members at all times.
 3. Direct all children to sit on the floor in designated area, not in front of doors.
 4. Advise all children to wear shoes.
 5. Make sure to do a head count before moving to safe place, after arriving at safe place, and after leaving designated area.
- B. After absolutely certain that the storm has passed, staff members should do a head count and check the complete building for any damages such as fire, water, or structural.
- C. Notify the Director as soon as possible with an update of conditions.
- D. Notify appropriate agencies if services are needed.

Appendix C

TORNADO/SEVERE WEATHER WATCHES AND WARNING PROCEDURES

A. The safe place designated by the Facility Director is the

1. All children will be moved to the designated location.
2. Maintain flashlight and voice contact among staff members at all times.
3. Direct all children to kneel down on their knees with their head between their legs covering their head with their hands.
4. Advise all children to wear their shoes.
5. Make sure to do a head count before moving to a safe place, after arriving at a safe place, and after leaving the designated area.

B. After absolutely certain that the storm has passed,

1. Staff members should do a head count.
2. Provide any necessary first aid and call 911 for any necessary response agencies.
3. Check the complete building for any damages such as fire, water, or structural.
4. Turn on and test utilities.

C. Notify the Director as soon as possible with update of conditions.

D. Notify appropriate agencies if services are needed.

E. Severe **Thunderstorm WATCH**

1. Advise all staff members of the weather condition.
2. Monitor radio / television news for updates and/or the **NOAA Weather Radio**.
3. Modify outdoor activities to ensure that relatively quick access to shelter is available.

Appendix C (continued)

TORNADO/SEVERE WEATHER WATCHES AND WARNING PROCEDURES

F. Severe Thunderstorm WARNING

1. Advise all staff members of the weather condition.
2. Monitor radio / television news for updates and/or **NOAA Weather Radio**.
3. Terminate outdoor activities and seek shelter.
4. Monitor sky conditions. If you see a dark, funnel shaped cloud, seek shelter and if possible, call **911** to report it.

G. Tornado WATCH

1. Take all precautions included in a Thunderstorm Watch. In addition:
2. Upon approach of thunderstorms, cease any outdoor activity that would delay the seeking of shelter.
3. Monitor sky conditions. If you see a dark, funnel shaped cloud seek shelter and if possible, call **911** to report it.

H. Tornado WARNING

1. Monitor radio / TV continuously.
 2. Monitor sky conditions continuously. If you see a dark, funnel shaped cloud seek shelter and if possible, call **911** to report it.
 3. Turn off all utilities if time permits.
 4. **Move all staff members and children to designated location:**
-

Appendix D

Bomb Threat Information Form

Exact Time of Call : _____ Date of Call: _____

Exact words of caller: _____

QUESTIONS TO ASK:

1. When is bomb going to explode? _____

2. Where is the bomb? _____

3. What does it look like? _____

4. What kind of bomb is it? _____

5. What will cause it to explode? _____

6. Did you place the bomb? _____

7. Why? _____

8. Where are you calling from? _____

9. What is your address? _____

10. What is your name? _____

DESCRIBE CALLER'S VOICE (circle)

Male / Female	Approximate Age	_____		
calm	disguised	nasal	angry	broken
stutter	slow	sincere	lisp	rapid
giggling	deep	crying	squeaky	excited
stressed	accent	loud	slurred	normal

THREAT LANGUAGE

Well Spoken (educated)	Irrational	Message read or recorded
foul / vulgar	Incoherent	

If voice is familiar, whom did it sound like? _____

Were there any background noises? _____

Remarks made by caller: _____

Person receiving the call: _____

Telephone Number/line call received: _____

Appendix E

FLOOD PLAN

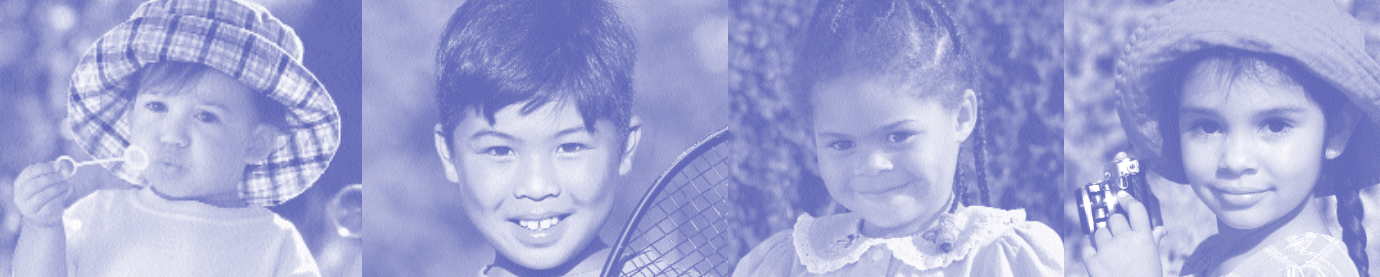
When Flash Flood conditions are forecast, the following guidelines shall be used:

- A. Contact the on-duty supervisor and/or the facility director.
- B. Monitor television, radio, and/or **NOAA Weather Radio** for forecast updates.
- C. Move records and valuable equipment to higher floors. Store chemicals where flood waters cannot reach them and cause contamination.
- D. Make transportation preparations to move children and staff members in the event that evacuation is needed.
- E. **Safe area to be evacuated to is:** _____
Safe Route there is: _____
- F. Evacuation
 - 1. If the facility is in a low lying area venerable to flooding, evacuation will be immediate.
 - 2. Evacuation is to follow the safest route possible (listen to weather and news reports for routes). Maintain voice contact among staff members and ensure all children and staff members are accounted for.
 - 3. If time and conditions permit, unplug all electrical appliances.
 - 4. All loose outdoor articles are to be brought in or tied down.
 - 5. Lock all doors.

Appendix F

HAZARDOUS MATERIALS ACCIDENTS

- A. Evacuate the area immediately.
 - 1. Do not turn any electrical switches **on or off**.
 - 2. Eliminate all open flames.
 - 3. Evacuation should be to an area (if possible) upwind and uphill of the facility.
- B. Call **911**, and report that there has been a Hazardous Materials Spill.
- C. Do not attempt to contain, touch, or identify (if unknown) the hazardous material.
- D. Do not attempt to rescue someone who has been overcome by fumes.
- E. If a child or staff member has had contact with chemicals, the chemicals should be washed off immediately.
- F. Do not return to the building until authorized to do so by the fire department.



After the Emergency Is Over:

POST-TRAUMATIC STRESS DISORDER IN CHILDREN AND YOUTH

What Is Post-Traumatic Stress Disorder (PTSD)?

After experiencing a frightening or distressing event (such as an injury, assault, car crash, fire, hurricane, or other natural disaster), a child or teen may suffer psychologically, as well as physically. In the first few days to weeks after a traumatic event, he or she may find that they have unwanted or upsetting thoughts or feelings about the event, and may be more anxious or "jumpy" (constantly on the lookout for possible danger). Often, they want to avoid anything that reminds them of the traumatic experience.

When these reactions last for more than a month and are strong enough to affect everyday functioning, a child may be diagnosed as having Post-Traumatic Stress Disorder (PTSD).

While the majority of U.S. adults have experienced a traumatic event at least once in their lives, only about 20% of these people will go on to develop PTSD. However, children's experiences around traumatic events are not well documented. Some studies have found that about 30% of children who experience a traumatic event end up developing PTSD.

Children can also develop PTSD symptoms when they witness or hear about a traumatic event that happens to someone else, even on TV (for example, coverage of September 11, 2001 events), and especially if it's someone they care about, like a friend or a parent who is hurt or even killed.

What Are the Signs and Symptoms of PTSD?

Most children who experience a trauma will have at least a few of the symptoms listed below, in the first few days or weeks after the event. The majority can resolve these reactions with support from their families and others, but some children will continue to have difficulties. (A child who appears to have little reaction to the trauma in the early stages is less likely to develop symptoms of PTSD). Children or youth at high risk for later difficulties are those who have had previous traumatic experiences, who have very strong early reactions, or whose support systems (parents and other caregivers) are very distressed by the event.

The three main categories of PTSD symptoms are:

- **Re-experiencing the Trauma.** Upsetting thoughts, pictures, or feelings about the traumatic event just "pop" into his/her mind; may relive the traumatic event through nightmares or from "flashbacks" when awake; reminders of the trauma may bring tears or other physi-

cal symptoms such as sweating, heart pounding, or stomach upset.

- **Avoiding Reminders of the Trauma.** Avoids situations, activities, or locations that might be reminders; may feel emotionally "numb" or detached – shutting down emotions to protect from painful feelings; may feel less close to friends and family; can feel hopeless about the future.
- **Hyper-Arousal.** Becomes jumpy or easily startled (e.g., overreacts to sudden noises); may become hypersensitive to signs of danger ("on guard"); may seem irritable or angry more often than usual; may have sleep problems and trouble concentrating.

What Can An Adult Do to Help A Child with PTSD?

Observe. Be aware of changes in the child's behavior.

Talk. Speak with the child openly (and in a matter-of-fact manner) about the traumatic event. Follow his/her lead but don't avoid the topic. (If this is too upsetting for you, seek support from other adults in coping with your own feelings).

Listen. Ask the child about his/her thoughts and feelings regarding the event, and listen carefully to his/her words, tone, and body language. Gently help to correct any misunderstandings. Sometimes children feel guilty about what happened and mistakenly believe they are to blame; younger children may have unrealistic or "magical" ideas about how the trauma happened.

Support. Help your child to focus on his/her strengths and talents. Help him/her to develop and use strategies for healthy coping with any fears or anxiety.

Take Care of Yourself. Parents and other caregivers need to have support for themselves and their own reactions and feelings after a child has experienced a traumatic event.

Ask for Help – Treatments for PTSD

If a child continues to have symptoms that worry parents or caregivers, that bother the child or get in the way of his/her normal activities, or if a child has any behavior that endangers himself or others, do not hesitate to get help from a mental health professional, preferably one who has experi-

ence in helping children after trauma. Also, explore the many resources available, such as those listed below.

Books and Brochures On Children and Trauma

For Providers, Teachers and Caregivers:

- "Helping Children Cope With Disasters and Terrorism" by La Greca, A, Silverman, W, Vernberg, E, & Roberts, M (eds.). Washington: American Psychological Association. 2002.
- "Children and Trauma: A Guide For Parents and Professionals" by Cynthia Monahan, Jossey-Bass Publishers; San Francisco; 1997.
- "The Scared Child: Helping Kids Overcome Traumatic Events" by Barbara Brooks, Ph.D., and Paula M. Siegel; John Wiley & Sons, Inc.; New York; 1996.

For Children and Families:

- "Helping Children Cope with Crisis: A Guide for African American Parents." 2002. Call the National Institute for Child Health and Human Development Information Resource Center at 1-800-370-2943 or download the brochure from: www.nichd.nih.gov/publications/pubs/crisis/helping_children_crisis.cfm
- "The Handbook of Frequently Asked Questions Following Traumatic Events: Violence, Disasters, or Terrorism." 2002. Available in both English and Spanish. Order copies from The International Center to Heal Our Children at Children's National Medical Center by calling 202-884-2257 or download the document as .pdf file from: www.dcchildrens.com/dcchildrens/about/subclinical/subneuroscience/ichoc_resources.aspx
- "A Terrible Thing Happened" by Margaret M. Holmes; illustrated by Cary Pillo; Magination Press; American Psychological Association; Washington, DC, 2000.

Internet Resources

- "After the Trauma" is a SAMHSA-funded publication created by the Center for Pediatric Traumatic Stress. www.chop.edu/traumatic_stress/pdf/cpts_parenttip.pdf
- Another comprehensive resource with useful information and links regarding trauma and PTSD can be found at: www.trauma-pages.com
- The International Center to Heal Our Children has several fact-sheets and other resources available for children, parents, teachers, and health care providers in assisting children in coping with and recovering from traumatic events. www.dcchildrens.com/dcchildrens/about/subclinical/subneuroscience/ichoc_resources.aspx
- The National Institute of Mental Health has information on Coping with Traumatic Events at www.nimh.nih.gov/healthinformation/traumaticmenu.cfm

Professional Mental Health Associations and Government Agencies

American Academy of Child and Adolescent Psychiatry	(www.aacap.org)
American Academy of Pediatrics	(www.aap.org)
American Psychological Association	(www.apa.org)
International Center to Heal Our Children	(www.dcchildrens.com/ichoc)
International Society for Traumatic Stress Studies	(www.istss.org)
National Assoc. of Social Workers	(www.naswdc.org)
National Center for PTSD	(www.ncptsd.org)
National Child Traumatic Stress Network	(www.nctsn.org)
National Institute of Mental Health	(www.nimh.nih.gov)
PTSD Alliance Resource Center	(www.ptsdalliance.org)

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Updated September 2005