

1 Center Rules – Health Standards for Children (.0801, .0802, .0803, .0804, .0806)

2
3 10A NCAC 09 .0801 APPLICATION FOR ENROLLMENT

4 (a) Each child in care shall have an individual application for enrollment completed and signed by the
5 child's parent, as defined in 10A NCAC 09 .0102. legal guardian, or full-time custodian. The completed,
6 signed application shall be on file in the center on the first day the child attends and shall include the
7 following information:

8 (1) ~~The completed, signed application shall be on file in the center on the first day the child~~
9 ~~attends and shall remain on file until the child is no longer attending.~~

10 (2) ~~The completed application shall include emergency medical information as specified in~~
11 ~~Rule .0802(b) of this Section.~~

12 (3) ~~The completed application shall give the child's full name and indicate the name the child~~
13 ~~is to be called. In addition, the application shall include the child's date of birth and any~~
14 ~~allergies, particular fears, or unique behavior characteristics that the child has.~~

15 (4) ~~The application shall include the names of individuals to whom the center may release~~
16 ~~the child as authorized by the person who signs the application.~~

17 (1) Emergency medical information as specified in Rule .0802(b) of this Section; (moved
18 from (2) above)

19 (2) The child's full name and the name the child is to be called; (moved from (3) above)

20 (3) The child's date of birth; (moved from (3) above)

21 (4) Any allergies, symptoms of allergies and type of response required for allergies; (moved
22 from (3) above)

23 (5) Health care needs or concerns;

24 (6) Particular fears, or unique behavior characteristics that the child has; and (moved from
25 (3) above)

26 (7) The names of individuals to who the center may release the child as authorized by the
27 person who signs the application. (moved from (4) above)

28 (b) ~~Each child's application shall be readily available and easily accessible to caregiving staff during the~~
29 ~~time the children are present. Center administrators and staff members shall:~~

30 (1) Only release a child to an individual listed on the application;

31 (2) Have the Application readily available and easily accessible to caregiving staff during the
32 time the children are in care; and

33 (3) Use the information provided on the application to ensure that each individual child's
34 needs are met during the time the child is in care.

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*History Note: Authority G.S. 110-85; 110-91(9); 143B-168.3;
Eff. January 1, 1986;
Amended Eff. _____; November 1, 1989.*

10A NCAC 09 .0802 EMERGENCY MEDICAL CARE

(a) Each child care center shall have a written plan ~~which assures that emergency medical care is available or can be obtained for children.~~ that sets forth in detail the steps to follow in the event of a child medical emergency. The plan shall be reviewed with all staff annually and whenever the plan is revised. ~~during staff orientation with new staff and with all staff at least twice each year.~~ This plan shall give the procedures to be followed to ~~assure~~ ensure that any child who becomes ill or is injured and requires medical attention while in care at the ~~center, center~~ or while participating in any activity provided or sponsored by the center, receives appropriate medical attention. The following information shall be included in the center's emergency medical care plan:

- (1) The name, address, and telephone number of a health care professional, community clinic, or local health department that is available to provide medical consultation;
- ~~(2) The name, address, and telephone number of the emergency room to be used when the parent's or family's health care professional cannot be reached or when transporting the ill or injured child to the person's preferred hospital could result in serious delay in obtaining medical attention;~~
- ~~(3)~~ (2) Designation of a means of transportation always available for use in the event of a medical emergency;
- ~~(4)~~ (3) The name of the ~~person, person~~ and his or her at least one alternate, ~~at the center,~~ responsible for ~~determining which of the following is needed,~~ carrying out that plan of action, ~~and assuring~~ ensuring that appropriate medical care is ~~given; given, and determining which of the following is needed:~~

 - (A) Simple first aid given at the center for an injury or illness needing only minimal attention;
 - (B) Advice from previously identified medical consultant in order to decide if care is to be given at the center or if the ill or injured child is to be transported to a designated medical resource; or
 - (C) Immediate transportation of the child to a designated medical resource for appropriate treatment;

- ~~(5)~~ (4) The name of the person and an alternate, person(s) at the center responsible for:

- 1 (A) ~~Assuring~~ Ensuring that the signed authorization described in Paragraph (c) of this
2 Rule is taken with the ill or injured child to the medical facility;
- 3 (B) Accompanying the ill or injured child to the medical facility;
- 4 (C) Notifying a child's parents or emergency contact person about the illness or
5 injury and where the child has been taken for treatment;
- 6 (D) ~~Notifying the medical facility about the ill or injured child being transported for~~
7 ~~treatment; and~~ Calling 911 in accordance with CPR or First Aid training
8 recommendations; and
- 9 (E) Obtaining substitute staff, if needed, to maintain required staff/child ratio and
10 adequate supervision of children who remain in the center; and
- 11 ~~(6)~~ (5) A statement giving the location of the telephone located on the premises **which** is in good
12 working condition and is always available for use in case of emergency. ~~Telephone~~
13 ~~numbers for the fire department, law enforcement office, emergency medical service, and~~
14 ~~poison control center shall be posted within sight of the telephone.~~ A telephone located
15 in an office in the center that is sometimes locked during the time the children are present
16 **shall** not be designated for use in an emergency.
- 17 (b) At least one person identified in Paragraph (a) of this Rule shall:
- 18 (1) Be on the premises at all times; and
- 19 (2) Accompany children for off premise activities.
- 20 ~~(b)(c)~~ (c) Emergency medical care information **shall** be on file for each individual child. That information
21 **shall** include the name, address, and telephone number of the parent or other person to be contacted in
22 case of an emergency, the responsible party's choice of health care professional and preferred hospital;
23 any chronic illness the individual has and any medication taken for that illness; and any other information
24 that has a direct bearing on assuring ensuring safe medical treatment for the child. This emergency
25 medical care information **shall** be on file in the center on the child's first day of attendance and **shall** be
26 updated as changes occur and at least annually.
- 27 ~~(c)(d)~~ (d) Each child's parent, legal guardian, or full-time custodian **shall** sign a statement authorizing the
28 center to obtain medical attention for the child in an emergency. That statement **shall** be on file on the
29 first day the child attends the center. It shall be easily accessible to staff so that it can be taken with the
30 child whenever emergency medical treatment is necessary.
- 31 ~~(d)(e)~~ (e) ~~An~~ The child care provider shall complete an incident report ~~shall be completed~~ each time a child is
32 injured or receives medical treatment by a health care professional, community clinic, or local health
33 department, as a result of an incident occurring while the child is ~~at the child care center.~~ in care. This
34 incident report **shall** include:

- 1 (1) the child's name, date and time of incident, part of body injured, type of injury,
- 2 (2) the names of adult witnesses to incident,
- 3 (3) a description of how and where incident occurred,
- 4 (4) the piece of equipment involved (if any),
- 5 (5) any treatment received, and
- 6 (6) the steps taken to prevent reoccurrence.

7 This report shall be signed by the person completing it and by the parent, and maintained in the child's
8 file. A When medical treatment is required a copy of the incident report shall be mailed to a
9 representative of the Division within seven calendar days after ~~treatment~~ the incident. A copy of the
10 form may be found on the Division's website at http://ncchildcare.nc.gov/pdf_forms/DCDEE-0058.pdf.

11 ~~(e)~~(f) An incident log shall be completed any time an incident report is completed. This log shall be
12 cumulative and maintained in a separate file and shall be available for review by a representative of the
13 Division. This log shall be completed on a form provided by the Division. A copy of the form may be
14 found on the Division's website at http://ncchildcare.nc.gov/pdf_forms/incident_log_i.pdf.

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16 *History Note: Authority G.S. 110-85; 110-91(1),(9); 143B-168.3;*
17 *Eff. January 1, 1986;*
18 *Amended Eff. _____; July 1, 2010; July 1, 1998; January 1, 1996; October 1,*
19 *1991; November 1, 1989.*
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21 **10A NCAC 09 .0803 ADMINISTERING MEDICATION**

22 The following provisions apply to the administration of medication in child care centers:

- 23 (1) No prescription or over-the-counter medication and no topical, non-medical ointment,
24 repellent, lotion, cream or powder shall be administered to any child:
 - 25 (a) without written authorization from the child's parent;
 - 26 (b) without written instructions from the child's parent, physician or other health
27 professional;
 - 28 (c) in any manner not authorized by the child's parent, physician or other health
29 professional;
 - 30 (d) after its expiration date; or
 - 31 (e) for non-medical reasons, such as to induce sleep.
- 32 (2) Prescribed medications:
 - 33 (a) shall be stored in the original containers in which they were dispensed with the
34 pharmacy labels specifying:
 - 35 (i) the child's name;

- 1 (ii) the name of the medication or the prescription number;
- 2 (iii) the amount and frequency of dosage;
- 3 (iv) the name of the prescribing physician or other health professional; and
- 4 (v) the date the prescription was filled; or
- 5 (b) if pharmaceutical samples, shall be stored in the manufacturer's original
- 6 packaging, shall be labeled with the child's name, and shall be accompanied by
- 7 written instructions specifying:
- 8 (i) the child's name;
- 9 (ii) the names of the medication;
- 10 (iii) the amount and frequency of dosage;
- 11 (iv) the signature of the prescribing physician or other health professional;
- 12 and
- 13 (v) the date the instructions were signed by the physician or other health
- 14 professional; and
- 15 (c) shall be administered only to the child for whom they were prescribed.
- 16 (3) A parent's written authorization for the administration of a prescription medication
- 17 described in Item (2) of this Rule shall be valid for the length of time the medication is
- 18 prescribed to be taken.
- 19 (4) Over-the-counter medications, such as cough syrup, decongestant, acetaminophen,
- 20 ibuprofen, topical antibiotic cream for abrasions, or medication for intestinal disorders
- 21 shall be stored in the manufacturer's original packaging on which the child's name is
- 22 written or labeled and shall be accompanied by written instructions specifying:
- 23 (a) the child's name;
- 24 (b) the names of the authorized over-the-counter medication;
- 25 (c) the amount and frequency of the dosages;
- 26 (d) the signature of the parent, physician or other health professional; and
- 27 (e) the date the instructions were signed by the parent, physician or other health
- 28 professional.
- 29 The permission to administer over-the-counter medications is valid for up to 30 days at a
- 30 time, except as allowed in Items (6), (7), (8) and (9) of this Rule. Over-the-counter
- 31 medications shall not be administered on an "as needed" basis, other than as allowed in
- 32 Items (6), (7), (8) and (9) of this Rule.

- 1 (5) When questions arise concerning whether any medication **should** be administered to a
2 child, the caregiver **may** decline to administer that medication without signed, written
3 dosage instructions from a licensed physician or authorized health professional.
- 4 (6) A parent **may** give a caregiver standing authorization for up to six months to administer
5 prescription or over-the-counter medication to a child, when needed, for chronic medical
6 conditions and for allergic reactions. The authorization **shall** be in writing and **shall**
7 contain:
- 8 (a) the child's name;
 - 9 (b) the subject medical conditions or allergic reactions;
 - 10 (c) the names of the authorized over-the-counter medications;
 - 11 (d) the criteria for the administration of the medication;
 - 12 (e) the amount and frequency of the dosages;
 - 13 (f) the manner in **which** the medication **shall** be administered;
 - 14 (g) the signature of the parent;
 - 15 (h) the date the authorization was signed by the parent; and
 - 16 (i) the length of time the authorization is valid, if less than six months.
- 17 (7) A parent **may** give a caregiver standing authorization for up to 12 months to apply over-
18 the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions,
19 creams, and powders --- such as sunscreen, diapering creams, baby lotion, and baby
20 powder --- to a child, when needed. The authorization **shall** be in writing and **shall**
21 contain:
- 22 (a) the child's name;
 - 23 (b) the names of the authorized ointments, repellents, lotions, creams, and powders;
 - 24 (c) the criteria for the administration of the ointments, repellents, lotions, creams,
25 and powders;
 - 26 (d) the manner in **which** the ointments, repellents, lotions, creams, and powders **shall**
27 be applied;
 - 28 (e) the signature of the parent;
 - 29 (f) the date the authorization was signed by the parent; and
 - 30 (g) the length of time the authorization is valid, if less than 12 months.
- 31 (8) A parent **may** give a caregiver standing authorization to administer a single weight-
32 appropriate dose of acetaminophen to a child in the event the child has a fever and a
33 parent cannot be reached. The authorization **shall** be in writing and **shall** contain:
- 34 (a) the child's name;

- 1 (b) the signature of the parent;
- 2 (c) the date the authorization was signed by the parent;
- 3 (d) the date that the authorization ends or a statement that the authorization is valid
- 4 until withdrawn by the parent in writing.
- 5 (9) A parent **may** give a caregiver standing authorization to administer an over-the-counter
- 6 medication as directed by the North Carolina State Health Director or designee, when
- 7 there is a public health emergency as identified by the North Carolina State Health
- 8 Director or designee. The authorization **shall** be in writing, **may** be valid for as long as
- 9 the child is enrolled, and **shall** contain:
- 10 (a) the child's name;
- 11 (b) the signature of the parent;
- 12 (c) the date the authorization was signed by the parent; and
- 13 (d) the date that the authorization ends or a statement that the authorization is valid
- 14 until withdrawn by the parent in writing.
- 15 (10) Pursuant to G.S. 110-102.1A, a caregiver **may** administer medication to a child without
- 16 parental authorization in the event of an emergency medical condition when the child's
- 17 parent is unavailable, providing the medication is administered with the authorization and
- 18 in accordance with instructions from a bona fide medical care provider.
- 19 (11) A parent **may** withdraw ~~his or her~~ written authorization for the administration of
- 20 medications at any time in writing.
- 21 (12) Any medication remaining after the course of treatment is completed or after
- 22 authorization is withdrawn **shall** be returned to the child's parents. Any medication the
- 23 parent fails to retrieve within 72 hours of completion of treatment, or withdrawal of
- 24 authorization, **shall** be discarded.
- 25 (13) Any time prescription or over-the-counter medication is administered by center personnel
- 26 to children receiving care, the following information shall be recorded: ~~including any~~
- 27 ~~time medication is administered in the event of an emergency medical condition without~~
- 28 ~~parental authorization as permitted by G.S. 110-102.1A,~~
- 29 (a) the child's ~~name,~~ name;
- 30 (b) the ~~date,~~ date;
- 31 (c) ~~the time;~~ time;
- 32 (d) ~~the~~ amount and ~~the~~ type of medication ~~given,~~ given; and
- 33 (e) the name and signature of the person administering the ~~medication.~~ medication
- 34 ~~shall be recorded.~~

1 This information shall be noted on a medication permission slip, or on a separate form
2 developed by the provider which includes the required information. This information
3 shall be available for review by a representative of the Division during the time period
4 the medication is being administered and for at least six months after the medication is
5 administered. No documentation shall be required when items listed in Item (7) of this
6 Rule are applied to children.
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8 *History Note: Authority G.S. 110-85; 110-91(1),(9); 143B-168.3;*
9 *Eff. January 1, 1986;*
10 *Amended Eff. _____; May 1, 2004; April 1, 2001; July 1, 1998; January 1, 1996.*
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13 **10A NCAC 09 .0804 INFECTIOUS AND CONTAGIOUS DISEASES**

14 (a) Centers may provide care for a mildly ill child who has a Fahrenheit temperature of less than 100
15 degrees axillary, or 101 degrees orally, and who remains capable of participating in routine group
16 activities; so long as and the child shall does not have any of the following:

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

30 (b) Centers that choose to provide care for mildly ill children shall:

- 31 (1) follow all procedures to prevent the spread of communicable diseases described in 15A
32 NCAC 18A .2800, "Sanitation of Child Care Centers", as adopted by the Commission for
33 Public Health;

- 1 (2) separate from the other children any child who becomes ill while in care or who is
2 suspected of having a communicable disease or condition other than as described in
3 Paragraph (a) of this Rule until the child leaves the center;
- 4 (3) notify all parents at enrollment that the center will be providing care for mildly ill
5 children;
- 6 (4) notify the parent of any child who becomes ill or who is suspected of being ill with a
7 communicable condition other than as described in Paragraph (a) of this Rule that the
8 child is ill and shall leave the center;
- 9 (5) notify the parent of any ~~sick~~ mildly ill child in care if the child's condition worsens while
10 the child is in care.

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12 *History Note:* Authority G.S. 110-85; 110-91(1); 143B-168.3;
13 *Eff. January 1, 1986;*
14 *Amended Eff. _____; December 1, 2014; July 1, 1998; November 1, 1991;*
15 *November 1, 1989.*

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17 **10A NCAC 09 .0806 TOILETING, CLOTHING AND LINENS**

- 18 (a) Diapers ~~will~~ shall be changed whenever they become soiled or wet and not on a shift basis.
- 19 (b) ~~There must be~~ The center shall ensure that clean clothes are available in the event that a child's
20 clothes become wet or soiled. ~~so that when the clothes worn by a child becomes wet or soiled the child~~
21 ~~has clean clothes to put on.~~ The change of clothing may be provided by the center or by the child's
22 parents.
- 23 (c) A supply of clean linen must be on hand so that linens can be changed whenever they become soiled
24 or wet.
- 25 (d) Staff shall not force children to use the toilet and staff shall consider the developmental readiness of
26 each individual child during when toilet training.
- 27 (e) Staff shall provide assistance to each child to ensure proper hygiene.

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29 *History Note:* Authority G.S. 110-85; 110-91(1); 143B-168.3;
30 *Eff. January 1, 1986;*
31 *Amended Eff. _____; July 1, 1998; November 1, 1989.*