June 12, 2017

Ms. Dedra Alston
Rule-making Coordinator
NC Division of Child Development and Early Education,
2201 Mail Service Center, Raleigh, NC 27699-2200

Dear Ms. Alston:

As President of the NC Pediatric Society, the state chapter of the American Academy of Pediatrics, I commend the NC Child Commission for its proposal to readopt permanent rules protecting children from tobacco. We urge you to keep the language of 10A NCAC 09.0604(h) through 10A NCAC 09.0604(j) and to strengthen 10A NCAC 09.1719 (11).

The American Academy of Pediatrics (AAP) recommends that all children be protected from tobacco smoke. It notes babies and children can be harmed because they breathe in toxic chemicals when they crawl on floors, sit in cars, or are held by adults -- thirdhand smoke can settle on these surfaces. The US Surgeon General Report states that there is no safe level of secondhand smoke. Secondhand smoke contains 7000 chemicals and 70 known carcinogens. Like combustible tobacco products, e-cigarette users exhale an aerosol that typically contains nicotine derived from tobacco, which is a highly addictive and contains other harmful substances, especially for children. We applaud your efforts to keep children safe from these substances in child care settings.

First, thank you for the proposed rule language for Child Care Facilities under 10A NCAC 09.0604 SAFETY REQUIREMENTS Subsections (h) through (j) which is evidenced based. Providing a 100% tobacco-free environment is an evidence-based policy that will protect the health and well-being of children as well as adult staff and visitors.

Second, we urge that you further strengthen the language is Subsection 11 to include litter relating to e-cigarettes or tobacco products. The proposed language for Family Child Care Homes under 10A NCAC 09.1719 REQUIREMENTS FOR A SAFE INDOOR/OUTDOOR ENVIRONMENT Subsection (11) as it stands currently

11) keep tobacco products in locked storage when children are in care. The operator and staff shall not smoke or use any product containing, made or derived from tobacco, including e-cigarettes, cigars, little cigars, smokeless tobacco, and any device used to inhale or ingest tobacco products at any time 24 hours a day/7 days a week within indoor areas of the family child care home, in vehicles used to transport children or during any off premise activities and on the provider’s outdoor property while children are in care on the premises of the family child care home.
We recommend that you add: keep all property free of cigarette butts and any other tobacco product and/or e-cigarette litter.

This type of litter can be dangerous for children, especially younger children who are prone to put objects into their mouths.

Please let me know if you have any questions.

Thank you.

Sincerely,

Scott St. Clair, MD, FAAP, Chapter President
North Carolina Pediatric Society (NCPeds)