

CHILD CARE CENTER HANDBOOK



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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, those of us who do care 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**. Listed in the Table of Contents is a wealth of information that can make established child care arrangements better and can help new facilities get started knowing everything is on track. The Table of Contents provides the reader with a menu of the many useful and informative things 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. One example would be to find any and all information for a staff member in the Chapter 2 -Staff. Here you will find out what education and experiences staff members must have before taking a job at a child care center, the health records staff must submit, and what kind of on-going training staff must receive after becoming employed.

Most 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 state or national organization that offers assistance and information to child care providers.
- A bell symbol  indicates the information provided is for operators and staff that work in a public school system that operates a licensed child care programs. The NC General Statutes exempts all programs operated by public schools from being licensed. However, if a school wishes to be eligible for the NC Subsidized Child Care Program or voluntarily chooses to be licensed the program will need to be licensed. The majority of the child care requirements discussed in this handbook apply to a licensed public school program. However, the bell symbolizes when rules do not apply or are different for public school programs to follow.
- A star symbol  indicates enhanced voluntary standards are available and to refer to Chapter 17 – Star Rated License for more information on these standards.

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 or your child care licensing consultant.

Chapter 1: Getting Started

Purpose Of These Requirements

To provide care for more than three preschool children in a nonresidential setting, you need to follow the child care center application process outlined in this chapter. The number of children you can care for is based upon indoor and outdoor square footage, completed building, fire, and sanitation inspections, and local zoning ordinances, and meeting all applicable child care requirements prior to the issuance of a license. The purpose of these requirements is to show you what is needed to start a child care center, how to apply for a license, and to outline the steps to licensure.

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 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 care.


Operator: means the person or entity held legally responsible for the child care business. This includes the owner, director, or other persons having primary responsibility for operation of a child care facility subject to licensing.

Owner: any person with a five percent or greater equity interest in a child care facility.

SECTION 1: AVAILABLE RESOURCES TO GET STARTED



Potential child care providers 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 Child Care Providers booklet. The booklet, available free of charge, describes child care requirements for operating a child care center in North Carolina. The booklet is also available on the Division's website at www.ncchildcare.net.

 It is important for child care providers to be knowledgeable of all of the child care requirements. Make sure you maintain current versions of the child care requirements. 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 always be found online.
2. Order a copy by completing a print materials order form. You will be charged a small fee to purchase these documents. You can request the order form from the Division or access it online.
3. You received copies when you purchase this handbook. Space is provided in the appendices to store your copy of the child care law and rules.





Contact the Division at 919-662-4499 or 1-800-859-0829 any time you have questions or concerns. 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 questions or direct you to appropriate staff.



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

SECTION 2: MANDATORY PRELICENSING WORKSHOP

CHILD CARE RULE .0301 **Attend a Prelicensing Workshop**

-  The operator of the child care center must complete the licensing workshop provided by the Division prior to the Division issuing an initial license or an initial Notice of Compliance to the child care center.
-  The Division will provide regularly scheduled licensing workshops for new and existing child care centers to attend.

- Attendance at a Prelicensing Workshop is required for the operator of a child care center. Operator is defined as the owner, director, or other person having primary responsibility for operation of the child care center subject to licensing.
- For a religious sponsored program, the pastor must attend.
- If a potential owner already operates another center, the potential operator is not required to attend the prelicensing workshop. However, the operator may want their child care director/administrator to attend.
- HH** –Although the operator is the only person required to attend the prelicensing workshop, the Division recommends the administrator or anyone else who will oversee the day-to-day operations of the child care business also attend the workshop.
- The prelicensing workshop is held for two consecutive days.
 - Workshops are conducted by representatives from the Division.
 - A prelicensing workshop is held somewhere within the state every week.
 - The current workshop schedule is available from the Division by calling 1-800-859-0829, or can be accessed from the Division’s website at www.nccildcare.net.
 - The cost of the two day workshop is \$45.00, which includes a copy of the child care law and rules and the Child Care Center Handbook.
 - The Division designed the Prelicensing Workshop to provide operators with tools to run a successful child care business. The workshop covers:
 - General information about the process of opening a child care center.
 - An overview of the child care requirements.
 - Discussion of how to initiate the licensing process and request prelicensing consultation.
 - Obtain forms needed to request prelicensing consultation.
 - Introduction to this handbook.
- When you attend and successfully complete the Prelicensing Workshop, you receive:

- A Prelicensing Workshop Certificate that verifies you have successfully completed the mandatory two day workshop.
- An application packet, which includes instructions for completing and submitting the application.



SECTION 3: APPLICATION FOR A LICENSE

CHILD CARE RULE .0301 & .0302

Application for a License

- ★ The individual who will be legally responsible for the operation of the center, which includes assuring compliance with the child care law and licensing requirements, must apply for a license using the form provided by the Division.
- ★ If the operator will be a group, organization, or other entity, an officer of the entity who is legally empowered to bind the operator must complete and sign the application.


- ☑ An application packet is given to you at the Prelicensing Workshop. To initiate the prelicensing phase, you will need to complete and submit the following items to the appropriate child care licensing supervisor identified in your application packet.
 - An application, which is known as the Facility Profile form (which is the first part of the application that will need to be completed)
 - A sample floor plan
 - A copy of the Prelicensing Workshop Certificate
- ☑ There will be additional forms that you will need to complete for the application. Your child care consultant will provide these forms, the Business Operation Appendix and the Facility Statements of Responsibility, during the prelicensing phase.
- ☑ The floor plan of the center should be drawn on 8 ½ x 11 plain paper, include the dimensions of each room to be used for child care, including ceiling height, and show the locations of bathrooms, doors, and required exits. This plan should include both indoor and outdoor areas.

- ☑ Upon receipt of these items, the licensing supervisor will assign a child care consultant to work with you. Your child care consultant will begin prelicensing consultation to talk about specific licensing requirements for your center.
- ☑ The child care consultant will determine which additional application forms need to be completed based on the center's business classification. The child care consultant will provide these forms to the operator during an initial prelicensing consultation visit.
-  Additional information regarding your business classification may be obtained on the NC Department of the Secretary of State's web site at www.secretary.state.nc.us/corporations.
-  A sample **Application - Facility Profile** form is located in the resource section. The additional application forms will be provided by the child care consultant during a prelicensing visit.

CHILD CARE RULE .0301 **Prelicensing Consultation**


- ★ Anyone who wishes to obtain a license to operate a child care center must request prelicensing consultation from the Division.
- ★ Upon receiving a request a Division representative will schedule a visit with the person requesting consultation.

- ☑ During the prelicensing phase, 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 prelicensing visits, the child care consultant will review the following:
 - Child care law and rules
 - Available equipment and materials

- Floor plan for indoor and outdoor areas to be used for children. Suggestions may be made to ensure the potential building design and floor plan meets early childhood practices.
 - Forms and paperwork that will be used at the center
 - Number of children each classroom/designated space can accommodate
 - Size of the center's indoor and outdoor areas used by children
- The operator must demonstrate the ability to comply with child care requirements prior to the issuance of a license. Once it is determined that satisfactory compliance of requirements have been met, a license will be issued. A temporary license may be issued to an operator opening a new center for six months.
-  Refer to Chapter 7 – Licenses for more information on the issuance of a Temporary License.

CHILD CARE RULE .0302

Day-to-Day Operation

-  The operator must demonstrate the ability to comply with the requirements for the daily operation of the child care center prior to the issuance of a license. This includes information on room arrangement, staffing patterns, equipment and supplies, in sufficient detail to show that the center will comply with applicable requirements for activities, equipment, and staff-child ratios for the capacity of the center and type of license requested.

- The potential operator needs to make the following written documents available to the child care consultant for review to verify compliance. This information is reviewed and discussed during a prelicensing visit.
- Daily Schedules
 - Activity Plans
 - Children's Records
 - Discipline Policy
 - Incident Reports
 - Incident Logs
 - Fire Drill Records
 - Staff Records
 - Emergency Care Plan
 - Daily Attendance Records

- Copy of certified criminal history check for operator
- Playground Inspection Reports
- Record of medications administered

CHILD CARE RULE .0302

Measurements

- ★ The child care consultant will measure all rooms to be used for child care and must assure that an accurate sketch of the center's floor plan is part of the application packet.
- ★ The child care consultant will enter the dimensions of each room to be used for child care, including ceiling height, and must show the location of the bathrooms, doors, and required exits on the floor plan.

CHILD CARE RULE .0302

Monitoring for Compliance

- ★ The child care consultant will make one or more inspections of the center and premises to assess compliance with all applicable requirements.
- ★ If the applicable requirements are met, the Division will issue a license.
- ★ If applicable requirements are not met, the child care consultant may recommend issuance of a provisional license or may recommend denial of the application.

- ☑ A Temporary License effective for six months will be issued when satisfactory compliance of applicable requirements have been achieved.
- ☑ If a situations occurs that would change the status of a license you will need to contact your child care consultant immediately. A status change is an event that requires the issuance of a new license. Examples of a status change includes change of ownership, change in the capacity of the center, and adding or removing restrictions from a license. Refer to Chapter 7 – Licenses for specific requirements and procedures for handling a status change.

SECTION 4: ADDITIONAL INSPECTIONS PRIOR TO LICENSURE

NC GENERAL STATUTE 110-91 & CHILD CARE RULE .0302 & .0401

Additional Inspection Requirements

- ★ The potential operator must arrange for inspections of the center by the local health, building, and fire inspectors.
- ★ The operator must provide an approved inspection report signed by the appropriate inspection to the Division representative.

- ☑ The operator is responsible for securing copies of the applicable requirements for inspections, preparing for inspections, and scheduling inspections.
- ☑ A child care consultant can help the operator identify the proper personnel in the county to contact.
- ☑ There may be a charge for an inspection in some areas. You should ask about costs at the time you schedule the inspection.
- ☑ Be aware that older buildings built before 1978 may contain hazards such as lead paint or asbestos. Common renovation activities such as sanding, cutting, painting, and demolition can create hazardous lead dust and chips by disturbing lead-based paint and other coatings, which can be harmful to children and adults. Be sure to have the building checked thoroughly before investing any money or time as these types of hazards can be costly to fix and would likely delay the opening of the child care center.
- ☑ The United States Environmental Protection Agency (EPA) requires that the “Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools” 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 call the NC Lead-based Paint Hazard Management Program at 919-707-5950 or visit the web site at <http://www.epi.state.nc.us/epi/lead/lhmp.html>.

- ☑ When a center does not meet the specific building, fire, or sanitation standards, the appropriate inspector may submit a written explanation of how equivalent, alternative protection is provided. The Division will then determine if they will accept the inspector's documentation in lieu of compliance with specific standards.
- ☑ A provisional license may be issued only at the recommendation of an inspector 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 and safety of the children but necessitates a provisional classification until corrected.

CHILD CARE RULE .0302 & .1302 Building Inspections



All child care centers not located in a currently occupied family residence must meet NC Building Codes for either Educational Occupancy or Institutional Occupancy.

- ☑ Potential operators are encouraged to contact their local building inspector before they make any financial commitments to build, buy or renovate a building for child care.
- ☑ Preliminary inspections are important because the site being considered may be unsuitable for child care, and a great deal of time and money could be wasted if action is taken before an inspection is completed.
- ☑ In some areas, your local building inspector will not be able to perform the preliminary inspection. You may need to contact a local building contractor or architect to help determine if the site in question would meet the appropriate building codes.
- ☑ An approved building inspection report must be submitted to the child care consultant before a license can be issued.
- ☑ You will need to contact your local inspections departments to find out if both blue prints and floor plans must be submitted and approved by them before construction or renovations begin.

- ☑ Keep in mind, it is sometimes okay for an inspector to answer “no” to questions on the building inspection report and still be approved for child care. If “no” is marked, make sure the local inspector explains how the current situation at the center differs from the required code and to give his/her opinion on the safety of the building.
- ☑ After the initial building inspection, another building inspection is not required unless the operator plans to begin using space not previously approved for child care, has made renovations to the building, has added new construction, or wants to remove any restriction related to building codes listed currently on the license.
- 🔔 Public school programs that will serve preschool age children must have a new building inspection conducted on the primary spaces that the programs will use. The building inspection must be completed on the form titled, Building Inspectors Inspection Form for Change of Ownership/Continued Use, provided by the Division. This inspection is required whether the preschool program is a full or part day educational program or a part time before/after school program serving preschool age children.
- 🔔 Public school programs that only serve school age children are not required to submit a new building inspection report. A copy of the school’s original building inspection will be accepted to meet the child care requirements.
- 📁 The building inspection report must be completed on the form provided by the Division. Your child care consultant will either mail you this form or will deliver it when she/he makes her/his initial prelicensing visit. Sample **building inspectors inspection forms** are located in the resource section.

CHILD CARE RULE .1304
Building Codes for Centers in a Residence

★ All child care centers located in an occupied family residence and licensed for 3 - 12 children, must meet the NC Building Codes for Centers in a Residence.

- ☑ In order to be eligible to meet this section of the NC Building Codes, the operator must provide verification that the home is currently occupied as a primary residence.
- ☑ Items to verify occupancy could include a driver's license showing the address of the center, tax records, ownership of the residence, address given for military purposes, or other legal documents requested and approved by the child care consultant.

Listed below are several items that are required by NC Building Code that operators should be aware of when selecting and planning a child care center.

★ All exit doors must have “single-action” locks. This is a handle or opening device that only requires one motion to operate, such as turning a doorknob or pushing a handle.

Examples of some approved door handles and locks include the following.

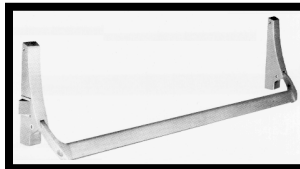
Lever handle



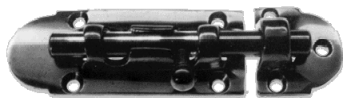
Single action cylindrical lock



Push bar or mortise panic device



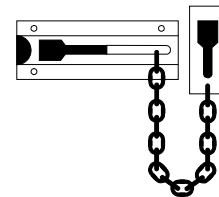
Examples of some **PROHIBITED** door locks include the following. These types of locks cannot be used anywhere in the child care center.



Barrel bolt

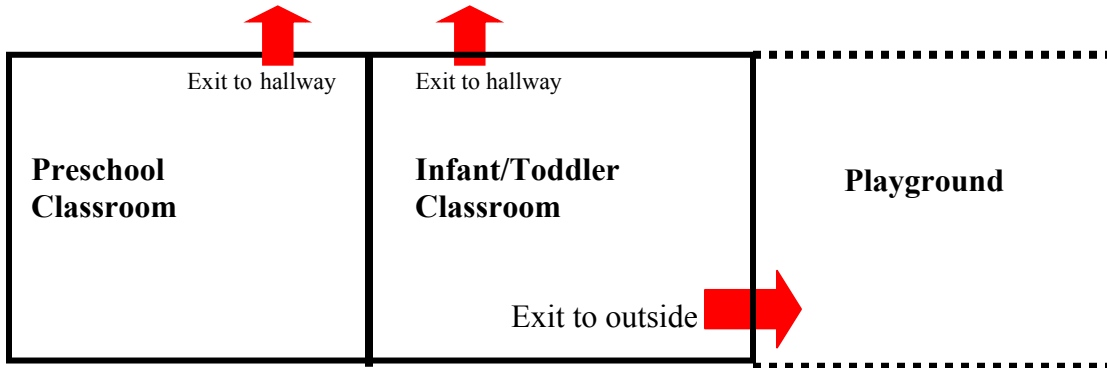


Dead bolt lock




Chain lock

★ Direct exits required for all classrooms occupied by children under the age of 2.5 years.



★ Center must meet Handicapped Accessibility Requirements.

- Your child care center must meet the requirements for handicapped accessibility even if you do not have any handicapped children enrolled.
- Check with the local inspectors for more details on the accessibility requirements.
-  Additional resources on the Child Care and the Americans with Disabilities Act are located in the appendices.


★ Proper location and number of toilets and sinks.

- Check with local inspectors for more details on where to locate restrooms.
- The number of sinks and toilets available in a facility may have an impact on the capacity of your center.



Child Care Rule .0304 Fire Inspections


- ★ Each child care facility must be located in a building that meets appropriate requirements for fire prevention and safe evacuation that apply to child care facilities established by the Department of Insurance.
- ★ An approved fire inspection that documents that a child care center meets the appropriate NC Fire Codes is required for all child care centers.
- ★ Each operator must schedule a fire inspection within 12 months of the center's previous fire inspection.
- ★ The operator is responsible for notifying the local fire inspector when it is time for the center's annual fire inspection.
- ★ The operator must submit the original of the completed annual fire inspection report to the child care consultant within one week of the inspection visit on the form provided by the Division.



- ☑ The fire inspection report must be submitted to the child care consultant before a license can be issued.
- ☑ A preliminary inspection is also encouraged by a local fire inspector to identify any renovations necessary to comply with the child care requirements and NC Fire Codes.
- ☑ There must be at least a manually operated fire alarm system installed in the child care center. This system must consist of an alarm bell, sending station and flashing light signal.
- ☑ An annual compliance packet, which includes a fire inspection report form, is sent to each center annually.
- ☑ A fire inspection is required annually. It is the operator's responsibility to notify the local fire inspector when it is time for the center's annual fire inspection.
- 🔔 NC Public Schools are already required to receive fire inspections once every six months and the standards meet or exceed the child care requirements. Therefore, the Division will accept a copy of the school's most recent fire inspection report to meet the child care requirements provided the report is dated within the last twelve months.

-  The inspection must be submitted on a form provided by the Division. A sample of the **Child Care Fire Inspection Report** is located in the resource section. The child care consultant will provide the form during prelicensing consultation.


NC GENERAL STATUTE 110-91 & Child Care Rule .0302 & .0304 Sanitation Inspections

-  Each child care center must have a sanitation inspection completed prior to receiving a license and annually thereafter.
-  Each center must be inspected at least annually by an Environmental Health Specialist for compliance with applicable sanitation requirements.

- Potential child care operators will need to contact the local health department.
- Plans drawn to scale and specifications for new child care centers must be submitted to the local health department for review and approval prior to initiating construction, renovations, changes to building dimensions, kitchen specifications, or other modifications to existing child care centers.
- Each center must be inspected at least annually by an Environmental Health Specialist with the local health department.
- The local Environmental Health Specialist will conduct an unannounced inspection twice a year or more often if complaints are filed.
- The completed sanitation inspection form is submitted to the Division by the local Environmental Health Specialist.
-  Public school programs are required to have a sanitation inspection completed for licensure. This inspection is different from the one regularly conducted at the school. The program must meet the NC Rules Governing the Sanitation of Child Care Centers (Section .2800). The inspection must be submitted prior to the issuance of a license and annually thereafter.

-  The inspection must be completed on a form provided by the Environmental Health Specialist at the local county Health Department at the time of the inspection. A sample of the **Sanitation Standards Evaluation Form for Child Care Centers** is located in the resource section.
-  Refer to Appendix C for a complete copy of Section .2800 – NC Rules Governing the Sanitation of Child Care Centers.


NC GENERAL STATUTE 110-91 Local Zoning Requirements

-  All child care facilities must comply with all Federal and State Laws and local ordinances that pertain to child health, safety, and welfare.

- Local zoning ordinances must be met before a license can be issued. Potential operators should contact the local zoning and planning office in the planning stage to find out about local ordinances/restrictions for the area where the center will be located.
- Examples of local zoning ordinances/restrictions might include: provisions for the number of parking spaces, specific square footage for indoor/outdoor space, limitations of the number of children allowed, special use permit, fencing, specific landscaping, or privacy variances.
- A child care consultant can help the operator identify the proper personnel in the county to contact.
- The local zoning ordinances do not include things such as home owner association covenants or neighborhood restrictions.




SECTION 5: ON-GOING INSPECTIONS


NC GENERAL STATUTE 110-91 & Child Care Rule .0304 Building Inspection

-  A new building inspection will not be required unless the operator plans to begin using space not previously approved for child care, has made renovations to the building, has added new construction, or wants to remove any restriction related to building codes currently listed on the license.


- Contact your child care consultant if you plan for any of these changes to occur.
- An approved building inspection is required prior to the use of the space.

NC GENERAL STATUTE 110-91 & Child Care Rule .0304
Fire Inspections

-  Each operator must schedule a fire inspection within twelve months of the center’s previous fire inspection.
-  The operator is responsible for notifying the local fire inspector when it is time for the center’s annual fire inspection.
-  The operator must submit the original of the completed annual fire inspection report to the child care consultant within one week of the inspection visit on the form provided by the Division.

- An annual compliance packet, which includes a fire inspection report form, is sent from the Division to each center annually.
- A fire inspection is required annually. It is the operator's responsibility to notify the local fire inspector when it is time for the center’s annual fire inspection.
-  The Division will accept a copy of the public school’s most recent fire inspection report to meet the child care requirements provided the report is dated within the last twelve months.

NC GENERAL STATUTE 110-91 & Child Care Rule .0304
Sanitation Inspection

-  Each child care center must be inspected at least annually by an Environmental Health Specialist for compliance with applicable sanitation requirements.

- Each center must be inspected at least annually by an Environmental Health Specialist with the local health department.

- ☑ The local Environmental Health Specialist will conduct an unannounced inspection twice a year or more often if complaints are filed.
- ☑ The Environmental Health Specialist supplies the inspection form to be completed and submits the completed form to the Division.
- 🔔 Public school programs are required to have a sanitation inspection completed annually.

SECTION 6: ANNUAL LICENSE FEES

GENERAL STATUTE 110-90

Child Care License Fees

- ★ Child care centers are required to pay an annual licensing fee, based on the permit capacity of the center.
- ★ The fee applies to all centers except for those operating under the provisions of G.S. 110-106, which is a religiously operated center, and publicly operated centers.

- ☑ The license fee is an annual charge to maintain a child care license for providing care for children in child care centers.
- ☑ The amount of the fee is based on the licensed capacity.

Capacity of Center	Maximum Fee
12 or fewer children	\$52.00
13-50 children	\$187.00
51-100 children	\$375.00
101 or more children	\$600.00

- ☑ Licensing fee invoices are sent out in October.
- ☑ The licensing fee is based on the licensed capacity of the center as of October 1st.
- ☑ Payments may not be made in person. 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.
- ☑ Frequently asked questions regarding annual license fees requirements are listed below.

Frequently Asked Questions for License Fees

- I only have 12 children enrolled in my program at present, but I am being charged for a fee of \$187.00. I should only pay \$52.00 according to the fee schedule.

The license fee is not based on your current enrollment. The fee is based on the licensed capacity printed on your child care license.

- My child care center has been closed since October 10, 2008. Why did I receive an invoice to pay a license fee?

All child care centers with an active status as of October 1, 2008, were sent a license fee invoice and are required to pay the fee. An annual license fee is assessed for the current calendar year. If your program would have closed on or prior to September 30, 2008, you would not have been charged a license fee for the year 2008.

- I will no longer own this child care center as of December 30, 2008. Why did I receive an invoice to pay a license fee?

If an ownership change did not occur prior to October 1, 2008, you were still considered the owner at the time of the license fee invoice; therefore you are responsible for the fee even though a new owner will acquire the center before the end of 2008. The new owner would not be billed for a license fee until October 2009.

- I had my capacity changed from 75 to 50 on October 10, 2008, due to low enrollment. Why am I paying a license fee of \$375.00 instead of \$187.00?

The license fee was based on the capacity on your license as of October 1, 2008. The capacity change will result in a reduced license fee for the 2009 calendar year.

- I do not have the full amount of the license fee that is due. Can I make a partial payment?

The full amount of the license fee is required by the due date. Partial payment of the license fee is not acceptable, nor will payment plans be established. Administrative action may be considered if payment is not submitted in a timely manner.

- My check was dated by the due date, so why is my payment considered late?

Credit for payment will be given on the date it is received by the Division of Health and Human Services Controller's Office, not the date on the check.

SECTION 7: RECORD RETENTION REQUIREMENTS

Child Care Rule .2318 Record Retention Requirements

- ★ All children’s records, except medication permission slips, must be kept on file one (1) year from the date the child is no longer enrolled.
- ★ All staff records must be kept on file one (1) 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 program records must be maintained based on the timeframe in the following charts:
 - A minimum of thirty (30) days from the revision or replacement date:

Record	Rule
Activity Plan	.0508 (a)
Allergy Postings	.0901(e)
Feeding Schedule	.0902
Menu	.0901(b)
SIDS Sleep Chart/Visual Check	.0606(a)(7)

- A minimum of one (1) year from the revision or replacement date:

Record	Rule
Attendance	.0302(d)(3) & .1504
Daily Schedule	.0508(a)
Emergency Medical Care Plan	.0802(a)
Fire Drill Log	.0302(d)(4)
Incident Log	.0802(e)
Playground Inspection	.0604(q)
Safe Arrival and Departure Procedures	.1003(b)

- All building, fire, sanitation and swimming pool inspections must remain on file at the center as long as the license remains valid.



Handouts are available in the resource section to assist you in maintaining compliance with staff, program and children's records. These handouts identify the due date, retention requirements and appropriate storage locations. Refer to **Required Child Care Center Records**, **Required Public School Program Records** and **Required Public School Staff Records**. A sample of each form listed on these handouts, are available throughout the handbook and on-line at www.ncchildcare.net under Providers / Provider Documents.

RESOURCE SECTION

Chapter 1: GETTING STARTED

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

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

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

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 Early Childhood Professional Development

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 School Readiness 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. Our toll free number, 1-800-367-2229, is part of the NC Family Health Resource Line. Information, resources, and referrals to the child care communities 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. 800.367.2229 or www.healthychildcarenc.org for the name/contact of Child Care Health Consultants and for health and safety information and resource.

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.

APPLICATION – FACILITY PROFILE (CONTINUED)

<u>FOR DCD USE ONLY</u>	
ID#	_____
COUNTY NO.	_____
PAGE	_____ OF _____

Type of Business Operation

Check only one box:

- Sole Proprietorship:** A business owned and operated by one person for profit
- General Partnership:** Two or more people who carry on a business as co-owners for profit.
- Limited Partnership:** Consists of two or more people who jointly own or operate a business for profit. It is similar to a general partnership except that one or more partners have limited liability and no rights to management. A limited partnership must have at least one general partner.
- Limited Liability Company:** A business entity created by Statute. Owners are called members. One or more members are required to organize a limited liability company. Management of the business of the Limited Liability Company is vested in its managers.
- Corporation:** An organization formed under state or federal law. It is an artificial entity legally separated from its owners.
- Non-Profit Corporation:** A corporation intended to have no income or intended to have income, none of which is distributable to its members, directors, or officers.
- Government:** A program operated by city, county, state, or a federal entity.

HAVE YOU, OR ANY OTHER PERSON LISTED ON THIS APPLICATION, PREVIOUSLY OPERATED A CHILD CARE FACILITY?

Yes No

If yes, list facility name, ID# and location: _____

DO YOU CURRENTLY HAVE A CHILD CARE LICENSE FOR ANOTHER LOCATION?

Yes No

If yes, list facility name, ID# and location: _____

I ATTEST, UNDER PENALTY OF PERJURY, THAT I AM (CHECK ONE OF THE FOLLOWING):

- A citizen of the United States
- A non citizen national of the United States
- A lawful permanent resident (Alien # _____)
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date if applicable)
- Other, please explain _____

Proof of residency must be verified by providing documentation such as a birth certificate, U.S. passport, Certificate of Naturalization, or U.S. Citizen Identification Card.

I certify that I have given true, accurate and complete information on this form to the best of my knowledge and I authorize investigation of all statements made on this form. I hereby certify that I do not habitually use alcoholic beverages to excess nor use illegal narcotics or other impairing drugs.

Signature of Applicant

Date

**An owner can submit one name in writing as a designee for the purpose of signing facility documents. (See Designee Form Letter)*

**The Profile Page is completed and submitted by the applicant prior to licensure. Information may change during the licensing process.*

FOR DCD STAFF USE ONLY DATE RECEIVED: ____ / ____ / ____ CONSULTANT NAME: _____

DATE OF FINAL REVIEW: ____ / ____ / ____ CONSULTANT NAME: _____

DATE REVIEWED BY SUPERVISOR: ____ / ____ / ____ SUPERVISOR NAME: _____

BUILDING INSPECTORS INSPECTION FORM FOR CHILD CARE CENTERS

NAME OF OPERATION _____

ADDRESS _____ TELEPHONE: _____

CITY _____ STATE _____ ZIP _____

BUILDING INSPECTORS CERTIFICATE

1. The areas in the building that are designated as the licensed space are required by the licensing agency to meet the Building Code in effect when an application for licensure is submitted to the regulating agency. Does the building listed above, to the extent observable, meet the current North Carolina Building Code? Yes ___ No ___

2. If no, list question numbers which do not comply, explain the violation and whether equivalent protection for the safety of the children is provided:
1) _____
2) _____
3) _____
4) _____

3. Are any of the above violations of a life safety concern? Yes ___ No ___
If yes, please list question numbers _____

4. In your opinion based on the violations listed above, do you recommend that the Division of Child Development issue a provisional license to allow time for correction of the violations? Yes ___ No ___
If yes, how long (30-60-90 days) and for which violations? _____

(Note: All violations must be corrected before a license can be issued unless a provisional time period is recommended or equivalent protection is documented.)

5. Number of rooms approved for occupancy by children? _____
(Attach sketch of building with rooms identified)

6. Specify any local zoning restriction: _____

Signature of Inspector _____ /Date _____

Jurisdiction _____ /Phone: _____

The Inspectors Certificate and Building Inspection Form is required to be completed in its entirety before the Division of Child Development (DCD) can consider the document complete. All questions must be answered; any **NO** answers must have a written explanation.

This form was developed through the cooperation of the Division of Child Development and the Engineering Division of the Department of Insurance. Please note that the inspection forms do not cover all areas of the Code, but are intended to be used as a guide for the local inspector. If additional Code items which are not addressed on these forms are found to be in violation of the Code, please document them on the back of this form.

Prepare in quadruplicate: Original & copy to DCD, 1 copy kept by inspector, 1 copy kept by operator.

Identification # _____
 County _____
 Date of Inspection _____

CHILD CARE BUILDING INSPECTION FORM

SECTION A: The following general questions should be answered for **BOTH** Educational and Institutional type occupancies.

LIGHT & VENTILATION

- 1. Is the total area of all windows in the child care room equal to or greater than 8% of the floor area or is artificial light provided? Yes _____ No _____
- 2.a Does the room have natural ventilation from a minimum amount of operable window or door area to the outside that would allow a clear opening that is equal to or greater than 4% or more of the floor area?
(If **NO**, go to question 2b). Yes _____ No _____
- b Is space mechanically ventilated as required by North Carolina Mechanical Code?
(N/A if an existing building) N/A _____ Yes _____ No _____

FIRE

- 3. Does this building have a manually operated fire alarm system (electrically installed system with pull box stations)? Yes _____ No _____

EXITS

- 4. Are there at least 2 exits (doors, stairs, smoke proof towers, ramps, or horizontal exits) remote from each other on each floor or fire section of the building? Yes _____ No _____
- 5. Is the exit capacity adequate? Yes _____ No _____
- 6. Are all means of egress adequately illuminated at all times that the building is occupied? Yes _____ No _____
- 7. Are the means of egress identified by readily visible exit signs when the exit or way to reach it is not immediately obvious to the occupants? Yes _____ No _____
- 8. Is emergency power provided for centers with more than 300 occupants or for centers providing night care as required by the Building Code? N/A _____ Yes _____ No _____

CORRIDORS AND ACCESS TO EXITS

- 9. Are all means of egress unobstructed without passing through a closet, storage area, kitchen, restroom, or other hazardous space? Yes _____ No _____
- 10. Are all exit corridors a minimum 1-hour fire resistance?
(If yes, go to Question 12) (N/A applies only if there are no corridors) N/A _____ Yes _____ No _____
- 11. If corridors are not 1 hour fire rated, do all child care rooms, spaces, and areas have a direct level of discharge exit to the outside? Yes _____ No _____
- 12. a. Do all corridors, ramps, and passageways have a minimum 6 feet clear width in all areas serving as means of egress for capacity of 100 or more?
(N/A if capacity is less than 100) N/A _____ Yes _____ No _____
- b. Are all corridors, ramps, and passageways not less than 44" clear width in all areas serving as means of egress for capacity of less than 100?
(N/A if capacity is more than 100) N/A _____ Yes _____ No _____
- 13. Are all dead-end corridors no more than 20 feet in length? N/A _____ Yes _____ No _____

- (N/A applies only if no dead-end occurs)
14. Do all doors have a minimum clear opening width of 32" (min. door width of 36") in the following locations:
- a. between occupied rooms and required exits? Yes____ No____
 - b. exit doors leading to the exterior? Yes____ No____
15. Are all doors in the line of exit travel a swinging door (side hinged)? Yes____ No____
16. Do doors to rooms that accommodate more than 50 people swing in the direction of travel ? N/A____ Yes____ No____
(N/A applies if room accommodates less than 50 people)
- 17.a Do all required egress and exit doors have single motion, self-unlocking type handle, lever, push pad, or panic hardware? Yes____ No____
- b. If room accomdates 100 or more people, do all required egress and exit doors have push pads or panic hardware? N/A____ Yes____ No____

STAIRS (NOTE: If no stairs, interior or exterior, check N/A____ and go to Question 22. If applicable, all questions must be answered)

- 18.a Are all stairs serving 50 or more occupants at least 44 inches in width? N/A____ Yes____ No____
- b Are all stairs serving less than 50 occupants, at least 36" in width? N/A____ Yes____ No____
19. Are all stairs with four or more steps provided with proper handrails and guardrails? Yes____ No____
20. Are all interior stairs enclosed with 1-hour rated walls and 1-hour rated "B" labeled doors that are at least 36" wide? Yes____ No____
21. Are the stair enclosure doors self-closing? Yes____ No____

WALLS AND CEILINGS

22. a. Are all wall and ceiling coverings throughout building non-combustible? (Use of untreated combustible fiber boards, wood, and other combustible fiber boards, wood and other combustible finishes is prohibited). Yes____ No____
- b. Do interior wall and ceiling finish materials meet the flame spread ratings as required by the Minimum Interior Finish Classification Table, NCBC Yes____ No____
23. Do ceilings in habitable rooms have a minimum of 7'-6" clear height? Yes____ No____

HEATING SYSTEMS/MECHANICAL

24. Is the building free of unvented fuel burning or portable electric space heaters? Yes____ No____
25. Have air conditioning, ventilation, heating, cooking, and other service equipment been inspected and approved by the appropriate inspectors? Yes____ No____
Date Inspected _____
26. a. Is combustion and ventilation air for boiler or heater rooms taken directly from and discharged to the outside of the building? N/A____ Yes____ No____
(N/A if electric heat is installed)
- b. If inside air is used for fuel-burning appliance does it meet the requirements of Chapter 7 of the North Carolina Mechanical Code. N/A____ Yes____ No____
(N/A if inside air is not used)

PLUMBING

27. Does the number of waterclosets and lavatories comply with the Plumbing Code as determined by the appropriate inspector? Yes____ No____
(1 watercloset per 15 children, 1 lavatory per 25 children)

Maximum # of persons allowed by plumbing facilities? _____

Date Inspected _____

ELECTRICAL

28. Do the visible and accessible portions of the electrical system comply with applicable sections of the Electrical Code as determined by the appropriate inspector? Yes____ No____
Date Inspected _____

MIXED AND MULTI-USE OCCUPANCIES

29. Are all child care areas separated from adjacent occupancies in accordance with the requirement of mixed occupancies and the Occupancy Separation Requirements Table? (N/A if no mixed occupancies) N/A____ Yes____ No____
30. Do all multi-use areas comply with the most restrictive applicable sections of the State Building Code for each intended use? (N/A if no multi-use areas) (Multi-use is defined as an area which will be used for different functions at different times and not concurrent. Example: child care to fellowship hall.) N/A____ Yes____ No____

ACCESSIBILITY CODES

31. Does this building comply with applicable State Building Codes for access/use by persons with disabilities? Yes____ No____

SECTION B: The following questions should be answered only for **educational occupancy** in addition to the questions answered in Section A above.

32. Does the building comply with the Allowable Heights and Building Areas Table for Educational Occupancy? (If **NO**, go to Section C). Yes____ No____
33. a. Are all rooms, approved for use by children below grade 2, on the level of exit discharge? (If **NO** go to Section C) Yes____ No____
b. Are rooms used by children in grades 2 and higher no more than one story above the level of exit discharge? Yes____ No____
34. a. Do rooms used by children who are less than 2 ½ years have a direct exit to the outside? (N/A applies only if center does not serve children under 2 ½ yrs) N/A____ Yes____ No____
b. Do rooms used by children under 2 ½ years qualify as alcoves to adjacent spaces with direct exit to the outside? Yes____ No____
c. If the square footage of the child care area is >20,000 square feet, do all rooms for all children have direct exits? (N/A if sq. footage is < 20,000) (If **NO** to both a and b or c, go to Section C) N/A____ Yes____ No____
35. Are all rooms approved for use by children provided with an operable window which complies with Special Exit Requirements for Educational Occupancy? (N/A if direct exit to outside) N/A____ Yes____ No____
36. Is the most remote point in every room occupied by children, including dining room, not more than 200 feet from the nearest exterior exit? (non-sprinklered building) Yes____ No____
37. Are smoke detectors provided in the corridors in accordance with Automatic Fire Detection and NFPA72 for child care use? Yes____ No____

SECTION C: The following questions should be answered only for **institutional occupancy** in addition to the questions answered in Section A above.

38. Does the building comply with the Allowable Heights and Building Areas Table for Institutional Occupancy? Yes_____ No_____

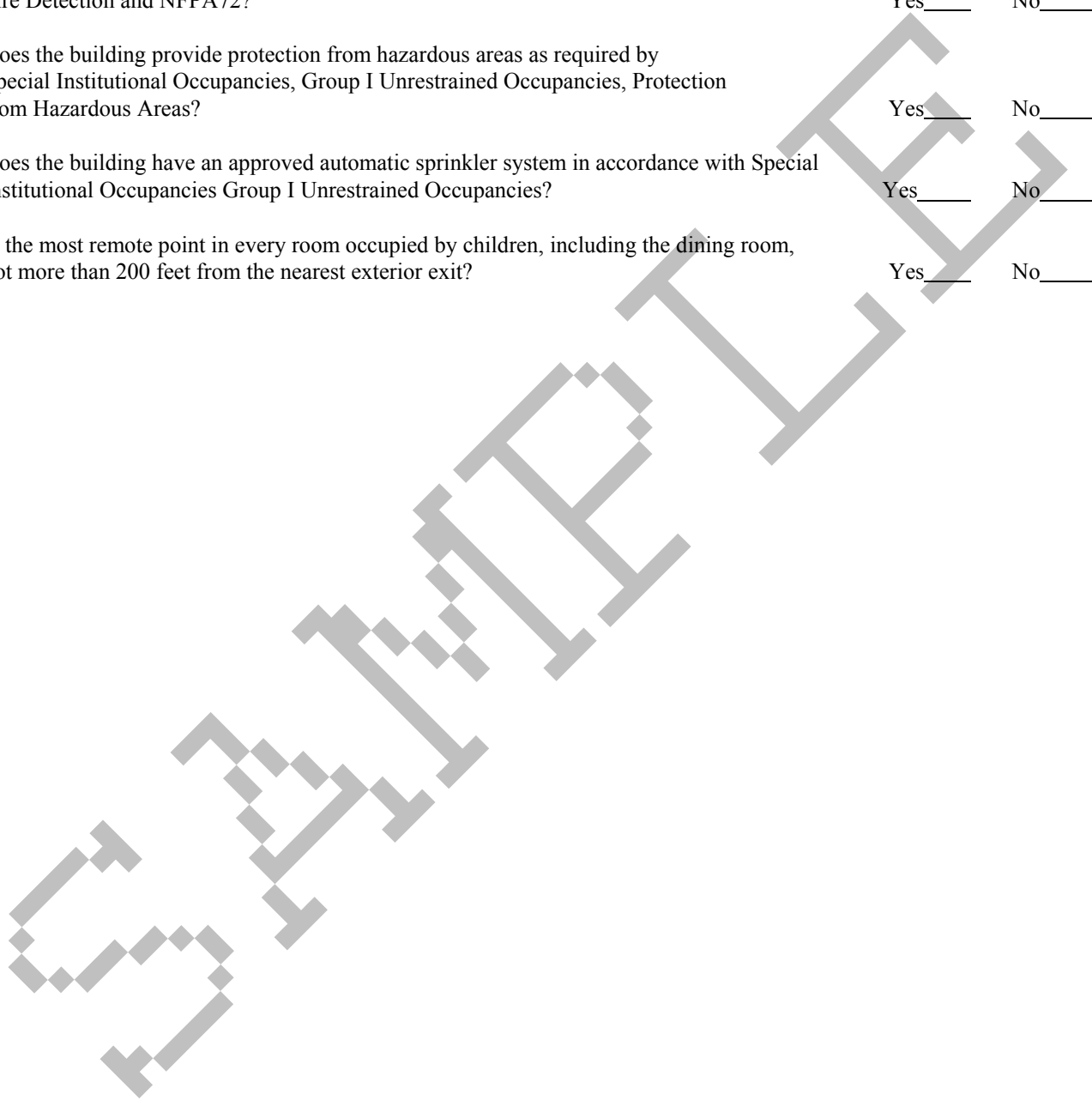
SECTION C cont.:

39. Are smoke detectors provided in the corridors in accordance with Automatic Fire Detection and NFPA72? Yes_____ No_____

40. Does the building provide protection from hazardous areas as required by Special Institutional Occupancies, Group I Unrestrained Occupancies, Protection from Hazardous Areas? Yes_____ No_____

41. Does the building have an approved automatic sprinkler system in accordance with Special Institutional Occupancies Group I Unrestrained Occupancies? Yes_____ No_____

42. Is the most remote point in every room occupied by children, including the dining room, not more than 200 feet from the nearest exterior exit? Yes_____ No_____



**BUILDING INSPECTORS INSPECTION FORM
FOR CENTERS IN A RESIDENCE LICENSED FOR
3 TO 12 PRESCHOOLERS**

NAME OF OPERATION _____

ADDRESS _____ TELEPHONE: _____

CITY _____ STATE _____ ZIP _____

BUILDING INSPECTORS CERTIFICATE

1. Buildings are required by the licensing agency to meet the Building Code in effect when an application for licensure is submitted to the regulating agency. Does the building listed above, to the extent observable, meet the current North Carolina Building Code? Yes _____ No _____

2. If no, list question numbers which do not comply, explain the violation and whether equivalent protection for the safety of the children is provided:
1) _____
2) _____
3) _____
4) _____

3. Are any of the above violations of a life safety concern? Yes _____ No _____
If yes, please list question numbers _____

4. In your opinion based on the violations listed above, do you recommend that the Division of Child Development issue a provisional license to allow time for correction of the violations? Yes _____ No _____

If yes, how long (30-60-90 days) and for which violations? _____

(Note: All violations must be corrected before a license can be issued unless a provisional time period is recommended or equivalent protection is documented.)

5. Number of rooms approved for occupancy by children? _____
(Attach sketch of building with rooms identified)

6. Specify any local zoning restriction: _____

Signature of Inspector _____ /Date _____

Jurisdiction _____ /Phone: _____

The Inspectors Certificate and Building Inspection Form is required to be completed in its entirety before the Division of Child Development can consider the document complete. All questions must be answered; any NO answers must have a written explanation.

Developed through the cooperation of the Division of Child Development and the Engineering Division of the Department of Insurance. Please note that the inspection forms do not cover all areas of the Code, but are intended to be used as a guide for the local inspector. If additional Code items which are not addressed on these forms are found to be in violation of the Code, please document them on the back of this form.

Prepare in quadruplicate: Original & copy to Division of Child Development, 1 copy kept by inspector, 1 copy kept by operator.

Identification # _____
County _____
Date of Inspection _____

CENTERS IN A RESIDENCE (3 - 12 PRESCHOOLERS) BUILDING INSPECTION FORM

1. Does the building meet the intent of the Building Code for R4 Occupancy? Yes___ No___
2. If an addition has been built for this use, does it meet the Building Code? N/A___ Yes___ No___
(N/A if no new addition)
3. Do interior wall and ceiling finish materials meet the flame-spread ratings as required by the Minimum Interior Finish Classification Table, NCBC? Yes___ No___
4. a. Does each room used for child care purposes have, on that level, access to two remotely located outside doors? Yes___ No___
** IF answer is yes, skip to Question 5. If 4a is no, answer 4b.
- b. Is an exterior door located in each room used for child care purposes? Yes___ No___
** If answer is yes, skip to Question 6.
5. Are all rooms located so as not to have a dead-end distance in excess of 20 feet? Yes___ No___
6. Is the exit door located no more than 48" above grade? Yes___ No___
** If answer is no, Is a ramp or pathway to grade provided? Yes___ No___
7. Do all locks on doors require no more than one operation to release the door? Yes___ No___
8. Does this building have a manually operated fire alarm system (electrically installed system with pull box stations)? Yes___ No___
9. Are all unoccupied spaces, such as basements, laundry rooms, and fossil fuel fired furnace rooms provided with approved labeled automatic smoke and/or heat detectors? Yes___ No___
10. Is the total area of all windows in the child care room equal to or greater than 8% of the floor area or is artificial light provided? Yes___ No___
11. Is one-half of the window area openable, or is the space mechanically ventilated with a minimum of 5 air changes of fresh air per hour? Yes___ No___
12. Are all fuel-burning space heaters, fireplaces, and floor furnaces, which are listed and approved, provided with a protective screen attached securely to a substantial support in such a way that children will not be burned? N/A___ Yes___ No___

13. Is the building free of unvented fuel burning or portable electric space heaters? Yes___ No___
14. Have air conditioning, ventilation, heating, cooking, and other service equipment been inspected and approved by the appropriate inspectors? Yes___ No___
15. Is combustion and ventilation air for boiler or heater rooms taken directly from and discharged to the outside of the building (N/A if electric heat is installed)? N/A___ Yes___ No___

PLUMBING

16. Do the visible and accessible portions of the plumbing system comply with applicable sections of the Plumbing Code as determined by the appropriate inspector? Yes___ No___
- Date Inspected _____

ELECTRICAL

17. Do the visible and accessible portions of the electrical system comply with applicable sections of the Electrical Code as determined by the appropriate inspector? Yes___ No___
- Date Inspected _____

ACCESSIBILITY CODES

18. Does this building comply with applicable State Building Codes for access/use by persons with disabilities? Yes___ No___

BUILDING INSPECTORS INSPECTION FORM FOR CHANGE OF OWNERSHIP/CONTINUED USE

NAME OF OPERATION _____

ADDRESS _____ TELEPHONE: _____

CITY _____ STATE _____ ZIP _____

BUILDING INSPECTOR'S CERTIFICATE

1. For Change of Ownership and continued use, the areas in the building that are designated as the licensed space are required by the licensing agency to meet the 2006 NC Rehabilitation Code. Does the building listed above, to the extent observable, meet the 2006 NC Rehabilitation Code? Yes___ No___

2 a For any question answered "No" but meeting prior code, list item number and attach proof of prior code certification.

Item Number	Description	Prior Code Certification	
		Yes	No

b. For any question answered "No" that DOES NOT meet applicable prior code, list item number, explain the violation and whether equivalent protection for the safety of the children is provided:

Item Number	Description	Equivalent Protection	
		Yes	No

3 Are any of the above items of a life safety concern? Yes___ No___
If yes, please list question numbers _____

4 In your opinion based on the items listed above where prior code certification is not available, do you recommend that Division of Child Development allow time for correction of these items? Yes___No___
If yes, how long (30-60-90 days) and for which items? _____

5 Number of rooms approved for occupancy by children? _____
(Attach sketch of building with rooms identified)

6 Specify any local zoning restriction: _____

Signature of Inspector _____/Date _____

Jurisdiction _____/Phone: _____

Note: By signing above I acknowledge that I have seen and agree with all required prior code certification documentation.

The Inspectors Certificate and Building Inspection Form is required to be completed in its entirety before the Division of Child Development can consider the document complete. All questions must be answered; any **NO** answers must have a written explanation.

This form was developed through the cooperation of the Division of Child Development and the Engineering Division of the Department of Insurance. Please note that the inspection forms do not cover all areas of the Code, but are intended to be used as a guide for the local inspector. If

additional Code items which are not addressed on these forms are found to be in violation of the Code, please document them on the back of this form.

Prepare in quadruplicate: Original and copy to DCD, 1 copy kept by inspector, 1 copy kept by operator.



CHILD CARE BUILDING INSPECTION FORM

SECTION A: The following general questions should be answered for **BOTH** Educational and Institutional type occupancies.

LIGHT & VENTILATION

- 1. Is the total area of all windows in the child care room equal to or greater than 8% of the floor area or is artificial light provided? Yes _____ No _____
- 2.a Does the room have natural ventilation from a minimum amount of operable window or door area to the outside that would allow a clear opening that is equal to or greater than 4% or more of the floor area?
(If **NO**, go to question 2b). Yes _____ No _____
- b Is space mechanically ventilated as required by North Carolina Mechanical Code?
(N/A if an existing building) N/A _____ Yes _____ No _____

FIRE

- 3.a What type of fire alarm system is being used? _____
- b Does it meet the applicable code? Yes _____ No _____

EXITS

- 4. Are there at least 2 exits (doors, stairs, smoke proof towers, ramps, or horizontal exits) remote from each other on each floor or fire section of the building? Yes _____ No _____
- 5. Is the exit capacity adequate? Yes _____ No _____
- 6. Are all means of egress adequately illuminated at all times that the building is occupied? Yes _____ No _____
- 7. Are the means of egress identified by readily visible exit signs when the exit or way to reach it is not immediately obvious to the occupants? Yes _____ No _____
- 8. Is emergency power provided for centers with more than 300 occupants or for centers providing night care as required by the Building Code? N/A _____ Yes _____ No _____

CORRIDORS AND ACCESS TO EXITS

- 9. Are all means of egress unobstructed without passing through a closet, storage area, kitchen, restroom, or other hazardous space? Yes _____ No _____
- 10. Are all exit corridors a minimum 1-hour fire resistance?
(If yes, go to Question 12) (NA applies only if there are no corridors) N/A _____ Yes _____ No _____
- 11. If corridors are not 1 hour fire rated, do all child care rooms, spaces, and areas have a direct level of discharge exit to the outside? Yes _____ No _____
- 12. a. Do all corridors, ramps, and passageways have a minimum 6 feet clear width in all areas serving as means of egress for capacity of 100 or more?
(N/A if capacity is less than 100) N/A _____ Yes _____ No _____
- b. Are all corridors, ramps, and passageways not less than 44" clear width in all areas serving as means of egress for capacity of less than 100?
(N/A if capacity is more than 100) N/A _____ Yes _____ No _____
- 13. Are all dead-end corridors no more than 20 feet in length?
(N/A applies only if no dead-end occurs) N/A _____ Yes _____ No _____

14. Do all doors have a minimum clear opening width of 32" (min. door width of 36") in the following locations:
- a. between occupied rooms and required exits? Yes____ No____
 - b. exit doors leading to the exterior? Yes____ No____
15. Are all doors in the line of exit travel a swinging door (side hinged)? Yes____ No____
16. Do doors to rooms that accommodate more than 50 people swing in the direction of travel ? N/A____ Yes____ No____
(N/A applies if room accommodates less than 50 people)
- 17.a Do all required egress and exit doors have single motion, self-unlocking type handle, lever, push pad, or panic hardware? Yes____ No____
- b. If room accomdates 100 or more people, do all required egress and exit doors have push pads or panic hardware? N/A ____ Yes ____ No ____

STAIRS (NOTE: If no stairs, interior or exterior, check N/A __ and go to Question 22. If applicable, all questions must be answered)

- 18.a Are all stairs serving 50 or more occupants at least 44 inches in width? N/A____ Yes____ No____
- b Are all stairs serving less than 50 occupants, at least 36" in width? N/A____ Yes____ No____
19. Are all stairs with four or more steps provided with proper handrails and guardrails? Yes____ No____
20. Are all interior stairs enclosed with 1-hour rated walls and 1-hour rated "B" labeled doors that are at least 36" wide? Yes____ No____
21. Are the stair enclosure doors self-closing? Yes____ No____

WALLS AND CEILINGS

22. a. Are all wall and ceiling coverings throughout building non-combustible? (Use of untreated combustible fiber boards, wood, and other combustible fiber boards, wood and other combustible finishes is prohibited). Yes____ No____
- b. Do interior wall and ceiling finish materials meet the flame spread ratings as required by the Minimum Interior Finish Classification of the applicable code? Yes____ No____
23. Do ceilings in habitable rooms have a minimum of 7'-6" clear height? Yes____ No____

HEATING SYSTEMS/MECHANICAL

24. Is the building free of unvented fuel burning or portable electric space heaters? Yes____ No____
25. Have air conditioning, ventilation, heating, cooking, and other service equipment been inspected and approved by the appropriate inspectors? Yes____ No____
Date Inspected _____
26. a. Is combustion and ventilation air for boiler or heater rooms taken directly from and discharged to the outside of the building? N/A____ Yes____ No____
(N/A if electric heat is installed)
- b. If inside air is used for fuel-burning appliance does it meet the requirements of Chapter 7 of the North Carolina Mechanical Code. N/A____ Yes____ No____
(N/A if inside air is not used)

PLUMBING

27. Does the number of waterclosets and lavatories comply with the Plumbing Code as determined by the appropriate inspector? N/A____ Yes____ No____
(1 watercloset per 15 children, 1 lavatory per 25 children)

Maximum # of persons allowed by plumbing facilities? _____

Date Inspected _____

ELECTRICAL

28. Do the visible and accessible portions of the electrical system comply with applicable sections of the Electrical Code as determined by the appropriate inspector? Yes____ No____
Date Inspected _____

MIXED AND MULTI-USE OCCUPANCIES

29. Are all child care areas separated from adjacent occupancies in accordance with the requirement of mixed occupancies and the Occupancy Separation Requirements of the applicable code? (N/A if no mixed occupancies) N/A____ Yes____ No____
30. Do all multi-use areas comply with the most restrictive applicable sections of the State Building Code for each intended use? (N/A if no multi-use areas) (Multi-use is defined as an area which will be used for different functions at different times and not concurrent. Example: child care to fellowship hall.) N/A____ Yes____ No____

ACCESSIBILITY CODES

31. Does this building comply with applicable State Building Codes for access by persons with disabilities? Yes____ No____

SECTION B: The following questions should be answered only for **educational occupancy** in addition to the questions answered in Section A above.

32. Does the building comply with the Allowable Heights and Building Areas Table for Educational Occupancy? (If **NO**, go to Section C). Yes____ No____
33. a. Are all rooms, approved for use by children below grade 2, on the level of exit discharge? (If **NO** go to Section C) Yes____ No____
b. Are rooms used by children in grades 2 and higher no more than one story above the level of exit discharge? Yes____ No____
34. a. Do rooms used by children who are less than 2 ½ years have a direct exit to the outside? (N/A applies only if center does not serve children under 2 ½ yrs) N/A____ Yes____ No____
b. Do rooms used by children under 2 ½ years qualify as alcoves to adjacent spaces with direct exit to the outside? Yes____ No____
c. If the square footage of the child care area is >20,000 square feet, do all rooms for all children have direct exits? (N/A if sq. footage is < 20,000) (If **NO** to both a and b or c, go to Section C) N/A____ Yes____ No____
35. Are all rooms approved for use by children provided with an operable window which complies with Special Exit Requirements for Educational Occupancy? (N/A if direct exit to outside) Yes____ No____
36. Is the most remote point in every room occupied by children, including dining room, not more than 200 feet from the nearest exterior exit? (non-sprinklered building) Yes____ No____
37. Are smoke detectors provided in the corridors in accordance with Automatic Fire Detection and NFPA72 for child care use? Yes____ No____

SECTION C: The following questions should be answered only for **institutional occupancy** in addition to the questions answered in Section A above.

38. Does the building comply with the Allowable Heights and Building Areas Table for Institutional Occupancy? Yes____ No____

SECTION C cont.:

39. Are smoke detectors provided in the corridors in accordance with Automatic Fire Detection and NFPA72? Yes_____ No_____
40. Does the building provide protection from hazardous areas as required by Special Institutional Occupancies, Group I Unrestrained Occupancies, Protection from Hazardous Areas? Yes_____ No_____
41. Does the building have an approved automatic sprinkler system in accordance with Special Institutional Occupancies Group I Unrestrained Occupancies? Yes_____ No_____
42. Is the most remote point in every room occupied by children, including the dining room, not more than 200 feet from the nearest exterior exit? Yes_____ No_____

For change of ownership/continued use inspections, questions answered "No" or "N/A" are allowable if the building met applicable code at the original time of licensure.

ADULT DAY CARE & CHILD CARE FIRE INSPECTION REPORT

COUNTY _____ DATE OF INSPECTION _____ Facility ID # _____

Please complete all items below. If not applicable, check N/A in the box with a written explanation attached.

Name of Facility _____ Adult ____ Child ____
 Address _____ Phone _____
 City _____ Zip _____ Responsible Party _____

GENERAL PRECAUTIONS:	YES	NO	N/A
1. Attic/basement/closets/garage/furnace room & heaters clear of trash & combustible materials.			
2. Clearance from ignition sources & combustible materials maintained.			

EMERGENCY PLANNING:	YES	NO	N/A
3. Approved evacuation plan posted.			
4. Evidence of monthly fire drills posted.			
5. Record of employee training in fire prevention/evacuation & annual fire safety training on site.			

FIRE SERVICE FEATURES:	YES	NO	N/A
6. Street Number posted. (Contrasting color to building & height 4" or more.)			
7. Unobstructed fire apparatus road. (Width of 20' & vertical clearance of not less than 13'6").			
8. Hydrants/Fire Department connections/control valves clear of obstructions by 3'.			

BUILDING SERVICES AND SYSTEMS:	YES	NO	N/A
9. Approved heating system, listed. (No fuel burning or portable electric space heaters.)			
10. Emergency lighting/exit lights in good operating order.			
11. Electrical panels clear of storage. (Minimum 30")			
12. Wiring/fixtures in good condition. (Extension cords not suitable for permanent wiring.)			
13. Type I hood system over all domestic cooking appliances that produce grease laden vapors.			

FIRE RESISTANCE RATED CONSTRUCTION:	YES	NO	N/A
14. Required fire resistant rating maintained. (Walls, partitions, floors)			
15. Door-hold open devices/automatic door closures operating properly.			

INTERIOR DECORATIONS & FURNISHINGS:	YES	NO	N/A
16. No storage of clothing/personal effects in corridors & lobbies.			
17. Maximum 10% of decorative materials covering walls. Does not apply to artwork & teaching material in classroom. Nothing suspended from ceiling			
18. 20% maximum coverage for artwork & teaching material located on corridor walls.			
19. Exits free of obstructions.			

FIRE PROTECTION:	YES	NO	N/A
20. Sprinkler system maintained with annual test reports provided.			
21. Smoke detector/fire alarm system maintained with annual test reports provided.			
22. Approved extinguishers mounted properly & in good working order.			
23. Cooking suppression systems & hood exhaust properly maintained.			
24. Protective guards(such as screens) on fuel burning furnaces or fireplaces provided.			

MEANS OF EGRESS:	YES	NO	N/A
25. All exits & their access (i.e. Aisles & Corridors) free of obstructions.			
26. All locking devices on exit doors are of an approved type.			
27. Yards & fencing to allow unobstructed exit to exterior of site.			

π Approved for day time care only

π Approved for day time and night care

At the time of this inspection, the fire safety conditions in this facility were found to be:

_____ Satisfactory _____ Unsatisfactory

Inspector _____ Phone _____

Prepare in triplicate – one copy retained by local fire authority and two copies given to the operator.

Sanitation Standards Evaluation Form for Child Care Centers

Demerits: _____
Date of Insp/Chg _____
Status Code: _____

Health Department _____
Facility ID _____
Old Facility ID _____

Classification: Superior Provisional Approved Disapproved

Water Supply: <input checked="" type="checkbox"/> 1 Community	<input checked="" type="checkbox"/> 3 Non-Transient Non-Community	Water sample taken today? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 2 Transient Non-Community	<input type="checkbox"/> 4 Non-Public Water Supply	<input type="checkbox"/> 1 Inspection
Wastewater System: <input checked="" type="checkbox"/> 1 Community	<input checked="" type="checkbox"/> 2 On-Site System	<input type="checkbox"/> 2 Re-Inspection
		<input type="checkbox"/> V Visit
		<input type="checkbox"/> Name Change
		<input type="checkbox"/> Verification of Closure
		<input type="checkbox"/> Status Change

Licensing ID No.: _____ Maximum Capacity: _____
Name of Facility: _____ Operator: _____
Address (City, Zip Code): _____

FOOD: (.2804-.2808; .2816)

*01 From approved sources, free from spoilage and adulteration	6	_____
02 Potentially hazardous food temp. 45°F (7°C) and below or 140°F (60°C) and above	5	_____
03 Properly prepared, packaged, and identified	4	_____
04 Not re-served	4	_____
05 Protected at all times; access according to these rules	4	_____
06 Refrigerators with thermometers, product thermometers provided	3	_____

FOOD SERVICE EQUIPMENT AND UTENSILS: (.2809-.2814)

*07 Meets specifications for refrigeration, sinks, lavatories and dishwashing equipment according to type of service	6	_____
08 Meets specifications for other equipment and utensils, approved material and construction, in good repair	4	_____
*09 Food contact surfaces, including multi-use utensils, properly washed, rinsed and sanitized	6	_____
*10 Single-service articles not reused	6	_____
11 Single-use articles not reused	2	_____
12 Non-food contact surfaces clean	4	_____
13 Equipment and utensils, including single-service articles, protected from contamination	4	_____
14 Approved testing equipment for sanitizers, sanitizing solution provided	3	_____

WATER SUPPLY: (.2815); DRINKING WATER FACILITIES: (.2816)

*15 Supply meets 15A NCAC 18A .1700 or 15A NCAC 18C	6	_____
*16 Hot water supplied and maintained in accordance with this section	6	_____
17 No cross connections, backflow prevention devices provided	4	_____
18 Drinking fountains of approved type, regulated, clean	4	_____

TOILET AND LAVATORY FACILITIES: (.2817-.2818)

19 Toilets and lavatories provided	5	_____
20 Fixtures properly sized, cleaned, sanitized, and in good repair	4	_____
21 Potty chairs properly cleaned and sanitized	4	_____
22 Soap, disposable towels; lavatories free of storage	4	_____
23 Handwash signs posted	2	_____

DIAPER CHANGING FACILITIES: [.2817-.2819; .2820 (c)]

*24 Approved facilities	6	_____
*25 Diapering surface cleaned and sanitized after each use; cleaning and sanitizing solutions provided	6	_____
26 Approved diapering methods by caregivers	5	_____
27 Test kits provided; sanitizer labeled	3	_____
28 Diapering surfaces free of storage, clean	2	_____
29 Diaper changing, handwashing, and clean-up signs posted	2	_____

STORAGE: (.2820)

*30 Medications and hazardous products properly stored and locked	6	_____
31 Facilities provided for proper storage, kept clean	3	_____

BEDS, COTS, MATS AND LINENS: (.2821)

32 Adequate beds, cots, or mats and individual linen provided	5	_____
33 Beds, cots, mats properly stored, labeled, spaced during use; good repair, clean and sanitized	4	_____
34 Linen clean, in good repair; properly handled and stored	4	_____

FURNITURE AND TOYS: (.2822)

35 Easily cleanable construction, good repair, clean	4	_____
36 Mouth-contact surfaces cleaned and sanitized in infant and toddler rooms	4	_____
37 Water play activity centers cleaned, sanitized and maintained	4	_____

PERSONNEL: (.2823)

38 Approved hygienic practices, clean clothes, hair restraints where required	3	_____
*39 Persons with a communicable disease or a communicable condition shall be excluded from situations in which transmission can be reasonably expected to occur, in accordance with 15A NCAC 19A .0200	6	_____

FLOORS, WALLS & CEILINGS: (.2824-.2825)

40 Easily cleanable, durable, good repair, clean	4	_____
*41 No identified lead poisoning hazards as defined under General Statute 130A-131.7(7)	6	_____

LIGHTING AND THERMAL ENVIRONMENT: (.2826)

42 Maintained as required	4	_____
43 Equipment clean and in good repair	2	_____

COMMUNICABLE DISEASE CONTROL: (.2827)

44 Designated area for sick children	5	_____
--------------------------------------	---	-------

HANDWASHING: [.2828(a) and (b); .2808(c)]

45 Proper handwashing	5	_____
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WASTEWATER: (.2829)

*46 Wastewater disposed of by approved methods	6	_____
--	---	-------

SOLID WASTES: (.2830)

47 Solid waste properly handled	2	_____
48 Can cleaning facilities adequate and containers kept clean	2	_____

ANIMAL & VERMIN CONTROL: PREMISES; OUTDOOR ACTIVITY AREA: (.2831-.2832)

*49 Approved pesticides, properly used	6	_____
50 Effective control of rodents, insects, and other vermin	4	_____
51 No animals in food preparation areas and no unrestrained animals except as noted	4	_____
52 Premises clean, drained, and free of vermin harborages and breeding areas	4	_____
53 Equipment in good repair, sandboxes properly constructed and clean	2	_____
*54 No identified lead poisoning hazards as defined under General Statute 130A-131.7(7)	6	_____

SWIMMING & WADING POOLS: (.2833)

*55 Designed, constructed, operated and maintained in accordance with 15A NCAC 18A .2500	6	_____
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*Indicates critical item (6-point demerit).

Signed _____ AGENT
Division of Environmental Health

Purpose: General Statute 110-91 requires the Commission for Health Services to adopt standards governing the sanitation of child day care facilities. G.S. 110-93 requires the facility to submit evidence to the Department of Health and Human Services that it conforms to the standards. This form is to provide such evidence.
Preparation: Local environmental health specialists shall complete the form every time an inspection is conducted and prepare an original and two copies to be submitted: Original for Division of Child Development, N.C. Department of Health and Human Services.
2. Facility operator. **3.** Local health department. **Classification:** Superior – 0-15 demerits, no 6-point demerit **Approved** – 16-30 demerits, no 6-point demerit **Provisional** – 31-45, or 6-point demerit **Disapproved** – 46 or more demerits, or failure to improve Provisional classification
Disposition: Please refer to Records Retention and Disposition Schedule for County/District Health Departments which is published by the North Carolina Division of Historical Resources
Additional forms may be ordered from: Division of Environmental Health, 1630 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)



Required Child Care Center Records

The following items must be maintained for all licensed child care programs.

When a DCD Form Number is listed, the actual DCD form must be used, otherwise, you may design your own forms. A sample of each form is available in the Child Care Center Handbook and on-line at www.ncchildcare.net.

	Form	Due Date	Retention	Storage Location	
				Central	Classroom
PROGRAM RECORDS	Daily Schedules	Day 1	1 year		X
	Activity Plans	Weekly	30 days		X
	First Aid Information Sheet	Weekly	While Licensed		X
	Safe Procedures for Pick-up & Delivery	Monthly	While Licensed	X	
	Menu	Weekly	30 days	X	
	Fire Evacuation Routes	Day 1	While Licensed		X
	Emergency Telephone Numbers	Day 1	While Licensed	X	
	Children's Food Allergies & Special Diets	Day 1	30 days	X	X
	Summary of NC Child Care Law Poster (DCD form)	Day 1	While Licensed	X	
	Fire Drill reports	Monthly	1 year	X	
	Emergency Medical Care Plan (DCD form)	Day 1	1 year	X	
	Daily Attendance Records	Daily	1 year		X
	Safe Sleep Policy	Day 1	While Licensed		X
	Infant Sleep Check Documentation	Daily	30 days		X
	Classroom Staff to Child Ratio Sheet	Day 1	While Licensed		X
	Medicine Authorization/Administration Records	As Occurs	6 months	X	X
	Incident Log (DCD form #0032)	As Occurs	1 year	X	
	Building Inspection	Day 1	While Licensed	X	
	Fire and Sanitation Inspections	Day 1 & Annually	While Licensed	X	
	Swimming Pool Inspection	Day 1	While Licensed	X	
Playground Safety Inspections (DCD form #0030)	Monthly	1 year	X		
STAFF RECORDS	Application for Employment	Day 1	1 year**	X	
	Medical Report	60 Days	1 year**	X	
	TB Test Result	Day 1	1 year**	X	
	Health Questionnaire	Day 1 & Annually	1 year**	X	
	Emergency Medical Care Information	Day 1	1 year**	X	
	Documentation of Orientation (DCD form)	First 2 & 6 weeks	1 year**	X	
	Documentation of In-service Training	Annually	1 year**	X	
	Criminal Record Check Verification	First 5 Days	1 year**	X	
	ITS-SIDS Safe Sleep Training Verification	4 months/3 years	1 year**	X	
	Credential/Equivalency Verification	6 Mos. → 18 Mos.	1 year**	X	
	CPR & FA Verification	Day 1	1 year**	X	
	Safety Training Verification	6 Mos.	1 year**	X	
	Documentation of Aquatic Activities Policy Receipt	Day 1 & Annually	1 year**	X	
Annual Staff Development Plan & Evaluations*	Annually	1 year**	X		
Documentation of Policy Receipt*	Day 1	1 year**	X		
CHILDREN'S RECORDS	Application & Emergency Medical Care Information	Day 1	1 year**	X	
	Medical Exam	30 Days	1 year**	X	
	Immunization Records	30 Days	1 year**	X	
	Documentation of Discipline Policy Receipt	Day 1	1 year**	X	
	Feeding Schedules for Children under 15 Mos.	Day 1 → 15 Mos.	30 days		X
	Infant Sleep Position Waivers	Day 1 → 12 Mos.	1 year**	X	X
	Documentation of Safe Sleep Policy Receipt	Day 1	1 year**	X	
	Transportation Authorization	Day 1/12 Mos.	1 year**	X	
	Off Premise Activity Authorization	As Occurs	1 year**	X	
	Documentation of Operational Policy Receipt	Day 1	1 year**	X	
	Documentation of NC Child Care Law Receipt	Day 1	1 year**	X	
	Incident Reports (DCD form #0058)	As Occurs	1 year**	X	
Emergency and Identification Information	As Occurs	1 year**	X		

*Required for programs meeting voluntary enhanced standards only.

**Maintain for at least one year from the date the child is no longer enrolled or from the date the employee is no longer employed.

Required Public School Program Records

Record	On-Site Must be located in the building, but not required in the classroom	Primary Space Items that must be located in the classroom/space used by the children
Schedules and Activity Plans		✓
First Aid Chart		✓
Safe Arrival and Departure Procedures		✓**
Menus		✓**
Fire Evacuation Routes		✓
Emergency Numbers		✓
Emergency Medical Care Plan		✓**
Children's Allergies (post also in food preparation areas)		✓
Summary of the NC Child Care Law		✓**
Fire Drill Reports	✓	
Daily Attendance Records		✓
Classroom Staff/Child Ratio Notice		✓
Incident Reports and Incident Log	✓	
Building Inspection Documentation	✓	
Sanitation Inspection	✓**	
Copy of school Fire Inspection Report	✓	
Rating Scale Report	✓	
Monthly Playground Inspection (serving preschool children)	✓	

**If there are multiple classrooms at an individual school that are licensed, the school may designate a central location that is prominent to all classrooms to store or post these items.

Required Public School Staff Records

Item	On-Site Items that must be maintained at the child care program	Off-Site Items that can be stored at a location remote from the child care program*
Employment Application		✓
Medical Report with TB Test Results		✓
Annual Health Questionnaires		✓
Emergency Care Information	✓	
Documentation of Orientation		✓
Documentation of In-Service Training	✓	
Documentation of CPR and First Aid	✓	
Criminal Record Check Verification		✓
Credential/Equivalency Verification		✓
Annual Staff Development Plan <i>(for programs meeting enhanced requirements only)</i>		✓
Annual Staff Evaluations <i>(for programs meeting enhanced requirements only)</i>		✓
Documentation of Operational and Personnel Policy Review <i>(for programs meeting enhanced requirements only)</i>		✓
Documentation of Job Description Receipt <i>(for programs meeting enhanced requirements only)</i>		✓

*A signed **Off-Site Records Verification** form must be maintained on-site at the public school program for any records stored in a remote location.

Required Public School Children's Records

Item	On-Site Items that must be maintained at the child care program	Off-Site Items that can be stored at a location remote from the child care program*
Application		✓
Medical Exam (preschool age children only)		✓
Immunization Records		✓
Emergency Care Information	✓	
Documentation of Discipline Policy Receipt		✓
Transportation and Off Premise Permission	✓	
Documentation of Receipt of Summary of Law		✓
Incident Reports	✓	
Medication Administration Authorization and Documentation	✓	
Signed operational policy receipt statement <i>(for programs meeting enhanced standards only)</i>		✓

*A signed **Off-Site Records Verification** form must be maintained on-site at the public school program for any records stored in a remote location.

Chapter 2: STAFF

Purpose Of These Requirements

Staff qualifications and training requirements are essential for adults who interact with and teach children. These requirements protect children in child care facilities by ensuring these facilities provide a physically safe and healthy environment where the developmental needs of children are being met and where children are cared for by qualified staff. Staff qualifications and training requirements are important for several reasons.

- Research demonstrates that college level coursework in early care and education has been shown to have measureable, positive effects on the quality of child care.
- Knowledge of brain development stages and learning methods enhances staff member's ability to work with young children appropriately and to the full benefit of the child.
- Knowledge of infectious diseases, methods of transmitting and prevention techniques reduces the spread of disease among children.
- Knowledge of injury prevention measures controls known risks and reduces injuries among children.
- Basic first aid is essential to respond quickly to injuries and emergencies.
- Management skills and training are essential for administrators to make sure there is an efficient, safe, and motivated environment for all staff in the child care facility.
- Knowledge of up-to-date training and resources on health and safety in child care settings makes a staff member's job easier as well as increase the level of care for children.

Definitions

Article 7, Chapter 110 of the North Carolina General Statutes and Section .0100 of the Child Care Rules defines the following staff members in a child care center:

Child Care Administrator: A person who is responsible for the operation of a child care center and is on-site on a regular basis as defined by the North Carolina Child Care Commission.

Lead Teacher: An individual who is responsible for planning and implementing the daily program of activities and is in charge of a group of children in a child care center.

Teacher: A person that assists the lead teacher in planning and implementing the daily program and at times is in charge of a group of children in the child care center.

Teacher's Aide: A person who assists the lead teacher or teacher in implementing the daily program and is supervised at all times while with a group of children in the child care center.

Substitute: Any person who temporarily assumes the duties of a regular staff person for a time period not to exceed two consecutive months.

Volunteer: A person who works in a child care center and is not monetarily compensated by the center.



This chapter refers to several forms. A copy of each form is available in the resource section. In addition most of these forms are available on the Division of Child Development's web site at www.ncchildcare.net under Provider Documents.



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 your staff.

- 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



To assist with creating and maintaining staff files refer to the **Staff File Checklist** in the resource section.



North Carolina is the first in the nation to increase its workforce professional development standards by certifying the education of those who work with, intend to work with, and/or work on the behalf of children ages birth to twelve. For more information refer to the handouts titled, **Early Education Certification (EEC) the Next Step in Professionalizing the Field** and **EEC Frequently Asked Questions**, located in the resource section.





Two informational handouts are available for administrators on **Suggestions for Preventing Child Abuse and Child Neglect In Your Child Care Facility** and **Pointers for Reducing the Likelihood of Incidents of Child Abuse or Neglect in Child Care Settings**. Refer to the resource section for key pointers to assist you in preventing the likelihood of child abuse or neglect occurring in your child care setting.

SECTION 1: PRESERVICE REQUIREMENTS FOR ADMINISTRATORS

Preservice requirements are those that must be met prior to assuming a position in a child care center. Every child care center must have someone who takes responsibility for the administration of the program and the overall care of the children.

NC GENERAL STATUTE 110-91(8) Administrator Age

 All administrators must be at least 21 years of age.

- The administrator may be the owner/operator or someone hired to work on-site and be responsible for the day to day operation of the center.
- Date of birth must be documented on an Application for Employment form to verify that an administrator is at least 21 years of age.
-  A sample **Application for Employment** form is located in the resource section.
-  Operators are encouraged to conduct a check of new or existing employees using the Department of Social Services Responsible Individuals List (RIL) of abuse and serious neglect cases. The RIL is used to identify parents, guardians, caretakers, or custodians that have been identified as responsible individuals in substantiated cases of abuse or serious neglect. Information from the RIL is available only to authorized persons for the sole purpose of determining current or prospective employment or fitness to provide care for children. The request for information from the RIL must be in writing and is available at <http://info.dhhs.state.nc.us/olm/forms/dss/dss-5268-ia.pdf> and in the resource section. The new or existing employee does have to sign this form to allow the information to be released to the operator.

NC GENERAL STATUTE 110-91(8)

North Carolina Early Childhood Administration Credential (NCECAC)

- ★ All administrators must have, or complete, at least a Level I NCECAC or its equivalent as determined by the Division of Child Development.
- ★ All administrators must begin work towards a NCECAC or its equivalent within 6 months of assuming the duties of administrator.
- ★ All administrators must complete a NCECAC or its equivalent within 2 years.

- ☑ Award of the NCECAC or its equivalent is based on completion of early childhood administration coursework, early childhood education coursework, and documentation of specific portfolio assignment requirements.
- ☑ TO APPLY TO QUALIFY AS AN ADMINISTRATOR: An administrator must submit education and equivalency (E&E) forms provided by the Division, with documentation of completion of the requirements.
- ☑ Administrators may qualify through three different levels of the NCECAC or its equivalency. They are:
 - Level One – Meets minimum requirements
 - Level Two – Meets voluntary enhanced standards
 - Level Three – Meets voluntary enhanced standards
- ☑ Each level has specific requirements for early childhood education coursework, administration coursework, and portfolio assignments.
- ☑ TO TEST OUT OF COURSEWORK: An administrator must submit a request to test out of administration coursework on a form provided by the Division.
- ☑ To be awarded a Level I Credential, a person must have the following education and activities:
 - Successfully complete EDU 261 – Early Childhood Administration I, and EDU 262 – Early Childhood Administration II, at a local community college
 - Successfully complete an additional 7 semester hours of early childhood or child development coursework at a community college or university
 - Complete 6 portfolio assignments

- ☑ There are other combinations of education and experience that can be used as an equivalent to the above Level I requirements. The Child Care Workforce Standards Section of the Division can assist you with these options.
- 💻 Test registration information is available at www.ncchildcare.net.
- 💻 Copies of E&E forms can be found on the Division's website at www.ncchildcare.net under Providers / Provider Documents and in the resource section.
- 📁 Complete the **Workforce Change of Information (COI) Form** when you need to update identifying information or educational qualifications. Refer to the copy in the resource section for further information on the use of this form.
- 📁 Refer to the informational handout on the **North Carolina Early Childhood Administration Credential (NCECAC)** in the resource section.
- 📁 Refer to the **Guidelines to Education Evaluations for Child Care Providers** in the resource section.
- 📁 Refer to the **Child Care Workforce Education Evaluation: Criteria and Policy** in the resource section.
- ★ Programs wishing to have an administrator who is eligible for the most points in education standards for a Two-Five Star Rated License will want to know which level they have received. The level of an administrator's qualification will determine the number of points you will receive in administrator education standards. Refer to Chapter 17 – Star Rated License for details.

NC GENERAL STATUTE 110-91(8) Submitting NCECAC Paperwork

- ★ Within six months of an individual assuming child care administrator duties, each center must submit the information in the individual's staff record regarding status of NCECAC completion.

- ☑ An administrator must submit an education and equivalency (E&E) form to the Child Care Workforce Standards Section of the Division.
- ☑ ITEMS TO INCLUDE IN THE STAFF FILE TO DOCUMENT STATUS OF NCECAC OR ITS EQUIVALENCY:
 1. a copy of notification from the Division that the individual meets administrator qualifications through award of the NCECAC or its equivalent
 2. if the individual has not yet met the requirements then copies of any of the following paperwork should be on file:
 - education and equivalency form
 - official transcripts
 - enrollment in coursework
 - test registration forms
 - portfolio assessment forms
- 📄 Copies of E&E forms can be found on the Division’s website at www.ncchildcare.net under Providers / Provider Documents and in the resource section.

CHILD CARE RULE .0704

Preservice Requirements for Administrators Without a NCECAC or its Equivalent

- ★ All administrators must have a high school diploma or its equivalent and one of the following:
 - two years of full-time verifiable work experience in a licensed child care center or early childhood work experience; or
 - an undergraduate, graduate, or associate degree, with at least 12 semester hours in child development, child psychology, early childhood education or directly related field; or
 - a Child Development Associate Credential or completion of a community or technical college curriculum program in the area of child care or early childhood; or
 - one year of full-time verifiable child care or early childhood work experience and a North Carolina Early Childhood Credential (NCECC).
- AND**
- ★ Verification of having successfully completed, or be currently enrolled in, 2 semester credit hours, or 32 clock hours, of training in the area of early childhood program administration.
- OR**
- ★ Have one year experience performing administrative duties.

- ☑ Two persons may share the position of administrator if one person meets the education and child care experience requirements (this person must be on-site and responsible for planning and implementing the daily program at the center) and the other meets the administrative experience requirements.
- ☑ If two people share the position, the person meeting the education and child care experience portions must be the one to earn the NCECAC or its equivalent.
- ☑ Experience must have been in a licensed child care facility or recognized early childhood environment.
- ☑ A directly related field may include child psychology, elementary education, special education, or human growth and development, which includes appropriate early childhood education/child development coursework.
- ☑ Administrative experience must have included the responsibility to recruit, hire, train, supervise, evaluate and dismiss staff. This experience does not have to have been in the field of child care.

SECTION 2: THE ADMINISTRATOR’S ROLE

There must be an administrator on-site at the child care center for a certain number of hours per week.

CHILD CARE RULE .0714

On-site Hour Requirements for the Administrator

- ★ Each child care center must have an administrator on-site on a regular basis.
- ★ The number of hours is based on the licensed capacity of the center.

- ☑ The administrator is responsible for monitoring the program and overseeing administrative duties of the day-to-day operation of the center.
- ☑ Administrative duties might include conducting staff orientation and training, talking with parents, hiring, scheduling, and record keeping.
- ☑ The hourly requirements for an on-site administrator are based on an administrator’s normal working schedule and may include times when the administrator may be off-site due to administrative duties, illness, or vacation.

Center Licensed for:	Hours On-Site:
less than 30 children	20 hours per week
30 to 79 children	25 hours per week
80 to 199 children	30 hours per week
200 or more children	40 hours per week


SECTION 3: PRESERVICE REQUIREMENTS FOR LEAD TEACHERS

Every group of children in a child care center must have someone who takes responsibility for planning and implementing the daily program.

CHILD CARE RULE .0703




Lead Teacher Age

 All lead teachers must be at least 18 years of age.







- Date of birth must be documented on an Application for Employment form to verify that the lead teacher is at least 18 years of age.
-  An **Application for Employment** form is located in the resource section.
- No one under 18 years of age may have full responsibility for or be left in charge of a group of children.

NC GENERAL STATUTE 110-91(8) & CHILD CARE RULE .0703


North Carolina Early Childhood Credential (NCECC)



-  All lead teachers must have, or complete, the NCECC or its equivalent.
-  All lead teachers must begin work towards a NCECC or its equivalent within 6 months of assuming the duties of lead teacher.
-  All lead teachers must complete a NCECC or its equivalent within 18 months.

- Award of the NCECC is based on completion of specific early childhood coursework EDU 119 – Introduction to Early Childhood Education, or EDU 111 and EDU 112 at a local community college.
- There are other combinations of education that can be used as an equivalent to the NCECC. The Child Care Workforce Standards Section of the Division can assist you with identifying these options.

-  TO APPLY TO QUALIFY FOR LEAD TEACHER STATUS: Lead Teacher must submit an education and equivalency (E&E) form provided by the Division, with documentation of completion of requirements, or how the individual plans to complete.
-  A summary handout of the **Lead Teacher Equivalency Options** is located in the resource section.
-  Refer to **Guidelines to Education Evaluations for Child Care Providers** in the resource section.
-  Refer to the **Child Care Workforce Education Evaluation: Criteria and Policy** in the resource section.
-  Copies of E&E forms can be found on the Division’s website at www.ncchildcare.net under Providers / Provider Documents and in the resource section. This form only needs to be submitted to the Division once.
-  Complete the **Workforce Change of Information (COI) Form** when you need to update identifying information or educational qualifications. Refer to the copy in the resource section for further information on the use of this form.

NC GENERAL STATUTE 110-91(8) & CHILD CARE RULE .0703
Submitting NCECC Paperwork

 Within six months of an individual assuming child care lead teacher duties, each center must submit the information in the individual’s staff record regarding status of NCECC completion.

-  A lead teacher must submit an education and equivalency (E&E) form to the Child Care Workforce Standards Section of the Division.
-  ITEMS TO INCLUDE IN THE STAFF FILE TO DOCUMENT STATUS OF NCECC OR ITS EQUIVALENCY:
 1. A copy of notification from the Division that the individual meets lead teacher qualifications through award of the NCECC or its equivalency
 2. If individual has not yet met qualifications, then copies of any of the following paperwork must be on file:
 - education and equivalency form
 - original transcripts
 - national certificates

- enrollment in coursework



Copies of the E&E form can be found on the Division’s website at www.ncchildcare.net under Providers / Provider Documents and in the resource section.

CHILD CARE RULE .0710

Preservice Requirements for Lead Teachers Without a NCECC

- ★ All lead teachers must have a high school diploma or its equivalent and have one of the following:
 - One year experience in a licensed child care center or two years experience as a licensed family child care home operator
 - Successful completion of a two year high school program of Child Care Services Occupational Home Economics
 - Twenty hours of training in child development taken in the first six months of employment

- ☑ In order for a person’s work experience to count towards meeting the preservice requirements, it must have been in a licensed child care program or other legally operated child care arrangement.
- ☑ Foreign transcripts and/or degrees must be evaluated by an international education evaluation service to determine how they compare to U.S. education standards. These services can be found through an internet search for international education evaluators. A copy of this evaluation should be submitted to the Child Care Workforce Standards Section. A translation from the original language to English is not sufficient. The evaluation must detail the specific degree or education awarded and gives a breakdown in U.S. standards of the courses and the semester credit hour value. This includes a high school diploma or its equivalent, or any other coursework that is from a foreign country.
- 📁 The resource section includes a handout on **Guidelines to High School Diplomas and Equivalents**.
- ★ Programs wishing to be eligible for the most points in education standards for a Two-Five Star Rated License will need lead teachers with additional education and experience. Refer to Chapter 17 – Star Rated License for details on voluntary enhanced standards for education.

SECTION 4: THE LEAD TEACHER'S ROLE

CHILD CARE RULE .0714 On-Site Hour Requirements



There must be a lead teacher present with each group of children for at least two-thirds of the total daily hours of operation, based on a normal working schedule.

- This requirement can be met by having one or more persons who meet the requirements for a lead teacher responsible for the same group of children.
- Hours of attendance required for lead teachers are based on a normal working schedule and may include times when the lead teacher may not be in attendance due to circumstances such as illness or vacation.
- A lead teacher can only be responsible for one group of children at a time.
- A group of children can be a classroom or a segment of a classroom as selected by the operator that does not exceed the maximum group size for the age of the children in attendance.
- Groups are determined by the group size requirements associated with staff-child ratios for each age group and space requirements for individual classrooms.



Can you explain how many hours per day a lead teacher would have to be with a group of children if the center is open from 6:30 am – 6:00 pm?

In this case, the center's total daily operating hours is 11 ½ hours. Therefore, someone meeting the requirements for a lead teacher would have to be with EACH group of children for at least 8 hours per day.

Here is how this is calculated:

$$11\frac{1}{2} \times \frac{2}{3} = 7.6 \text{ (Round up to 8) or } 11.5 \times .666 = 7.659 \text{ (Round up to 8)}$$

SECTION 5: PRESERVICE REQUIREMENTS FOR TEACHERS









Whenever more than one staff member works with a group of children, the person that is responsible for assisting the lead teacher and at times is left in charge of the group is considered a teacher.

CHILD CARE RULE .0710

Preservice Requirements for Teachers Without a NCECC

- ★ All teachers must be at least 18 years of age.
- ★ All teachers must have a high school diploma or its equivalent and have one of the following:
 - One year experience in a licensed child care center or two years experience as a licensed family child care home operator;
 - Successful completion of a two year high school program Child Care Services Occupational Home Economics; or
 - Twenty hours of training in child development that is taken within the first six months of employment.

- Date of birth must be documented on an Application for Employment form to verify a teacher is at least 18 years old.
- The twenty hours of child development training are in addition to the number of annual in-service training hours required for all staff.
- In order for a person's work experience to count towards meeting the preservice requirements, it must have been in a licensed child care program or other legally operating child care arrangement.
- Foreign transcripts and/or degrees must be evaluated by an international education evaluation service to determine how they compare to U.S. education standards. These services can be found through an internet search for international education evaluators. A copy of this evaluation should be submitted to the Child Care Workforce Standards Section. A translation from the original language to English is not sufficient. The evaluation must detail the specific degree or education awarded and give a breakdown in U.S. standards of the courses and the semester credit hour value. This includes a high school diploma or its equivalent, or any other coursework that is from a foreign country.
- If a person does not meet the qualifications for a teacher, they cannot be left alone with the children and must work as an aide until they meet the qualifications.



-  An education and equivalency (E&E) form is used for documenting teacher/non lead teacher qualifications and for making an application for the equivalency options. All teachers/non lead teachers should complete and submit this form to the Division’s Child Care Workforce Standards Section within six months of hire date.
-  An **Application for Employment** form is located in the resource section.
-  The resource section includes a handout on **Guidelines to High School Diplomas and Equivalents**.
-  Refer to **Guidelines to Education Evaluations for Child Care Providers** in the resource section.
-  Refer to the **Child Care Workforce Education Evaluation: Criteria and Policy** in the resource section.
-  Copies of the E&E forms can be found on the Division’s website at www.ncchildcare.net under Providers / Provider Documents and in the resource section. This form only needs to be submitted to the Division once.
-  Complete the **Workforce Change of Information (COI) Form** when you need to update identifying information or educational qualifications. Refer to the copy in the resource section for further information on the use of this form.
-  Programs wishing to be eligible for the most points in education standards for a Two-Five Star Rated License will need teachers with additional education and experience. Refer to Chapter 17 – Star Rated License for details on voluntary enhanced standards for education.


SECTION 6: PRESERVICE REQUIREMENTS FOR AIDES

A teacher’s aide is a person who assists the lead teacher or teacher in implementing the daily program and is supervised at all times while with a group of children. Whenever more than one staff member works with a group of children, the person who is responsible for assisting the lead teacher or teacher must meet the following requirements.



CHILD CARE RULE .0710

Preservice Requirements for Teacher’s Aides

-  All aides must be at least 16 years of age.
-  All aides must be literate.

- Literate is defined as understanding licensing requirements and having the ability to communicate with family and relevant emergency personnel. For example, a staff person must be able to read and write English well enough to carry out all of the daily responsibilities of the position, including being able to read information on a medicine bottle, or being able to read written instructions from a parent or health care professional.
- Date of birth must be documented on an Application for Employment form to verify the teacher's aide is at least 16 years old.
- All teachers' aides must be directly supervised at all times by someone who meets the requirements for a lead teacher or teacher.
-  An **Application for Employment** form is located in the resource section.


CHILD CARE RULE .0711 **Preservice Requirements for Other Staff**






-  Any person whose job responsibility includes driving a vehicle to transport children, including any substitute driver, must meet transportation requirements in Rule .1003.
-  Non-caregiving staff or any person providing support to the operation of the program must be at least 16 years of age and meet the requirements for the local health department for food handlers, if applicable, when duties are related to food preparation or food service.

- Contract people such as the music instructor who comes to the facility to teach children and contracts directly with the parent can be left alone with the children if they are in unlicensed space. The parent must sign a permission slip for this to occur. This applies even if the unlicensed space is on the premises of the facility such as a church sanctuary or the center parking lot. If the contract person is in licensed space then whether or not the parent pays or gives permission for the contract people to be left alone with the children for the service all child care requirements apply including staff-child ratios, supervision and staff qualifications.

SECTION 7: PUBLIC SCHOOL STAFF

REQUIREMENTS FOR STAFF EDUCATION AND EXPERIENCE

 Staff in the Department of Public Instruction programs is deemed to meet or exceed all minimum licensing requirements in the child care rules.

-  Verification of education and experience does not have to be presented to the Division for the issuance of a Temporary License or for one point in education standards for the issuance of a Star Rated License.
-  Any public school program wishing to earn more than one point in education standards for the issuance of a Star Rated License will be required to submit verification of staff member's education and experience using forms developed by the Child Care Workforce Standards Section of the Division.
-  Once a public school program request to be assessed for a Star Rated License and more than one point in education standards, all of the preservice requirements discussed in this chapter will be monitored and must be met for all staff working with children in the program.
-  Refer to Chapter 17 – Star Rated License for staff education requirements for a Star Rated License.
-  A copy of the **Public School Preschool Staff Education Form for Administrators** and **Public School Preschool Staff Education Form for Teacher/Teacher Assistant** is located in the resource section and also available on the Division web site www.ncchildcare.net under Providers / Provider Documents.

SECTION 8: SUBSTITUTES AND VOLUNTEERS

A substitute is any person who temporarily assumes the duties of a staff person for a time period not to exceed two consecutive months. All of the following requirements apply to this person. A volunteer is a person who works in a child care facility and is not monetarily compensated by the facility.

CHILD CARE RULE .0702 Requirements for Substitutes

 All substitutes must be at least 18 years of age and literate.

- ☑ Date of birth must be documented on an Application for Employment form to verify the substitute is at least 18 years of age.
- ☑ Literate is defined as understanding licensing requirements and having the ability to communicate with family and relevant emergency personnel. For example, a staff person must be able to read and write English well enough to carry out all of the daily responsibilities of the position, including being able to read information on a medicine bottle, or being able to read written instructions from a parent or health care professional.
- ☑ A substitute must be at least 18 years of age if they are left in charge of a group of children.
- ☑ A substitute may only fill in for a regular staff member for two months. After this time, a qualified person must be hired.
- 📁 A copy of the **Application for Employment** form is located in the resource section.

**CHILD CARE RULE .0702 & .0703
Requirements for Volunteers**


- ★ No one under 18 years of age can have full responsibility for or be left in charge of a group of children.
- ★ A volunteer who is at least 13 years of age, but less than 16 years of age, may work in a child care center on a volunteer basis, as long as he or she is supervised by and works with a required staff person who is at least 21 years of age, and also meets the health standards found in Rule .0702 for volunteers.
- ★ No one younger than 16 years old can be left alone with children nor counted toward meeting the required staff-child ratio.

- ☑ Date of birth must be documented on an Application for Employment form to verify the substitute is at least 18 years of age.
- 📁 A copy of the **Application for Employment** form is located in the resource section.

SECTION 9: CRIMINAL RECORD BACKGROUND CHECKS FOR STAFF

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


NC GENERAL STATUTE 110-90.2 Mandatory Child Care Provider Criminal Record Checks


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





What must be done?


1. All staff members must receive and complete the Child Care Mandatory Notice Criminal History Check and Prior Conviction/Pending Indictment Statement form. This form must remain in the employee's personnel file and is not to be mailed to the Division.
 2. There are specific items that need to be completed for submission to the Division of Child Development.
 - Local criminal history check report from the clerk of superior court
 - 1 completed fingerprint card
 - Identifying information form (often called the bubble sheet form) with signed Authority for Release of Information Statement
- The local criminal history check report must be a certified, original copy from the Clerk of Court's office in the applicant's county of residence. This local criminal history check must be done within 90 days of the date the forms are mailed to the Division.
 - Staff members must submit one local criminal history check from all counties where the person has resided during the previous 12 months, including counties in another state.
 - A fingerprint card must be completed using SBI form FD-258 for a State Bureau of Investigation (SBI) check. If the person has not lived in North Carolina for the last five (5) consecutive years, a state (SBI) and national (FBI) check will be completed.
 - Fingerprints may also be submitted via Live Scan technology. Call the Department of Health and Human Services Criminal Record Unit at 919-773-2856 or 1-800-859-0829 (in State calls only) for details.
 - The Authority for Release of Information Statement must be signed by each staff member. The statement is found on the back of the Identifying Information Sheet (bubble sheet).


 A sample **Child Care Provider Mandatory Notice Criminal History Check with Prior Conviction/Pending Indictment Statement** is located in the resource section. Instructions for the Mandatory Notice Statement can be found on the back of this form.


 A **sample fingerprint card** is available in the resource section. Instructions for completing the fingerprint card are located on the back of this form.


 **Criminal Record Background Check Basic Instructions** (Including forms and approved county list for electronic printing) and **Supplemental Instructions for Potential Owner/Operator of a Licensed Child Care Facility or Religious Sponsored Child Care Facility** are available in the resource section.


 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 for details.


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

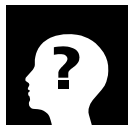
 Staff in public school programs that had a background check conducted at the time of their employment with the school system will not have to complete a separate background check for the Division.

 The public school system must verify that a background check was conducted for all staff.


 The school must record the information on background checks on the **Criminal Record Check Verification** form that is available in the resource section. This form must be submitted to the address located at the bottom of the form.

 If the school system has a current employee that has never had a background check completed, one must be completed according to the school system's current procedures prior to the issuance of a license.




 If the school system does not currently require any type of background checks, the check must be conducted by the Division according to the child care law and rules outlined within this chapter.



For the purpose of criminal record checks only, who is considered a staff member?

- Staff members include owners, administrators, lead teachers, teachers, teacher’s aides, cooks, substitutes, van drivers, and others in contact with the children on a regular basis. It also includes the chief executive officer (CEO) or other person serving in like capacity designated by the CEO as responsible for the operation of the facility as well as the person signing the Letter of Intent for religious sponsored child care programs.
-  Staff in a licensed public school program may consist of the administrator, teachers, teacher’s assistants, program coordinators, and group leaders assigned to groups of children. Staff may also include substitutes and volunteers that work in the school and are counted in the required staff-child ratios for the licensed public school program. It would not include auxiliary staff members such as Art, Gym, or Music teachers, even if they were counted in the staff-child ratios.

CHILD CARE SECTION .2700
Requirements for Criminal Record Checks

-  Substitutes who work more than five days at a center must submit a background check. The five days are cumulative rather than consecutive.
-  Copies of all background check forms must be kept in the employee’s file until the qualification letter is received.
-  Forms must be completed within five (5) business days of the fifth day working at a child care center and submitted to the Division within three (3) business days of receipt by employer.

- Completed forms for each new staff member must be submitted to the Division no later than eight (8) business days after beginning work.
- The Division will not accept an incomplete packet or items mailed separately.
- HH** -Even though volunteers are not required by the Criminal Record Check law to submit a background check, an operator may want to request a local criminal history check to review.
- Pending charges or a conviction does not mean the Division will automatically disqualify the individual.

- ☑ If an individual has a conviction, has a pending charge or indictment, is under deferred prosecution, received a Prayer for Judgment, or is on probation for a crime, he or she may submit additional information to the Division for consideration.
- ☑ Even if the Division qualifies an individual with a conviction, the operator can still choose not to hire or continue to employ the individual if that is their policy.
- ☑ If a new employee is hired and he/she has already received a “Qualification Letter” while working at another child care center and it is less than 12 months old, only a new local history check and a new Identifying Information Sheet need to be submitted.
- ☑ If the Qualification Letter is more than 12 months old, the entire criminal background check process must be completed.
- ☑ All child care operators, staff members, and household members that remain at the facility for three (3) consecutive years after qualification must submit a form provided by the Division for a modified criminal record check on each three (3) year anniversary date of employment.
- 📁 Refer to the **Criminal Record Background Check Basic Instructions for Regulated Programs** for information on completing a three year re-check for qualification.
- 📁 Use the **Checklist for Child Care Providers** to assist in submitting criminal record check documents to the Division.
- 📁 Use the **General Information for Child Care Providers** summary and post as a reference.

GENERAL STATUTE 110-91(8)

★ No person can 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.

- ☑ No staff member, caregiver or administrator of any facility shall be under the influence of alcohol, illegal drugs or prescription drugs not prescribed for that person.
- HH – Child care operators should consider conducting random drug testing.
- HH – The Division conducts criminal history checks every 3 years. Operators may request staff to provide a local criminal record check annually or as needed.

SECTION 10: HEALTH REQUIREMENTS FOR STAFF

Any person seeking a position with a child care center must meet medical and health standards.



For the purpose of health standards only, who is considered a staff member?


- The staff of a child care center may consist of the administrator, lead teachers, teachers, teacher’s aides, cooks, transportation personnel, and any other persons who come in contact with the children on a regular basis. This also includes any substitutes and volunteers that work in a center and are counted in the required staff-child ratios.




CHILD CARE RULE .0701 Initial Health Standards for Staff

- ★ All staff must have on file within 60 days of the date of employment, a statement signed by a licensed physician or an authorized health professional under his/her supervision, that indicates that the person is emotionally and physically fit to care for children.

- ☑ The medical statement must indicate the person is emotionally and physically fit to care for children.
- ☑ The medical statement must be on file at the child care center within 60 days of the staff member's date of employment at the center.
- ☑ It is a good policy to have a regularly scheduled review and update of these forms to make sure you have the most recent information on each staff.
- 📁 A sample **Staff Medical Report** is located in the resource section.
- 🔔 For licensed public school programs, the Division will accept a copy of a medical statement that was completed at the time of employment or one that has been completed at some time during employment with the public school system.
- 🔔 The medical report does not have to be kept on-site at the licensed program. However, the **Public School Off-Site Records Verification form** must be on-site that identifies the storage location, name, and contact information of the individual responsible for maintaining the record, and a statement that the record is on file and contains the appropriate information. This form is available in the resource section.

CHILD CARE RULE .0701
Initial Health Standards for Staff

 A test showing each employee, including the administrator, to be free of active tuberculosis is required prior to employment.


- The TB test must show the person is free of active tuberculosis.
- TB test results must be on file at the center on the first day the staff member (including substitutes or volunteers) begins work at the center.
- TB test results must be less than 12 months old at the time of employment.
-  A sample **Tuberculosis (TB) Test** form is located in the resource section.
-  For licensed public school programs, the Division will accept a copy of a negative TB test result that was completed at the time of employment or one that has been completed at some time during employment with the public school system.
-  The TB test results do not have to be kept on-site at the licensed program. However, the **Public School Off-Site Records Verification form** must be on-site that identifies the storage location, name, and contact information of the individual responsible for maintaining the record, and a statement that the record is on file and contains the appropriate information. This form is available in the resource section.


CHILD CARE RULE .0701
Initial Health Standards for Staff

 All staff must have emergency medical care information on file.


- Emergency medical care information must be on file at the center on the first day the staff member begins work at the center.
- The emergency medical care information must include emergency contact information for the person.
- Emergency information must include:
 1. Name, address, telephone number of a person to contact in case of emergency

2. Health care provider of choice for the staff member
3. Hospital choice for the staff member
4. Chronic illnesses and medications currently being taken by staff member
5. Other information that may impact safe medical treatment for the staff member in case of emergency.


 A sample **Emergency Information on Staff (top half) and Health Questionnaire (bottom half)** form is located in the resource section.


 The emergency medical care information for public school staff **MUST** be kept on-site at the licensed public school program.

CHILD CARE RULE .0701
On-going Health Standards for Staff

 Each staff member must submit annually a health questionnaire giving information about the status of his/her health.




- The health questionnaire must be completed once a year for every staff member after the first year of employment.
- The health questionnaire must be on forms supplied by the Division.
- The Division can request a medical or health questionnaire to be completed at any time when there are concerns with the status of a staff member’s health.


 A sample **Emergency Information on Staff (top half) and Health Questionnaire (bottom half)** form is located in the resource section.

 After the first year of employment and/or licensure of the public school program, each staff member must complete the Staff Health Questionnaire. The health questionnaire does not have to be kept on-site. However, the **Public School Off-Site Records Verification form** must be on-site that identifies the storage location, name, and contact information of the individual responsible for maintaining the record, and a statement that the record is on file and contains the appropriate information. This form is available in the resource section.

CHILD CARE RULE .0702

Health Standards for Substitutes and Volunteers


-  All substitutes and volunteers not counted in the staff-child ratios must complete a health questionnaire prior to the first day of work.
-  A test showing each substitute and volunteer to be free of active tuberculosis is required prior to the first day of work.
-  Emergency medical care information must be on file for each substitute or volunteer prior to the first day of work.



- The health questionnaire must give information about the status of the person's health.
- The emergency medical care information must include emergency contact information for the person.
- Substitutes and volunteers counted in the staff-child ratios must comply with health standards contained in Rule .0701.
- The health questionnaire must be completed on the first day at the center for all substitutes and volunteers and must be completed annually thereafter as long as they continue to work in the center.
- Emergency medical care information must be on file at the center on the first day at the center for all substitutes and volunteers.
- HH** - It is a good policy to have a regularly scheduled review and update of these forms to make sure you have the most recent information on each staff.
-  A sample **Emergency Information on Staff (top half) and Health Questionnaire (bottom half)** form is located in the resource section.

SECTION 11: HEALTH AND SAFETY TRAINING REQUIREMENTS

The staff of a child care center is charged not only with the safety of the children in care, but also with the quality of care children receive. Initial and on-going training is required of all staff members. The amount and scope of this training may vary depending on positions held at the center.

CHILD CARE RULE .0705**Cardiopulmonary Resuscitation (CPR) Training for Staff**

 Each child care center must have at least one person on the premises at all times, and at least one person who accompanies the children whenever they are off the premises, who has successfully completed a cardiopulmonary resuscitation (CPR) course within the last 12 months. The CPR course must be taught by either the American Red Cross, American Heart Association or other organizations approved by the Division.

- CPR training must be renewed on or before the expiration of the certification or every two (2) years, whichever is less.
- “Successfully completed” is defined as demonstrating competency, as evaluated by the instructor, in performing CPR.
- Each type of CPR course covers a different age range. The staff member’s certification must be appropriate for the ages of children in care. Be sure to verify the age range of the courses completed. At least one staff member must be certified appropriately for the ages of children in care.
- Proof of an appropriate CPR training is a course completion card.
- Having additional staff trained in CPR will ensure that you have complete coverage in the event of absences or vacation, or staff turnover.
- Documentation of successful completion of the course from the American Heart Association, American Red Cross, or other organization approved by the Division must be on file at the center.
- CPR training cannot be counted toward meeting annual in-service training hours for staff required to receive less than 20 hours of annual training. Refer to Section 13 of this chapter for more information on in-service training requirements.
-  Refer to the resource section for **CPR and First Aid Training Information**, which includes a list of organizations that are recognized by the Division as an acceptable training agency for CPR and First Aid training (as of July 1, 2008).
-  For licensed public school programs, verification of CPR training must be maintained on-site at the licensed public school program.

**CHILD CARE RULE .0705
First Aid Training for Staff**

- ★ Staff who have completed a course in basic first aid must be present at all times children are present.
- ★ First aid training must be renewed on or before the expiration of the certification, or every three (3) years, whichever is less.
- ★ The basic first aid course must address principles for responding to emergencies, and techniques for handling common childhood injuries, accidents, and illnesses such as choking, burns, fractures, bites and stings, wounds, scrapes, cuts and lacerations, poisoning, seizures, bleeding, allergic reactions, eye and nose injuries and sudden changes in body temperature.


- ☑ A staff member who has completed first aid training must also accompany children participating in off premise activities and when children are being transported.
- ☑ The number of staff members required to have first aid training is dependent on the number of children present at the center.

<u>Number of Children</u>	<u># of staff with First Aid</u>
1-29	1
30-79	2
80 +	3

- ☑ Verification of each required staff person’s completion of the first aid training must be maintained in the person’s individual personnel file in the center.
- ☑ Having additional staff trained in first aid will ensure that you have complete coverage in the event of absences or vacations, or staff turnover.
- ☑ First Aid training can only be counted toward meeting annual in-service training hours every three years.
- 📁 Refer to the resource section for **CPR and First Aid Training Information**, which includes a list of organizations that are recognized by the Division as an acceptable training agency for CPR and First Aid training (as of July 1, 2008).
- 🔔 For licensed public school programs, verification of first aid training must be maintained on-site at the licensed public school program.

CHILD CARE RULE .0705
Communicable Disease Training for Staff

 At least one staff person must be knowledgeable of and able to recognize common symptoms of illness.

- Documentation of the type and date of the training must be on file at the center.
-  Contact a local Child Care Health Consultant to find out about training opportunities in your area, visit the Child Care Health and Safety Resource Center’s web site at www.healthychildcarenc.org for a listing of child care health consultants by county or call the Resource Center at 1-800-367-2229.

CHILD CARE RULE .0705
Playground Safety Training for Staff

 Staff must complete at least four (4) clock hours of training in safety.


- This training must address:
 - Playground safety hazards
 - Playground supervision
 - Maintenance and general up keep of the outdoor area
 - Age and developmentally appropriate playground equipment
- The number of staff required to complete safety training depends on the licensed capacity of the center.

<u>Licensed Capacity</u>	<u># of Staff with Safety Training</u>
--------------------------	--



Less than 30	1
More than 30	2*


**including the administrator*


- Staff counted to meet this requirement must complete the training within six (6) months from the date of employment, or from the date a vacancy occurs.
- Once a staff member completes the safety training, they do not have to renew or take it again. Documentation of the safety training must remain on file at the center.

 For licensed public school programs, staff are not required to complete this training.


**CHILD CARE RULE .0705
ITS-SIDS Training for Staff**

-  In centers that are licensed to care for infants ages 12 months and younger, the center director and any child care provider scheduled to work in the infant room, including volunteers counted in staff-child ratio, must complete ITS-SIDS training.
-  The training must be completed within 4 months of the individual assuming responsibilities in the infant room or as an administrator, and must complete again every 3 years from the completion of previous ITS-SIDS training.

 “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.

 As part of staff orientation, infant caregivers must be informed of the child care center’s safe sleep policy.

HH – Train staff prior to them being responsible for the care of infants to ensure they are aware that infants 12 months and younger should be placed on their backs to sleep.

 There are over 200 ITS-SIDS trainers across the state. There are several ways to locate a trainer in your area. You may visit the Division’s web site at www.ncchildcare.net for a list of current trainers, contact your local Child Care Resource and Referral agency or contact a local child care health consultant to find out about training opportunities in your area. To locate a Child Care Health Consultant in your area, visit the Child Care Health and Safety Resource Center’s web site at www.healthychildcarenc.org for a listing of child care health consultants by county or call the Resource Center at 1-800-367-2229.

SECTION 12: STAFF ORIENTATION REQUIREMENTS



CHILD CARE RULE .0707 Staff Orientation


★ Each staff member who is expected to have contact with children must receive at least 16 clock hours of on-site training and orientation. Some topics must be covered within the first 2 weeks of employment and others within the first 6 weeks of employment.

- ☑ The training and orientation must include:
 - **Within the first two weeks:**
 - Recognition of the signs and symptoms of child abuse or neglect and the employees duty to report suspected abuse and neglect
 - The center's operational policies, including the center's safe sleep policy for infants (if center licensed to care for infants)
 - Adequate supervision of children, taking into account their age, emotional, physical and cognitive development
 - **Within the first six weeks:**
 - First-hand observation of the center's purposes and goals
 - Instruction in the employee's assigned duties
 - Instruction in the maintenance of a safe and healthy environment
 - Review of the center's personnel policies
 - Review of the child care licensing law and rules
 - Explanation of the role of state and local government agencies in the regulation of child care, their impact on the operation of the center, and their availability as a resource
 - Explanation of the employee's obligation to cooperate with representatives of state and local government agencies during visits and investigations

CHILD CARE RULE .0709

Documentation of Staff Orientation

-  The center must have a record of each staff member's participation in training activities.
-  Documentation of on-site training and orientation must be on file for each staff member.

- The record of training must include:
 1. The subject matter
 2. Topic area (G.S. 110-91(11))
 3. Name of person providing training
 4. Date provided
 5. Number of hours of training received
 6. Name of staff member who completed training
 7. Orientation training that is not related to direct caregiving must be provided at a time when the new staff member is NOT counted as part of the staff-child ratio.
 8. Prelicensing visits with a child care consultant may be documented towards orientation hours as long as the visit consisted of a review of the child care licensing law and rules.
- Orientation hours do not transfer if a staff member moves to another center unless the new center is owned by the same franchise or operator as the one where the staff member previously worked.
- Orientation hours do not count as part of the individuals required in-service training hours.
-  A copy of the **Documentation of Staff Orientation** form is located in the resource section.

SECTION 13: IN-SERVICE TRAINING REQUIREMENTS

In-service training is training that is received during a staff member's employment. It is considered on-going staff development, appropriate to job responsibilities, and is intended to expand on previous learning and may enhance the educational levels of the staff members.

NC GENERAL STATUTE 110-91(11)
Approved Topic Areas for In-Service Training



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.

CHILD CARE RULE .0707
In-Service Training for Staff



All staff that have responsibility for planning and supervising a child care program, as well as staff who work directly with children, must participate in in-service training activities annually.



The number of clock hours of yearly training required is based on the education and/or experience of each individual person.



For full-time employees, the requirements are as follows:

Level of Education	Experience	In-service training required
Four year degree or higher advanced degree in a child care related field of study		5
Two year degree in a child care related field of study or NCECAC/equivalent		8
Certificate or diploma in a child care related field of study or NCECC/equivalent		10
	10 years documented experience as a teacher, director, or caregiver in a licensed child care facility	15
None of the above	None of the above	20

- All above in-service training hour requirements are actual clock hours of training that must be received annually.
- If a child care administrator or lead teacher is currently enrolled in coursework to meet staff qualifications, completed coursework may be counted toward meeting the annual in-service training requirement.
- For staff members working less than 40 hours per week on a regular basis, who are at the level of education/experience that requires 20 hours of in-service training, the training requirements may be pro-rated as follows:

Total working hours per week	Annual clock hours required
0 - 10	5
11 - 20	10
21 - 30	15
31 - 40	20

- ☑ All degrees and coursework must be in a child care related field of study which is defined as Child Development, Child Psychology, Early Childhood Education, or Human Development from an accredited college or university. Other fields of study related to the care of young children must be approved by the Child Care Workforce Standards Section of the Division.
- ☑ If a staff member is required to receive less than 20 hours of in-service training per year, they may not count the hours received by taking a CPR certification course.
- ☑ Training hours received from taking a first aid course may be counted by any staff member, but no more frequently than once every three years.
- ☑ If a staff member receives more than the required number of hours in a given year, they may carry forward into the next year no more than one-half of the number of hours needed for the new year.
- 🔔 All staff members that have responsibility for planning and supervising a public school program, as well as staff members who work directly with children, must participate in annual in-service training requirements.
- 🔔 In-service training required of public school system employees can be used to meet this requirement as long as the training pertains to the topics contained in the child care law and meets the proper number of in-service training/contact hours of credit.
- 🔔 Documentation of in-serving training for public school staff must be kept on-site at the licensed public school program.
- 🔔 When the public school staff member attends a training event, whether sponsored by the school system or not, they should receive written verification of their attendance. This verification must include the name of the trainer, date, contact hours present, and the topic of the training. The staff member can maintain the original verification of this training as long as a copy is placed with his/her on-site record of in-service training.




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

A staff member is required to receive 20 hours of in-service training per year. During one year, they complete 45 hours of training. The 20 hours required for the current year are subtracted which leaves 25 remaining hours. The next years requirement is 20 hours, and they may carry forward ½ of that requirement from the previous year. This employee may carry over 10 hours to the new year and then have to complete a minimum of 10 additional hours of training.

CHILD CARE RULE .0709

Documentation of In-Service Training for Staff

- ★ The center must have a record of each staff member's participation in training activities.
- ★ Documentation must be on file and current for each staff member.

- The record of training must include:
 1. The subject matter
 2. Topic area (G.S. 110-91(11))
 3. Name of person providing training
 4. Date provided
 5. Number of hours of training received
 6. Name of staff member who completed training
- Training certificates received as documentation of training must be attached to the staff member's individual training record.
-  A **Record of In-Service Training form** is located in the resource section.

SECTION 14: TRAINING APPROVAL

All training offered to meet in-service training requirements must satisfy criteria for approval from the Division.



CHILD CARE RULE .0708

In-Service Training Approval Process

Staff may meet in-service training requirements by attending child care workshops, seminars, or courses, provided each training activity satisfies the following criteria:

- ★ Prior approval from the Division is not required for training offered by a college or university with nationally recognized regional accreditation, a government agency, or a state or national professional organization or its affiliates.
- ★ Prior approval from the Division is required for any agencies, organizations, or individuals who wish to provide training for child care operators and staff. To obtain such approval, the agency, organization, or individual must complete and submit the in-service training approval forms provided by the Division at least 20 business days prior to the training event. A training roster listing the attendee's name, the county of employment, and day time phone number must be submitted to the Division no later than 15 days after the training event. The event sponsor must provide training evaluations to be completed by attendees and must keep the evaluations on file for three years.
- ★ Prior approval will be determined based on:
 - The trainer's education, training, and experience relevant to the training topic;
 - Best practice in adult learning principles;
 - Content that is in compliance with General Statute 110-91(11); and
 - Contact hours reasonable for the proposed topic.


- ☑ Government agencies or state or national professional organizations who provide training must submit an annual training plan on a form provided by the Division for review by the Division. An annual plan is not required for any state, national, or international conferences sponsored by a professional child care organization.
- ☑ Distance learning such as internet based or correspondence courses must have prior approval from the Division in order to be counted for in-service training hours.
- ☑ Curriculum coursework or continuing education coursework that relates to the nine topic areas in the child care law through a post-secondary institution with nationally recognized regional accreditation may be used for in-service training hours without prior approval.
- ☑ One semester credit hour is equal to 16 clock hours. Coursework content must relate to one of the nine topic areas in the child care law and also be relative to the staff member's job responsibilities in the child care facility.

- ☑ Before attending a training session or hiring a trainer, you can call the Division and request to speak with the in-service training coordinator to determine if the training has been approved.
- ☑ 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 educational level of the individual.
- ☑ The Division of Child Development does not maintain copies of specific training certificates. If an individual loses their training certificate, they would need to contact the individual training instructor or the sponsor of the training session.
- ☑ Staff are encouraged to maintain their own professional development file at home that contains proof of all their training sessions and certifications.
-  Refer to the resource section to read **In-Service Training Frequently Asked Questions (FAQs)**.
-  In-service training approval request forms are located on the Division's website at www.ncchildcare.net.




SECTION 15: REPORTING SUSPECTED ABUSE AND NEGLECT

NC GENERAL STATUTE 7B-301

Reporting Suspected Child Abuse and Neglect

-  Any child care operator or staff member who suspects a child has been abused or neglected must notify the proper authorities. This requirement applies regardless of where the abuse may have occurred, be it at the child's home or the child care center.

- ☑ NC law requires any person who has reason to suspect child abuse or neglect to report the case to the local county Department of Social Services (DSS). In addition to calling DSS, any person may call the Division of Child Development at (919)662-4499 or (800)859-0829 to make a report of suspected child abuse or neglect in a child care program.
- ☑ Reports may be made anonymously. A person cannot be held liable for a report made in good faith.
- ☑ If the abuse or neglect is suspected to have occurred at a child care center, the Division of Child Development will initiate an investigation along with the local Department of Social Services.

- Check with the operator of your child care center for their policies on filing reports. The operator can assist you with finding the correct agency to file the report. In some situations, they can even make the report for you. But remember, if you express your concerns to the center operator and they choose not to file a report, you must do so yourself.
- Information regarding the signs and symptoms of child abuse and neglect must be a part of an employee's orientation. This training should also cover the center's policies on reporting child abuse and neglect.
-  The address and phone number of your local DSS can be found in the front of your local phone book in the county government section or through the NC DSS county directory at www.dhhs.state.nc.us/dss/local/index.htm.
-  For more information on recognizing and reporting child abuse visit Prevent Child Abuse North Carolina at www.preventchildabusenc.org.
-  A complete copy of NC General Statute 7B-301(1999) the **Mandatory Reporting Law** is located in the resource section.

RESOURCE SECTION

Chapter 2: STAFF

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

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

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

STAFF FILE CHECKLIST

Name of Employee: _____ Date of Employment: _____

The following items must be present in each staff member's personnel file, except for items marked (*) which are only required for centers meeting voluntary enhanced standards.

Item	Due Date	Date Received/ Completed
<input type="checkbox"/> Employment Application	Day One	
<input type="checkbox"/> Initial Medical Report	Within 60 days of Employment	
<input type="checkbox"/> TB Test Results	Day One	
<input type="checkbox"/> Annual Health Questionnaire	Day 1 and Annually	
<input type="checkbox"/> Emergency Information on Staff	Day One	
<input type="checkbox"/> CRC Qualification Letter or copies of submitted documents	1 st 5 Days & Every 3 years	
<input type="checkbox"/> Documentation of Orientation	1 st 2 weeks/ 6 weeks of Employment	
<input type="checkbox"/> Documentation of In-service Training	Annually	
<input type="checkbox"/> Documentation of CPR/First Aid Certification (if applicable)	Day One	
<input type="checkbox"/> Documentation of Playground Safety Training (if applicable)	Within 6 months of Employment	
<input type="checkbox"/> Documentation of BSAC training (if applicable)	Within 3 months of Employment	
<input type="checkbox"/> Documentation of ITS-SIDS Safe Sleep Training (if applicable)	Within 4 months of Employment & every 3 years	
<input type="checkbox"/> Credential Verification or Education Equivalency Information	Must begin by 6 th month of Employment	
<input type="checkbox"/> Annual Staff Development Plan and Evaluations*	Annually	
<input type="checkbox"/> Documentation of Job Description Receipt*	When Applicable	
<input type="checkbox"/> Documentation of Operational and Personnel Policy Receipt*	When Applicable	
<input type="checkbox"/> Documentation of Aquatic Activities Policy Receipt	Day 1 & Annually	
<input type="checkbox"/>		
<input type="checkbox"/>		

What is the difference between EEC and individual licensure?

EEC is acknowledgement of an individual's verified level of educational achievement, based on a standardized scale. EEC does not issue a personal or teacher license.

How much does it cost?

EEC is a self-supporting system, which has been created with funding from private and public sources with a goal of being funded primarily by individual fees when fully implemented. EEC fees are aligned with charges required by similar NC professions. The cost for an initial review is \$50. The fee for EEC recertification is \$25, if completed prior to the issued expiration date. In some cases, support for application fees may be provided by local agency grants, professional associations, an employer or other sources.

What is the EEC application process?

Step 1: Complete and sign your application.

Step 2: Attach **all official** transcripts (for degrees and individual courses) to your application.

Step 3: Attach a check or money order.

Step 4: Make a copy of all materials for your files.

Step 5: Mail to: NC Institute for Early Childhood Professional Development, PO Box 959, Chapel Hill, NC 27514

Does my EEC expire?

Your certificate is valid for a period of time based on the amount of education you possess when you become certified. The period ranges from 2 to 5 years dependent on your education level. If you obtain more education in between recertification periods you may choose to submit your official transcripts to the Institute to increase your EEC level.

Why am I required to continue my education?

As with all professions, certified individuals must continue their education to maintain their professional certification.

For **level 5 and below** (silver levels), EEC professionals must continue their education at a rate of 6 semester credit hours per certification period. Coursework in **any field** will be accepted toward the 6 semester hours required for recertification at any level. Early Educators are encouraged to take coursework that will help them achieve a higher EEC level.

For **levels 6 and above** (gold levels), EEC professionals must complete 6 semester credit hours or 10 continuing education units (CEU) or a combination of the two.

For either **level 9 or 10**, professionals who are certified and who teach in a higher education system may receive credit for teaching rather than having to complete formal coursework.

Can I apply if I am not currently employed in North Carolina?

All persons who are currently or considering working directly with or on the behalf of children ages birth to twelve are eligible to become certified as a NC Early Educator by submitting the required paperwork. Out-of-state applicants may apply for EEC with the submission of the required paperwork.

What resources are available to help me pay for early childhood college courses and plan my career?

- T.E.A.C.H. Early Childhood® Scholarships (www.childcareservices.org/ps/teach.html)
- Institute career and education planning tools (www.ncchildcare.org)

North Carolina Institute for Early Childhood Professional Development

PO Box 959, Chapel Hill, North Carolina 27514
EEC Department – info@nceec.org or 919-942-7442
Institute Coordinator – ecpdinstitute@gmail.com

Early Educator Certification (EEC)

The Next Step in Professionalizing the Field



We are professionals.

Teachers and teacher assistants working in child care, pre-kindergarten and Head Start settings, school age group leaders and coordinators, family child care providers, administrators, faculty, specialists, coordinators, trainers, consultants and researchers and more compose a growing workforce of professional Early Educators in North Carolina. Our profession is based on research and guided by standards for practice that together serve to inform the services we provide to children and families.

Are you ready to be part of a profession?

North Carolina is the first in the nation to increase its workforce professional development standards by certifying the education of those who work directly with, intend to work with, and/or work on the behalf of children ages birth to twelve.

How have other occupations become professions?

School teachers have it, nurses have it, hair dressers have it, even plumbers have it! Almost all occupations in the United States require their workforce to become certified to be part of the profession. It's time for our field to be recognized as a profession with a specialized body of knowledge and defined skills required of each position.

What organization certifies Early Educators in North Carolina?

The NC Institute for Early Childhood Professional Development (Institute), founded in 1993, is the certifying body for Early Educators in North Carolina.

The mission of the Institute is to define and advocate for the implementation of a **comprehensive** early

childhood professional development system that provides supportive, accessible, and **individually** appropriate education which is **linked to compensation** in order to ensure high quality care and education services for children and families.

To learn more about the Institute go to:
www.ncchildcare.org

What is Early Educator Certification?

EEC is acknowledgement of an individual's verified level of educational achievement, based on a standardized scale.

Education is the basis for EEC. Education is coursework taken at a **regionally accredited** college or university. All public community colleges and universities in North Carolina are regionally accredited.

For a list of regionally accredited college and university programs go to:
<http://www.chea.org/Directories/regional.asp>

What is an EEC level?

An EEC level is a step on an Early Educator Scale that reflects the amount of education earned in the field of early childhood education (ECE), child development (CD) or related fields of study.



How do I qualify for EEC?

To apply for EEC, submit an application, **official** college transcripts for ALL courses taken and/or degrees earned and the initial EEC fee to the Institute. Credit for professional work experience is not used to determine your EEC level.

Is a test required to be a certified Early Educator in North Carolina?

No test is currently required to obtain EEC.

¹ North Carolina Rated License Assessment Project (<http://ncrlap.uncg.edu>)

² North Carolina Rated License Assessment Project (<http://ncrlap.uncg.edu>)

³ North Carolina Abuse & Neglect Statistics 2001-02 and 2002-03 provided by Child Care Services Association, Chapel Hill, NC

Why should I get certified?

As with other occupations, EEC recognizes and validates educational accomplishments of Early Educators. Individuals, families, children, programs and society benefit when the education of those working in a profession increases.

◆ **Individuals benefit!**

- EEC increases professional recognition for individuals and serves to professionalize our field.
- EEC may lead to higher wages through salary supplement programs.
- EEC may lead to discounts from retailers and vendors.
- EEC provides portable evidence of professional development for use when applying for college, seeking employment and demonstrating knowledge and skill set to others.
- EEC encourages and empowers individuals to be professionals – planning, pursuing and documenting their own professional development activities on an ongoing basis.

◆ **Children benefit!**

- Research has shown that the higher the education of the teacher, the better the outcome for children. When teachers have more college education....
 - Children are served in higher quality settings.¹
 - Children are served in developmentally appropriate settings.²
 - Children are less likely to be abused and neglected.³

◆ **Programs benefit!**

- A centralized EEC data system reduces administrative workload.
- EEC provides a workforce recruitment tool for new hires.
- Supporting EEC provides a retention strategy for current staff.
- EEC provides encouragement for staff to achieve higher levels of education.

EEC Frequently Asked Questions

Are you ready to be part of a profession? North Carolina is the first in the nation to increase its workforce professional development standards by certifying the education of those who work directly with, intend to work with, and/or work on the behalf of children ages birth to twelve.

What is Early Educator Certification? EEC is acknowledgement of an individual's verified level of educational achievement, based on a standardized scale. An EEC level will be assigned using the education documentation submitted and an existing scale. Information about the scale can be accessed through project staff.

Why should I get certified? As with other occupations, EEC recognizes and validates educational accomplishments of Early Educators. Individuals, children, programs, and society benefit when the education of those working in a profession increases.

How have other occupations become professions? School teachers have it, nurses have it, hair dressers have it, even plumbers have it! Almost all occupations in the United States require their workforce to become certified to be part of the profession. It's time for our field to be recognized as a profession with a specialized body of knowledge and defined skills required of each position.

What organization certifies Early Educators in NC? The NC Institute for Early Childhood Professional Development (Institute), founded in 1993, is the certifying body for Early Educators in North Carolina. The mission of the Institute is to define and advocate for the implementation of a comprehensive early childhood professional development system that provides supportive, accessible, and individually appropriate education which is linked to compensation in order to ensure high quality care and education services for children and families.

To learn more about the Institute go to: www.ncchildcare.org

What is an EEC level? An EEC level is a step on an Early Educator Scale that reflects the amount of education earned in the field of early childhood education (ECE), child development (CD) or related fields of study.

How do I qualify for EEC? If you work directly with or intend to work directly with children ages birth to twelve, you can apply for EEC. Submit an application, official college transcripts for ALL courses taken and/or degrees earned and the initial EEC fee to the Institute. Credit for professional work experience is not used to determine your EEC level.

Important Note: EEC is open to a limited population at this time. If you are not currently working directly with children ages birth to twelve, please continue to check the EEC website (www.nceec.org) for information on when you are eligible to apply.

Is a test required to be a certified Early Educator in NC? No test is currently required to obtain EEC.

What is the difference between EEC and individual licensure? EEC is acknowledgement of an individual's verified level of educational achievement, based on a standardized scale. EEC does not issue a personal or teacher license. For example, North Carolina Birth-through-Kindergarten licensure is granted under the authority of the North Carolina State Board of Education to individuals who successfully complete formal education and student teaching requirements through an accredited teacher education program.

How much does it cost? EEC is a self-supporting system, which has been created with funding from private and public sources and is now funded primarily by individual fees. EEC fees are aligned with charges required by similar NC professions. The cost for an initial review is \$50. The fee for EEC recertification is \$25, if completed prior to the issued expiration date. In some cases, support for application fees may be provided by local agency grants, professional associations, an employer or other sources.

EEC Frequently Asked Questions

What is the EEC application process?

Step 1: Complete and sign your application.

Step 2: Attach all official transcripts (for degrees and individual courses) to your application.

Step 3: Attach a check or money order if fee is not covered by another source. (Questions? Email info@nceec.org.)

Step 4: Make a copy of all materials for your files.

Step 5: Mail to: NC Institute for Early Childhood Professional Development, PO Box 959, Chapel Hill, NC 27514

What will I get when I am certified? A personalized EEC card for your wallet and an official certificate (with a gold or silver seal) ready for framing will be sent to you.

Does my EEC expire? Your certificate is valid for a period of time based on the amount of education you possess when you become certified. The period ranges from 2 to 5 years dependent on your education level. If you obtain more education in between recertification periods, you may choose to submit your official transcripts to the Institute to increase your EEC level.

Who is responsible for submitting education information? Individuals are responsible for submitting documentation of ongoing education.

Am I required to continue my education? To maintain your EEC, you must continue your education following the guidelines below.

For **level 5 and below** (Silver Levels), EEC professionals must continue their education at a rate of 6 semester credit hours per certification period. Coursework in any field will be accepted toward the 6 semester hours required for recertification at any level. Early Educators are encouraged to take coursework that will help them achieve a higher EEC level.

For **level 6 and above** (Gold Levels), EEC professionals must complete 6 semester credit hours or 10 continuing education units (CEU) or a combination of the two. For either **level 9 or 10**, professionals who are certified and who teach in a higher education system may receive credit for teaching rather than having to complete formal coursework.

Can I apply if I am not currently employed in North Carolina? All persons who are currently or considering working directly with or on the behalf of children ages birth to twelve are eligible to become certified as a NC Early Educator by submitting the required paperwork. Out-of-state applicants can apply for EEC with the submission of the required documents.

Is Certification required? The NC Institute for Early Childhood Professional Development does not have regulatory authority to require certification. Certification is a voluntary process.



NC Institute for Early Childhood Professional Development
Early Educator Certification (EEC) Department
PO Box 959 Chapel Hill, NC 27514
info@nceec.org or 919-942-7442

SUGGESTIONS FOR PREVENTING CHILD ABUSE AND CHILD NEGLECT IN YOUR CHILD CARE FACILITY

GUIDELINES FOR ADMINISTRATORS AND BOARDS

1. Screen applicants with thorough reference checks, including talking with last employer.
2. Develop clear guidelines on behavior management. Written discipline policies and procedures should be given to each employee and parent.
3. Immediately report any observations or incidents of suspected child abuse or child neglect- for legal, ethical and self-protection reasons.
4. Provide some opportunities for caregivers to have some relief- breaks, relief caregivers, etc.
5. Maintain manageable group sizes.
6. Have clear substitute policies and an up-to-date list of well-trained substitutes.
7. Don't hesitate to talk to parents of children who are disruptive and to insist on professional help when it is needed.
8. Make provisions for regular inservice training.
9. Evaluate staff often. Visit classrooms frequently.
10. Don't hesitate to terminate an employee who has overstepped reasonable discipline practices.
11. Insure through adequate staffing and policies that no child is ever out of sight of a caregiver.
12. Make sure caregivers have adequate knowledge of child development so that children's social/emotional and physical needs are met.
13. When appropriate, report complaints you have received concerning other caregivers (to DSS or DCD).
14. Hire all new staff for a probationary period.
15. Develop procedures for recording all injuries or accidents involving children. Include the date, time of incident, description of incident, and any action taken by staff. Also record any unusual marks or bruises that a child has upon arrival so that they can not be attributed to the program.

Pointers for Reducing the Likelihood of Incidents of Child Abuse or Neglect in Child Care Settings

Many of the incidents investigated by local departments of social services and Division of Child Development Child Abuse/Neglect Consultants in child care programs could be prevented by close attention to certain key factors. The information which follows is offered in the hope that child care directors, family child care home providers, center owners, ministers of education, chairs of child care boards, teachers, and caregivers, etc. will find it helpful in maintaining safe programs!

The key factors which will be discussed in the sections that follow include:

Supervision

Improve the quality of supervision in the classroom, on the playground, on field trips, while transporting to and from the program, in the bathroom, and at naptime.

Safety

Pay close attention to safety, including while transporting, on the playground, and in the classroom.

Response to Injuries, Accidents, and Illnesses

Handle injuries, accidents, and illnesses appropriately. This includes response, treatment, investigation, documentation, and reporting.

Behavior Management

Manage the behavior of children in positive ways. This includes educating staff in positive techniques as well as in staff behavior which cannot be tolerated.

Documentation

Document significant incidents and train staff to do the same: who?, what?, where?, when?, why?, and how?

Sexual Abuse

Protect staff against allegations of child sexual abuse with good management.

Policies and Procedures

Develop needed policies and procedures in writing, including health, medicine, transportation, field trips, personnel, discipline and guidance, abuse/neglect, parent involvement and communication.

Train and Re-train Staff

Train and review regularly with staff: child development, age-appropriate expectations, guidance, activities, schedules, transitions, safety, First Aid, emergency response, supervision, and mandatory reporting.

Special Considerations For Infants, Toddlers, and Children With Special Needs

The care of very young and special needs children requires extra diligence.

Improve the Quality of Supervision.....

Playground

- Circulate - don't sit or stand in an area away from the main action of the playground.
- Stay close to high risk areas such as climbers, slides, and swings. Prevent unsafe, risky behavior by being close enough to the children to be aware of it immediately.
- Don't socialize with other adults while responsible for children.
- Insist that children use equipment safely. With older children, use group times occasionally for lessons on playground safety. Be consistent in enforcing playground safety rules with children.
- Monitor doors and gates. Gates should latch securely and fences should not have gaps which children can climb under.
- Don't allow parents to pick children up from the playground if it is center policy not to allow that.
- Don't allow children to go back inside the building alone. If one teacher is outside alone with her group and a child in the group needs to be back inside to use the bathroom, have a cooperative arrangement with a teacher or other staff member so that person can be requested to take responsibility for the child.
- Don't leave any children outside when you go inside. Don't allow children to get out of sight while they are on the playground. Take attendance by name when you go back inside. If the playground has any blind spots, a plan needs to be developed to supervise these areas properly.
- Scan the playground. That is, be aware of the entire scene! If several teachers are outside at the same time, develop a cooperative plan so that at least one of the teachers is always providing an overview of the entire playground scene.

Nap Room

- Position the children so that each one can be seen by a teacher.
- Don't allow a child to leave the classroom alone to use the bathroom.
- Don't leave the classroom unattended at naptime.

Classroom

- Don't allow a child or children to leave the classroom unattended for any reason (bathroom, visit next door, run errands, run out to greet parent, etc.)
- Train teachers in the habit of routinely scanning the classroom as a whole to be aware of any problems developing. If two or more teachers work together in the same room, encourage a cooperative approach to this responsibility.
- Arrange activity centers and furniture in the room to prevent areas which cannot be easily supervised.
- Provide training regularly for caregivers to **never** leave infants or babies unattended on changing tables. Locate supplies at the changing area.
- Position the changing table so that the caregiver is able to see the activity going on in the room. If a caregiver has a particular child who is likely to bite or hurt another child when she is changing a diaper and respond immediately, develop a protection plan for this situation.
- Train caregivers to provide very close supervision to infants and toddlers of different ages when they are together.

Bathroom

- Don't allow children to use the bathroom unsupervised.
- If the children's bathroom is not in the classroom but is located down the hall, do not allow a child to leave the classroom unattended. A supervision plan needs to be developed for this situation.

Improve the Quality of Supervision....cont.

Field Trips and Transportation

- Each teacher should have an accurate, clearly readable attendance roster, which has first name and last name of each child. No child should be listed on more than one roster.
- Take attendance by name and face at key times on field trips, using the roster, including:
 - ⇒ before leaving the child care facility
 - ⇒ upon arrival at the field trip site
 - ⇒ after entering the field trip site
 - ⇒ occasionally during the site visit
 - ⇒ before departure from the field trip site
 - ⇒ upon arrival back at the child care facility
 - ⇒ upon reentering the classroom
- Count heads occasionally in addition to taking attendance...but counting heads is no substitute for taking attendance by name and face recognition.
- Do a physical check of the entire vehicle after all of the children have exited, to be absolutely certain that no child has fallen sleep or been left behind.
- Don't allow children to leave the group, stray to another room, or go to the bathroom unattended during the field trip.
- If you place identification on the child, have it be the name of the program, not the name of the child.
- Have additional adults to assist on the trip. Don't try to do a field trip with the ratio of children to adults that is permissible in the classroom.
- Clarify the responsibilities of all of the adults on the trip.
- Involve the children in the safety of the trip by meeting as a group before and reviewing field trip safety rules.
- Be familiar with the field trip site before visiting it. In this way, potential problems with supervision can be planned for.
- Develop an emergency plan in the event a child does become separated from the group.
- Develop written job descriptions for all staff members responsible for transportation and review these with them before they assume those responsibilities and at frequent intervals afterwards.

Home Transportation

- For programs providing transportation to and from home, it is essential to have clearly developed guidelines for staff and parents in regards to the safe pick-up and delivery of children, so that children are not turned over to unauthorized persons, or worse, left unattended in their neighborhood.
- Staff should have an accurate attendance roster, just as for field trip transportation.

Doing a physical check of the vehicle at the end of the trip is absolutely essential.

Pay Close Attention To Safety....

Transportation

- Use age-appropriate child restraint devices (car seats) properly installed. North Carolina state law requires child restraint device for children up to age 8 or 80 pounds.
- Use individual seat belts, properly fastened. Don't fasten more than one child in one belt.
- Maintain the vehicle properly: brake, tires, annual inspection, etc.
- Carry emergency information for all persons being transported, including authorization to seek emergency medical care for children. Making photocopies of original applications is one way to do this.
- Don't overload the van or allow anyone to ride in the cargo area.

Playground

- Maintain safe equipment: no sharp points, broken parts, unanchored poles, equipment that is too high, too steep, inherently dangerous, etc...
- Provide resilient surfaces to protect when falls occur. This may be sand, mulch, mats, pine bark, etc. Don't allow children to use the play equipment inappropriately. Enforce the rules.
- Involve the children in playground safety. Teach them playground safety rules.
- Have equipment that is age-appropriate and separate ages on the playground.
- Provide training for all staff in playground safety. Review regularly at staff meetings.

Classroom

- Have equipment that is safe and properly maintained.
- Pay attention to doors and gates that could pinch or trap a finger.
- Remove broken toys and equipment promptly.
- Maintain a safe environment
 - ⇒ no extension cords
 - ⇒ no electrical cords within reach
 - ⇒ no unplugged electrical outlets
 - ⇒ no small parts in infant-toddler-2's rooms
 - ⇒ no exposed screws
 - ⇒ no unlocked medications or cleaning supplies
 - ⇒ no venetian blind cords within reach of cribs
 - ⇒ no exposed foam or loose fabric
- Equip diaper-change tables with ledges and safety straps
- Don't use microwaves to heat infant food. Microwaves may heat very unevenly and cause burns.
- Don't use walkers for infants who don't have the cognitive skills or coordination to manage the speed their gross motor skills may enable them to achieve.
- **Place infants on their backs for sleep, rather than on their stomachs.**
- **Monitor sleeping infants frequently.**
- **NOTE: A very safe environment is no substitute for proper supervision. A safe environment makes the job of supervision easier.**

Respond Appropriately To Injuries, Accidents, and Illnesses

- Have a current, immediately accessible Emergency Care Plan.
- Activate the Emergency Care Plan when necessary.
- Be certain all staff members are trained in this plan and review it with staff regularly.
- There should always be someone present in the center who is designated to be in charge.
- Maintain correct current contact information for parents at all times.
- Call the parent as soon as possible after an injury or accident. Call after any blow, to the face, head, eyes, nose, mouth, or ears, even if injury is not immediately apparent. Don't diagnose. Staff members do not have the training to determine that a blow to the head is not a concussion or fracture.
- Write a complete, accurate injury report as soon as possible and make sure that the parent receives a copy.
- Place a copy in the child's file and maintain an administrative copy.
- If more than one person has been involved in an incident and/or the care provided afterwards, have each teacher prepare a written report. Have the persons involved complete these reports, even if they need assistance with spelling or grammar. It needs to be a first hand report, not a second hand report written by another person.
- Determine the cause of an accident or injury and make any necessary changes in staffing, policies, etc.
- Be aware that child care rules require that one or more staff persons be present during all operating hours of the center who has completed first aid training within the last three years and CPR within the last year.
- Develop a proactive plan, in rooms for children who are toddlers or 2s in which biting is occurring, that focuses on prevention and includes incident reports for parents of children affected.
- Follow child care rules for medications completely. Don't give medication about which you have any doubts. It is always permissible to be more strict than the state rules allow - but not less strict.

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

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 we may contact 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 _____

North Carolina Division of Social Services Request for Information from the Responsible Individuals List

IMPORTANT INFORMATION AND INSTRUCTIONS FOR COMPLETING DSS-5268 (please read carefully):
Do NOT alter this form. Do NOT print on front and back of this form.

NCGS § 7B-311 Authorizes the release of information regarding substantiated cases of abuse and serious neglect from the Responsible Individuals List (RIL), for the sole purpose of determining current or prospective employment in certain situations, or fitness to provide care for children. This includes applications to foster or adopt a child.

DSS-5268 is the form used to request information from the Responsible Individuals List.

All forms must be MAILED to: North Carolina Division of Social Services, Regulatory and Licensing Services, 952 Old US Highway 70, Black Mountain, North Carolina 28711, Attn: RIL

Agencies may request RIL information to be returned as follows: Check ONE

- MAIL** – Submit one original AND one copy of DSS-5268 along with a self-addressed, stamped envelope.
 FAX – Submit DSS-5268 AND a completed fax cover sheet. (If submitting more than 5 requests at once, faxing is not an option)

All sections of Form DSS-5268 must be completed and signed by the agency and the prospective employee/volunteer. Please print legibly or type all information. Please do not staple. Incomplete forms will be returned via fax without the Responsible Individuals List check completed. The agency must then resubmit the corrected form via MAIL.

Section I: Information regarding agency requesting a background check from the Responsible Individuals List

Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Type of Agency:

<input type="checkbox"/> Child Care Provider <input type="checkbox"/> Child Placing Agency <input type="checkbox"/> Group Home Facility <input type="checkbox"/> Other Provider of Adoption	<input type="checkbox"/> Child Caring Institution <input type="checkbox"/> County DSS <input type="checkbox"/> Guardian ad Litem <input type="checkbox"/> Other Provider of Foster Care
--	--

Agency License Number: _____ Check if agency is licensed, but has no license #

Section II: Agency Certification

I hereby request information from the North Carolina Responsible Individuals List. I certify that I am a person representing a child caring institution, child placing agency, group home facility, or a provider of foster care, child care or adoption services that needs to determine the fitness of individuals to care for or adopt children. I either currently employ the individual listed below, or am strongly considering the individual for an employment, contract, or volunteer position. I will only use the information requested to determine whether to hire or retain the individual.

Name and Title (print): _____

Signature: _____

Date: _____

Section III: Information regarding Employee (E), Applicant (A), or Volunteer (V)

E, A or V's Full Name (including MI): _____

E, A or V's Date of Birth (MM/DD/CCYY): _____ / _____ / _____

E, A, or V's Social Security Number (last four digits only): _____

E, A or V's Gender: Male FemaleOther names E, A or V has used (**maiden name, nicknames, former married names, etc.**): _____**Section IV: Employee, Applicant, or Volunteer Acknowledgement**

I acknowledge that I have been informed that the North Carolina Division of Social Services will disclose to the above named agency whether my name appears on the Responsible Individuals List, indicating that I am the subject of an existing substantiated report of child abuse or serious neglect.

Name (print): _____

Signature: _____

Date: _____

Section V: North Carolina Division of Social Services Office Use OnlyInitials

_____ Form submitted incomplete and returned to the agency without the Responsible Individuals List check completed.

_____ As of _____, employee's name NOT found on the Responsible Individuals List.

_____ As of _____, employee's name found on the Responsible Individuals List.

Finding: _____

Print Name: _____

Signature: _____

Date: _____

North Carolina Division of Child Development Workforce Change of Information Form (DCD.0120)

DCD Use Only
WFID#

Complete and submit this form to the Workforce Education Unit when you have a change of information in name, address, facility of employment and/or educational status. You would also submit this form to request an education evaluation for a different child care position(s) after you had submitted an original Education and Equivalency Form. **Please print or type.**

Required Fields (Complete all fields in this section)		SSN (Last 4 Digits Only):		Email Address:	
Date of Birth (mm/dd/yy): / /		Current Legal Name (First, Middle Initial, Last):			
Current Home Mailing Address:			City:	State:	Zip Code:
Home Phone #: ()		Cell Phone # (If Applicable): ()		County of Residence:	

A. Change of Name (Complete this section if your legal name has changed)		Date Current Name Effective: / /	
Previous Legal Name (First, Middle Initial, Last):			

B. Change of Address (Complete this section if your mailing address has changed)		Date Current Address Effective: / /	
Previous Home Mailing Address:		City:	State: Zip Code:

C. Change of Employment (Complete this section if your facility of employment has changed)		Date Employed at this Facility: / /	
Name of Current Facility:		Facility ID # (on license):	Facility Telephone #: ()
Address of Current Facility:		City:	State: Zip Code:
Name of Previous Facility:		Facility ID # (on license):	Date Employment Ended: / /

D. Change of Educational Status (Check one or both options)	Attach all NEW college level official transcripts which have not been previously submitted to the Division of Child Development, Workforce Education Unit.
<input type="checkbox"/> I have completed additional early childhood education college coursework since I last submitted an official transcript(s). <input type="checkbox"/> I have completed and been awarded a certificate, diploma and/or degree since I last submitted an official transcript(s).	

E. Change of Child Care Position (Check one or multiple positions)	Attach all paperwork which is required to meet the education standards to qualify for the checked position(s).
<input type="checkbox"/> Lead Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Family Child Care Home Provider <input type="checkbox"/> Group Leader <input type="checkbox"/> Program Coordinator	
Note: If the change of child care position is for an Administrator, then you must submit an original NC Education and Equivalency Form for Child Care Administrators (DCD.0173) to be evaluated for qualification as an Administrator.	

Mail to: NC 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

Comments:	
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NORTH CAROLINA EARLY CHILDHOOD ADMINISTRATION CREDENTIAL (NCECAC)

This credential is awarded at **three levels** and consists of **three required components***:

1. **Child Care Administration coursework** (EDU 261 & 262 – five or six** semester credit hours in the North Carolina Community College System) Levels I, II, and III all have the same requirement in this component.
 - Child Care Administration I (EDU 261) – a survey course that focuses on basic knowledge and skills needed to administer a child care program:
 - Program Framework
 - Rules and Regulations
 - Personnel
 - Financial Management
 - Child Care Administration II (EDU 262) – a comprehensive course of study which includes advanced content on administration of a child care program:
 - Resources for Centers and Families
 - Early Childhood Curriculum
 - Program Assessment
 - Advocacy and Leadership

** *EDU 261 is being transitioned from a two semester hour course to three hours.*

2. **Early Childhood/Child Development coursework**
 - Level I: at least seven semester credit hours
 - Level II: Associate's degree in the field
 - Level III: Bachelor's degree in the field
3. **Portfolio*** demonstrating administrative competencies**
 - Level I: completion of six portfolio assignments
 - Level II: completion of twelve portfolio assignments
 - Level III: completion of eighteen portfolio assignments

****a packet of specified assignments completed in EDU 261 & 262*

* Each **required component** of the credential has one or more **equivalency options**. These are outlined on the attached grid (**Instructions for North Carolina Child Care Administrators** adapted from the application form that child care administrators of licensed facilities must submit to the NC Division of Child Development).

Meeting any or all of the three components through the equivalency options will result in an administration equivalency instead of the credential.

The North Carolina Child Care Administration Credential and Equivalency (Levels I, II and III) have equal weight in North Carolina's tiered Star Rated License System.

INSTRUCTIONS for North Carolina Child Care Administrators *(adapted from application: NC Child Care Education & Equivalency Form)*

Choose the highest level that describes your current status. Under that level, check a box in each of the three required components to show how you meet it. To be eligible for the NC Early Childhood Administration Credential certificate, you must complete the requirements in the * boxes in the level that you have chosen. If you have met requirements by checking any of the non-star boxes in the level that you have chosen, you are eligible for an equivalency letter only. Completion of the NC School-Age Child Care Administrator requirements results in an equivalency letter; there is no certificate.

Child Care Administrators Only						
Three Required Components	Level I Options (Mandatory)	✓	Level II Options (Voluntary)	✓	Level III Options (Voluntary)	✓
1. Administration Coursework <i>plus</i>	EDU 261 and EDU 262 * or		EDU 261 and EDU 262 * or		EDU 261 and EDU 262 * or	
	Test out or		Test out or		Test out or	
	6 sch in Child Care Administration or		6 sch in Child Care Administration or		6 sch in Child Care Administration or	
	9 sch in Business Administration		9 sch in Business Administration		9 sch in Business Administration	
2. Early Childhood / Child Development Coursework <i>plus</i>	7 sch in EC/CD * or		AA/AAS degree in EC/CD * or		BA/BS degree in EC/CD * or	
	Director for 3 yrs and NCECC or equivalent (attach explanation)		AA/AAS degree in any major <u>with</u> 12 sch in EC/CD or Currently enrolled in BA/BS, 60 sch completed <u>with</u> 12 sch in EC/CD		BA/BS degree in any major <u>with</u> 18 sch in EC/CD	
3. Portfolio completed in EDU 261/262 courses or independently	Level I Portfolio of 6 specified assignments * or		Level II Portfolio of 12 specified assignments * or		Level III Portfolio of 18 specified assignments * or	
	Level I Portfolio waived if Director for 5 years (attach detailed explanation)		Level II Portfolio waived if Director for 5 years (attach detailed explanation)		Level III Portfolio waived if Director for 5 years (attach detailed explanation)	

School Age Administrators Only (applies to child care programs ONLY serving children age 5 and older)						
Three Required Components	Level I Options (Mandatory)	✓	Level II Options (Voluntary)	✓	Level III Options (Voluntary)	✓
1. Administration Coursework <i>plus</i>	EDU 261 and EDU 262 or		EDU 261 and EDU 262 or		EDU 261 and EDU 262 or	
	Test out or		Test out or		Test out or	
	6 sch in Child Care Administration or		6 sch in Child Care Administration or		6 sch in Child Care Administration or	
	9 sch in Business Administration		9 sch in Business Administration		9 sch in Business Administration	
2. Elementary Ed/ Human Growth & Development Coursework <i>plus</i>	7 sch in EE/HG&D or		AA/AAS degree in EE/HG&D or		BA/BS degree in EE/HG&D or	
	Director for 3 yrs and NCECC or equivalent (attach explanation)		AA/AAS degree in any major <u>with</u> 12 sch in EE/HG&D		BA/BS degree in any major <u>with</u> 18 sch in EE/HG&D	
3. Portfolio completed in EDU 261/262 courses or independently	Level I Portfolio of 6 specified assignments or		Level II Portfolio of 12 specified assignments or		Level III Portfolio of 18 specified assignments or	
	Level I Portfolio waived if Director for 5 years (attach detailed explanation)		Level II Portfolio waived if Director for 5 years (attach detailed explanation)		Level III Portfolio waived if Director for 5 years (attach detailed explanation)	

KEY TO ABBREVIATIONS & TERMS

EDU 261: Early Childhood Admin course taught at NC Community Colleges

NCECC: North Carolina Early Childhood Credential

EC/CD: Early Childhood / Child Development

AA/AAS: Associate's Degree

BA/BS: Bachelor's Degree

MA/MS: Master's Degree

sch: semester credit hours

Portfolio: a collection of activities that demonstrate administrative skill and competency. A packet of specified portfolio assignments is completed in EDU 261/262 or independently by an applicant.

GUIDELINES TO EDUCATION EVALUATIONS FOR CHILD CARE PROVIDERS

APPLICATION PROCESS AND REQUIRED DOCUMENTATION

<p style="text-align: center;">APPLICATION Education and Equivalency (E&E) Forms</p>
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Education and Equivalency (E&E) forms are applications used to gather identifying information and to show your intent to be qualified for a specific child care position.

There are two E&E forms for child care positions:

- Education and Equivalency Form for Child Care Providers – DCD.0169: Use for Family Child Care Home Providers, Teachers, Lead Teachers, Program Coordinators and Group Leaders
- Education and Equivalency Form for Child Care Administrators – DCD.0173: Use for Child Care and School-Age Administrators

There are two E&E forms for public school (DPI) preschool staff:

- Public School Preschool Staff Education Form for Teachers/Teacher Assistants – DCD.0171
- Public School Preschool Staff Education Form for Administrators – DCD.0172

There is one E&E form for articulation of approved high school coursework to community college:

- Lead Teacher Equivalency Form for Approved High School Coursework – DCD.0170

When submitting an E&E form:

- complete the entire application
- attach all requested documentation
- sign and date the application

Failure to do these things will delay the processing of your application and may affect your facility's rated license education points.

If you are currently working or planning to work in any of the above listed child care positions, you need to submit the appropriate E&E form as an application to be qualified educationally per NC child care regulations.

Only submit each of the above E&E forms ONCE when applying for a child care position.

*When you need to update and/or change identifying information and you are not initially applying for a child care position (as listed above), submit the **Workforce Change of Information Form** (DCD.0120).*

DOCUMENTATION
Official Transcripts and Other Education Paperwork

Official transcripts provide documentation of completed college level coursework, certificates, diplomas and/or degrees.

When do you submit an official transcript (OT)?

- You need to submit an OT with your initial application (E&E form) if you have completed any college level coursework, certificates, diplomas and/or degrees.
- You need to submit another OT only when additional college level coursework, certificates, diplomas and/or degrees have been completed since the last time you submitted an OT.

*Only **official transcripts** will be accepted – we will not evaluate from photocopies, student or internet copies, grade reports or from copies of college certificates, diplomas or degrees. Transcripts must be from colleges with nationally recognized regional accreditation in order to be evaluated for coursework and degrees.*

Which child care positions require other education paperwork?

- **Group Leader** – completion of Basic School Age Care (BSAC) training is required for qualification; submit a legible copy of the BSAC certificate.
- **Program Coordinator** – completion of Basic School Age Care (BSAC) training is required if you are qualified as either a Lead Teacher or Administrator and you are meeting the requirements for qualification through this option; submit a legible copy of the BSAC certificate.
- **Lead Teacher** – submit a copy of any current national certificate – CDA, CCP, Montessori (AMS or AMI) – if this is how you will meet the requirements for qualification.
- **Administrator** – to meet the requirements for the portfolio component:
 - A portfolio assessment form should be submitted from the community college where you took EDU 261 and EDU 262, **OR**
 - Independently complete and submit a portfolio to be graded, **OR**
 - Submit documentation in resume form of at least five (5) years of experience as a child care director, co- or assistant director to waive the portfolio requirement.

How do you apply for a NC Child Care Credential?

- Submit the Credential Application for Early Childhood Credential (NCECC), Family Child Care Credential (NCFCCC) and School Age Child Care Credential (NCSACCC) – DCD.0168
- Completion of the following courses is required for each child care credential. You must submit an official transcript for evaluation:
 - NCECC (EDU 111 and 112 OR EDU 119) – You will also qualify as a Lead Teacher, Teacher and Family Child Care Home Provider if approved for credential
 - NCFCCC (EDU 111 and EDU 113 OR EDU 119 and EDU 113) – You will also qualify as a Family Child Care Home Provider if approved for credential
 - NCSACCC (EDU 145 and EDU 235 OR EDU 145 and EDU 263) – You will also qualify as a Program Coordinator if approved for credential

WORKFORCE CHANGE OF INFORMATION FORM (COI) Form
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The **Workforce Change of Information form (DCD.0120)** needs to be submitted when any of the following events occur:

- Change in legal name
- Change in address
- Change in child care facility where you are employed
- Change in educational status (completed additional coursework and/or degrees)
- Need to apply for another child care position after submitting an E&E form for Child Care Providers – DCD.0169. Note: If you need to apply for Administrator qualification, you will need to submit the E&E form for Administrators (DCD.0173) and not a COI form.

Please DO NOT use an E&E form to update these changes

If you are submitting an E&E form, you do not need to submit a separate COI form to update identifying information, since any changes will be included on the E&E form.

ADDITIONAL TIPS for Submitting Education Documents to Workforce
--

Official transcripts may be opened before you send them to Workforce. We strongly recommend opening the official transcript and making a copy for your files before submitting it to Workforce.

Review your official transcript before submitting it to verify all coursework and degrees earned at that college are recorded on the transcript.

All applications (E&Es), official transcripts, education paperwork and COI forms for an individual go into ONE file in the Workforce Education Unit. It is not necessary to send duplicate transcripts and certificates when applying for more than one position or when applying for a new position if a current official transcript has already been submitted.

All foreign transcripts and/or degrees must be evaluated by an international education evaluation service to determine how they compare to U.S. education standards. These services can be found through an internet search for international education evaluators. A copy of this evaluation should be submitted to Workforce. A translation from the original language to English is **not** sufficient.

Helpful information and resources can be found on the Division of Child Development website www.ncchildcare.net under **Providers / Professional Development / FAQs**.

CHILD CARE WORKFORCE EDUCATION EVALUATION: CRITERIA AND POLICY

North Carolina's child care licensing system establishes education standards for the child care workforce. Staff in all child care positions must meet minimum education requirements. All staff have the potential to contribute to a higher star rating for their facility by completing post-secondary education (university, college, community college coursework) beyond the minimum requirements.

Education evaluators in the Child Care Workforce Standards Section of the North Carolina Division of Child Development assess the education of individuals working in child care to determine their qualifications. They do this by reviewing transcripts and identifying applicable course credits, based on specific criteria. Here is a guide to these criteria:

WHAT COUNTS AND WHAT DOESN'T?

- Only post-secondary credit is counted in education evaluations. This credit must appear on official transcripts from post-secondary schools that have received nationally recognized regional accreditation.
- Continuing education and inservice training hours are never counted in determining an individual's education qualifications.

ACCREDITATION

- The college awarding post-secondary credit (including schools offering distance education such as on-line coursework) must be accredited by one of the following nationally recognized regional accreditation agencies:
 - Middle States Association of Colleges and Schools
 - New England Association of Schools and Colleges
 - North Central Association of Colleges and Schools
 - Northwest Commission on Colleges and Universities
 - Southern Association of Colleges and Schools
 - Western Association of Schools and Colleges
- For higher education institutions outside of the United States, the recognized system of the specified country's accreditation process will be accepted.

GUIDELINES FOR TRANSCRIPT SUBMISSIONS

- The transcript must be "official" with a raised seal or on distinctive paper and with the registrar's signature, as specified by the college. Photocopies, computer print-outs, unofficial student copies and grade reports are not accepted.
- The transcript does NOT need to arrive at DCD in a sealed envelope. However, if the transcript does not look official or if the name of the college is not clearly noted on the transcript, it is helpful to include the original envelope from the college when sending the official transcript to DCD. Make sure the transcript you submit shows all of your coursework at that college.
- Individuals are encouraged to make a copy of the transcript for their own records before sending the original to DCD.
- Transcripts from foreign countries: Official foreign transcripts in English may be submitted to DCD for evaluation. If the coursework cannot be determined to clearly compare with the United States semester system of credits and degrees awarded, DCD will send the applicant a request for an international education evaluation.*

Foreign transcripts in any language other than English will need to be assessed by an international education evaluation service* that will report the educational equivalencies of the courses and degrees shown on the transcript. (Literal translations into English are not acceptable.) The report from the international education evaluation service should be submitted to DCD in place of a transcript. Cost for this service is the responsibility of the individual requesting the evaluation. * An internet search for international education evaluators will provide multiple sources for this service.

ACCEPTABLE DEGREES AND COURSEWORK

- The following degrees** are accepted for lead teacher equivalency and for the Early Childhood/Child Development (EC/CD) coursework component for administrators:
 - AA/AAS in Early Childhood/ Child Development;
 - BA/BS in Early Childhood/ Child Development/ Human Growth & Development/ B-K Education/ Early Childhood Special Education

** The degree earned must be shown on an official transcript, including the major and the date the degree was awarded. Copies of diplomas are not accepted as verification of degree completion.

For those who want to qualify as lead teachers but do NOT have one of the degrees listed or have no degree at all, the following criteria apply to coursework***:

When reviewing transcripts for coursework to meet lead teacher equivalency and extra hours, evaluators look for courses that emphasize a developmental understanding of young children and developmentally appropriate educational approaches for the early years. This is why elementary education degrees and coursework often do not qualify for credit, and why such courses as Introduction to Education, Education in Society and Foundations of Education are also not given credit as EC/CD coursework. For the same reason, general education courses required for a degree are NOT counted.

***For child care administrators: the same criteria apply to evaluations of coursework to satisfy the EC/CD component and extra hours.

If an individual has not achieved a certificate, diploma or post-secondary degree, the coursework must be no more than ten years old at the time they submit their first application (an Education and Equivalency Form for any position) in order to be counted.

- Courses routinely counted as Early Childhood/Child Development include:
 - most EDU courses in the NC Community College System **except** a group of vocational courses (EDU 175, 176, 178, 179, 240, 245, 250, 285)
 - some ASL (American Sign Language) prefixes [limited to developmental language and communication skills]
 - DDT 120 Teaching Developmental Disabled (in NC Community Colleges)

- o courses with Kindergarten (K) in the name
 - o some Psychology courses, including General, Introduction, Child Psychology and Child Development
- Additional courses counted for School-Age positions include:
 - o the same EDU prefixes in the NC Community College System that count for EC/CD except EDU 234 Infants, Toddlers and Twos
 - o the same Psychology courses plus Child/Adolescent Psychology and Child/Adolescent Development
- Practicums, internships and student teaching experiences are never counted as EC/CD courses, although they may have earned course credit toward a degree.
- Other courses may be considered for appropriateness, usually through review of course descriptions. If such coursework is deemed appropriate, credit will be given on a case by case basis.

CHILD CARE WORKFORCE EDUCATION EVALUATION: CRITERIA AND POLICY

North Carolina's child care licensing system establishes education standards for the child care workforce. Staff in all child care positions must meet minimum education requirements. All staff have the potential to contribute to a higher star rating for their facility by completing post-secondary education (university, college, community college coursework) beyond the minimum requirements.

Education evaluators in the Child Care Workforce Standards Section of the North Carolina Division of Child Development assess the education of individuals working in child care to determine their qualifications. They do this by reviewing transcripts and identifying applicable course credits, based on specific criteria. The policy requirements based on these criteria are as follows:

WHAT COUNTS AND WHAT DOESN'T?

- Only post-secondary credit is counted in education evaluations. This credit must appear on official transcripts from post-secondary schools that have received nationally recognized regional accreditation.
- Continuing education and in-service training hours are never counted in determining an individual's education qualifications.

ACCREDITATION

- The college awarding post-secondary credit (including schools offering distance education such as on-line coursework) **must** be accredited by one of the following nationally recognized regional accreditation agencies:
 - Middle States Association of Colleges and Schools
 - New England Association of Schools and Colleges
 - North Central Association of Colleges and Schools
 - Northwest Commission on Colleges and Universities
 - Southern Association of Colleges and Schools
 - Western Association of Schools and Colleges
- For higher education institutions outside of the United States, the recognized system of the specified country's accreditation process will be accepted.

GUIDELINES FOR TRANSCRIPT SUBMISSIONS

- The transcript must be "official" with a raised seal or on distinctive paper and with the registrar's signature, as specified by the college. Photocopies, computer print-outs, unofficial student copies and grade reports are not accepted.
- The transcript does NOT need to arrive at DCD in a sealed envelope. However, if the transcript does not look official or if the name of the college is not clearly noted on the transcript, it is helpful to include the original envelope from the college when sending the official transcript to DCD. Make sure the transcript you submit shows all of your coursework at that college.
- Individuals are encouraged to make a copy of the transcript for their own records before sending the original to DCD.
- Please do not write or use highlighter on the official transcript that you send to DCD. The one exception is to write your current name next to the name shown on the official transcript if it has changed since you were enrolled.
- Transcripts from foreign countries: Official foreign transcripts in English may be submitted to DCD for evaluation. If the coursework cannot be determined to clearly compare with the United States semester system of credits and degrees awarded, DCD will send the applicant a request for an international education evaluation.*

Foreign transcripts in any language other than English will need to be assessed by an international education evaluation service* that will report the educational equivalencies of the courses and degrees shown on the transcript. (*Literal translations into English are not acceptable.*) The report from the international education evaluation service should be submitted to DCD in place of a transcript. Cost for this service is the responsibility of the individual requesting the evaluation.

* An internet search for international education evaluators will provide multiple sources for this service.

ACCEPTABLE DEGREES AND COURSEWORK

- The following degrees** are accepted for lead teacher equivalency and for the Early Childhood/Child Development (EC/CD) coursework component for administrators:
 - AA/AAS in Early Childhood/ Child Development;
 - BA/BS in Early Childhood/ Child Development/ Human Growth & Development/ B-K Education/ Early Childhood Special Education

** The degree earned must be shown on an official transcript, including the major and the date the degree was awarded. Copies of diplomas are not accepted as verification of degree completion.

For those who want to qualify as lead teachers but do NOT have one of the degrees listed or have no degree at all, the following criteria apply to coursework***:

When reviewing transcripts for coursework to meet lead teacher equivalency and extra hours, evaluators look for courses that emphasize a developmental understanding of young children and developmentally appropriate educational approaches for the early years. This is why elementary education degrees and coursework often do not qualify for credit, and why such courses as Introduction to Education, Education in Society and Foundations of Education are also not given credit as EC/CD coursework. *For the same reason, general education courses required for a degree are NOT counted.*

***For child care administrators: the same criteria apply to evaluations of coursework to satisfy the EC/CD component and extra hours.

If an individual has not achieved a certificate, diploma or post-secondary degree, the coursework must be no more than ten years old at the time they submit their first application (an Education and Equivalency Form for any position) in order to be counted.

- Courses routinely counted as Early Childhood/Child Development include:
 - most EDU courses in the NC Community College System **except** a group of vocational courses (EDU 175, 176, 178, 179, 240, 245, 250, 285)
 - some ASL (American Sign Language) prefixes [*limited to developmental language and communication skills*]
 - DDT 120 Teaching Developmental Disabled (in NC Community Colleges)
 - courses with Kindergarten (K) in the name

- some Psychology courses, including General, Introduction, Child Psychology and Child Development
- Additional courses counted for School-Age positions include:
 - the same EDU prefixes in the NC Community College System that count for EC/CD **except** EDU 234 Infants, Toddlers and Twos
 - the same Psychology courses plus Child/Adolescent Psychology and Child/Adolescent Development
 - Elementary Education courses and degrees
- Practicums, internships and student teaching experiences are never counted as EC/CD courses, although they may have earned course credit toward a degree.
- Other courses may be considered for appropriateness, usually through review of course descriptions. If such coursework is deemed appropriate, credit will be given on a case by case basis.



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.



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

- 1. 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.
- 2. 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.
- 3. Date of Enrollment:** Provide date of first class you attended for this course. Example: 01/15/02 **NOT** Spring 2002
- 4. Date Completed Course:** Provide date of last class you attended for this course. Example: 12/15/02 **NOT** Fall 2002
- 5. # 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.
- 6. 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

**North Carolina Division of Child Development
Education and Equivalency Form for Child Care Administrators (DCD.0173)
(See Instruction Page and Worksheet) Please print or type.**

DCD Use Only
WFID# _____

A) Applicant Information – Fill in every blank or write N/A				SSN (Last 4 Digits Only):	Date of Birth (mm/dd/yy): / /
Mr./Ms.	First Name:	MI:	Last Name:		
Maiden Name:			Email Address:		
Home Mailing Address (Include Apartment or Lot # if applicable):				City:	State: Zip Code:
Home Phone #: ()	Cell Phone #: ()		County of Residence:		

B) Facility Information – Fill in every blank or write N/A				Date Employed at Facility: / /	County of Employment:
Facility ID # (on license):	Name of Facility:		Facility Phone #: ()		
Facility Address:				City:	State: Zip Code:
Current Position: <input type="checkbox"/> Director <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> FCCH Provider <input type="checkbox"/> Group Leader <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Other _____					Date Employed at Current Position: / /

C) Educational Background – Check high school information & completed degrees. Attach ALL college level official transcripts. Photocopies of transcripts, student or internet copies and grade reports are **NOT** accepted.

High School Information (Required): <input type="checkbox"/> HS Diploma <input type="checkbox"/> Adult HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> None					
<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:

D) Educational Qualification – Check the Administrator type for which you are applying. Check one box in **each** of the three components to show how you meet or plan to meet the requirements for the selected level. **All three components must be completed to be qualified.** See worksheet on p. 2 for full requirements for each type and level of Administrator. (Level I is required by child care regulations.)

Select type of Administrator for which you wish to be evaluated: Birth – 12 yrs and/or School-Age (5 – 12 yrs only)

1. Administration Coursework (same requirement for all 3 levels) <i>plus</i>	EDU 261 <input type="checkbox"/> Completed <input type="checkbox"/> Currently Enrolled/Plan to Complete <input type="checkbox"/> Tested out of Adm I <input type="checkbox"/> Plan to test AND EDU 262 <input type="checkbox"/> Completed <input type="checkbox"/> Currently Enrolled/Plan to Complete <input type="checkbox"/> Tested out of Adm II <input type="checkbox"/> Plan to test OR
	6 sch-Child Care Administration <input type="checkbox"/> Completed <input type="checkbox"/> Currently Enrolled/Plan to Complete OR 9 sch-Business Administration <input type="checkbox"/> Completed <input type="checkbox"/> Currently Enrolled/Plan to Complete
	2(a). Coursework in Early Childhood Education/Child Development (for Child Care Administrator serving children Birth-12 yrs) <i>and/or</i>
2(b). Coursework in Elementary Ed/Human Growth and Development (for School-Age Administrator serving children 5 – 12 years only) <i>plus</i>	Level I: <input type="checkbox"/> 7 sch in EC/CD OR <input type="checkbox"/> NCECC or equivalent and Director for 3 yrs (<i>attach experience documentation</i>)
	Level II: <input type="checkbox"/> AA/AAS in EC/CD OR <input type="checkbox"/> AA/AAS in any major <u>with</u> 12 sch in EC/CD OR <input type="checkbox"/> Currently enrolled in BA/BS, 60 sch completed <u>with</u> 12 sch in EC/CD
	Level III: <input type="checkbox"/> BA/BS in EC/CD OR <input type="checkbox"/> BA/BS in any major <u>with</u> 18 sch in EC/CD
3. Portfolio (completed in administration courses EDU 261 & 262 or independently)	Level I: <input type="checkbox"/> 7 sch in EE/HD OR <input type="checkbox"/> SACCC or NCECC or equiv & Director for 3 yrs (<i>attach experience documentation</i>)
	Level II: <input type="checkbox"/> AA/AAS in EE/HG&D OR <input type="checkbox"/> AA/AAS in any major <u>with</u> 12 sch in EE/HG&D OR <input type="checkbox"/> Currently enrolled in BA/BS, 60 sch completed <u>with</u> 12 sch in EE/HG&D
	Level III: <input type="checkbox"/> BA/BS in EE/HG&D OR <input type="checkbox"/> BA/BS in any major <u>with</u> 18 sch in EE/HG&D
	Portfolio completed: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III or Plan to complete: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III OR <input type="checkbox"/> Waived for all levels if Director/Co-director or Asst. Director for 5 years (<i>attach experience documentation</i>)

This statement must be signed and dated by the 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.

**Instructions for Completing the
North Carolina Education and Equivalency Form for Child Care Administrators (DCD.0173)**

This form only needs to be completed and submitted to the NC Division of Child Development (DCD) ONCE.

Any future changes in the applicant's personal information, facility information, education status or requests to qualify for additional child care positions indicated on this form **should be submitted on a Workforce Change of Information Form (DCD.0120).**

Purpose: The **North Carolina Education and Equivalency Form** is an application used to gather identifying information and to request evaluation of your education in order to meet education standards for specific child care position(s).

Note: **This qualification is for education requirements only. It does not indicate compliance with age, pre-service, criminal record, medical or in-service training requirements.**

Please read these instructions carefully. Retain a copy of this form and any attached documentation for your records.

General Instructions: Print clearly in ink or type your answers. If a question does not apply to you, write N/A ("Not Applicable") in the space. This form should be completed fully, accurately, legibly and be signed by the applicant. **Incomplete forms will be returned and delay processing of your education evaluation.**

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 Information: If you are currently employed in a child care center or family child care home regulated by DCD, you must provide all of the requested information. If you are not currently employed put N/A in the "Name of Facility" space and this section is complete.

Section C. Educational Background: Check ALL applicable spaces to indicate completion of high school requirements and post-secondary (college level) degrees earned as of the date this form is submitted to DCD. **High school completion information is required no matter what level of education above high school has been attained.** High school diplomas do not need to be submitted unless specifically requested by DCD.

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.

*Only official transcripts from post-secondary schools which are **accredited** will be evaluated. **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. Educational Qualification: Check the **type of Administrator** for which you wish to be evaluated.

Child Care Administrators are qualified to direct programs serving children from birth to age twelve; ***School-Age Administrators*** may direct programs only serving children age five and up.

Every administrator must meet requirements in each of three components: **1) administration coursework, and 2) early childhood/child development coursework** (birth-12 yrs) **or elementary education/ human development coursework** (5-12 yrs), **and 3) portfolio.** In each component, there are choices for how to satisfy the requirements. **Check the box that shows how you meet or plan to meet that component.**

Note: Currently enrolled is defined as completion of coursework in the previous semester at that particular school or documentation from the college's registrar confirming current enrollment in a curriculum program (not as a special student).

Level I is the **mandatory minimum qualification for any administrator;** Levels II and III are voluntary. **See the Worksheet on page 2 of these instructions** for all the options to meet each component at Levels I, II and III. Use this worksheet to determine how you currently meet each component and what you may still need in order to qualify at the level you want to achieve. If you choose to complete a portfolio independently, request a packet using the contact information below.

Failure to submit official transcripts for ALL completed college level coursework and degrees will result in a delay in processing and may affect your facility's rated license education points.

This form must be signed and dated by the individual applicant.

Mail to:

NC 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

WORKSHEET for North Carolina Child Care Administrators (Keep this worksheet for your records.)

Choose the highest level that describes your current status. Under that level, check a box in each of the three required components to show how you meet it. To be eligible for the NC Early Childhood Administration Credential certificate, you must complete the requirements in the * boxes in the level that you have chosen. If you have met requirements by checking any of the non-star boxes in the level that you have chosen, you are eligible for an equivalency letter only. Completion of the NC School-Age Child Care Administrator requirements results in an equivalency letter; there is no certificate.

Child Care Administrators (applies to child care programs serving children from birth to age 12)						
Three Required Components	Level I Options (Mandatory)	✓	Level II Options (Voluntary)	✓	Level III Options (Voluntary)	✓
1. Administration Coursework <i>plus</i>	EDU 261 and EDU 262 * or		EDU 261 and EDU 262 * or		EDU 261 and EDU 262 * or	
	Test out or		Test out or		Test out or	
	6 sch in Child Care Administration or		6 sch in Child Care Administration or		6 sch in Child Care Administration or	
	9 sch in Business Administration		9 sch in Business Administration		9 sch in Business Administration	
2. Early Childhood / Child Development Coursework <i>plus</i>	7 sch in EC/CD * or		AA/AAS degree in EC/CD * or		BA/BS degree in EC/CD * or	
	NCECC or equivalent and child care director, co-director or assistant director for 3 years		AA/AAS degree in any major with 12 sch in EC/CD or Currently enrolled in BA/BS, 60 sch completed with 12 sch in EC/CD		BA/BS degree in any major with 18 sch in EC/CD	
3. Portfolio completed in EDU 261/262 courses or independently	Level I Portfolio of 6 assignments * or		Level II Portfolio of 12 assignments * or		Level III Portfolio of 18 assignments * or	
	Level I Portfolio waived if child care director, co-director or assistant director for 5 years		Level II Portfolio waived if child care director, co-director or assistant director for 5 years		Level III Portfolio waived if child care director, co-director or assistant director for 5 years	

School-Age Administrators (applies to child care programs ONLY serving children age 5 and older)						
Three Required Components	Level I Options (Mandatory)	✓	Level II Options (Voluntary)	✓	Level III Options (Voluntary)	✓
1. Administration Coursework <i>plus</i>	EDU 261 and EDU 262 or		EDU 261 and EDU 262 or		EDU 261 and EDU 262 or	
	Test out or		Test out or		Test out or	
	6 sch in Child Care Administration or		6 sch in Child Care Administration or		6 sch in Child Care Administration or	
	9 sch in Business Administration		9 sch in Business Administration		9 sch in Business Administration	
2. Elementary Ed/ Human Growth & Development Coursework <i>plus</i>	7 sch in EE/HG&D or		AA/AAS degree in EE/HG&D or		BA/BS degree in EE/HG&D or	
	SACCC or NCECC or equivalent and child care director, co-director or assistant director for 3 years		AA/AAS degree in any major with 12 sch in EE/HG&D Currently enrolled in BA/BS, 60 sch completed with 12 sch in ElemEd/HGD		BA/BS degree in any major with 18 sch in EE/HG&D	
3. Portfolio completed in EDU 261/262 courses or independently	Level I Portfolio of 6 assignments or		Level II Portfolio of 12 assignments or		Level III Portfolio of 18 assignments or	
	Level I Portfolio waived if child care director, co-director or assistant director for 5 years		Level II Portfolio waived if child care director, co-director or assistant director for 5 years		Level III Portfolio waived if child care director, co-director or assistant director for 5 years	

KEY TO ABBREVIATIONS & TERMS

EDU 261: Early Childhood Admin I course taught at NC Community Colleges **EDU 262:** Early Childhood Admin II course taught at NC Community Colleges
NCECC: North Carolina Early Childhood Credential **SACCC:** North Carolina School-Age Child Care Credential **NCECAC:** North Carolina Early Childhood Administration Credential
EC/CD: Early Childhood / Child Development **EE/HG&D:** Elementary Education / Human Growth and Development
AA/AAS: Associate's Degree **BA/BS:** Bachelor's Degree **MA/MS:** Master's Degree **sch:** semester credit hours
Portfolio: a collection of activities that demonstrate administrative skill and competency. A packet of **specified portfolio assignments** is completed in EDU 261/262 or independently by an applicant.

**North Carolina Division of Child Development
Education and Equivalency Form for Child Care Providers (DCD.0169)**

(Use for all positions except Administrator – See Instruction Pages) Please print or type.

DCD Use Only
WFID# _____

A) Applicant Information – Fill in every blank or write N/A		SSN (Last 4 Digits Only): _____	Date of Birth (mm/dd/yy): / /	
Mr./Ms.	First Name: _____	MI: _____	Last Name: _____	
Maiden Name: _____		Email Address: _____		
Home Mailing Address (Include Apartment or Lot # if applicable): _____		City: _____	State: _____	Zip Code: _____
Home Phone #: _____ ()	Cell Phone #: _____ ()	County of Residence: _____		

B) Facility Information – Fill in every blank or write N/A		Date Employed at Facility: / /	County of Employment: _____	
Facility ID # (on license): _____	Name of Facility: _____	Facility Phone #: _____ ()		
Facility Address: _____		City: _____	State: _____	Zip Code: _____
Current Position: <input type="checkbox"/> Director <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> FCCH Provider <input type="checkbox"/> Group Leader <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Other _____			Date Employed in Current Position: / /	

C) Educational Background – Check high school information & completed degrees. Attach ALL college level official transcripts. Photocopies, student or internet copies and grade reports are NOT accepted.

High School Information (Required): <input type="checkbox"/> HS Diploma <input type="checkbox"/> Adult HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> None				
<input type="checkbox"/> AA/AAS	Major: _____	College: _____		
<input type="checkbox"/> BA/BS	Major: _____	College: _____		
<input type="checkbox"/> MA/MS	Major: _____	College: _____		
<input type="checkbox"/> EdD/PhD	Major: _____	College: _____		

D) Educational Qualification – Check the position(s) for which you are applying to be qualified. Then check the option(s) for how you think you will meet qualifications. See instruction page for the education requirements of each position.

Position	Qualification Options (Attach Documentation)
<input type="checkbox"/> Lead Teacher	<input type="checkbox"/> NC Early Childhood Credential <input type="checkbox"/> Equivalency Option
<input type="checkbox"/> Teacher	<input type="checkbox"/> HS only <input type="checkbox"/> ECE Coursework <input type="checkbox"/> Lead Teacher qualified
<input type="checkbox"/> FCCH Provider	<input type="checkbox"/> HS only <input type="checkbox"/> ECE Coursework <input type="checkbox"/> NC Family Child Care Credential <input type="checkbox"/> Lead Teacher qualified
<input type="checkbox"/> Group Leader	<input type="checkbox"/> HS + BSAC <input type="checkbox"/> Currently Enrolled in BSAC
<input type="checkbox"/> Program Coordinator	<input type="checkbox"/> 2 sch Child/Youth Dev AND 2 sch School-Age Programming <input type="checkbox"/> School-Age Child Care Credential <input type="checkbox"/> Lead Teacher + BSAC <input type="checkbox"/> Admin + BSAC

This statement must be signed and dated by the 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.

**Instructions for Completing the
North Carolina Education and Equivalency Form for Child Care Providers (DCD.0169)
(Use for all positions except Administrator)**

This form only needs to be completed and submitted to the NC Division of Child Development (DCD) ONCE

Any future changes in the applicant's personal information, facility information, education status or requests to qualify for additional child care positions indicated on this form **should be submitted on a Workforce Change of Information Form (DCD.0120).**

Purpose: The *North Carolina Education and Equivalency Form* is an application used to gather identifying information and to request evaluation of your education in order to meet education standards for specific child care position(s).

Note: This qualification is for education requirements only. It does not indicate compliance with age, pre-service, criminal record, medical or in-service training requirements.

Please read these instructions carefully. Retain a copy of this form and any attached documentation for your records.

General Instructions: Print clearly in ink or type your answers. If a question does not apply to you, write N/A ("Not Applicable") in the space. This form should be completed fully, accurately, legibly and be signed by the applicant. **Incomplete forms will be returned and delay processing of your education evaluation.**

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 Information: If you are currently employed in a child care center or family child care home regulated by DCD, you must provide all of the requested information. If you are not currently employed put N/A in the "Name of Facility" space and this section is complete.

Section C. Educational Background: Check ALL applicable spaces to indicate completion of high school requirements and post-secondary (college level) degrees earned as of the date this form is submitted to DCD. **High school completion information is required no matter what level of education above high school has been attained.** High school diplomas do not need to be submitted unless specifically requested by DCD.

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.

*Only official transcripts from post-secondary schools which are accredited will be evaluated. **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. Educational Qualification: Check all child care positions for which you wish to be evaluated. To be qualified for a position you must meet the minimum education requirements shown for each position on page 2 of these instructions. Submit official transcripts and/or copies of any qualifying certificates, such as a BSAC or a nationally accredited credential certificate**. Failure to do this will result in a delay in processing and possibly affect your facility's rated license education points.

**The nationally accredited credential certificate must meet the following criteria:

- 1)Nationally accredited and available in all 50 states, 2) Comprehensive in scope which is inclusive of the following six areas: child growth and development; professionalism; health and safety; creation of appropriate environments that enhance physical, emotional, social and cognitive development; developmentally appropriate learning activities; and working with families, 3) 120 clock (contact) hours of education and/or training, 4) Formal observation and/or portfolio assessment, 5) Standardized written assessment, and 6) Individually earned.

This form must be signed and dated by the individual applicant.

Mail to:

NC 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

This chart shows the **MINIMUM** education requirements for the positions listed on the Education and Equivalency form. For some positions there is more than one way to meet these minimum requirements. Completion of high school or its equivalent is required for all positions.

LEAD TEACHER	TEACHER	FAMILY CHILD CARE HOME PROVIDER	GROUP LEADER	PROGRAM COORDINATOR
<p>High School Diploma or equivalent</p> <p><u>AND EITHER:</u></p> <p>NC Early Childhood Credential (earned by completion of EDU 111 and 112 or EDU 119)</p> <p><u>OR</u></p> <p><u>One</u> of the 5 equivalency options listed below:</p> <ol style="list-style-type: none"> 1. Tested out of the Division of Child Development NCECC standardized equivalency test prior to 1/1/08. 2. Completed and hold a currently active <u>nationally</u> accredited credential certificate in child development, early childhood education or child care to include CDA, CCP and AMS or AMI Montessori (attach a copy of the certificate). 3. Completed a post-secondary two-year degree or higher in Early Childhood, Child Development, Human Growth & Development or Early Childhood Special Education from an accredited* institution of higher education. 4. Completed a post-secondary two-year degree or higher in <u>any</u> subject area with at least 6*** sch in Early Childhood Education and/or Child Growth & Development from an accredited* institution of higher education. 5. Completed 12 sch (with or without a degree) in Early Childhood, Child Development, Human Growth & Development and/or Early Childhood Special Education programs with at least 3*** sch in Child Growth & Development from an accredited* institution of higher education. 	<p>High School Diploma or equivalent only</p>	<p>High School Diploma or equivalent only</p>	<p>High School Diploma or equivalent</p> <p><u>AND</u></p> <p>Basic School-Age Care Certificate (BSAC) (attach a copy of the certificate)</p>	<p>High School Diploma or equivalent</p> <p><u>AND EITHER:</u></p> <p>NC School-Age Child Care Credential (earned by completion of EDU 145 and either EDU 235 or EDU 263)</p> <p><u>OR</u></p> <p>2 sch of Child/Youth Development courses <u>and</u> 2 sch of School-Age Program courses</p> <p><u>OR</u></p> <p>Lead Teacher qualification <u>and</u> BSAC (attach a copy of the certificate)</p> <p><u>OR</u></p> <p>Administrator qualification <u>and</u> BSAC (attach a copy of the certificate)</p>

***The **criteria** for approving courses in Early Childhood Education and Child Growth & Development (ECE/CD) for the required six (6) sch in **Option #4** and the specific three (3) sch required in **Option #5** is for the course content to emphasize developmental understanding of young children, and/or developmentally appropriate educational approaches for the early years. When course content meets this criteria but the course title is not early childhood or age-specific, the course description will need to indicate that the course focuses on ages between birth and five years, and/or the early years, early childhood, preschool, and/or young children. The coursework needed for completion of **Option #5** (12 sch) includes ECE/CD related coursework that does not necessarily emphasize birth through 5 years (example - General Psychology) with at least 3 sch specific to child growth & development.

sch - semester credit hours

North Carolina Division of Child Development
**Public School Preschool Staff Education
 Form for Administrators (DCD.0172)**

(See instructions on page 2) Please print or type.

DCD Use Only
WFID#

A) Administrator Applicant Information Fill in every blank or write N/A		SSN (Last 4 Digits Only):	Date of Birth (mm/dd/yy): / /	
Mr./Ms.	First Name:	MI:	Last Name:	
Maiden Name (if applicable):		Email Address:		
Home Mailing Address (Include Apartment or Lot # if applicable):		City:	State:	Zip Code:
Home Phone #: ()	Cell Phone #: ()	County of Residence:		

B) School Information – Fill in every blank or write N/A		Facility ID # (on DCD license):		
L.E.A. Name:				
School Name:				
School Mailing Address:		City:	State:	Zip Code:
Telephone #: ()	Fax #: ()			
Type of Program (please check all appropriate boxes):				
<input type="checkbox"/> Preschool Education	<input type="checkbox"/> Even Start	<input type="checkbox"/> Head Start	<input type="checkbox"/> Exceptional Children	
<input type="checkbox"/> Title I	<input type="checkbox"/> More at Four	<input type="checkbox"/> Other (Specify):		

C) Educational Background – Complete high school information and all requested experience and post secondary (college level) education information below. Please note - copies of internet printouts, student transcripts or grade reports are NOT accepted as proof of education. Send copies of official transcripts only.				
High School Information (Required):	<input type="checkbox"/> HS Diploma	<input type="checkbox"/> Adult HS Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> None
Number of years as a child care and/or public school administrator:	<input type="checkbox"/> less than 5 years	<input type="checkbox"/> 5 years or more		
Attained Licenses/Certificates/Credentials/Degrees (please check all appropriate boxes):				
<input type="checkbox"/> Standard Principal License/Certificate	<input type="checkbox"/> Exceptional Children Program Administration Certificate	<input type="checkbox"/> Level III NCECAC or Equivalent		
If you do not hold one of the above, please list degree(s) <input type="checkbox"/> attained or <input type="checkbox"/> in progress AND attach a photocopy of your official transcripts.				
Degree(s):				

Education verification without proof by receipt of official transcripts is only valid if this form is completed by the Principal of the School or the Superintendent of the School System and attested to by the signature of that person below. If not appropriately signed, official transcripts will be required before the evaluation process will proceed. If the program is not located in a school, the Superintendent of the School System is required to complete and sign this form.

I certify that I have reviewed the official personnel documentation for the employee listed on this form and verify that the information contained therein is complete and accurate.

Signature _____ Check one: Principal or Superintendent of Schools _____ Date _____

Printed Name _____

Applicant should retain a copy of this form and any attached documentation for his/her records.

**Instructions for Completing the
North Carolina Division of Child Development
Public School Preschool Staff Education Form for Administrator (DCD.0172)**

This form only needs to be completed and submitted to the NC Division of Child Development (DCD) ONCE.

Any future changes in the applicant's personal information, facility information, education status or requests to qualify for additional child care positions indicated on this form **should be submitted on a Workforce Change of Information Form (DCD.0120)**.

Purpose: The *North Carolina Division of Child Development Public School Preschool Staff Education Form* is an application used by **Department of Public Instruction operated preschool programs** to gather identifying information and to request evaluation of your education in order to meet education standards for specific child care position(s).

Note: This qualification is for education requirements only. It does not indicate compliance with age, pre-service, criminal record, medical, in-service training requirements or having met any additional standards set forth by the Department of Public Instruction.

Please read these instructions carefully. Retain a copy of this form and any attached documentation for your records.

General Instructions: Print clearly in ink or type your answers. If a question does not apply to you, write N/A ("Not Applicable") in the space. **Incomplete forms will be returned and delay processing of your education evaluation.**

Important Information - Read before signing: By agreement between the Division of Child Development and the Department of Public Instruction, education verification without proof by receipt of official transcripts is only valid if this form is completed by the Principal of the School or the Superintendent of the School System and attested to by the signature of that person on page 1. No other person in any other position is authorized to sign this form. If not appropriately signed, official transcripts will be required before the evaluation process will proceed. If the program is not located in a school, the Superintendent of the School System is required to complete and sign this form.

Section A. Administrator 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. School Information: Please provide all of the requested information. The facility ID # can be found on the license issued by the Division of Child Development.

Section C. Educational Background: Check ALL applicable spaces to indicate completion of high school requirements and any of the credentials, post-secondary (college level) degrees, certificates and/or licenses earned as of the date this form is submitted to DCD. **High school completion information is required no matter what level of education above high school has been attained.**

Administrator (directs overall program) has attained a standard* Principal Certificate/License or Exceptional Children Program Certificate or a Level III North Carolina Early Childhood Administration Credential (NCECAC) or its equivalent.

All Administrators who have not attained (or who are in the process of attaining) the above license(s) or certification(s) must attach a copy of their college level transcripts. Such individuals may be contacted to submit additional information in order for the education evaluation to be completed.

Only copies of official transcripts from post-secondary schools which are **accredited** will be evaluated. **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). 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.

***We will only accept standard licenses. Provisional licenses require copies of official transcripts to be submitted for education verification.**

Mail to:

NC 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

North Carolina Division of Child Development
Public School Preschool Staff Education
Form for Teacher/Teacher Assistant (DCD.0171)

(See instructions on page 2) Please print or type.

DCD Use Only
WFID#

A) Teacher/Teacher Assistant Applicant Information Fill in every blank or write N/A		SSN (Last 4 Digits Only):	Date of Birth (mm/dd/yy): / /	
Check one: <input type="checkbox"/> Teacher <input type="checkbox"/> Teacher Assistant				
Mr./Ms.	First Name:	MI:	Last Name:	
Maiden Name (if applicable):		Email Address:		
Home Mailing Address (Include Apartment or Lot # if applicable):			City:	State: Zip Code:
Home Phone #: ()	Cell Phone #: ()		County of Residence:	

B) School Information – Fill in every blank or write N/A			Facility ID # (on DCD license):	
L.E.A. Name:				
School Name:				
School Mailing Address:			City:	State: Zip Code:
Telephone #: ()		Fax #: ()		
Type of Program (please check all appropriate boxes):				
<input type="checkbox"/> Preschool Education	<input type="checkbox"/> Even Start	<input type="checkbox"/> Head Start	<input type="checkbox"/> Exceptional Children	
<input type="checkbox"/> Title I	<input type="checkbox"/> More at Four	<input type="checkbox"/> Other (Specify):		

C) Educational Background – Complete high school information and all requested experience and post secondary (college level) education information below. Please note - copies of internet printouts, student transcripts or grade reports are NOT accepted as proof of education. Send copies of official transcripts only.				
High School Information (Required): <input type="checkbox"/> HS Diploma <input type="checkbox"/> Adult HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> None				
Attained Credentials/Degrees/Certificates/Licenses (please check <u>all</u> appropriate boxes):				
<input type="checkbox"/> NC Early Childhood Credential or Equivalent	<input type="checkbox"/> AAS/ECE or higher	<input type="checkbox"/> Standard* Preschool Add-On Certificate	<input type="checkbox"/> Standard* B-K License	
If you do not hold one of the above, please list degree(s) <input type="checkbox"/> attained or <input type="checkbox"/> in progress <u>AND attach a photocopy of your official transcripts:</u>				
Degree(s):				

Education verification without proof by receipt of official transcripts is only valid if this form is completed by the Principal of the School or the Superintendent of the School System and attested to by the signature of that person below. If not appropriately signed, official transcripts will be required before the evaluation process will proceed. If the program is not located in a school, the Superintendent of the School System is required to complete and sign this form.

I certify that I have reviewed the official personnel documentation for the employee listed on this form and verify that the information contained therein is complete and accurate.

Signature _____ Check one: Principal or Superintendent of Schools _____ Date _____

Printed Name _____

Applicant should retain a copy of this form and any attached documentation for his/her records.

**Instructions for Completing the
North Carolina Division of Child Development
Public School Preschool Staff Education Form for Teacher/Teacher Assistant (DCD.0171)**

This form only needs to be completed and submitted to the NC Division of Child Development (DCD) ONCE.

Any future changes in the applicant's personal information, facility information, education status or requests to qualify for additional child care positions indicated on this form **should be submitted on a Workforce Change of Information Form (DCD.0120).**

Purpose: The *North Carolina Division of Child Development Public School Preschool Staff Education Form* is an application used by **Department of Public Instruction operated preschool programs** to gather identifying information and to request evaluation of your education in order to meet education standards for specific child care position(s).

Note: **This qualification is for education requirements only. It does not indicate compliance with age, pre-service, criminal record, medical, in-service training requirements or having met any additional standards set forth by the Department of Public Instruction.**

Please read these instructions carefully. Retain a copy of this form and any attached documentation for your records.

General Instructions: Print clearly in ink or type your answers. If a question does not apply to you, write N/A ("Not Applicable") in the space. **Incomplete forms will be returned and delay processing of your education evaluation.**

Important Information - Read before signing: By agreement between the Division of Child Development and the Department of Public Instruction, education verification without proof by receipt of official transcripts is only valid if this form is completed by the Principal of the School or the Superintendent of the School System and attested to by the signature of that person on page 1. No other person in any other position is authorized to sign this form. If not appropriately signed, official transcripts will be required before the evaluation process will proceed. If the program is not located in a school, the Superintendent of the School System is required to complete and sign this form.

Section A. Teacher/Teacher Assistant Applicant Information: Indicate the position for which you are asking to be qualified. Complete all requested information in this section. Please include your maiden name (if applicable). Do not abbreviate street names, cities or counties.

Section B. School Information: Please provide all of the requested information. The facility ID # can be found on the license issued by the Division of Child Development.

Section C. Educational Background: Check ALL applicable spaces to indicate completion of high school requirements and any of the credentials, post-secondary (college level) degrees, certificates and/or licenses earned as of the date this form is submitted to DCD. **High school completion information is required no matter what level of education above high school has been attained.**

Teacher (assigned to classroom and responsible for daily plans, etc.)

Minimum requirements: Must have attained a NC Early Childhood Credential (NCECC) or its equivalent

Enhanced requirements: Must have attained an AAS in Early Childhood Education (ECE) or higher, or a standard* Preschool Add-On Certificate or a standard* B-K License

Teacher Assistant (assigned to classroom for educational support)

Minimum requirements: 18 years old and have attained a high school diploma

Enhanced requirements: NCECC or its equivalent

All Teachers and Teacher Assistants who have not attained (or who are in the process of attaining) the above license(s) or certification(s) must attach a copy of their college level transcripts. Such individuals may be contacted to submit additional information in order for the evaluation to be completed.

Only copies of official transcripts from post-secondary schools which are **accredited** will be evaluated. **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.) 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.

***We will only accept standard licenses. Provisional Pre-K Add-On or B-K licenses require copies of official transcripts to be submitted for education verification.**

Mail to:

NC 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

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.**

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.

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					
SIGNATURE OF PERSON FINGERPRINTED 13		ALIASES AKA 2		OR I			NCBCIOOO ST BU OF INV RALEIGH, NC				DATE OF BIRTH DOB MONTH DAY YEAR 3	
RESIDENCE OF PERSON FINGERPRINTED 14		CITIZENSHIP CTZ 4		SEX 5	RACE 6	HGT 7	WGT 8	EYES 9	HAIR 10	PLACE OF BIRTH POB 11		
DATE 15	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 16			YOUR NO. OCA DOCD00000		LEAVE BLANK						
EMPLOYER AND ADDRESS DOCD (CRC) 2201 Mail Svc Center Raleigh NC 27699		B		FBI NO. FBI		CLASS _____ REF. _____						
REASON FINGERPRINTED Child Care Provider N.C.G.S. 110-90.2		C		SOCIAL SECURITY NO. SOC 12		MISCELLANEOUS NO. MNU						

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			
				17							
				18							
LEFT FOUR FINGER TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

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.

**CRIMINAL RECORD BACKGROUND CHECK
SUPPLEMENTAL INSTRUCTIONS**

**FOR POTENTIAL OWNER/OPERATOR
OF A LICENSED CHILD CARE FACILITY**

(This supplement is to be used in addition to the *Criminal Record Background Check Basic Instructions*.)

POTENTIAL OPERATORS/OWNERS OF A LICENSED CHILD CARE FACILITY (Refer to additional information in *Criminal Record Background Check Basic Instructions*.)

- **As a potential operator/owner of a licensed child care facility you are required to complete this process and meet the requirements of a criminal record background check before a permanent license can be obtained.**
- The ***owner/operator*** of a potential child care program 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 operator 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.***
- Your child care consultant **must** provide you with a facility ID # for your program **before you submit the criminal record check packets to the Division**. You should also be given an initial supply of the *Identifying Information Form* (DHHS-004) sheets.

**CRIMINAL RECORD BACKGROUND CHECK
SUPPLEMENTAL INSTRUCTIONS****FOR POTENTIAL OWNER/OPERATOR
OF A RELIGIOUS SPONSORED CHILD CARE FACILITY
(OPERATING UNDER THE PROVISIONS OF G.S. 110-106)**

(This supplement is to be used in addition to the *Criminal Record Background Check Basic Instructions*.)

**POTENTIAL OWNERS/OPERATORS OF A RELIGIOUS SPONSORED
CHILD CARE FACILITY OPERATING UNDER THE PROVISIONS OF
G.S. 110-106** (Refer to additional information in *Criminal Record Background Check Basic Instructions*.)

- **You and your staff's completed forms, local criminal record check, and fingerprint card(s) must be submitted to the Division no later than 30 days after beginning operation.**
- The owner/operator of a potential child care program 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 operator 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.***
- **Your FACILITY ID# is listed on the response letter included with this packet. *Packets for you and your staff cannot be processed if this number is omitted from the Identifying Information Form (DHHS-004) sheet.***

STAFF LIST

Full Name	Date of Birth	Last 4 digits of Social Security #

Please retain a copy of this form for your records

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.

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.

Staff Medical Report

(To be completed by all staff and placed on file within 60 days of initial employment)

NAME _____
Last First Middle

HOME ADDRESS _____

TELEPHONE NUMBER _____

TO BE COMPLETED BY THE PHYSICIAN:

Some lifting of young children and some picking up and moving of furniture and equipment may be required. Since we are vitally involved with the wholesome emotional growth of the child, we require good mental and physical health of our employees.

Does this applicant have any physical condition which would limit their work with children? If yes, please describe: _____

Is this applicant currently under treatment which would preclude their work with children? If yes, please describe: _____

Is this applicant currently under treatment for any specific condition? If yes, please describe: _____

Is this applicant currently taking any medication that would affect his/her work with children? If yes, please describe: _____

In your opinion, is this applicant emotionally and physically capable to care for children on a daily basis?

Date of Examination

Signature of Physician

Phone Number

Address

Id #: _____



Public School Off-Site Records Verification

This form can be used to verify staff records that are stored off-site from the public school program.

Staff Records

Name of School:

Date Completed:

The following records are required to be maintained for all staff members in the public school program and may be stored in an off-site location.

- Application for Employment
- Medical Exam with negative TB Test Results
- Annual Health Questionnaires
- Documentation of Orientation
- Criminal Record Check Verification
- Credential/Equivalency Verification
- Signed Personnel and Operational Policy Receipt Statement
- Signed Job Description Receipt Statement
- Annual Staff Evaluations
- Annual Staff Development Plans

All records, including the ones listed above, must be made available for a representative from the Division of Child Development to view when requested. All representatives from the Division of Child Development are required to maintain confidentiality of all information contained in school records.

Please list the name of each employee working in your program on the back of this sheet then complete the information requested below.

The records for the staff listed on the back of this form are located at:

Address:

Person Responsible for Maintaining Records

Contact Phone Number:

Best Time to Reach:

Office Hours:

By my signature below, I hereby verify that the required records for all staff working in our licensed program are on file, contain the appropriate information, maintained to be current and correct at all times and are available for review by Division of Child Development Personnel.

Signature of Principal or Designee

Date Verified

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

EMERGENCY INFORMATION ON STAFF

NAME: _____

ADDRESS: _____

NAME OF DOCTOR: _____ PHONE: _____

HOSPITAL PREFERENCE: _____ PHONE: _____

NAME OF DENTIST: _____ PHONE: _____

To avoid any adverse drug reaction during an emergency, please list medications you are taking: _____

ALLERGIES: _____

BLOOD TYPE (If known.) _____

LIST OPERATIONS OR HOSPITALIZATIONS WITHIN THE PAST YEAR: _____

LIST CHRONIC MEDICAL PROBLEMS REQUIRING A DOCTOR'S CARE: _____

EMERGENCY CONTACT PERSONS:

NAME: _____ RELATIONSHIP _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

NAME: _____ RELATIONSHIP _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

STAFF HEALTH QUESTIONNAIRE

IMPORTANT — Current health information must be completed annually by:
All staff (including the director). (2) All volunteers* and substitutes* prior to their coming into contact with the children.

NAME: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____

HEALTH STATUS:

1. I am in excellent mental and physical health and am free of communicable disease. (If no, 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 director if my health status changes.

Signature: _____ Date: _____

*Any substitute or volunteer who is counted in the mandatory staff-child ratio must comply with the health standards for staff.

**North Carolina Division of Child Development (DCD)
CPR and First Aid Training Information**

CPR and First Aid verification from any of the nine organizations listed below are to be recognized as an acceptable training agency for CPR and First Aid training. The certified instructors representing these organizations are not obligated to obtain prior approval to conduct CPR and First Aid training sessions. In order for the courses to be valid toward NC Child Care Rules, a completion card is required that reflects successful completion of the course. The number of actual contact hours should be documented by the trainer, issuing separate training certificates for First Aid and CPR. If the course is offered on line (blended learning) the participant must complete the hands on skills test given by a certified trainer from one of the organizations listed below.

Effective July 1, 2008

First aid training shall be renewed on or before expiration of the certification or every three years, whichever is less. CPR certification is to be renewed on or before expiration of the certification or every two years, whichever is less.

It is the responsibility of the participant to verify the type of CPR (infant, child, adult) and First Aid training they receive and to provide documentation of their successful completion. The First Aid course must address all the elements listed in NC Child Care Rules.

If any concerns arise about the training session provided by one of the organizations below, please direct the concern to the responsible organization or local training center (contact information is provided on the next page). If you make a complaint, please also notify the In-service Training Consultant at the Division of Child Development by calling (919)662-4567 or toll free 1-800-859-0829 (in state calls only).

- ❖ **The American Academy of Orthopedic Surgeons Emergency Care and Safety Institute (AAOS ECSI)**
- ❖ **The American Academy of Pediatrics**
- ❖ **American Heart Association**
- ❖ **American Red Cross**
- ❖ **American Safety and Health Institute (ASHI)**
- ❖ **Emergency First Response**
- ❖ **EMS Safety Services**
- ❖ **Medic First Aid**
- ❖ **National Safety Council**

American Red Cross

Contact: Stacy Ryan
PO Box 14710
Greensboro, NC 27415
(336)332-6925

American Heart Association

Contact: Shawn Diallo
4217 Park Place Ct.
Glen Allen, VA 23060
(804)965-6561

Emergency First Response

Contact: Eric Albinsson
www.emergencyfirstresponse.com
30151 Tomas Street
Rancho Santa Margarita, CA
92688
1-800-337-1864

Medic First Aid

Contact: Marybeth Schombert
www.medicfirstaid.com
1-800-800-7099
NC- (704)302-1055

National Safety Council

Contact: Donna Siegfried
1121 Spring Lake Dr.
Itasca, IL
1-800-621-7619
Charlotte area: 1-800-868-8777 ext. 117

EMS Safety Services

Contact: Robert Pryce
1046 Calle Recodo, Suite K
San Clemente, CA 92673
1-800-215-9555

American Safety and Health Inst. 4670

Richmond Rd.
Warrensville, OH 44128
1-800-682-5067 www.ashinstitute.org

The American Academy of Pediatrics

Contact: David Weliver
1-800-832-0034 ext. 8136

The American Academy of Orthopedic Surgeons Emergency Care & Safety Institute

40 Tall Pine Dr.
Sudbury, MA 01776
1-800-71-ORANGE

DOCUMENTATION OF STAFF ORIENTATION

Name of Employee: _____ Date of Employment: _____

Intent of rule: Each staff member **hired on or after January 1, 2006**, who has contact with the children, will receive a minimum of **16** clock hours of on-site orientation. Within the **first two weeks** of employment, new employees must complete **6 clock hours of training and orientation in the first three topic areas listed below**. The remaining 10 clock hours of orientation must be completed within the first six weeks of employment. This orientation must include, but not be limited to, the contact areas identified in the chart below.

Topic	Training Provider (signature required)	Hours	Date
Recognizing symptoms of child abuse/neglect and the employee's duty to report suspected abuse/neglect (within the first two weeks of employment)			
Review of the center's operational policies and/or parent handbook, including the center's safe sleep policy for infants (within the first two weeks of employment)			
Review of adequate supervision of children (within the first two weeks of employment)			
Maintaining a safe and healthy environment			
Review of the child care licensing law, regulations and Child Care Handbook			
Review of the role of state and local government agencies, their effect on the center, their availability as a resource, and the individual staff responsibilities to representatives of state and local government agencies			
Observation of center operations			
Review of the center's purpose and goals			
Review of the individual job-specific duties and responsibilities and job description			
Overview of Enhanced Standards and Rated License Requirements			
Review of the center's personnel policies			
Other			
Other			

"I have provided training in the topics listed above."

Signature of Director

Date

"I have received training in the topics listed above."

Signature of Employee

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)

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.

**Mandatory Reporting Law
General Statute 7B-301**

§ 7B-301. Duty to report abuse, neglect, dependency, or death due to maltreatment.

Any person or institution who has cause to suspect that any juvenile is abused, neglected, or dependent, as defined by G.S. 7B-101, or has died as the result of maltreatment, shall report the case of that juvenile to the director of the department of social services in the county where the juvenile resides or is found. The report may be made orally, by telephone, or in writing. The report shall include information as is known to the person making it including the name and address of the juvenile; the name and address of the juvenile's parent, guardian, or caretaker; the age of the juvenile; the names and ages of other juveniles in the home; the present whereabouts of the juvenile if not at the home address; the nature and extent of any injury or condition resulting from abuse, neglect, or dependency; and any other information which the person making the report believes might be helpful in establishing the need for protective services or court intervention. If the report is made orally or by telephone, the person making the report shall give the person's name, address, and telephone number. Refusal of the person making the report to give a name shall not preclude the department's assessment of the alleged abuse, neglect, dependency, or death as a result of maltreatment.

Upon receipt of any report of sexual abuse of the juvenile in a child care facility, the director shall notify the State Bureau of Investigation within 24 hours or on the next workday. If sexual abuse in a child care facility is not alleged in the initial report, but during the course of the assessment there is reason to suspect that sexual abuse has occurred, the director shall immediately notify the State Bureau of Investigation. Upon notification that sexual abuse may have occurred in a child care facility, the State Bureau of Investigation may form a task force to investigate the report. (1979, c. 815, s. 1; 1991 (Reg. Sess., 1992), c. 923, s. 2; 1993, c. 516, s. 4; 1997-506, s. 32; 1998-202, s. 6; 1999-456, s. 60; 2005-55, s. 3.)

Chapter 3: OUTDOOR LEARNING ENVIRONMENT

Purpose Of These Requirements

It is becoming clearer from emerging research that children need to spend time outdoors to be healthy as they grow and develop. “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) The purpose of these requirements is to ensure that all children in child care are given the opportunity to play outdoors on a daily basis and ensure the outdoor learning environment is safe. Outdoor play is beneficial to children as well as caregivers. Research tells us that spending time outdoors, exposed to fresh air, sunlight, and natural elements such as trees and grass, provides many health benefits.

The outdoor learning environment offers a sense of freedom for children. Children are able to play freely with peers, expand their imagination beyond the restraints of indoor activities, release energy, and explore their sense of touch, smell, taste and their sense of motion. Caregivers are in a unique position to utilize the outdoor environment to promote development and learning. The Division requires that children in licensed child care programs spend time outdoors every day, weather permitting.

The North Carolina Outdoor Learning Environments (NC OLE) 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 web site at www.osr.nc.gov/ole.



Another resource available is the *Preschool Outdoor Environment Measurement Scale (POEMS)*, which is a measurement tool available to assist in evaluating the quality of the outdoor environment in child care centers for children three to five years of age. To learn more about quality in outdoor environments for child care and POEMS visit www.poemsn.org.


Definition

- **Weather permitting** is defined as every day, unless there is active precipitation, extremely hot or cold conditions, or public service announcements that advise people to stay indoors due to weather conditions that could be hazardous. The Division allows child care operators to use their best judgment when deciding to take children outdoors in order to make sure children remain safe.

SECTION I. DAILY OUTDOOR PLAY

NORTH CAROLINA GENERAL STATUTE 110-91(2) AND CHILD CARE RULE .0509 Daily Outdoor Play

-  Each child in care must be given the opportunity for outdoor play each day that weather conditions permit.
-  The center must provide space and time for vigorous indoor activities when weather conditions do not permit children to play outdoors.

- All children, including infants and toddlers, must be taken outdoors daily.
- Licensed after school programs are required to take children outside daily even if the program operates less than 4 hours a day.
- The amount of time children must spend outdoors or the high and low temperatures for outdoor play are not specified in the child care rules. Child care operators are allowed to use their best judgment when deciding to take children outdoors.
- Short periods of time outdoors must be provided even in hot or cold weather. Playing in gentle rain or snow is a learning experience and can be both educational and fun for children. Make sure children are dressed appropriately.
- The schedule may need to be changed to allow children to go outdoors at the most appropriate time of the day.
- Children that 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 daily activities.
-  Getting outdoors daily, even in the winter, helps children develop healthy minds and bodies. Many adults believe children will get sick from playing outside in cold weather. Children are actually more likely to stay healthier if they play outdoors during 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 about how the outdoors is healthy for children. www.healthychildcarenc.org

HH - When outdoor play is not possible, unspent energy can make children irritable, anxious, and difficult to manage. Make indoor days more pleasant and fun by planning activities that keep children active.

HH - Help parents understand the benefits of outside play and that children are learning when they go outside. Let parents know children will be going outdoors daily, weather permitting, and to make sure to dress their child properly for the weather.

HH - The United States Department of Health and Human Services and the National Association for Sports and Physical Education recommends children should engage in at least 60 minutes of physical activity daily.



The National Health and Safety Performance Standards developed by The Iowa Department of Public Health created the Child Care Weather Watch as a guide to assist caregivers in planning for playtime, field trips, and weather safety. A copy of this guide is available at www.idph.state.ia.us/hcci/common/pdf/weatherwatch.pdf. The Child Care Weather Watch is also used by the North Carolina Rated License Assessment Project to determine “weather permitting.”

SECTION 2: OUTDOOR SPACE REQUIREMENTS

NORTH CAROLINA GENERAL STATUTE 110-91(6) AND CHILD CARE RULE .1402 Space Requirements



There must be 75 square feet of outdoor space per child, or for the number of children indicated by the center’s licensed capacity.

- If licensed for 6 to 29 children inclusive, there must be 75 square feet per child of outdoor play area for the total number of children for which the center is licensed.
- If licensed for more than 30 children, there must be at least 75 square feet per child of outdoor play area for at least one-half of the total number for which the center is licensed, provided that the minimum amount of space is enough to accommodate at least 30 children.
- The total number of children on the playground cannot exceed the number of children the space will accommodate at 75 square feet per child.

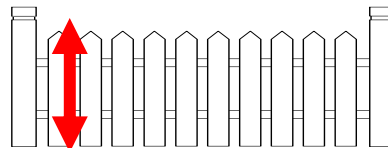
- ☑ Centers operating exclusively during the evening and early morning hours (6:00 pm through 6:00 am) do not have to meet the outdoor play area requirements.
- ☑ In some areas, there are local zoning ordinances that require larger space requirements per child than the minimum state requirement. It is the operator's responsibility to make sure that all local/city/county ordinances are met.
- ★ To be eligible for more points in program standards for the issuance of a Star Rated License, you will need to meet additional outdoor space requirements. Refer to Chapter 17–Star Rated License for specific requirements.

**NORTH CAROLINA GENERAL STATUTE 110-91(6) AND
CHILD CARE RULE .0605
Requirements for a Fence**

- ★ The outdoor play area must be protected by a fence of at least 4 feet in height.
- ★ The fence must not contain entrapments and fences lower than 6 feet tall must be free of protrusions.
- ★ The fencing must exclude fixed bodies of water such as ditches, quarries, canals, excavations, and fishponds.
- ★ Gates to the fenced outdoor play area must remain securely closed while children occupy the area.

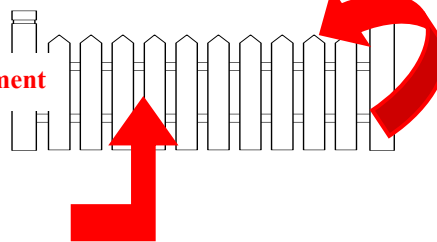
- ☑ Entrapment is considered any opening greater than 3 ½ inches but less than 9 inches that would allow a child's body to pass through but could trap a child's head.
- ☑ Protrusion is any object that extends past the outer surface of a piece of equipment that could puncture or scrape children or entangle clothing.
- ☑ The purpose of the fence surrounding an outdoor learning environment is to keep children safe inside and provide protection from roaming animals or other people outside the play area.
- ☑ The height of a fence will be measured from the interior side and will begin at the top of any surfacing located directly next to the fence and extend to the top of the fence.

Fence height



- ☑ Check all openings in the fence for possible entrapments or protrusions.
- 🔔 Centers operating in a public school are deemed to have adequate fencing protection and, therefore, are not required to have a fence regardless of who operates the program.

Possible Entrapment



Possible Protrusion



- 🔔 If a fence that completely encloses the designated outdoor area is present, it must meet the standards in Section .0600 of the child care requirements. There also must be sufficient square footage available within the fenced area to accommodate the number of children the program is licensed for, or an additional open area must be designated for outdoor play.
- 🔔 All equipment located within the fenced area designated for use by the licensed public school program serving preschool age children must meet the requirements in Section .0600.

SECTION 3: EQUIPMENT REQUIREMENTS

CHILD CARE RULE .0605
Condition of Outdoor Learning Environment

- ★ Each child care center must provide an outdoor play environment that is safe and free of hazards.
- ★ If equipment is provided, proper maintenance of all equipment is required and all equipment must be in good repair.
- ★ If provided, commercially manufactured equipment must be assembled and installed according to procedures specified by the manufacturer.

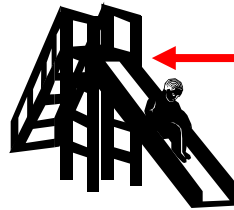
- ☑ Manufactured equipment is not required and while it may offer unique opportunities and challenges for children, it should not dominate the outdoor learning environment.

- ☑ 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.
 - ☑ All broken equipment must be removed from the premises immediately or made inaccessible to children.
 - ☑ Make sure all nails and bolts are flush with the outer surface of equipment.
 - ☑ Children are not allowed to play on outdoor equipment that is too hot to touch.
 - ☑ If a center chooses to use lightweight, portable equipment, they must make sure that it is used properly and safely. Many companies indicate that this type of equipment is intended for home use only and will not hold up to high use at a child care center. An alert was issued by the U.S. Consumer Products Safety Commission (CPSC) that indicated these pieces of equipment should never be placed over concrete, asphalt, wood, or other hard surfaces.
- HH** – It is best practice to conduct morning safety walks to observe 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.
-  The law exempts playground equipment on public school grounds used by school-age children from having to meet the child care rules related to the outdoor area, including the playground safety training and completing the monthly playground inspection. The exemption does not exempt public schools from having to remove or fix broken equipment if it is to be used by children. The law also specifies that the exemption will be noted on the license.
-  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 or to report unsafe products call 800-638-2772 or visit their website at www.cpsc.gov.

CHILD CARE RULE .0605
Condition of Outdoor Learning Environment

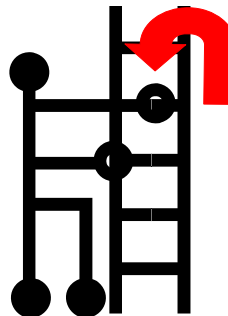
- ★ Upright angles on equipment or fencing must be greater than 55 degrees to prevent entrapment and entanglement.
- ★ Any openings in equipment, steps, decks, fences, and handrails must be smaller than 3 ½ inches or greater than 9 inches.

- ☑ An upright angle would be any “V” shaped corner formed by adjacent components of play equipment.



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

- ☑ Possible entrapment in a ladder: space between slats should be less than 3 ½ inches or greater than 9 inches.



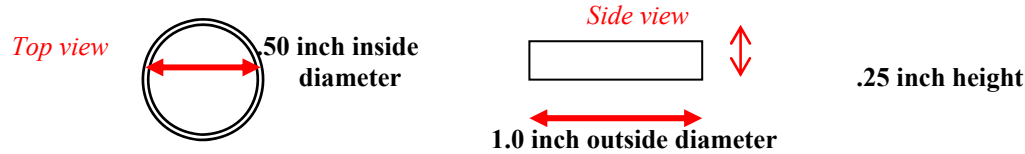
- ☑ Entrapments are a very serious safety hazard and children have died or been seriously injured due to entrapments on playground equipment.
- ☑ Check all openings in steps, decks, handrails, fences and other areas on equipment for entrapments.

CHILD CARE RULE .0605
Condition of Outdoor Play Equipment

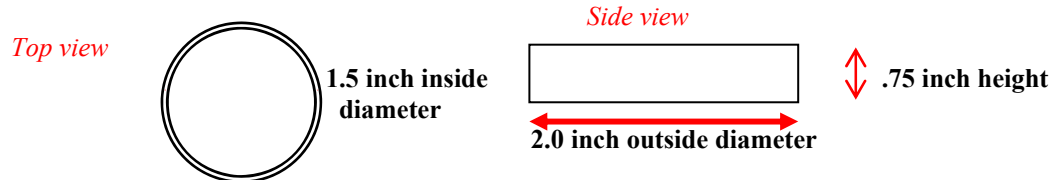
- ★ All equipment must be free of protrusions.

- ☑ Protrusions can be tested using three different gauges. The gauges are hollow tubes, usually plastic or PVC pipe, in the dimensions indicated below:

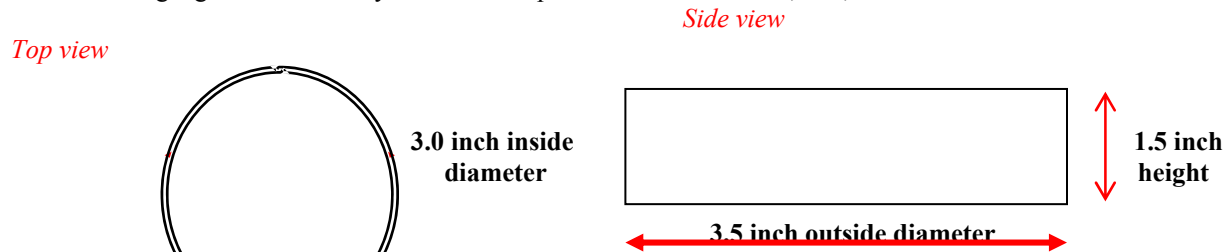
1. The first gauge tests the ability of an item to puncture a child's temple/head.



2. The second gauge tests the ability of an item to puncture a child's eye socket.



3. The third gauge tests the ability of an item to puncture a child's chest, ribs, and/or stomach.



- ☑ To test, place each gauge over any protruding item and determine if it extends beyond the face of the gauge. When tested, no portion of the item should extend outside any of the three gauges.
- ☑ You can build your own gauges using the above measurements and appropriate materials.
- ☑ Places to look for protrusions include bolts on equipment or fences, handrails on spring rockers, or other fixed equipment.

CHILD CARE RULE .0605 **Fall Zones and Resilient Surfacing**

- ★ If equipment is provided, all stationary outdoor equipment more than 18 inches high must be installed over protective surfacing.
- ★ Footings, which anchor equipment, should not be exposed.
- ★ Loose surfacing material shall not be installed over concrete.

- Stationary equipment is any equipment that is anchored to the ground or is so heavy that it cannot be easily moved.
- Centers wishing to offer the safest outdoor learning environments may consider installing or having resilient surfacing under and around all pieces of equipment whether anchored or not.
- Acceptable materials to be used for surfacing include: wood mulch, double shredded bark mulch, uniform wood chips, fine sand, coarse sand, and pea gravel.
- Other materials that have been certified by the manufacturer to be shock-absorbing protective material in accordance with the American Society for Testing and Materials (ASTM) Standard 1292 may be used only if installed, maintained, and replaced according to the manufacturer’s instructions. This could include rubberized tiles, shredded tires or poured-in-place rubber surfacing. You will need to have written proof of testing done on the materials to certify that it meets the ASTM standard.
- We recommend receiving prior approval from your child care consultant before installing alternative types of surfacing material to make sure it complies with the surfacing requirements.
- The amount (depth) of surfacing needed is based on the critical height of the equipment. The critical height is defined as the maximum height a child may climb, sit or stand. The U.S. Consumer Product Safety Commission defines critical height as the maximum fall height from which a life threatening head injury would not be expected to occur. The critical height value of the surfacing material under and around playground equipment should be no less than the height of the equipment.

Type of Surfacing	Equipment Critical Height		
	5 ft or less	6 ft	7 ft – 10 ft
Fine or coarse sand	6 inches	12 inches	12 inches
Wood mulch	6 inches	6 inches	9 inches
Double shredded bark mulch	6 inches	6 inches	9 inches
Wood chips	6 inches	6 inches	9 inches
Pea gravel	6 inches	6 inches	9 inches

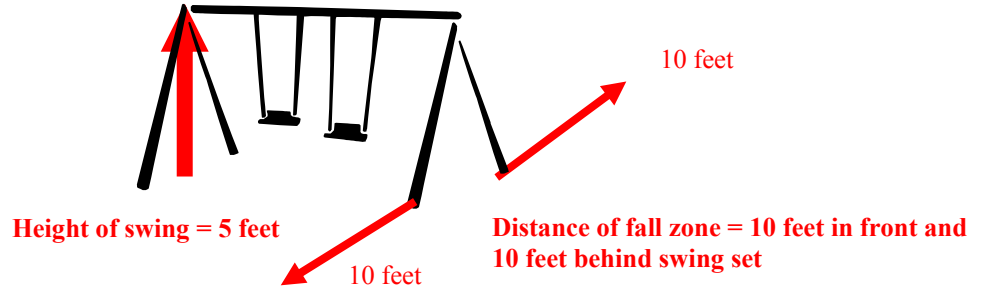
- ☑ Pea gravel cannot be used as a surfacing material in areas used by children less than 3 years of age.
- ☑ Sand is not recommended as a surfacing material in areas used by children less than 2 years of age. Young children may ingest sand and uncovered areas of sand cannot be protected from contamination.
- ☑ Checking the depth and resiliency of surfacing material should be done regularly. Maintenance will be required to replace any missing surfacing or to rake and aerate the existing material.
- ☑ Carefully check the depth of surfacing in high use areas such as exit regions of slides, areas under swing sets, and high traffic areas.
- ★ To be eligible for the most points in program standards for the issuance for a Star Rated License, you will need to have an Environment Rating Scale assessment completed. Refer to Chapter 17 – Star Rated License for specific details concerning fall zones and surfacing and the Environment Rating Scale.

CHILD CARE RULE .0605
Special Requirements for Fall Zones

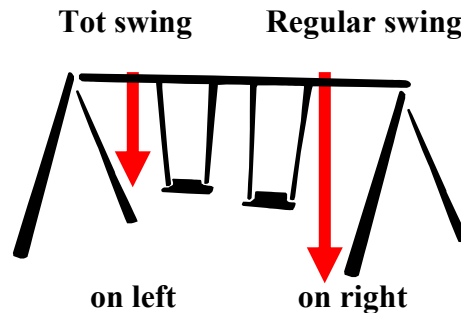
- ★ For stationary outdoor equipment used by children under two years of age, the protective surfacing must extend beyond the external limits of the equipment for a minimum of 3 feet, except for structures that have a protective barrier. On these structures, protective surfacing is only required at all points of entrance and exit.
- ★ For stationary outdoor equipment used by children two years of age or older, the protective surfacing must extend beyond the external limits of the equipment for a minimum of 6 feet.
- ★ No other equipment can be located within the fall zone of a piece of stationary equipment.
- ★ Fall zones can overlap around spring rockers and around equipment that is more than 18 inches but less than 30 inches in height.
- ★ If there are two adjacent structures and one is more than 18 inches but less than 30 inches in height, the protective surfacing must extend a minimum of 9 feet between the two structures.

- ☑ The area required to have protective surfacing is the area under and around the equipment where the child is likely to fall and is called the fall zone.

- ☑ Swings must have protective surfacing that extends twice the length of the pivot point to the surface below. The surfacing should be to the front and rear of the swing.

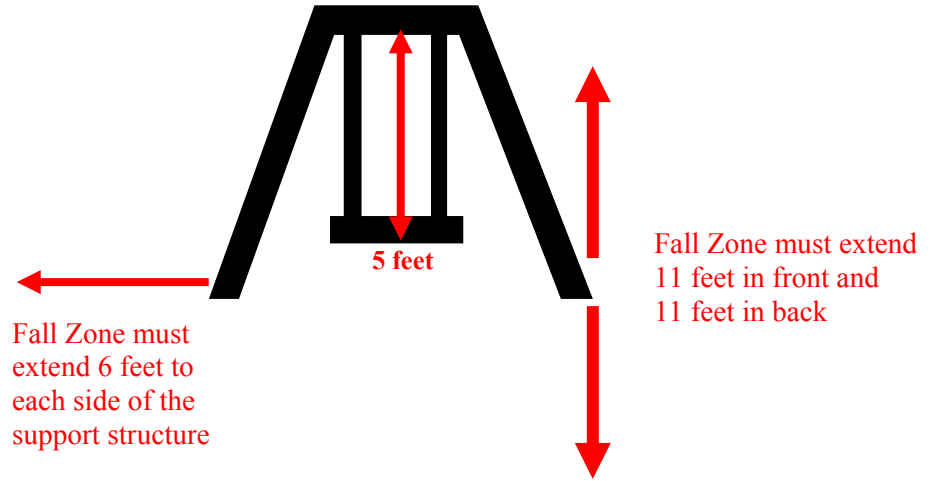


- ☑ Swings do not need surfacing material or fall zones to the side of the swing set.
- ☑ Swings should not be attached to a composite structure. A composite structure is defined as two or more play components attached or directly adjacent to each other creating one integral unit that provides more than one play unit (for example, combination climber, slide, and horizontal ladder).
- ☑ The height of swings is measured from the top of the surfacing material underneath the swing set to the pivot point. The pivot point is the point at which the swing chains meet the support structure.
- ☑ Tot swings must have protective surfacing that extends twice the length of the pivot point to the bottom of the swing seat. The surfacing must extent from the front to the rear of the swing. A tot swing is defined as a swing with an enclosed seat.



- ☑ Swing seats must be made of plastic or soft or flexible material.

- ☑ Tire swings must have protective surfacing that extends a distance of six feet plus the measurement from the pivot point to the swing seat and six feet to the side of the support structure.



- ☑️ Homemade equipment can be used if it is safe and functional.
- ☑️ 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.
- 📁 The Rules Governing the Sanitation of Child Care Centers has specific requirements regarding the construction and installation of materials and equipment made from chromated copper arsenate (CCA) pressure-treated wood. These requirements are located in Appendix C – Sanitation of Child Care Centers - Rule 15A NCAC 18A .2831(e-g).

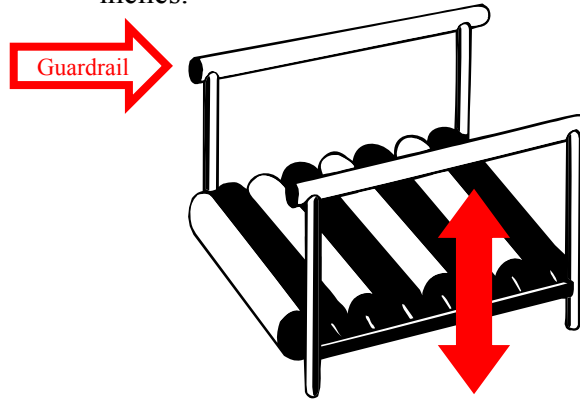
CHILD CARE RULE .0605
Guardrails and Protective Barriers

- ★ Elevated platforms must have a guardrail or protective barrier, depending on the height of the platform and the age of children that will have access to the piece of equipment.
- ★ Guardrails are required for equipment used by preschool and school age children if a platform is more than 20 inches but less than 30 inches.
- ★ Guardrails are required for equipment used by school age children only, if a platform is more than 30 inches but less than 48 inches.

- ☑️ Guardrails prevent inadvertent or unintentional falls off a raised platform.
- ☑️ The critical height of a piece of equipment with a guardrail is measured from the ground to the top of the guardrail.
- ☑️ Protective barriers prevent children from climbing over or through the barrier.
- ☑️ A barrier is a solid railing that will prevent children from climbing over or through a piece of equipment.
- ☑️ The critical height of a piece of equipment with a protective barrier is measured from the ground to the platform.

- ☑ Equipment used exclusively by children under 2 years of age:
 - Protective barriers – an elevated surface that is more than 18 inches above surfacing must have a protective barrier. The minimum height of the top surface of the protective barrier must be 24 inches.
 - Maximum height – the platform or elevated play surface can be no greater than 32 inches.
- ☑ Equipment used exclusively by children 2 years of age and up to school age:
 - Guardrails – an elevated surface that is more than 20 inches and no more than 30 inches above the underlying surface must have a guardrail. The minimum height of the top surface of the guardrail must be 29 inches and the lower edges must be no more than 23 inches above the platform.
 - Protective barriers – an elevated surface that is more than 30 inches above the underlying surface must have a protective barrier. The minimum height of the top surface of the protective barrier must be 29 inches.
- ☑ Equipment used by children 2 years of age and older:
 - Guardrails – an elevated surface more than 20 inches and no more than 30 inches above the underlying surface must have a guardrail. The minimum height of the top surface of the guardrail must be 38 inches and the lower edge must be no more than 23 inches above the platform.
 - Protective barriers – an elevated surface that is more than 30 inches above the underlying surface must have a protective barrier. The minimum height of the top surface of the protective barrier must be 38 inches.
- ☑ Equipment used exclusively by school-age children:
 - Guardrails – an elevated surface more than 30 inches and no more than 48 inches above the underlying surface must have a guardrail. The minimum height of the top surface of the guardrail must be 38 inches and the lower edge must not be more than 26 inches above the platform.

- Protective barriers – an elevated surface that is more than 48 inches above the underlying surface must have a protective barrier. The minimum height of the top of the top surface of the protective barrier must be 38 inches.

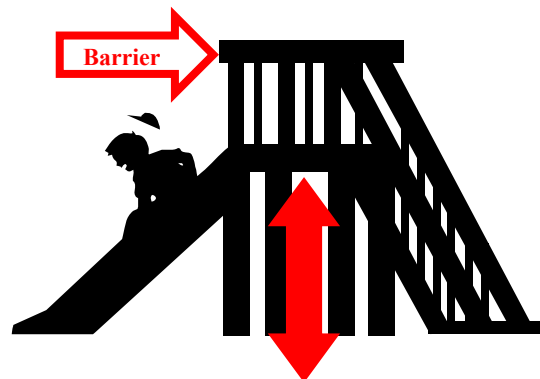


Critical Height = Ground to top of Guardrail

CHILD CARE RULE .0605 **Protective Barriers on Outdoor Play Equipment**

- ★ Protective barriers are required for equipment used by preschool and school age children if a platform is more than 30 inches.
- ★ Protective barriers are required for equipment used by school age children only if a platform is more than 48 inches.
- ★ The height of a protective barrier is based on the ages of children using the equipment.



- ☑ Be cautious that you do not create entrapments between your rails or between the platform and the barrier




Critical Height = Ground to Platform





SECTION 4: SAFETY REQUIREMENTS

GENERAL STATUTE 110-91(6) & CHILD CARE RULE .0601 Safe Environment

-  A safe outdoor learning environment must be provided for all children in care.
-  Outdoor play equipment and materials must be age and developmentally appropriate.

- All equipment and furnishings must be child size or can be adapted for safe and effective use by children using the equipment.
- Equipment and materials must be age and developmentally appropriate for all children who will use it.
-  Web addresses for additional **Playground Safety Resources** are located in the resource section.

GENERAL STATUTE 110-91(12) & CHILD CARE RULE .0508, .0509, & .0601 Requirements for Activities


-  The daily schedule must show block of time for activities that are scheduled for outdoor areas.
-  Developmentally appropriate materials and equipment must be accessible for all children on a daily basis.
-  Materials and equipment for outdoor play must be sufficient to provide a variety of play experiences that can promote children's development socially, emotionally, intellectually, and physically.
-  Developmentally appropriate equipment and materials must be provided for a variety of outdoor activities which allow for vigorous play and large muscle development.

- Outdoor learning environments help children develop physically, socially, emotionally, and intellectually
- When setting up your outdoor environment include natural elements such as plants, trees, grass, gardens, and hills to provide opportunities for children to experience and interact with natural materials and learn about nature.
- Keep in mind children are developmentally different in size and ability when selecting appropriate materials and equipment.


- ☑ Outdoor learning environments for infants should offer space where children can move around and explore. Appropriate play areas for this age group should provide space for children to stand, sit, crawl, and walk.
- ☑ Outdoor learning environments for children aged 2-5 years old should offer areas with smaller steps and crawl spaces. Appropriate play areas for this age group might include areas to crawl; low platforms with multiple access such as ramps and ladders; low tables for sand, water and manipulation of these materials; tricycle paths; sand areas with covers; and shorter slides.
- ☑ Outdoor learning environments for school-age children might include: rope or chain climbers on angles, climbing pieces, horizontal bars, open spaces to run and play ball.
- ☑ The National Association for the Education of Young Children (NAEYC) describes unstructured physical play as a developmentally appropriate outlet for reducing stress in children.
- ☑ Outdoor learning environments should provide accessibility and play opportunities for all children. If equipment is provided, consider equipment and design to give children with special needs the ability to play on equipment and interact in activities with other children.
- ☑ Outdoor learning materials must allow for different types of experiences including vigorous play and large muscle development.

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.


 Refer to the resource section for three documents on outdoor learning environments provided by the NC OLE:

- “Getting Started: Ten Free or Inexpensive Ideas to Enrich Your Outdoor Learning Environment Today”
- “What the Research Shows: A Summary”
- “What’s In It For Me? What Teachers/Caregivers can expect to gain from “taking on” the Outdoors...”

 See the chart below for material and equipment suggestions. Remember almost anything that can be experienced indoors can be experienced outdoors.

For Infants (Birth - 18 months)	For Toddlers (18 – 36 months)		For Preschoolers (3 – 5 years old)	For Schoolagers
Blankets Buckets Tunnel Balls Boxes Pillows Texture cans Prop board Foam mat Blocks	Push & pull toys Wheeled toys Balance board Broom Sand box Water tub Steps Shovel Bean bag chair Rubber inner-tube swings	Climber Blocks Tunnel Balls Boxes Buckets Rake Hoe Rocking boat Benches	Tricycles Multi-use balls Bubble blowing materials Swings Low slides Boxes Broomstick horses Balancing boards Bean bags Marching music Tumbling pads	Large open space to play Balancing boards Climbing equipment Space to hop, skip, scoot, roll, etc. Places to jump off (low steps or low decks) Jump ropes Tumbling mats Buckets Props to manipulate sand/water/dirt Balls

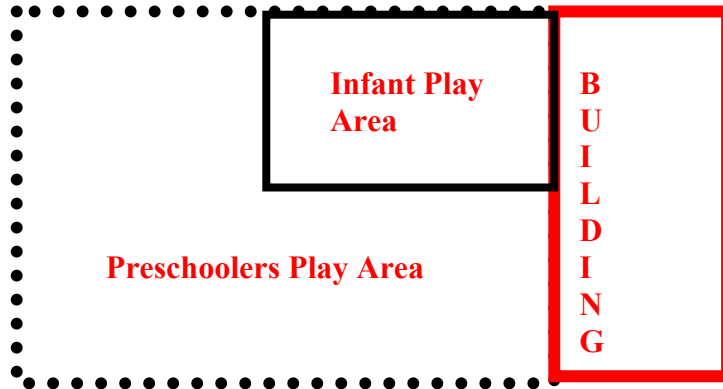
CHILD CARE RULE .0601
Play Areas

 Infants and children less than 2 years of age should not use the same play area as older children unless they have different time schedules to use the outdoor play area.

- If fewer than 15 children are in care (center in a residence), separate outdoor play areas for children under 2 years of age are not required.
- When all children must use the same play area, schedules should be set so that young children do not use the area at the same time as older children.
- The outdoor learning environment must be designed so staff are able to see and easily supervise the entire area.



Can you show me an example of how to set up separate outdoor play areas?



- Equipment that is appropriate for older preschool children would be dangerous for a younger age group. Furthermore, the activity level of the older children could jeopardize the safety of infants and toddlers. Thus, a separate play area is required.
- 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.
- The outdoor learning environment should be located in close proximity to bathrooms and drinking facilities to ensure staff maintain staff-child ratios and adequate supervision.






CHILD CARE RULE .1402
Environmental Requirements for the Play Area


The outdoor play area must provide an area that is shaded, out of direct sunlight.


- Centers can use awnings, buildings, trees, tents or other methods to provide shade for the outdoor learning environment.


CHILD CARE RULE .0604


General Safety Requirements for the Play Area


-  The outdoor play area must be free of hazards.
-  Plants that are toxic shall not be in outdoor space that is used by or is assessable to children.
-  Air conditioning units must be located so that they are not accessible to the children or be fitted with a mesh guard to prevent objects from being thrown into them.
-  Gas tanks must be located so that they are not accessible to children or must be in a protective enclosure or surrounded by a protective guard.
-  Smoking is not permitted in space used by children when children are present.


 Potentially hazardous items, such as hand and power tools, nails, chemicals, lawn mowers, gasoline, and propane stoves, must be stored in locked areas or with other appropriate safeguards, or removed from the premises.

 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 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.

 The United States Environmental Agency provides information on ways to reduce chances of pesticide poisoning. Visit <http://www.epa.gov/pesticides/factsheets/playitsafe.htm> for information and fact sheets. A pesticide is any bait, liquid, powder, or spray used to kill a pest (ants, germs, cockroaches, flies, mice, rats, or termites).

 Carolinas Poison Center offers emergency telephone resource for poisoning questions and information. Visit www.ncpoisoncenter.org or call 1-800-222-1222.

CHILD CARE RULE .0604 & .0605 Inspection Requirements for the Play Area

-  The outdoor premises must be checked daily for debris, vandalism or broken equipment. Debris must be removed and disposed.
-  A monthly playground inspection must be conducted by a trained individual. A trained administrator or staff member must make a record of each inspection using a playground inspection checklist provided by the Division.

- Monthly playground inspections must be completed by staff that have completed the required safety training.
- The checklist must be signed by the person who conducts the inspection and must be maintained for 12 months in the center's files for review by a representative of the Division.
-  The monthly inspection must be documented on the **Playground Inspection Checklist** form provided by the Division. A copy of this form is located at the end of this chapter in the resource section.
- This inspection will point out any needed maintenance.
- Maintenance of existing surfacing material (such as raking, tilling or fluffing of mulch to prevent packing) may be needed to prolong effectiveness. Replacement of missing surfacing materials is required.
- HH** – It is a good idea to walk around and observe the outdoor area each morning, before children go outside, to ensure that you are able to take care of any problems that occurred during the evening. For example, there may be tree limbs that fell, or trash from neighborhood members that may have used the area during the evening.
-  The law exempts playground equipment on public school grounds used by school-age children from having to meet the child care rules related to the outdoor area, including the playground safety training and completing monthly playground inspection.

**CHILD CARE RULE .0705
Playground Safety Training Requirements**



- ★ Staff must complete at least 4 clock hours of training in safety approved by the Division.
- ★ For centers licensed for more than 30 children, two staff members must have safety training and one must be the administrator.
- ★ For centers licensed for less than 30 children, only one staff person must have safety training.

- ☑ Training must address playground safety hazards, playground supervision, playground maintenance, general upkeep of the outdoor area, and age and developmentally appropriate playground equipment.
- ☑ Training must be approved by the Division according to the training approval process described in Chapter 2 of this handbook under the Training Approval Process section.
- ☑ Staff counted to comply with this Rule has six months from the date of employment, or from the date a vacancy occurs, to complete the required safety training.
- ☑ Safety training is only required once for an individual as long as they maintain proof of completion, even if they move to another center.
- 🔔 The law exempts playground equipment on public school grounds used by school-age children from having to meet the child care rules related to the outdoor are, including the playground safety training and completing monthly playground inspection.

**SECTION 5: SUPERVISION AND STAFF-TO-CHILD RATIO
REQUIREMENTS**

All children must be adequately supervised while they participate in outdoor activities. Caregiving staff should be actively involved with the children at all times. Caregivers should be aware of areas that require close supervision such as crawl spaces or high ladders with open entries and be positioned in these areas.

CHILD CARE RULE .0714 & .1402 Supervising the Play Area

-  Children must be adequately supervised at all times.
-  The outdoor learning environment must be designed so that staff is able to see and easily supervise the entire area.

- Adequate supervision means that staff interacts with the children while moving about the outdoor area. The staff 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** - Staff 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.
- Fencing can be used to close off the play area as an option to prevent children from entering areas that cannot be supervised.
- A staff member must accompany children at all times if there is a need to leave the play area such as for toileting.
- It will require planning to get infants and toddlers from inside to outside and vice versa in order to maintain supervision and staff-child ratios at all times.
- Outside, staff should be actively playing and engaged with the children. Remember to keep interactions with other staff to the minimum.

CHILD CARE RULE .0712 & .0713 Staff-Child Ratios for the Play Area

-  Staff-child ratios must be maintained at all times.

- Staff-child ratios must be maintained outdoors just as they are maintained indoors.
- Staff-child ratios required for the youngest child in the play area must be maintained.

 Refer to Chapter 5 – Indoor Learning Environment for staff-child ratios.


SECTION 6: OTHER REQUIREMENTS

CHILD CARE RULE .0512

Off-Premise Activities



- ★ When children participate in off-premise activities the following must apply:
 - Children under the age of three must not participate in off-premise activities that involve children being transported in a motor vehicle.
 - When children are transported in a motor vehicle for off-premise activities, Rule .1003 (c) through (i) and (k) of the child care rules apply (refer to Chapter 10 – Transportation Safety).
 - Before staff members walk children off-premises for play or outings, the parent of each child must give written permission for the child to participate in the activity.
 - The facility must post a schedule of off-premise activities in each participating classroom where it can be easily viewed by parents, and a copy must be given to parents. The schedule must be current and include the location of the activity, purpose of the activity, time the activity will take place, date of the activity, and name of the person(s) to be contacted in the event of an emergency.
- ★ When children are taken off the premises, staff must take a list to check attendance when leaving the facility, before leaving the activity, periodically when children are involved in the activity, and upon return to the facility. A list of all center participating in the off-premise activity must also be available at the center.





Off-premise activities refer to any activity which takes place away from a licensed and approved space. This includes activities that occur outside the fenced play area.

 A sample **Off-Premise Activity Authorization** form has been created for use and is located at the end of this chapter in the resource section.

SANITATION FOR CHILD CARE CENTERS 15A NCAC 18A .2832(d)

Daily Air Quality

-  If a daily air quality forecast is made by the Division of Air Quality or the regional air quality agency for the county where a center is located, outdoor activity for children should be restricted as follows:
 - Code orange (unhealthy for sensitive group) forecast: children must not be outside participating in physical activity between noon and 8:00 p.m. for more than one hour.
 - Code red (unhealthy) forecast: children must not be outside participating in physical activity between noon and 8:00 p.m. for more than 15 minutes.
 - Code purple (very unhealthy) forecast: children must not be outside participating in physical activity between noon and 8:00 p.m.
-  Child care programs must make provisions to allow children with diagnosed asthma or with coughing or wheezing symptoms to participate in physical activity indoors on days when a code orange, red or purple air quality forecast is made.

-  The Air Quality Index (AQI) uses a color-coded system to indicate when the air quality may be a health risk. AQI information can be found in weather reports and newspapers.
-  When the air quality poses a health risk, the early morning is often the only safe time to take children outdoors.
-  For children with asthma, teachers should follow their health care plan recommendations.
-  AQI information can be found in weather reports, newspapers and at from the NC Division of Air Quality's web site <http://daq.state.nc.us/airaware/>.

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





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!***

References:

Chawla, Louise 2006. Learning to Love the Natural World Enough to Protect It.
Barn nr. 2 2006:57-78

Louv, Richard (2005). *Last Child in the Woods*, Algonquin Books, Chapel Hill, NC.

Marcus, Clare Cooper, and Barnes, Marnie (1999). *Learning Gardens*, John Wiley and Sons, NY.

The Hundred Languages of Children (1987) City of Reggio Emilia Department of Education, Reggio Emilia, Italy.

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(www.healthychildcarenc.org).

Playground Inspection Checklist

Name of Center: _____

Date & Time Completed: _____

Completed by: _____

Signature: _____

Rule 10A NCAC 09 .0302 requires this inspection checklist to be completed monthly using this form, by a staff person who has received the four hour training in safety {see 10A NCAC 09 .0705(e)}.

Category	Pass	Fail	Problem	Solution
General Inspection				
Playground area free of litter and debris				
Equipment not damaged or vandalized				

Surfacing				
Adequate depth of surface under and around equipment				
Surfacing material free of glass, debris or other foreign objects				
Surfacing material not compacted or deteriorating				

General Hazards				
Equipment free from sharp points, corners or edges				
Protective caps or plugs not missing or damaged				

Equipment free of potential clothing entanglement hazards				
Category	Pass	Fail	Problem	Solution
Equipment free of pinch, crush, shearing points or exposed moving parts				
Playground area free of tripping hazards				

Deterioration of Equipment				
Equipment and playground area free from presence of rot, rust, cracks and splinters				
Equipment safely anchored				

Security of Hardware				
Equipment connection, covering or fastening hardware devices not loose or worn				

Equipment Use Zones				
Equipment use zones free of obstacles				

Drainage Systems				
Playground area free from drainage problems				

Monthly Inspections shall be maintained and available for review by a representative of the Division of Child Development

OFF-PREMISE ACTIVITY AUTHORIZATION

Off-premise activities refer to any activity which takes place away from a licensed and approved space. License and approved space includes primary space, outdoor space, single use rooms, or other administrative areas that have been approved for use.

I, _____ parent/guardian of
_____ give my permission to
Name of child
_____ for my child to participate in an off-premise
Name of facility
activity.

Location of off-premise activity: _____

Purpose of the activity: _____

Additional information: _____

Parent/Guardian Signature

Date Signed

This authorization is valid from ____ / ____ / ____ to ____ / ____ / ____
(up to 12 months)

Chapter 4: AQUATIC ACTIVITIES

Purpose Of These Requirements

Giving children the opportunity to experiment with water encourages active exploration and discovery of the natural environment. Child care providers must be knowledgeable of the potential hazards associated with water play to provide a safe, stimulating care environment for children. The purpose of these requirements is to provide water safety standards to ensure children's safety at all times when participating in aquatic activities. Children participating in swimming and water activities involve a high level of risk. Caregiving staff must be attentive when supervising children during these activities. Children can drown in as little as a few inches of water. While the potential for drowning in young children may be obvious, other children, even those who are capable swimmers, may be tempted to exceed their own abilities, and may give in to fatigue, cramps, or other hazards. Appropriate supervision and safety systems must be in place to keep children safe.

Staff involved in providing swimming and water play activities for children, have the responsibility to:

- Assess the risk associated with the water activity;
- Minimize these risks;
- Help children develop habits that will reduce or prevent accidents and injuries while swimming or participating in water play activities;
- Use effective supervision and maintain staff to child ratios to ensure children are safe;
- Have the skills, experience and knowledge required to conduct swimming and water play activities; and
- Know when and how to act in an emergency.

Definitions

The NC Department of Health and Human Services, Division of Child Development defines the following:

Aquatic Activities: activities that take place in, on, or around a body of water such as swimming, swimming instruction, wading, visits to water parks, and boating. Aquatic activities do not include water play activities such as water table play, slip and slide activities, or playing in sprinklers.

The NC Department of Environment and Natural Resources, Division of Environmental Health defines the following types of structures associated with aquatic activities.

Swimming Pools: are public swimming pools used primarily for swimming.

Spas: are public swimming pools designed for recreational and therapeutic use that are not drained, cleaned, or refilled after each individual use.

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 a pool.

SECTION 1: STAFF

CHILD CARE RULE .1403 Requirements for Life Guards

★ For every 25 children in care participating in aquatic activities, there must be at least one person who has a current lifeguard training certificate.

- Current lifeguard training certificate must be issued by the Red Cross or other training determined by the Division to be equivalent to the Red Cross training, appropriate for both the type of body of water and type of aquatic activities.
- If the lifeguard is employed by the child care center, the center must keep a copy of the lifeguard training certificate in his/her personnel file.
- If you will be taking children off-site to go swimming, you will need to make sure the pool has enough lifeguards with the appropriate training. One certified lifeguard for every 25 children in care participating in aquatic activities.

SECTION 2: RATIOS

CHILD CARE RULES .1403 Ratios During Aquatic Activities

- ★ There must be at least one person with a lifeguard training certificate for each group of 25 or fewer children in care participating in aquatic activities. This person cannot count in the required staff/child ratio for aquatic activities.
- ★ Regardless of the number of children participating, a minimum of two staff members must supervise aquatic activities.
- ★ Children under the age of three cannot participate in aquatic activities except, when necessary, to implement any child’s Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP).

- The staff-child ratios are as follows:

<u>Age of Children</u>	<u>Ratio Staff/Children</u>
3 to 4 Years	1/8
4 to 5 Years	1/10
5 Years and Older	1/13

- At no time should there be fewer than two staff members supervising aquatic activities.

HH - It is a good idea to conduct frequent, formal head counts to ensure all children are safe and accounted for.

SECTION 3: SUPERVISION

CHILD CARE RULE .1403 Supervision of Aquatic Activities

- Children must be adequately supervised by center staff at all times.
- Adequate supervision means that half of the center staff needed to meet the staff-ratios for aquatic activities is in the water and the other half is out of the water. If an uneven number of staff are needed to meet the required staff-child ratios, the majority of staff must be in the pool.
- Prior to staff entering the water, staff must be stationed in pre-assigned areas.
- Staff must be stationed in pre-assigned areas that enable them at all times to hear, see, and respond quickly to the children who are in water and children who are out of the water.

- Staff must devote their full attention to supervising the children in their pre-assigned areas of coverage and must communicate with one another about children moving from one area to another area.

- Adequate supervision is also necessary while children are using changing rooms, rest rooms, and while they are moving to and from the transportation vehicle to the activity area.

HH - Caregivers are encouraged to evaluate each child's skill level in the water. A test by a certified lifeguard/instructor is the best way to determine a child's skill level. However, regardless of an individual's skill level, close supervision at all times is imperative.

SECTION 4: POLICIES

CHILD CARE RULE .1403 Policies for Aquatic Activities

- ★ Prior to children participating in aquatic activities, the center must develop policies. (Required items are listed below.)
- ★ Before staff first supervise children during an aquatic activity, and annually thereafter, staff must sign and date statements that they have reviewed the center policies related to aquatic activities, any specific guidelines provided by the pool operator, and child care requirements related to aquatic activities.

- The center must develop policies that address the following:
 - aquatic safety hazards;
 - pool and aquatic activity area supervision including restroom or changing room use;
 - how discipline is handled during aquatic activities; and
 - the facility’s specific field trip and transportation policies and procedures.
- Policies must be developed before children can participate in aquatic activities.
- The signed and dated statements that they have reviewed the center’s policy must be maintained in the staff person’s file for one year or until it is superseded by a new statement.
- If you are using a pool that is not operated by the child care center, contact the pool operator to obtain their rules and guidelines. These must be shared with center staff and cannot conflict with child care requirements related to aquatic activities.

SECTION 5: LOCATION

CHILD CARE RULE .1403 Location of Swimming Pools

- ★ Any outdoor swimming pool, which is located on the child care facility premises, must be enclosed by a fence.
- ★ The swimming pool must be separated from the remaining outdoor play area by that fence.

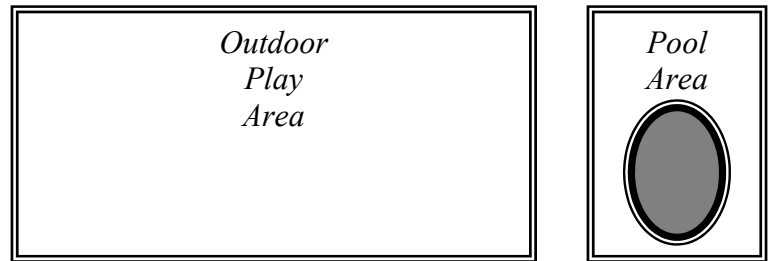
- The fence must be adequate enough to keep the children away from the water except during planned and supervised swimming activities.
- To ensure the safety of the children, the gate to the fenced pool area must be kept locked when the pool is not in use.
- The swimming pool can be included in the fenced outdoor play area of the center but a separate fence must be installed to separate the play area from the pool area.



Can you show me some options for the location of an on-site swimming pool?

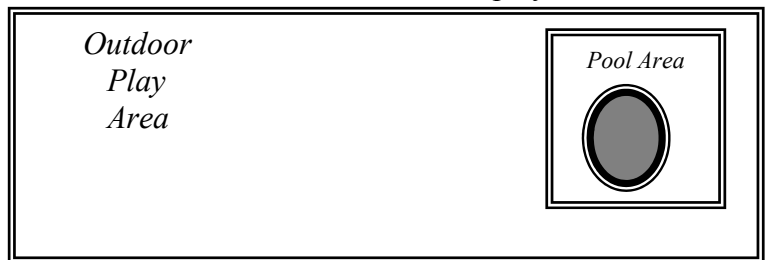
Option 1

Pool located outside of fenced play area



Option 2

Pool located within fenced play area



SECTION 6: SAFETY PROCEDURES

CHILD CARE RULE .1403

Swimming Pool Safety Rules

- ★ Swimming pool safety rules must be posted near any swimming pool located on the child care facility premises.
- ★ At a minimum, the swimming pool safety rules must state:
 1. the location of a first-aid kit;
 2. that only water toys are permitted;
 3. that children shall not run or push one another;
 4. that swimming is allowed only when an adult is present; and
 5. that glass objects are not allowed.

HH- Children who cannot swim should wear a life jacket.



For information on life jackets refer to a tip sheet created by the Academy of Pediatrics at www.aap.org/family/tippslip.htm.

HH - It is also recommended to have signed parental permission for children to participate in aquatic activities if they occur on-site at the center. Parental permission is required if the children will participate in off-site aquatic activities.



Guidelines for **Stocking a First Aid Kit** are located in the resource section at the end of this chapter.



For pool safety tips refer to the resource on **Drowning Prevention and Safety Tips** located in the resource section.

SECTION 7: CONSTRUCTION AND INSPECTIONS

CHILD CARE RULE .1403


Swimming Pool Construction

- ★ All swimming pools used by children must meet the “Rules Governing Public Swimming Pools” in accordance with 15A NCAC 18A .2500.




The "Rules Governing Public Swimming Pools" are written and enforced by the NC Department of Environment and Natural Resources (DENR) and are incorporated by the Division of Child Development (DCD) for licensed child care centers.

- If a swimming pool does not meet these standards, it cannot be used by children in care. The child care consultant will restrict the license issued to the child care center to assure that the swimming pool will not be used and parents must be informed of this permit restriction.

 Turn to the resource section for a full copy of these rules or visit the NC DENR's web site at www.enr.state.nc.us.

Some important items contained in Rules Governing Public Swimming Pools are listed below for your information.

- All swimming and wading pools must meet the standards for public swimming pools if they are going to be used by children in licensed child care.
- Public swimming pools must be inspected annually by an Environmental Health Specialist from a local health department.
- An operation permit is required and must be updated annually.
- Swimming pools must be protected by a fence, wall, building, or other enclosure, which completely encloses the swimming pool area and is at least 4 feet tall. All gates and doors must be equipped with a self-closing and positive self-latching closure that has a locking device.
- A filtration system and chemical treatment are required of all swimming and wading pools.

 Inspections are documented on an **Inspection of Swimming Pool** form. A sample of this form is located in the resource section.

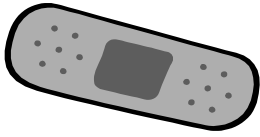
RESOURCE SECTION

Chapter 4: Aquatic Activities

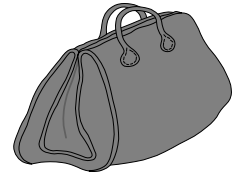
The following pages contain resource materials discussed in or related to the preceding chapter.

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

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



Stocking a First Aid Kit



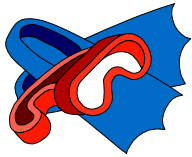
GUIDELINES:

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.



Pool Safety

"Children Aren't Waterproof"



Drowning Prevention and Safety Tips

- ↪ Never leave a child alone 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.

Adapted from the National Spa and Pool Institute’s website at www.aloha.com/~lifeguards/poolsafe.html

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 shall 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, but are not limited to:
 - (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) 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. Remodeled does not include equipment replacement, repair, or addition of outlets for the purpose of reducing suction hazards.
- (4) Repair means repair of existing equipment, 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.
- (5) 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.
- (6) Splash zone means the area of an interactive play attraction that sheds water to a surge tank or container to be recirculated.

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. March 1, 2004, April 1, 1999; January 1, 1996; October 1, 1994.

15A NCAC 18A .2509 PLAN REVIEW AND APPROVAL

(a) For public swimming pools which are constructed or remodeled on or after May 1, 1991, plans and specifications shall be prepared by a registered professional engineer or registered architect, and shall be approved by the Department prior to construction. Public swimming pools constructed after May 1, 1992, shall be constructed by swimming pool contractors licensed by the North Carolina Licensing Board for General Contractors, Post Office Box 17187, Raleigh, North Carolina 27619. The General Contractor's license shall include the Swimming Pool Classification.

(b) A minimum of two complete sets of plans shall be submitted to the 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;
- (5) Specifications for the water supply and wastewater disposal systems would include aspects such as well location and backwash water disposal where applicable.

Any additional data requested by the local health department after the initial application shall be submitted in order to clarify any related phase of the project.

(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 shall be voided.

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

(f) 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. July 1, 1992.

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

(a) No public swimming pool shall commence or continue operation on or after May 1, 1990, 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 on or after May 1, 1991, plans and specifications shall have been approved by the Department in accordance with Rule .2509. Compliance with the design and construction requirements in Rules .2512 - .2534 and approval of plans and specifications shall not be required for public swimming pools constructed or remodeled prior to May 1, 1993.

(b) On or after May 1, 1991, equipment replacement shall comply with Rules .2512 - .2534 and shall be approved by the Department prior to installation. However, for swimming pools with existing turnover rates of less than four

times in 24 hours, wading pools with existing turnover rates of less than 12 times in 24 hours, and spas with existing turnover rates of less than 48 times in 24 hours, pumps are not required to comply with Rule .2518 of this Section. Repairs do not require prior approval by the Department.

(c) These Rules shall not apply until May 1, 1992 to public swimming pools in counties or districts where a local board of health has adopted rules prior to July 5, 1989 that establish public swimming pool standards. On or after May 1, 1992, all public swimming pools must meet these Rules. Construction, remodeling, or equipment replacement permitted under local rules prior to May 1, 1992 shall not be required to meet the design and construction requirements of these Rules.

(d) 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. A form must be obtained from the Department to provide 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;
- (9) signature of owner or designated representative.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. 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. 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 permits 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, 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 18A .2535(2) of this Section regarding water clarity shall be assessed six demerits.
- (2) Violation of Rule 18A .2531(a)(11) .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 18A .2535(1) of this Section regarding pool water pH shall be assessed six demerits.
- (4) Violation of Rule 18A .2535(12) of this Section or regarding control of water temperature in heated pools shall be assessed six demerits.
- (5) Violation of Rule 18A .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 18A .2518(k), .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 18A .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 18A .2518(l) or (m), .2531(5), .2532(4)(b) or .2537(b)(14) of this Section regarding water surface skimmers shall be assessed four demerits.

- (9) Violation of Rule 18A .2523 or .2537(b)(6) of this Section regarding depth markers and no diving markers shall be assessed four demerits.
- (10) Violation of Rule 18A .2515(d) or (f), .2523(d) 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 18A .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 18A .2518(j) or .2537(b)(8) of this Section regarding inlets and other fittings shall be assessed four demerits.
- (13) Violation of Rule 18A .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 18A .2532(7) or .2537(b)(11) of this Section regarding spa timers shall be assessed four demerits.
- (15) Violation of Rule 18A .2530(a), or (b), or .2537(b)(1) of this Section regarding lifesaving equipment shall be assessed six demerits.
- (16) Violation of Rule 18A .2528, .2531(a)(8) or .2537(b)(5) of this Section regarding fences, barriers and gates shall be assessed four demerits.
- (17) Violation of Rule 18A .2522 or .2537(b)(2) of this Section regarding decks shall be assessed four demerits.
- (18) Violation of Rule 18A .2530(c) of this Section regarding No Lifeguard warning signs shall be assessed four demerits.
- (19) Violation of Rule 18A .2530(d) or .2543(d)(13) of this Section regarding pet and glass container signs shall be assessed four demerits.
- (20) Violation of Rule 18A .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 18A .2524, or .2537(b)(4) of this Section regarding pool and deck lighting and ventilation shall be assessed four demerits.
- (22) Violation of Rule 18A .2530(f) of this Section regarding emergency telephones shall be assessed six demerits.
- (23) Violation of Rule 18A .2535(6) of this Section regarding automatic chlorine or bromine feeders shall be assessed four demerits.
- (24) Violation of Rule 18A .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 18A .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 18A .2518(e) of this Section regarding identification of valves and pipes shall be assessed two demerits.
- (27) Violation of Rule 18A .2513(b) of this Section regarding air gaps for filter backwash shall be assessed two demerits
- (28) Violation of Rule 18A .2526 or .2543(d)(11) of this Section regarding accessible dressing and sanitary facilities shall be assessed two demerits.
- (29) Violation of Rule 18A .2526 of this Section regarding maintenance and cleaning of dressing and sanitary facilities and fixtures shall be assessed two demerits.
- (30) Violation of Rule 18A .2512 of this Section regarding water supplies shall be assessed two demerits.
- (31) Violation of Rule 18A .2513(a) of this Section regarding sewage disposal shall be assessed two demerits.
- (32) Violation of Rule 18A .2526(c) of this Section regarding floors in dressing and sanitary facilities shall be assessed two demerits.

- (33) Violation of Rule 18A .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. 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 shall be 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 shall be prohibited in swimming pool construction.

(c) Pool finish, including bottom and sides, shall be of white or light colored material.

(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-282;
Eff. May 1, 1991.

15A NCAC 18A .2515 DESIGN DETAILS

(a) Pools shall be designed and constructed to withstand all anticipated 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 these Rules.
- (d) The minimum depth of water in the swimming pool shall be three feet (0.91 m) except for special purpose swimming pools for which a minimum depth of less than three feet is required or for restricted or recessed areas in swimming pools which are set aside primarily for the use of children and handicapped persons. Such areas when included as part of the swimming pool shall be separated from the swimming pool proper by a safety line supported by buoys and attached to the side walls.
- (e) The maximum depth at the shallow end of the swimming pool shall be 3.5 feet (1.07 m) except for competitive or other special purpose swimming pools for which a minimum depth of greater than 3.5 feet is required.
- (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, fountains and waterfalls located on pool decks shall comply with the following:
- (1) Shall not occupy more than 20 percent of the pool perimeter;
 - (2) If located adjacent to a water depth of greater than five feet, shall not be more than 20 feet wide;
 - (3) 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) 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. 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 shall be prohibited.
- (b) Underwater ledges or protrusions shall be prohibited; except that underwater stairs, seats and benches may be installed in areas of the pool no more than four feet deep, provided underwater seats and benches have a maximum seat depth of two feet, protrude no more than 18 inches into the pool and they are marked by a contrasting color band on the leading edge and underwater stairs meet the requirements of Rule .2521 of this Section. Underwater seats shall not project into swim lanes.
- (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) Shall not be installed in an area with a water depth exceeding 18 inches;
 - (2) Shall be recommended by the manufacturer for use in a public swimming pool;
 - (3) Shall be installed in accordance with the manufacturer's instructions;
 - (4) Shall be separate from the pool water recirculation system; and
 - (5) Shall not release water at a velocity greater than 10 feet per second.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. 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 piping of the circulation system shall be designed and installed so that the main drains, and the lines from the perimeter overflow system or the automatic surface skimmers shall be connected to the suction line of the circulation pump.

(d) 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 shall be sized to handle the maximum flow rate for the required number of skimmers, but in no case less than 50 percent of the design flow rate. Perimeter overflow system piping shall be sized to handle 50 percent of the design flow rate. The main drain piping shall be sized to handle 50 percent of the design flow rate.

(e) 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 shall be 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.

(f) 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 shall provide a free flow area at least four times the cross-section area of pump suction line and shall be accessible for daily cleaning.

(g) A vacuum cleaning system shall be provided to remove debris and foreign material that settles to the bottom of the swimming pool. Pools with more than two skimmers shall be provided with a vacuum cleaning system that is an integral part of the circulation system. Connections shall be located at intervals sufficient to reach the entire pool

with a 50 foot hose. 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. The vacuum cleaning system shall be provided with valves and protective caps.

(h) 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 1 ½ 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.

(i) A pump or pumps shall be provided with adequate 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. Verification shall include testing and in-plant quality control inspections. Larger pumps for which NSF listing is not available shall be approved on a case-by-case basis.

(j) 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.

(k) Drains.

- (1) Swimming pools shall be provided with at least two main drain outlets which shall be 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 drains or pipes exceeding a velocity of six feet per second while handling 50 percent of the design flow rate. 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. There shall be at least 3 feet of clear separation between drain grates or covers.
- (2) Suction outlets to pumps other than the recirculation pump shall be provided with two drains with "T" connection pipe. This provision does not apply to capped vacuum outlets.
- (3) Outlet drain gratings shall have a total area of at least four times the area of the discharge pipe and shall be designed so as not to be readily removed by or create any hazard to bathers.
- (4) The outlet grate open area shall be such that when maximum flow of water is being pumped through the floor outlet, the velocity through the open grate shall not be greater than one and one-half feet per second. Outlet gratings shall be anchored and openings in grates shall be slotted and the maximum dimension of slots shall not be more than one-half inch. Where outlet fittings consist of parallel plates, of the anti-vortex type where the water enters the fittings from the sides, rather than through a grating facing upward, entrance velocities may be increased to six feet per second.

(l) Surface Overflow Systems.

- (1) Swimming pools shall be provided with a surface overflow system that shall be an integral part of the circulation system and that shall consist 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 50 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 at, or slightly higher than, 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 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, that is hereby incorporated by reference including any subsequent amendments and editions. This material is available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from the NSF International, 3475 Plymouth Road, P.O. Box 130140, Ann Arbor, Michigan 48113-0140 at a cost of seventy dollars (\$70.00). 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 and 30 gallons per minute. Piping shall be sized to allow a flow of 30 gallons per minute for each skimmer except the maximum pipe size for skimmer piping shall not be required to exceed what is needed to handle 100 percent of the design flow rate for the pool, and;
 - (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, and;
 - (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.
- (m) 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.
- (n) 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.
- (o) 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. 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. At least one ladder or set of recessed steps shall be provided in the shallow area for each 75 feet of shallow area perimeter, or fraction thereof. 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, and a minimum unobstructed surface area of 240 square inches.
- (2) Risers at the centerline of the treads shall have a maximum uniform height of 12 inches, 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.
 - (A) Handrails, if removable, shall be installed in such a way that 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, plus or minus three inches, horizontally from the vertical plane of the bottom riser (where applicable).
 - (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 shall be accepted 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 so designed as 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 extending over the coping or edge of the deck. Ramps and stairs, including recessed steps, shall have at least one handrail.

*History Note: Authority G.S. 130A-282;
Eff. May 1, 1991;
Amended Eff. 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 said 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 appropriate points as to denote the water depths in the diving area;
 - (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 peripherally.
- (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 supervised 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 2 inch wide contrasting color band across the pool bottom.

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

15A NCAC 18A .2524 LIGHTING AND VENTILATION

- (a) Artificial lighting shall be provided at all indoor and outdoor pools that are to be used at night, or when natural lighting is insufficient to provide clear 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 clearly 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.
- (e) If underwater lighting is used, area lighting shall provide at least 0.6 watts or 10 lumens per square foot of required deck area. Where underwater lighting is not used, and night swimming is permitted, area and pool lighting combined shall provide not less than 2.0 watts or 33.5 lumens per square foot of pool and required deck area.
- (f) Mechanical ventilation shall be required for all indoor pools.

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

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

- (1) Constructed so as to afford no external handholds or footholds. However, the use of wire mesh fences with a mesh size of 2 ¼ inches or less is permitted;
- (2) A four foot (1.22 m) minimum height (from the outside approach) is provided entirely around the swimming pool;
- (3) The horizontal space between vertical members of the enclosure shall not exceed four inches; where the horizontal space between vertical members exceeds 1 ¾ inches there shall be at least 30 inches between any horizontal bottom rails or stringers and the next horizontal rails or stringers;
- (4) The height of any opening under the bottom of the enclosure shall not exceed four inches (10 cm);
- (5) Openings under and through a fringe or barrier with the gate(s) closed shall be sized so that a 4 inch diameter sphere cannot be passed through the openings;
- (6) All gates and doors shall be equipped with self-closing and positive self-latching closure mechanisms and shall be equipped with locking devices. Gates provided to allow bathers access to the pool shall be located so as to open to the pool at a point where the water is no greater than five feet deep. On pools built after May 1, 1996, access gates shall open away from the pool except when natural topography or other conditions dictate that it open inward. Release of the latch on the self-latching device shall be activated:
 - (a) at a height no less than 54 inches above grade; or
 - (b) on the pool side of the gate at a distance of no less than three inches below the top of the gate provided. On fences constructed after April 1, 2000 there shall be no opening greater than one-half inch within 18 inches of where the latch release is activated when the gate is closed; or
 - (c) by a card reader, key, or combination lock.
- (7) Gates provided specifically for access to equipment rooms shall be locked at all times when not in use by the pool operator;
- (8) Ground level doors and windows opening inside the pool enclosure must be self-closing or child protected by means of a barrier or audible alarm; and
- (9) Self-closing, self-latching gates are not required for gates that are kept locked, or for entrances where access is controlled by a gate attendant and a lifeguard is on duty in the pool area.

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 .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 ¼ 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-.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 can 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, two main drains with "T" connecting piping, 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 main drains located at the deepest point of the wading pool and covered by gratings that meet the requirements of Rule .2518(k) of this Section.
 - (5) Wading pools shall be equipped with a surface overflow system capable of removing floating material.
 - (6) Wading pools shall be no deeper than 24 inches (61 cm) at the deepest point.
 - (7) Wading pools' floor slope shall not exceed one foot in 12 feet.
 - (8) 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.
 - (9) Wading pools shall be designed to provide at least 10 square feet per child.
 - (10) Depth markers are not required at wading pools.
 - (11) The free chlorine residual in wading pools shall be maintained at no less than two parts per million.
 - (12) 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 these design and construction requirements shall be permitted to operate as built if no water quality or safety violations occur.

*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 .2532 SPAS AND HOT TUBS

Spas and hot tubs shall meet all design specifications for swimming pools and wading pools included in Rules .2512-.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) Two drains connected by "T" piping. 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 m/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 7 ½ 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° Fahrenheit (32° C), 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 1/2 inch in height:
- (a) CAUTION:
- (b) -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;
- (c) -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;
- (d) -Do not use alone;
- (e) -Unsupervised use by children is prohibited;
- (f) -Enter and exit slowly;
- (g) -Observe reasonable time limits (that is, 10-15 minutes), then leave the water and cool down before returning for another brief stay;
- (h) -Long exposure may result in nausea, dizziness, or fainting;
- (i) -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 also 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 shall not be 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. 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 $\frac{1}{4}$ 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;
 - (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 that is incorporated by reference including any subsequent amendments and additions. This material is available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from NSF International, 3475 Plymouth Road, PO Box 130140, Ann Arbor, Michigan 48311-0140 at a cost of seventy dollars (\$70.00). 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 and 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; and
 - (d) weekly recording of total alkalinity and cyanuric acid levels.
- (12) Water temperature in heated swimming pools shall not exceed 90° Fahrenheit (32°C) and in heated spas shall not exceed 104° Fahrenheit (40°C).
- (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 2 ppm at a pH of 7.2 to 7.5 and test to assure the chlorine concentration is thoroughly mixed throughout the pool;
 - (d) For accidents involving formed stools, or vomit maintain the free available chlorine concentration at 2 ppm for at least 25 minutes or at 3 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 9600 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. 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) No public swimming pool shall operate with a single outlet to any pump. Where flow from a single drain is balanced with flow from a surface skimmer, the skimmer valve shall be kept in the open position and immobilized with a lock, tie or other method to secure against tampering. Effective April 1, 2006 all public swimming pools with a single main drain shall be protected from potential bather entrapment by a safety vacuum release system installed on the drain piping and single drains smaller than 12 inches in diameter shall be protected by an anti-entrapment drain cover meeting ASME/ANSI A112.19.8M Standard that is incorporated by reference including any subsequent amendments and additions. This material is available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Global Engineering Documents, 15 Inverness Way East, Englewood, CO 80112 at a cost of forty-one dollars (\$41.00).

(c) Operators of all public wading pools shall inspect pools daily to ensure the drain covers are in good condition and securely attached.

*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. 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:** _____

WATER QUALITY: (.2535)

	Points Deducted (Circle)	* Indicates critical item (6-point demerit)
*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**
Report received by: _____ Yes No

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.

Chapter 5: INDOOR LEARNING ENVIRONMENT

Purpose Of These Requirements

A major part of a child’s day is spent indoors. Children learn through their own experiences, trial and error, repetition, and imitation. Caregivers can guide and encourage children’s learning by ensuring that the environment is emotionally appropriate, invites play, active exploration, and movement by children, and supports an array of experiences. Intentional planning of the environment using the requirements in this chapter ensures a safe environment to prevent and reduce injuries and promotes all areas of a child’s development. When opening the door to a quality early childhood environment one can see children actively engaging with materials and teachers interacting responsively. They will see displays of learning as well as demonstrations of safety practices. Thoughtful caregivers recognize that the learning environment includes both people and relationships with people and that attention to the way in which environments are set up and used is an important contribution to the quality of the learning experience. Environments should ensure safety, promote health, provide comfort, and be convenient for children and caregivers.

Definitions

Primary Space: indoor space available at a center on which the licensed capacity is based.

Licensed Capacity: the maximum number of children that can be present in a child care center at any given time.

Group: the children assigned to a specific caregiver or caregivers, to meet the staff/child ratios using space, which is identifiable for each group.

SECTION 1: SPACE REQUIREMENTS

NC GENERAL STATUTE 110-91(6) & CHILD CARE RULE .1401 Requirement for Indoor Space

- ★ There must be at least 25 square feet of indoor space for each child.
- ★ Any single-use room used by the children for sleeping only, either during nap time or any other time, will also be measured by the Division’s representative to assure the available floor space provides 200 cubic feet of air space per child for the maximum number of children who will sleep in that room at any time.
- ★ Indoor space on which licensed capacity is based will be referred to as “primary space”.
- ★ A child care licensing consultant will measure all primary space that will routinely be used by children who attend the center, except the following areas listed below.
- ★ All measurements will be rounded off to the nearest inch.
- ★ Total space on which the licensed capacity is based will be the sum of the measurements of all primary space to be used by the children. However, no room can be routinely occupied by more children than the primary space in that room will accommodate at 25 square feet of space per child.
- ★ For centers with a licensed capacity of 3 to 12 children located in a residence, the dining area of a kitchen may be counted if it is routinely used for children’s activities in addition to eating.

- ☑ The amount of space per square footage is a factor in determining a program’s licensed capacity. Licensed capacity is the number of children for which a child care center is licensed to care for.
- ☑ A child care licensing consultant will measure all primary space to be used by children who attend the center.


- The following areas will not be included in the calculation of the primary space:





Foyers
Closets
Utility areas
Space or rooms used for administrative activities
*Single-use rooms including music rooms, isolation/sick rooms, gymnasiums, dining rooms, sleep rooms
Hallways
Kitchens
Thresholds
Space occupied by adult-sized desks, cabinets, file cabinets
Any floor space occupied by or located under equipment, furniture, or materials not used by children
Storage areas
Bathrooms
Any floor space occupied by or located under built-in equipment or furniture

**When caring for school-age children, gymnasiums and other single use rooms may be included in the space measured for licensed capacity when used as primary space.*

- Primary space can be used to periodically group children together for special activities, such as to view films or slides, for special presentations, such as puppet or magic shows, a special story teller, a discussion of safety practices by a fireman or nurse, etc. However, care must be taken to assure that during such special activities, the room used is not so overcrowded that the children and staff would be endangered in case of a fire or other emergency necessitating evacuation of the center.





- Other factors that are considered when determining a center’s licensed capacity may include:
 - Sanitation requirements such as the number of sinks and waste water facilities
 - Building requirements such as the number of toilets
 - Zoning requirements and restrictions such as available parking and local ordinances,
 - Amount of outdoor space available.

 In a public school program, only the classroom or space used by the children in the licensed program the majority of their time in care is designated as primary space.

-  Only primary spaces need to be included on the floor plan, monitored for any inspections or for meeting the child care requirements.
-  Other areas of the school can be used by the children in the licensed program but will be designated as auxiliary space. Auxiliary space is defined as other areas of the school that the children may use occasionally but not for long periods of time or on a regular basis. Examples include: cafeterias, gymnasiums, music, art, and computer rooms, and libraries.
-  Auxiliary spaces do not have to be included on the floor plan, monitored for any inspections, or for meeting the child care requirements, except to make sure that these areas do not pose any serious health or safety risks to children and to make sure that staff-child ratios and supervision are maintained whenever children use the space.
-  Centers wishing to be eligible for the most points available in program standards for the issuance of a Star Rated License, will need to increase the square feet of indoor space per child. Refer to Chapter 17 – Star Rated License for details on enhanced square footage requirements.

SECTION 2: EQUIPMENT AND FURNISHINGS REQUIREMENTS

NC GENERAL STATUTE 110-91(6) & CHILD CARE RULE .0601 Requirement for Equipment and Furnishings

-  Each child care center must provide indoor area equipment and furnishings that are child-size, sturdy, safe, and in good repair.
-  Space must be made available for proper storage of beds, cribs, cots, mats, sleeping garments and linens as well as designated space for each child’s personal belongings.
-  Each child care center must provide equipment and furnishings that are child-size or which can be adapted for safe and effective use by children.
-  Chairs and tables must be of proper height for the children who will be using them.

- Child-size means a child’s feet are able to touch the floor but not necessarily rest flat on the floor, while they are seated. The proper table height is determined if the child’s elbows can rest comfortably on the table. To be considered appropriate, both of these specifications must be met.
- Rules Governing the Sanitation of Child Care provide requirements for:

- Storage of equipment, furniture, toys, clothes, linens, backpacks, diaper bags, beds, cots, mats and other supplies
- Beds, cots, mats and linens
- Toys, equipment and furniture
- ☑ Adequate space must be provided for the storage of clothes, backpacks, book bags, diaper bags, and other items that belong to children and staff.
- ☑ Beds, cribs, cots, and mats must be in good repair, stored to prevent contamination, cleaned and sanitized between users.
- 📁 The Rules Governing the Sanitation of Child Care, 15A NCAC 18A .2800 is located in Appendix C.
- 💻 For sanitation rule updates visit the Department of Environment and Natural Resources Children’s Environmental Health Branch at http://www.deh.enr.state.nc.us/ehs/Children_health/index.html.
- 💻 The U.S. Consumer Product Safety Commission protects consumers and families from products that pose a risk of injury. Help keep children safe by checking product recalls and safety news frequently at www.cpsc.gov and sign up to receive email notifications for recalls.

CHILD CARE RULE .0602

Requirement for the Condition of Equipment

- ★ All equipment and furnishings must be in good repair and maintained in useable condition.
- ★ All commercially manufactured equipment and furnishings must be assembled and installed according to procedures specified by the manufacturer.
- ★ Equipment and furnishings must be sturdy, stable, and free of hazards that may injure children including sharp edges, lead based paint, loose nails, and splinters.
- ★ All broken equipment or furnishings must be removed from the premises immediately or made inaccessible to the children.

- ☑ Remove, repair or replace broken equipment and materials when they are found to not be in useable condition immediately.
- ☑ To verify the equipment and furnishings are properly installed maintain documentation from the company or individual stating the equipment was installed according to the manufacturer’s instructions.

HH – Set up a regular schedule to check equipment and furnishings to ensure all items are in good repair and in useable condition.

CHILD CARE RULE .0509
Requirement for Equipment and Materials

- ★ Each center must have developmentally appropriate equipment and materials accessible on a daily basis.
- ★ The materials and equipment must be sufficient to provide a variety of play experiences, which promote the children’s social, emotional, cognitive and physical development.
- ★ Teacher-made and home-made equipment and materials may be used if they are safe and functional.
- ★ Materials and equipment that are accessible to children cannot be coated or treated with, nor contain, toxic materials such as creosote, pentachlorophenol, tributyl tin oxide, dislodgeable arsenic and any finishes which contain pesticides.

Children learn through interaction with people and things around them. Materials and equipment should support children’s development by offering opportunities for interactive exploration that are challenging but safe for their age group.


HH - 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 develop social, emotional, intellectual, language/communication and physical skills that prepare them for later successes in life.

 Refer to Chapter 6 – Children’s Records and Activities for a description of each developmental goal area.

CHILD CARE RULE .0603
Overnight Furnishings

- ★ A safe and comfortable bed, crib, or cot, equipped with a firm waterproof mattress at least four inches thick must be provided for each child who remains in the center after midnight.


All beds, cribs, or cots must be in good repair, stored to prevent contamination, and sanitized between users.

 Refer to Section 7 of this chapter regarding requirements on safe sleep practices for infants.

SECTION 3: SAFETY REQUIREMENTS

CHILD CARE RULE .0604

Requirement for Placement of Equipment

 Cribs and playpens must be placed so that the children occupying them do not have access to cords or ropes, such as venetian blind cords.

Careful placement of cribs will prevent accidents and hazardous items coming into the reach of children. A child's reach is extended when they are in a crib.

CHILD CARE RULE .0601

Requirement for Safe Environment


 A safe indoor environment must be provided for the children in care.


 All hazardous items, materials, and equipment must be used by children only when adult supervision is provided.

In a safe setting, children are able to freely move and explore the area.

Complete safety checks on a regular basis.

HH – It is helpful to position yourself at the children's eye level to see what they see. This may help you identify hazardous items or materials.

 The United States Environmental Agency provides information on ways to reduce chances of pesticide poisoning. Visit <http://www.epa.gov/pesticides/factsheets/playitsafe.htm> for information and fact sheets. A pesticide is any bait, liquid, powder, or spray used to kill a pest (ants, germs, cockroaches, flies, mice, rats, or termites).


 Carolinas Poison Center offers emergency telephone resource for poisoning questions and information. Visit www.ncpoisoncenter.org or call 1-800-222-1222.


CHILD CARE RULE .0604

Requirement for Potentially Hazardous Items

- ★ Potentially hazardous items shall be stored in locked areas or with other appropriate safeguards, or be removed from the premises.
- ★ All materials used for starting fires, such as matches and lighters, must be kept in locked storage or shall be stored out of the reach of children.
- ★ Smoking is not permitted in space used by children when children are present. All smoking materials shall be kept in locked storage or out of the reach of children.
- ★ Fuel-burning heaters, fireplaces and floor furnaces must be provided with a protective screen attached securely to substantial supports to prevent access by children and to prevent objects from being thrown into them.
- ★ Plants that are toxic cannot be in indoor or outdoor space that is used by or is accessible to children.
- ★ Plastic bags, toys and toy parts small enough to be swallowed, and materials that can be easily torn apart such as foam rubber and styrofoam, cannot be accessible to children under three years of age, except that styrofoam plates and larger pieces of foam rubber may be used for supervised art activities, and styrofoam plates may be used for food service. Latex and rubber balloons shall not be accessible to children under five years of age.
- ★ The indoor premises must be checked daily for debris, vandalism, and broken equipment. Debris must be removed and disposed.

- ☑ Potentially hazardous items are such items as firearms and ammunition, hand and power tools, nails, chemicals, lawn mowers, gasoline or kerosene, archery equipment, propane stoves, knives, tacks, whether or not intended for use by children.
- ☑ Locked storage includes lock and key devices, magnetic locks, pad locks, and combination lock devices. The unlocking device must be stored separately. Do not store the key to a padlock inside the lock.
- ☑ Smoking is prohibited in space used by children. This includes the outside play area, entryway to the building, teacher lounge, and immediately outside any door that is used as a direct exit.
- 📁 Refer to the **Hazardous Items Storage** handout in the resource section for a list of items that are required to be kept in locked storage or out of reach.





 For resources on poisonous plants visit Poisonous Plants of NC at www.ces.ncsu.edu/depts/hort/consumer/poison/poison.htm or contact your local cooperative extension service center at www.ces.ncsu.edu/index.php?page=countycenters.

 The U.S. Consumer Product Safety Commission protects consumers and families from products that pose a risk of injury. Help keep children safe by checking product recalls and safety news frequently at www.cpsc.gov and sign up to receive email notifications for recalls.

HH – Only allow helium balloons for birthday parties or other celebrations. Inspect vinyl mats to assure there is no exposed foam. Make sure toys brought in from a child’s home or kid’s meals are safe and do not pose hazards.

CHILD CARE RULE .0604

Requirement for Electrical Equipment and Appliances

-  Electrical outlets not in use, which are located in space used by the children, must be covered with safety plugs unless located behind furniture or equipment that cannot be moved by a child.
-  Electric fans must be mounted out of the reach of children or be fitted with an appropriate mesh guard to prevent access by children.
-  All electrical appliances must be used only in accordance with the manufacturer's instructions.
-  Electrical cords cannot be accessible to infants and toddlers. Extension cords, except as approved by the local fire inspector, cannot be used. Frayed or cracked electrical cords shall be replaced.

Outlets covers should be checked daily and missing outlet covers replaced before children occupy the space.



HH – In classrooms for infants and toddlers, make sure crock pot cords are secure so children are not able to easily reach them.


CHILD CARE RULE .0604
Requirement for Evacuation Cribs

- ★ When non-ambulatory children are in care, a crib or other device must be available for evacuation in case of fire or other emergency. The crib or other device must be fitted with wheels in order to be easily moveable, have a reinforced bottom, and must be able to fit through the designated fire exit.
- ★ For centers that do not meet the institutional building code, and the exit is more than eight inches above grade, the center must develop a plan to ensure a safe and timely evacuation of the crib or other device. This plan must be demonstrated to a Division representative for review and approval.
- ★ During the monthly fire drills, the evacuation crib or other device must be used in the manner described in the evacuation plan.

- Non-ambulatory children are infants and children that are not able to walk about.
- For older children with disabilities, an alternative approved device could be a wheelchair.
- If the center chooses to use a crib for their evacuation device, it must have been constructed for this purpose as specified by the manufacturer or altered according to manufacturer's instructions. This documentation must be on file at the center.
- The center would also need documentation from the manufacturer regarding the weight limits for the crib. This would be needed to determine the number of children that it can hold and the total number of devices needed for the center. Keep this information on file.
- For centers that are required to develop an evacuation plan, the installation of a ramp from the exit to the ground might be an option included in the plan.

**CHILD CARE RULE .0302 &
NC FIRE CODE SECTION – CHAPTER 405.5
Monthly Fire Drills**

-  Child care centers are required to conduct monthly fire drills.
-  Records of monthly fire drills must be maintained and include the following information:
 - The date and time of the fire drill
 - Time required to accomplish complete evacuation
 - Names of staff members on duty and participating
 - Number of individuals evacuated
 - Notification method used
 - Weather conditions when occupants were evacuated
 - Document special conditions or problems encountered
 - Name and signature of the person conducting the drill

- There must be at least one unannounced fire drill monthly and it should be conducted at a different time each month.
- Drills should be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in case of fire.
- When evacuating, staff should take an attendance list so they can verify all children are accounted for from each room.
-  A **Center Fire Drill Report** is located in the resource section.

SECTION 4: STAFF-CHILD RATIOS AND GROUP SIZES

Ages of children in care will determine the staff-child ratios and group size. Staff-child ratio refers to the maximum number of children who may be supervised by one staff member. The staff-child ratio is determined by the age of the youngest child in the group. A group is the maximum number of children occupying an individual classroom or well-defined space. Well-defined space means that there are clear physical barriers that prevent intermingling of children within a larger room. Staff-child ratios and group size must be maintained indoors, outdoors, and on field trips.

Research has verified that staff-child ratios and group sizes are important quality indicators. Smaller group sizes and larger numbers of staff to children are related to positive outcomes for children and promote direct, warm, social interactions between caregivers and children. When determining the staff-child ratios that your center is going to meet you need to think realistically about the caregiver's ability to manage routines with the children as well as time for other activities during the day. The child care law and rules establish minimum requirements for staff-child ratios and group size. Some operators find it beneficial to hire part-time staff to help provide extra coverage during certain hours of the day to assist primary caregivers with carrying out daily activities and routines.


**GENERAL STATUTE 110-91(7) & CHILD CARE RULE .0712
Requirement for Staff-Child Ratios for Centers with a Licensed Capacity of
Less than 30 Children**

- ★ Staff-child ratios must be maintained as required for the number and ages of children in care.
- ★ When only one caregiver is required to meet the staff-child ratio, and children under two years of age are in care, that person cannot concurrently perform food preparation or other duties which are not direct child care responsibilities.
- ★ The staff-child ratio applicable to a classroom must be posted in that classroom in an area that parents are able to view at all times.
- ★ Children 13 years of age or older may receive child care on a voluntary basis provided all applicable child care requirements are met. This includes requirements for staff-child ratio.

- ☑ Each group of children must have the appropriate number of staff members present based on the total number of children in care.
- ☑ The staff-child ratio of the youngest child in the group must be maintained for the entire group.
- ☑ The staff-child ratios and group sizes for a child care center with a licensed capacity of less than 30 children are as follows:

Age of Children	# Children	# Staff	Max. Group Size	# Staff
0 to 12 Months	5	1	10	2
12 to 24 Months	6	1	12	2
2 to 3 Years	10	1	20	2
3 to 5 Years	15	1	25	2
5 Years and Older	25	1	25	1

- ☑ When only one caregiver is required to meet the staff-child ratio, the operator must select one of the following options for emergency relief:
 - The center must post the name, address, and telephone number of an adult who has agreed in writing to be available to provide emergency relief and who can respond within a reasonable time period; or
 - There must be a second adult on the premises who is available to provide emergency relief.

- ☑ Since the children must be supervised at all times, a child care arrangement with only one caregiver needs to have a plan for preparing food and taking care of administrative responsibilities.
- ☑ Whenever the single caregiver leaves the group to attend to an injury, answer the phone, respond to parents, etc. she/he still needs to be able to easily see into the area where the children are so that every child remains visually supervised.
- HH** – A plan might, for example, consist of having the children’s meals catered, or of having someone come in just to prepare meals and snacks. The plan should identify the caterer, what time the part-time person arrives and departs, and the telephone number of a back-up person.
- HH** - Another option might be to prepare meals and snacks ahead of time when children are not present and reheat the food and serve it in a quick, reasonable time period when needed.
-  A sample **Classroom Staff to Child Ratio** form is located in the resource section.
- ★ Centers wishing to be eligible for the most points available in program standards for the issuance of a Star Rated License, will need to implement lower staff-child ratios. Refer to Chapter 17 – Star Rated License for more details

**GENERAL STATUTE 110-91(7) & CHILD CARE RULE .0712
Requirement for Staff-Child Ratios for a Center located in a Residence**

- ★ Staff-child ratios must be maintained as required for the number and ages of children in care.
- ★ The staff-child ratio applicable to a classroom must be posted in that classroom in an area that parents are able to view at all times.

- ☑ Each group of children must have the appropriate number of staff members present based on the total number of children in care.
- ☑ These ratios only apply to centers that are located in a currently occupied family residence that have a licensed capacity of 3 –12 mixed age children or 3-15 school-age children.

- ☑ The staff-child ratios for a center located in a residence with a licensed capacity of 3 to 12 children when any preschool aged child is enrolled, or with a licensed capacity of 3 to 15 children when only school-aged children are enrolled are as follows:

Age of Children	# Children	# Staff	Additional school-aged children allowed
0 to 12 Months	5	1	3
12 to 24 Months	6	1	2
2 to 13 Years	10	1	0
3 to 13 Years	12	1	0
All school-aged	15	1	0

- ☑ The staff-child ratio for the youngest child in the group must be maintained for the entire group.
- ☑ Meeting the needs of five infants and toddlers would be very difficult even for an experienced caregiver. Consider part-time assistance during the busiest times of the day.
- 📁 A sample **Classroom Staff to Child Ratio** form is located in the resource section.
- ★ Centers wishing to be eligible for the most points available in program standards for the issuance of a Star Rated License, will need to implement lower staff-child ratios. Refer to Chapter 17 – Star Rated License for more details.

GENERAL STATUTE 110-91(7) & CHILD CARE RULE .0713
Requirement for Staff-Child Ratios for Centers with a Licensed Capacity of
More than 30 Children

- ★ Staff-child ratios must be maintained as required for the number and ages of children in care.
- ★ In any multi-age group situation, the staff-child ratio for the youngest child in the group must be maintained for the entire group.
- ★ Children younger than two years old may be cared for in groups with older children for the first and last operating hour of the day provided the staff-child ratio for the youngest child in the group is maintained.
- ★ A child two years of age and older may be placed with children under one year of age when a physician certifies that the developmental age of the child makes this placement appropriate.
- ★ When determined to be developmentally appropriate by the operator and parent, a child age two or older may be placed one age level above his or her chronological age without affecting the staff-child ratio for the group. This provision is limited to one child per group.
- ★ Children between the ages of 12 months and 24 months cannot be grouped with older children unless all children in the group are less than three years old.
- ★ When only one caregiver is required to meet the staff-child ratio, and no children under two years of age are in care, that person may concurrently perform food preparation or other duties which are not direct child care responsibilities as long as supervision of the children is maintained.
- ★ When only one caregiver is required to meet the staff-child ratio, the operator must select one of the following options for emergency relief:
 - The center must post the name, address, and telephone number of an adult who has agreed in writing to be available to provide emergency relief and who can respond within a reasonable time period; or
 - There must be a second adult on the premises who is available to provide emergency relief.
- ★ The staff-child ratio applicable to a classroom must be posted in that classroom in an area that parents are able to view at all times.
- ★ Children 13 years of age or older may receive child care on a voluntary basis provided all applicable child care requirements are met. This includes requirements for staff-child ratio.

- Each group of children must have the appropriate number of staff members present based on the total number of children in care.

- The staff-child ratios and group sizes for children in centers with a licensed capacity of 30 or more children are as follows:






Age of Children	# Children	# Staff	Max. Group Size	# Staff
0 to 12 Months	5	1	10	2
12 to 24 Months	6	1	12	2
2 to 3 Years	10	1	20	2
3 to 4 Years	15	1	25	2
4 to 5 years	20	1	25	2
5 Years and Older	25	1	25	1

- Whenever a child two years of age or older is placed with a group of children who are one age level above his or her chronological age, the child's parent and operator must sign a statement giving permission for the child to be in that group. The operator must be able to verify that the parent approves the placement. The statement must remain in the child's file.

- When only one caregiver is required to meet the staff-child ratio, the operator must select one of the following options for emergency relief. The information must be posted somewhere easily seen by parents and staff at the center.
 - The center must post the name, address, and phone number of an adult who has agreed in writing to be available to provide emergency relief and who can respond within a reasonable period of time to take over for the regular caregiver if there is an emergency; or
 - There must be a second adult on the premises who is available emergency relief.

HH – Review emergency relief procedures with staff and parents on a regular basis.

- Except as above, staff members and administrators who are counted in meeting the staff-child ratios cannot concurrently perform food preparation or other duties which are not direct child care responsibilities.

-  When children leave the primary space to participate in activities in the designated auxiliary space, at least one of the regular classroom teachers must accompany the children. If additional staff members are needed to maintain proper staff-child ratios, the auxiliary staff may be counted as long as they are regular employees of the school system.
-  See the resource section for a sample **Staffing Patterns Worksheet** that could be used to help determine when children arrive and how many staff members are needed.
-  A sample **Classroom Staff to Child Ratio** form is located in the resource section.
- ★ Centers wishing to be eligible for the most points available in program standards for the issuance of a Star Rated License, will need to implement lower staff-child ratios. Refer to Chapter 17 – Star Rated License for more details.
-  Refer to Chapter 4 – Aquatic Activities for specific staff-child ratios and group sizes for children when participating in aquatic activities.
-  Refer to Chapter 10 – Transportation Safety for specific staff-ratios and group sizes for children being transported.

**GENERAL STATUTE 110-91(7) & CHILD CARE RULE .0714
Requirement for Ratios during Naptime**

- ★ Staff-child ratios must be maintained as required for the number and ages of children in care.
- ★ For groups of children aged two years or older, the staff-child ratio during nap time is considered in compliance if at least one person is either in each room or is visually supervising all children and if the total number of required staff are on the premises and within calling distance of the rooms occupied by children.

- Each group of children must have the appropriate number of staff members present based on the total number of children in care.
- During naptime, the total staff required to meet staff-child ratios must remain on site and be within calling distance. One person cannot be assigned to multiple groups of children at the same time.



SECTION 5: SUPERVISION

It is imperative that caregivers supervise children at all times, not just for the safety of children, but to ensure children get the attention they need for optimal growth and development. Children like to test their skills and abilities. Serious injuries can occur in indoor and outdoor play areas if constant supervision is not maintained. Caregivers who are actively involved, aware, and appreciative of young children’s behaviors are in the best position to keep children safe. Low staff-child ratios make it easier for caregivers to supervise children adequately while interacting with them.

CHILD CARE RULE .0714 Requirement for Supervision


- ★ Children must be adequately supervised at all times.
- ★ Adequate supervision means that staff interact with the children while moving about the indoor and outdoor area, and are able to hear and see the children at all times, except when emergencies necessitate that direct supervision is impossible for brief periods of time.

- Caregivers must be able to hear and see children at all times to monitor safety and be immediately available in an emergency situation.
- Adequate supervision supports children’s health and safety, and emotional, social, physical and cognitive development.
- Adequate supervision helps caregivers build a welcoming, secure environment, where relationships can grow and children can learn and explore.
- The level of supervision varies dependent upon the activity. Consider how supervision will be provided during these activities:
 - Meal time
 - Transitions from indoor and outdoor activities
 - Transitions between activities
 - Transportation
 - Field trips and off premise activities
 - Indoor play
 - Outdoor play
 - Nap time
 - Diapering and toileting
- The ages of the children in care also impact the level of supervision. For infants, close supervision during nap/sleep time is essential. For toddlers, close supervision during meal time is essential. For school-age children snack time is not a high risk activity and the supervision level can be adjusted.

- Make sure during naptime that there is enough light to adequately supervise children. If the sleep area is too dark staff cannot adequately supervise sleeping children.
- HH** – The lower the staff-child ratio, the better the ability for caregivers to supervise and interact with the children in their care.
- HH** – Active and positive supervision involves:
 - Knowing each child’s abilities.
 - Establishing clear and simple safety rules.
 - Being aware of potential safety hazards.
 - Standing in strategic positions.
 - Scanning play activities and moving around.
 - Focusing on positive rather than negative to teach a child what is safe.
- HH** – Are you providing adequate supervision? Consider the following questions:
 - Are there enough caregivers to supervise children when another caregiver diapers, gives medication, or needs to give complete attention to a child?
 - Who covers for the caregiver when they need to leave the room or are distracted by a child’s immediate need?
 - Have caregivers developed skills in giving attention to individual children while scanning the group for potential problems?
 - Have substitutes and volunteers been trained on good supervision techniques?
-  Children in licensed public school programs can never be allowed to leave the classroom alone to run errands or to use the bathroom. Staff must always accompany the children when they leave the main group, whether inside or outside the building.
-  When children leave the primary space to participate in activities in the designated auxiliary space, at least one of the regular classroom teachers must accompany the children. If additional staff members are needed to maintain proper staff-child ratios, the auxiliary staff may be counted as long as they are regular employees of the school system.

SECTION 6: PARENTAL ACCESS

CHILD CARE RULE .0205 **Requirement for Parental Access**

 The parent, guardian or full-time custodian of a child enrolled in any child care center must be allowed unlimited access to the center during its operating hours for the purposes of contacting the child or evaluating the center and the care provided by the center.

- The parent, guardian or custodian should notify the on-site administrator of his or her presence immediately upon entering the premises.
- A center cannot restrict access to any known parent. Even in situations where one parent does not have custody of a child, if the center 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 center 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 centers 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.

SECTION 7: ROOM ARRANGEMENT

CHILD CARE RULE .1302 & .1304 **Building Code Requirement for Direct Exits**

 All rooms used by children under the age of 2 ½ years must have a direct exit to the outside.

- The exit must lead to the outside. Passage through other classrooms or areas of the center before reaching an exit is not permitted.
- This requirement is based on the difficulties young children may have when exiting.
- If the building meets institutional code and has a sprinkler system, direct exits are not required.

CHILD CARE RULE .0511

Requirement for Infant and Toddler Areas

- ★ Each center must have developmentally appropriate toys and activities for each child to promote the child's physical, emotional, intellectual, and social well being including appropriate books, blocks, dolls, pretend play materials, musical toys, sensory toys and fine motor toys.
- ★ The materials must be kept in an identifiable space where related equipment and materials are kept in identifiable groupings and must be made available to the children for a substantial portion of each day.
- ★ The materials must be offered in sufficient quantity to allow all children to use them at some point during the day and to allow for a range of choices with duplicates of the most popular toys.
- ★ Caregivers must make provisions for the promotion of physical development for a substantial portion of the day, which should include varied developmentally appropriate physical activities.
- ★ A safe clean, uncluttered area must be available for infants to crawl or creep and toddlers to move around.
- ★ Hands-on experiences, including both familiar and new activities, must be provided to enable the infant or toddler to learn about himself and the world.
- ★ All rooms used by infants and toddlers must provide space for sleeping, eating, toileting, diaper changing, and playing according to each child's individual need.
- ★ Each child must have the opportunity to be outdoors daily, weather permitting.
- ★ While awake, each child under the age of 12 months must be given the opportunity each day to play while positioned on his or her stomach.

- ☑ Each Infant or Toddler room should have access to a:
 - Food preparation area
 - Diaper changing area
 - Sleeping area with cribs, cots or other appropriate sleeping furnishings
 - Play area
- ☑ When setting up the food preparation area, consider these six general guidelines:
 - Make sure that food and diapering areas are completely separate.
 - Lock up all health hazards such as cleaning products or sharp objects.
 - Make sure the floors are not slippery.
 - Have adult-only work areas and storage spaces that are inaccessible for children to reach.

- Make sure all surfaces and equipment are easy to clean.
- Make sure appliance cords are not accessible to children.

Typically, a food preparation area needs to have the following items present:

Drain boards or counter top space of adequate size	Adequate refrigeration equipment
Handwashing sink	Storage space for non-refrigerated foods
Floor covering that is easily cleanable. Carpet is not recommended.	Two-compartment sink
Means of warming bottles	

Bottle warming equipment must be inaccessible to children when in use and must be emptied, cleaned and sanitized daily.


When warming a bottle in hot water, make sure there is no hot water anywhere on the bottle including the bottle cap before giving it to the child.

Microwaves cannot be used to thaw or warm breast milk, baby food, formula, or other bottled beverages. Microwaves heat unevenly and, even after shaking, the beverage may have hot spots that could severely burn a child’s mouth.


Make sure crock pot cords are secure so that children are not able to easily reach them.

Typically, a diaper changing area needs to have the following items present:

Handwashing sink
Storage space for diapers, wipes, and clothing
Floor covering that is easily cleanable
Diaper changing surface that is smooth, intact, nonabsorbent, and easily cleanable
Cleanable, plastic-lined, covered trash can or container for soiled diapers
Posted instructions for caregivers on proper methods of diaper changing and handwashing






 Refer to Appendix C – Sanitation for Child Care Center for complete requirements for a Food Preparation Area and a Diaper Changing Area.

- HH** - When setting up the environment, consider the ages of the infants in care. Are you going to serve infants of about the same age or infants of mixed ages (young, mobile, older). Consider how you will design the environment to meet the needs and abilities of each infant in care. Consider how you will alter the environment as the infants grow older or as you bring in younger infants.
- 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 play pen for extended periods of time will not experience the social, physical, emotional or intellectual stimulation, so important to their development.
 - There should be ample floor space for crawling, creeping and toddling.
 - Create small areas focused on particular activities. This will help infants and toddlers develop and safely experience the environment around them.
- HH** – Make each activity area have a special feel, making it a mini-environment.
- Infants and toddler 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. Rest does not require as much protection as sleep. Sleep requires a safe spot away from noise, movement, and stimulation.
 - Individual sleep space for infants must be provided.
 - 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.
 - When in use, cribs, play pens, cots or mats must be placed at least 18 inches apart or separated by partitions which prevent physical contact.
- HH** – Provide a “nursing nook” in the center. A nursing nook can be as simple or elaborate as you like. Think about what changes could be made in your center to provide a quiet, comfortable, and private place for nursing.
- HH** – Have a bin for putting toys that have been mouthed by one child out of reach of other children until the toys have been cleaned and sanitized.
- 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 child’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.

-  Refer to the resource section for **Activity Areas and Suggested Materials for Infants and Toddlers** that suggest ways caregivers can promote young children’s development and guide their learning experiences. These experiences can take place indoors and outdoors. Children should be able to reach and use the materials and equipment by themselves. For non-mobile infants, caregivers will need to bring materials to the child to provide easy access to the materials. For example, to make books accessible for non-mobile infants, the caregiver will need to hand an infant a book or place books where an infant can reach them.

CHILD CARE RULE .0510

Requirement for Areas used by Children 2 Years and Older

-  Each center must have materials and equipment available in activity areas on a daily basis.
-  Each activity area must contain enough materials to allow three related activities to occur at the same time. The equipment and materials must be in sufficient quantity to allow at least three children to use the area regardless of whether the children choose the same or different activities.
-  Centers with a licensed capacity of 30 or more children must have at least four activity areas available in the space occupied by each group of children.
-  Centers with a licensed capacity of less than 30 children must have at least four activity areas available daily. Separate groups of children may share use of the same activity areas.
-  Centers with a licensed capacity of 3 to 12 children located in a residence are not required to have activity areas, but must have equipment and materials available daily for the children in care.

- Encourage children to make choices from a variety of available activities.
- Arrange space to give children the freedom to move around and among the equipment and materials.
- Materials in an activity area should be arranged neatly and labeled. If it is easy for the children to see and get what they want, it will also be easy for them to return the items to the shelf or area themselves.
- It is important to include a wide range of activities and materials for children of all abilities. You will want to add or change play materials to meet the changing needs and interests of children.

- ☑ Proper placement of activity areas will enhance the children's enjoyment and smooth operation of the classroom.
- ☑ The arrangement of the environment plays a key role in guiding the behavior of young children. Observe children closely to determine what messages the physical environment is sending. If it appears that the space suggests undesirable behaviors to children, such as running indoors, be willing to modify the arrangement of equipment and furnishings to send a different message.
- ☑ Active and quiet activity areas should NOT be located next to each other.
- 📁 A **Sample Room Arrangement** layout is available in the resource section.
- 📁 Refer to the resource section for examples on **Placement of Activity Areas for Preschoolers**. This resource provides suggestions for the placement of activity areas within a classroom and how the placement has a powerful impact on the way the environment works.



SECTION 8: SAFE SLEEP PRACTICES FOR INFANTS


Safety is an issue that is first and foremost in the minds of caregivers charged with the care of infants. The number of babies dying suddenly and unexpectedly in North Carolina remains high. In our state most Sudden Infant Death Syndrome (SIDS) tragedies happen in the baby's home but some take place in other settings including child care. In 2003 North Carolina adopted the NC SIDS Law (House Bill 152) aimed to lower the risks of SIDS in child care. The law requires child care providers to place all infants age 12 months or younger on their back to sleep, to develop and maintain a safe sleep policy, and complete training on safe sleep practices.

GENERAL STATUTE 110-91(15) & CHILD CARE RULE .0606 Requirement for Infant Safe Sleep Policy

- ★ Each center licensed to care for infants aged 12 months or younger must develop and adopt a written safe sleep policy that:
 - Specifies that caregivers will place infants aged 12 months or younger on their backs for sleeping unless: (1) for an infant aged 6 months or less, the center receives a written waiver of this requirement from a health care professional; or (2) for an infant older than 6 months, the center receives a written waiver of this requirement from a health care professional, parent, or legal guardian;
 - Specifies whether pillows, blankets, toys, or other objects may be placed with a sleeping infant aged 12 months or younger, and if so, specifies the number and types of allowable objects;
 - Specifies that nothing will be placed over the head or face of an infant aged 12 months or younger when the infant is laid down to sleep;
 - Specifies the temperature in the room where infants aged 12 months or younger are sleeping does not exceed 75 degrees F;
 - Specifies the means by which caregivers will visually check on sleeping infants aged 12 months or younger;
 - Specifies the frequency with which caregivers will visually check on sleeping infants aged 12 months or younger;
 - Specifies how caregivers will document compliance with visually checking on sleeping infants aged 12 months or younger with such documents to be maintained for a minimum of 30 days;
 - Specifies any other steps the center will take to provide a safe sleep environment for infants aged 12 months or younger.
- ★ The operator of the child care facility must discuss the safe sleep policy with the child's parent or guardian before the child is enrolled at the facility.
- ★ The child's parent or guardian must 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.
- ★ If a center amends its safe sleep policy, it must give written notice of the amendment to the parents of all enrolled infants aged 12 months and younger at least 14 days before the amended policy is implemented. Each parent must sign a statement acknowledging the receipt and explanation of the amendment. The center must retain the acknowledgment in the child's record for as long as the child is enrolled.
- ★ Any director as well as any caregiver responsible for the care of children ages 12 months or younger must receive training in safe sleep practices.



- ☑ The intent of North Carolina's SIDS (Sudden Infant Death Syndrome) Law and child care requirements are to help keep babies safe while they are in child care.

- Placing babies on their back to sleep has been effective in helping reduce the number of babies that die of SIDS.
 - The NC SIDS Law empowers providers to create a safe sleep environment and engage in safer sleep practices and can help reinforce safe sleep messages to parents.
 - The NC SIDS Law applies to all operators in child care facilities that care for children 12 months of age or younger.
 - Operators, directors, owners, and any child care provider scheduled to work with infants, including substitutes and volunteers counted in staff-child ratio, are required to complete Infant/Toddler Safe Sleep and SIDS Risk Reduction training, also known as ITS-SIDS training.
 -  Refer to Chapter 2 – Staff for a complete outline of the ITS-SIDS training requirement.
 - Overheating is a risk factor for SIDS, therefore the room temperature where infant's sleep should not exceed 75 degrees Fahrenheit.
 - Caregivers are required to visually check sleeping infants and document this requirement each time a sleeping infant is visually checked. This is also required for infants receiving overnight care.
 - If you complete safe sleep checks at different intervals depending on the time of day or night an infant is in care, you need to specify when these checks will be performed in your safe sleep policy. You can adopt one policy and note differences within the policy based on the time the children are in care.
 - If an infant has been placed on his back to sleep and the infant rolls onto his stomach or side on his own, it is okay to let the infant sleep in that position. The caregiver does not have to reposition the infant on his back.
 -  Two **Sample Safe Sleep Charts** are located in the resource section. Find or create a chart that works for you. Documentation must remain on file for 30 days. Additional sample safe sleep charts can be found on the Division's web site at www.ncchildcare.net.
- HH** - Practice drills for unresponsive baby emergency. It is important for child care providers to know proper emergency procedures in the event that a baby is not responsive or does not wake up from a nap. Practice drills will familiarize staff with how to respond in the event of an emergency.

 A **(BASIC) Policy template and an Infant/Toddler Safe Sleep Policy Sample** is available in the resource section to assist child care programs when creating a safe sleep policy that creates a safe sleep environment for infants.

CHILD CARE RULE .0606

Requirements for Safe Sleep Environment

-  The center must post a copy of its safe sleep policy or a poster about infant safe sleep practices in a prominent place in the infant room.
-  For each infant with a waiver on file at the center, a notice must be posted for quick reference near the infant's crib, bassinet, or playpen. The notice must include: the infant's name, the infant's authorized sleep position, and the location of the signed waiver.

Confidential medical information, including the infant's medical diagnosis, cannot be posted on the notice.

RESOURCE SECTION

Chapter 5: INDOOR LEARNING ENVIRONMENT

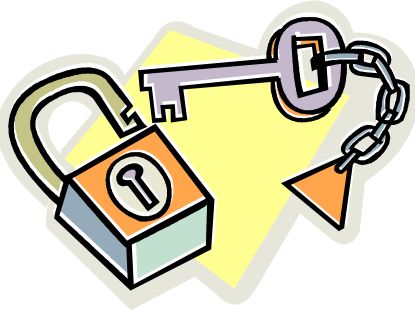
The following pages contain resource materials discussed in or related to the preceding chapter.

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

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

Hazardous Items Storage

DENR Sanitation Rule 15A NCAC 18A .2820(b), (c), (d)
DCD Child Care Rule 10A NCAC 09 .0604(a)



Locked Storage

Combination, electronic or magnetic device, or key

- ★ Corrosive agents
- ★ Pesticides
- ★ Bleach
- ★ Detergents
- ★ Cleaners
- ★ Polishes
- ★ Aerosol cans
- ★ ALL MEDICATIONS*
- ★ Employee purses and personal effects

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



Center Fire Drill Report

Year _____

Name of Center _____

Name of Administrator _____

Address of Center _____

Each center shall formulate a plan, in cooperation with the Local Fire Department, to evacuate in case of fire or when necessary. (Fire extinguishers shall not be used until the children are safely evacuated unless the center has sufficient staff personnel to evacuate the children safely and use fire extinguishers simultaneously.) All employees shall be instructed and kept informed of their duties under the plan. **There must be at least one unannounced fire drill monthly and it must be conducted at a different time each month.** Records of monthly fire drills must include all the information listed below based on requirements in Child Care Rule .0302(d)(4) and NC Fire Code -Chapter 405.5. The fire drill records shall be available to a Division representative for review. **When you evacuate, be sure and take an attendance list so you can verify that all children are accounted for from each room.**

Date	Time of Fire Drill	Time Required to Evacuate	Staff & Child Roster Attached*	# of Individuals Evacuated		Notification Method Used	Weather Conditions	Comments for Special Conditions or Problems	Name & Signature of Person Conducting Drill
				Children	Adults				
			Y/N						
			Y/N						
			Y/N						
			Y/N						
			Y/N						
			Y/N						
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			Y/N						
			Y/N						
			Y/N						
			Y/N						
			Y/N						

*Fire code requires that names of staff members on duty and participating be included with the monthly documentation

Sample

CLASSROOM STAFF TO CHILD RATIO

Classroom # _____

Age of youngest child enrolled in this classroom	Center's Ratio: Staff to Children	Maximum Number of Children allowed
---	--	---

Minimum Requirements

Age of Children	State Minimum requirements Ratio: Staff/Children	Maximum Group size permitted
to 12 months	1/5	10
12 to 24 months	1/6	12
2 to 3 years	1/10	20
3 to 4 years	1/15	25
4 to 5 years	1/20	25
5 years and Older	1/25	25

Voluntary Enhanced Requirements

Age of Children	Voluntary Enhanced Ratio: Staff/Children	Voluntary Enhanced Maximum Group size permitted
0 to 12 months	1/5	10
12 to 24 months	1/6	12
2 to 3 years	1/9	18
3 to 4 years	1/10	20
4 to 5 years	1/13	25
5 to 6 years	1/15	25
6 years and Older	1/20	25

Highest Voluntary Enhanced Requirements

Age of Children	Highest Voluntary Enhanced Ratio: Staff/Children	Maximum Group size permitted
0 to 12 months	1/4	8
12 to 24 months	1/5	10
2 to 3 years	1/8	16
3 to 4 years	1/9	18
4 to 5 years	1/12	24
5 to 6 years	1/14	25
6 yrs and older	1/19	25

** Children younger than two years old may be cared for in groups with older children at the beginning and end of the operating day provided the staff/child ratio for the youngest child in the group is maintained.*

**In any multi-age group situation, the staff/child ratio for the youngest child in the group shall be maintained for the entire group.*

**Centers may choose to meet lower ratios than what the state requires*

** Please check the appropriate box of the staff child ratio your program is required to meet based on your license type*

STAFFING PATTERNS WORKSHEET

Classroom: _____

Date: _____

One Chart must be completed for each group of children.

# Present by Age ⇨	0	1	2	3	4	5-12	Total Children	Staff Name
12:00m-1:00am								
1:00am-2:00am								
2:00am-3:00am								
3:00am-4:00am								
4:00am-5:00am								
5:00am-6:00am								
6:00am-7:00am								
7:00am-7:30am								
7:30am-8:00am								
8:00am-8:30am								
8:30am-9:00am								
9:00am-9:30am								
9:30am-10:00am								
10:00am-11:00am								
11:00am-12:00n								
12:00n-1:00pm								
1:00pm-2:00pm								
2:00pm-2:30pm								
2:30pm-3:00pm								
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3:30pm-4:00pm								
4:00pm-4:30pm								
4:30pm-5:00pm								
5:00pm-5:30pm								
5:30pm-6:00pm								
6:00pm-6:30pm								
6:30pm-7:00pm								
7:00pm-8:00pm								
8:00pm-9:00pm								
9:00pm-10:00pm								
10:00pm-11:00pm								
11:00pm-12:00m								

Completed by: _____ Title: _____

Activity Areas and Suggested Materials for Infants and Toddlers

The following examples suggest ways caregivers can promote infants and toddlers development and guide their learning by providing appropriate experiences. These experiences can take place both indoors and outdoors. Children should be able to reach and use the materials and equipment by themselves. For non-mobile infants, caregivers will need to bring materials to the children or move the children to provide easy access to the materials. For example, to make books accessible for non-mobile infants, the caregiver will need to hand an infant a book or place books where the infant can reach them.

FAMILY LIVING AND DRAMATIC PLAY: Infants do not require a separate area to engage in pretend play. Pretend can take place anytime and anywhere. Toddlers can benefit from having a special place for their pretend play since they favor using objects and props. Include items that represent the “real” world. Infants and toddlers are focused on common places, such as their homes, their family, and pets. Infants need materials they can easily grasp and hold such as soft dolls, soft animals, pots, pans, and toy telephones. Items needed for a toddler may include multi-cultural dress-up clothes, child-size furniture, play kitchen, stove or refrigerator, cooking and eating accessories, multi-cultural play food, soft animals, multi-cultural dolls with doll furniture, and toy telephones.

MANIPULATIVES: For infants and toddlers manipulative play may be referred to as fine motor activities. Fine motor activities encourage the development of eye-hand coordination using the fingers and eyes together to manipulate objects. Materials should be varied by skill and varied by size, color, shape, texture, and sound. Some examples for infants may include grasping toys, rattles, safe hanging objects to bat at or to grasp, stacking rings, textured toys, cause-and-effect toys (which respond with sounds) and teething toys. Some examples for toddlers may include shape sorting games, bead mazes, containers to drop objects into, sets of manipulatives with larger than preschool-sized pieces, such as links, interlocking stars, or large beads to string, and simple puzzles.

ART: Art materials require advanced eye-hand coordination. They also require self-control so that the children are not tempted to eat the materials. Art, like blocks, is primarily a sensory experience for infants and toddlers. Placing items such as soft stuffed toys, a dab of yogurt and fabric scraps of different types are appropriate art experiences for this age. Fabric scrapes that might be used include flannel, corduroy, satin, silk, and burlap. Once able to sit provide infants non-toxic papers they can crumble, tear, shred, and wave in the air. When art materials are used with infants, proper supervision and use must be considered. Older infants and toddlers need bare floor space or a child-size table to use for drawing, painting, tearing, coloring, pasting, and molding activities. Certain materials, such as paint, paste, and other items that require close supervision, may need to be placed out of reach on higher shelves or in storage cabinets. Other materials like modeling dough, papers, crayons, and chalk can be stored in containers on a low shelf. Suggested art supplies for infants and toddlers include: washable tempura paint, water colors, washable markers, chalk, finger paint, sponges, tissue paper, and easels. There are some materials that are not recommended for use such as glitter, scissors, and any other material that are, according to directions and instructions on the item, restricted for the age of children in care.

Activity Areas and Suggested Materials for Infants and Toddlers

BOOKS/LANGUAGE DEVELOPMENT: Books provided for infants and toddlers should be sturdy and have pages that do not easily tear, such as books made of vinyl or cloth, or heavy board books. Include books that are varied in topic and include people of various cultures, ages and abilities, and familiar routines, families, pets, and animals. Caregivers should hold infants closely in their lap to read and point out pictures and talk about the book with the child. For toddlers, the books need to be accessible in a basket or on a shelf. Teachers should still read with the children individually or in small groups throughout the day. During reading activities use puppets, felt boards, singing and finger plays to tell stories.

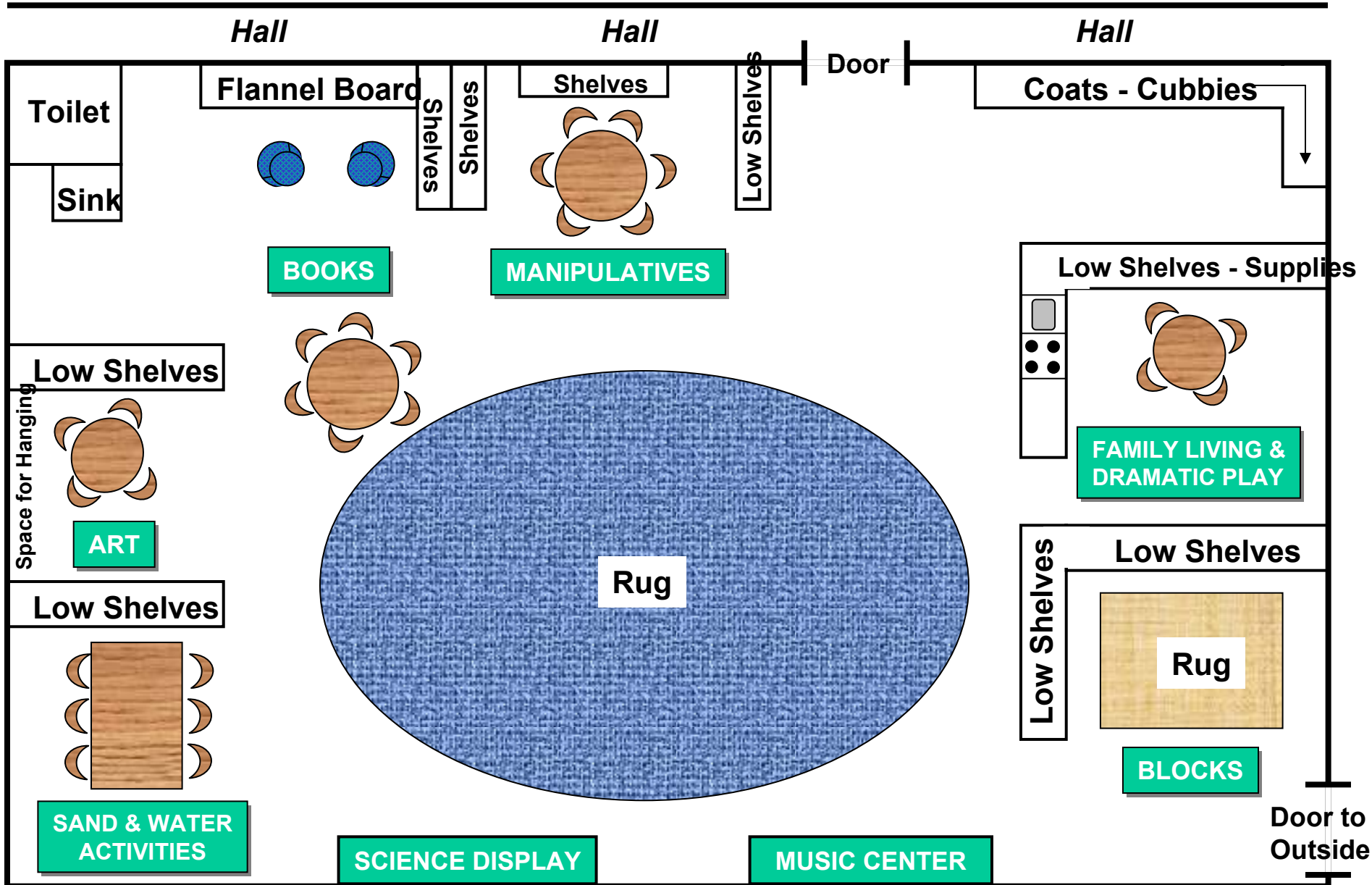
WATER/SAND: Offering water and sand play to infants and toddlers allows them to explore the materials using their senses and to begin building concepts of science and math. These materials offer inexpensive ways to promote learning and development. Offering these activities does require advance planning. These activities can be messy so you will want to consider where clean up will be the easiest. An uncarpeted area is a good choice, however, if your space is carpeted you can spread an old plastic table cloth, shower curtain, or crib sheet on the floor. To hold sand and water consider shallow dish tubs, individual trays or tubs. When providing water play for infants, begin with no more than a tray full of water. (Children have been known to drown in less than an inch of water.) Toddlers may enjoy playing at a child-size sand or water table. Props may include plastic animals, floating objects, funnels, watering can, scoops, squeeze bottles, pie tins, and muffin tins. Outdoors, the sandbox requires a cover to prevent contamination by animals. Sand and water play require close supervision.

SCIENCE/NATURE: Infants and toddlers use their senses to experience their surrounding, it is appropriate to include many hands-on experiences for learning about science and nature. Some examples of science and nature items include sound blocks, magnifying glasses, binoculars, growing seedlings, color paddles, sensory bottles, realistic plastic animals and pretend food, books that have realistic pictures of animals, rain sticks, bird feeders, rain gauges, etc. Taking children outside provides opportunities for infants and toddlers to interact with nature by coming into contact with natural things such as leaves, grass, wind, living plants, and trees.

MUSIC/RHYTHM: Provide a safe open area for dancing and moving. This area should include a variety of musical instruments and movement items such as drums, shakers, sensory bottles, bells, hand bells, scarves, maracas, rhythm sticks, bean bags, etc. Music and rhythm activities may include encouraging children to clap to different rhythms, encouraging small groups of children to dance around, gently bouncing a child on lap to the rhythm of a song, or dancing while holding a non-mobile infant. Children should be able to freely play with the instruments and movement items. Music can be used for quiet listening or for active play.

BLOCKS AND BLOCK BUILDING: Infants and young toddlers mainly use blocks as a sensory motor experience, therefore they only need a small number of geometric shapes in sizes and weights that they can manage safely. Older toddlers like the challenge of carrying larger blocks. Examples of blocks include soft blocks, large cardboard blocks, and light-weight blocks of various sizes, shapes and colors. Accessories might include containers to fill and dump, toy trucks and cars, plastic people, plastic animals, trees, street signs, etc. Accessories should be separated and stored in clearly labeled containers, and should be placed near the blocks. Space for block play might be floor or table space and should be out of high traffic areas in the room.

Sample Room Arrangement



Examples of Placement of Activity Areas for Preschoolers

The placement of activity areas within the classroom can have a powerful impact on the way the environment works. Some activity areas require more space than other areas, but all areas should be usable for children. Activity areas should provide a variety of activities that encourages individual play and small group participation. Take the following suggestions into consideration when planning activity areas for preschoolers.

BLOCKS AND BLOCK BUILDING: This area needs a lot of floor space for children to build and it should be limited to no more than two children. It needs to be out of the normal traffic patterns of the classroom to avoid interruptions or disturbances to the structures the children build. Keep in mind that blocks falling onto hard surfaces, such as tile flooring, can be quite loud. It is suggested to have carpeting in this area. Blocks should be accessible for daily use. Open shelves allow children to see and reach blocks and accessories independently. Examples of block and block building materials include a variety of blocks (wooden, hollow, fabric, cardboard), low work tables, landscape features, people, animals, small vehicles, and other props.

FAMILY LIVING AND DRAMATIC PLAY: This area also needs a lot of floor space for the children to move about freely. Again, consider traffic patterns to avoid interruptions. Child-sized housekeeping furniture, dress-up clothes and accessories, a mirror, work role and adventure props (uniforms, cash register, capes), dolls, and puppets can all be a part of this area. Dramatic play is often an area of active, loud play, so locating it way from the book area is desirable. Materials need to be accessible to children. Storage space is necessary for dramatic play materials. Family living and dramatic play should be accessible for daily use.

MANIPULATIVES: Varied and accessible materials, tables, and plenty of storage including open shelves are needed. Manipulative play materials should be located close to a place where the children can sit and play at a table. Children need ample surface area on which to lay out puzzles, pegboards, interlocking blocks, shape boxes and other materials. Remember that most manipulative play materials are small and contain multiple parts or pieces. Manipulatives should be accessible for daily use.

ART: This area needs to be located near a sink and a floor that is easy to clean. Storing art supplies nearby will facilitate setting up and putting away materials. A flat work surface as well as easels, a drying rack or line with clothespins, and hooks or paint smocks, is a part of the art area. Wall surfaces throughout the classroom and some shelving at the children's eye level are needed to display finished products. Art should be accessible for daily use.

BOOKS/LANGUAGE DEVELOPMENT: This space needs to be out of the normal traffic patterns of the classroom so that children can read without interruptions. The book area needs to have a bookshelf with books displayed so they are easily accessible to children. Keep in mind that children will typically sit on the floor to read, so it is recommended to have carpet in this area. Other types of soft inviting seating areas to look at books include bean bag chairs, child-sized camp chairs, and blow-up pool with pillows. Books and language development materials should be accessible for daily use. Examples of language development materials include a wide selection of books, flannel board stories, puppets, and a listening center with earphones.

WATER/SAND: This can take place indoors or outdoors with the use of sand and water tables, or plastic dish tubs or other suitable containers placed on low tables, the floor, or the ground. Indoors, this activity should be located in an area of the room where there is tile or linoleum floors. Outdoors, the sandbox requires a cover to prevent contamination by animals. Sand and water play require close supervision.

SCIENCE/NATURE: For very young children, the science area can be simply a display table where caregivers and children feature items found in nature and pictures representing science themes (seasons, animals, weather, plants). It is a good idea to provide books about nature, and space on the wall at the children's eye level to hang photographs and pictures that represent nature. Children benefit from direct experiences in handling natural objects inside and from using their senses to explore nature outside.

MUSIC/RHYTHM: This area should include a variety of musical instruments, possibly mirrors, and room for children and adults to move around. CD players, radios, and cassette players should be set up securely and out of the reach of infants and toddlers. Electric cords need to be out of the children's reach as well. Some storage space may be needed for musical instruments, CDs, and cassettes. Dance props such as scarves and hats encourage children to move to the music.

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.

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

INITIAL / TIME	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	INITIAL / TIME	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
		BACK		SIDE				BACK		SIDE		TUMMY
		BACK		SIDE				BACK		SIDE		TUMMY
		BACK		SIDE				BACK		SIDE		TUMMY
		BACK		SIDE				BACK		SIDE		TUMMY
		BACK		SIDE				BACK		SIDE		TUMMY
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		BACK		SIDE				BACK		SIDE		TUMMY
		BACK		SIDE				BACK		SIDE		TUMMY

Note: printed 2 sided can use for 4 days with same baby

Source: JDanielson

Name of Center: _____



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 facility will practice the following safe sleep policy:

Safe Sleep Practices

1. All child care staff working in this room, or child care staff who may potentially work in this room, will receive training on our 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. We will follow this recommendation by the American Academy of Pediatrics. However, child care staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.
5. **Visually checking sleeping infants.** Sleeping infants will be checked daily, every 15-20 minutes, by assigned 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. We will be especially alert to monitoring a sleeping infant during the first weeks the infant is in child care.

We 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. We will check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness.

6. 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.

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 Infant/Toddler Safe Sleep Policy and that the facility's director/ owner/operator (or other designated staff member) has discussed the facility'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 facility record.

Effective date: 5/1/04

Review: #1 12/15/05

Revisions: #1 1/1/06 COM;

Safe Sleep Environment

7. Room temperature will be kept between 68-75°F **and a thermometer kept in the infant room.**
8. Infants' heads will not be covered with blankets or bedding. Infants' cribs will not be covered with blankets or bedding. **We 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 we are evacuating infants in an emergency.
13. No smoking is permitted in the infant room or on the premises.
14. All parents/guardians of infants cared for in the infant room will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment.
15. **To promote healthy development, awake infants will be given supervised "tummy time" for exercise and for play.**

Best Practices

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

Chapter 6: CHILDREN'S RECORDS AND ACTIVITIES

Purpose Of These Requirements

The health and safety of individual children requires that information regarding each child in care be kept and available when needed. Children's records consist of various documentation such as a child's medical and immunization history, emergency medical care information, and parental permission to participate in specific activities. This information is a basis for meeting each child's physical, emotional, cognitive, and social needs. The purpose of these requirements is to ensure child care providers maintain accurate documentation that remains available at the child care center to determine compliance with the child care rules and ensure the health and safety of each child.

Child care programs must establish and implement, planned program of daily activities based on each child's individual development at each stage of early childhood. Child care providers should be clear about the curriculum and activities they plan to implement. Having a written description of the planned program of daily activities give staff and parents a common understanding. The written plan helps define the service and contributes to the relationship between the provider and parent. Written activity plans and daily schedules provide parents and staff a clear picture of the programming components of the program.

Definitions

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.



SECTION 1: CHILDREN'S RECORDS

Records at a child care facility can consist of financial records, enrollment applications, medical records, and other items used to verify that the center meet the appropriate child care requirements. Good record keeping is important to the success of the child care business.

NC GENERAL STATUTE 110-91(9) Requirement for General Record Keeping


- ★ Each child care facility must keep accurate records on each child receiving care in child care.
- ★ All records of any child care center, except financial records, must be available for review by a Division representative.

- Records should be accessible at all times.

- An “accessible” file means that staff must be able to reach that file at all times. If the file is kept locked, the staff must have keys, or one key must be in a place available to every staff member.
 - Some records must be on forms furnished or approved by the Division, and be submitted as required by the Division.
 - The Division has supplied sample forms as a convenience to the center and operator. Centers are not required to use most of the Division’s suggested forms, unless the child care requirement specifies a certain form created by the Division must be used. However, if a center or operator chooses to create their own forms, all information that is specified in the requirement must also be included on any other forms used.
- HH** – A good record keeping system will help save you time. By keeping your records organized and located in one place, you will have immediate access to emergency information for children and staff. In an emergency situation center staff may need to grab records such as emergency contact information for children and staff, applications, attendance lists, children’s health information, etc. to evacuate the center. It might be helpful to store this information in individual alphabetized folders or compile all information into one binder. The information should be easy to grab and go in emergency situations.
-  A sample **Children’s File Checklist** is located in the resource section to help identify information that needs to be present for each child’s.
 -  Refer to Chapter 1 – Getting Started for record retention requirements for program, staff and children’s records.

NC GENERAL STATUTE 110-91(1) Requirement for Child's Health Assessment

- ★ Each child must have a health assessment before being admitted, or within 30 days following admission to a child care center.
- ★ 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.

 A sample **Child's Medical Report** form (health assessment) is located in the resource section. If a center chooses to develop its own health assessment form, it must include every item of information found on the sample form.

The top portion of the sample form should be completed by the child's parent or guardian. A health care professional completed 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.




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.

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.







The health assessment does not have to be kept on-site at the licensed program. However, the **Public School Off-Site Records Verification for Children’s Records** must be on-site that identifies the storage location, name, and contact information of the individual responsible for maintaining the record, and a statement that the record is on file and contains the appropriate information. This form is available in the resource section.





NC GENERAL STATUTE 110-91(1) Requirement for Immunization Records

-  Each child must have an up to date record of immunization on file at the center 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 a certificate of immunization for every child on the first day of attendance. If a certificate 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 annually. Each center 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 facility, the facility 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 center, the operator must have a copy of the immunization record.
-  A sample **Immunization History** form is located in the resource section. This information is located on the back of the sample Child's Medical Report form and should be turned in at the same time.
-  For information on types of shots needed for children and a list of vaccines and their brand names refer to the resource section.
-  Additional resources are available from Immunize North Carolina. Visit www.immunizenc.com for the recommended immunization schedule for children and adults.
-  The immunization record does not have to be kept on-site at the licensed program. However, the **Public School Off-Site Records Verification for Children's Records** must be on-site that identifies the storage location, name, and contact information of the individual responsible for maintaining the record, and a statement that the record is on file and contains the appropriate information. This form is available in the resource section.

CHILD CARE RULE .0801 & .2318 Child's Application for Child Care

-  Each child must have a completed application on file on the first day of attendance and must remain on file for at least one year from the date the child is no longer enrolled in the center.
-  The child's parent or guardian must sign the application.
-  The application must be available and easily accessible to the caregiving staff.
-  The completed application must include, at a minimum, the following information:
 - the child's full name and the name the child is to be called
 - the child's date of birth, any allergies, particular fears, or unique behavior characteristics that the child has
 - names of individuals to whom the center may release the child as authorized by the person who signs the application
 - date of enrollment
 - emergency medical information

- Applications should be reviewed for accuracy and as needed to update any important information that might have changed such as address, phone numbers, and emergency contacts.
- Each child enrolled must have a separate application. Brothers and sisters cannot share an application form.
- If operators choose to develop their own application form, it must include, at a minimum, every item of information found in the child care requirements.

HH - In an emergency situation center staff may need to grab emergency contact information for children and staff, records, applications, attendance lists, children's health information, etc. to evacuate the center. It might be helpful to store this information in individual alphabetized folders or compile all information into one binder. The information should be easy to grab and go in emergency situations.

-  A sample **Child's Application for Child Care** form is located in the resource section.



The application for child care does not have to be kept on-site at the licensed program. However, the **Public School Off-Site Records Verification for Children's Records** must be on-site that identifies the storage location, name, and contact information of the individual responsible for maintaining the record, and a statement that the record is on file and contains the appropriate information. This form is available in the resource section.

CHILD CARE RULE .0802

Emergency Medical Care Authorization

- ★ Each child's parent, legal guardian, or full-time custodian must sign a statement authorizing the center to obtain medical attention for the child in an emergency.
- ★ The medical care authorization must be on file on the first day the child attends the center.
- ★ The authorization must be easily accessible to staff so that it can be taken with the child whenever emergency medical treatment is necessary.



Emergency information must be available to staff at all times.




One person on each shift should be designated to assure that the medical care authorization and emergency medical care information is taken with the ill or injured child to the medical facility.



A sample **Child's Application for Child Care** form is located in the resource section, which includes space for emergency medical care authorization.



CHILD CARE RULE .0802
Emergency Medical Care Information

- ★ Emergency medical care information must be on file for each individual child.
- ★ The emergency medical care information must include the following:
 - Name of the parent or other person to be contacted in case of an emergency
 - Address of the parent or other person to be contacted in case of an emergency
 - Telephone number of the parent or other person to be contacted in case of an emergency
 - The responsible party's choice of health care provider
 - Preferred hospital
 - Any chronic illnesses the individual child has
 - Any medication taken for that illness
 - Any other information that has a direct bearing on assuring safe medical treatment for the child



- The emergency medical care information must be on file in the center on the child's first day of attendance.
- Remember to update the information regularly to assure that current emergency information is always on file for each child.
-  A sample **Child's Application for Child Care** form is located in the resource section, which includes space for emergency medical care information.



CHILD CARE RULE .0802 Incident Reports

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






- This requirement also applies when the parent 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 to the Division when a child receives medical treatment.
-  A copy of the **Incident Report Form** is located in the resource section.
-  Remember to record the incident on the incident report log. Refer to Chapter 12 – Medical Care for requirements for completing and maintaining an incident log.


**NC GENERAL STATUTE 110-102.1A & CHILD CARE RULE .0803
Administering Medication**

-  Written authorization is required any time prescription or over-the-counter medication is administered by center personnel to children receiving care, including any time medication is administered in the event of an emergency medical condition.
-  The child's name, the date, time, amount, and type of medication given, and the name and signature of the person administering the medication must be recorded.

- This information must be noted on a medication permission slip developed by the Division, or on a separate form developed by the provider which includes the required information.
- The information must be available for review by a Division representative during the time period the medication is being administered, and for at least 6 months after the medication is administered.
- Refer to Chapter 12 - Medical Care for detailed requirements on the administration of medication.
-  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 at the end of this chapter.
-  For a copy of the Steps to Administering Medication poster that was developed by the NC Child Care Health and Safety Resource Center go to the Resource tab on their website, www.healthychildcarenc.org.

CHILD CARE RULE .0902**Feeding Schedules**


-  Feeding Schedules are required for each child under 15 months of age.
-  The schedule must include the child's name, be signed by the parent or health care provider, and be dated when received by the center. It should also include the amounts of food/formula the child should be served and the time intervals for feeding.
-  Each infant's schedule must be modified, 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.
-  The feeding instructions for each infant must be posted for quick reference by the caregivers.
-  Centers licensed to care for 3 to 12 children in a residence are not required to post the feeding schedule but must have it available for review.

- The parent or health care provider of each child under 15 months of age must give the center an individual written feeding schedule for the child.
- The schedule must be posted and followed at the center. Centers licensed to care for 3 to 12 children in a residence are not required to post the feeding schedule but must have it available for review.
- Each infant's 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.
- If a parent makes a verbal request for a change to a child's feeding schedule, the staff member can note the change on the schedule and have the parent review and initial it at a later time.
- Whenever there are questions about the type or quantity of food listed on the feeding schedule, the caregivers should check with the parent and/or with the center's medical consultant.
-  A sample **Infant Feeding Schedule** is located in the resource section.

**NC GENERAL STATUTE 110-91(10) & .1801
Requirement for the Discipline Policy**

- ★ 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 parent, legal guardian, or full-time custodian must sign a statement which attests that a copy of the center's written discipline policies were given to and discussed with him or her.
- ★ The written discipline policy must be discussed with, and a copy given to, each child’s parent prior to the first time the child attends the center.
- ★ The signed statement must bear 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 in the center for one year from the date the child is no longer enrolled in the center.
- ★ If a center changes its discipline policy at any time, it must give written notice of such a change to the child's parent, guardian, or full-time custodian 30 days prior to the implementation of the new policy and the parent, guardian, or full-time custodian must sign a statement that attests that a copy of the new policy was given to and discussed with him or her. The statement must be kept in the child's file.


- ☑ One copy of the statement may be completed and signed to include all of the children from one family as long as each child’s name is listed on the form. The original may be kept in one file, and copies may be kept in the files of other brothers or sisters.


 Refer to Chapter 11 – Behavior Management for detailed requirements and resources related to a program’s written discipline policy.

**CHILD CARE RULE .1003
Permission to Transport**

- ★ Before children are transported, written permission from the parent must be obtained which must include when and where the child is to be transported, expected time of departure and arrival, and the name of the transportation provider.
- ★ Parents may give standing permission, valid for up to 12 months, for routine transport of children to and from the center.

- ☑ Permission to transport must be on file.

 Refer to Chapter 10 – Transportation for specific requirements and resources related to transportation of children in child care.

 Samples of the **Blanket Permission for Routine Transport of Children Form** and **Permission Slip for Field Trip** are located in the resource section.

CHILD CARE RULE .1003

Emergency and Identifying Information in the Vehicle


 For each child being transported, emergency and identifying information must be in the vehicle.


A copy of the child's Emergency Medical Care information as well as the Emergency Medical Care Authorization must be in the vehicle when transporting children. This information is located on the Child's Application for Child Care.

HH - A current picture of each child being transported, with the child's name and birth dates, should be in the vehicle for quick access in case a child is separated from the group and identification information is needed.

CHILD CARE RULE .0512

Off Premise Authorization


 Before staff members walk children off premises for play or outings, the parent of each child must give written permission for the child to be included in such activities.

 Parents may provide a written statement giving standing permission which may be valid for up to 12 months for participation in off premise activities that occur on a regular basis.

 The facility must post a schedule of off premise activities.

Off premise activities refers to any activity which takes place away from licensed and approved space.

The schedule must be current and must include the activities that are scheduled for indoor and outdoor areas.

 A sample **Off Premise Activity Authorization** form is located in the resource section.

Child Care Rule .0302 Attendance Records

 Each center must maintain accurate records on attendance of children.


Attendance records should accurately reflect the number of children in care at all times.

HH – Operators are highly encouraged to maintain daily records of attendance that includes arrival and departure times for children as well as the signatures of the parent or authorized individual accompanying the child during these times.


 A sample **Attendance Report for Children** is located in the resource section.


 A sample **Daily Child’s Sign-In/Out** form is located in the resource section.

GENERAL STATUTE 110-91(15) & CHILD CARE RULE .0606 Receipt of Safe Sleep Policy & Waiver

 A copy of the center’s safe sleep policy must be given and explained to the parents of infants 12 months and younger on or before the first day the infant attends the center.

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



 The center must retain the acknowledgement in the child’s record for at least one year from the date the child is no longer enrolled in the center.

 If a health care provider or parent completes a waiver authorizing an alternate sleep position, the center 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 center.

 Centers must post the safe sleep policy or poster about safe sleep practices in a prominent place in the infant room.



For children 12 months and younger, a copy of a signed statement acknowledging receipt of the center’s safe sleep policy from the parent must be maintained in each infant’s file.



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 back to sleep, the waiver must be signed and dated by the infant’s physician, 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 provider, a parent or legal guardian. The waiver must bear the infant's name and birth date, be signed and dated by the infant's physician or parent, and specify the infant's authorized sleep position.
-  Copies of the **Alternative Sleep Position Waiver (Physician Recommendation)** and **Alternative Sleep Position Waiver Parent Request** is located in the resource section.
-  Additional requirements for creating and maintaining a safe sleep environment is located in Chapter 5 – Indoor Learning Environment.

GENERAL STATUTE 110-102

Receipt of Summary of the Child Care Law

-  Operators of child care centers 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 summary from the Division at 1-800-859-0829 or access it online at www.ncchildcare.net.

SECTION 2: DAILY SCHEDULES AND ACTIVITY PLANS

CHILD CARE RULE .0508 Requirement for Daily Schedules

- ★ All centers must have a schedule for each group of children posted for easy reference by parents and by caregivers.
- ★ The written schedule must show blocks of time usually assigned to types of activities and include periods of time for both active play and quiet play or rest.
- ★ Blocks of time must show activities that are scheduled for indoor and outdoor areas.
- ★ The activities and allotted times reflected in the schedule must be developmentally appropriate for the children in care.
- ★ When children two years old or older are in care, the schedule must also reflect daily opportunities for both free-choice and teacher-directed activities.


- ☑ The written schedule must include all the activities for that day from the time the center opens until it closes.
- ☑ 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, 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.
- ☑ There are times when you need to be flexible with the written 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 several different schedules that are rotated 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.

- ☑ 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 staff 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.
 - ☑ 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 5 – Indoor Learning Environment.
- HH** – It is recommended that children be offered a minimum total of one hour of outdoor time throughout the day, if weather conditions permit.
- 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.
- HH** – Keep these characteristics of an appropriate schedule in mind when setting up your classroom 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.
 - Children go outdoors twice a day in a full day programs.
 - Children have opportunities to be alone (although supervised), spend time with teacher/caregiver, and have small group time.

CHILD CARE RULE .0508


Requirement for Activity Plans

- ★ All centers must develop a written plan of developmentally appropriate activities designed to stimulate social, emotional, cognitive (intellectual) and physical development for each group of children in care.
- ★ The activity plan must always be current and accessible for easy reference by parents and caregivers.
- ★ The activity plan must include at least one daily activity for each developmental goal.
- ★ Activities which allow children to choose to participate with the whole group, part of the group, or independently must be identified.
- ★ The activity plan must reflect that the children have at least four different activities in which they may choose to participate on a daily basis.
- ★ The schedule and activity plan may be combined as one document as long as it is always current and posted for easy reference by parents and caregivers.

 **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. Teachers 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 17 – Star Rated License). Keep in mind that what ever activity planning form used must meet the child care requirements for activity plans.

HH – When developing an activity plan, consider the classroom activity or learning centers, the skills and interests of the children, and available resources.

HH – Activities can take place indoors and outdoors. Offer at least one of the daily activities outdoors, if weather conditions permit.

HH – In the activity plan, include a daily gross motor activity which can occur indoors or outdoors to promote physical health and well-being.



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.nccchild.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 centers to plan developmentally appropriate activities that 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

	<p>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.</p>
<p>Cognitive development:</p>	<p>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.</p>
<p>Physical development:</p>	<p>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.</p>

Additional developmental goal areas are important to the development and learning of children. These include:

<p>Language Development and Communication:</p>	<p>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.</p>
<p>Approaches to Learning</p>	<p>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.</p>

SECTION 3: ACTIVITIES

CHILD CARE RULE .0509 Requirement for Activities

- ★ Each center shall have developmentally appropriate equipment and materials accessible on a daily basis.
- ★ The materials and equipment shall be sufficient to provide a variety of play experiences that promote the children's social, emotional, intellectual and physical development.
- ★ Teacher-made and home-made equipment and materials may be used if they are safe and functional.
- ★ Materials and equipment that are accessible to children cannot be coated or treated with, nor should they contain, toxic materials such as creosote, pentachlorophenol, tributyl tin oxide, dislodgeable arsenic, and any finishes which contain pesticides.
- ★ Developmentally appropriate equipment and materials must be provided for a variety of outdoor activities that allow for vigorous play and large muscle development.
- ★ Each child must have the opportunity for outdoor play each day that weather conditions permit. The center must provide space and time for vigorous activities when children cannot play outdoors.

- ☑ There must be enough materials to offer each child a variety of play experiences.
- ☑ The play materials must be suitable for the ages of the children in the center. All equipment and materials assigned to each group of children must be age appropriate.
- ☑ All children must be taken outside each day, weather permitting. If the weather is too bad for the children to go outside, the center must provide some vigorous activities indoors. For example, dancing, marching, tumbling and certain climbing activities can all be done indoors.
- ☑ Examples of both indoor and outdoor equipment and materials can be found in Chapter 3 - Outdoor Learning Environment and Chapter 5 - Indoor Learning Environment.
- 📁 Refer to the resource section for examples of **Equipment and Material Suggestions for Preschool Age** children.
- 💻 The National Health and Safety Performance Standards developed by The Iowa Department of Public Health created the Child Care Weather Watch as a guide to assist caregivers

in planning for playtime, field trips, and weather safety. A copy of this guide is available at www.idph.state.ia.us/hcci/common/pdf/weatherwatch.pdf. The Child Care Weather Watch is also used by the North Carolina Rated License Assessment Project to determine “weather permitting.”

SECTION 4: ACTIVITIES FOR CHILDREN UNDER 2 YEARS OF AGE


Consider each child’s individual interest, development, language skills, feelings, and culture when selecting toys and activities.

CHILD CARE RULE .0511 Requirement for Toys and Activities



- ★ Each center must have developmentally appropriate toys and activities for each child to promote the child’s physical, emotional, intellectual and social well-being including appropriate books, blocks, dolls, pretend play materials, musical toys, sensory toys, and fine motor toys.
- ★ The materials must be kept in an identifiable space where related equipment and materials are kept in identifiable groupings and must be made available to the children for a substantial portion of each day.
- ★ The materials must be offered in sufficient quantity to allow all children to use them at some point during the day and to allow for a range of choices with duplicates of the most popular toys.
- ★ Caregivers must make provisions for the promotion of physical development for a substantial portion of the day which should include varied developmentally appropriate physical activities.
- ★ A safe clean, uncluttered area must be available for infants to crawl or creep and toddlers to move around.
- ★ Hands-on experiences, including both familiar and new activities, must be provided to enable the infant or toddler to learn about himself and the world.
- ★ The center must provide time and space for sleeping, eating, toileting, diaper changing, and playing according to each child's individual need.

- ☑ A substantial portion of the day is defined as 1/3 of the center’s operating hours. To calculate, divide the total number of hours the program is open by three. For example, if a center is open for 9 hours per day, the substantial portion of that day would be 3 hours.
- ☑ 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.

-  Refer to the resource section for examples of **Equipment and Material suggestions for Infants and Toddlers**.
 - Toys with small removable parts that could choke a child should not be used. A list of appropriate toys and equipment is in the resource section.
 - Positive interaction on the part of caregivers with the children normally happens as they play with the 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.
 - Children who stay in a crib or playpen for extended periods of time will not experience the social, physical, emotional or intellectual stimulation so important to their development. Infants and toddlers who experience a variety of sensory (touching, hearing, seeing, tasting) and motor (movement) experiences will benefit in all areas of development.
- HH** - Loud background music which is on much of the day interferes with ongoing activities. Constant background music makes conversation 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.
- HH** – It is recommended to prohibit the use of screen time with infants and toddlers.

CHILD CARE RULE .0511
Requirement for Outdoor Play

-  Each child must have the opportunity to be outdoors daily when weather conditions permit.
-  Arrangements must be made to take young infants as well as older toddlers outside. This may mean using several strollers and having someone to help with the babies.

- Take infants out for as long as you are able and still be able to attend to the needs of all infants in care. Shorter, but more

frequent opportunities outside may be more feasible for your room.

- If infants and toddlers are outdoors at the same time as older children, they will need a separate play area. This will help prevent any possible injury as a result of the more active play of the older children. The area can be separated by a fence, or the playground can be used at different times by different age groups.
 - Large blankets spread on the ground make fine places for infants to play outdoors.
- HH** – It is recommended for children under two years of age to have at least thirty minutes of outdoor time throughout the day either as part of a small group, whole group, or individual activity, if weather conditions permit.

SECTION 5: 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) Requirement for Activity Areas

- Each child care center must have developmentally appropriate activities and play materials.
- Each child care center must 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.
- Each child care center must have a planned schedule of developmentally appropriate activities and the appropriate materials and equipment available to implement the scheduled activities.

- An activity area is an identifiable space which is accessible to the children and where related equipment and materials are kept in an orderly fashion.
- 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 center such as large hollow blocks, road signs, vehicles, toy people and animals.

- Materials in an activity area should be well organized and accessible. If it is easy for the children to see and get what they want, it will also be easy for them to return the items to the shelf or toy box themselves. Having pictures on the shelves will help children know where to return the toys.
- To keep things running smoothly, and to keep the children interested, it is best to have materials ready before the activity starts. When materials are ready to use and children do not have to wait, behavior problems are prevented.
- HH** - If paint needs to be mixed, have it mixed before the children come to the art center. Children should not have to wait for the paint to be prepared.
- Involving the children in clean-up helps children develop a good habit and social skills. Ask them to return everything 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.

CHILD CARE RULE .0510**Activity Areas for Children Two Years and Older**

- ★ Each center must have equipment and materials available in activity areas on a daily basis.
- ★ Centers with a licensed capacity of 3 to 12 children located in a residence are not required to have activity areas, but must have equipment and materials available daily for the children in care.
- ★ Each activity area must contain enough materials to allow three related activities to occur at the same time.
- ★ The equipment and materials must be in sufficient quantity to allow at least three children to use the area regardless of whether the children choose the same or different activities.
- ★ Each center must make at least four of the activity areas available daily to preschool children two years or older as follows:
 - Centers with a licensed capacity of 30 or more children must have at least four activity areas available in the space occupied by each group of children.
 - Centers with a licensed capacity of less than 30 children must have at least four activity areas available daily. Separate groups of children may share use of the same activity areas.
 - Centers with a licensed capacity of 3 to 12 children located in a residence must have at least four types of activities available daily.
- ★ Each center must have materials and equipment in sufficient quantity to ensure that activities are made available at least once per month in each of the five activity areas.
- ★ Each center must provide materials and opportunities for music and rhythm activities, science and nature activities, and sand and water play for each group of children at least once per month.

- ☑ There must be enough space and required play materials in each activity area so three children can be involved in the same or different activities at the same time.
- ☑ “Group” is defined as the children assigned to a specific caregiver(s) to meet the required staff-child ratios, using space which is identifiable for each group.
- ☑ Attention must be paid 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.
- ☑ Materials should not be too far below or above the ability level or the children will lose interest. Materials should always be age and developmentally appropriate for the children who use them. This means something they are interested in and something they can use or work with without adult help.

- ☑ Regardless of which 4 activity areas are available each day, each center must make the fifth activity area available at least once a month.
- ☑ Also, the equipment and materials for music and rhythm, science and nature, and sand and water play activities must be available. If these activities are not in progress, the materials and equipment do not have to be available to the children. However, the daily schedule should show when these activities will be available to each group each month.
- ☑ If more than one group has the same 4 daily activity areas available each day, those groups may share the fifth activity area. The fifth area can be available to different groups on different days. It is important to have required materials for the fifth activity area on hand to be certain this area can easily be included for each group.
- 📁 Refer to **Equipment and Material Suggestions for Preschoolers** in the resource section.
- 📁 Programs that serve school-age children have different requirements for activities. The requirements can be found in Chapter 16 – School-Age Care.
- HH** – When screen time is used, offer only as a free-choice activity, limit to no more than a total of two and a half hours per week, and use it to meet a developmental goal.
- ★ Centers wishing to be eligible for the most points in program standards for a Two-Five Star Rated License will need additional activity areas, equipment and materials available. Refer to Chapter 17 – Star Rated License for additional details.

CHILDREN'S FILE CHECKLIST

Name of Child: _____ Date of Enrollment: _____

The following items must be present in each child's file.

Item	Due Date	Date Received/ Completed
<input type="checkbox"/> Application	Day One	
<input type="checkbox"/> Emergency Medical Care Information	Day One	
<input type="checkbox"/> Medical Exam	Within 30 days of Enrollment	
<input type="checkbox"/> Immunization record	Within 30 days of Enrollment	
<input type="checkbox"/> Documentation of Discipline Policy Receipt	Day One	
<input type="checkbox"/> Feeding Schedules [children less than 15 months]	Day One	
<input type="checkbox"/> Infant Sleep Position Waivers	Day One	
<input type="checkbox"/> Documentation of Safe Sleep Policy Receipt	Day One	
<input type="checkbox"/> Authorization for Transportation, if applicable	Day One/As Occurs	
<input type="checkbox"/> Documentation of Receipt of Center Operational Policies	Day One	
<input type="checkbox"/> Documentation of Receipt of Summary of Child Care Law	Day One	
<input type="checkbox"/> Copies of Incident Reports	As Occurs	
<input type="checkbox"/> Emergency Medical Care Authorization	Day One	
<input type="checkbox"/> Medication Authorization	As Occurs	
<input type="checkbox"/> Off Premise Activities Authorization	As Occurs	
<input type="checkbox"/> Emergency and Identifying Information	As occurs	
<input type="checkbox"/>		
<input type="checkbox"/>		

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 #** _____



Public School Off-Site Records Verification

This form can be used to verify children's records that are stored off-site from the public school program.

Children's Records

Name of School:

Date Completed:

The following records are required to be maintained for all children enrolled in the public school program and may be stored in an off-site location.

- Application for Enrollment
- Medical Exam
- Immunization Records
- Signed Discipline Policy Receipt Statement
- Signed Summary of Law Receipt Statement
- Signed Operational and Personnel Policy Receipt Statement (for programs meeting enhanced requirements only)

All records, including the ones listed above, must be made available for a representative from the Division of Child Development to view when requested. All representatives from the Division of Child Development are required to maintain confidentiality of all information contained in children's records.

Please list the name of each child currently enrolled in your program on the back of this sheet then complete the information requested below.

The records for the children listed on the back of this form are located at:

Address:

Person Responsible for Maintaining Records

Contact Phone Number:

Best Time to Reach:

Office Hours:

By my signature below, I hereby verify that the required records for all children enrolled in our licensed program are on file, contain the appropriate information, maintained to be current and correct at all times and are available for review by Division of Child Development Personnel.

Date Verified _____

Signature of Program Administrator

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, however the requirement for the booster dose, #4, is temporarily suspended.

***Required by State law for children born on or after 4/1/01.

Records Updated by:	Date Updated:

CHILDREN IN CHILD CARE

Children attending child care centers or homes must received shots- or immunizations.

You must collect shot records from parents and update your records until all required shots have been given

IMPORTANT

Parents or guardians must provide a child's certificate of immunization within 30 days of attendance. Children who are behind in their shots may be enrolled, but must also prove they are trying to get the needed vaccines and are meeting scheduled appointments.

If you have questions about immunizations, call your local health department or contact the NC Immunization Branch at (919) 707-5550 or visit

www.immunizenc.com

What Shots do They Need?

By this Age...	Children Need These Shots				
3 months	1 DTAP	1 Polio	1 Hib		1 Hep B
5 months	2 DTAP	2 Polio	2 Hib		2 Hep B
7 months	3 DTAP	2 Polio	2-3 Hib		2 Hep B
12-16 months	4 DTAP	2 Polio	3-4 Hib	1 MMR	2 Hep B 1 Var+
19 months	4 DTAP	3 Polio	3-4 Hib	1 MMR	3 Hep B 1 Var+
4 year or older (in daycare only)	5 DTAP	3 Polio	3-4 Hib**	1 MMR	3 Hep B 1 Var+
4 years of older (and in kindergarten)	5 DTAP	4 Polio*	3-4 Hib**	2 MMR	3 Hep B 1 Var+

* The 5th DTAP, 4th Polio; and 2nd MMR are not required until children enter kindergarten. The last DTaP must be after age 4.
 ** Children beyond their 5th birthday are not required to receive any Hib vaccine.
 + Vaccination required unless documentation of disease history. Acceptable documentation is a letter from the child's parent, legal guardian or physician stating approximate date or age of child's infection.
Note: Prevnar, Hepatitis B, Rotavirus and Flu vaccines are not required or reportable but are recommended by the Advisory Committee on Immunization Practices.

Vaccine Tips

DTap- **Diphtheria, Tetanus and acellular Pertussis** is sometimes written as DTaP or DTP. If it is written as DT, as the parent for a doctor's note stating why DT was used instead of DTP. Children who receive the fourth DTaP after age 4 do not need a fifth dose.

Polio- **Polio** may be written as either OPV, IPV, Sabin Polio or EIPV. Children who receive the third dose of polio after age 4 do not need a fourth dose.

Hib- **Haemophilus influenzae tyupe B** may be written by itself or wit DTP, such as DTP/Hib or Tetramune. Children receive up to 3-4 doses of Hib, depending on the type of Hib given. ALSO: If a child got 1 dose of Hib on or after age 15 months, whether the Hib was by itself or with DTP, no more Hib vaccine is needed.

MMR- **Measles, Mumps and Rubella** is a 3-in-one shot. The first does can be given no earlier than the 1st birthday. The 2nd does must be given before the child enters kindergarten.

Hep B- **Hepatitis B** is required for all children born on or after July 1, 1994.

Var- **Varicella (Chickenpox)** one does is required for all children between 12 and 19 months of age who were born on or after April 1, 2001. (Effective April 1, 2002) A second dose of varicella is now recommend for all children between the ages of 12 months and 12 years of age. The second does is not required.

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

Application Date _____

Date of Enrollment _____

CHILD'S APPLICATION FOR CHILD CARE

To be completed and placed on file prior to enrollment

Name of Child _____ Birth date _____
(Last) (First) (MI) (Nickname)

Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No ___ Yes ___ Explain: _____

Does your child have any chronic illnesses/conditions: No ___ Yes ___ Explain: _____

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). _____

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____

Address _____

Hospital preference _____ Phone _____

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name _____ Home Phone _____ Office Phone _____

Name _____ Home Phone _____ Office Phone _____

If you cannot call for your child, please give the names of persons to whom the child can be released: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Signature of Parent)

(Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

(Signature of Operator)

(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

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 Topical Ointment/Lotion/Powder

Authorization must be provided for staff 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. Staff 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
- face only
- diaper area
- other (specify) _____

When:

- before going outside in the afternoon
 - after each diaper change
 - after a bowel movement
 - 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 staff 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. Staff 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
- face only
- diaper area
- other (specify) _____

When:

- before going outside in the afternoon
 - after each diaper change
 - after a bowel movement
 - 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 Medication for Chronic Medical Conditions And Allergic Reactions

Authorization must be provided for staff 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. Staff will keep items out of reach of children when not in use.

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 apply 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 staff 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. Staff will keep items out of reach of children when not in use.

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 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*

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.

PERMISSION SLIP FOR FIELD TRIP

(Facility's Name)

(Today's Date)

(Name of Class)

has a special field trip planned and would like your permission to take your child.

Date of trip _____	Departure Time _____
Location of Trip _____	Return Time _____
Phone (_____) _____	Method of Travel _____
Drivers(s) _____	
To give permission, please sign the lower half of the permission slip and return it to the class by _____ (Date)	
(keep the top half for your information)	

(cut along dotted line and return this half)

PERMISSION SLIP FOR FIELD TRIP

Child's name _____
(Last) (First)

I give permission for my child to attend with _____
(Name of Class)

staff on a field trip to _____ on _____
(Location of Trip) (Date)

I can be reached at (_____) _____ during the hours of the field trip.
(Phone Number)

Signature of parent/guardian

Date

OFF-PREMISE ACTIVITY AUTHORIZATION

Off-premise activities refer to any activity which takes place away from a licensed and approved space. License and approved space includes primary space, outdoor space, single use rooms, or other administrative areas that have been approved for use.

I, _____ parent/guardian of
_____ give my permission to
Name of child
_____ for my child to participate in an off-premise
Name of facility
activity.

Location of off-premise activity: _____

Purpose of the activity: _____

Additional information: _____

Parent/Guardian Signature

Date Signed

This authorization is valid from ____ / ____ / ____ to ____ / ____ / ____
(up to 12 months)

Attendance Report for Children

Teacher: _____ Age Group: _____ Month: _____ Year: _____

Days of Attendance

<i>Child's Name</i>	Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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List part-time and drop-in children separately

Part time = P/T

Drop-in = D/I

Daily Child's Sign-In/Out

Date	Name of Child	Parent/Authorized Individual's Signature	Time In	Parent/Authorized Individual's Signature	Time Out

ALTERNATIVE SLEEP POSITION WAIVER

Physician Recommendation

Child's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

The child's primary care physician must complete the following section.

Name of Primary Care Physician: _____

Name of Practice: _____

Address: _____

Phone: _____ Pager: _____ Fax: _____

Email: _____

The NC Child Care Law requires child care facilities to place all infants on their backs to sleep. At the advice of the child's physician, the center may be authorized to use an alternative sleep position for the child due to medical reasons.

The above named child has the following medical condition that necessitates an alternative sleep position:

Please describe the appropriate sleep position for the above named child:

Effective Dates of Waiver: **from** ____/____/____ **to** ____/____/____

Physician'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 care physician, 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

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: _____

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.

I would like my child placed to sleep in an alternative sleep position.
(you must check the box for this waiver to be valid)

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 have 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 Number: _____

Facility Representative's Signature: _____ Date: _____



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.

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

May 2009



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.

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Summary:

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 done 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 done 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.

Age	Teacher : Child Ratio	Maximum Group Size
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.

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.



References

- 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



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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. Teacher conducts morning health inspection.
<i>Free Play</i>	Children participate in activities of their choice Staff supervises 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>	Teachers 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). Staff 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 on bed, visit friends, quietly converse or share a book.</p> <p>Staff 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 Departure</i>	<p>Staff 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

Teacher'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

Teacher'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					

*Enrichment activity required monthly for programs operating with 1 point in Program Standards; and an enrichment activity is required weekly for programs operating with 2 or more points in Program Standards

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 (teacher has highlighted specific items or added additional theme related materials to activity area), or teacher-directed (teacher will assist children in small group activity play) activities.

ACTIVITY PLANNING FORM FOR SCHOOL AGE CHILDREN

Group Leader's Name _____ Week of _____ Ages of _____
 Children _____

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
<i>TOPIC:</i>					
Group Time					
Activity Option #1 / Category					
Activity Option #2 / Category					
Activity Option #3 / Category					
Activity Option #4 / Category					

When operating less than 4 hours per day, at least three (3) different activities from three different categories must be made available daily.

When operating more than 4 hours per day, at least four (4) different activities from four different categories must be made available daily.

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	

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 sounds and songs rattles “empty-fill” toys pictures 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 12-24 MONTHS

10 NCAC .0511
G. S. 110-91(2)(12)
REV 8/92

Small Muscle Development		Intellectual/Language Development	
ribbon	easel	sand box	push toys
clay	large crayons	water tub	pull toys
tape	play dough	rubber people	simple puzzles
paste	sifters	rubber animals	bongo drums
paints	spoons	shape sort can	nesting cans
paint brushes	soap suds	puppets	kaleidoscope
sand box	musical instruments	cars	books
water tub	ball	trucks	
jack-in-box	stacking toys	plants	
shape cutters	puzzles (one/two piece)	rolling pins	
kaleidoscope		clothespins	
bongo drums		water bottle	
rolling pins		magnets	
simple picture puzzles		paint brushes	
clothespins		news print	
water bottles		textured materials	
nesting cans		records, record player	
shape sort can		basket of natural objects	
Large Muscle Development		Social/Emotional Development	
push toys	blocks	unbreakable mirrors	wagons
pull toys	tunnel	dolls	large crayons
riding toys	balls	puppets	paper
balance board	boxes	broom	bulletin board
broom	buckets	dustpan	
sand box	plastic hoe	ironing board	
water tub	plastic rake	pots and pans	
bongo drums	rocking boat	large doll bed	
steps		hats	
plastic shovel		shoes	
rhythm instruments		mop	
bean bag chair		flannel board	
rubber inner tube swings		rocking boat	
climber		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

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.

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 Child Care Centers

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

NC GENERAL STATUTE 110-88 & 110-90

Types of Licenses

- ★ The Division has the authority to issue the following types of licenses:
 - Temporary
 - Notice of Compliance
 - Star Rated
 - Provisional
 - Special Provisional
 - Probationary

CHILD CARE RULE .0403

Temporary Licenses

- ★ A temporary license may be issued to the operator of a new center, or to the operator of a previously licensed center when a change of ownership or location occurs. This type of license is effective for 6 months.
- ★ The operator must apply for a license prior to a change in status with the license such as when there will be a change of ownership or location change and the center 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 center that parents are able to view daily.
- ★ The temporary license will expire after six months, or upon the issuance of a license or provisional license to the operator, whichever is earlier.

- All child care centers will open with a temporary license.
- The temporary license will be in effect for six months or until the issuance of a star rated license or any other type of license.


NC GENERAL STATUTE 110-106

Notice of Compliance

- ★ Religious sponsored child care centers (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 centers the option of being issued a license or a Notice of Compliance.
- ☑ If a religious-sponsored child care center elects to comply with all of the child care licensing requirements, they will be issued a license.
- ☑ If the center elects to take exemptions allowed by GS 110-106, they will be issued a “Notice of Compliance.”
- ☑ More information regarding Religious Sponsored Child Care Centers can be found in Chapter 15.


**NC GENERAL STATUTE 110-90
Star Rated License**

 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. Inform your child care consultant during prelicensing or within the first thirty days the center opens.
- ☑ The consultant will help the center prepare to meet any voluntary enhanced standards necessary for the level license they wish to achieve. Refer to Chapter 17 – Star Rated License for specific requirements.
- ☑ A center will receive a One Star Rated License at the end of the Temporary License period, if the operator chooses not to meet the voluntary enhanced requirements and does not apply for a Two – Five Star Rated License.

CHILD CARE RULE .0401


Provisional Licenses


 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 correcting a violation of the building, fire, or sanitation requirements, provided the appropriate inspector documents the violation is not hazardous to the health or safety of the children but nevertheless necessitates a provisional classification until corrected.
 - To allow a specific time period for the center 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.
 - 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 13 – Administrative Actions for more information on Provisional Licenses.

CHILD CARE RULE .1904 Special Provisional Licenses

 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 center.

- The special provisional license and the reasons for its issuance must be posted in a prominent place in the center.
 - 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 center 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 13 – Administrative Actions for more information on Special Provisional Licenses.

CHILD CARE RULE .2009 Probationary Licenses

 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 center.
- ☑ 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 13 – 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.




CHILD CARE RULE .0204 Change of Ownership of a Center

- ★ A license cannot be bought, sold, inherited, or transferred by one owner to another or from one location to another.
- ★ A change of ownership occurs when the person or entity held legally responsible for the child care business changes.
- ★ The new operator must apply for a new license at least 30 days in advance prior to assuming ownership of the center.

- ☑ Prior to a change of ownership, the Division will need a Change of Owner form to be completed and notarized. This form confirms the current operator’s intent to sell his/her business and the prospective buyer’s intent to purchase the business. The current operator can request this form from their child care consultant.
- ☑ The top part of the form must be completed by the current operator and the bottom portion must be completed by the prospective buyer. The child care consultant must receive the Change of Owner form at least 30 days prior to the official date of sale in order to complete the temporary license process for the change of ownership.


- An owner is defined as any person with a five percent or greater equity interest in a child care facility. Any change that involves five percent or greater equity interest in a facility is considered an ownership change. Examples include: (1) sole proprietor to any type corporation or vice versa, or (2) adding or deleting one or more names from a license.
- If your ownership status changes in any manner such as from sole proprietor to a corporation, from corporation to sole proprietor, or from one corporation to another, the Division must be notified within 30 days. A new application will need to be completed and submitted in order for the Division to issue the appropriate license.
-  For more information about corporations, please contact the NC Secretary of State at <http://www.secretary.state.nc.us/Corporations/>.
- In addition to the Change of Owner form, the new owner must also submit the following:
 - A Facility Profile form.
 - Criminal Records Background Check packet completed by the new owner or his/her designee. See Chapter 2 for more details on the criminal records check process.
- Within six months of the Change of Ownership the new owner must submit:
 - New Building, Fire and Sanitation Inspection Reports.
 - Prelicensing workshop certificate. If the prospective operator has previously attended the workshop, verification of completion must be submitted.
- If previous staff continue to be employed at the center under the new owner, a new medical report or TB test is not required.
-  The Change of Owner form is available on the Division's web site at www.ncchildcare.net under Providers / Provider Documents.

CHILD CARE RULE .0204
Change of Location of a Center

-  When a licensed child care center is to be moved 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 of a child care center.
-  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.
- The operator may not occupy the new center until a license is received.

CHILD CARE RULE .0204
Change in Capacity of a Center

-  A change in capacity can be requested in three situations:
 1. to use space that has been previously approved but has never been used
 2. to use new space
 3. to decrease the center's licensed capacity

- To use previously approved space that had never been used, the operator must submit a written request to the child care consultant. The child care consultant will verify the space had been previously approved by reviewing previous building, fire and sanitation inspections.
- When wanting to use new space, the local building, fire and sanitation inspectors must inspect the space, and written verification must be available. These inspections must be completed on approved inspection forms.

- ☑ The child care consultant must measure the new space and verify that it meets space, equipment, material and other applicable requirements before the area can be used by children.
- ☑ New space must be clearly identified on an updated floor plan for the center.
- ☑ The operator may not occupy the new space until a license is received.
- ☑ When wanting to decrease the capacity, the operator may send a written request to their child care consultant when they wish to decrease the licensed capacity. This request must state the number of children the operator wishes to care for. A new license will be issued to the center.

CHILD CARE RULE .0204

Adding or Removing Restrictions from a License

- ★ 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 the center.
- ☑ 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.

CHILD CARE RULE .0204

Reissuing a Current License

- ★ 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 center.
- If the operator wishes to change the name under which the child care center does business without a change in ownership, 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 center 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

GENERAL STATUTE 110-90 & CHILD CARE RULE .0304 Compliance History

- ★ 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 centers 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 center by evaluating compliance with the child care requirements for the past 18 months, or during the length of time the center 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.
- ☑ Points are assigned for each occurrence of violations of the following requirements:
 - supervision of children (6 points)
 - staff-child ratio (6 points)
 - program records (1-3 points)
 - health and safety practices (3-6 points)
 - discipline (6 points)
 - sanitation inspections (6 points)
 - adequate space (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 discussed in or related to the preceding chapter.

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

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

Compliance History Assessment 18 Months							
Name: B123 Child Care Center							
ID#: 0000000							
				Visit Dates - From 12/17/2007 To 06/16/2009			
Required Components	License	05/21/2008	05/05/2009				
	Points	A/C	A/C				
Supervision							
A1. Supervision	6	6	6				
Staff/Child Ratio							
B1. S/C Ratio	6	6	6				
Staff							
C1. Director Qual.	5	5					
C2. Lead Teachers Qual	5	5					
C3. Inservice Training Hrs.	2	2					
C4. CPR	4	4	4				
C5. First Aid	4	4	4				
C6. Special Training	3	3	3				
C7. CRC Completed	2	2					
C8. ITS-SIDS training	2	2					
Health							
D1. Emergency Medical Care Plan	3	3					
D2. Administering of Medication	5	5					
Safety							
E1. Storage of Hazardous Substances	5	5	5				
E2. Storage of Medication	5	5	5				
E3. General Safety	3	3	3				
E4. Equipment	4	4					
Program							
F1. Discipline	6	6					
F2. Age Approp Activities	4	4					
F3. Adequate/Approved Space	6	6	6				
F4. Nutrition/Infant feeding	2	2					
Management							
G1. Staff Records	1	1	1				
G2. Children's Records	1	1					
G3. Program Records	2	2	0				
G4. License Posted	3	3	3				
G5. Permit Restrictions	3	3	3				
Transportation							
I1. Seat Restraints for Children	3	3					
I2. Airbags	3	3					
I3. Safe Release of Children	1	1					
I4. Emergency Information	1	1					
Total Points		100/100	49/51				
Percentage		100%	96%				
Center Assigned To: AConsultant		Compliance Percentage (149/151) 99%					

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: TYPES OF VISITS

GENERAL STATUTE 110-105 & CHILD CARE RULE .0201 Authority to Inspect Child Care Centers

- ★ The Division will periodically visit and inspect all child care centers 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.

The following are the different types of visits that will be made by Division of Child Development Child Care Consultants.

- ★ Technical Assistance
- ★ Prelicensing
- ★ 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 center.

- 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 in programming, room arrangement, staff training, help understanding the child care regulations, violations and options for correcting them, recommendations for ways to improve quality, and community resources.

Prelicensing Visits

- ★ Prelicensing visits are used to verify the center is in compliance with all of the applicable child care requirements prior to the issuance of a temporary license.
- ★ During prelicensing visits technical assistance is also provided about ways for the potential licensee to achieve and maintain compliance as well as consultation about best practice 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 prelicensing visits, the child care consultant will review the following:
 - Child care law and rules
 - Available equipment and materials
 - Floor plan for all rooms to be used for children
 - Number of children each classroom/designated space can accommodate
 - Forms and paperwork that will be used at the center
 - Completed building, fire and sanitation inspections
 - Size of the center indoor and outdoor areas used by children
- ☑ If all requirements are met, the child care consultant can issue a Temporary License to the center at that time. The license will be valid for 6 months.

Temporary Time Period Visits

- ★ Temporary Time Period visits are conducted to monitor the center for satisfactory compliance with all applicable requirements and work with the operator to address any concerns or problem areas that have been identified during the first 6 months of operation.

- ☑ Typically a minimum of three visits may be made to child care centers during their first 6 months of operation or during the time period that the Temporary License is valid.
- ☑ At the end of the temporary time period, a One to Five Star Rated License will be issued if all requirements are in compliance and you have maintained a compliance history of 75% or better.

- ☑ If you have not achieved satisfactory compliance at the end of the temporary time period, the consultant may begin procedures for processing a license denial or other administrative action. Refer to Chapter 13 – Administrative Actions for more information.

Annual Compliance Visits

★ Annual Compliance Visits are conducted once per year to determine if the child care center continues to comply with all applicable child care requirements.

- ☑ Each year the Division will mail you a packet of materials, which includes forms to be completed prior to your annual visit.
- ☑ Although a license issued to a child care center does not expire, the center 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.
- ☑ You will need to contact your local fire inspector to request an annual fire inspection.
- ☑ Keep in mind that you may need to contact the local Environmental Health Specialist if a sanitation inspection has not been conducted with the last 12 months, as the child care consultant may require a copy of an inspection report during the annual compliance visit.

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 center.

- ☑ 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 staff, review records, or observe in classrooms 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 received 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 child care center, 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 access 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 facilities 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 17 – Star Rated License for complete instructions and rules for a star rated license.

RESOURCE SECTION

Chapter 8: COMPLIANCE MONITORING

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

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

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

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.

Chapter 9: NUTRITION

Purpose Of These Requirements

Proper nutrition plays a crucial role in the health and development of children. Nutritious foods should be offered throughout the day to ensure children are getting the nourishment and energy they need to learn, grow, and be healthy. Research shows that there are crucial relationships between nutrition and health, and health and learning. This makes it especially important for caregivers to show children what it means to eat for good health, including how important it is to eat a variety of foods, and to provide proper nutrition through the meals and snacks served in child care. The purpose of these requirements is to establish the minimum nutritional requirements for children in child care.

In addition to eating nutritious foods, meal times are an opportunity for learning and developing social and self-help skills. Offering a pleasant meal time environment gives children the opportunity to enhance their social skills by letting them interact with each other. Self-help skills develop when children are encouraged to set the table, clear their place, wash their hands before and after meals, and use child-size utensils.

Definitions

Special diet: the usual eating habit of an individual is altered for a specific reason such as a medical condition that requires food substitutions or modifications in meals to meet an individual's special dietary needs.

There are four different types of meals that can be served to children. These meals are:




Snack: consists of at least two components: milk, juice or fruit, bread or cereal, meat or meat alternative


Breakfast: consists of at least three components: milk, juice or fruit, bread or cereal


Lunch and Dinner: consists of at least four components: milk, 2 or more fruits or vegetables, meat or meat alternative, bread or bread alternative.


SECTION 1: MEALS AND SNACKS

NC GENERAL STATUTES 110-91(2) AND CHILD CARE RULE .0901 Requirement for Nutritious Foods

-  Each child care center must ensure all children receive nutritious foods and beverages appropriate to the developmental needs of all children at the center.
-  Meals and snacks served must comply with the Meal Patterns for Children in Child Care standards.
-  The types of food, 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 judged by the National Research Council to be adequate for maintaining good nutrition.

 A copy of the **Meal Patterns for Children in Child Care** is located in the resource section.

 The Child and Adult Care Food Program (CACFP) reimburse licensed child care providers for meals and snacks served to children. For more information on this program call 919-707-5799 or visit www.nutritionnc.com/snp/cacfp.htm.

HH – Obesity in children has become one of the primary concerns for parents and health care professionals. Caregivers are responsible for the dietary decisions of children while in child care. Good nutrition fosters children’s healthy growth and development and reduces the risk that children will become overweight or obese.


HH – Refer to the resource section for *Issue Brief 1: Why Child Care Matters for Obesity Prevention*. It presents the case for focusing on child care as an important part of strategic plans to reduce childhood obesity.

 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.
- **Nutrition and Physical Activity Self-Assessment for Child Care (NAP-SACC)** is a statewide program aimed at improving the eating and physical activity environments in North Carolina child care centers. www.napsacc.org


CHILD CARE RULE .0901
Food From Home

 When children bring their own food for meals or snacks to the center, if the food does not meet the nutritional requirements outlined in the Meal Patterns for Children in Child Care, the center must provide additional food necessary to meet those requirements.

- If parents supply the meals and snacks on a regular basis, it is advised to inform them of the nutritional standards the center is required to meet, and even supply them with a copy of the Meal Patterns for Children in Child Care form.
- Lunches and meals brought from home must be dated and identified for the appropriate child at the child’s home and must be returned to the child’s home or discarded at the end of each day.
- Foods should be stored at an appropriate temperature until eaten.
- The center must have additional food available to supplement the meals and snacks brought from home that do not meet the nutritional requirements.

HH - Child care programs are encouraged to develop policies about food brought from home. Parents should be given a copy of the policies when they enroll their child in the program.

**CHILD CARE RULE .0901
Non-Nutritional Foods**


 Foods and beverages with little or no nutritional value served as a snack, such as sweets, fruit drinks, soft drinks, etc., can only be available for special occasions.

Snacks such as sweets, soft drinks, potato chips, candy, cakes, cookies and fruit juices with less than 100% real fruit juice are not considered to have any nutritional value.

Special occasions are birthdays, holidays, and other activities used to enhance learning, or other similar events.




HH – When celebrating special occasions encourage parents and staff to offer more fruits, vegetables, and low-fat foods as snacks.

**SANITATION FOR CHILD CARE CENTERS RULE 15A NCAC .2804
Approved Sources for Foods Served in the Center**

 Child care centers receiving prepared meals or snacks from outside sources must use meals and snacks obtained from food handling establishments permitted by a local health department, organizations that only serve prepared meals to child care centers, or another child care center inspected by a local health department.





When food is sent from a child's home and it will only be served to that child, there are no restrictions on the source. However, if food is prepared and sent from home to be shared with other children, the food must be limited to non-potentially hazardous baked goods. This allows parents to bring in baked goods to celebrate birthdays but make sure you are aware of the ingredients used if children are on a special diet or have allergies.

HH – If you have questions or concerns about the type of baked good a parent is requesting to bring in contact your local health department.

-  Public school programs that wish to serve meals and/or snacks in the classroom should check with the local Environmental Health Specialist to determine what types of equipment and materials will be required.
-  Many times public school programs will find it easier and more cost effective to have the children eat all meals and snacks in the school cafeteria since that space already meets the Department of Environment and Natural Resources requirements for preparing and serving food.
-  Refer to Appendix C for complete rule text for NC Rules Governing the Sanitation for Child Care Centers – 15A NCAC 18A .2807-.2814.

CHILD CARE RULE .0903

Number of Meals and Snacks for Children 24 Months and Older

-  The types of food and number and size of servings must be appropriate for the ages and developmental levels of the children in care. A variety of different foods must be served.
-  Meals and snacks must be planned according to the number of hours a child is in the center.
-  A nutritious evening meal must be provided to each child who receives second shift care (from approximately 3:00 p.m. to 11:00 p.m.) and who is present when the regularly scheduled evening meal is served.
-  No child may go more than four hours without a meal or a snack being provided.

- The number of meals and snacks for children in child care is based on the number of hours the child is present at the center. These rules apply in all situations except during sleeping hours and nighttime care.

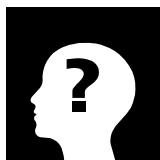
For preschool children in the center at least 2 hours but less than 4 hours and for all school aged children	One snack must be provided unless the child is present during the time the center is serving a meal, in which case, a meal shall be provided.
For children in the center for at least 4 hours but less than 6 hours	One meal must be provided equal to at least one-third of the child's daily food needs.

For children in the center for at least 6 hours but less than 12 hours	Two meals and one snack or two snacks and one meal must be provided equal to at least one-half of the child's daily food needs.
For children in the center for more than 12 hours	Two snacks and two meals must be provided which are equal to at least two-thirds of the child's daily food needs.

CHILD CARE RULE .0902
Nutrition Requirements for Infants

- ★ All infants must be fed in an appropriate manner.
- ★ Each child must be held or placed in age-appropriate seating devices to be fed.
- ★ Each infant must be held for bottle-feeding until able to hold his or her own bottle. Once a child is able to hold his/her own bottle, it becomes a matter of choice whether the child is held or placed in an appropriate feeding device.
- ★ Bottles can never be propped.
- ★ Infants must never be allowed to lie down in a crib with a bottle.

- ☑ Children should not be allowed to walk around or sit on the floor while eating.
 - ☑ Children eating table food or feeding themselves should be seated in high chairs or at child-size tables with steady chairs.
 - ☑ Propping a bottle or laying a baby down in a crib with a bottle may cause choking or ear infections.
- 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.



Can you suggest some examples of appropriate feeding devices?

High chair



feeding table



child-size table and chairs



CHILD CARE RULE .0902

Feeding Schedules

- ★ The parent or health care professional of each child under 15 months of age must provide the center an individual written feeding schedule for the child. The schedule must be followed at the center.
- ★ The schedule must include the child's name, be signed by the parent or health care professional, and be dated when received by the center. It should also include the amounts of food/formula the child should be served and state time intervals for feeding.
- ★ Each infant's schedule must be modified in consultation with the child's parent and/or health care professional, to reflect changes in the child's needs as he or she develops.
- ★ The feeding instructions for each infant must be posted for quick reference by the caregivers.

- ☑ Each infant's feeding schedule should be updated in consultation with the child's parent and/or health care professional, to reflect changes in the child's needs as he or she develops.
 - ☑ Centers licensed for 3 to 12 children located in a residence are not required to post the feeding schedule but must have it available for review.
 - ☑ If a parent makes a verbal request for a change to a child's feeding schedule, the staff member can note the change on the schedule and have the parent review and initial it at a later time.
 - ☑ Whenever there are questions about the type or quantity of food listed on the feeding schedule, the caregivers should check with the parent and/or with the center's medical consultant.
- HH** - Breastfeeding is the recommended feeding practice for infant's birth to 12 months. 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.

HH - Encourage mothers to continue breastfeeding and providing breast milk for their baby while in child care.

HH -Support breastfeeding mothers and staff by providing a comfortable and quiet place to breastfed or express milk. Examples of designated spaces may include an area in the classrooms for infants or in the center’s office. You may want to provide a screen or blanket for the mother to use for privacy. If the mother will be expressing milk, designate the area near an electrical outlet.

HH -Seek training for staff on safe and proper storage and handling of human milk and the importance of breastfeeding.



The NC Child Care Health and Safety Resource Center promotes safe and healthy environments in child care settings. Look for resources, training opportunities, and a directory of child care health consultants at www.healthychildcarenc.org or 1-800-367-2229.



Visit the NC Nutrition Services Branch web site for information on promoting and supporting breastfeeding. <http://www.nutritionnc.com/breastfeeding/breastfeeding-home.htm>



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.



Two resources on breastfeeding are available in the resource section, ***“How to Handle Pumped Milk”*** and ***“10 Ways Child Care Programs Can Support Breastfeeding.”***





A sample **Infant Feeding Schedule** is located in the resource section.

SECTION 2: MENUS

CHILD CARE RULE .0901

Menus

- ★ All meals and snacks must be planned in advance on a written menu.
- ★ A variety of foods must be included in meals and snacks.
- ★ Any substitution must be of comparable food value and must be clearly identified on the menu.
- ★ The menu must include the following information:
 - food and beverages to be served for each meal and snack for the current week
 - food substitutions
 - effective dates for the menu

- Menus for nutritious meals and snacks must be planned at least one week in advance.
- When food is prepared or provided by the center, at least one dated copy of the current week's menu must be posted where it can be seen easily by parents and food preparation staff.
- Centers with a licensed capacity of 3 to 12 children located in a residence do not have to post the menu.
-  Refer to the **Meal Patterns for Children in Child Care** in the resource section when planning the menu.
-  A sample **Menu Planning Form** is located in the resource section.
- 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.
- 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. Encourage staff to plan ahead to minimize wait time.
- 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.

HH – There are many benefits when caregivers eat with children. It helps shape children’s eating habits (sets a good example). Caregivers may influence a child’s food choices by what the caregivers says and does. Caregivers are able to model expectations and appropriate behaviors.

HH – Good nutrition fosters children’s healthy growth and development and reduces the risk that children will become overweight or obese. Encourage children to eat healthy by providing nutritious foods.






The NC Nutrition Services Branch provides activities that promote sound nutrition habits among infants, children and women in their child-bearing years. Visit www.nutritionnc.com for more details.



MyPyramid is your access point for the U.S. Department of Agriculture food guidance system. This website contains the latest news, background information, and resources about the food guidance system. <http://www.mypyramid.gov/>

CHILD CARE RULE .0901
Requirements for Drinking Water

-  Drinking water must be freely available to children of all ages and offered at frequent intervals.
-  Approved drinking fountains or individual drinking utensils must be provided.
-  When a private water supply is used, it must be tested by and meet the requirements of the Department of Environment and Natural Resources.

- Water must be easily accessible for children who can drink by themselves. Children who cannot drink without help must be offered water regularly throughout the day.
- Water should be offered to all children more frequently in hot weather and after and during vigorous play.
- Make sure water is available indoors and outdoors.

SECTION 3: SPECIAL DIETS AND ALLERGIES

CHILD CARE RULE .0901

Children with Special Diets or Food Allergies

- ★ Children's special diets or food allergies must be posted in the food preparation area and in the child's eating area.
- ★ The food required by special diets may be provided by the center or may be brought to the center by the parents.
- ★ If the diet is prescribed by a health care professional, a statement signed by the health care professional shall be on file at the center and written instructions shall be provided by the child's parent, health care professional, or a registered dietitian.
- ★ If the diet is not prescribed by a health care professional, written instructions must be provided by the child's parent and be on file at the center.

- ☑ 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.
- ☑ Staff members should also know what to look for if a child has an allergic reaction and what measures should be taken in case of accidental exposure.
- HH** - Ask parents to provide a written emergency treatment plan to be followed in the event a child has an allergic reaction. The plan should include a list of all allergens, signs of an allergy reaction, and types and doses of medications to be used. Identify a protocol for an emergency and include contact information for the child's doctor.
- 📁 Refer to Chapter 12 – Medical Care for information on permission to administer medications. Make sure all staff is aware of any special diets or allergies of children enrolled in the program.
- ☑ Staff should be particularly aware and on alert during special events such as birthday parties and seasonal celebrations.
- 📁 A **Food Allergy Action Plan** is located in the resource section.

HH – Encourage staff to receive training from a child care health consultant to prevent and manage allergic reactions, even if no food allergic child is enrolled. A first reaction can happen at child care, and it can be severe.



The NC Child Care Health and Safety Resource Center promotes safe and healthy environments in child care settings. Look for resources, training opportunities, and a directory of child care health consultants at www.healthychildcarenc.org or 1-800-367-2229.

RESOURCE SECTION

Chapter 9: NUTRITION

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

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

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

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>
- ² Anderson SE, Whitaker RC. *Archives of Pediatrics & Adolescent Medicine*. 2009 Apr;163(4):344-8.
- ³ Nader PR et al. *Pediatrics*. 2006 Sep;118(3):594-601.
- 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.

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		
	1-2 year olds	3-5 year olds	6-12 year olds
Breakfast			
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			
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			
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

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*

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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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:

Carolina Global Breastfeeding Institute. "Ten Steps to Breastfeeding Friendly Child Care." University of North Carolina at Chapel Hill: Department of Maternal and Child Health. 2009.

Nutrition Services Branch of the North Carolina Division of Public Health. "10 Ways Child Care Directors, Teachers, & Staff Can Support Breastfeeding" in *How to Support Breastfeeding In a Child Care Center*. Train the Trainer. June 2003.

Mason, Gladys and Sarah Roholt, eds. *Promoting, Protecting and Supporting Breastfeeding: A North Carolina Blueprint for Action*. Raleigh, NC: Nutrition Services Branch of the North Carolina Division of Public Health. 2006.

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)					

Adapted from: *Special Food Service Programs for Children*, U. S. Dept. of Agriculture Food and Nutrition
 Distributed by Division of Child Development

Food Allergy Action Plan



Student's Name: _____ D.O.B: _____ Teacher: _____

ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

Step 1: TREATMENT

Symptoms:	Give Checked Medication** **(To be determined by physician authorizing treatment)	
If a food allergen has been ingested, but no symptoms:	<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 than 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 A 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, and 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 development by the Mount Sinai School of Medicine. Used with permission. June/2007*

Chapter 10: TRANSPORTATION SAFETY

Purpose Of These Requirements

Transporting children in child care is a high risk activity. Child care operators, staff, and parents need to be aware that transporting children requires careful planning and proactive, protective measures to ensure the safety of children and staff. 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 liability for child care operators and their programs. The purpose of transportation requirements is to establish standards for the safe transportation of children and staff.

Transportation services include transportation to and from the center, to and/or from a public/private school program, to and/or from the child's home, and to and/or from off premise activities such as field trips and educational outings.

Important information:

The rules governing the transportation of children apply to all child care centers regardless of who provides the transportation service. If the child care center contracts with an outside or independent agency, the center is still responsible for making sure the transportation provider meets and maintains compliance with applicable transportation requirements.

SECTION 1: VEHICLES

CHILD CARE RULE .1002

Safe Vehicles

- ★ All vehicles used to transport children must be in good repair, safe, and free of hazards.
- ★ Vehicles must be insured for liability as required by State laws governing transportation of passengers.
- ★ Vehicles used to transport children in snow, ice, and other hazardous weather conditions must be equipped with snow tires, chains, or other safety equipment as appropriate.

- Vehicles used to transport children must be safe and well maintained.
- HH** - It is best practice to stock vehicles with a fully charged fire extinguisher and a functional spare tire in case of an emergency.
- Hazards are torn upholstery that allows children to remove the interior padding or hurt themselves, broken windows, and holes in the floor or roof, etc.
- Vehicles must be properly registered, insured, and have passed an annual State inspection. Verification must be on file for review by a Division representative.

- ☑ Adequate insurance coverage protects both the children and the child care program. Insurance reduces risks, because most insurance companies require that a vehicle meet health and safety regulations before they issue or renew a policy.
- ☑ The following safety checks should be conducted on a regular basis to ensure:
 - Seatbelts are secured to vehicle
 - Lights and signals are in working order
 - Doors open/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
 - Locks are in working order
 - All fluids are full (brake, wiper, transmission, power steering, etc)
 - Engine belts are not worn or frayed


SECTION 2: RATIOS


CHILD CARE RULE .1004 Ratios During Transportation


- ★ Child care programs must maintain appropriate staff-child ratios on any vehicle used to transport children.
- ★ When children are being transported, the same staff-child ratios required for a child care program applies. Ratios for the youngest child in the vehicle must be maintained at all times.
- ★ When three or more children under the age of two years are being transported, the driver cannot be counted in the staff-child ratio.


- ☑ You must maintain the applicable staff-child ratios based on your license type. The staff-child ratios are as follows:


Minimum Standards		Enhanced Standards		Enhanced Standards at 7 points level	
Infants	1:5	Infants	1:5	Infants	1:4
Toddlers	1:6	Toddlers	1:6	Toddlers	1:5
Twos	1:10	Twos		Twos	1:8
Threes	1:15	Threes	1:10	Threes	1:9
Fours	1:20	Fours	1:13	Fours	1:12
Five-Twelve	1:25	Fives	1:15	Fives	1:14
		Six -	1:20	Six -	1:19
		Twelve		Twelve	

 Children under the age of three cannot be transported to participate in off premise activities, unless it is part of the child’s Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP). Off premise activities refer to activities that occur outside of licensed or approved space such as field trip activities but do not include routine pick up and drop off of children less then three years of age.

 Refer to Chapter 6 – Children’s Records and Activities for off premise activity requirements.

 Public school programs may transport children on a regular public school bus, on its normal route without additional monitors to maintain staff-child ratio, as long as the school implements safe transportation procedures created by the Division. A copy of these procedures, **Requirements for Preschool Children on Public School Buses**, is available in the resource section.

 A **Public School Off-Site Verification form for Transportation Requirements** is located in the resource section. This form is used to verify transportation requirements and vehicles that are stored off-site from the public school program.

 The National Highway Traffic Safety Administration provides recommendations on best practices for transporting preschool age children on a school bus. For more information visit www.buckleupnc.org. Search the Contacts and Resources tab for the following resources: “NHTSA Guidelines for the Safe Transportation of Pre-school Age Children in School Buses” 2/99 and “A Guide for the Transportation of Preschoolers and Children With Disabilities for North Carolina Public Schools: Transportation Policies, Guidelines and Best Practices 11” 6/08.

SECTION 3: PROCEDURES






CHILD CARE RULE .1003 Safe Procedures


- ★ Each center must establish safe procedures for pick-up and delivery of children.
- ★ These procedures must be communicated to parents, and a copy must be posted in the center where they can easily be seen.
- ★ Centers licensed for 3 –12 children located in a residence are not required to post these procedures.
- ★ The driver or other adult in the vehicle must assure that all children are received by a responsible person who is indicated on the child’s application or as authorized by the parent.
- ★ When children are transported, staff in each vehicle must have a functioning cellular telephone or other two-way voice communication device with them for use in an emergency.

- ☑ Children can only be released to individuals indicated on the child’s application or as authorized by the parent or guardian.
- HH –Staff should check the authorized individual’s identifying information such as a driver's license to verify their identity.
- 📁 An example of safe procedures for pick-up and delivery is located in the resource section. Refer to the resource sheet titled **Establishing Safe Procedures for Pick-up and Delivery** to assist you with creating your safety procedures.
- 🔔 Public school programs may transport children on a regular public school bus, on its normal route without additional monitors to maintain staff-child ratio, as long as the school implements safe transportation procedures created by the Division. A copy of these procedures, **Requirements for Preschool Children on Public School Buses**, is available in the resource section.
- ★ To be eligible for the most points available in program standards for the issuance of a Two-Five Star Rated License, a center must have written operational policies that includes information on safety procedures. Refer to Chapter 17 – Star Rated License for specific details on enhanced operational policies.

CHILD CARE RULE .1003

Driver

-  A first-aid kit must be located in each vehicle used on a regular basis to transport children. The first-aid kit shall be firmly mounted or otherwise secured if kept in the passenger area.
-  Emergency and identifying information about each child must be in the vehicle whenever children are being transported.
-  The driver must be at least 21 years old or a duly licensed school bus driver and have a valid driver's license of the type required under 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 3 years.
-  Children may never be left alone in a vehicle and must always be attended by an adult.
-  Children must be loaded and unloaded from curbside, or in a safe, off-street area, out of the flow of traffic, so they are protected from all traffic hazards.

- Be prepared and have a plan in place to handle emergency situations such as a vehicle accident, having a flat tire, severe weather, or vehicle failure.
- The NC law requires any driver of a vehicle which accommodates or seats more than 15 people (including the driver) to obtain a commercial driver's license (CDL). Contact the NC Division of Motor Vehicles for more information on obtaining a CDL [1100 New Bern Avenue Raleigh, NC 27697-0001 (919) 733-4241].
- Children must be adequately supervised at all times.
- HH** –You may establish more stringent requirements concerning a drivers driving record.
- HH-** 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.
-  See resource section for a guide to **Stocking a First Aid Kit**.

CHILD CARE RULE .1003

Vehicle

- ★ Before children are transported, written permission from the parent must be obtained which must include when and where the child is to be transported, expected time of departure and arrival, and the name of the transportation provider.
- ★ Parents may give standing permission, valid for up to 12 months, for routine transport of children to and from the center.
- ★ For routine transport of children to and from the center, staff must have a list of the children being transported. Staff members must use the list to check attendance as children board the vehicle and as they depart the vehicle. A list of all children being transported must be available at the center.
- ★ Each person in the vehicle must be seated in the manufacturer's designated areas. No child may ride in the load carrying area or floor of a vehicle.

- ☑ Make sure cellular telephones or two-way voice communication devices are fully charged and in working condition. For the safety of the children and staff being transported, these devices should only be used in emergency situations.
- 📁 Sample **Permission Slip for Field Trip** and **Blanket Permission for Routine Transport of Children** forms are located in the resource section.
- 💻 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.

SECTION 4: RESTRAINTS

CHILD CARE RULE .1001

Seat Restraints

- ★ Each adult and child must be restrained with an individual seat belt or appropriate child restraint device when the vehicle is in motion.
- ★ Only one person can occupy each seat belt or child restraint device.
- ★ Children may not occupy the front seat if the vehicle is equipped with an operational passenger side airbag.
- ★ Except for when children under 2 years of age are transported, the restraint requirements in this Rule do not apply to vehicles not required by federal or state law to be equipped with seat restraints.


- The restraint requirements in this Rule do not apply to vehicles not required by federal or state law to be equipped with seat restraints.

FOR EXAMPLE

Public transportation such as school buses, city buses and taxi cabs are not required to have seat belts. If a center uses one of these methods of transportation, child restraint seats are not required for children over the age of two.

- HH** – If using public transportation know the route and schedule so children and staff will not have to wait for long periods of time. Plan how to pay fares. Plan to ride when there will not be crowded conditions and identify safe locations to board and exit the vehicle. Keep the distance and time spent traveling appropriate for the age of the children.

- If you are interested in purchasing a 12 to 15 passenger van there are some limitations to consider. The National Highway Traffic Safety Administration requires any person selling or leasing a new vehicle for use as a school bus to sell or lease a vehicle that meets all applicable federal standards applicable to school buses. Conventional 12 to 15 passenger vans do not meet these standards; therefore new conventional 12 to 15 passenger vans cannot be sold or leased to child care programs to transport school age children to and from school or related events. For more information visit NHTSA's web site at www.nhtsa.gov.

-  Refer to the resource section for a copy of the **North Carolina Child Passenger Safety Law**.



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

RESOURCE SECTION

Chapter 10: TRANSPORTATION SAFETY

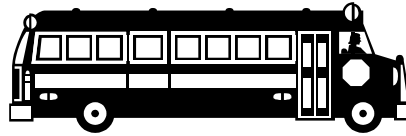
The following pages contain resource materials discussed in or related to the preceding chapter.

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

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

Requirements for Preschool Children on Public School Buses

*These procedures can only be used when transporting 3, 4 and 5 year olds.
Not applicable for children under three years of age.*



The Principal or a Designee is responsible for ensuring that the following is implemented:

- **Emergency Information** available for each child – must be on the bus and must be kept current
- **Medication** – parents must give any medication to the driver, and driver must give directly to the teacher. Children cannot carry medication themselves
- **Safe pick-up and delivery procedures are in place as identified below:**
 1. **Pick-up Procedure** - Responsible person will wait with the child(ren) until they are safely seated on the bus. Public school employee will meet the bus and the child will be delivered to that employee. The public school employee will maintain an up-to-date roster of the class which indicates which bus the child is on. The public school employee will mark on the roster the time that the child exits the bus and the employee assumes responsibility for the child. If a child does not exit the specified bus the center employee will ask the driver for any information about the child, will ensure that the child is not on the bus, and will contact the responsible adult to determine the location of the child.
 2. **Departure Procedure** – Public school employee will deliver the child to the bus driver and will wait until the child is safely seated on the bus. On the roster the employee will indicate the time the child was seated on the bus and the driver assumed the responsibility for the child. When the bus arrives at the child’s afternoon destination the driver will ensure that the child is dropped off with the appropriate responsible adult. If no responsible adult is present, the child shall be transported back to the site and the principal or designee, will be responsible for locating alternate emergency contacts.
 3. **Seating Location** – All preschool children shall be seated in the front rows of the bus. No school age children shall be seated with a preschool child unless it is a sibling.
 4. **Number of children** – If the youngest age of any of the children being transported is three; the maximum number of preschoolers allowed on any individual bus is 15, unless an additional monitor is present. If the youngest age of any of the children being transported is four, the maximum number of preschoolers allowed on the individual bus is 20, unless an additional monitor is present
 5. **Special Needs** – It is the administrator’s responsibility to ensure that any special behavioral, emotional or physical needs are relayed to the bus driver if the needs could impact on the driver.
- **Training of Drivers** – It is the administrator’s responsibility to train the bus drivers on these procedures when preschool children are being transported. The program shall have a signed statement from the bus driver that these procedures have been reviewed and understood. Any time a new bus driver is hired, and will be transporting preschool children, the administrator shall also train them on the required procedures.
- **Transportation Policies** – It is the administrator’s responsibility to review these procedures with parents so that they understand their role as regards to releasing the child to the driver, ensuring a responsible adult is available to receive the child, dropping off medication and providing up to date emergency contact information. The parent shall sign that they have reviewed and understand the procedures.

SCHOOL BUS DRIVER RESPONSIBILITIES AND PROCEDURES ORIENTATION

The following procedures have been reviewed with me prior to transporting preschool children on my bus route:

- When I arrive to pick up a child from the bus stop they will be with a responsible adult.
- If children are being left alone at the bus stop I will relay this information to the Principal.
- I will accept and deliver any medication, and understand that children cannot transport medication in backpacks, lunch bags, coat pockets, etc.
- Preschool children must sit in the front row(s) of the bus.
- Preschool children may not sit with school age children except for siblings.
- I will have emergency contact information for any child that I transport. If I do not have the emergency information I will contact the program and I will not transport until it is received.
- When the bus arrives at the school I will not allow the preschool children to exit the bus unless the designated public school employee is available to receive them.
- When the bus arrives at the child's drop off site I will not allow the preschool children to exit the bus unless the designated responsible adult is there to receive them.
- If no one is at the drop off site to receive the child, I will return the child to the school and deliver the child to the principal or designee.
- Preschool children will never be left on the bus without an adult present.
- I will not transport more than 15 preschool children if the age of the youngest child is three, and no additional adults are present. If the age of the youngest child is four, I will not transport more than 20 preschool children.
- I will be informed by public school staff of any special behavioral, emotional or physical needs of the children.
- I will ensure there is a first aid safety kit on the vehicle and it is properly secure.
- I will have a functional cellular telephone or other two-way communication device for use in an emergency situation.

Name of bus driver (please print)

Signature of bus driver

Date Reviewed

Signature of Principal or Designee

Date Reviewed

Original to be maintained in program's files

CENTER DIRECTOR RESPONSIBILITIES AND PROCEDURES

- I understand that it is my responsibility to train any bus drivers who are transporting preschool children from the licensed center.
- I will provide up-to-date emergency information for all children who are transported.
- I will ensure a first aid kit and functional cellular telephone or two-way communication device is available for use in emergency situations.
- I will inform parents of their responsibilities when their children are transported on a school bus.
- I will develop, in conjunction with the principal or designee, the procedure that will be followed to ensure:
 1. All bus drivers will complete the appropriate training and sign the procedures form.
 2. The steps that will be taken if there is not a responsible adult at the child's drop off point.

Indicate below the developed procedures:

Center Director's Name

Signature

Date

Principal's Name (or designee)

Signature

Date

TRANSPORTATION POLICIES FOR PARENTS

The following procedures have been reviewed with me prior to my child being transported on a bus route:

- When I leave my child at the bus stop they will be with a responsible adult.
- I will give any medication to the bus driver, and understand that children cannot transport medication in backpacks, lunch bags, coat pockets, etc.
- Preschool children must sit in the front row(s) of the bus.
- Preschool children may not sit with school age children except for siblings.
- I have provided emergency contact information for my child. If I do not provide emergency information my child will not be transported until it is received.
- When the bus arrives at the school, the driver will not allow the preschool children to exit the bus unless the designated center employee is available to receive them.
- When the bus arrive at the child's drop off site the driver will not allow the preschool children to exit the bus unless the designated responsible adult is there to receive them.
- If no one is at the drop off site to receive the child, the driver will return the child to the school and deliver the child to the principal or designee.
- Preschool children will never be left on the bus without an adult present.
- The driver will not transport more than 15 preschool children if the age of the youngest child is three, and no additional adults are present. If the age of the youngest child is four, the driver will not transport more than 20 preschool children.
- I will inform center staff of any special behavioral, emotional or physical needs of my child(ren).
- OTHER policies: _____

Name of Parent (please print)

Signature of Parent

Date Reviewed

Signature of Center Director

Date Reviewed

Original to be maintained in center's files



Public School Off-Site Records Verification

This form can be used to verify transportation requirements and vehicles that are stored off-site from the public school program.

Transportation Requirements

Name of School: Date Completed:

The following items are required when preschool aged children are transported on a public school bus.

- All vehicles are in good condition and free of hazards
- All vehicles have current registration and insurance
- All drivers have proper license for vehicle
- All drivers and any monitors have completed orientation on transporting preschool children
- All Division of Child Development procedures are being followed if monitors are not present on the bus to maintain proper staff/child ratios when preschool aged children are in transit
- First Aid kit is properly secured
- For each child being transported, emergency and identifying information will be on the bus
- Staff must have a functioning cellular telephone or other two-way voice communication device for use in an emergency
- List of children being transported

All records, including the ones listed above, must be made available for a representative from the Division of Child Development to view when requested. All representatives from the Division of Child Development are required to maintain confidentiality of all information contained in school records.

The records for the vehicles used to transport preschool aged children are located at:

Address: Person Responsible for
Maintaining Vehicles: Contact Phone Number: Best Time to Reach: Office Hours:

By my signature below, I hereby verify that the requirements listed above are being met and records for all drivers and vehicles are current and can be made available for review by a representative of the Division of Child Development.

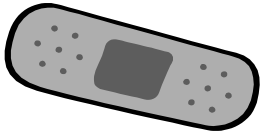
Date Verified _____

Signature of Authorized Transportation Personnel

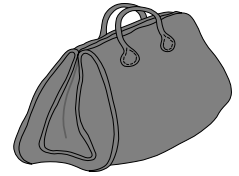
Establishing Safe Procedures for Pick-up and Delivery

Child care programs must establish safe procedures for pick-up and delivery of children. This includes safe pick-up and delivery procedures for parents as well as safe pick-up and delivery procedures for the transportation of children to and/or from the center, to and/or from public/private school programs, to and/or from the child's home, to and/or from off premise activities such as field trips and other education outings. The safety procedures must be communicated to parents, and a copy must be posted in the center where the procedures can be easily seen. At a minimum your safe procedures should include:

- Recommended times for pick-up and delivery of children
- Upon arrival, children should be accompanied inside by a responsible person
- Where the child should be taken upon arrival
- Who the parent should notify when the child arrives
- Upon departure, an adult must come inside the facility and notify staff that the child is leaving
- Authorization is required in writing when anyone other than the designated responsible person indicated on the child's application arrives to pick up the child.
- Children should never be left unattended



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.

PERMISSION SLIP FOR FIELD TRIP

(Facility's Name)

(Today's Date)

(Name of Class)

has a special field trip planned and would like your permission to take your child.

Date of trip _____	Departure Time _____
Location of Trip _____	Return Time _____
Phone (_____) _____	Method of Travel _____
Drivers(s) _____	
To give permission, please sign the lower half of the permission slip and return it to the class by _____ (Date)	
(keep the top half for your information)	

(cut along dotted line and return this half)

PERMISSION SLIP FOR FIELD TRIP

Child's name _____
(Last) (First)

I give permission for my child to attend with _____
(Name of Class)

staff on a field trip to _____ on _____
(Location of Trip) (Date)

I can be reached at (_____) _____ during the hours of the field trip.
(Phone Number)

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.

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.

North Carolina Child Passenger Safety Law
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§ 20-137.1. Child restraint systems required.

- (a) Every driver who is transporting one or more passengers of less than 16 years of age shall have all such passengers properly secured in a child passenger restraint system or seat belt which meets federal standards applicable at the time of its manufacture.
 - (a1) A child less than eight years of age and less than 80 pounds in weight shall be properly secured in a weight- appropriate child passenger restraint system. In vehicles equipped with an active passenger-side front air bag, if the vehicle has a rear seat, a child less than five years of age and less than 40 pounds in weight shall be properly secured in a rear seat, unless the child restraint system is designed for use with air bags. If no seating position equipped with a lap and shoulder belt to properly secure the weight-appropriate child passenger restraint system is available, a child less than eight years of age and between 40 and 80 pounds may be restrained by a properly fitted lap belt only.
- (b) The provisions of this section shall not apply: (i) to ambulances or other emergency vehicles; (ii) if all seating positions equipped with child passenger restraint systems or seat belts are occupied; or (iii) to vehicles which are not required by federal law or regulation to be equipped with seat belts.
- (c) Any driver found responsible for a violation of this section may be punished by a penalty not to exceed twenty-five dollars (\$25.00), even when more than one child less than 16 years of age was not properly secured in a restraint system. No driver charged under this section for failure to have a child under eight years of age properly secured in a restraint system shall be convicted if he produces at the time of his trial proof satisfactory to the court that he has subsequently acquired an approved child passenger restraint system for a vehicle in which the child is normally transported.
- (d) A violation of this section shall have all of the following consequences:
 - (1) Two drivers license points shall be assessed pursuant to G.S. 20-16.
 - (2) No insurance points shall be assessed.
 - (3) The violation shall not constitute negligence per se or contributory negligence per se.
 - (4) The violation shall not be evidence of negligence or contributory negligence."

Effective June 1, 2007.

North Carolina Seat Belt Law

§ 20-135.2A. Seat belt use mandatory.

- (a) Except as otherwise provided in G.S. 20-137.1, each occupant of a motor vehicle manufactured with seat belts shall have a seat belt properly fastened about his or her body at all times when the vehicle is in forward motion on a street or highway in this State.
- (b) Repealed by Session Law 2006-140, effective December 1, 2006."
- (c) This section shall not apply to any of the following:
 - (1) A driver or occupant of a noncommercial motor vehicle with a medical or physical condition that prevents appropriate restraint by a safety belt or with a professionally certified mental phobia against the wearing of vehicle restraints;
 - (2) A motor vehicle operated by a rural letter carrier of the United States Postal Service while performing duties as a rural letter carrier and a motor vehicle operated by a newspaper delivery person while actually engaged in delivery of newspapers along the person's specified route;
 - (3) A driver or passenger frequently stopping and leaving the vehicle or delivering property from the vehicle if the speed of the vehicle between stops does not exceed 20 miles per hour;
 - (4) Any vehicle registered and licensed as a property carrying vehicle in accordance with G.S. 20-88 while being used for agricultural purposes in intrastate commerce;
 - (5) A motor vehicle not required to be equipped with seat safety belts under federal law; or
 - (6) Any occupant of a motor home, as defined in G.S. 20-4.01(27)d2, other than the driver and front seat passengers.
- (d) Evidence of failure to wear a seat belt shall not be admissible in any criminal or civil trial, action, or proceeding except in an action based on a violation of this section or as justification for the stop of a vehicle or detention of a vehicle operator and passengers.
- (d1) Failure of a rear seat occupant of a vehicle to wear a seat belt shall not be justification for the stop of a vehicle.
- (e) Any driver or front seat passenger who fails to wear a seat belt as required by this section shall have committed an infraction and shall pay a penalty of twenty-five dollars (\$25.00) plus court costs in the sum of seventy-five dollars (\$75.00). Any rear seat occupant of a vehicle who fails to wear a seat belt as required by this section shall have committed an infraction and shall pay a penalty of ten dollars (\$10.00) and no court costs. Court costs assessed under this section are for the support of the General Court of Justice and shall be remitted to the State Treasurer. Conviction of an infraction under this section has no other consequence.
- (f) No drivers license points or insurance surcharge shall be assessed on account of violation of this section.
- (g) The Commissioner of Motor Vehicles and the Department of Public Instruction shall incorporate in driver education programs and driver licensing programs instructions designed to encourage compliance with this section as an important means of reducing the severity of injury to the users of restraint devices and on the requirements and penalties specified in this law.
- (h) Repealed by Session Laws 1999-183, s. 3, effective October 1, 1999."

SECTION 2. This act becomes effective December 1, 2006, and applies to offenses committed on or after that date. Law enforcement agencies shall issue only warnings for violations of this act with regards to backseat passengers in motor vehicles from December 1, 2006, to June 30, 2007. On July 1, 2007, law enforcement agencies may begin issuing citations, or taking other enforcement action, for violations of this act with regards to backseat passengers. Front seat passengers not in compliance with this act may continue to be issued citations to ensure compliance with this section.

Effective December 1, 2006

North Carolina Children in Back of Pickup Truck Law

§ 20-135.2B. Transporting children under 12 years of age in open bed or open cargo area of a vehicle prohibited; exceptions.

- (a) The operator of a vehicle having an open bed or open cargo area shall insure that no child under 12 years of age is transported in the bed or cargo area of that vehicle. An open bed or open cargo area is a bed or cargo area without permanent overhead restraining construction.
- (b) Subsection (a) of this section does not apply in any of the following circumstances:
 - (1) An adult is present in the bed or cargo area of the vehicle and is supervising the child.
 - (2) The child is secured or restrained by a seat belt manufactured in compliance with Federal Motor Vehicle Safety Standard No. 208, installed to support a load strength of not less than 5,000 pounds for each belt, and of a type approved by the Commissioner.
 - (3) An emergency situation exists.
 - (4) The vehicle is being operated in a parade pursuant to a valid permit.
 - (5) The vehicle is being operated in an agricultural enterprise.
 - (6) The vehicle is being operated in a county that has no incorporated area with a population in excess of 3,500.
- (c) Any person violating this section shall have committed an infraction and shall pay a penalty of twenty-five dollars (\$25.00). Conviction of an infraction under this section has no consequence other than payment of a penalty. A person found responsible for a violation of this section may not be assessed court costs.
- (d) No drivers license points or insurance surcharge shall be assessed on account of violation of this section.

Effective October 1, 1999.

Chapter 11: 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, teach responsibility, and help 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 center. In addition, this chapter discusses the important of a discipline policy and provides strategies to minimize problem behaviors and approaches to support children's social and emotional health.

Definitions

Staff: any regular or substitute caregiver, any volunteer, and any auxiliary personnel, such as cooks, secretaries, janitors, maids, vehicle drivers, etc.

Corporal Punishment: the use of physical discipline on the body of a child.

SECTION 1: DISCIPLINE REQUIREMENTS

NC GENERAL STATUTE 110-91(10)

Discipline Practices

- ★ Each operator or staff member must attend to any child in a nurturing and appropriate manner, and in keeping with the child’s developmental needs.
- ★ Each center must develop written policies, on discipline, describing the methods and practices used to discipline children enrolled in care.
- ★ The use of corporal punishment as a form of discipline is prohibited in a licensed child care center and may not be used by any operator or staff member of any licensed child care center. The written discipline policy must clearly state the prohibition of corporal punishment.
- ★ Corporal punishment may be used in religious sponsored child care facilities 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 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 center 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 in the classroom.
- The policy must clearly state that corporal punishment is not used, unless the center 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.




**GENERAL STATUTE 110-91(10) & CHILD CARE RULE .1801, .2318
Discipline Policy and Records**

- ★ The person who conducts the enrollment conference must provide a written copy of and explain the center’s discipline policy and practices to each child’s parents, legal guardian, or full-time custodian at the time of enrollment.
- ★ Each parent, legal guardian, or full-time custodian must sign a statement which attests that a copy of the center’s written discipline policies were given to and discussed with him or her.
- ★ 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 the center changes its discipline policy at any time, it must give written notice of such a change to the child’s parents, legal guardian, or full-time custodian 30 days prior to the implementation of the new policy and the parent, legal guardian, or full-time custodian must sign a statement that attests that a copy of the new policy was given to and discussed with him or her. This statement must be kept in the child’s file.

- Each child care center must develop and adopt a written discipline policy.
 - The written policy must:
 - Describe methods and practices that will be used by staff to promote healthy social and emotional behaviors and prevent and address challenging behaviors
 - Clearly state that corporal punishment is not used
 - This 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 center’s 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.
- HH** – When developing your discipline policy, be sure to set clear and consistent rules that focus on the desired behavior, rather than the one to be avoided.

-  In licensed public school programs, the written policy and signed statements do not have to be kept on-site at the licensed program. However, the **Public School Off-Site Records Verification of Children’s Records** must be on-site that identifies the storage location, name, and contact information of the individual responsible for maintaining the record, and a statement that the record is on file and contains the appropriate information. This form is available in Chapter 6.
-  There are two samples of **Discipline and Behavior Management Policy** templates available in the resource section. Use these samples to help guide you in developing a policy that works for your program.
-  A list of state resources is available in the resource section to assist you with developing your discipline policy and promoting positive social and emotional health.

CHILD CARE RULE .1801
Appropriate Discipline Practices

-  The discipline policy developed by the child care center must assure that no child is subjected to any form of corporal punishment or physical discipline.
-  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, even in Developmental Day Centers. 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 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 and 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 teachers.
- Positive, supportive relationships between caregivers, the children and parents are important for healthy social and emotional development.

Parents:

- The parent, guardian or full-time custodian must be provided information about the child care programs 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 the child's problem behavior.

Caregivers/Teachers:

- Teachers and 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 with the children in care.
- It is important for caregivers and teachers to receive training and professional development for promoting social skills, preventing problem behaviors (through classroom arrangements, individualizing to children's interests and abilities), and providing effective intervention strategies when needed.

The list below outlines positive approaches to minimizing problem behaviors and strategies that support children's social and emotional health.

Promote an Effective Workforce

- It is important for caregivers to receive training and professional development for promoting social skills, preventing problem behaviors (through classroom arrangements, individualizing to children's interests and abilities), and providing effective intervention strategies when needed.
- It is important for 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 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 they 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 the 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.
 - Sit, eat, and talk with children during meal and snack times.
 - Take time to learn children's interest by asking children about their family members, pets, and other special interest in their lives.
 - Communicate with parents often through casual conversation, positive notes and telephone calls about good or fun things the child has done.
 - Respect and value cultural views, language and strengths of each family as related to the development of the child.
 - Provide periodic parent conferences.
 - Keep anecdotal records of special times in the class. Some caregivers carry around a small notebook, or sticky notes to collect and use later.
 - Record things that children say, then tell parents.
- Engage in one to one face to face interactions.
- Get down on the child's eye level for face to face interactions.

- Provide children with warm responsive physical contact
- Communicate calmly to children on their eye level.
- Positive responses include telling the child what he or she did well.
- Use a pleasant calm voice and simple language while making eye contact with children.
- Help children learn classroom expectations
- Expressions of warmth and affection are most effective in the context of an ongoing positive relationship between a child and caregiver.
- Warmth and affection can be expressed in so 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).

Create Supportive Environments to Promote Positive Social Interactions

Environmental strategies are changes and adaptations that can be made to a classroom’s physical environment, schedule, activities and materials to encourage positive social interactions between children in the classroom.

- 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, it 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 classroom 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 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.

IGNORE

Planned ignoring includes:

- Ignore minor misbehaviors and focus 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 but redirect the child 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 teacher and peer attention and from classroom 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 teachers 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 appropriate for infants and toddlers.
- When it is agreed that time-out should be used, the following actions should be followed:
 - Teachers should receive training on the appropriate procedures for the use of time-out.
 - Once the child is calm the teacher should address the challenging behavior with the child. Teachers 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 teacher.
- 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 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 11: BEHAVIOR MANAGEMENT

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

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

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

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 classroom 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 our behavior management program.
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 classroom 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 our behavior management program.
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.

Our programs 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

We help children resolve conflict and develop problem solving skills with peers by:

We ensure staff 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:

Director/Coordinator:

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 _____

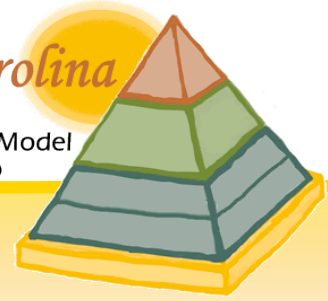
Date _____

Distribution: one copy to parent(s) signed copy in child's facility record

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



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:

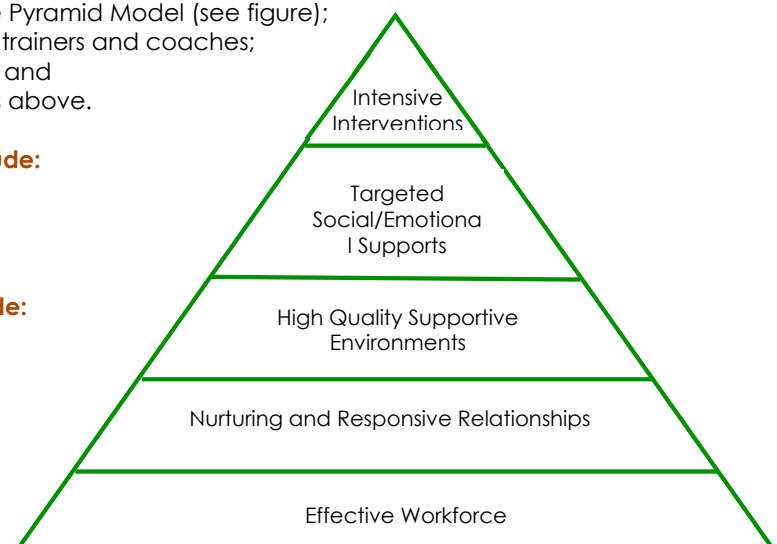
- 1) an enhanced capacity to adopt the Pyramid Model (see figure);
- 2) an increased number of high quality trainers and coaches;
- 3) a cadre of local demonstration sites; and
- 4) an evaluation of the three outcomes above.

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



Chapter 12: MEDICAL CARE

Purpose Of These Requirements

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



SECTION 1: EMERGENCY MEDICAL CARE

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

CHILD CARE RULE .0802


Emergency Medical Care Plan

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




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


CHILD CARE RULE .0705
First Aid Information

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

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

CHILD CARE RULE .0802
Requirement for Emergency Numbers

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

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

CHILD CARE RULE .0802

Emergency Medical Care Information on Children

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

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

CHILD CARE RULE .0802

Medical Care Information for Children


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

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

CHILD CARE RULE .0802




Incident Reports


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

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

CHILD CARE RULE .0802

Incident Logs

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

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

SECTION 2: ADMINISTERING MEDICATION

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

Check out these resources:


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

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

CHILD CARE RULE .0803
Administering Medication

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


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

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


CHILD CARE RULE .0803 **Permission to Administer Medication**

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

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

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

GENERAL STATUTE 110-102.1A **Unauthorized Administration of Medication**

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

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

CHILD CARE RULE .0803 **Prescribed Medication**

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

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

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

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

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

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

CHILD CARE RULE .0803

Blanket Authorization: Chronic Conditions or Allergic Reactions

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


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

CHILD CARE RULE .0803

Blanket Authorization: Certain Over-the-Counter Medications

- ★ A parent may give a caregiver standing authorization for up to 12 months to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellants, lotions, creams and powders to a child, when needed.
- ★ The authorization must be in writing and contain the following:
 - the child’s name;
 - the names of the authorized ointments, repellants, lotions, creams, and powders;
 - the criteria for the administration of the ointments, repellants, lotions, creams, and powders;
 - the manner in which the ointments, repellants, lotions, creams, and powders shall be applied;
 - the signature of the parent;
 - the date the authorization was signed by the parent; and
 - the length of time the authorization is valid, if less than 12 months.

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

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

CHILD CARE RULE .0803

Blanket Authorization: Single-dose Acetaminophen

- ★ A parent may give a caregiver standing authorization to administer a single weight-appropriate dose of acetaminophen to a child in the event the child has a fever and a parent cannot be reached.
- ★ The authorization must be in writing and contain the child’s name, the signature of the parent, the date the authorization was signed by the parent, the date that the authorization ends or a statement that the authorization is valid until withdrawn by the parent in writing.

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

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

CHILD CARE RULE .0803

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

- ★ A parent may give a caregiver standing authorization to administer an over-the-counter medication as directed by the North Carolina State Health Director or designee, when there is a public health emergency as identified by the North Carolina State Health Director, or designee.
- ★ The authorization must be in writing, may be valid for as long as the child is enrolled, and contain the child's name, the signature of the parent, the date the authorization was signed by the parent, and the date the authorization ends or a statement that the authorization is valid until withdrawn by the parent in writing.

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

CHILD CARE RULE .0803

Emergency Medical Condition

- ★ A caregiver may administer medication to a child without parental authorization in the event of an emergency medical condition when the child's parent is unavailable, providing the medication is administered with the authorization, and in accordance with instructions, from a bona fide medical care provider.

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

CHILD CARE RULE .0803

Parental Withdrawal and Discarding Medication

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

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

SANITATION FOR CHILD CARE FACILITIES SECTION .2820

Storage of Medication

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

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

SECTION 3: INFECTIOUS AND CONTAGIOUS DISEASES

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



Check out these resources:

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


CHILD CARE RULE .0804

Infectious and Contagious Disease Control


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

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






Child Care Rule .0804
Caring for Mildly Ill Children

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

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

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

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

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

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

RESOURCE SECTION

Chapter 12: MEDICAL CARE

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

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

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

CENTER EMERGENCY MEDICAL CARE PLAN

1. Emergency information on staff and children is kept: _____

2. Medical Consultant: Name _____
Phone Number _____

3. Emergency Room: Name _____
Address _____
Phone Number _____ Location _____

Hospital: Name _____
Address _____
Phone Number _____ Location _____

4. Poison Control: **Carolinas Poison Center 1-800-222-1222**

- Available emergency transportation:
Name _____ Phone Number _____
Name _____ Phone Number _____
Rescue Squad _____ Phone Number _____

5. Persons in center responsible for giving first aid: _____
Names _____

6. Persons in center responsible for performing CPR: _____
Names _____

7. Persons responsible for determining the degree of care needed, contacting medical resource and determining appropriate transportation:
Name _____
Name _____

8. Persons in center responsible for accompanying the ill/injured person for medical attention and assuring that signed authorization is taken with person to emergency room:
Name _____
Name _____

9. Persons responsible for notification of parents or emergency contact of illness/accident:
Name _____
Name _____

10. Person responsible for obtaining substitute staff:
Name _____
Name _____

11. Location of telephones: _____

IT IS RECOMMENDED THAT THIS BE POSTED IN A PROMINENT PLACE IN THE FACILITY.

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.

Emergency Telephone Numbers

To Call	Number
Rescue Squad/Paramedics	
Fire Department	
Police	
Health Department	
Public Health Nurse	
Closest Hospital Address: Directions:	
Poison Control Center	

NOTE: WHEN YOU CALL FOR AN AMBULANCE OR RESQUE 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.

Application Date _____

Date of Enrollment _____

CHILD'S APPLICATION FOR CHILD CARE

To be completed and placed on file prior to enrollment

Name of Child _____ Birth date _____
(Last) (First) (MI) (Nickname)

Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No ___ Yes ___ Explain: _____

Does your child have any chronic illnesses/conditions: No ___ Yes ___ Explain: _____

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). _____

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____

Address _____

Hospital preference _____ Phone _____

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name _____ Home Phone _____ Office Phone _____

Name _____ Home Phone _____ Office Phone _____

If you cannot call for your child, please give the names of persons to whom the child can be released: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Signature of Parent)

(Date)

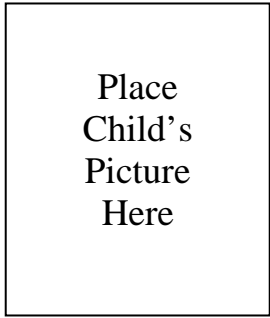
I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

(Signature of Operator)

(Date)

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. _____

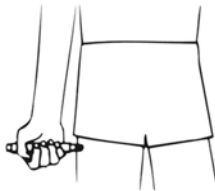
Room _____

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



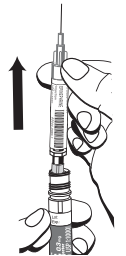
- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



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.

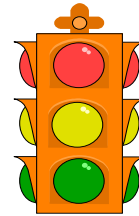


Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

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	Types of insulin taken: Usual times of insulin injections: _____ Basil Rate if on pump: _____ Amount of insulin to give (if a sliding scale is used, physician must order below): Can child give his/her own injections? ___ Yes ___ No ___ With Assistance																								
❖ 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>	1 Using the glucose meter, check the blood sugar. Be sure to follow the checklist for "Procedure for Recording and Reporting." 2 Document the observed blood sugar in the log book and NOTIFY PARENT/GUARDIAN! 3 Administer the insulin using the following calculations: <table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;"><u>Units of Insulin to Give</u></td> <td style="width: 10%;">PLUS*</td> <td style="width: 57%;"><u>Carbohydrate Intake to Give</u></td> </tr> <tr> <td><u>Based on</u></td> <td></td> <td><u>Based On</u></td> </tr> <tr> <td><u>Sliding Scale of Blood Sugar Reading</u></td> <td></td> <td><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	
<u>Units of Insulin to Give</u>	PLUS*	<u>Carbohydrate Intake to Give</u>																							
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Blood Sugar > 400 = ___ Units	32-39mg Carb = ___ Units	72-79mg Carbs= ___ Units																							
	40-47mg Carbs = ___ Units																								
❖ Qualified Staff	Staff qualified to use glucose meter: Staff qualified to give insulin injections:																								
❖ Supplies Location	Diabetes care supplies are kept: Supplies of snack foods kept :																								
Nutrition and Exercise																									
❖ Meals & Snacks	<i>Times of meals and snacks and indications for additional snacks for exercise:</i> Breakfast time _____ am Dinnertime _____ pm Midmorning snack _____ am Bedtime snack _____ pm Lunch time _____ am Snack before exercise _____ am/pm Mid-afternoon snack _____ am Snack after exercise _____ am/pm Other times to give snacks: _____ Preferred snack foods: _____ Suggested treats for in-school parties: _____ Foods to avoid, if any: _____																								
❖ Exercise and Sports or Activity Restrictions	<i>Physician's order required</i> Physical activity restrictions / limitations: _____ _____ _____ Special activity accommodations that must be made? _____ _____ _____ Child should not participate in active play if blood sugar is below _____ mg/dl or above _____ mg/dl.																								

_____’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</p> <p>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. 		



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 Child Care Handbook Chapter 12 Resource 9

DCD-0058 11/98

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.			

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.

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 style="text-align: center;">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																		
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): _____																			

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) _____

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 staff 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. Staff will keep items out of reach of children when not in use.

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 apply 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 staff 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. Staff will keep items out of reach of children when not in use.

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 apply the medication listed above as instructed.

Parent/Guardian Signature

Date



Permission to Administer Topical Ointment/Lotion/Powder

Authorization must be provided for staff 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. Staff 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
- face only
- diaper area
- other (specify) _____

When:

- before going outside in the afternoon
 - after each diaper change
 - after a bowel movement
 - 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 staff 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. Staff 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
- face only
- diaper area
- other (specify) _____

When:

- before going outside in the afternoon
 - after each diaper change
 - after a bowel movement
 - other (specify) _____
- We cannot accept "as needed"*

I give permission to my child care provider to apply the medication listed above as instructed.

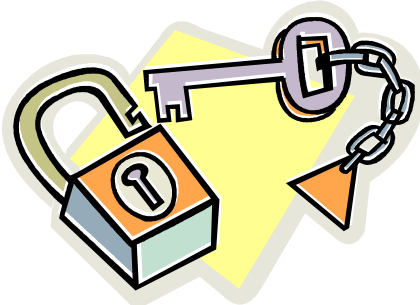
Parent/Guardian Signature

Date

Hazardous Items Storage

DENR Sanitation Rule 15A NCAC 18A .2820(b), (c), (d)

DCD Child Care Rule 10A NCAC 09 .0604(a)



Locked Storage

Combination, electronic or magnetic device, or key

- ★ Corrosive agents
- ★ Pesticides
- ★ Bleach
- ★ Detergents
- ★ Cleaners
- ★ Polishes
- ★ Aerosol cans
- ★ ALL MEDICATIONS*
- ★ Employee purses and personal effects

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



Communicable Diseases and Exclusion from Child Care				
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	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	Exclude until diarrhea ends and 2 consecutive negative stool samples 24 hours apart.
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 (Rotovirus)	Viral infection, most common cause of diarrhea and vomiting	-Non-bloody diarrhea -Nausea and vomiting	-Thorough handwashing and surface sanitation	Exclude infected children in diapers until diarrhea ends.
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	Exclude infected children in diapers until 3 negative stool samples.
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	Exclude until treatment is complete and negative stool samples.
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 is ordered by a physician.
Disease	Overview	Symptoms	Prevention	Exclusion

* Reportable

Communicable Diseases and Exclusion from Child Care				
Disease	Overview	Symptoms	Prevention	Exclusion
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	Exclude for 6 days after the beginning of the rash.
Hand-Foot-and-Mouth Disease (Coxsackievirus)	Infection caused by Coxsackievirus, 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.
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 treatment recommended by physician is received.
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	Exclude for 1 week after onset of illness.
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 physician.
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 provider.
MRSA (Methicillin Resistant)	Infection caused by Staph bacteria resistant to broad-	-Small, red, pimple-like bumps -Abscesses (collection of pus	-Thorough handwashing and surface sanitation -Do not share towels,	Exclude if open, draining sores can not be covered and

* Reportable

Communicable Diseases and Exclusion from Child Care				
Staphylococcus aureus)	spectrum antibiotic treatment	under the skin)	clothing, or bedding -Keep wounds covered	the dressing kept dry. Complex cases should be cleared by a health care provider.
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	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	Exclude as soon as infection is suspected until cleared by a physician.
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 physician.
Mumps* (Rubulavirus)	Viral infection with swelling of one or more salivary glands	-Swollen glands -Fever, headache, earache	-MMR vaccine. <i>Required.</i>	Exclude for at least 9 days after the beginning of swelling.
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 provider 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 physician.
Disease	Overview	Symptoms	Prevention	Exclusion
Pinworms (Enterobias)	Infection caused by small threadlike round worm	-Itching and irritation around the anal or vaginal area	-Thorough handwashing and sanitation of surface and toy -Change bedding often	Do not exclude.

* Reportable

Communicable Diseases and Exclusion from Child Care

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 surface sanitation -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 physician.
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.
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 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	Exclude until cleared by a physician.
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	Exclude until at least 5 days of antibiotic treatment (out of 14) have been completed.

* Reportable

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:					

Chapter 13: 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 staff-child ratios, 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 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 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 must be on file at the child care facility.

Written Reprimands
Child Care Rule .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 Rule .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 Rule .0401 & .2201

- ★ 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 Rule .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 Rule .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 Rule .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 Rule .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, unless a District Court Judge reverses the summary suspension decision.
- 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 Rule .0306 & .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 may 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 Child Care Centers Child Care Rule .2208, .2209 & .2013

- ★ 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:
 - Non-compliance with the standards for: staff-child ratios; adequate supervision of children; transportation

of children; or use of swimming pools and other swim areas;

- Disapproved fire safety, building or sanitation inspection reports;
- Exceeding licensed capacity of center, or use of unauthorized space;
- Change of ownership or relocation of center without prior notification to the Division;
- Substantiation that a child (or children) was abused or neglected while in the care of the center; or
- Willful, repeated pattern of non-compliance with any requirement over extended period of time.


- A civil penalty in an amount up to five hundred dollars (\$500.00) may be imposed for the following violations:
 - Non-compliance with the standards for:
 - Staff health requirements;
 - Staff qualifications;
 - Children’s health requirements;
 - Proper nutrition;
 - Sanitation and personal hygiene practices;
 - Discipline of children;
 - Indoor or outdoor space; or
 - Emergency medical plan;
 - Failure to comply with a corrective action plan;
 - Denial of entry to an authorized representative of the department or Division.

- A civil penalty in an amount up to two hundred and fifty dollars (\$250.00) may be imposed for the following violations:
 - Non-compliance with the standards to provide age appropriate activities or staff development.

- Violation of other standards may result in the assessment of penalty according to the effect or potential effect of the violation on the safety and well-being of children.


- 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 13: ADMINISTRATIVE ACTIONS

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

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

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

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 14: 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.

NORTH CAROLINA GENERAL STATUTE 110-88

Powers and Duties of the NC Child Care Commission



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

PROCEDURAL RULE .2001 Petitions for Rulemaking

- ★ 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

PROCEDURAL RULE .2001 Commission Decisions Regarding Petitions

- ★ 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

PROCEDURAL RULE .2002 **Permanent Rulemaking Procedures**

★ 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

PROCEDURAL RULE .2003 Declaratory Rulings

- ★ 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

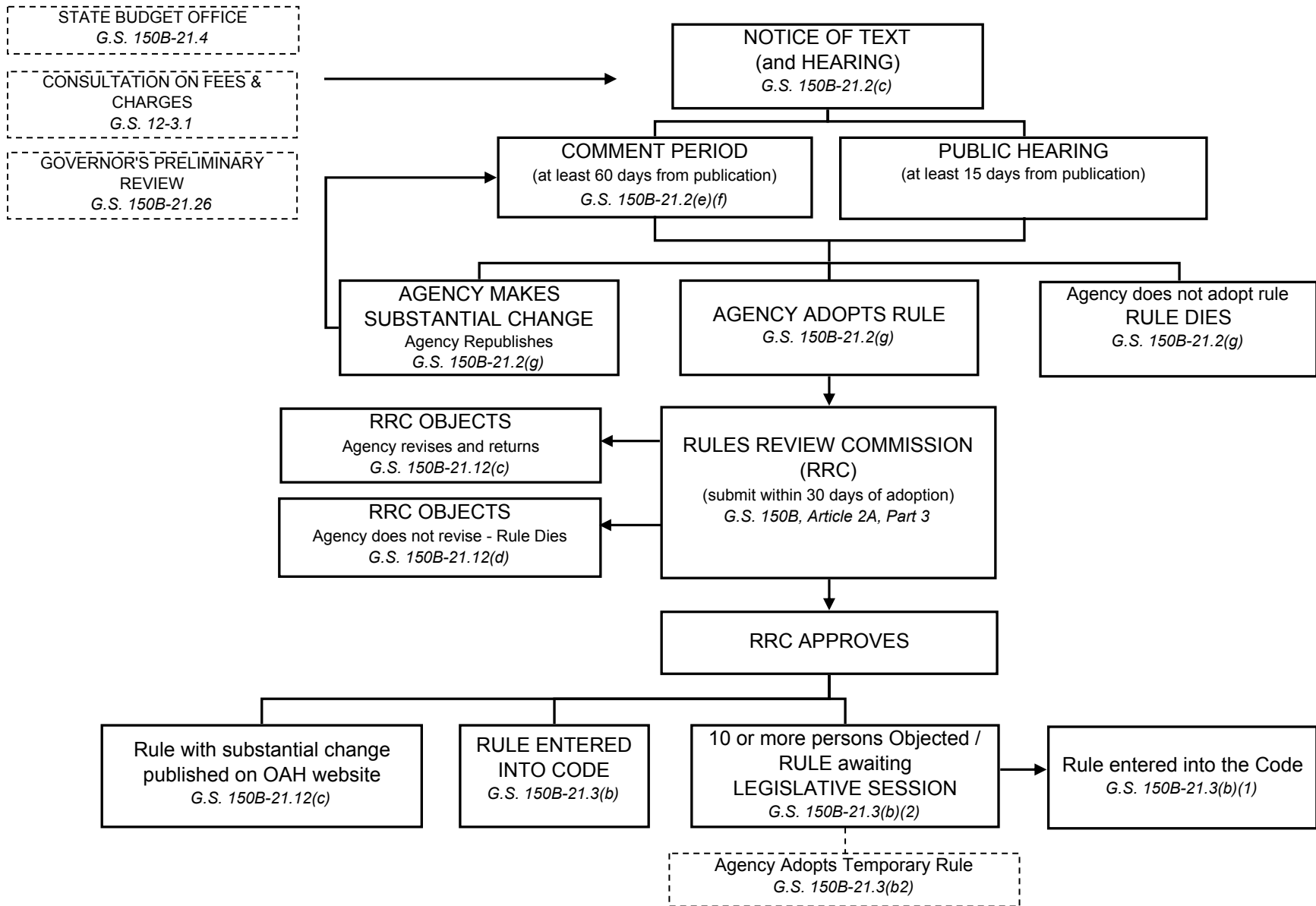
Chapter 14: RULEMAKING PROCEDURES

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

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

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

PERMANENT RULEMAKING PROCESS



Chapter 15: RELIGIOUS SPONSORED CHILD CARE

Purpose Of These Requirements

In North Carolina, religious sponsored child care centers (those operated by a church, synagogue, or school of religious charter) that meet the definition of child care must be regulated by the Division. This chapter focuses on the child care requirements set forth for religious sponsored child care centers. Under the child care law, religious sponsored centers have the option to operate under the provisions of North Carolina General Statute 110-106. This means that they are allowed to be exempt from meeting some of the child care requirements, but they do have to meet basic health and safety requirements. This chapter describes these exemptions. Centers that elect to operate under the provisions of G.S. 110-106 will be issued a “Notice of Compliance” rather than a Star Rated License. Religious sponsored centers may elect to apply for a Star Rated License and therefore would be expected to comply with all child care licensing requirements, prior to receiving a Star Rated License.

Definitions

Religious sponsored child care facility: includes any child care facility or summer day camp operated by a church, synagogue, or school of religious charter.

Church: An operator of a child care center that is a specified religious denomination.

Synagogue: An operator of a child care center that provides a place of worship and communal center of a Jewish congregation.

Religious Sponsored School: a child care program affiliated with a religious facility that meets the classification of a school. To be classified as a school, the program must file with and meet, the requirements set forth by the Division of Non-Public Education.

Most of the rules in the Child Care Center Handbook apply to religious sponsored child care centers. In this chapter, however, each section will identify chapters where exceptions occur for religious sponsored child care centers. Then the specific rules that either do not apply, or have different requirements for religious sponsored child care centers will be explained.

The rules in this chapter apply only to those centers that have chosen to take the exemptions that the law allows for religious sponsored child care centers. These centers are sometimes called “Exempt Centers” meaning that they are exempt from some of the child care law and rules, but must meet basic health and safety requirements.

SECTION 1: GETTING STARTED

NC GENERAL STATUTE 110-106 and CHILD CARE RULE .2101

Notification of Plans to Operate a Center

- ★ The religious sponsored entity must notify the Division if they plan to operate a child care center.

- ☑ This notification is referred to as a “Letter of Intent to Operate.”

NC GENERAL STATUTE 110-106 and CHILD CARE RULE .2201

Letter Of Intent to Operate

- ★ At least 30 days prior to the first day of operation of a new religious sponsored child care program, the prospective operator must send a “Letter of Intent to Operate” to the Division.
- ★ The Letter of Intent to Operate must be written on letterhead of the religious sponsor and include at least the following information:
 - Name of Operation/Religious Sponsor
 - Address of Operator/Religious Sponsor
 - Telephone Number of Operator/Religious Sponsor
 - Proposed Name of Center
 - Address of Center
 - Telephone Number of Center
 - Proposed Number of Children
 - Proposed Age Range of Children
 - Scheduled Opening Date of Center
 - Name of Contact Person for the Center
 - Signature of an Authorized Person Representing the Religious Sponsor

- ☑ The Division will send the prospective operator a “Response Letter” after the Letter of Intent to Operate is received. This should be received by the center within 7 calendar days of submitting a Letter of Intent to Operate. The Division will advise the operator of the applicable requirements the center must meet prior to opening, procedures for receiving a Notice of Compliance, and date they may begin operation.
- ☑ Although you will be given a date to begin operating, the child care requirements still require the operator to complete a prelicensing workshop prior to the Division issuing an initial Notice of Compliance.
- ☑ The licensing supervisor’s contact information will be provided within the Response Letter.

- It is your responsibility to contact the appropriate agencies to complete building, fire, and sanitation inspections. Please be aware that in some areas of the state it may take time to complete the process to receive approved inspections.
- The law requires approved inspections to be submitted to the Division 30 days after you begin operation, so you may need to adjust your planned opening date based upon your timeframe to obtain approved inspections.
- The operator must submit the following to the licensing supervisor no later than 30 days after beginning operation.
 - Facility Profile
 - Prelicensing workshop certificate
 - Approved building, fire and sanitation inspections
 - Floor plan
- Notify the licensing supervisor immediately if the opening date changes.

NC GENERAL STATUTE 110-106
Beginning Operation

- The center may begin operating as of the date indicated in the Response Letter received from the Division.
- A completed Facility Profile form must be submitted to the name and address of the licensing supervisor indicated in the Response Letter within thirty (30) days after beginning operation.

- Prior to opening, the prospective operator should contact the licensing supervisor to request a technical assistance visit. A visit prior to the center opening can provide assistance on ways for the operator to achieve and maintain compliance with child care requirements as well as consultation on best practices in the field of early care and education.
- Within 30 days after beginning operation, and after the religious sponsored child care center has filed the above information, the center will be visited by a child care consultant.
- The purpose of the visit is to monitor compliance with the applicable child care requirements.
- During the visit, the child care consultant might measure the indoor and outdoor space used for child care, check indoor and outdoor equipment to be sure it is safe, review records, and/or check vehicles for transporting children.

- ☑ It is important to be in compliance with applicable child care requirements within the 30 days time period. Failure to comply within 30 days may result in the issuance of a Notice to Cease Operation, as well as prevent or delay the receipt of payments from the Department of Social Services.

**CHILD CARE RULE .0301
Prelicensing Workshop**

★ All potential owners/operators of a child care center or center in a residence are required to complete a prelicensing workshop before the initial license or Notice of Compliance is issued.

- ☑ The person who signs the Letter of Intent should attend the prelicensing workshop. Although not required, it is strongly recommended that the director of the child care center attend the prelicensing workshop as well.
- ☑ The religious sponsored center may open, prior to attending the workshop but must attend within the first 30 days the center is open.
- ☑ The prelicensing workshop schedule is included with the Response Letter, available from the Division’s main office in Raleigh by calling 1-800-859-0829, and on the Division’s web site at www.ncchildcare.net.
- 📁 Refer to Chapter 1 – Getting Started for more information on the mandatory prelicensing workshop.

SECTION 2: STAFF REQUIREMENTS

All requirements in Chapter 2 -Staff apply to religious sponsored programs except as identified in the following sections. You should refer to the other chapter for a full description of the staff requirements that will have to be met to operate a religious sponsored program. The sections to follow only cover requirements that are different from those identified in Chapter 2 - Staff.

**NC GENERAL STATUTE 110-106
Requirements for the Administrator**

★ The administrator of any religious sponsored child care center must be at least 21 years of age and literate.

- ☑ These are the only preservice requirements for the administrator.

Literate is defined as understanding licensing requirements and having the ability to communicate with family and relevant emergency personnel. For example, a staff person must be able to read and write English well enough to carry out all of the daily responsibilities of the position, including being able to read information on a medicine bottle, or being able to read written instructions from a parent or health care professional.

HH–Consider hiring an administrator that has prior experience working in a licensed child care center and is knowledgeable of best practices in early care and education. Research consistently finds that high quality administrative practices are essential for ensuring good outcomes for children and families.

NC GENERAL STATUTE 110-106


Requirements for Other Staff

 All other staff working in a religious sponsored center must be at least 18 years of age and be literate.

16 and 17 years olds may only work in a religious sponsored child care center under the direct supervision of someone at least 21 years of age.

NC GENERAL STATUTE 110-106

Other Staff Requirement Exemptions

 Orientation training is not required for staff working in religious sponsored child care centers.

 In-service training is not required for staff working in a religious sponsored child care centers.

All other requirements in Chapter 2 - Staff would apply to the staff of a religious sponsored center if not listed above.

HH –Although orientation is not required, it is important that staff understand the operating practices of the program.

SECTION 3: OUTDOOR LEARNING ENVIRONMENT

All requirements in Chapter 3 - Outdoor Learning Environment apply to religious sponsored programs. You should refer to this chapter for a full description of the requirements that will have to be met to operate a religious sponsored program.

SECTION 4: AQUATIC ACTIVITIES

All requirements in Chapter 4 - Aquatic Activities apply to religious sponsored programs. You should refer to this chapter for a full description of the requirements that will have to be met to operate a religious sponsored program.

SECTION 5: INDOOR LEARNING ENVIRONMENT

All requirements in Chapter 5 - Indoor Learning Environment apply to religious sponsored programs except as identified in the following section. You should refer to the other chapter for a full description of the requirements that will have to be met to operate a religious sponsored program. The section to follow only cover requirements that are different from those identified in Chapter 5 - Indoor Learning Environment.

NC GENERAL STATUTE 110-106

Activity Areas Exemption

 Religious sponsored child care centers do not have to meet the activity area requirements.




All other requirements in Chapter 5 -Indoor Learning Environment would apply to a religious sponsored center.

SECTION 6: CHILDREN’S RECORDS AND ACTIVITIES

All requirements in Chapter 6 - Children’s Records and Activities apply to religious sponsored programs except as identified in the following section. You should refer to the other chapter for a full description of the requirements that will have to be met to operate a religious sponsored program. The section to follow only cover requirements that are different from those identified in Chapter 6 - Children’s Records and Activities.

NC GENERAL STATUTE 110-106

Activity Exemptions

-  A written schedule is not required for a religious sponsored child care center.
-  An activity plan is not required for a religious sponsored child care center.
-  Developmentally appropriate activities are not required for a religious sponsored child care center.

All other requirements in Chapter 6 -Children’s Records and Activities would apply to a religious sponsored center.

SECTION 7: LICENSES

All requirements in Chapter 7 - Licenses apply to religious sponsored programs except as identified in the following section. You should refer to the other chapter for a full description of the requirements that will have to be met to operate a religious sponsored program. The section to follow only cover requirements that are different from those identified in Chapter 7 - Licenses.

For the purposes of this rule, a license would be any document issued to a religious sponsored child care center that states that it is operating legally and would include a Notice of Compliance issued to religious sponsored child care centers.

NC GENERAL STATUTE 110-106

Display of a License

 A religious sponsored center is exempt from displaying a license to operate.


- Religious sponsored child care centers taking their allowed exemptions do not receive a star rated license, but do have to meet basic health and safety requirements.
- If a religious sponsored child care center chooses to apply for a star rated license, they may do so as long as they are in compliance with all the child care requirements (including the exemptions listed above).
- A religious sponsored child care center can apply for a two through five star rated license after they have been in operation for at least 6 months. A religious sponsored child care center can apply for a one star rated license at any time.
- The center would be assessed to ensure that all applicable requirements are being met and the appropriate license will be issued.

SECTION 8: COMPLIANCE MONITORING

All requirements in Chapter 8 - Compliance Monitoring apply to religious sponsored programs except as identified in the following section. You should refer to the other chapter for a full description of the requirements that will have to be met to operate a religious sponsored program. The section to follow only cover requirements that are different from those identified in Chapter 8 - Compliance Monitoring.

NC GENERAL STATUTE 110-106

Required Inspections

 An approved Building Inspection Report, Sanitation Inspection Report and Fire Inspection Report must be submitted to the child care consultant no later than 30 days after opening and before a Notice of Compliance can be issued.

- ☑ While approved inspections are not required prior to opening the center, if they are not received within the first 30 days of operation, the Division may require the program to cease operating until the approved inspections are received.
- HH** - Keep in mind a religious sponsored child care center will not receive subsidized child care payments until all applicable requirements are in compliance and the Notice of Compliance is issued.
- 💻 Visit the Division’s web site at www.ncchildcare.net for more information on North Carolina’s Subsidized Child Care Program.

SECTION 9: BEHAVIOR MANAGEMENT

All requirements in Chapter 11 – Behavior Management apply to religious sponsored programs except as identified in the following section. You should refer to this chapter for a full description of the requirements that will have to be met to operate a religious sponsored program. The section to follow only covers requirements that are different from those identified in Chapter 11 – Behavior Management.

NC GENERAL STATUTE 110-106
Discipline and Behavior Management

- ★ 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.
- ★ Religious sponsored child care centers must meet all discipline requirements except they are exempted from the prohibition on corporal punishment.

- ☑ NC General Statute 110-91(10) allows a religious sponsored child care center to use corporal punishment as a form of discipline, if the following conditions are met:
 - The center files with the Division a notice that states that corporal punishment is a part of their religious training.
 - The center has a written discipline policy that clearly states that corporal punishment is a part of their religious training and will be used.
 - The Division must review and approve the policy prior to use. A copy of the policy and acknowledgement that the policy has been approved will be placed in facility’s official child care record located at the Division.
 - The written policy must be discussed with and given to each child’s parent prior to the first time the child attends the center.
 - Each parent must sign a statement verifying a copy of the policy was reviewed and discussed.

- If changes are made to the behavior management policy at any time, the center must give written notice of the changes to each child's parent, guardian, or full-time custodian 30 days prior to the implementation of the new policy. The parent, guardian, or full-time custodian must sign a statement that attests a copy of the new policy was given to and discussed with him or her. The signed statement must be kept in the child's file.

SECTION 10: OTHER REQUIREMENTS

All requirements in Chapters 9 and 12 through 14 apply to religious sponsored programs. You should refer to these chapters for a full description of the requirements that will have to be met to operate a religious sponsored program.

Chapter 16: SCHOOL-AGE CARE

Purpose Of These Requirements

Operators offering school-age care are required to meet all applicable child care requirements except as identified in Section .2500 – Care for School-Age Children. This chapter outlines the child care requirements that are specific to programs offering care to three or more school-aged children exclusively or as a component of any other program. This includes full-time, part-time, or seasonal child care programs for school-age children. The North Carolina General Statutes for child care facilities exempts all programs operated by public schools from being licensed. However, if a school wishes to be eligible for the North Carolina Subsidized Child Care Program or voluntarily chooses to be licensed, the program will need to be licensed. Whenever possible, the Division reviewed the public school's requirements and determined which of these are the same as or equivalent to the child care law and rules. The majority of the child care requirements discussed in other chapters of this handbook apply to licensed public school programs. Along with identifying requirements specific to school-age programs, this chapter outlines requirements for programs operated by public schools.

There continues to be an increasing need for school-age care. Many school-age children ages 5 through 12 years spend their out-of-school time (OST) in some type of school-age care program. The importance of OST programming is growing due to the current issues and needs of school-age children. School-age care providers are with the children potentially 10-15 hours a week during the school year and 40 hours per week in the summer, and many school-age care providers are being asked to take on additional responsibilities to promote the development of school-age children. There is an increasing demand for OST programs to provide more physical activity/health education to decrease and prevent obesity; provide more engaging, hands-on activities to help students meet North Carolina Learning Standards; and give children more opportunities for free play and choice. This chapter not only gives you the child care requirements that are specific for school-age care programs, but also provides recommendations of best practices to help school-age care providers try to achieve a balance.

Definitions

School-aged child: any child who is attending or who has attended a public or private grade school or kindergarten and meets the age requirements as specified in General Statute 115C-364.

Out-of-school time (OST): a program that provides care to school-age children before and/or after school hours, in the summer or tracked-out times, on teacher workdays and on school holidays.

Track-out program: a program that provides care to school-age children when they are out of school on the multi-track, year-round school calendar.

Seasonal recreational program: a program that operates for less than four consecutive months per year between May 15 and September 15. This type of program is considered a summer day camp.

Program coordinator: an individual who is responsible for planning and ensuring implementation of daily activities for a school-age program.

Group leader: an individual who is responsible for supervising groups of school-aged children.

Assistant group leader: an individual who assist group leaders.

“Experience working with school-aged children” means: experience working with school-aged children as an administrator, program coordinator, group leader, assistant group leader, lead teacher, teacher, or aide.

NC Subsidized Child Care Program: North Carolina operates a statewide child care assistance program for low-income and other eligible families. This program helps families afford child care by sharing the cost of care. Most parents must pay a fee, depending on the size of their family and their income.

Basic School-Age Care Training (BSAC Training): specialized training on the elements of quality afterschool care for school-age children developed for and approved by the Division. Equivalent training may be approved if the Division determines that the content of the training offered is substantially equivalent to the BSAC training.

Types of School-Age Programs

Stand Alone: a program that only provides care to school-age children.

Component of a Preschool Program: a program that provides care to school-age children and also operates a preschool program.

Almost all of the rules discussed in other chapters of this handbook apply to school-age care programs also. Each section will begin by identifying a previous chapter that applies to school-age care programs and then a discussion on specific rules that either do not apply or have different requirements for school-age care programs.

SECTION 1: SPECIAL PROVISIONS FOR LICENSURE

CHILD CARE RULE .2502



School-Age Care Only






A center providing care for school-aged children exclusively will be issued a license restricting care to school-aged children only.

- This restriction will be noted on the license.
- A track-out program that operates all four tracks for more than four hours per day must be licensed.

CHILD CARE RULE .2502 Seasonal Recreational Program

-  A seasonal recreational program that operates for less than four consecutive months per year, typically between May 15 and September 15, is considered a summer day camp. The law does not require summer day camp programs to be licensed.
-  Any summer day camp program wanting to receive payment for children receiving child care subsidies must be licensed by the Division.

- A licensed summer day camp program can only enroll school-age children. Children who will begin kindergarten in the fall are not considered school age and therefore cannot attend a licensed summer day camp. If they do attend, all preschool requirements apply and a Temporary or Star Rated License would be issued.
- If the operator of a summer day camp program chooses to be licensed, then the facility will be licensed as a summer day camp for the period of time they are in operation.
- School-age programs that choose not to be licensed should check with local planning and zoning ordinances to see if there are requirements that must be met locally. If there are local planning and zoning requirements, they must be met even if the program is not licensed by the Division.
- The NC Department of Environment and Natural Resources (NC DENR) has requirements for summer day camp programs that must be met regardless of whether or not they are licensed by the Division as a summer day camp.
- Programs that are operated after school, for four hours or less, and then as a full time summer day camp may choose to be licensed, but are not required to be licensed.
-  If interested in operating a summer day camp, contact the Division at 1-800-859-0829 to request a *Basic Information for Potential Summer Day Camp Providers* packet, which contains instructions for ordering the summer day camp application packet.
-  Contact your local department of social services to inquire about enrolling in the subsidized child care program. County contact information is available on the NC Department of Social Services web site at www.dhhs.state.nc.us/dss/local/ or on the Division's web site at www.ncchildcare.net.
-  Visit NC DENR Children's Environmental Health Branch at www.deh.enr.state.nc.us/ for more information and resources on children's health.

SECTION 2: STAFF REQUIREMENTS

Refer to Chapter 2 – Staff for a full description of the staff requirements that will have to be met to operate a school-age care program. The requirements in Section .2510 only cover requirements that are different from those identified in Chapter 2.



The North Carolina Center for Afterschool Programs (NCCAP), in partnership with other state and local organizations, offers the state's first centralized online statewide database on afterschool trainings and professional development opportunities. School age care providers and directors can access the database to identify area trainings and plan staff professional development. Visit www.ncafterschooltraining.com to view the Professional Development Training Database.

CHILD CARE RULE .2510

Preservice Requirements for Administrators



The individual responsible for ensuring the administration of the program, whether on-site or off-site must:

- Prior to employment, have at least:
 - 400 hours of verifiable experience working with school-aged children in a licensed child care program; or
 - 600 hours of verifiable experience working with school-aged children in an unlicensed school-age or camp setting, or
 - have an undergraduate, graduate, or associate degree, with at least 12 semester hours in school-age care related coursework; **and**
- Meet the requirements for a child care administrator in G.S. 110-91(8).



The administrator must be at least 21 years of age.



Administrators must begin working toward the completion of the North Carolina Early Childhood Administrator Credential (NCECAC) or its equivalent within 6 months of assuming administrator duties and must complete the credential or its equivalent within 2 years after beginning work to complete the credential.



The administrator may work on-site or off-site.



The individual who is on-site and responsible for the administration of the school-age component of a center which also provides care to preschool-age children must meet the requirements for child care administrators in General Statute 110-91(8) and Section .0700. These requirements are located in appendices A and B as well as Chapter 2 – Staff.



The administrator will need to complete and submit an education and equivalency (E&E) form within six weeks to the Child Care Workforce Standards Section at the Division.



Copies of E&E forms can be found on the Division's web site at www.ncchildcare.net under Providers / Provider Documents and in the resource section of Chapter 2.

- ★ Programs wishing to be eligible for the most points available in Education Standards for the issuance of a Rated License, will need staff with more education and experience than the minimum licensing requirements. Refer to Chapter 17 – Star Rated License for more information.
- HH -Research identifies quality staff and strong staff development as important characteristics of quality school-age care programs. Hire staff that are motivated to provide interesting activities and able to interact in positive ways with children.

CHILD CARE RULE .2510

Preservice Requirements for Program Coordinators

★ At least one individual who is responsible for planning and ensuring the implementation of daily activities for a school-age program, known as the program coordinator, must:

- Be at least 18 years old and have a high school diploma or its equivalent prior to employment;
- Have completed two semester credit hours in child and youth development and two semester credit hours in school-age programming. Each individual who does not meet this requirement must enroll in coursework within six months after becoming employed and complete this coursework within 18 months of enrollment. An individual who meets the staff requirements for administrator or lead teacher may be considered as meeting the requirements for program coordinator, provided the individual completes Basic School-Age Care (BSAC) training; **and**
- In a part day program be on site when children are in care. For a full day program be on site for two thirds of the hours of operation. This includes times when the individual is off site due to illness or vacation.

- ☑ An individual may serve as both an administrator and a program coordinator. The person would be responsible for meeting the staff requirements for an administrator, complete BSAC training, and work on-site.
- ☑ The program coordinator will need to complete and submit an E&E form within six weeks to the Child Care Workforce Standards Section at the Division.
- 💻 Copies of E&E forms can be found on the Division’s web site at www.ncchildcare.net under Providers / Provider Documents and in the resource section of Chapter 2.
- ☑ BSAC is a specialized training on the elements of quality afterschool care for school-age children developed for and approved by the Division. Equivalent training may be approved if the Division determines that the content of the training offered is substantially equivalent to the BSAC training.
- ☑ Completion of the BSAC training counts toward meeting one year’s annual on-going training requirements.

- ☑ Individuals who completed 7 hours of school-age program training as approved by the Division prior to July 1, 2000 are not required to complete the BSAC training.
- ☑ Staff in part-time or full day school-age care programs required to complete BSAC training must do so within three months of becoming employed. Staff in seasonal school-age care programs required to complete BSAC training must do so within six weeks of becoming employed.
- ☑ If the program coordinator has responsibility for planning and implementing the daily activities of the program and administrating the program, the person must also meet the staff requirements for an administrator.
- ★ Programs wishing to be eligible for the most points available in Education Standards for the issuance of a Rated License, will need staff with more education and experience than the minimum licensing requirements. Refer to Chapter 17 – Star Rated License for more information.
- 📁 Go to www.ncafterschooltraining.com to get information on upcoming BSAC trainings in your area or contact your local Child Care Resource and Referral Lead Agency. A **Child Care Resource and Referral Lead Agency Directory** is located in the resource section and on the Division’s web site.

CHILD CARE RULE .2510

Preservice Requirements for Group Leaders and Assistant Group Leaders

- ★ Staff who are responsible for supervising groups of school-aged children, known as group leaders, must be at least 18 years old and have a high school diploma or its equivalent prior to employment.
- ★ Once hired, the group leader must complete BSAC training.
- ★ Staff who assist group leaders, known as assistant group leaders, must be at least 16 years of age and complete BSAC training.

- ☑ A group leader or assistant group leader is required when the administrator or program coordinator is not working directly with the school-age children or when required to meet the staff-child ratios.
- ☑ Group leaders and assistant group leaders in part time or full time programs must complete BSAC training with the first 3 months of employment.
- ☑ Group leaders and assistant group leaders in seasonal or summer day camp programs must complete BSAC training with the first 6 weeks of employment.

- ☑ All staff under the age of 18 years of age counted in the staff-child ratios must work under the direct supervision of a staff person who is at least 21 years of age.
- ☑ Group leaders and assistant group leaders will need to complete and submit an E&E form within six weeks to the Child Care Workforce Standards Section at the Division.
- 💻 Copies of E&E forms can be found on the Division’s web site at www.ncchildcare.net under Providers / Provider Documents and in the resource section of Chapter 2.
- ★ Programs wishing to be eligible for the most points available in Education Standards for the issuance of a Rated License, will need staff with more education and experience than the minimum licensing requirements. Refer to Chapter 17 – Star Rated License for more information.

**CHILD CARE RULE .2510
Orientation of School-Age Staff**

- ★ All staff must receive on-site training and orientation as follows:
 - Within the **first 2 weeks** of assuming responsibility for supervising a group of children, each employee must complete at least **6** clock hours of training on:
 - the recognition of the signs and symptoms of child abuse and neglect and in the employee’s duty to report suspected abuse and neglect;
 - the center’s operational policies;
 - adequate supervision of children, taking into account their age, emotional, physical, and cognitive development.
 - Within the **first 6 weeks** of assuming responsibility for supervising a group of children, each employee must complete at least **3** additional clocks hours of training on maintaining a safe and healthy environment and developmentally appropriate activities for school-age children.

- ☑ The on-site training and orientation must be documented and maintained in each staff member’s personnel file.
- 📁 A **Documentation of Staff Orientation for School-Age Care Only Programs** form is located in the resource section.

SECTION 3: OUTDOOR LEARNING ENVIRONMENT

Refer to Chapter 3 – Outdoor Learning Environment for a full description of outdoor requirements that will have to be met to operate a school-age care program. The requirements in Section .2506 only cover requirements that are different from those identified in Chapter 3.

- HH** - It is very important to take children outside even if the program only has children for a short period of time such as 3:00 p.m. to 6:00 p.m. Upon arrival give children the opportunity to have unstructured outdoor time since most likely they have only had thirty minutes of outdoor play while they were attending school. Snack could be taken outside.
- HH** - School-age caregivers play an important role in helping children achieve recommended amounts of physical activity. The 2008 Physical Activity Guidelines for Americans by the US Department of Health and Human Services recommends children ages 6-12, should achieve 60 minutes or more of physical activity a day. Physical activities can be easily achieved outdoors. Even short periods of physical activity can count towards the recommended 60 minutes or more goal.
- HH** - During winter months, take children outside first, and then conduct enrichment activities and free choice inside since it gets dark earlier in the winter months. By the time most children get home they do not have time to go outside since it is already dark outside.

NC GENERAL STATUTE 110-91(6)
DPI Operated Programs - Fenced in Play Areas



A center operated in a public school is deemed to have adequate protection.



Child care programs operating in a public school are deemed to have adequate outdoor protection and, therefore, are not required to have fencing or any other protection, regardless of who operates the program.



The law exempts playground equipment on public school grounds used by school-age children from having to meet the child care rules related to the outdoor are, including the playground safety training and completing monthly playground inspection. The exemption does not include having to remove or fix broken equipment that will be used by children.



Refer to Chapter 3 – Outdoor Learning Environment for playground safety rules and resources on the benefits of outdoor play.

CHILD CARE RULE .2506
General Safety Requirements



School-age children must wear safety helmets whenever they ride bicycles.




Safety helmets can be provided by the center or brought from home by the parents. Safety helmets provided by the center must be properly sanitized after use.

- The center is responsible for making sure helmets are available and ensuring the children wear them.

SECTION 4: AQUATIC ACTIVITIES

Refer to Chapter 4 – Aquatic Activities for a full description of the aquatic activities requirements that will have to be met to operate a school-age care program. The requirements in Section .2506 only cover requirements that are different from those identified in Chapter 4.

CHILD CARE RULE .2506 General Safety Requirements

-  Children must wear life jackets whenever they participate in boating, rafting or canoeing activities.

- Aquatic activities are any activities that take place in, on, or around a body of water such as swimming, swimming instruction, wading, visits to water parks, and boating. All aquatic activities must be conducted in a safe manner as outlined in Chapter 4 - Aquatic Activities. These requirements include:
 - Adequate supervision
 - Appropriate staff-child ratios
 - Life guard availability and certification
 - Policies
 - Location of swimming pools
 - Safety rules
 - Swimming pool construction
- Adequate supervision means that half the center staff needed to meet the staff-child ratios for aquatic activities is in the water and the other half is out of the water. If an uneven number of staff are needed to meet the staff-child ratios, the majority of the staff must be in the water.
 - Staff must be positioned in pre-assigned areas that will enable them at all times to hear, see, and respond quickly to the children who are in the water and the children who are out of the water.
 - Children must not enter the water before center staff are stationed in their pre-assigned areas.
 - Center staff must devote their full attention to supervising the children in their pre-assigned areas of coverage and must communicate with one another about children moving from one area to another.

- The following staff-child ratios must be maintained whenever children participate in aquatic activities:

Age of Children	Ratio Staff/Children
3 to 4 Years	1/8
4 to 5 Years	1/10
5 Years and Older	1/13



- HH** –Check with your local parks and recreation center or the American Red Cross for information on life guard certification and availability.


SECTION 5: INDOOR LEARNING ENVIRONMENT

Refer to Chapter 5 – Indoor Learning Environment for a full description of the indoor requirements that will have to be met to operate a school-age care program. The requirements in Section .2504 and .2506 only cover requirements that are different from those identified in Chapter 5.

CHILD CARE RULE .2504

Space Requirements



-  All space requirements specified in Section .1400 apply when a facility provides care for school-age children and any preschool child is also in care, **or** when a program which provides care exclusively for school-age children routinely operates indoor in a permanent structure for more than 25 percent of each day.
-  A gymnasium or other single use room may be included in the space measured for licensed capacity when used as primary space.

-  Refer to Appendix B – Child Care Rules - Section .1400 and Chapter 5 - Indoor Learning Environment for indoor and outdoor space requirements.

- A gymnasium or other single use room may be included in the space measured for licensed capacity when used as primary space.

CHILD CARE RULE .2504

Summer Camp Programs

-  A facility licensed as a summer day camp must have a permanent structure located at the home base, which is the primary site of the day camp activities. The permanent structure may be a building or permanent roofed shelter with overhang.
-  The summer day camp must meet one of the following space requirements:
 1. When activities for children are routinely conducted outdoors or off the premises for at least 75 percent of each day, a minimum of ten square feet per child of indoor space, exclusive of kitchens, hallways, restrooms, closets, and storage areas, shall be provided.
 2. When the camp's home base does not provide ten square feet of primary space indoors, the camp shall provide notarized copies of all letters, agreements, or contracts with other facilities which guarantee that children will be accommodated comfortably indoors in the event of inclement weather.

- Summer day camps can only operate between May 15 thru September 15 or a summer camp license is only being issued for a maximum of four months between May 15 thru September 15.
- When the center is licensed as a summer day camp, enrolling only school-age children, AND these children are away from the facility or outdoors at least 75% of each day, the space requirements are:
 1. That there be an approved permanent structure big enough to offer at least 10 square feet of space per child
 - or**
 2. That the operator has on file a notarized letter, a written agreement, or a contract with other facilities that verifies that indoor space is available for use by the children during bad weather
- Examples of programs that may fit in the category of operating off site at least 75% of the time are summer recreational programs operated by the YMCA, the YWCA, Department of Parks and Recreation, etc.
- These programs usually meet at a given location and then take the children on outings away from the site.


CHILD CARE RULE .2506
Potentially Hazardous Materials

- Potentially hazardous items, such as archery equipment, firearms and ammunition, hand and power tools, propane stoves, or chemicals must be used by children only when adult supervision is provided.
- Such potentially hazardous items, whether or not intended for use by the children, shall be stored in locked areas or with other appropriate safeguards, or shall be removed from the premises.


- Commonly used materials that would need adult supervision include woodworking/carpentry tools as well as science experiments that may cause a chemical reaction such as a volcano using baking soda and vinegar. Supervision with woodworking and chemicals would include ensuring children are wearing appropriate eye protection such as child-size safety goggles.

CHILD CARE RULE .2506
First Aid Equipment


- First aid equipment should always be available regardless of where activities are provided.

- When children leave the home-base, a first aid kit should be available.
- HH** – For easy accessibility some programs place their first aid kit and children’s emergency information records in a backpack so that all items are located in one place.
-  Refer to Chapter 10 – Transportation for suggestions on stocking a first aid kit.

CHILD CARE RULE .2506
Supervision of School Age Children

-  All children must be adequately supervised. Adequate supervision means that staff must be with the group of children and able to hear and see each child in his/her care, except:
 - Children who are developmentally able may be permitted to go to the restroom independently, provided that:
 - (A) Staff members’ proximity to children assures immediate intervention to safeguard a child from harm; and
 - (B) Individuals who are not staff members may not enter the restroom area while in use by any child; and
 - (C) Children up to nine years of age are supervised by staff members who are able to hear the child. Children nine years of age and older are not required to be directly supervised, however, staff members must know the whereabouts of children who have left their group to use the restroom.
 - Adequate supervision for children ages nine and older means that staff must be with the group of children and able to hear or see each child in his/her care. A staff member must accompany any children that leave the group to go indoors or outdoors.
 - When emergencies necessitate that direct supervision is impossible for brief periods of time.


- A child is never allowed, no matter what age or no matter what reason, to leave the group and go inside or outside unsupervised. The child must be observed by staff when leaving the group and observed by staff that is in the area where the child is going.
- Center staff have the responsibility to adopt a plan for ensuring the supervision and safety of each child during transition. The plan could be to utilize a two-way radio to contact the director or secretary who is inside the building when a child is on his or her way inside. The outside staff person could watch the child until the inside person has taken the responsibility of supervising the child. The reverse of this would occur when the child is returning to the group.
- Being able to hear a child means that if a child was to cry out because they got hurt, scared, a stranger entered the bathroom, or if they needed help for some other reason, a staff person is positioned nearby so that they can hear and respond to the child.


- Staff should participate in activities with children. Staff can supervise as they are moving about participating in activities. Participating in activities also builds relationships with children, which helps to manage children’s behavior.
-  Refer to Section 4 of this chapter for the child care requirements on adequate supervision for children participating in aquatic activities.

SECTION 6: CHILDREN’S RECORDS AND ACTIVITIES


Refer to Chapter 6 – Children’s Records and Activities for a full description of the requirements that will have to be met to operate a school-age care program. The requirements in Section .2505, .2507 - .2509 only cover requirements that are different from those identified in Chapter 6.

NC GENERAL STATUTE 110-91(9) & CHILD CARE RULE .0302, .0800
Records for School-Age Children

-  All of the following **must be on file** for each child at the center or camp site:
 - 1) Application for enrollment
 - 2) Emergency medical care information
 - 3) Parents signed statement giving permission to seek emergency medical care
 - 4) Immunization records
 - 5) Permission for child to participate in off premise activities
 - 6) Permission for child to be transported
 - 7) Parents signed statement acknowledging review and receipt of the discipline policy
 - 8) Daily attendance records
 - 9) Permission for staff to administer medication


- If the day camp maintains its master records for children and staff in a central location, emergency information for each staff person and child must always be on-site.
- Programs are required to maintain accurate records on each child receiving care in the program.
-  Sample forms are located in Chapter 6 – Children’s Records and Activities.

CHILD CARE RULE .2505**Health Requirements for School-Age Children**

-  All requirements in of Section .0800 (except .0806) apply to school-age child care arrangements with the following exceptions:
- A medical examination report is not required for any child enrolled in an accredited or approved public or private school.
 - If the day camp maintains its master records for children and staff in a location, which is different from the primary site where children are in care, emergency information for each staff person and child must always be on site. The emergency information on site must include the name and telephone numbers of the child's parents or other responsible person, the child's or staff person's physician or preferred hospital, any chronic illnesses and medication taken for that illness, any allergy and recommended treatment for that allergy, and any other information that has a direct bearing on medical treatment and safe care. The parent's signed permission to obtain medical attention must also be on site with the child.

- Child care rule Section .0800 provides health standards for children. School-age care programs must comply with requirements for an application for enrollment, emergency medical care, administering medication, and infectious and contagious diseases.

CHILD CARE RULE .2507**Rest and Sick Areas**

-  Cots, beds, or mats with linens are not required for school-age children. However, provisions must be made for children who wish to rest or who are sick to rest in a comfortable place.

- Programs that only serve school-age children do not have to meet the rules from Section .0806 - Toileting, Clothing and Linens requirements.
- The program is responsible for making provisions to accommodate children who wish to rest or who are sick to rest in a comfortable place. You may request children to bring in sleeping bags.
- The provisions should be outlined in the centers operating policies.
- If you provide mats, cots, and linens then the linens must be cleaned after each use and the cot/mat must be stored appropriately.
- HH** – Due to the types of activities children may participate in, it may be helpful to have extra sets of clothes available for children to change into if their clothes become wet or dirty. Parents could provide extra clothes.

CHILD CARE RULE .2508 Age Appropriate Activities

- ★ Child care centers which provide care to school-age children must provide activities appropriate to the age and interests of the children.
- ★ Facilities, other than religious sponsored centers, which routinely operate a program of care indoors for school-age children for more than 25 percent of each day in space designated and approved by the Division for that purpose, must make activities which are appropriate for the ages of children in care available on a daily basis.
- ★ Facilities which operate a school-age component for three or fewer hours per day must make at least three of the below activities available daily.
- ★ Facilities which operate a school-age component for more than three hours per day must make at least four of the below activities available daily.
- ★ When activities for children are routinely conducted outdoors or off the premises for at least 75 percent of each day, equipment and materials must be provided to enable children to participate in at least three different activities each day.
- ★ All equipment and materials used by school-age children must be appropriate for the age and size of the children using the items.


The types of activities that must be made available are:

active outdoor play	arts and crafts	block play
books and language	carpentry	community awareness
creative art	cultural studies	dramatic play
environmental studies	field trips	food experiences
games for individuals and small groups	health and safety	life-related chores
money-making projects	music, rhythm and creative movement	number concepts
problem solving	sand and water play	science and nature
self help skills	sewing	

The center is required to have a written schedule and daily activity plan. These rules establish a timeframe for daily routines, provide information about the kinds of activities offered, and set procedures for making information about the activities available to parents.

HH - If children will be working on homework, consider having outdoor play prior to completing homework to allow children an opportunity to release some energy after a long school day.

HH – Some programs have developed a homework policy to help explain to parents how the program will balance homework and other program activities. A sample **Homework Policy** is available in the resource section.

 One source for activity-based curriculum is your local NC Cooperative Extension, 4-H Youth Development, county centers. Contact information for your local agent can be found at www.ces.ncsu.edu/index.php?page=countycenters.

CHILD CARE RULE .2509

Off-Premise Activities

The requirements of this Rule apply when activities for children are routinely conducted outdoors or off the premise for at least 75 percent of each day.

- ★ The facility must develop a schedule of activities which is posted in a conspicuous place in the home base or given to the parents.
- ★ The schedule must be current and must contain the location, purpose, time and date, person in charge and telephone number or method for calling the person in charge.
- ★ Activities must be planned to accommodate a variety of individual interests and must provide opportunities for choice.

SECTION: 7 LICENSES

Refer to Chapter 7 – Licenses for a full description of the requirements that will have to be met to operate a school-age care program. There are no differences for school-age care programs.

SECTION 8: COMPLIANCE MONITORING

All building code requirements in Chapter 8 – Compliance Monitoring apply for a center providing care to school-age children when any preschool-age child is also in care. Refer to Chapter 8 for a full description of the requirements that will have to be met to operate a school-age care program. The requirements in Section .2503 only cover requirements that are different from those identified in Chapter 8.

CHILD CARE RULE .2503

Building Code Requirements

- ★ Any building which is currently approved for school occupancy and which houses a public or private school during the school year shall be considered an approved building to house a facility serving school-age children exclusively. The operator is responsible for obtaining and submitting copies of all applicable inspection reports.
- ★ All summer day camps and school-age programs not located in a school, must meet the following North Carolina Building Codes:
 1. When the authorized capacity of the facility is less than 30 children, the structure must, at the minimum, meet the requirements for residential occupancy as prescribed in Volume IB of the North Carolina Building Code. Children may use only those floors which have at least one grade level exit.
 2. When the authorized capacity of the facility is more than 29 children, but less than 100 children, the structure must, at the minimum, meet the North Carolina Building Code requirements for business occupancy.
 3. When the authorized capacity of the facility is more than 99 children, the structure must, at the minimum, meet the North Carolina Building Code requirements for assembly occupancy, educational occupancy or institutional occupancy.

- The building code requirements that apply to facilities serving only school-age children are based upon:
 1. ages of children in care
 2. number of children in care
 3. type of building used
- If the building currently houses a school, or is to be licensed as a summer day camp, then the operator may submit either a copy of the current inspection report or occupancy permit. If neither of these is available, or if the operator prefers, a new inspection report may be submitted.

SECTION 9: NUTRITION REQUIREMENTS

Refer to Chapter 9 – Nutrition for a full description of the requirements that will have to be met to operate a school-age care program. The requirements in Section .2505 only cover requirements that are different from those identified in Chapter 9.

CHILD CARE RULE .2505**Nutrition**

- ★ If food is prepared at a summer day camp, the regulations regarding sanitary facilities, food preparation and service for summer camps as adopted by the Health Services Commission and codified in 15A NCAC 18A .1000 must apply.
- ★ If food is brought from home by children or catered, the following requirements apply:
 1. Sanitary cold storage shall be provided for perishable snacks or lunches brought from home.
 2. Safe drinking water shall be available at all times regardless of where activities are provided.
 3. Meals brought by children that do not meet the Meal Patterns are supplemented by the center so that they do.

- All requirements specified in Section .0900 (Nutrition Standards) apply when any preschool child is in care or when food is provided by the facility.
- Whether or not the program chooses to be licensed as a summer day camp, there are sanitation requirements adopted by the Commission for Health Services that all summer day camps must meet.
 - Food items may not be placed directly on ice in a cooler. A separator, such as a tray, must be used to prevent the melting ice from coming into contact with the food.
 - Water may be transported in a cooler or in individual canteens.
- If there are questions regarding what foods are considered perishable, contact the local health department for information on how food should be stored and transported. The local cooperative extension agent is also an excellent source of information about food handling.


SECTION 10: TRANSPORTATION SAFETY

Refer to Chapter 10 – Transportation Safety for a full description of the requirements that will have to be met to operate a school-age care program. The requirements in Section .2507 only cover requirements that are different from those identified in Chapter 10.

CHILD CARE RULE .2507

Operating Policies: Field Trips & Off Premise Activities

- ★ Written permission from parents must be obtained before transporting children on field trips or leaving the premise.
- ★ Blanket permissions from parents for field trips or leaving the premises are acceptable only when a schedule of activities to be conducted off the premises is posted in a conspicuous place for review by parents and staff in advance on a weekly basis.
- ★ The schedule must include the location, purpose, time and date, person in charge, and telephone number or method for contacting the person in charge.

 Chapter 10 - Transportation Safety defines the transportation requirements to follow when transporting children. Vehicle safety, seat restraints, and other important procedures that should be followed to keep the children safe while on a trip are all discussed in detail.

SECTION 11: OTHER REQUIREMENTS

All requirements in Chapter 11 - Behavior Management through Chapter 14- Rulemaking Procedures apply to school-age care programs. You should refer to the other chapters for a full description of the requirements that will have to be met to operate a school-age care program.

RESOURCE SECTION

Chapter 16: SCHOOL-AGE CARE

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

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

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

NC Division of Child Development - CCR&R Lead Agency Directory

Region One (Bertie, Camden, Chowan, Dare, Currituck, Gates, Hertford, Northampton, Pasquotank and Perquimans)

Lead Agency: **Albemarle Smart Start Partnership/CCR&R**
Address: 1403 Parkview Drive, Elizabeth City NC 27909
Phone Number: 252-333-3206
FAX Number: 252-333-1201
Website address: www.albemarlessp.org

Region Two (Beaufort, Craven, Hyde, Pamlico, Tyrell and Washington)

Lead Agency: **Craven Smart Start, Inc. CCR&R**
Address: 1917 Trent Blvd, New Bern NC 28560
Phone Number: 252-672-5921
FAX Number: 252-672-5922
Website address: www.cravensmartstart.org

Region Three (Carteret, Greene, Jones, Lenoir, Martin, Onslow and Pitt)

Lead Agency: **ChildLinks/Martin/Pitt Partnership for Children**
Address: 115 Eastbrook Dr, Greenville NC 27858
Phone Number: 252-758-8885
FAX Number: 252-758-2627
Website address: www.mppfc.org

Region Four (Bladen, Brunswick, Columbus, New Hanover and Pender)

Lead Agency: **Southeastern Child Care Resource and Referral**
Address: PO Box 151, Whiteville NC 28472
Phone Number: 910-642-8189 or 1-800-653-5212
FAX Number: 910-642-7566
Website address: www.region4ccrr.nc.gov

Region Five (Cumberland, Duplin, Robeson, Sampson and Scotland)

Lead Agency: **Child Care Directions**
Address: PO Box 911, Laurinburg NC 28353-0911
Phone Number: 910-276-3367
FAX Number: 910-277-7260
Website address: www.ccdirections.org

Region Six (Anson, Hoke, Montgomery, Moore, and Richmond)

Lead Agency: **Child Care Connections of Moore County**
Address: PO Box 1139, Southern Pines, NC 28388

NC Division of Child Development - CCR&R Lead Agency Directory

Phone Number: 910-692-6123
FAX Number: 910-692-5570
Website address: www.childcareconnections.org

Region Seven (Cabarrus, Mecklenburg, Rowan, Stanly and Union)

Lead Agency: **Child Care Resources Inc.**
Address: 4601 Park Road – Suite 500, Charlotte NC 28209
Phone Number: 704-376-6697
FAX Number: 704-376-7865
Website address: www.childcareresourcesinc.com

Region Eight (Catawba, Cleveland, Gaston and Lincoln)

Lead Agency: **Child Care Connections of Cleveland County**
Address: PO Box 1739, Shelby NC 28151-1739
Phone Number: 704-487-7397
FAX Number: 704-487-6220
Website address: www.ccckidsbiz.org

Region Nine (Buncombe, Henderson, Madison, Polk, Rutherford, and Transylvania)

Lead Agency: **Buncombe County Child Care Services**
Address: 59 Woodfin Place, Asheville NC 28801
Phone Number: 828-250-6700
FAX Number: 828-250-6715
Website address: www.buncombecounty.org/childcare

Region Ten (Cherokee, Clay, Graham, Haywood, Jackson, Macon and Swain)

Lead Agency: **Southwestern Child Development Commission, Inc.**
Address: PO Box 250, Webster NC 28788
Phone Number: 828-586-5561
FAX Number: 828-586-4039

Region Eleven (Avery, Burke, Caldwell, McDowell, Mitchell and Yancey)

Lead Agency: **Child Care Connections of Burke Co., Inc.**
Address: PO Box 630, Morganton NC 28680
Phone Number: 828-439-2328
FAX Number: 828-439-2332
Website address: www.ccrwnc.org

Region Twelve (Ashe, Alexander, Iredell, Watauga and Wilkes)

Lead Agency: **Child Care Solutions/ Iredell County Partnership for Young Children**
Address: 132 East Broad Street, Statesville NC 28677
Phone Number: 704-878-9980
FAX Number: 704-878-9961
Website address: www.iredellsmartstart.org

Region Thirteen (Alleghany, Davidson, Davie, Forsyth, Stokes, Surry, Yadkin)

Lead Agency: **Work Family Resource Center**
Address: 313 Indera Mills Ct., Winston-Salem NC 27101
Phone Number: 336-761-5100
FAX Number: 336-761-5107
Website address: www.ccr.org

Region Fourteen (Guilford, Randolph and Rockingham)

Lead Agency: **Guilford Child Development, Regional CCR&R**
Address: 1200 Arlington Street, Greensboro NC 27406
Phone Number: 336-369-5097
FAX Number: 336-378-5118
Website address: www.rccrr.org

Region Fifteen (Alamance, Caswell, Durham, Orange and Person)

Lead Agency: **Child Care Services Association**
Address: P.O. Box 901, Chapel Hill NC 27514
Phone Number: 919-967-3272
FAX Number: 919-967-7683
Website address: www.childcareservices.org

Region Sixteen (Chatham, Harnett, Lee, Johnston and Wayne)

Lead Agency: **Child Care Networks, Inc.**
Address: PO Box 1531, Pittsboro NC 27312
Phone Number: 919.542.6644
FAX Number: 919.542.0902
Website address: www.childcarenetworks.org

Region Seventeen (Franklin, Granville, Vance and Wake)

Lead Agency: **Child Care Services Association**
Address: P.O. Box 901, Chapel Hill NC 27514
Phone Number: 919-967-3272
FAX Number: 919-967-7683
Website address: www.childcareservices.org

Region Eighteen (Edgecombe, Halifax, Nash, Warren and Wilson)

Lead Agency: **Down East Partnership for Children**
Address: PO Box 1245, Rocky Mount NC 27802
Phone Number: 252-985-4300
FAX Number: 252-985-4319
Website address: www.depc.org

DOCUMENTATION OF STAFF ORIENTATION For School-Age Care Only Programs

Name of Employee: _____ Date of Employment: _____

Intent of rule: Each staff member **hired on or after November 1, 2007**, who has contact with the children, will receive a minimum of **9** clock hours of on-site orientation. Within the **first two weeks** of employment, new employees must complete **6 clock hours of training and orientation in the first three topic areas listed below**. The remaining **3 clock hours of training and orientation** must be completed within the **first six weeks** of employment. This orientation must include, but not be limited to, the content areas identified in the chart below.

Topic	Training Provider (signature required)	Hours	Date
Recognizing symptoms of child abuse/neglect and the employee's duty to report suspected abuse/neglect (within the first two weeks of employment)			
Review of the center's operational policies (within the first two weeks of employment)			
Review of adequate supervision of children, taking in to account their age, emotional, physical and cognitive development (within the first two weeks of employment)			
Maintaining a safe and healthy environment			
Developmentally appropriate activities for school-age children			
Other:			
Other:			

“I have provided training in the topics listed above.”

Signature of Director

Date

“I have received training in the topics listed above.”

Signature of Employee

Date

HOMEWORK POLICY

At _____ our goal is to offer children a well
(Name of SA Program)

balanced program. While we understand the importance that homework plays in the life of a child, as well as for the families we serve, we strive to meet the needs of the whole child. In addition to helping children meet personal academic goals, we recognize our responsibility to give children a chance to socialize, have un-structured play (in well-developed centers both indoors and out), have time outdoors and have a nutritious snack.

Our 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 our first activity after arrival and snack. In addition, as a licensed program, we meet the NC Division of Child Development requirement to offer, at least, 3 activity choices during a 3 hour time frame.

Our philosophy is that children learn and grow through play. We reinforce this by having materials and activity choices that support the North Carolina General Course of Study.

For those choosing to do homework, while we can't promise accuracy and/or completion, we 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

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

Chapter 17: 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 staff-child ratios, space requirements, staff qualifications, parent involvement, operational and personnel policies, learning environment, and developmentally appropriate curricula.

Definitions

Two component license: refers to a license issued based on an evaluation of the centers program standards and education standards.

SECTION 1: APPLICATION FOR A STAR RATED LICENSE

GENERAL STATUTE 110-90 & CHILD CARE RULE .2801, .2802 Eligibility Requirements



- ★ A child care center 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 child care center must be in compliance with all applicable minimum child care requirements at the time the program is assessed.
- ★ The child care center must have a compliance history score of 75% or better over an 18 month period, or the period that the center has been in operation, whichever is longer.

- ☑ The operator can request a star rated license assessment after the child care center 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 center’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 center’s compliance history. For more information on compliance history scores refer to Chapter 7 – Licenses.
- ☑ A One Star License is issued to child care programs that meet the minimum licensing requirements. For information on a One Star License refer to Chapter 7 – Licenses.

CHILD CARE RULE .2802 Application Process



- ★ 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 Rated License Packet for Centers.

-  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 Centers*.
- The packet includes:
- Application for Assessment for a Two Component Star Rated License
 - Rated License Rules (Section .2800)
- 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 and personnel 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.
- Education levels of staff will be verified by the Division's Child Care Workforce Standards Section. Coursework completed by new or existing staff members should be sent to the Workforce Standards Section for evaluation. Include official transcripts and appropriate Education and Equivalency (E&E) forms. Copies of E&E forms are available in Chapter 2 of this handbook and on the Division's web site at www.ncchildcare.net.
-  To make sure education documents are submitted correctly, review **Guidelines to Education Evaluations for Child Care Providers** in the resource section.

CHILD CARE RULE .2802

Components of a Star Rated License

-  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 information is 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

SECTION 2: PROGRAM STANDARDS

The program standards component offers child care centers options to voluntarily enhance the quality of care children are receiving by reducing the number of children per caregiver, limiting the number of children cared for in a group, and by providing a quality environment.

CHILD CARE RULE .2817 Points Levels for Program Standards

 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 and personnel policies
 - Increasing the number of activity areas in classrooms
 - Higher square footage per classroom
 - Reduced staff-child ratios

- Having an Environment Rating Scale (ERS) completed for each age group of children served in the program and having specified scores from the assessment



A summary of each point level is found in the resource section on individual charts, which are based on the type of program you operate.

- Rated License for Child Care Centers (with preschool classrooms only)
- Rated License for Child Care Centers with Preschool and School-Age Classrooms
- Rated License for Child Care Centers Licensed for 3-12 Children Located in a Residence
- Rated License for School-Age Programs



For the complete rule text refer to Section .2800 of the child care rules.

CHILD CARE RULE .2804

Administrative Policies



Centers seeking two or more points for program standards must have administrative policies and practices which provide for:

- selection and training of staff
- communication with and opportunities for participation by parents
- operational and fiscal management
- objective evaluation of the program, management and staff.



Administrative 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.



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. 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/.


CHILD CARE RULE .2805**Personnel Policies**

- ★ Each center that has two or more staff must have written personnel policies which includes at least the following information:
 - job descriptions for each position
 - minimum qualifications for each position including reference checks
 - health and medical requirements
 - requirements and provisions for in-service training
 - provision for leave time and other absences
 - procedures for on-going supervision and regular evaluation of work performance
 - resignation and termination procedures
- ★ Personnel policies must be discussed with each employee at the time of employment and a copy of the policies must be available to all staff. Staff must be notified in writing of any changes in personnel policies.
- ★ Each employee's personnel file must contain an annual staff evaluation and staff development plan.
- ★ All personnel files must contain a signed and dated statement verifying that the employee received a copy of his/her job description(s) and has reviewed the personnel and operational policies and documentation that information concerning the enhanced standards was included during the employee's orientation.

- Personnel policies are reviewed by the child care consultant as part of the rated license assessment.
-  An **Operational and Personnel Policies Checklist** is in the resource section to assist you in developing your policies.
-  Refer to the **Sample Professional Development Plan** and **Sample Staff Performance Evaluation** handouts in the resource section for assistance with on-going supervision and regular evaluation of work performance.

CHILD CARE RULE .2805
Operational Policies

- ★ Each center must have written policies which describe the operation of the center and the services which are available to parents and their children. The operational policies must include at least the following information:
 - the days and hours the center operates
 - age range of children served
 - admission requirements and enrollment procedures
 - parent fees and payment plan
 - information about services provided by the center, i.e. number of meals served, before/after school care, transportation
 - items, if any, to be provided by parents
 - a schedule of daily, weekly, and monthly cleaning duties
 - written procedures for reporting suspected child abuse and neglect
 - the center’s discipline policy for behavior management
 - a description of opportunities for parent participation
 - nutrition policies
- ★ Operational policies must be discussed with parents at the time they inquire about enrolling their child in the center. A copy of the policies must be given to the parent when their child is enrolled and they must be notified in writing of any changes.
- ★ Copies of operational policies and any subsequent changes to those policies must be distributed to all staff.

- Operational policies are reviewed by the child care consultant as part of the rated license assessment.
-  Refer to the **Operational and Personnel Policies Checklist** in the resource section to assist you in developing your policies.

CHILD CARE RULE .2806
Caregiving Activities for Preschool-Aged Children

- ★ Each center providing care to preschool-age children aged two years or older must provide all five of the activity areas daily.
- ★ Music and rhythm, science and nature, and sand and water play activities must be offered for each group of children at least once per week.

- The five activity areas include: art and other creative play, children’s books, blocks and block building, manipulative, and family living and dramatic play. All five of these activity areas must be provided each day.

CHILD CARE RULE .2807

Parent Participation

- ★ Each center must have a plan which will encourage parent participation and inform parents about the program and its services.
- ★ The plan must be discussed with parents at the time the child is enrolled and must be posted in the center or a copy must be given to parents at the time of enrollment.
- ★ The plan must include at least 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 center by the child and the child’s parents before the child begins attending the center
 - opportunities for caregiving staff 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 center’s program on an individual basis and as a group
 - a procedure for parents who need information or have complaints about the child care program

- The parent participation plan may be included within the operational policies.
- The more resourceful a caregiver is in encouraging parent participation in child care, 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, workshops for parents and staff on topics of special interest, fundraising, building or toy repair, and daily communication through friendly conversations and written notes. All of these examples contribute to feelings of connection between the families served and the caregiving staff. Provide families with meaningful opportunities to participate in the program.
- 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 center aspect of quality in early care and education programs is how programs address fundamental issues of race, gender, language, and culture. Work with staff and families to 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>.

**CHILD CARE RULE .2808
Night Care**

- ★ A variety of activities and experiences must be available for children during the evening hours.
- ★ Quiet activities must be planned just before bedtime.
- ★ Children must have opportunities to develop good personal care and health habits through routines.
- ★ Schedules for the children receiving nighttime care must be flexible and individually planned.
- ★ When possible, children must be left for care and picked up before and after their normal sleeping period so that there is minimal disturbance of the child during sleep.

**CHILD CARE RULE .2809
Space Requirements**

- ★ There must be at least 30 square feet inside space per child per the total licensed capacity and 100 square feet outside space per the total licensed capacity, **or**
- ★ There must be at least 35 square feet inside space per child per the total licensed capacity and 100 square feet outside space per child for at least 50 percent of the total licensed capacity.
- ★ There must be an area which can be arranged for administrative and private conference activities.



At the two and three point level, the operator can choose to meet either the enhanced space requirements or enhanced staff-child ratios.

- At the six point level, the enhanced space requirements are required.

**CHILD CARE RULE .2818
STAFF-CHILD RATIOS**

- ★ To earn 4 or more points the center must comply with the following staff-child ratios and maximum group sizes.
- ★ The staff-child ratio applicable to a classroom must be posted in that classroom in an area that parents are able to view at all times.

- At the two or three point level the operator can choose to meet the enhanced space requirements or enhanced staff-child ratios.
- Enhanced staff-child ratios are as follows:

Age	Ratio Staff/Children	Maximum Group Size
0 to 12 Months	1/5	10
1 to 2 Years	1/6	12
2 to 3 Years	1/9	18
3 to 4 Years	1/10	20
4 to 5 Years	1/13	25
5 to 6 Years	1/15	25
6 Years and Older	1/20	25

- To earn 7 points for program standards, the center must comply with the following staff-child ratios and maximum group sizes. (These are the above enhanced staff-child ratios reduced by one.)








Age	Ratio Staff/Children	Maximum Group Size
0 to 12 Months	1/4	8
1 to 2 Years	1/5	10
2 to 3 Years	1/8	16
3 to 4 Years	1/9	18
4 to 5 Years	1/12	24
5 to 6 Years	1/14	25
6 Years and Older	1/19	25

CHILD CARE RULE .2802

Environment Rating Scale (ERS)

 To earn 3 or more points in program standards, an environment rating scale must be completed. The scales include Infant/Toddler Environment Rating Scale - Revised edition, Early Childhood Environment Rating Scale - Revised edition, and School-Age Care Environment Rating Scale.

- The ERS is an instrument used to evaluate the quality of care received by a group of children in a child care center. These quality assessment scales were developed through the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill.
- The majority of the age of the children in the group being assessed determines which environment rating scale will be used.
 - The Infant/Toddler Environment Rating Scale – Revised edition (ITERS-R) is used for groups of children who are primarily birth to 2 ½ years of age.
 - The Early Childhood Environment Rating Scale – Revised edition (ECERS-R) is used for preschool children who are primarily age 2 ½ through 5 years of age.
 - The School-Age Care Environment Rating Scale (SACERS) is used when all children are school-age, generally between 5 and 12 years of age.
- 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.
- 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 Division pays for the initial ERS and reassessments that are completed every three years. 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 on a per classroom basis.
- The child care consultant will submit an ERS assessment request to NCRLAP. Staff at the NCRLAP office will contact you directly to schedule the ERS assessment(s).

-  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 the operator to schedule a visit to review and discuss the summary report.
 -  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 staff frequently provides training to child care providers and other early care and education professionals. Please call toll-free number (866) 3-NCRLAP to speak to a training coordinator.
 -  NCRLAP offers free webinars about the assessment process and ERS. Each session typically last about 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.
 -  Many local Child Care Resource and Referral agencies or Smart Start Partnerships have ERS books that you can borrow. You can also purchase them from Teachers College Press by calling 1-800-575-6566 or visiting their web site at www.teacherscollegepress.com.
 -  For information on **Scheduling Your Rated License Assessment** refer to the handout in the resource section created by the NCRLAP.
 -  If you have questions about your summary report refer to the handout on **Information for Providers about Our Grievance Process** in the resource section.
- HH** –Prior to requesting an ERS, it is recommended that you and staff 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.



SECTION 3: EDUCATION STANDARDS

Education evaluators in the Child Care Workforce Standards Section of the Division assess the education of individuals working in child care to determine the individual's education qualifications. This is done by reviewing transcripts and identifying applicable course credits. It is very important for child care operators and staff to submit the most up-to-date, accurate information.


CHILD CARE RULE .2819, .2820

Education Standards

 When evaluating education standards, up to seven points may be earned.

- Education standards are based on a combination of the education and experience of staff.
- The number of points a program receives depends on the voluntary enhanced standards the program chooses to meet such as:
 - A certain percentage of staff having extra semester hours and/or child care experience.
 - Meeting the NC Early Childhood and Administration Credentials.
- The education and experience of a centers entire caregiving staff will determine the number of points that the center will earn in education standards. Each category of staff are evaluated separately (i.e. center administrators, lead teachers, teachers, program coordinators, and group leaders). The evaluation will determine what the highest point level that all staff in each category has obtained. This will be the points awarded to the center. For example: If the administrator earns 7 points, the lead teachers earn 6 points, and the teachers earn 4 points, the center will be awarded 4 points in education standards.
- It is very important for you to obtain the most up-to-date, accurate information on completed coursework of new and existing staff. Education paperwork should not be submitted to your child care consultant but should be submitted directly to the Division's Child Care Workforce Standards Section.
-  A summary of each point level is found in the resource section on individual charts, which are based on the type of program you operate.
 - Rated License for Child Care Centers (with preschool classrooms only)
 - Rated License for Child Care Centers with Preschool and School-Age Classrooms
 - Rated License for Child Care Centers Licensed for 3-12 Children Located in a Residence
 - Rated License for School-Age Programs
-  For the complete rule text refer to Section .2800 of the child care rules.

 Refer to **Guidelines for Education Evaluations for Child Care Providers** in the resource section.




 Any public school wishing to earn more than one point in education standards for the issuance of a Star Rated License will be required to submit verification of staff’s education and experience. The Division will monitor staff for all education and experience requirements as written in the child care requirements.

SECTION 4: QUALITY POINT OPTIONS

CHILD CARE RULE .2823 Quality Point Options

 Operators being evaluated for a two to five star rated license can earn one additional quality point towards the total points earned.

- 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 facility meets the quality point option during the rated license assessment visit.
- To receive a quality point for the Business Training Course and Wage and Hour Course, it must be at least 30 hours long. It must include Wage and Hour training for center directors. These courses are often offered by Small Business Administration offices. Any training must be from an approved trainer. Once completed the course does not need to be taken again.
- 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.
-  A complete list of **Center Quality Point Options** is located in the resource section.
-  "Child Care Business Basics" by Self Help is a business course that has been approved by the Division. For more information contact Self Help at 1-800-476-7428 or www.selfhelp.org.

SECTION 5: MAINTAINING A STAR RATING

CHILD CARE RULE .2824

Maintaining a Star Rating

- ★ 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 centers 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 center administrator 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

CHILD CARE RULE .2825 **Requesting an Appeal of Rating**

- ★ 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 Centers. 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 programs 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 Early Childhood Professional Development at www.ncchildcare.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. Click on this link to find the nearest community college near you.
http://www.ncccs.cc.nc.us/colleges_map.htm

RESOURCE SECTION

Chapter 17: STAR RATED LICENSE

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

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

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

GUIDELINES TO EDUCATION EVALUATIONS FOR CHILD CARE PROVIDERS

APPLICATION PROCESS AND REQUIRED DOCUMENTATION

<p style="text-align: center;">APPLICATION Education and Equivalency (E&E) Forms</p>
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Education and Equivalency (E&E) forms are applications used to gather identifying information and to show your intent to be qualified for a specific child care position.

There are two E&E forms for child care positions:

- Education and Equivalency Form for Child Care Providers – DCD.0169: Use for Family Child Care Home Providers, Teachers, Lead Teachers, Program Coordinators and Group Leaders
- Education and Equivalency Form for Child Care Administrators – DCD.0173: Use for Child Care and School-Age Administrators

There are two E&E forms for public school (DPI) preschool staff:

- Public School Preschool Staff Education Form for Teachers/Teacher Assistants – DCD.0171
- Public School Preschool Staff Education Form for Administrators – DCD.0172

There is one E&E form for articulation of approved high school coursework to community college:

- Lead Teacher Equivalency Form for Approved High School Coursework – DCD.0170

When submitting an E&E form:

- complete the entire application
- attach all requested documentation
- sign and date the application

Failure to do these things will delay the processing of your application and may affect your facility's rated license education points.

If you are currently working or planning to work in any of the above listed child care positions, you need to submit the appropriate E&E form as an application to be qualified educationally per NC child care regulations.

Only submit each of the above E&E forms ONCE when applying for a child care position.

*When you need to update and/or change identifying information and you are not initially applying for a child care position (as listed above), submit the **Workforce Change of Information Form** (DCD.0120).*

DOCUMENTATION
Official Transcripts and Other Education Paperwork

Official transcripts provide documentation of completed college level coursework, certificates, diplomas and/or degrees.

When do you submit an official transcript (OT)?

- You need to submit an OT with your initial application (E&E form) if you have completed any college level coursework, certificates, diplomas and/or degrees.
- You need to submit another OT only when additional college level coursework, certificates, diplomas and/or degrees have been completed since the last time you submitted an OT.

*Only **official transcripts** will be accepted – we will not evaluate from photocopies, student or internet copies, grade reports or from copies of college certificates, diplomas or degrees. Transcripts must be from colleges with nationally recognized regional accreditation in order to be evaluated for coursework and degrees.*

Which child care positions require other education paperwork?

- **Group Leader** – completion of Basic School Age Care (BSAC) training is required for qualification; submit a legible copy of the BSAC certificate.
- **Program Coordinator** – completion of Basic School Age Care (BSAC) training is required if you are qualified as either a Lead Teacher or Administrator and you are meeting the requirements for qualification through this option; submit a legible copy of the BSAC certificate.
- **Lead Teacher** – submit a copy of any current national certificate – CDA, CCP, Montessori (AMS or AMI) – if this is how you will meet the requirements for qualification.
- **Administrator** – to meet the requirements for the portfolio component:
 - A portfolio assessment form should be submitted from the community college where you took EDU 261 and EDU 262, **OR**
 - Independently complete and submit a portfolio to be graded, **OR**
 - Submit documentation in resume form of at least five (5) years of experience as a child care director, co- or assistant director to waive the portfolio requirement.

How do you apply for a NC Child Care Credential?

- Submit the Credential Application for Early Childhood Credential (NCECC), Family Child Care Credential (NCFCCC) and School Age Child Care Credential (NCSACCC) – DCD.0168
- Completion of the following courses is required for each child care credential. You must submit an official transcript for evaluation:
 - NCECC (EDU 111 and 112 OR EDU 119) – You will also qualify as a Lead Teacher, Teacher and Family Child Care Home Provider if approved for credential
 - NCFCCC (EDU 111 and EDU 113 OR EDU 119 and EDU 113) – You will also qualify as a Family Child Care Home Provider if approved for credential
 - NCSACCC (EDU 145 and EDU 235 OR EDU 145 and EDU 263) – You will also qualify as a Program Coordinator if approved for credential

WORKFORCE CHANGE OF INFORMATION FORM (COI) Form
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The **Workforce Change of Information form (DCD.0120)** needs to be submitted when any of the following events occur:

- Change in legal name
- Change in address
- Change in child care facility where you are employed
- Change in educational status (completed additional coursework and/or degrees)
- Need to apply for another child care position after submitting an E&E form for Child Care Providers – DCD.0169. Note: If you need to apply for Administrator qualification, you will need to submit the E&E form for Administrators (DCD.0173) and not a COI form.

Please DO NOT use an E&E form to update these changes

If you are submitting an E&E form, you do not need to submit a separate COI form to update identifying information, since any changes will be included on the E&E form.

ADDITIONAL TIPS for Submitting Education Documents to Workforce
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Official transcripts may be opened before you send them to Workforce. We strongly recommend opening the official transcript and making a copy for your files before submitting it to Workforce.

Review your official transcript before submitting it to verify all coursework and degrees earned at that college are recorded on the transcript.

All applications (E&Es), official transcripts, education paperwork and COI forms for an individual go into ONE file in the Workforce Education Unit. It is not necessary to send duplicate transcripts and certificates when applying for more than one position or when applying for a new position if a current official transcript has already been submitted.

All foreign transcripts and/or degrees must be evaluated by an international education evaluation service to determine how they compare to U.S. education standards. These services can be found through an internet search for international education evaluators. A copy of this evaluation should be submitted to Workforce. A translation from the original language to English is **not** sufficient.

Helpful information and resources can be found on the Division of Child Development website www.nccildcare.net under **Providers / Professional Development / FAQs**.



RATED LICENSE FOR CHILD CARE CENTERS



PROGRAM REQUIREMENT	EDUCATION REQUIREMENT
<ul style="list-style-type: none"> Meets minimum licensing requirements. <p style="text-align: center;">1 pt.</p>	<p>All staff must meet minimum licensing requirements which includes:</p> <ul style="list-style-type: none"> On site child care administrator: must be 21 years old and have a Level I NCECAC³ or equivalent; or have HS diploma and have 2 years of early childhood work experience or a BA or AAS degree in ECE/CD or CDA or community college ECE certificate/diploma or 1 year early childhood work experience and the NCECC⁴, and have completed or be enrolled in 2 semester credit hours of ECE administration, or be working toward a Level I NCECAC³ or equivalent. Lead teachers: must be 18 yrs old and have the NCECC⁴ or equivalent; or have a HS diploma or GED and have 1 year of child care experience working in a center or 2 years experience as a licensed family child care home operator or have completed a two-year high school child care program or have 20 additional hours of training in child development within the first 6 months of employment, and be working toward the NCECC⁴ or equivalent. Teachers counted in ratios: must be 18 years old with a HS diploma or GED, and have 1 year of child care experience working in a center or 2 years experience as a licensed family child care home operator or have completed a two-year high school child care program or have 20 additional hours of training in child development within the first 6 months of employment. <p style="text-align: center;">1 pt.</p>
<ul style="list-style-type: none"> Meets minimum licensing requirements; Meets all enhanced standards <u>except either</u> enhanced ratios OR enhanced space <p style="text-align: center;">2 pts.</p>	<ul style="list-style-type: none"> On site child care administrator: must meet minimum requirements and have a Level I NCECAC³ or equivalent <u>and</u> 2 years of full-time verifiable early childhood experience or 1 year exp in child care administration. <p><u>Centers with a licensed capacity of 200 or more</u> must also have a second on site child care administrator who meets min. requirements and has a Level I NCECAC³ or equiv.</p> <ul style="list-style-type: none"> Lead teachers: must meet minimum requirements and 75% must have the NCECC⁴ or equivalent <u>and</u> must have or be enrolled in 3 semester hours in ECE/CD⁵. Teachers counted in the ratios: all must meet minimum requirements; 50% must be enrolled in 3 semester hours in ECE/CD⁵ <u>or</u> have 1 year of full-time verifiable early childhood experience. <p style="text-align: center;">2 pts.</p>

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Child Development

²ERS= Environmental Rating Scales (ITERS-R/ECERS-R/SACERS) ⁴NCECC = North Carolina Early Childhood Credential

⁶SACERS = School-Age Care Environment Rating Scale



RATED LICENSE FOR CHILD CARE CENTERS



<ul style="list-style-type: none"> Meets minimum licensing requirements; All enhanced standards <u>except either</u> enhanced ratios <p>OR</p> <p>enhanced space</p> <p><u>and</u></p> <ul style="list-style-type: none"> ERS² = lowest classroom score at least 4.0 <p style="text-align: center;">3 pts</p>	<ul style="list-style-type: none"> <u>On site child care administrator:</u> must meet minimum requirements and have a Level I NCECAC³ or equivalent <u>and</u> 6 semester hours in ECE/CD⁵; and at least 2 years of full-time verifiable early childhood experience or 1 year exp in child care administration. <p><u>Centers with a licensed capacity of 200 or more</u> must also have a second on site child care administrator who meets minimum requirements and has a Level I NCECAC³ or equivalent.</p> <ul style="list-style-type: none"> <u>Lead teachers:</u> all must meet minimum requirements and have the NCECC⁴ or equivalent; 75% must have 3 semester hours in ECE/CD⁵ and be enrolled in an additional 3 semester hours in ECE/CD⁵ <u>or</u> have 1 year of full-time verifiable early childhood experience. <u>Teachers counted in the ratios:</u> all must meet minimum requirements; 50% must have the NCECC⁴ or equivalent <u>or</u> have completed 3 semester hours in ECE/CD⁵ <u>or</u> have 2 years of full-time verifiable early childhood experience. <p style="text-align: center;">3 pts.</p>
<ul style="list-style-type: none"> Meets minimum licensing requirements; All enhanced standards except enhanced space <p><u>and</u></p> <ul style="list-style-type: none"> ERS² = avg. 4.5 with no one classroom score lower than 4.0 <p style="text-align: center;">4 pts</p>	<ul style="list-style-type: none"> <u>On site child care administrator:</u> must meet minimum requirements and have a Level I NCECAC³ or equivalent <u>and</u> 18 semester hours in ECE/CD⁵ and at least 1 year of full-time verifiable child care admin experience; or have a Level I NCECAC³ or equivalent <u>and</u> 6 semester hours in ECE/CD⁵ and at least 10 years of full-time verifiable early childhood administration experience. <p><u>Centers with a licensed capacity of 200 or more</u> must also have a second on site child care administrator who meets minimum requirements and has a Level I NCECAC³ or equivalent.</p> <ul style="list-style-type: none"> <u>Lead teachers:</u> all must meet minimum requirements and have the NCECC⁴ or equivalent; 75% must have 6 semester hours in ECE/CD⁵ and be enrolled in an additional 3 semester hours in ECE/CD⁵ <u>or</u> must have 3 semester hours in ECE/CD⁵ and 3 years of full-time verifiable early childhood experience <u>or</u> have 5 years of full-time verifiable early childhood work experience. <u>Teachers counted in the ratios:</u> all must meet minimum requirements; 50% must have the NCECC⁴ or equivalent. <p style="text-align: center;">4 pts</p>

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RATED LICENSE FOR CHILD CARE CENTERS



<ul style="list-style-type: none"> Meets minimum licensing requirements; All enhanced standards except enhanced space and ERS² = avg. 4.75 classroom score with no one classroom score lower than 4.0 <p style="text-align: center;">5 pts.</p>	<ul style="list-style-type: none"> On site child care administrator: must meet minimum requirements and have a Level II NCECAC³ or equivalent and at least 2 years full-time verifiable early childhood work experience. <p><u>Centers with a licensed capacity of 200 or more</u> must also have a second on site child care administrator who meets min. requirements and has a Level I NCECAC³ or equivalent.</p> <ul style="list-style-type: none"> Lead teachers: all must meet minimum requirements and have the NCECC⁴ or equivalent; 75% must have 9 semester hours in ECE/CD⁵ and be enrolled in an additional 3 semester hours in ECE/CD⁵ and 1 year of full-time verifiable early childhood experience. Teachers counted in ratios: all must meet minimum requirements; 50% must have the NCECC⁴ or equivalent and 3 semester hours in ECE/CD⁵. <p style="text-align: center;">5 pts.</p>
<ul style="list-style-type: none"> Meets minimum licensing requirements; All enhanced standards and ERS² = avg. 5.0 with no one classroom score lower than 4.0 <p style="text-align: center;">6 pts.</p>	<ul style="list-style-type: none"> On site child care administrator: must meet minimum requirements and have a Level II NCECAC³ or equivalent and 18 semester hours in ECE/CD⁵ and at least 3 years full-time verifiable work experience in an early childhood center teaching young children, or three years of administrative experience, or three years of a combination of both. <p><u>Centers with a licensed capacity of 200 or more</u> must also have a second on site child care administrator who meets min. requirements and has a Level I NCECAC³ or equivalent.</p> <ul style="list-style-type: none"> Lead teachers: all must meet minimum requirements and have the NCECC⁴ or equivalent; 50% must have an AAS degree in ECE/CD⁵ or an AAS degree in any major with 12 semester hours in ECE/CD⁵ and 1 year full-time verifiable early childhood work experience; or have completed 60 semester hours towards a BA/BS degree program with at least 12 semester hours in early childhood education and one year full-time verifiable early childhood work experience. Teachers counted in ratios: all must meet minimum requirements; 50% must have the NCECC⁴ or equivalent and 3 semester hours in ECE/CD⁵ and 1 year full-time verifiable early childhood work experience. <p style="text-align: center;">6 pts.</p>

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RATED LICENSE FOR CHILD CARE CENTERS



<ul style="list-style-type: none"> • Meets minimum licensing requirements; • All enhanced standards <u>and</u> enhanced ratios_minus 1 <u>and</u> • ERS² = lowest_classroom score at least 5.0 <p style="text-align: center;">7 pts</p>	<ul style="list-style-type: none"> • On site child care administrator: must meet minimum requirements and have a Level III NCECAC³ or equivalent and at least 4 years full-time verifiable work exp. teaching in an early childhood center or administrative experience (or combination of both). <p><u>Centers with a licensed capacity of 200 or more</u> must also have a second on site child care administrator who meets min. requirements and has a Level I NCECAC³ or equivalent.</p> <ul style="list-style-type: none"> • Lead teachers: all must meet minimum requirements and have the NCECC⁴ or equivalent; 75% must have an AAS degree in ECE/CD⁵ or an AAS degree in any major with 12 semester hours in ECE/CD⁵, and 2 years full-time verifiable early childhood work experience. • Teachers counted in ratios: all must meet minimum requirements; 50% must have the NCECC⁴ or equivalent and 6 semester hours in ECE/CD⁵ and 2 years full-time verifiable early childhood work experience. <p style="text-align: center;">7 pts.</p>
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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.

<u>Total Number of Points</u>	<u>Star Rating</u>
4 through 6	Two Stars
7 through 9	Three Stars
10 through 12	Four Stars
13 through 15	Five Stars

**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.*

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RATED LICENSE FOR CHILD CARE CENTERS WITH PRESCHOOL AND SCHOOL AGE CLASSROOMS



PROGRAM REQUIREMENT	EDUCATION REQUIREMENT
<ul style="list-style-type: none"> Meets minimum licensing requirements. <p style="text-align: center;">1 pt.</p>	<p>All staff must meet minimum licensing requirements which includes:</p> <ul style="list-style-type: none"> On site child care administrator: must be 21 years old and have a Level I NCECAC³ or equivalent; or have HS diploma and have 2 years of early childhood work experience or a BA or AAS degree in ECE/CD or CDA or community college ECE certificate/diploma or 1 year early childhood work experience and the NCECC⁴, and have completed or be enrolled in 2 semester credit hours of ECE administration, or be working toward a Level I NCECAC³ or equivalent. Program coordinator: must be 18 yrs. old with a HS diploma or GED and have or be enrolled in 2 semester credit hours in child and youth development and 2 semester credit hours in school-age programming, or have NCECC² or equivalent and BSAC⁴ Training, or have a NCECAC³ or equivalent and BSAC Training. Lead teachers: must be 18 yrs old and have the NCECC⁴ or equivalent; or have a HS diploma or GED and have 1 year of child care experience working in a center or 2 years experience as a licensed family child care home operator or have completed a two-year high school child care program or have 20 additional hours of training in child development within the first 6 months of employment, and be working toward the NCECC⁴ or equivalent. Teachers counted in ratios: must be 18 years old with a HS diploma or GED, and have 1 year of child care experience working in a center or 2 years experience as a licensed family child care home operator or have completed a two-year high school child care program or have 20 additional hours of training in child development within the first 6 months of employment. Group leader (whoever is supervising the group of school-age children) must be 18 yrs. old with a HS diploma or GED and complete BSAC Training. Assistant group leader (whoever may be assisting the group leader) must be 16 yrs old and complete BSAC Training. <p style="text-align: center;">1 pt.</p>
<ul style="list-style-type: none"> Meets minimum licensing requirements; Meets all enhanced standards <u>except either</u> enhanced ratios OR enhanced space <p style="text-align: center;">2 pts.</p>	<p>All staff must meet the following in addition to the requirements for 1 point. For staff working with both preschool and school aged children, the following may be counted as part of the education and experience already required for 2 points.</p> <ul style="list-style-type: none"> On site child care administrator: must meet minimum requirements and have a Level I NCECAC³ or equivalent <u>and</u> 2 years of full-time verifiable early childhood experience or 1 year exp in child care administration; must have at least 150 hours of verifiable experience working with school-aged children in a licensed child care program, or at least 300 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting, or shall complete the BSAC Training. Program coordinator: has completed minimum requirements (including 4 semester hours); and has completed or is enrolled in three additional semester hours of school-age care related coursework; or has at least 200 hours of verifiable experience working with school-aged children in a licensed child care program; or at least 300 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting. Lead teachers: must meet minimum requirements and 75% must have the NCECC⁴ or equivalent <u>and</u> must have or be enrolled in 3 semester hours in ECE/CD⁵. Teachers counted in the ratios: all must meet minimum requirements; and 50% are enrolled in 3 semester hours in ECE/CD⁵ <u>or</u> have 1 year of full-time verifiable early childhood experience. Group Leader: No additional requirements. Assistant Group Leader: No additional requirements. <p style="text-align: center;">2 pts.</p>

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RATED LICENSE FOR CHILD CARE CENTERS WITH PRESCHOOL AND SCHOOL AGE CLASSROOMS



<ul style="list-style-type: none"> • Meets minimum licensing requirements; • All enhanced standards <u>except either</u> enhanced ratios <p style="text-align: center;">OR</p> <p>enhanced space</p> <p style="text-align: center;"><u>and</u></p> <ul style="list-style-type: none"> • ERS = lowest classroom score at least 4.0 <p style="text-align: center; margin-top: 20px;">3 pts</p>	<p>All staff must meet the following in addition to the requirements for 1 point. For staff working with both preschool and school aged children, the following may be counted as part of the education and experience already required for 3 points.</p> <ul style="list-style-type: none"> • <u>On site child care administrator:</u> must meet minimum requirements and have a Level I NCECAC³ or equivalent <u>and</u> 6 semester hours in ECE/CD⁵; and at least 2 years of full-time verifiable early childhood experience or 1 year exp in child care administration; must have at least 300 hours of verifiable experience working with school-aged children in a licensed child care program, or at least 450 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting, or shall complete the BSAC Training. • <u>Program coordinator:</u> has completed minimum requirements (including 4 semester hours); and has completed three additional semester hours of school-age care related coursework; or has at least 300 hours of verifiable experience working with school-aged children in a licensed child care program; or at least 450 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting. • <u>Lead teachers:</u> all must meet minimum requirements and have the NCECC⁴ or equivalent; 75% must have 3 semester hours in ECE/CD⁵ and be enrolled in an additional 3 semester hours in ECE/CD⁵ <u>or</u> have 1 year of full-time verifiable early childhood experience. • <u>Teachers counted in the ratios:</u> all must meet minimum requirements; 50% must have the NCECC⁴ or equivalent <u>or</u> have completed 3 semester hours in ECE/CD⁵ <u>or</u> have 2 years of full-time verifiable early childhood experience. • <u>Group Leader:</u> all must meet minimum requirements; 25% of the individuals designated as group leaders shall each have at least 100 hours of verifiable experience working with school-aged children in a licensed child care program, or shall have at least 150 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting or shall have completed or be enrolled in at least two semester hours of school-age care related coursework. • <u>Assistant Group Leader:</u> No additional requirements. <p style="text-align: center; margin-top: 20px;">3 pts.</p>
<ul style="list-style-type: none"> • Meets minimum licensing requirements; • All enhanced standards except enhanced space <u>and</u> <ul style="list-style-type: none"> • ERS = avg. 4.5 with no one classroom score lower than 4.0 <p style="text-align: center; margin-top: 20px;">4 pts</p>	<p>All staff must meet the following in addition to the requirements for 1 point. For staff working with both preschool and school aged children, the following may be counted as part of the education and experience already required for 4 points.</p> <ul style="list-style-type: none"> • <u>On site child care administrator:</u> must meet minimum requirements and have a Level I NCECAC³ or equivalent <u>and</u> 18 semester hours in ECE/CD⁵ and at least 1 year of full-time verifiable child care admin experience; or <u>and</u> have a Level I NCECAC³ or equivalent <u>and</u> 6 semester hours in ECE/CD⁵ and at least 10 years of full-time verifiable early childhood administration experience; have at least 450 hours of verifiable experience working with school-aged children in licensed child care program, or at least 600 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting, or shall complete the BSAC Training. • <u>Program coordinator:</u> has completed minimum requirements (including 4 semester hours) and; has completed three additional semester hours of school-age care related coursework and shall have at least 200 hours of verifiable experience working with school-aged children in a licensed child care program or at least 300 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting; or has at least 450 hours of verifiable experience working with school-aged children in a licensed child care program; or at least 600 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting. <p style="text-align: center; margin-top: 20px;">4 pts.</p>

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RATED LICENSE FOR CHILD CARE CENTERS WITH PRESCHOOL AND SCHOOL AGE CLASSROOMS



	<ul style="list-style-type: none"> • Lead teachers: all must meet minimum requirements and have the NCECC⁴ or equivalent; 75% must have 6 semester hours in ECE/CD⁵ and be enrolled in an additional 3 semester hours in ECE/CD⁵ <u>or</u> must have 3 semester hours in ECE/CD⁵ and 3 years of full-time verifiable early childhood experience <u>or</u> have 5 years of full-time verifiable early childhood work experience. • Teachers counted in the ratios: all must meet minimum requirements; 50% must have the NCECC⁴ or equivalent. • Group Leader: all must meet minimum requirements; 25% of the individuals designated as group leaders shall each have at least 100 hours of verifiable experience working with school-aged children in a licensed child care program, or shall have at least 150 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting, or have completed at least two semester hours of school-age care related coursework. • Assistant Group Leader: No additional requirements. <p style="text-align: center;">4 pts</p>
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<ul style="list-style-type: none"> • Meets minimum licensing requirements; • All enhanced standards except enhanced space and • ERS = avg. 4.75 classroom score with no one classroom score lower than 4.0 <p style="text-align: center;">5 pts.</p>	<p>All staff must meet the following in addition to the requirements for 1 point. For staff working with both preschool and school aged children, the following may be counted as part of the education and experience already required for 5 points.</p> <ul style="list-style-type: none"> • On site child care administrator: must meet minimum requirements and have a Level II NCECAC³ or equivalent and at least 2 years full-time verifiable early childhood work experience; must have at least 600 hours of verifiable experience working with school-aged children in a licensed child care program, or at least 900 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting, or shall complete the BSAC Training. • Program coordinator: has completed minimum requirements (including 4 semester hours); and has completed three additional semester hours of school-age care related coursework and shall be enrolled in three additional semester hours of school-age care related coursework; or has at least 600 hours of verifiable experience working with school-age children in a licensed child care program; or at least 750 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting. • Lead teachers: all must meet minimum requirements and have the NCECC⁴ or equivalent; 75% must have 9 semester hours in ECE/CD⁵ and be enrolled in an additional 3 semester hours in ECE/CD⁵ and 1 year of full-time verifiable early childhood experience. • Teachers counted in ratios: all must meet minimum requirements; 50% must have the NCECC⁴ or equivalent and 3 semester hours in ECE/CD⁵. • Group Leader: all must meet minimum requirements; 50% of the individuals designated as group leaders shall each have at least 300 hours of verifiable experience working with school-aged children in a licensed child care program, or at least 450 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting, or shall have completed at least two semester hours of school-age care related coursework. • Assistant Group Leader: shall be at least 16 years of age and shall complete the BSAC training, or shall have at least 250 hours of verifiable experience working with school-aged children in a licensed child care program or at least 400 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting. <p style="text-align: center;">5 pts.</p>
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¹FDCRS= Family Day Care Rating Scale

³NCECAC = North Carolina Early Childhood Administrator Credential

⁵ECE/CD = Early Childhood Education/
Child Development

²ERS= Environmental Rating Scales (ITERS-R/ECERS-R/SACERS) ⁴NCECC = North Carolina Early Childhood Credential

⁶SACERS = School-Age Care Environment Rating Scale



RATED LICENSE FOR CHILD CARE CENTERS WITH PRESCHOOL AND SCHOOL AGE CLASSROOMS



<ul style="list-style-type: none"> Meets minimum licensing requirements; All enhanced standards <u>and</u> ERS = avg. 5.0 with no one classroom score lower than 4.0 <p style="text-align: center; margin-top: 20px;">6 pts.</p>	<p>All staff must meet the following in addition to the requirements for 1 point. For staff working with both preschool and school aged children, the following may be counted as part of the education and experience already required for 6 points.</p> <ul style="list-style-type: none"> <u>On site child care administrator:</u> must meet minimum requirements and have a Level II NCECAC³ or equivalent <u>and</u> 18 semester hours in ECE/CD⁵ and at least 3 years full-time verifiable work experience in an early childhood center teaching young children, or three years of administrative experience, or three years of a combination of both; must have at least 750 hours of verifiable experience working with school-aged children in a licensed child care program, or at least 1150 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting, or shall complete the BSAC Training. <u>Program Coordinator:</u> has completed minimum requirements (including 4 semester hours) and; has completed at least six additional semester hours of school-age care related coursework and has at least 750 hours of verifiable experience working with school-aged children in a licensed child care program or at least 900 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting; or has a BA/BS degree or higher with at least three additional semester hours of school-age care related coursework. <u>Lead teachers:</u> all must meet minimum requirements and have the NCECC⁴ or equivalent; 50% must have an AAS degree in ECE/CD⁵ or an AAS degree in any major with 12 semester hours in ECE/CD⁵ and 1 year full-time verifiable early childhood work experience; or have completed 60 semester hours towards a BA/BS degree program with at least 12 semester hours in early childhood education and one year full-time verifiable early childhood work experience. <u>Teachers counted in ratios:</u> all must meet minimum requirements; 50% must have the NCECC⁴ or equivalent and 3 semester hours in ECE/CD⁵ and 1 year full-time verifiable early childhood work experience. <u>Group Leader:</u> all must meet minimum requirements; 50% of the individuals designated as group leaders shall each have at least 600 hours of verifiable experience working with school-aged children in a licensed child care program; or at least 900 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting; or shall have completed at least two semester hours of school-age care related coursework and have completed or be enrolled in at least two additional semester hours of school-age related coursework. <u>Assistant Group Leader:</u> shall be at least 17 years of age and shall complete the BSAC training; or shall have at least 250 hours of verifiable experience working with school-aged children in a licensed child care program or at least 400 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting. <p style="text-align: center; margin-top: 20px;">6 pts.</p>
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⁶SACERS = School-Age Care Environment Rating Scale



RATED LICENSE FOR CHILD CARE CENTERS WITH PRESCHOOL AND SCHOOL AGE CLASSROOMS



<ul style="list-style-type: none"> • Meets minimum licensing requirements; • All enhanced standards <u>and</u> enhanced ratios_minus 1 • <u>and</u> • ERS = lowest_classroom score_at least 5.0 <p style="text-align: center; margin-top: 20px;">7 pts</p>	<p>All staff must meet the following in addition to the requirements for 1 point. For staff working with both preschool and school aged children, the following may be counted as part of the education and experience already required for 7 points.</p> <ul style="list-style-type: none"> • <u>On site child care administrator:</u> must meet minimum requirements and have a Level III NCECAC³ or equivalent and at least 4 years full-time verifiable work exp. teaching in an early childhood center <u>or</u> administrative experience (or combination of both); must have at least 900 hours of verifiable experience performing administrative duties in a licensed child care program serving school-aged children, or at least 1350 hours of verifiable experience performing administrative duties in an unlicensed school-age care or camp setting, or shall complete the BSAC Training. • <u>Program coordinator:</u> has completed minimum requirements (including 4 semester hours) and; has completed at least six additional semester hours of school-age care related coursework and has at least 900 hours of verifiable experience working with school-aged children in a licensed child care program or at least 1350 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting; or a has completed at least nine additional semester hours of school-age related coursework and has at least 600 hours of verifiable experience working with school-aged children in a licensed child care program or at least 900 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting; or has a BA/BS degree or higher with at least six additional semester hours of school-age related coursework and has at least 300 hours of verifiable experience working with school-aged children in a licensed school-age care program or 450 semester hours of working with school-aged children in an unlicensed school-age care or camp setting. • <u>Lead teachers:</u> all must meet minimum requirements and have the NCECC⁴ or equivalent; 75% must have an AAS degree in ECE/CD⁵ or an AAS degree in any major with 12 semester hours in ECE/CD⁵, and 2 years full-time verifiable early childhood work experience. • <u>Teachers counted in ratios:</u> all must meet minimum requirements; 50% must have the NCECC⁴ or equivalent and 6 semester hours in ECE/CD⁵ and 2 years full-time verifiable early childhood work experience. • <u>Group leader:</u> all must meet minimum requirements; 75% of group leaders must have at least 600 hours experience working with school-age children in a licensed child care program; or at least 900 hours of verifiable experience working with school-aged children in an unlicensed school age care or camp setting; or shall have completed at least two semester hours of school-age care related coursework and be enrolled in at least two additional semester hours of school-age related coursework. • <u>Assistant group leader:</u> must be at least 18 years old and shall complete the BSAC Training. <p style="text-align: center;">7 pts.</p>
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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

**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.*

¹FDCRS= Family Day Care Rating Scale

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RATED LICENSE FOR CHILD CARE CENTERS LICENSED FOR 3 - 12 CHILDREN LOCATED IN A RESIDENCE



PROGRAM REQUIREMENT	EDUCATION REQUIREMENT
<ul style="list-style-type: none"> Meets minimum licensing requirements. <p style="text-align: center;">1 pt.</p>	<ul style="list-style-type: none"> Staff must meet minimum licensing requirements which includes: <ul style="list-style-type: none"> <u>On site child care administrator/lead teachers:</u> must have, or be in process of obtaining, the NCECC⁴ or equivalent. <p style="text-align: center;">1 pt.</p>
<ul style="list-style-type: none"> Meets minimum licensing requirements; Meets all enhanced standards <u>except either</u> enhanced ratios OR enhanced space <p style="text-align: center;">2 pts.</p>	<ul style="list-style-type: none"> <u>On site child care administrator/lead teacher:</u> has the NCECC⁴ or equivalent and has or is enrolled in 3 semester hours in ECE/CD⁵. <u>All other teachers counted in the ratios:</u> all must meet minimum requirements; 50% must have or be enrolled in 3 semester hours in ECE/CD⁵ <u>or</u> have 1 year of full-time verifiable early childhood experience. <p style="text-align: center;">2 pts.</p>
<ul style="list-style-type: none"> Meets minimum licensing requirements; All enhanced standards <u>except either</u> enhanced ratios OR enhanced space <u>and</u> FDCRS¹ score 4.0 <p style="text-align: center;">3 pts</p>	<ul style="list-style-type: none"> <u>On site child care administrator/lead teacher:</u> has the NCECC⁴ or equivalent; and has 3 semester hours in ECE/CD⁵ and is enrolled in an additional 3 semester hours in ECE/CD⁵; <u>or</u> has 1 year of full-time verifiable early childhood experience. <u>All other teachers counted in the ratios:</u> all must meet minimum requirements; 50% must have the NCECC⁴ or equivalent <u>or</u> have completed 3 semester hours in ECE/CD⁵ <u>or</u> have 2 years of full-time verifiable early childhood experience. <p style="text-align: center;">3 pts.</p>
<ul style="list-style-type: none"> Meets minimum licensing requirements; All enhanced standards except enhanced space <u>and</u> FDCRS¹ score 4.5 <p style="text-align: center;">4 pts</p>	<ul style="list-style-type: none"> <u>On site child care administrator/lead teacher:</u> has the NCECC⁴ or equivalent and; has 6 semester hours in ECE/CD⁵ and is enrolled in an additional 3 semester hours in ECE/CD⁵; <u>or</u> has 3 semester hours in ECE/CD⁵ and 3 years of full-time verifiable early childhood experience; <u>or</u> has 5 years of full-time verifiable early childhood work experience. <u>All other teachers counted in the ratios:</u> all must meet minimum requirements; 50% must have the NCECC⁴ or equivalent. <p style="text-align: center;">4 pts</p>

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RATED LICENSE FOR CHILD CARE CENTERS LICENSED FOR 3 - 12 CHILDREN LOCATED IN A RESIDENCE



<ul style="list-style-type: none"> • Meets minimum licensing requirements; • All enhanced standards except enhanced space and • FDCRS¹ score 4.75 <p style="text-align: center;">5 pts.</p>	<ul style="list-style-type: none"> • <u>On site child care administrator/lead teacher:</u> has the NCECC⁴ or equivalent and; has 9 semester hours in ECE/CD⁵ and is enrolled in an additional 3 semester hours in ECE/CD⁵ and 1 year of full-time verifiable early childhood experience. • <u>All other teachers counted in ratios:</u> all must meet minimum requirements; 50% must have the NCECC⁴ or equivalent and 3 semester hours in ECE/CD⁵. <p style="text-align: center;">5 pts.</p>
<ul style="list-style-type: none"> • Meets minimum licensing requirements; • All enhanced standards and • FDCRS¹ score 5.0 <p style="text-align: center;">6 pts.</p>	<ul style="list-style-type: none"> • <u>On site child care administrator/lead teacher:</u> has the NCECC⁴ or equivalent and; has an AAS degree in ECE/ CD⁵ or an AAS degree in any major with 12 semester hours in ECE/ CD⁵ and 1 year full-time verifiable early childhood work experience; or has completed 60 semester hours towards a BA/BS degree program with at least 12 semester hours in early childhood education and one year full-time verifiable early childhood work experience. • <u>All other teachers counted in ratios:</u> all must meet minimum requirements; 50% must have the NCECC⁴ or equivalent and 3 semester hours in ECE/CD⁵ and 1 year full-time verifiable early childhood work experience. <p style="text-align: center;">6 pts</p>
<ul style="list-style-type: none"> • Meets minimum licensing requirements; • All enhanced standards and enhanced ratios minus 1 and • FDCRS¹ score 5.0 <p style="text-align: center;">7 pts</p>	<ul style="list-style-type: none"> • <u>On site child care administrator/lead teacher:</u> has the NCECC⁴ or equivalent and has an AAS degree in ECE/CD⁵ or an AAS degree in any major with 12 semester hours in ECE/CD⁵, and 2 years full-time verifiable early childhood work experience. • <u>All other teachers counted in ratios:</u> all must meet minimum requirements; 50% must have the NCECC⁴ or equivalent and 6 semester hours in ECE/CD⁵ and 2 years 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

**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.*

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RATED LICENSE FOR SCHOOL-AGE CARE PROGRAMS



PROGRAM REQUIREMENT	EDUCATION REQUIREMENT
<ul style="list-style-type: none"> Meets minimum licensing requirements. <p style="text-align: center;">1 pt.</p>	<p>Staff must meet minimum requirements including but not limited to:</p> <ul style="list-style-type: none"> Child care administrator must be 21 yrs. Old and have 400 hours of experience working in a licensed child care program serving school-age children or 600 hours of experience working in an unlicensed school-age care or camp setting; or have an undergraduate, graduate, or associate degree with at least 12 semester hours in school-age care related coursework; and have or be working toward a Level I NCECAC³ or equivalent. Program coordinator must be 18 yrs. old with a HS diploma or GED and have or be enrolled in 2 semester credit hours in child and youth development and 2 semester credit hours in school-age programming, or have NCECC² or equivalent and BSAC⁴ Training, or have a NCECAC³ or equivalent and BSAC Training. Group leader must be 18 yrs. old with a HS diploma or GED and complete BSAC⁴ Training. Assistant group leader must be 16 yrs old and complete BSAC Training. <p style="text-align: center;">1 pt.</p>
<ul style="list-style-type: none"> Meets minimum licensing requirements; Meets all enhanced standards <u>except either</u> enhanced ratios OR enhanced space <p style="text-align: center;">2 pts.</p>	<p>Staff must meet minimum requirements for school-age staff for 1 point, plus the following additional requirements:</p> <ul style="list-style-type: none"> Child care administrator: shall have a Level I North Carolina Early Childhood Administration Credential or its equivalent or shall have enrolled in coursework as required in G.S. 110-91(8) and have at least 1600 hours of verifiable experience performing administrative duties in a licensed school-aged program Program coordinator: has completed minimum requirements (including 4 semester hours); and has completed or is enrolled in three additional semester hours of school-age care related coursework; or has at least 200 hours of verifiable experience working with school-aged children in a licensed child care program; or at least 300 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting. Group Leader: No additional requirements. Assistant Group Leader: No additional requirements. <p style="text-align: center;">2 pts.</p>
<ul style="list-style-type: none"> Meets minimum licensing requirements; All enhanced standards <u>except either</u> enhanced ratios OR enhanced space <u>and</u> SACERS⁶ = lowest classroom score at least 4.0 <p style="text-align: center;">3 pts</p>	<p>Staff must meet the following in addition to the requirements for school-age staff for 1 point.</p> <ul style="list-style-type: none"> Child care administrator: must have a Level I NCECAC³ or equivalent <u>and</u> must have at least 300 additional hours of verifiable experience performing administrative duties in a licensed child care program, or at least 450 additional hours of verifiable experience performing administrative duties in an unlicensed school-age care or camp setting. Program coordinator: has completed minimum requirements (including 4 semester hours); and has completed three additional semester hours of school-age care related coursework; or has at least 300 hours of verifiable experience working with school-aged children in a licensed child care program; or at least 450 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting. Group Leader: all must meet minimum requirements; 25% of the individuals designated as group leaders shall each have at least 100 hours of verifiable experience working with school-aged children in a licensed child care program, or shall have at least 150 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting; or shall have completed or be enrolled in at least two semester hours of school-age care related coursework. Assistant Group Leader: No additional requirements. <p style="text-align: center;">3 pts.</p>

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RATED LICENSE FOR SCHOOL-AGE CARE PROGRAMS



<ul style="list-style-type: none"> • Meets minimum licensing requirements; • All enhanced standards except enhanced space and • SACERS⁶ = avg. 4.5 with no one classroom score lower than 4.0 <p style="text-align: center;">4 pts</p>	<p>Staff must meet the following in addition to the requirements for school-age staff for 1 point.</p> <ul style="list-style-type: none"> • Child care administrator: must have a Level I NCECAC³ or equivalent <u>and</u> must have at least 450 additional hours of verifiable experience performing administrative duties in a licensed child care program, or at least 600 additional hours of verifiable experience performing administrative duties in an unlicensed school-age care or camp setting. • Program coordinator: has completed minimum requirements (including 4 semester hours)and; has completed three additional semester hours of school-age care related coursework and shall have at least 200 hours of verifiable experience working with school-aged children in a licensed child care program or at least 300 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting; or has at least 450 hours of verifiable experience working with school-aged children in a licensed child care program; or at least 600 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting. • Group Leader: all must meet minimum requirements; 25% of the individuals designated as group leaders shall each have at least 100 hours of verifiable experience working with school-aged children in a licensed child care program, or shall have at least 150 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting, or have completed at least two semester hours of school-age care related coursework. • Assistant Group Leader: No additional requirements. <p style="text-align: center;">4 pts</p>
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<ul style="list-style-type: none"> • Meets minimum licensing requirements; • All enhanced standards except enhanced space and • SACERS⁶ = avg. 4.75 classroom score with no one classroom score lower than 4.0 <p style="text-align: center;">5 pts.</p>	<p>Staff must meet the following in addition to the requirements for school-age staff for 1 point.</p> <ul style="list-style-type: none"> • Child care administrator: must have a Level II NCECAC³ or equivalent <u>and</u> must have at least 600 additional hours of verifiable experience performing administrative duties in a licensed child care program, or at least 750 additional hours of verifiable experience performing administrative duties in an unlicensed school-age care or camp setting. • Program coordinator: has completed minimum requirements (including 4 semester hours); and has completed three additional semester hours of school-age care related coursework and shall be enrolled in three additional semester hours of school-age care related coursework; or has at least 600 hours of verifiable experience working with school-age children in a licensed child care program; or at least 750 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting. • Group Leader: all must meet minimum requirements; 50% of the individuals designated as group leaders shall each have at least 300 hours of verifiable experience working with school-aged children in a licensed child care program, or at least 450 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting, or shall have completed at least two semester hours of school-age care related coursework. • Assistant Group Leader: shall be at least 16 years of age and shall complete the BSAC training, or shall have at least 250 hours of verifiable experience working with school-aged children in a licensed child care program or at least 400 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting. <p style="text-align: center;">5 pts.</p>
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RATED LICENSE FOR SCHOOL-AGE CARE PROGRAMS



<ul style="list-style-type: none"> • Meets minimum licensing requirements; • All enhanced standards <u>and</u> • SACERS⁶ = avg. 5.0 with no one classroom score lower than 4.0 <p style="text-align: center;">6 pts.</p>	<p>Staff must meet the following in addition to the requirements for school-age staff for 1 point.</p> <ul style="list-style-type: none"> • <u>Child care administrator:</u> must have a Level II NCECAC³ or equivalent <u>and</u> must have at least 750 additional hours of verifiable experience performing administrative duties in a licensed child care program, or at least 1150 additional hours of verifiable experience performing administrative duties in an unlicensed school-age care or camp setting. • <u>Program Coordinator:</u> has completed minimum requirements (including 4 semester hours) and; has completed at least six additional semester hours of school-age care related coursework and has at least 750 hours of verifiable experience working with school-aged children in a licensed child care program or at least 900 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting; or has a BA/BS degree or higher with at least three additional semester hours of school-age care related coursework. • <u>Group Leader:</u> all must meet minimum requirements; 50% of the individuals designated as group leaders shall each have at least 600 hours of verifiable experience working with school-aged children in a licensed child care program; or at least 900 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting; or shall have completed at least two semester hours of school-age care related coursework and have completed or be enrolled in at least two additional semester hours of school-age related coursework. • <u>Assistant Group Leader:</u> shall be at least 17 years of age and shall complete the BSAC training; or shall have at least 250 hours of verifiable experience working with school-aged children in a licensed child care program or at least 400 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting. <p style="text-align: center;">6 pts.</p>
<ul style="list-style-type: none"> • Meets minimum licensing requirements; • All enhanced standards <u>and</u> enhanced ratios minus 1 <u>and</u> • SACERS⁶ = lowest classroom score at least 5.0 <p style="text-align: center;">7 pts</p>	<p>All staff must meet the following in addition to the requirements for school-age staff for 1 point.</p> <ul style="list-style-type: none"> • <u>Child care administrator:</u> must have a Level III NCECAC³ or equivalent <u>and</u> must have at least 900 additional hours of verifiable experience performing administrative duties in a licensed child care program, or at least 1350 additional hours of verifiable experience performing administrative duties in an unlicensed school-age care or camp setting. • <u>Program coordinator:</u> has completed minimum requirements (including 4 semester hours) and; has completed at least six additional semester hours of school-age care related coursework and has at least 900 hours of verifiable experience working with school-aged children in a licensed child care program or at least 1350 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting; or a has completed at least nine additional semester hours of school-age related coursework and has at least 600 hours of verifiable experience working with school-aged children in a licensed child care program or at least 900 hours of verifiable experience working with school-aged children in an unlicensed school-age care or camp setting; or has a BA/BS degree or higher with at least six additional semester hours of school-age related coursework and has at least 300 hours of verifiable experience working with school-aged children in a licensed school-age care program or 450 semester hours of working with school-aged children in an unlicensed school-age care or camp setting. • <u>Group leader:</u> all must meet minimum requirements; 75% of group leaders must have at least 600 hours experience working with school-age children in a licensed child care program; or at least 900 hours of verifiable experience working with school-aged children in an unlicensed school age care or camp setting; or shall have completed at least two semester hours of school-age care related coursework and be enrolled in at least two additional semester hours of school-age related coursework. • <u>Assistant group leader:</u> must be at least 18 years old and shall complete the BSAC Training. <p style="text-align: center;">7 pts.</p>

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RATED LICENSE FOR SCHOOL-AGE CARE PROGRAMS



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.

<u>Total Number of Points</u>	<u>Star Rating</u>
4 through 6	Two Stars
7 through 9	Three Stars
10 through 12	Four Stars
13 through 15	Five Stars

**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.*

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ID # _____

Name of Program _____

OPERATIONAL AND PERSONNEL POLICIES CHECKLIST

Complete and keep on file for review by child care licensing consultant

Effective Date of Policies:

	ITEM	Description of what to include:
<input type="checkbox"/>	1. the days and hours the center operates	Could include, but not limited to, opening and closing times, days of the week that the center operate, regularly scheduled holidays that the center will observe and vacation schedules
<input type="checkbox"/>	2. age range of children served	The ages of the children served at the center should be specific and include actual months/years
<input type="checkbox"/>	3. admission requirements and enrollment procedures	Any procedures, forms, or visits required to enroll a child in the center must be identified
<input type="checkbox"/>	4. parent fees and payment plan	Fees and how they are to be paid must be stated
<input type="checkbox"/>	5. information about services provided by the center	Could include, but not limited to, the number of meals served, before and after school care services available, transportation services available
<input type="checkbox"/>	6. items to be provided by parents	Should include any items that must be provided by the parent, such as foods, diapers, clothing, etc.
<input type="checkbox"/>	7. a schedule of daily, weekly, and monthly cleaning duties	Should include a description of the types of cleaning duties that must be performed at the center and who is responsible for carrying them out
<input type="checkbox"/>	8. written procedures for reporting suspected child abuse and neglect	Should list to whom concerns are to be reported and include an overview of the NC Reporting Law
<input type="checkbox"/>	9. the center's discipline policy for behavior management	Must include, at a minimum, the items stated in the child care rules
<input type="checkbox"/>	10. a description of opportunities for parent participation including the following:	Should include a general description of the types of activities that occur at the center in which parents are encouraged or required to participate.
	<input type="checkbox"/> <i>pre-enrollment visitation procedures</i>	<input type="checkbox"/> <i>parent participation in group/individual activities</i>
	<input type="checkbox"/> <i>parent meetings with staff</i>	<input type="checkbox"/> <i>how to obtain information or file complaints</i>
<input type="checkbox"/>	11. nutrition policies	Should list who will provide all meals, nutritional standards that must be met and procedures for children with special dietary needs

PERSONNEL POLICIES

	ITEM	Comments:
<input type="checkbox"/>	12. job descriptions for each position	Job descriptions must be provided for all current positions at the center
<input type="checkbox"/>	13. minimum qualifications for each position including reference checks	Written qualifications for each position must be provided. There must be a policy statement regarding how reference checks will be conducted.
<input type="checkbox"/>	14. health and medical requirements	There must be a policy statement informing staff which health and medical requirements are to be met. This must cover the same requirements addressed in the child care rules.
<input type="checkbox"/>	15. requirements and provisions for inservice training	There must be a policy statement informing staff about the requirement for annual inservice training. This could include information on how staff will be notified of upcoming events, whose responsibility it is to register, what records are to be kept and by whom and how the courses will be funded.
<input type="checkbox"/>	16. provisions for leave time and other absence	Should describe which types of leave a staff member is entitled to, how to schedule leave time and responsibilities of the staff member for coverage
<input type="checkbox"/>	17. procedures for on-going supervision and regular work evaluation	There must be a policy statement that describes the types of work supervision and on-going work evaluation that will be completed for center staff.
<input type="checkbox"/>	18. resignation and termination procedures	There must be a policy statement that provides information on the causes for termination and an employee's responsibilities in regards to resignation.

ID # _____

Name of Program _____

<input type="checkbox"/>	19. policy receipt verification	There must be a policy that requires signed and dated statements that documents the employee was given a job description and reviewed a copy of the center’s operational and personnel policies at employment. This is only required for all employees hired after April 1, 1999.
<input type="checkbox"/>	20. review of enhanced standards	There must be a policy that requires a signed and dated statement that documents the employee was provided with information on the voluntary enhanced standards during orientation. This is only required for all employees hired after April 1, 1999.

Quality Point Policies Checklist – complete if applicable

Policies Addendum

Quality Point Additional Items – to earn one quality point two of the items below must be met:

<input type="checkbox"/>	1. staff benefits package	<p>Has 4 of the 6 benefits below available:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Paid leave for professional development <input type="checkbox"/> Paid planning time <input type="checkbox"/> Vacation leave <input type="checkbox"/> Sick leave <input type="checkbox"/> Retirement package <input type="checkbox"/> Health insurance
<input type="checkbox"/>	2. enhanced operational policies	<p>Must include all of the topics below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Emergency evacuation plan <input type="checkbox"/> Field trip policy <input type="checkbox"/> Staff development plan <input type="checkbox"/> Medication administration <input type="checkbox"/> Enhanced discipline policy <input type="checkbox"/> Health rules for attendance
<input type="checkbox"/>	3. parental involvement	<p>Must have 2 of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Quarterly parent newsletters <input type="checkbox"/> Parent advisory board <input type="checkbox"/> Periodic conferences for children <input type="checkbox"/> Parent information meetings quarterly

Sample Professional Development Plan

Name of Employee: _____	Date of Employment: _____
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

Sample Staff Performance Evaluation

Name of Employee: _____ Date of Employment: _____

Position: _____ Group: _____ Evaluation Period _____

Score each item below on a 1-10 scale, where 1 is worst and 10 is best.

ABILITY

Fulfillment of job obligations as stated in job description.

1 2 3 4 5 6 7 8 9 10

Complies with state standards and regulations.

1 2 3 4 5 6 7 8 9 10

Complies with objectives and goals stated in personnel policies and initiated by center director.

1 2 3 4 5 6 7 8 9 10

ATTITUDE

Relationship with co-workers.

1 2 3 4 5 6 7 8 9 10

Relationship with parents and children.

1 2 3 4 5 6 7 8 9 10

Appropriate appearance and manner.

1 2 3 4 5 6 7 8 9 10

RELIABILITY

Attendance and promptness

1 2 3 4 5 6 7 8 9 10

Dependability and reliability

1 2 3 4 5 6 7 8 9 10

CLASSROOM

Classroom is warm and inviting for both children and adults

1 2 3 4 5 6 7 8 9 10

Classroom is maintained in a neat and orderly manner.

1 2 3 4 5 6 7 8 9 10

Required items are kept up to date and stored appropriately.

1 2 3 4 5 6 7 8 9 10

CHILDREN

Shows creativity in implementing activities with children.

1 2 3 4 5 6 7 8 9 10

Displays mental, emotional, and physical competence with the children in care.

1 2 3 4 5 6 7 8 9 10

Interacts with children, is active in classroom-not passive.

1 2 3 4 5 6 7 8 9 10

Displays nurturing attitude, including warmth and individual attention.

1 2 3 4 5 6 7 8 9 10

over

Total Score _____

Areas for Improvements

Recommendations

Employee Comments regarding evaluation

Date of Evaluation: _____

Overall Rating: Excellent Good Average Below Average Not Acceptable

Supervisor's Signature _____ Date _____

Employee's Signature _____ Date _____

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.



Conducting assessments to improve child care quality one facility at a time!

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.

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 Providers about Our 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 consultant about your questions or concerns.

Your consultant is available to clarify and offer guidance about the NCRLAP assessment and grievance processes. In most situations, questions you raise can be addressed in an informal way (e.g., often with a simple telephone call to the NCRLAP regional coordinator).

Step 2: Write a letter to NCRLAP explaining your grievance within 30 days of receiving your 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 consultant within 30 days of receiving the facility summary report. Your consultant will forward your 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, the Regional Coordinator will provide you with a written response to every question or concern raised in your letter.

Step 3: Grievance Meeting

If you are not satisfied with our response letter, you may ask your consultant to set up a meeting where all of the "stakeholders" discuss your concerns. Participants usually include a classroom teacher, director/home provider, consultant, DCD supervisor, assessor, regional coordinator, and the NCRLAP project coordinator.

Step 4: Remedies

Any mistakes in the summary report or assigned scores will be corrected and a revised summary report will be resubmitted to the provider and consultant—even if changes do not alter the total points received in program standards. In some cases a reassessment may be warranted. All available options will be discussed with you so that you can make the best decision for your program.

Center Quality Point Form for the Two-Component Rated License

Name of Operation: _____ ID # _____

Indicate all quality point items that have been reviewed and determined to be met, and attach to the permit form:

Education Options:

- 75% of infant/toddler teachers have obtained an Infant/Toddler Certificate
- 75% of teachers have an AAS or higher in ECE/CD
- 75% of lead teachers have a BA/BS or higher in ECE/CD
- All lead teachers have an AAS or higher in ECE/CD
- 75% of group leaders have a NC School Age Care Credential or 6 SH in S/A coursework
- All fulltime lead teachers and teachers have completed 20 in-service training hours in addition to required annual hours. Part time have completed additional hours based on pro-rated annual hours
- 75% of lead teachers and teachers have at least 10 years EC work experience
- All lead teachers and teachers have at least 5 years EC work experience in no more than 2 different centers
- Center has a combined turnover rate of 20% or less for the administrator, program coordinator, lead teacher, teacher and group leader over the last 12 months (only applicable if the program has earned 4 point or higher in education)
- In stand-alone school-age programs, 75% of group leaders have at least 5 years EC work experience in no more than 2 different S/A settings.

Programmatic Options:

- Uses an age/developmentally appropriate curriculum. Name of curriculum: _____
- Has reduced group size by one in each group from the seven point level as required in Rule .2818(c)
- Has reduced staff/child ratios by one in each group from the seven point level as required in Rule.2818(c)
- Has met two of the following 3 standards (indicate which are met):
 - Enhanced policies approved
 - Staff benefits package
 - Infrastructure of parent involvement
- Administrator has completed a business training and a wage/hour training course (at least 30 contact hours). Indicate name(s) and date(s) of course(s): _____

Child Care Consultant Signature

Date

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 current license: 1 2 3 4 5

Are you meeting [check all that apply]: Enhanced Ratios Enhanced Space

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: _____ <input type="checkbox"/> ECERS: _____ <input type="checkbox"/> SACERS: _____ <input type="checkbox"/> FDCRS: _____
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 center 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 each 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.nclap.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 current license: 1 2 3 4 5

Individual Staff Category Points from Current License

Administrator: 1 2 3 4 5

School-age Administrator: 1 2 3 4 5

Lead teachers: 1 2 3 4 5

Program Coordinator: 1 2 3 4 5

Teachers: 1 2 3 4 5

Group Leaders: 1 2 3 4 5

General Staff Information

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have any <u>new</u> staff since your last rated license assessment? *If yes, please list their names on the attached "Staff Information Sheet"
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have any staff, caring for school-age children, who were not evaluated as part of your previous rated license assessment? *If yes, please have them obtain an official transcript, complete an Education and Equivalency * form and attach to enclosed "Staff Information Sheet"
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have any new or existing staff members who have taken coursework that should be sent to DCD Workforce Support Section for evaluation? *If yes, please have them obtain an official transcript, complete an Education and Equivalency * form and attach to enclosed "Staff Information Sheet"

*There is a different form for each staff position. If you do not have blank copies of these forms, please contact the Workforce Support Section at 800/859-0829. These forms are also available in the Child Care Handbook.

Once the "Staff Information Sheet" 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 the staff's education and coursework.

Compliance History

Please indicate the total number of points earned in this component on your current license: 1 2 3 4 5

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 May 2004. 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 center? 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 center. 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 Center: _____ ID#: _____

Person completing this form _____ Title _____ Date _____

Environment Rating Scale Improvement Plan

*Use this form to review center scores from previous rating scale assessments or practice ratings conducted by center personnel. Complete **prior to visit** from consultant and make a copy to review during the visit. Copies of this form can be made so that you can use one form per classroom assessed.*

CENTER INFORMATION

Classroom Assessed	Scale Used	Staff in Classroom during Observation
	<input type="checkbox"/> ITERS <input type="checkbox"/> ECERS <input type="checkbox"/> SACERS <input type="checkbox"/> FDCRS	

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:

Center Staff Member's Name _____ Title _____ Date _____

Reviewed By:

Consultant's Name _____ Date _____

APPENDIX A

NC GENERAL STATUTES

Article 7
Chapter 110 of the North Carolina General Statutes
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.

§ 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

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- (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.

§ 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.

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- (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.

§ 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).

§ 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

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- 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.

§ 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.

§ 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 Health Services shall adopt rules which establish minimum sanitation standards for child care centers and their personnel. The sanitation rules adopted by the Commission for Health Services 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 Health Services 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.

(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	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.

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- (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:

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- 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.

§ 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 Health Services 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.

§ 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 Health Services 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 Health Services 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.

(d) Repealed by Session Laws 1977, c. 929, s. 1.

§ 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.

§§ 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.

§ 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.

§ 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.

(b) 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.

(c) 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.

§ 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.

§ 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

§ 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.

§ 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.

§ 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).

§ 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:

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- (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.

§ 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.

§ 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 Health Services 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.

§ 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.

§ 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.

§ 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.

§ 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.

§ 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

Insert current copy here.

APPENDIX C

NC RULES GOVERNING THE SANITATION OF CHILD CARE CENTERS

15A NCAC 18A .2801 DEFINITIONS

The following definitions shall apply in regards to child care centers throughout this Section:

- (1) "Adequate" means determined by the Department to be of sufficient size, volume, or technical specifications, to effectively accommodate and support the planned, current, or projected workloads for a specified operational area.
- (2) "Approved" means determined by the Department to be in compliance with this Section.
- (3) "Communicable Condition" means the state of being infected with a communicable agent but without symptoms.
- (4) "Communicable Disease" means any disease that can be transmitted from one person to another directly, by contact with excrement, other body fluids, or discharges from the body; or indirectly, via substances or inanimate objects, such as contaminated food, drinking glasses, toys or water; or via vectors, such as flies, mosquitoes, ticks, or other insects.
- (5) "Department" or "DENR" means the North Carolina Department of Environment and Natural Resources. The term also means the authorized representative of the Department.
- (6) "Designated Emergency Medication" means any medication used or needed for the immediate recovery from a potentially life-threatening event.
- (7) "Disinfecting Solution" means a solution containing 500 to 800 parts per million (ppm) of chlorine. A disinfecting solution can be made by mixing a solution of one-quarter cup (2 fluid ounces) household liquid chlorine bleach with one gallon of tap water (or one tablespoon of liquid household bleach in one quart of water) and prepared fresh daily. In addition, products registered with the U.S. Environmental Protection Agency as hospital grade germicides or disinfectants or as disinfectants for safe use in schools, child care centers, institutions or restaurants are also approved disinfectants, provided the manufacturer's Material Safety Data Sheets are kept on file at the child care center and the instructions for use are followed.
- (8) "Division of Child Development" means the child care licensing agency in the N.C. Department of Health and Human Services.
- (9) "Food" means any raw, cooked, or processed edible substance, ice, beverage, or ingredient used or intended for use or for sale in whole or in part for human consumption.
- (10) "Food Preparation" means the handling of foods or utensils in the preparation of meals, including opening and closing of baby bottles, baby food jars and cereal boxes, as well as the opening and closing of any other food items intended for the assembly of ingredients for human consumption.
- (11) "Food Service" means the distribution of prepared foods for consumption, including those food items prepared at the child care center; received by the center from approved food establishments; milk placed in a pitcher or other serving container; ice transported, stored and dispensed; bagged lunches sent from home; and the use of utensils to minimize direct food contact.
- (12) "Frying" means to cook over direct heat in hot oil or fat. This includes the oil or fat that is generated by the food or added to the cooking utensil.
- (13) "Hermetically Sealed" means a container designed and intended to be secure against the entry of microorganisms and to maintain the commercial sterility of its contents after processing.
- (14) "Household bleach" means bleach sold in concentrations that are intended for household use, and not industrial applications. Household bleach is sold in retail stores at strengths of 5.25 percent hypochlorite (regular strength bleach) solution and 6.00 percent hypochlorite (ultra strength bleach) solution.
- (15) "Lavatory" means a sink that is equipped with hot and cold water under pressure for the primary purpose of handwashing.
- (16) "Multi-Service Articles" means tableware, including flatware and hollowware that are designed, fabricated, and intended by the manufacturer to be washed, rinsed, sanitized, and re-used.
- (17) "Multi-Use Articles" means bulk food containers and utensils designed, fabricated, and intended by the manufacturer to be washed, rinsed, sanitized, and re-used. The term

- includes food storage containers, beverage pitchers, serving spoons and bowls, tongs, and spatulas. The term does not include multi-service articles as defined in this Rule.
- (18) "Potable Water" means water from an approved source which is suitable for drinking.
- (19) "Potentially Hazardous Food" means any food or ingredient, natural or synthetic, in a form capable of supporting the growth of infectious or toxigenic microorganisms, including *Clostridium botulinum*. This term includes raw or heat-treated food of animal origin, raw seed sprouts, and heat-treated foods of plant origin. The term does not include foods which have a pH level of 4.6 or below or a water activity value of 0.85 or less.
- (20) "Putrescible Materials" means materials likely to rot or putrefy, such as fruit, vegetables, meats, and dairy products.
- (21) "Sanitary Sewage System" means a complete system of sewage collection, treatment, and disposal and includes septic tank systems, connection to a public or community sewage system, sewage reuse or recycle systems, or mechanical or biological treatment systems.
- (22) "Sanitizing Solution" means a solution containing 50 to 200 parts per million (ppm) of chlorine. A sanitizing solution can be made by mixing a tablespoon of liquid household chlorine bleach with one gallon of water and prepared fresh daily.
- (23) "School Age" means any child who is at least five years old on or before October 16 of the current school year and who is attending, or has attended, a public or private grade school or kindergarten; or any child who is not five years old and will not be five years old on or before October 16 of that school year, but has been attending school during that school year in another state in accordance with the laws or rules of that state before moving to and becoming a resident of North Carolina; or any child who is at least five years old on or before April 16 of the current school year, is determined by the principal of a school to be gifted and mature enough to justify admission to the school and is enrolled no later than the end of the first month of the school year.
- (24) "Single-Service Articles" means tableware, including flatware and hollowware, carry-out utensils and other items such as bags, containers, straws, toothpicks, and wrappers that are designed, fabricated and intended by the manufacturer for one-time use.
- (25) "Single-Use Articles" means bulk food containers and utensils intended by the manufacturer to be used once and discarded. The term includes formed buckets, bread wrappers, pickle barrels, and No. 10 cans. The term does not include single-service articles as defined in this Rule.
- (26) "Tempered Water" means water that is between 80°F and 110°F.
- (27) "Utensils" means any kitchenware, tableware, glassware, cutlery, containers or other equipment that food or drink comes in contact with during storage, preparation or serving.
- (28) "Work Surfaces" means the following locations in the kitchen: food service areas; stove top surfaces; food preparation surfaces; utensil and dishwashing areas; surfaces used for air drying; drain boards; and counter top surfaces. In child care rooms, work surfaces include food preparation areas, diaper changing surfaces, counter top surfaces, children work tables, desks and easels.

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. March 1, 1995;
Temporary Amendment Eff. April 15, 1998;
Amended Eff. July 1, 2006; January 1, 2006; April 1, 1999.*

15A NCAC 18A .2802 APPROVAL OF CONSTRUCTION AND RENOVATION PLANS

(a) Plans drawn to scale and specifications for new child care centers shall be submitted to the local health department for review and approval prior to initiating construction. Plans drawn to scale and specifications for changes to building dimensions, kitchen specifications, or other modifications to existing child care centers shall also be submitted to the local health department for review and approval prior to construction. Plans drawn to scale and specifications for prototype "franchise" or "chain" child care centers shall be

submitted to DENR, Division of Environmental Health, Environmental Health Services Section, Children's Environmental Health Branch. When requested by an operator of a center or by the Secretary of the Department of Health and Human Services, the local health department shall visit or inspect an existing or proposed center, within 30 days of the request, to determine compliance with this Section.

(b) Review of the plans by the local health department or the Environmental Health Services Section shall be based on the requirements of this Section.

(c) Construction and modifications shall comply with the approved plans.

History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Temporary Amendment Eff. April 15, 1998;
Amended Eff. April 1, 1999;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. January 1, 2006; April 1, 2001.

15A NCAC 18A .2803 HANDWASHING

(a) Child Care operators shall instruct employees that handwashing is the single most important line of defense in preventing the transmission of disease-causing organisms. Employees shall wash hands upon reporting for work; before and after handling food; before bottle feeding or serving to other children; before handling clean utensils or equipment; after toileting or handling of body fluids (e.g., saliva, nasal secretions, vomitus, feces, urine, blood, secretions from sores, pustulant discharge); after diaper changing; after handling soiled items such as garbage, mops, cloths and clothing; after being outdoors; after handling animals or animal cages; and after removing disposable gloves. The use of hand sanitizing products does not replace the requirement for handwashing. However, except for diapering, food preparation, and food service, hand sanitizing products may be used in lieu of handwashing while an employee is supervising children outdoors if hands are washed upon returning indoors.

(b) Children shall wash hands upon arrival at the child care center; after each diaper change or visit to the toilet; before eating meals or snacks; before and after water play; after outdoor activity; and after handling animals or animal cages. Except for diapering and before eating meals or snacks, hand sanitizing products may be used in lieu of handwashing while children are outdoors if hands are washed upon returning indoors.

(c) Handwashing procedures shall include:

- (1) using liquid soap and tempered water;
- (2) rubbing hands vigorously with soap and tempered water for 15 seconds;
- (3) washing all surfaces of the hands, to include the backs of hands, palms, wrists, under fingernails and between fingers;
- (4) rinsing well for ten seconds;
- (5) drying hands with a paper towel or other hand-drying device; and
- (6) turning off faucet with a paper towel or other method without recontaminating hands.

Note: Refer to Rule .2828 of this Section for history.

History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. February 1, 1995;
Temporary Amendment Eff. April 15, 1998;
Amended Eff. July 1, 2006; January 1, 2006; April 1, 1999.

15A NCAC 18A .2804 FOOD SUPPLIES

(a) In child care centers, food shall be free from spoilage, filth, or other contamination and shall be safe for human consumption. Potentially hazardous foods, including foods packaged in hermetically sealed containers, shall be obtained only from sources that are permitted or inspected by a local health department, the North Carolina Department of Agriculture and Consumer Services or other government regulatory agency. The use of food packaged in hermetically sealed containers that was not prepared in a commercial

food processing establishment is prohibited. Food prepared and sent from home to be shared with other children shall be limited to non-potentially hazardous baked goods.

(b) Milk products that are used shall be Grade "A" pasteurized fluid milk and fluid milk products or evaporated milk. The term "milk products" means those products as defined in 15A NCAC 18A .1200. Copies of 15A NCAC 18A .1200 may be obtained from the Environmental Health Services Section, Division of Environmental Health. Unless prescribed by a physician, dry milk and dry milk products shall be used only for cooking purposes, including cooked pudding desserts and flavored hot beverages.

(c) Steamed and uncooked shellfish, raw eggs, and products containing raw eggs including raw cookie dough, cake batter, brownie mix, milkshakes and ice cream shall not be consumed by children. A pasteurized egg product may be used as a substitute for raw eggs.

(d) Breast milk, formula, and other bottled beverages, including beverages in sippy cups, sent from home shall be fully prepared, dated, and identified for the appropriate child at the child's home. All breast milk, formula, and other bottled beverages shall be returned to the child's home or discarded at the end of each day. Breast milk may be stored frozen for up to seven days. Frozen breast milk shall be labeled with the date received and date thawed for use. Previously frozen breast milk shall be refrigerated and may be stored for no more than 24 hours. Microwaves shall not be used to thaw or warm breast milk, baby food, formula or other bottled beverages. Bottle warming equipment shall be inaccessible to children when in use and shall be emptied, cleaned and sanitized daily. Previously frozen breast milk shall not be refrozen for storage. Formula provided by the child care center shall be commercially pre-packaged, ready-to-feed, fully prepared, and packaged in single-use containers. However, breast milk or formula that does not meet these requirements may be provided by the child care center as prescribed by the child's physician or instructed by parent or guardian in writing. Bottles and other drinking utensils provided by the child care center shall be sanitized in accordance with this Section. Formula and other beverages which require refrigeration, baby food after opening, and breast milk shall be identified for the appropriate child and shall be refrigerated at 45°F (7°C) or below. Upon opening, jars of baby foods shall be covered, dated, refrigerated, and used within two days. Baby food may be served directly from the jar to one child if unused portions of the food are discarded after each feeding; otherwise, commercially prepared baby foods shall be served from a serving dish rather than the food jar. After the completion of each feeding, leftover formula, breast milk, and other bottled beverages shall be discarded or returned to the child's home at the end of each day.

(e) Child care centers receiving prepared meals or snacks from outside sources shall use meals and snacks obtained from food handling establishments permitted by a local health department, organizations that only serve prepared meals to child care centers, or another child care center inspected by a local health department. Child care centers may also receive prepared meals from organizations not licensed as child care centers only when these organizations are providing prepared meals to licensed child care centers. These organizations shall be inspected as child care centers by the local health department in the county where the meal is prepared. The inspection of these organizations shall be made by the local health department at the same time the inspection of the licensed child care center receiving these prepared meals is done. The inspection report of the organization providing these meals shall be a part of the inspection of the licensed child care center receiving the prepared meals, unless the organization is a permitted food handling establishment. During transportation, food shall meet the requirements of the Rules of this Section relating to food protection and storage.

(f) Lunches and other meals brought from home shall be dated and identified for the appropriate child at the child's home and shall be returned to the child's home or discarded at the end of each day. Meals containing potentially hazardous foods shall be refrigerated at 45°F (7°C) or below.

(g) Nothing in the Rules of this Section shall prohibit the use of fresh garden fruits and vegetables, including those grown at the child care center, so long as they are washed before being served.

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. February 1, 1995; January 1, 1992;
Temporary Amendment Eff. April 15, 1998;
Amended Eff. July 1, 2006; January 1, 2006; April 1, 1999.*

15A NCAC 18A .2805 FOOD PROTECTION

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Repealed Eff. January 1, 2006.*

15A NCAC 18A .2806 FOOD STORAGE AND PROTECTION

(a) In child care centers, food shall be stored in approved, clean, tightly covered, storage containers once the original package is opened. Approved containers include resealable bags and other containers made of plastic or glass. Reusable containers that come in direct contact with food must be easy to clean, in good repair and intended for food storage.

(b) Food items, that are stored in classrooms or other rooms intended for child care use, shall be limited to those food items which are individually packaged unless the classroom is equipped with a food preparation area. Provisions shall be made to store and protect these food items from all potential sources of contamination and other nonfood items stored in the classroom.

(c) Dry foods that are not readily identifiable and are stored in containers shall be labeled.

(d) Foods shall be stored above the floor in a manner that protects the food from splash and other contamination and that permits easy cleaning of the storage area.

(e) Food and containers of food shall not be stored under exposed sewer lines. Food shall not be stored in toilet or laundry rooms. Child care centers licensed for fewer than 13 children and located in a residence may store food in laundry rooms if protected as required in Paragraph (f) of this Rule.

(f) All food shall be stored in a manner to protect it from dust, rodents, insects, drip, splash and other contamination. Raw meats, poultry, fish, shellfish and eggs shall be stored on shelving beneath and separate from other foods. The temperature of potentially hazardous food provided by the center shall be 45°F (7°C) or below, or 140°F (60°C) or above at all times, including field trips, catering events, outdoor service, except during necessary periods of preparation and service, and as otherwise provided in the Rules of this Section.

(g) Packaged food such as milk or other beverage containers may be stored in undrained ice as long as any individual units are not submerged in water. Wrapped sandwiches and other foods shall not be stored in direct contact with ice.

(h) Refrigerated storage:

(1) Refrigeration equipment shall be provided in such number and of such capacity to assure the maintenance of potentially hazardous food at required temperatures during storage. Each refrigerator shall be provided with a numerically scaled indicating thermometer, accurate to $\pm 3^{\circ}\text{F}$ ($\pm 1.5^{\circ}\text{C}$) located to measure the air temperature in the warmest part of the refrigerator and located to be easily readable. Recording thermometers, accurate to $\pm 3^{\circ}\text{F}$ ($\pm 1.5^{\circ}\text{C}$), may be used in lieu of indicating thermometers.

(2) Potentially hazardous food requiring refrigeration after preparation shall be cooled to a n internal temperature of 45°F (7°C), or below. Cooling of potentially hazardous foods shall be initiated upon completion of preparation or hot storage. Methods such as pouring into pans, agitation, and chilling with ice or water circulation external to the food containers shall be used to cool potentially hazardous food. Potentially hazardous food to be transported cold shall be prechilled and held at a temperature of 45°F (7°C) or below.

(3) Ice used for cooling stored food and food containers shall not be used for human consumption.

(i) Hot storage:

(1) Hot food storage equipment shall be provided in sufficient number and capacity to assure the maintenance of food at the required temperature during storage. Each hot food unit shall be provided with a numerically scaled indicating thermometer, accurate to $\pm 3^{\circ}\text{F}$ ($\pm 1.5^{\circ}\text{C}$), located to measure the air temperature in the coolest part of the unit and located to be easily readable. Recording thermometers, accurate to $\pm 3^{\circ}\text{F}$ ($\pm 1.5^{\circ}\text{C}$), may be used in lieu of indicating thermometers. Where it is impractical to install thermometers on equipment such as steam tables, steam kettles, heat lamps, cal-rod units, or insulated food

transport carriers, a metal stem-type numerically scaled indicating product thermometer shall be available and used to check internal food temperature.

- (2) The internal temperature of potentially hazardous foods requiring hot storage shall be 140°F (60°C) or above except during necessary periods of preparation and service. Potentially hazardous food to be transported hot shall be held at a temperature of 140°F (60°C) or above.

(j) In the event of a fire, flood, water supply interruption, power outage, or similar event that might result in the contamination of food, or that might prevent potentially hazardous food from being held at required temperatures, the person in charge shall either discard the food in question or contact the local health department.

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991.
Amended Eff. February 1, 1995;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2006; January 1, 2006; April 1, 2001.*

15A NCAC 18A .2807 FOOD PREPARATION

- (a) In child care centers, the preparation of food shall take place only in the approved facilities or space equipped as required in Rule .2810 of this Section.
- (b) Food shall be prepared with the least possible manual contact, with utensils, and on surfaces that have been cleaned, rinsed, and sanitized prior to use in order to prevent cross-contamination.
- (c) Food contact surfaces and utensils shall be cleaned and sanitized after preparing raw foods, prior to preparing ready-to-eat foods and after any interruption of operations in which contamination may have occurred.
- (d) Raw fruits and raw vegetables shall be washed with potable water before being cooked or served.
- (e) Potentially hazardous foods requiring cooking shall be cooked to heat all parts of the food to a temperature of at least 140°F (60°C), except that:
 - (1) poultry, poultry stuffings, stuffed meats and stuffings containing meat shall be cooked to heat all parts of the food to at least 165 °F (74 °C) with no interruption of the cooking process;
 - (2) pork and any food containing pork shall be cooked to heat all parts of the food to at least 150°F (66°C) with no interruption in the cooking process;
 - (3) ground beef and foods containing ground beef shall be cooked to an internal temperature of at least 155°F (68°C) with no interruption in the cooking process; and
 - (4) roast beef shall be cooked to an internal temperature of at least 130 °F (54°C) with no interruption in the cooking process.
- (f) Potentially hazardous foods requiring cooking and cooked in a microwave oven shall be rotated during cooking to compensate for uneven heat distribution and shall be heated an additional 25 °F (13.9°C) to compensate for shorter cooking times.
- (g) Potentially hazardous foods that have been cooked and then refrigerated, if served above 45°F (7°C), shall be reheated to an internal temperature of 165°F (74°C) or higher before being served or before being placed in a hot food storage unit except that, food in intact packages may initially be reheated to 140°F (60°C). Steam tables, warmers, and similar hot food holding units are prohibited for reheating of potentially hazardous foods. Potentially hazardous foods reheated in a microwave oven shall be heated an additional 25°F (13.9°C).
- (h) Metal stem-type numerically scaled indicating product thermometers, accurate to 2°F (1°C), shall be provided and used to assure the attainment and maintenance of proper internal cooking, holding, or refrigeration temperatures of all potentially hazardous foods.
- (i) Potentially hazardous foods shall be thawed:
 - (1) in refrigerated units at a temperature not to exceed 45°F (7°C);
 - (2) under potable water of a temperature of 70°F (21 °C) or below, with sufficient water velocity to agitate and float off loose food particles into the overflow;

- (3) in a microwave oven only when the food will be immediately transferred to conventional cooking equipment as part of a continuous cooking process or when the entire, uninterrupted cooking process takes place in the microwave oven; or
- (4) as part of the conventional cooking process.

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. January 1, 2006; February 1, 1995; October 1, 1993.*

15A NCAC 18A .2808 FOOD SERVICE

- (a) In child care centers, milk and milk products for drinking purposes shall be stored in the original commercially filled container. Serving containers may be used for food service provided the unused milk is discarded.
- (b) Ice shall be made, handled, transported, stored and dispensed in such a manner as to be protected against contamination. Ice shall be dispensed with scoops, tongs, or other ice-dispensing utensils or through automatic ice-dispensing equipment. Ice-dispensing utensils shall be stored on a clean surface or in the ice with the dispensing utensil's handle extended out of the ice. Between uses, ice transfer receptacles shall be stored to protect them from dust, drip, splash and other contamination. Ice storage bins shall be drained through an air gap.
- (c) Employees preparing or serving food shall wash their hands in accordance with the procedures in Rule .2803(c) of this Section. Employees shall either use antibacterial soap, dips, or hand sanitizers immediately prior to food preparation or service or use clean, disposable gloves during food preparation or service. Employees engaged in food preparation in the kitchen shall wear effective hair restraints, keep their fingernails trimmed, clean and shall not wear fingernail polish or artificial fingernails unless wearing intact gloves. Hair spray is not an effective hair restraint.
- (d) Once served, portions of leftover food shall not be served again unless the package is intact and the food is not potentially hazardous. Foods, including milk, placed on the table for family style food service are considered served.
- (e) Between uses during service, dispensing utensils shall be stored in the food with the dispensing utensil handle extended out of the food, in a container of water if the water is maintained at a temperature of at least 140°F (60°C), or stored clean and dry.
- (f) Children attending child care centers shall not be in the kitchen except when participating in a supervised activity.
- (g) Nothing in this Section shall be construed as prohibiting family style food service at child care centers so long as supervision of the children is maintained throughout each meal except that family style food service shall be prohibited during the outbreak and investigation of communicable diseases.

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. January 1, 2006; April 1, 1999; February 1, 1995.*

15A NCAC 18A .2809 FOOD SERVICE EQUIPMENT AND UTENSILS

In child care centers, material and construction of food service equipment and utensils shall meet the following requirements:

- (1) Materials used in the construction of utensils and equipment shall be durable; corrosion-resistant; nonabsorbent; non-toxic; finished to have a smooth, easily cleanable surface; and resistant to pitting, chipping, cracking, scratching, distortion, and decomposition.
- (2) Food-contact surfaces shall be smooth; free of breaks, open seams, cracks, chips, pits and other imperfections; free of sharp internal angles, corners and crevices; and accessible for cleaning and inspection without being disassembled or by easy disassembly.
- (3) Nonfood contact surfaces shall be nonabsorbent with no obstructions to cleaning.
- (4) Solder shall be comprised of approved, non-toxic; corrosion-resistant materials.

- (5) Wood and wicker shall not be used as food-contact surfaces, except hard maple or an equivalent nonabsorbent wood may be used for cutting boards, cutting blocks or bakers' tables.
- (6) Galvanized metal shall not be used for utensils or food-contact equipment.
- (7) Linens shall not be used as food-contact surfaces, except that clean linen may be used in contact with bread and rolls.
- (8) Single-use and single-service articles shall be clean.
- (9) Reuse of single-service articles is prohibited.
- (10) Single-use articles such as formed buckets, bread wrappers, aluminum pie plates and cans shall be used only once except that containers made of plastic, glass or other material intended for food storage, with smooth sides and constructed to be easily cleaned may be reused.
- (11) Equipment and utensils that impart odors, color or taste, or contribute to the contamination of food shall not be used.
- (12) Product thermometers and thermometer probes shall be of metal stem-type construction.
- (13) Water filters or any other water conditioning devices shall be cleaned and maintained in accordance with the manufacturer's instructions.
- (14) Filters and other grease extracting equipment shall be cleaned and maintained in accordance with the manufacturer's specifications.

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. January 1, 2006; February 1, 1995.*

15A NCAC 18A .2810 SPECIFICATIONS FOR KITCHENS, FOOD PREPARATION AREAS AND FOOD SERVICE AREAS

- (a) Each child care center shall have at least a two-compartment sink, drainboards or countertop space of adequate size, adequate refrigeration equipment and, when needed, adequate cooking equipment, except for child care centers located in a school that receives all food supplies prepared and ready to serve from a food service establishment permitted by a local health department, which is located at the same school campus and provides food during all hours of child care operation. Domestic or commercial kitchen equipment may be used. Child care centers using multi-service articles shall also provide a dishwasher. In lieu of a dishwasher and two-compartment sink, a three-compartment sink of sufficient size and depth to wash, rinse and sanitize utensils may be used.
- (b) A separate lavatory for handwashing is required in food preparation areas. If the dishwashing area is separate from the food preparation area, an additional lavatory shall be required.
- (c) A separate food preparation sink with drainboards or countertop space of adequate size shall be required when a plan review indicates that separate facilities are needed based on volume and preparation frequency.
- (d) When domestic refrigeration equipment is used, except in child care centers licensed for fewer than 13 children and located in a residence, the following provisions shall apply:
 - (1) except for thawing under refrigerated conditions, potentially hazardous foods shall not be prepared prior to the day that such foods are to be served;
 - (2) potentially hazardous foods that have been heated shall not be reheated or placed in refrigeration to be used in whole or in part on another day; and
 - (3) salads containing potentially hazardous food shall not be prepared on site. Prohibited salads include chicken, egg, tuna, crab, and other salads containing meat.
- (e) A commercial hood shall be installed when frying is used for food preparation on site. The hood shall be installed in accordance with the North Carolina Building Code and approved by the local building code enforcement agent.
- (f) If food is prepared in a classroom, a food preparation area shall be provided. Water from a handwash lavatory shall not be used to prepare formula, mix dry cereals, or other foods. Toy cleaning and sanitizing may also be conducted in this food preparation area. This food preparation area shall contain an easily cleanable countertop and a lavatory and, when needed, adequate refrigeration. The food preparation

counters, bottle warming equipment if used, food and food contact surfaces shall be out of reach of children and the following shall apply:

- (1) all equipment shall be cleaned at least daily. Warming equipment shall be cleaned and sanitized as required in Rule .2812 of this Section;
- (2) after each use, all multi-service articles provided by the center shall be cleaned and sanitized in the child care center kitchen;
- (3) single-service articles shall be handled as required in Rule .2814 of this Section; and
- (4) counter, shelf or cabinet space shall be provided for food storage. Food supplies shall be stored in accordance with Rule .2806 of this Section.

History Note: Authority G.S. 110-91;
 Eff. July 1, 1991;
 Amended Eff. March 1, 1995;
 Temporary Amendment Eff. April 15, 1998;
 Amended Eff. January 1, 2006; April 1, 1999;
 Temporary Amendment Eff. December 1, 1999;
 Amended Eff. July 1, 2006; January 1, 2006.

15A NCAC 18A .2811 CLEANING AND SANITIZING OF EQUIPMENT AND UTENSILS

History Note: Authority G.S. 110-91;
 Eff. July 1, 1991;
 Repealed Eff. January 1, 2006.

15A NCAC 18A .2812 CLEANING AND SANITIZING EQUIPMENT AND UTENSILS

(a) In child care centers, drainboards or countertop space of adequate size shall be provided for handling of soiled utensils prior to washing and cleaned utensils following sanitizing. For child care centers originally licensed on or after April 15, 1998, drainboards or countertop space shall be no less than eight square feet. A domestic dishwasher may be used to provide the equivalent of four square feet of drainboard space and other designated areas not contiguous with the sink may be utilized to meet drainboard or countertop space requirements. Drainboards or countertop space designated for clean equipment and utensils shall be on the opposite end of the sink from drainboards or countertop space designated for soiled equipment and utensils unless these areas are otherwise separated and protected from cross contamination. Upon change of ownership, or the closing of the operation and the issuance of a new license, or the remodeling of an existing kitchen, a child care center shall also comply with this Paragraph.

(b) Except for fixed equipment and utensils too large to be cleaned in sink compartments, manual washing, rinsing, and sanitizing shall be conducted in the following sequence:

- (1) when necessary, equipment and utensils shall be scraped, flushed, or soaked to remove food particles;
- (2) sinks shall be cleaned and sanitized prior to use;
- (3) equipment and utensils shall be washed in the first compartment with a hot detergent solution that is changed once visibly soiled;
- (4) equipment and utensils shall be rinsed free of detergent and abrasives with clean water in the second compartment; and
- (5) the food-contact surfaces of equipment and utensils shall be sanitized in the third compartment in the following manner:
 - (A) immersion for at least one minute in clean, hot water at a temperature of at least 170° F (77° C) in dish baskets of such size and design to permit complete immersion of the tableware, kitchenware and equipment in the hot water;
 - (B) immersion for at least two minutes in a clean solution containing 50 to 200 parts per million (ppm) of chlorine at a temperature of at least 75° F (24° C);
 - (C) immersion for at least two minutes in a clean solution containing at least 12.5 ppm of iodine and having a pH not higher than 5.0 and at a temperature of at least 75° F (24° C);

- (D) immersion for at least two minutes in a clean solution containing 200 to 400 ppm of quaternary ammonium products and having a temperature of at least 75° F (24° C), provided that the product is labeled to show that it is effective in water having a hardness value at least equal to that of the water being used; or
- (E) other sanitizing products, procedures, or equipment as effective as those above may be used if these products are nontoxic to children, used according to the manufacturer's instructions and approved by the Department.
- (c) For mechanical cleaning and sanitizing, food-contact surfaces of equipment and utensils shall be sanitized according to the manufacturer's instructions. When a domestic dishwashing machine with a sanitizing cycle is used according to manufacturer's instructions, additional sanitizing is not required. When commercial dishwashing equipment is used, a temperature indicating device, accurate to 2° F (1° C), shall be provided.
- (d) For utensils and equipment which are either too large or impractical to sanitize in a dishwashing machine or dishwashing sink, a spray-on or wipe-on sanitizer of sufficient chemical strength as indicated in Paragraph (b) of this Rule shall be used. Spray-on or wipe-on sanitizers shall be prepared daily and kept on hand for bactericidal treatment.
- (e) Multi-service articles, including highchair feeding trays, shall be washed, rinsed and sanitized after each use.
- (f) Nonfood-contact surfaces shall be cleaned to keep equipment free of accumulation of dust, dirt, food particles and other debris.
- (g) A testing method or equipment, used in accordance with the product manufacturer's instructions, shall be made available, convenient, and regularly used to test the strengths of these chemical sanitizing solutions to ensure the prescribed concentrations are met.
- (h) After sanitizing, all equipment and utensils shall be air dried.

History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. February 1, 1995; July 1, 1993;
Temporary Amendment Eff. December 1, 1999; April 15, 1998;
Amended Eff. July 1, 2006; January 1, 2006; April 1, 2001.

15A NCAC 18A .2813 MECHANICAL CLEANING AND SANITIZING

History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. February 1, 1995;
Temporary Amendment Eff. April 15, 1998;
Amended Eff. April 1, 1991;
Repealed Eff. January 1, 2006.

15A NCAC 18A .2814 FOOD SERVICE EQUIPMENT AND UTENSIL STORAGE

- (a) In child care centers, cleaned and sanitized equipment and utensils, including single-service articles, shall be handled in a way that protects the food-contact surfaces from contamination. Spoons, knives, and forks shall be handled with the least amount of contact necessary. Cups, glasses, bowls, plates, and similar items shall be handled without contact with inside surfaces or surfaces that contact the user's mouth.
- (b) Cleaned and sanitized utensils and equipment shall be stored above the floor in a clean, dry location in a way that protects them from dust, insects, drip, splash and other contamination and facilitates floor cleaning. The food-contact surfaces of fixed equipment shall also be protected from contamination. Equipment and utensils shall not be placed under exposed sewer lines.

History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. January 1, 2006; February 1, 1995.

15A NCAC 18A .2815 WATER SUPPLY

(a) In child care centers, the water supply shall meet the requirements of 15A NCAC 18A .1700 Protection of Water Supplies. In addition, any center using a groundwater supply that serves 25 or more people shall provide documentation from the Public Water Supply Section that the well meets the requirements of 15A NCAC 18C. A water sample shall be collected by the Department and submitted to a state certified laboratory for bacteriological analysis annually if the child care center is not served by a community water supply. Other tests of water quality, as indicated by possible sources of contamination, may be collected by the Department.

(b) Water under pressure shall be provided to meet the needs of cooking, cleaning, drinking, toilets, and outside uses in accordance with the North Carolina Plumbing Code.

(c) No cross-connections with an unapproved water supply shall exist. If the potential for backsiphonage or backflow conditions exist, an approved atmospheric vacuum breaker or backflow prevention device shall be installed in accordance with the North Carolina Plumbing Code.

(d) Water heating equipment shall be provided to meet the maximum hot water requirements of the child care center. The capacity and recovery rates of water heating equipment shall be based on number and size of sinks, capacity of dishwashing machines, capacity of laundering machines, diaper changing facilities, and other food service and cleaning needs for child care centers not located in a residence. Child care centers licensed for fewer than 13 children and located in a residence may use an existing water heater, or the equivalent replacement, if all required temperatures are maintained. Hot and cold water under pressure shall be provided in all rooms where food is prepared, rooms in which utensils or equipment are washed, and other areas where water is required for cleaning and sanitizing, including diaper changing areas.

(e) Hot water used for cleaning and sanitizing food utensils and laundry shall be provided at a minimum temperature of 120°F (49°C) at the point of use. Water in areas accessible to children shall be tempered between 80°F (27°C) and 110°F (43°C). For handwash lavatories used exclusively by school-age children, the 80°F (27°C) minimum temperature requirement shall not apply. Hot water in an area accessible to any child, which is in excess of 120°F (49°C), shall be considered a burn hazard. Child care centers serving only school-age children are not required to provide hot water in areas accessible to children. In the event of the loss of hot water, the person in charge shall immediately contact the local health department.

(f) Drinking fountains, if provided, shall comply with the North Carolina Plumbing Code, be separate from handwash lavatories, and kept clean. The pressure shall be regulated so that an individual's mouth does not come in contact with the nozzle and so that water does not splash on the floor. Other approved dispensing devices may be used and shall be kept clean.

(g) Outdoor drinking fountains shall be constructed to protect the spout from contamination and shall be kept clean.

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. February 1, 1995;
Temporary Amendment Eff. April 15, 1998;
Amended Eff. April 1, 1999;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. July 1, 2006; January 1, 2006; April 1, 2001.*

15A NCAC 18A .2816 LEAD POISONING HAZARDS

In child care centers, areas accessible to children shall be free of identified lead poisoning hazards as defined under G.S. 130A-131.7(7).

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. January 1, 2006; February 1, 1995.*

15A NCAC 18A .2817 TOILETS

(a) In child care centers, toilet tissue shall be provided in each toilet room and stored in a clean, dry place. The toilet room shall include or be adjacent to a handwash lavatory. Storage in toilet rooms shall be

limited to toileting and diapering supplies. All toilet fixtures shall be easily cleanable, and in good repair. Toilet fixtures shall be child-sized, adapted adult toilets or potty chairs.

(b) Toilet fixtures shall be cleaned and disinfected at least daily and when visibly soiled. A disinfecting solution as set out in 15A NCAC 18A .2801(7) shall be used for this purpose. A testing method shall be made available to ensure compliance with the prescribed bleach solution concentration. To achieve the maximum germ reduction with bleach, the cleaned surfaces shall be left glistening wet with the bleach solution and allowed to air dry or be dried only after a minimum contact time of at least two minutes. Products registered with the U.S. Environmental Protection Agency as hospital grade germicides or disinfectants or as disinfectants for safe use in schools, child care centers, institutions or restaurants are also approved disinfectants, provided the manufacturer's Material Safety Data Sheets are kept on file at the child care center and the instructions for use are followed.

(c) If potty chairs are used, they shall be located and stored in a toilet room equipped with a spray-rinse toilet or utility sink. Potty chairs shall be emptied, rinsed, cleaned and disinfected after each use with a disinfecting solution as described in Paragraph (b) of this Rule.

(d) When cloth diapers are used and emptied, the diaper changing area shall be located next to a toilet room.

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. July 1, 2006; January 1, 2006; April 1, 1999; February 1, 1995.*

15A NCAC 18A .2818 LAVATORIES

(a) In child care centers, lavatories shall be easily cleanable, in good repair, and kept free of storage. Lavatories shall be mounted at an appropriate height to accommodate the children, or otherwise made accessible. Any lavatory may be used for handwashing as specified in 15A NCAC 18A .2803, except for flush-rimmed sinks and those with an attached operable drinking fountain.

(b) Lavatories shall be equipped with hot and cold water or tempered water provided through mixing faucets or pre-mixing devices which provide water in the temperature range specified in Rule .2815(e) of this Section.

(c) Lavatories shall be cleaned and disinfected with each change of use, as needed and at least daily. A disinfecting solution as set out in 15A NCAC 18A .2801(7) shall be used for this purpose. A testing method shall be made available to ensure compliance with the prescribed bleach solution concentration. To achieve the maximum germ reduction with bleach, the cleaned surfaces shall be left glistening wet with the bleach solution and allowed to air dry or be dried only after a minimum contact time of at least two minutes. Products registered with the U.S. Environmental Protection Agency as hospital grade germicides or disinfectants or as disinfectants for safe use in schools, child care centers, institutions and restaurants are also approved disinfectants, provided the manufacturer's Material Safety Data Sheets are kept on file at the child care center and the instructions for use are followed.

(d) Liquid soap and disposable towels or other hand-drying devices shall be provided at every handwash lavatory area.

(e) Handwash signs shall be posted at every handwash lavatory area.

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. July 1, 2006; January 1, 2006; February 1, 1995.*

15A NCAC 18A .2819 DIAPERING AND DIAPER CHANGING FACILITIES

(a) In child care centers, children in diapers shall be changed at stations designated for diapering or toileting. Each diaper changing station shall include a handwash lavatory. For centers licensed for fewer than 13 children and located in a residence and for diaper changing areas designated for school age children, a handwash lavatory shall be in or next to a diaper changing area.

(b) Diapering surfaces shall be smooth, intact, nonabsorbent, easily cleanable and shall be approved by the Department. Nothing shall be placed on the diapering surface except for those items required for diapering.

(c) A disinfecting solution as set out in 15A NCAC 18A .2801(7) shall be used to disinfect diapering surfaces. A testing method shall be made available to ensure compliance with the prescribed bleach

solution concentration. To achieve the maximum germ reduction with bleach, the cleaned surfaces shall be left glistening wet with the bleach solution and allowed to air dry or be dried only after a minimum contact time of at least two minutes. Products registered with the U.S. Environmental Protection Agency as hospital grade germicides or disinfectants or as disinfectants for safe use in schools, child care centers, institutions or restaurants are also approved disinfectants, provided the manufacturer's Material Safety Data Sheets are kept on file at the child care center and the instructions for use are followed. Cleaning and disinfecting solutions shall be kept in separate and labeled bottles at each diaper changing station. Bleach disinfecting solutions shall be stored in hand pump spray bottles. No cloths or sponges shall be used on diapering surfaces.

(d) Diaper changing procedures shall include:

- (1) gathering supplies before placing child on diapering surface;
- (2) donning disposable gloves (if needed);
- (3) using disposable towelette or moistened paper towel to clean child, wiping front to back;
- (4) disposing of gloves if used, soiled towelettes and diaper in a plastic-lined, covered receptacle;
- (5) wiping hands with disposable towelette or moistened paper towel;
- (6) sliding a clean diaper under the child, applying diapering products (if needed) using facial or toilet tissue, discarding the tissue in a plastic-lined, covered receptacle;
- (7) fastening the diaper and placing clothing on child;
- (8) washing child's hands in accordance with Rule .2803 of this Section, or, if child is unable to support her or his head, cleaning the child's hands with a disposable towelette or moistened paper towel, then drying the child's hands and returning the child to a supervised area;
- (9) spraying entire diapering surface with detergent solution and wipe clean, using disposable paper towels;
- (10) spraying entire diapering surface with approved disinfecting solution and allowing to remain on the surface for two minutes or as specified by the manufacturer, or air dry; and
- (11) washing hands in accordance with Rule .2803 of this Section even if disposable gloves are used by the caregiver.

(e) Vinyl or latex disposable gloves shall be used by caregivers during the diaper changing process if she or he has cuts or sores on her or his hands or has chapped hands.

(f) Caregivers may dispose of feces in diapers in the toilet, but shall not rinse soiled cloth diapers, or training pants or clothes. Soiled cloth diapers, training pants or clothes shall be sent to a diaper service or placed in a tightly closed plastic bag or other equivalent container approved by the Department, stored out of reach of children, and sent daily to the child's home to be laundered.

(g) Receptacles containing soiled disposable diapers shall be emptied in an exterior garbage area at least daily.

(h) Instructions for caregivers on proper methods of diaper changing and handwashing shall be posted in each diaper changing area.

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. February 1, 1995;
Temporary Amendment Eff. April 15, 1998;
Amended Eff. July 1, 2006; January 1, 2006; April 1, 1999.*

15A NCAC 18A .2820 STORAGE

(a) In child care centers, adequate space shall be provided for the storage of equipment, furniture, toys, clothes, linens, backpacks, book bags, diaper bags, beds, cots, mats, and supplies and shall be kept clean. Shelving or other storage areas shall be provided and constructed in a manner to facilitate cleaning. Soiled laundry shall be handled and stored separately from clean laundry using separate cleanable containers.

(b) All corrosive agents, pesticides, bleaches, detergents, cleansers, polishes, any product which is under pressure in an aerosol dispenser, and any substance which may be hazardous to a child if ingested, inhaled, or handled shall be kept in its original container or in another labeled container, used according to the manufacturer's instructions and stored in a locked storage room or cabinet when not in use. Locked storage

rooms and cabinets shall include those which are unlocked with a combination, electronic or magnetic device, key, or equivalent locking device. These unlocking devices shall be kept out of the reach of a child and shall not be stored in the lock. Toxic substances shall be stored below or separate from medications and food. Any product not listed above, which is labeled "keep out of reach of children" without any other warnings, shall be kept inaccessible to children when not in use, but is not required to be kept in locked storage. The product shall be considered inaccessible to children when stored on a shelf or in an unlocked cabinet that is mounted a minimum vertical distance of five feet above the finished floor.

(c) Non-aerosol sanitizing, disinfecting, and detergent solutions, hand sanitizers, and hand lotions shall be kept out of reach of children when not in use, but are not required to be in locked storage. These solutions shall be labeled as sanitizing, disinfecting, or detergent (soapy water) solutions. Hand soap other than that which is in bulk containers is not required to be kept out of reach of children or in locked storage.

(d) Medications including prescription and non-prescription items shall be stored in a locked cabinet or other locked container and shall not be stored above food. Designated emergency medications shall be stored out of reach of children, but are not required to be in locked storage. Non-prescription diaper creams and sunscreen shall be kept out of reach of children when not in use, but are not required to be in locked storage.

(e) Individual cubicles, lockers, or coat hooks shall be provided for storage of coats, hats, or similar items. Coat hooks not in individual cubicles or lockers, shall be spaced at least 12 horizontal inches apart. Combs shall be labeled and stored individually. Toothbrushes shall be individually identified, allowed to air dry and protected from contamination. When a container of toothpaste is used for multiple children, the toothpaste shall be dispensed onto an intermediate surface such as waxed paper.

(f) Employee purses and other personal effects shall be kept out of reach of children.

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. July 1, 2006; January 1, 2006; April 1, 1999; February 1, 1995.*

15A NCAC 18A .2821 BEDS, COTS, MATS, AND LINENS

(a) In child care centers, all beds, cribs, cots, and mats shall be in good repair, stored to prevent contamination, cleaned and sanitized between users.

(b) Cribs and play pens used for sleeping shall be easily cleanable, and equipped with a firm, tight-fitting mattress made of waterproof, washable material at least two inches thick.

(c) All beds, cots or mats shall be assigned and labeled for each individual child, and equipped with individual linens.

(d) Mats shall be of a waterproof, washable material at least two inches thick and shall be stored so that the floor side does not touch the sleeping side or by an equivalent method approved by the Department.

(e) When in use, cribs, cots, mats and playpens shall be placed at least 18 inches apart or separated by partitions which prevent physical contact.

(f) Linens shall be kept clean, in good repair, and stored with the individual mattress or cots stored individually for each child in a designated area. Linen shall be laundered between users, when soiled, and at least once per week. Linen used in rooms where children in care are less than 12 months old shall be changed and laundered when soiled and at least daily. Linens shall be large enough to cover the sleeping surface.

(g) Wash cloths, bibs, and burping cloths shall not be used more than once until laundered and shall be laundered when soiled and at least daily.

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. July 1, 2006; January 1, 2006; February 1, 1995.*

15A NCAC 18A .2822 TOYS, EQUIPMENT AND FURNITURE

(a) Toys, equipment and furniture provided by a child care center shall be kept clean and in good repair. In rooms designated for children who are not toilet trained, toys and other mouth-contact surfaces shall be cleaned and then sanitized at least daily when used and more frequently if visibly dirty, by the following methods:

- (1) scrubbed in warm, soapy water using a brush to reach into crevices;
- (2) rinsed in clean water;
- (3) submerged in a sanitizing solution as set out in 15A NCAC 18A .2801(22) for at least two minutes or sanitized with another approved sanitizing solution; and
- (4) air dried.

A testing method or kit shall be available to ensure compliance with the prescribed concentration. To achieve the maximum germ reduction with bleach, the cleaned surfaces shall be left glistening wet with the bleach solution and allowed to air dry or be dried only after a minimum contact time of at least two minutes. Other sanitizing solutions that have been determined to be at least as effective as the chlorine bleach solution are acceptable as long as these products are nontoxic to children, used according to the manufacturer's instructions and approved by the Department. Toys, items and surfaces not designed to be submerged shall be washed and rinsed in place, sprayed with a sanitizing solution and allowed to air dry. Hard plastic toys may be washed and rinsed in a dishwasher and cloth toys may be laundered and mechanically dried without requiring sanitizing.

(b) Toys, furniture, cribs, or other items accessible to children, shall be free of peeling, flaking, or chalking paint.

(c) Water play centers shall be filled just prior to each water play session. Water shall be emptied after each session or more often if visibly soiled. The water play centers including toys, shall be cleaned and sanitized at least daily or more often if visibly soiled. Water play is prohibited during the outbreak and investigation of communicable diseases at the site. Wading pools are not considered water play centers and are regulated under 15A NCAC 18A .2500.

History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. February 1, 1995; July 23, 1992;
Temporary Amendment Eff. April 15, 1998;
Amended Eff. January 1, 2006; April 1, 1999.

15A NCAC 18A .2823 PERSONNEL

(a) In child care centers, employees and their clothing shall be clean. Employees shall keep their fingernails clean.

(b) Tobacco use in any form is prohibited in any part of a child care center except in a designated area either outdoors, separate from the outdoor learning environment, or indoors in a room with a separate ventilation system approved by the building inspector.

(c) Volunteer personnel shall adhere to the same requirements as employees, as specified in the rules of this Section.

History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. February 1, 1995;
Temporary Amendment Eff. April 15, 1998;
Amended Eff. January 1, 2006; April 1, 1999.

15A NCAC 18A .2824 FLOORS

(a) In child care centers, floors and floor coverings of all food preparation, food storage, utensil-washing areas, toilet rooms, and laundry areas shall be constructed of nonabsorbent, easily cleanable material.

(b) Floors and floor coverings of all sleeping and play areas shall be constructed of easily cleanable materials.

(c) Carpeting used as a floor covering shall be of closely woven construction, properly installed, and easily cleanable. Carpeted floors shall be vacuumed daily when children are not present in the room, except to clean up spills. Instead of waiting for children to leave the room, a High Efficiency Particulate Air (HEPA) filter vacuum cleaner may be used. If used for this purpose, a HEPA vacuum cleaner shall include a HEPA filter individually tested and rated as 99.97% efficient at 0.3 micron dust particle size and sealed to prevent leakage around connecting points. Vacuum bags shall be changed and vacuums shall be emptied when children are not present in the room. The vacuum cleaner shall be in good repair. Wall to wall carpets

shall be cleaned using extraction methods at least once each six months. Cleaning materials including surfactants, solvents and water shall be removed from the carpet before the space is reoccupied. When hot water extraction is used, carpet shall be completely dry within 12 hours of cleaning.

- (d) Floors in areas accessible to children, shall be free of peeling, flaking or otherwise deteriorating paint.
- (e) All floors and floor coverings shall be kept clean and maintained in good repair.

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. January 1, 2006; April 1, 1999; February 1, 1995; July 23, 1992.*

15A NCAC 18A .2825 WALLS AND CEILINGS

- (a) In child care centers, the walls and ceilings, including doors and windows, of all rooms and areas shall be kept clean, free of visible fungal growth, and in good repair. All walls and ceilings shall be easily cleanable and free of peeling, flaking, chalking, or otherwise deteriorating paint.
- (b) Walls and ceilings in rooms in which food is stored, handled or prepared, utensil-washing rooms, and toilet rooms shall be non absorbent. Acoustic and other ceiling material may be used where ventilation precludes the possibility of grease and moisture absorption. For child care centers licensed for fewer than 13 children and located in a residence, ceilings of residential construction are acceptable if kept clean and in good repair.

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. April 1, 1999; July 23, 1992;
Temporary Amendment Eff. December 1, 1999;
Amended Eff. January 1, 2006; April 1, 2001.*

15A NCAC 18A .2826 LIGHTING AND THERMAL ENVIRONMENT

- (a) In child care centers, all rooms and enclosed areas shall be lighted by natural or artificial means. Lighting shall be capable of illumination to at least 50 foot-candles at work surfaces in kitchens and diaper changing areas and at children's work tables, desks and easels. Lighting shall be capable of illumination to at least 10 foot-candles of light, at 30 inches above the floor, in all other areas, including storage rooms. Light fixtures in all areas shall be kept clean and in good repair. Shielded or shatterproof bulbs shall be used in food preparation, storage, and serving areas and in all rooms used by children.
- (b) All rooms used by children shall be heated, cooled, and ventilated to maintain a temperature between 65°F (19°C) and 85°F (30°C). Ventilation may be in the form of operable windows which are screened or by means of mechanical ventilation to the outside. Windows and window treatments shall be kept clean and in good repair. All ventilation equipment, including air supply diffusers (heating and cooling vents) and return grilles, fans, and all other ventilation equipment shall be kept clean and in good repair.
- (c) Nothing in the rules of this Section requires that outdoor storage buildings be wired with electricity or provided with heating and air conditioning.

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. January 1, 2006; February 1, 1995.*

15A NCAC 18A .2827 COMMUNICABLE DISEASES AND CONDITIONS

- (a) In child care centers, children who become ill to the extent that they can no longer participate in routine group activities shall be separated from the other children until the child leaves the center.
- (b) Each child care center shall include a designated area for a child who becomes ill to the extent that she or he can no longer participate in the routine group activities. When in use, such area shall be equipped with a bed, cot or mat and a vomitus receptacle. Thermometers and all materials used in the designated area including mouthable toys shall be cleaned and sanitized after each use. Linens and disposables shall be changed after each use.

(c) If the area is not a separate room, it shall be separated from space used by other children by a partition, screen or other means. The designated area shall be located so that health and sanitation measures can be carried out without interrupting activities of other children and staff.

(d) Employees with a communicable disease or a communicable condition shall be excluded from situations in which transmission can be expected to occur, in accordance with Communicable Disease Control Measures under 10A NCAC 41A .0200. Any employee with boils, sores, burns, infected wounds or other potentially draining lesions on exposed skin shall bandage the affected area to eliminate exposure to drainage. If such bandaging obstructs handwashing or if the exposure to drainage cannot be eliminated, then the employee shall be excluded from food preparation and caregiving while the condition exists.

History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. February 1, 1995;
Temporary Amendment Eff. April 15, 1998;
Amended Eff. January 1, 2006; April 1, 1999.

15A NCAC 18A .2828 HANDWASHING

History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. April 1, 1999; February 1, 1995;
Repealed Eff. January 1, 2006. (See Rule .2803).

15A NCAC 18A .2829 WASTEWATER

In child care centers, all wastewater shall be disposed of in a publicly-owned wastewater treatment system or by an approved properly operating on-site wastewater system under 15A NCAC 18A .1900. Sepsis systems shall be sized to accommodate anticipated children and staff for all shifts.

History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. January 1, 2006; April 1, 1999; February 1, 1995.

15A NCAC 18A .2830 SOLID WASTES

(a) In child care centers, food scraps and other putrescible materials shall be placed in a plastic-lined, cleanable, covered container and removed to an exterior garbage area at least daily. Scrap paper, cardboard boxes and similar items shall be stored in containers or designated areas.

(b) Garbage containers, mops and other cleaning equipment shall be kept clean. Facilities shall be provided for the washing and storage of garbage containers and mops for child care centers, except for centers licensed for fewer than 13 children and located in a residence. Cleaning facilities shall include a faucet with a threaded nozzle and water of at least 80°F (27°C) in either a designated utility sink or above a curbed impervious pad sloped to drain into a publicly-owned wastewater treatment system or by an approved properly operating on-site wastewater system in accordance with 15A NCAC 18A .1900. Cleaning facilities approved prior to July 1, 1991 shall be approved if in good repair.

(c) Dumpsters and other containerized systems shall be kept clean and covered. Facilities shall be provided for cleaning either on-site, or off-site through a contractual agreement.

(d) Solid wastes shall be disposed of to prevent insect breeding and public health nuisances.

History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. February 1, 1995;
Temporary Amendment Eff. April 15, 1998;
Amended Eff. January 1, 2006; April 1, 1999.

15A NCAC 18A .2831 ANIMAL AND VERMIN CONTROL

(a) Unrestrained animals, except those used in supervised activities or pet therapy programs, shall not be allowed in a child care center, including the outdoor learning environment. When animals are on the premises, copies of vaccination records required by North Carolina law and local ordinances shall be available for review. Any animals kept as pets shall be examined by a veterinarian to determine that they are free from vermin, such as mites, lice, fleas, and ticks, and pathogens that could adversely affect human health. Turtles, iguanas, frogs, salamanders, and other reptiles or amphibians are not allowed to be kept as pets on the premises. Animals shall not be allowed in or kept at the entrances to food preparation areas. Animal cages shall be kept clean and waste materials shall be bagged, sealed, and immediately disposed of in the exterior garbage area in a covered container. Animals belonging to child care owners, employees, volunteers, visitors, and children shall not be allowed in child care centers or on the premises unless the above requirements are met.

(b) Effective measures shall be taken to keep uncontained insects, rodents, and other vermin out of the child care centers and to prevent their breeding or presence on the premises. Traps shall only be placed in areas inaccessible to children.

(c) All openings to the outer air shall be protected against the entrance of flying insects. In food preparation areas, only fly traps, pyrethrin-based insecticides or a fly swatter shall be used for extermination of flying insects. Products shall be used only in accordance with directions and cautions appearing on their labels. Insecticides shall not come in contact with raw or cooked food, utensils, or equipment used in food preparation and serving, or with any other food-contact surface.

(d) Only those pesticides which have been registered with the U.S. Environmental Protection Agency and the North Carolina Department of Agriculture and Consumer Services shall be used. Pesticides shall be used in accordance with the directions on the label and shall be stored in a locked storage room or cabinet separate from foods and medications. Pesticides shall not be applied or used when children are present in the area.

(e) Decks, fences, playground equipment, and other products constructed or installed after September 1, 2006 shall not be made from chromated copper arsenate (CCA) pressure-treated wood unless the use of CCA-treated wood is for an approved use listed on the CCA product label and allowed under the US EPA Supplemental Guidance on Interpretation of Revised Chromated Copper Arsenate (CCA) Wood Preservative Label, as amended.

(f) In areas accessible to children, CCA-treated wood decks, playground and recreational equipment, and structures installed or constructed:

- (1) prior to January 1, 2005; or
- (2) where EPA allows the use of CCA-treated wood,

shall be sealed using an oil-based, semi-transparent sealant; oil-based clear stain; or a water-based clear stain applied at least once every two years.

(g) At the time of the initial sealant or stain application and whenever more than two years has passed since the previous sealant application, soil under such wood shall be:

- (1) removed and replaced with similar material;
- (2) covered with at least four inches of soil, gravel, sand, sod, or other vegetation; or
- (3) otherwise made inaccessible.

(h) Any composting areas shall be covered and maintained to prevent attracting rodents or vermin. Worm bins shall be kept covered.

(i) Grass, fruit and vegetable gardens, vines on fences, and other vegetation shall be maintained in a manner which does not encourage the harborage of vermin.

(j) Pets kept outdoors shall be in a designated area that is maintained and separate from the outdoor area used by the children.

History Note: Authority G.S. 110-91;

Eff. July 1, 1991;

Temporary Amendment Eff. April 15, 1998;

Amended Eff. August 2, 2007; January 1, 2006; April 1, 1999.

15A NCAC 18A .2832 OUTDOOR LEARNING ENVIRONMENT AND PREMISES

(a) At child care centers, the premises, including the outdoor learning environment, shall be kept clean, drained to minimize standing water, free of litter and hazardous materials, and maintained in a manner which does not encourage the harborage of vermin. All debris, glass, dilapidated structures and broken play equipment shall be removed. Wells, grease traps, cisterns and utility equipment shall be made inaccessible to children.

(b) Sand trays, water tables and other items that can collect standing water in the outdoor learning environment shall be emptied and stored to prevent standing water.

(c) For outdoor play equipment, including all structures accessible to children, the following shall apply:

- (1) Equipment shall be kept in good repair, free of peeling, flaking, or chalking paint and free of rust and corrosion;
- (2) The sandbox used in outdoor play shall be constructed to allow for drainage and shall be covered when not in use and kept clean.

(d) If a daily air quality forecast is made by the Division of Air Quality or the regional air quality agency for the county where a center is located, outdoor activity for children shall be restricted as follows. On days with a code orange (unhealthy for sensitive groups) forecast, children shall not be outside participating in physical activity between noon and 8:00 p.m. for more than one hour. On days with a code red (unhealthy) forecast, children shall not be outside participating in physical activity between noon and 8:00 p.m. for more than 15 minutes. On days with a code purple (very unhealthy) forecast, children shall not be outside participating in physical activity between noon and 8:00 p.m. Provisions shall be made to allow children with diagnosed asthma or with coughing or wheezing symptoms to participate in physical activity indoors on days with a code orange, red or purple air quality forecast.

(e) When food service is provided in the outdoor learning environment, food shall be protected, stored, prepared and served in accordance with 15A NCAC 18A .2806, .2807 and .2808. Employees and children shall wash hands in accordance with 15A NCAC 18A .2803 and food service tables shall be cleaned or covered prior to use.

(f) When diapering and toileting facilities are provided in the outdoor learning environment, they shall be maintained in accordance with 15A NCAC 18A .2817 and .2819 and employees and children shall wash hands in accordance with 15A NCAC 18A .2803.

(g) Storage provided outdoors for children's toys shall be kept clean. Storage areas that are accessible to children shall be kept free of hazardous equipment and substances in accordance with 15A NCAC 18A .2820. Storage areas shall meet requirements for lighting in accordance with 15A NCAC 18A .2826 by means of opening doors, windows, sky lights, battery operated light, flashlight or electric lighting. Spare batteries shall be available for battery operated light fixtures and flashlights.

(h) Outdoor water activity centers shall be maintained in accordance with 15A NCAC 18A .2822. Flow through water play systems shall be designed to minimize standing water. Employees and children shall wash hands in accordance with 15A NCAC 18A .2803 before and after water play.

(i) Central vacuums that exhaust to the outdoors away from children may be used in lieu of HEPA vacuum cleaners to meet the daily vacuuming requirements in Rule .2824(c).

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. July 1, 2006; January 1, 2006; April 1, 1999; July 23, 1992.*

15A NCAC 18A .2833 SWIMMING AND WADING POOLS

(a) At child care centers, swimming and wading pools shall be designed, constructed, operated and maintained in accordance with the Rules Governing Public Swimming Pools, 15A NCAC 18A .2500. Copies of these Rules may be obtained from DENR, Division of Environmental Health, Environmental Health Services Section.

(b) Portable wading pools, natural bodies of water, and other unfiltered, non-disinfected containments of water shall not be utilized for recreation activities.

*History Note: Authority G.S. 110-91;
Eff. July 1, 1991;*

*Amended Eff. February 1, 1995; January 1, 1992;
Temporary Amendment Eff. April 15, 1998;
Amended Eff. January 1, 2006; April 1, 1999.*

15A NCAC 18A .2834 COMPLIANCE, INSPECTIONS AND REPORTS

(a) When requested by a child care operator or the Division of Child Development, a sanitation inspection shall be conducted by the local health department within 30 days.

(b) Unannounced inspections of child care centers shall be made by the Department at least once each six-month period. The evaluation shall be completed on the Sanitation Standards Evaluation Form for Child Care Centers provided by the Department. Other versions of the form, including electronic, are allowed but shall be duplicates of the Sanitation Standards Evaluation Form for Child Care Centers. An original and two copies of the form shall be completed by the Department. The original shall be submitted to the Division of Child Development. The child care center operator and the Department shall each retain a copy.

(c) The Department shall inspect each child care program that has been designated as a child care center by the Division of Child Development. Demerits shall be assigned for each occurrence of violations within these requirements:

- (1) violation of Rules .2803 or .2836 of this Section related to handwashing when required shall be assessed five demerits;
- (2) violation of Rule .2803 of this Section related to proper handwashing procedures shall be assessed five demerits;
- (3) violation of Rule .2804 of this Section related to food from approved sources, no spoilage, or adulteration shall be assessed six demerits;
- (4) violation of Rules .2804, .2806, or .2807 of this Section related to potentially hazardous food meeting storage and holding temperatures; and refrigeration of bottles and lunches at 45° F or below shall be assessed six demerits;
- (5) violation of Rules .2806, .2807, .2808, or .2836 of this Section related to food properly stored, thawed, prepared, cooked, cooled, handled, served, transported, packaged, and identified, and only supervised children in the kitchen shall be assessed five demerits;
- (6) violation of Rule .2808 of this Section related to food not re-served shall be assessed three demerits;
- (7) violation of Rule .2807 of this Section related to food thermometers provided and accurate shall be assessed two demerits;
- (8) violation of Rules .2809 or .2810 of this Section related to food service equipment and utensils meeting specifications for refrigeration, sinks, lavatories and dishwashing equipment shall be assessed six demerits;
- (9) violation of Rules .2809 or .2810 of this Section related to food service equipment and utensils meeting specifications for other equipment and utensils, approved material and construction shall be assessed four demerits;
- (10) violation of Rules .2809 or .2812 of this Section related to food contact surfaces properly washed, rinsed, sanitized and air dried; and single-service articles not re-used shall be assessed five demerits;
- (11) violation of Rule .2812 of this Section related to sanitizer provided and test kit available shall be assessed two demerits;
- (12) violation of Rule .2812 of this Section related to equipment and non-food contact surfaces clean and in good repair shall be assessed four demerits;
- (13) violation of Rule .2814 of this Section related to proper storage and handling of clean equipment, utensils, and single-service articles shall be assessed three demerits;
- (14) violation of Rule .2815 of this Section related to water supply and drinking water facilities meets 15A NCAC 18A .1700 or 15A NCAC 18C, whichever is applicable, and documentation provided shall be assessed six demerits;
- (15) violation of Rule .2815 of this Section related to hot water supplied and maintained in the kitchen shall be assessed six demerits;
- (16) violation of Rule .2815 of this Section related to hot water supplied and tempered water maintained as required in all other areas shall be assessed four demerits;

- (17) violation of Rule .2815 of this Section related to hot water in excess of 120° F not allowed in areas accessible to children shall be assessed six demerits;
- (18) violation of Rule .2815 of this Section related to backflow prevention provided, no cross connections shall be assessed three demerits;
- (19) violation of Rules .2815 or .2836 of this Section related to drinking fountains of approved type, pressure regulated, clean shall be assessed two demerits;
- (20) violation of Rule .2816 of this Section related to identified lead poisoning hazards as defined under NC G.S. 130A-131.7(7) shall be assessed six demerits;
- (21) violation of Rules .2817, .2818 or .2836 of this Section related to toilet and lavatory facilities properly sized, located and accessible, and in good repair; sinks, toilets and potty chairs cleaned and disinfected shall be assessed four demerits;
- (22) violation of Rules .2817 or .2818 of this Section related to soap, approved hand drying devices, and toilet tissue available shall be assessed three demerits;
- (23) violation of Rules .2817 or .2818 of this Section related to approved storage in toilet rooms, lavatories free of storage; and handwash signs posted shall be assessed two demerits;
- (24) violation of Rules .2817, .2819 or .2836 of this Section related to approved diaper changing facilities shall be assessed six demerits;
- (25) violation of Rule .2819 of this Section related to diapering surfaces cleaned and disinfected after each use shall be assessed six demerits;
- (26) violation of Rule .2819 of this Section related to cleaning and disinfecting solutions provided and test kit available when required shall be assessed two demerits;
- (27) violation of Rules .2818, .2819 or .2820 of this Section related to diaper changing facilities free of storage and in good repair; cleaning and disinfecting solutions labeled; approved diapering methods used; and diaper changing and handwash signs posted shall be assessed four demerits;
- (28) violation of Rule .2820 of this Section related to medications properly stored shall be assessed six demerits;
- (29) violation of Rule .2820 of this Section related to hazardous products properly stored and locked shall be assessed six demerits;
- (30) violation of Rule .2820 of this Section related to non-hazardous products properly stored shall be assessed three demerits;
- (31) violation of Rule .2820 of this Section related to facilities provided for proper storage, used and kept clean shall be assessed two demerits;
- (32) violation of Rules .2821 or .2836 of this Section related to individual linen provided; adequate beds, cots, or mats provided, in good repair, properly stored, labeled, and spaced during use shall be assessed three demerits;
- (33) violation of Rule .2821 of this Section related to linen, bedding, wash cloths, bibs and burping cloths laundered and in good repair shall be assessed three demerits;
- (34) violation of Rules .2822 or .2836 of this Section related to toys, equipment and furniture clean and in good repair; water play centers cleaned, sanitized and maintained shall be assessed four demerits;
- (35) violation of Rules .2822 or .2836 of this Section related to mouth-contact surfaces cleaned and sanitized in rooms where children who are not toilet trained are cared for shall be assessed four demerits;
- (36) violation of Rules .2808 or .2823 of this Section related to personnel using approved hygienic practices, clean clothes and hair restraints where required, and evidence of tobacco use in the outdoor learning environment or in any part of a child care center without a separate ventilation system shall be assessed two demerits;
- (37) violation of Rules .2824, .2825 or .2836 of this Section related to floors, walls and ceilings easily cleanable, in good repair, clean, carpets vacuumed and extraction cleaned as required shall be assessed four demerits;
- (38) violation of Rule .2826 of this Section related to the lighting and thermal environment and room temperature between 65°F and 85°F shall be assessed three demerits;

- (39) violation of Rule .2826 of this Section related to equipment clean and in good repair and maintained as required shall be assessed two demerits;
- (40) violation of Rule .2827 of this Section related to persons with a communicable disease or a condition excluded in accordance with 15A NCAC 19A .0200 shall be assessed six demerits;
- (41) violation of Rules .2827 or .2836 of this Section related to persons caring for sick or mildly ill children excluded from situations in which transmission of communicable disease can be expected to occur shall be assessed four demerits;
- (42) violation of Rule .2827 of this Section related to the designated area for sick children maintained as required shall be assessed two demerits;
- (43) violation of Rule .2829 of this Section related to wastewater disposed of by approved methods in accordance with 15A NCAC 18A .1900 shall be assessed six demerits;
- (44) violation of Rules .2830 or .2836 of this Section related to solid waste properly handled; containers and cleaning equipment kept clean, and can cleaning facilities adequate shall be assessed two demerits;
- (45) violation of Rule .2831 of this Section related to approved pesticides properly used and new Chromated Copper Arsenate (CCA) pressure-treated wood shall be assessed six demerits;
- (46) violation of Rule .2831 of this Section related to Chromated Copper Arsenate pressure-treated wood sealed and soil covered or inaccessible as required shall be assessed two demerits;
- (47) violation of Rule .2831 of this Section related to animals in food preparation areas and no unrestrained or prohibited animals except as noted shall be assessed three demerits;
- (48) violation of Rules .2831 or .2832 of this Section related to effective control of rodents, insects and other vermin; premises free of vermin harborage and breeding areas shall be assessed three demerits;
- (49) violation of Rule .2832 of this Section related to premises clean and drained, equipment in good repair, sandboxes properly constructed and clean, and adherence to air quality forecast outdoor activity restrictions shall be assessed two demerits; and
- (50) violation of Rule .2833 of this Section related to swimming and wading pools designed, constructed, operated and maintained in accordance with 15A NCAC 18A .2500 shall be assessed six demerits.

(d) The Department shall indicate on the Child Care Inspection Sanitation Form whether the center is superior, approved, provisional, or disapproved. A Sanitation Classification placard shall be posted in the center in a conspicuous place designated by the Department. The classification of a child care center is based on the center's compliance with the Rules of this Section. A summary classification of disapproved shall be issued and forwarded to the Division of Child Development when the right-of-entry to inspect is denied or when an inspection is discontinued at the request of the operator or administrator unless the decision to discontinue the inspection is mutual. A summary classification of disapproved shall also be issued and forwarded to the Division of Child Development when a water sample is confirmed positive for fecal coliform, total coliform or other chemical constituents in accordance with 15A NCAC 18A .1725.

(e) The child care center's compliance is indicated by the number of demerits on the Child Care Sanitation Inspection Form.

- (1) When an inspection is requested and conducted for the purpose of issuing a license to a new operator, a Child Care Sanitation Inspection Form shall be forwarded to the Division of Child Development only when the child care center can be granted a superior classification. If the center is not yet open and children are not in attendance when the initial inspection is conducted, a Child Care Sanitation Inspection Form shall be completed and forwarded to the Division of Child Development, but the Sanitation Classification placard shall not be posted. Another sanitation inspection shall be conducted when children are in attendance within 30 days of opening and the Sanitation Classification placard shall then be posted. When a temporary license is issued as a result of a change of ownership in a child care center that continues to operate, the operator shall request an inspection from the Department within fourteen days. A sanitation

classification placard shall be posted after each inspection of a center operating under a temporary license.

- (2) A child care center shall be classified as superior if the demerit score does not exceed 15 and no 6-point demerit item is violated.
 - (3) A child care center shall be classified as approved if the demerit score is more than 15 and does not exceed 30, and no 6-point demerit item is violated.
 - (4) A child care center shall be classified as provisional if any 6-point demerit item is violated or if the total demerit score is more than 30 but does not exceed 45. The provisional classification period shall not exceed seven days unless construction or renovation is necessary to correct any violation, in which case the Department may specify a longer provisional classification period.
 - (5) A child care center shall be classified as disapproved if the demerit score is more than 45, or if conditions which resulted in a provisional classification have not been corrected in the time period specified by the Department.
 - (6) If the child care center receives a disapproved classification, the Department shall immediately notify the Division of Child Development by faxing a copy of the inspection form.
 - (7) The Sanitation Classification placard shall not be removed except by or upon the instruction of the Department.
- (f) If the Department determines that conditions found at the child care center at the time of any inspection or visit are dangerous to the health of the children, the Department shall immediately notify the Division of Child Development by verbal contact. The original inspection report or other documentation of the dangerous conditions shall be sent to the Division of Child Development within two working days following the inspection.
- (g) The Department may conduct an inspection of any child care center as frequently as necessary in order to ensure compliance with the Rules in this Section.
- (h) The Department shall use the Child Care Sanitation Inspection Form to document demerits for violations of the rules. A written explanation and corrective action for each violation shall be documented on a comment addendum form.
- (i) In filling out the inspection form, demerits may be assessed only once for a single occurrence or condition existing within or outside the child care center. Demerits shall be assessed based on actual violations of the Rules of this Section observed during the inspection.

History Note: Authority G.S. 110-88; 110-91;
Eff. July 1, 1991;
Amended Eff. February 1, 1995;
Temporary Amendment Eff. April 15, 1998;
Amended Eff. July 1, 2006; January 1, 2006; April 1, 1999.

15A NCAC 18A .2835 APPEALS PROCEDURE

Appeals concerning the enforcement of the Child Care Sanitation Rules in this Section as adopted by the Commission for Health Services shall be governed by Section 110-94 and Chapter 150B of the North Carolina General Statutes.

History Note: Authority G.S. 110-91;
Eff. July 1, 1991;
Amended Eff. January 1, 2006.

15A NCAC 18A .2836 MILDLY ILL CHILDREN

Child care centers that are licensed to offer care to children pursuant to 10A NCAC 09 .2400, shall comply with all rules in this Section except as follows:

- (1) Prior to starting a program for mildly ill children, the child care operator shall request an inspection from the local health department.
- (2) Drinking fountains shall not be used.

- (3) Toilet fixtures, po tty ch airs, u tility sin ks, tu bs and sho wers sh all be clean ed and disinfected after each use.
- (4) Lavatories shall be of a hands-free design or equipped with single-lever faucets.
- (5) Cloth diapers shall not be used.
- (6) Individually labeled m oist towelette contain ers shall be provide d for each c hild i n diapers.
- (7) Caregivers shall wear clean disposable gloves when changing each diaper.
- (8) Moist to welettes sh all not be u sed in lieu o f h andwashing fo r ch ildren who cann ot support their heads.
- (9) A 36-inch separation shall be maintained or partitions shall be placed between beds, cots and mats to minimize contact among children.
- (10) Furniture shall be nonabsorbent.
- (11) Thermometers and m outhable to ys sha ll be cleaned a nd sanitized be tween us es by different children. Soft, cloth material toys may be brought from home if labeled for use by an ind ividual ch ild. If soft to ys are prov ided by the center, they sh all be sanitized between uses by different children.
- (12) Caregivers for mildly ill children shall not prepare food in the kitchen or serve food to well children.
- (13) Family style food service is prohibited.
- (14) Carpeted floors are prohibited. Throw rugs may be used if laundered when contaminated and at least weekly. Floors contaminated by body fluids shall be cleaned and disinfected immediately.
- (15) Caregivers shall wash ha nds in accordance with the proced ures in Rule .2803(c) before leaving the area designated for mildly ill children.
- (16) All waste shall be disposed of in a plastic-lined, covered receptacle.

History Note: Authority G.S. 110-91;
Eff. January 1, 2006.

APPENDIX D

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.



Division for Early Childhood of the
Council for Exceptional Children
27 Fort Missoula Road | Missoula, MT 59804
Phone 406.543.0872 | Fax 406.543.0887
Email dec@dec-spced.org | Web www.dec-spced.org



National Association for the Education of Young Children
1313 L Street NW, Suite 500 | Washington, DC 20005-4101
Phone 202.232.8777 Toll-Free 800.424.2460 | Fax 202.328.1846
Email naeyc@naeyc.org | Web www.naeyc.org

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.

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http://community.fpg.unc.edu/resources/articles/Early_Childhood_Inclusion

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CHILD CARE LAW CENTER

221 PINE STREET | 3RD FLOOR | SAN FRANCISCO, CA 94104 | V 415.394.7144 | F 415.394.7140
WWW.CHILDCARELAW.ORG | INFO@CHILDCARELAW.ORG

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. 	<ul style="list-style-type: none"> family. • 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

Listservs, 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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Louise A. Kaczmarek, PhD, is an associate professor of special education and coordinator of the early intervention and early childhood education programs at the University of Pittsburgh. She was responsible for developing the model Family-Centered Preschool Project as part of the Pittsburgh Public Schools Early Intervention Program.

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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 E

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 evacuations 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 trainer, the participant 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



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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

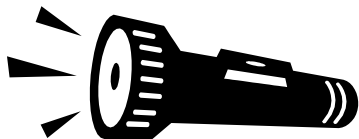
North Carolina child care providers are vulnerable to natural disasters and emergencies of all kinds, ranging from hurricanes, floods, and tornadoes to fires and chemical spills. *Visit <http://www.readync.org/> for comprehensive emergency education, planning, and preparation tools. Also, contact your 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/>

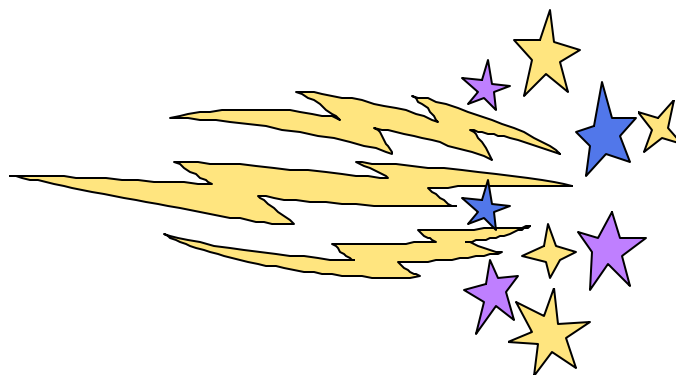
Your child care resource and referral agency-

preparedness/recovery training and other possible assistance.



DIVISION OF CHILD DEVELOPMENT
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

EMERGENCY PLAN TEMPLATE



December 2004

Child Care Facility

Emergency Plan Template

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Assistance in preparation of this emergency plan provided by:

**Wake County Emergency Management Agency
Emergency Preparedness Team**

EMERGENCY EVACUATION PLAN POLICY

- A. It is the responsibility of the Child Care Facility 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 the Child Care Facility 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 a Child Care Facility is the highest priority. The purpose of this directive is to provide procedures to be followed by the staff members of a Child Care Facility 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 causes 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 members 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.

*****NOTE: Never move or touch unidentified or suspicious objects.**

V. BOMB THREATS

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, identify 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 that 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 the 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 their 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. The official Wake County Emergency Action Stations are 94.7 WQDR-FM and 105.1 WDCG-FM.
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 is costly, however, and as such 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 of the Emergency Plan Template

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 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 of the Emergency Plan Template

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 all agents that services are needed.

Appendix C of the Emergency Plan Template

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 keel 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 all agents that 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.

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** and report it.

G. Tornado WATCH

1. Take all precautions included in a Thunderstorm Watch and 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** and 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** and report it.
 3. Turn off all utilities if time permits.
 4. Move all staff members and children to designated location:
-

Appendix D of the Emergency Plan Template

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	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 of the Emergency Plan Template

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 vulnerable 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 of the Emergency Plan Template

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.