

CHILD CARE LICENSING RULE CHANGES FOR 2004

Two state laws were passed in 2003 that impact child care centers and homes. House Bill 152 requires child care facilities that care for infants to place infants on their backs to sleep, to develop policies on safe sleep environments, and for infant caregivers to complete training on safe sleep practices. Senate Bill 226 makes it illegal to give medication to children in child care without proper authorization.

The Child Care Commission adopted changes to the child care licensing rules to implement these laws, along with some other revisions. These changes will become effective May 1, 2004. The major changes are listed below. All rule references are from NCAC 10A 09. Some explanations are shown in *italics*.

Safe Sleep Training, Policies, and Health/Safety Practices

1. New Safe Sleep Training Requirement (Rules .0102, .0705, .1705)

- A definition for ITS-SIDS (Infant/Toddler Safe Sleep and SIDS Risk Reduction) training is added to Rule .0102. *This is the training on safe sleep practices that the Commission proposes to require for infant caregivers. Throughout these rules, "infant" means a child who is 12 months and younger.*
- In centers that are licensed to care for infants, the center director and any provider scheduled to work in the infant room would be required to complete ITS-SIDS training, including volunteers counted in staff/child ratio.
- A family child care home operator who is licensed to care for infants would be required to take ITS-SIDS training.
- Individuals would have four months from when the rules become effective to take the ITS-SIDS training, or four months from hire, whichever is later.
- Individuals who have taken ITS-SIDS training before the rules become effective could count this towards meeting the initial training requirement. ITS-SIDS training may count towards completing annual in-service training hours.
- ITS-SIDS training will be retaken every three years.

2. New Safe Sleep Policies (Rules .0606, .1724)

- A center or home that is licensed to care for infants must develop and adopt a written safe sleep policy that says:
 - All infants will be placed on their backs for sleeping. For infants six months old and younger, a written waiver from a health care provider stating another sleep position is allowed. For infants older than six months, a written waiver from a health care provider or parent is allowed.
 - Infants in family child care homes will be placed to sleep in a crib, bassinet, or play pen with a firm padded mattress. *This is already required in centers.*

- Nothing will be placed over the head or face of the infant when laid down to sleep
- The temperature in the room where infants are sleeping will not exceed 75° F.

The safe sleep policy must also describe:

- Whether pillows, blankets, toys, or other objects will be allowed in infant cribs.
 - How caregivers will visually check sleeping infants, how often the infants will be checked, and how this will be recorded.
 - Any other steps the center or home will take to provide a safe sleep environment.
- The safe sleep policy must be developed and a written copy shared with parents of infants already enrolled within 30 days of the rules becoming effective. Parents who enroll new infants after the rules become effective must receive a copy of the policy before the first day the infant attends the center or home. Whenever the safe sleep policy changes, parents must receive a new written copy of the policy at least 14 days in advance.
 - The safe sleep policy must be posted in a prominent place in the room where the infant sleeps. Any child with a sleep position waiver must have a notice indicating this near the infant's crib, bassinet, or play pen.
 - Information on the center's safe sleep policy must be included in the new employee orientation that is already required. (Rule .0707)
 - Infants must be given the opportunity each day to play while positioned on their stomachs. (Rule .0511 and Rule .1718)

3. Other Proposed Safe Sleep and Health/Safety Requirements

- When a child (any age) is sleeping, bedding or other objects will not be placed in a way that covers the child's face. (Rules .0714, .1718)
- Whenever center staff take children off site, at least one person with CPR and first aid training must go with the children. (Rule .0705) *The rules currently require staff trained in CPR and first aid to be present at the center at all times but do not address situations such as field trips.*
- Smoking, or use of other tobacco products, will not be allowed in family child care homes while children are in care, nor in vehicles while children are being transported. Family child care home operators must keep tobacco products out of children's reach or in locked storage when children are in care. (Rule .1720) *Smoking is already prohibited in child care centers.*

Administering Medications (Rules .0803, .1720)

- Requirements for giving children prescribed pharmaceutical samples are clarified.
- The length of time that a parent's authorization to administer medication will be valid is added.
 - For prescription medication, authorization will be valid for the length of time the medication is prescribed.
 - For over-the-counter medication, authorization will be valid for up to 30 days, except for chronic medical conditions or allergic reactions. In those situations, permission to administer over-the-counter medication is valid for up to six months.
 - For over-the-counter topical non-medical ointments, topical teething ointment or gel, insect repellents, lotions, creams and powders, authorization is valid for up to twelve months.
- A parent's permission to administer medication may be withdrawn by the parent at any time.
- If a parent fails to pick up a child's medication within 72 hours after the course of treatment is completed, or after permission to administer the medication is withdrawn, the provider must discard the medication.
- If medication is administered to a child without a parent's permission, as the law allows in an emergency situation, the caregiver must document that the medication was given. The documentation must include who was given the medication, the amount and type of medication given, the date and time it was given, and who administered the medication.
- Child care providers would be allowed to administer medication to children in emergency situations on the advice of the State Health Director, if parents have given permission for this to occur. The same information listed above would be required for documentation if medication was given in these situations.