

10A NCAC 09 .0804 INFECTIOUS AND CONTAGIOUS DISEASES

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

- (1) 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;
- (2) two or more episodes of vomiting within a 12 hour period;
- (3) a red eye with white or yellow eye discharge, until 24 hours after treatment has started;
- (4) scabies or lice;
- (5) known chicken pox or a rash suggestive of chicken pox;
- (6) tuberculosis, until a health professional states that the child is not infectious;
- (7) strep throat, until 24 hours after treatment has started;
- (8) pertussis, until five days after treatment has started;
- (9) hepatitis A virus infection, until one week after onset of illness or jaundice;
- (10) impetigo, until 24 hours after treatment has started; or
- (11) a physician's or other health professional's written order that the child be separated from other children.

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

- (1) follow all procedures to prevent the spread of communicable diseases described in 15A NCAC 18A .2800, "Sanitation of Child Care Centers", as adopted by the Commission for Public Health;
- (2) separate from the other children any child who becomes ill while in care or who is suspected of having a communicable disease or condition other than as described in Paragraph (a) of this Rule until the child leaves the center;
- (3) notify all parents at enrollment that the center will be providing care for mildly ill children;
- (4) notify the parent of any child who becomes ill or who is suspected of being ill with a communicable condition other than as described in Paragraph (a) of this Rule that the child is ill and shall leave the center;
- (5) notify the parent of any sick child in care if the child's condition worsens while the child is in care.

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

10A NCAC 09 .1003 SAFE PROCEDURES

- (a) The driver or other adult in the vehicle shall assure that all children are transferred to a responsible person who is indicated on the child's application as specified in Rule .0801(a)(4) of this Chapter or as authorized by the parent.
- (b) Each center shall establish safe procedures for pick-up and delivery of children. These procedures shall be communicated to parents, and a copy shall be posted in the center where they can be seen by the parents. Centers licensed for three to 12 children located in a residence are not required to post these procedures.
- (c) A first-aid kit shall be located in each vehicle used on a regular basis to transport children. The first-aid kit shall be firmly mounted or secured if kept in the passenger compartment.
- (d) For each child being transported, emergency and identifying information shall be in the vehicle.
- (e) The driver shall:
 - (1) be 21 years old or a licensed bus driver;
 - (2) 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
 - (3) have no convictions of Driving While Impaired (DWI) or any other impaired driving offense within the previous three years.
- (f) Each person in the vehicle shall be seated in the manufacturer's designated areas. No child shall ride in the load carrying area or floor of a vehicle.
- (g) Children shall not be left in a vehicle unattended by an adult.
- (h) Children shall be loaded and unloaded from curbside or in a safe, off-street area, out of the flow of traffic, so that they are protected from all traffic hazards.
- (i) Before children are transported, written permission from a parent shall be obtained that shall include when and where the child is to be transported, expected time of departure and arrival, and the transportation provider.
- (j) Parents may give standing permission, valid for up to 12 months, for routine transport of children to and from the center.
- (k) When children are transported, staff in each vehicle shall have a functioning cellular telephone or other functioning two-way voice communication device with them for use in an emergency. Staff shall not use cellular telephones or other functioning two-way voice communication devices except in the case of an emergency and only when the vehicle is parked in a safe location.
- (l) For routine transport of children to and from the center, staff shall have a list of the children being transported. Staff members shall use this list to check attendance as children board the vehicle and as they depart the vehicle. A list of all children being transported shall also be available at the center.

*History Note: Authority G.S. 110-85; 110-91; 110-91(13); 143B-168.3;
Eff. January 1, 1986;
Amended Eff. December 1, 2014; November 1, 2007; July 1, 1998; October 1, 1991; January 1,
1987.*

10A NCAC 09 .1723 TRANSPORTATION REQUIREMENTS

To assure the safety of children whenever they are transported, the operator, or any other transportation provider, shall:

- (1) have written permission from a parent to transport his or her child and notify the parent when and where the child is to be transported, and who the transportation provider will be;
- (2) ensure that all children regardless of age or location in the vehicle shall be restrained by individual seat belts or child restraint devices. Only one person shall occupy each seat belt or child restraint device;
- (3) be at least 18 years old, and have a valid driver's license of the type required under the North Carolina Motor Vehicle Law for the vehicle being driven, or comparable license from the state in which the driver resides, and no convictions of Driving While Impaired (DWI), or any other impaired driving offense, within the last three years;
- (4) ensure that each child is seated in a manufacturer's designated area;
- (5) ensure that a child shall not occupy the front seat if the vehicle has an operational passenger side airbag;
- (6) never leave children in a vehicle unattended by an adult;
- (7) have emergency and identification information about each child in the vehicle whenever children are being transported; and
- (8) not use a cellular telephone or other functioning two-way voice communication device except in the case of an emergency and only when the vehicle is parked in a safe location.

*History Note: Authority G.S. 110-91; G.S. 110-91(13); 143B-168.3;
Eff. July 1, 1998;
Amended Eff. December 1, 2014; April 1, 2003.*

10A NCAC 09 .2404 INCLUSION/EXCLUSION REQUIREMENTS

(a) Centers may enroll mildly ill children over three months of age who meet the following inclusion criteria:

- (1) Centers may enroll children with Level One symptoms as follows:
 - (A) children who meet the guidelines for attendance in 10A NCAC 09 .0804, except that they are unable to participate fully in routine group activities and are in need of increased rest time or less vigorous activities; or
 - (B) children with fever controlled with medication of 101° or less axillary or 102° or less orally;
- (2) Centers may enroll children with Level Two symptoms as follows:
 - (A) inability to participate in much group activity while requiring extra sleep, clear liquids, light meals, and passive activities such as stories, videos or music, as determined by a health care professional;
 - (B) fever controlled with medication of 103° maximum orally, or 102° maximum axillary, with a health care professional's written screening;
 - (C) vomiting fewer than three times in any eight hour period, without signs of dehydration;
 - (D) diarrhea without signs of dehydration and without blood or mucus in the stool, fewer than five times in any eight hour period; or
 - (E) with written approval from a child's physician and preadmission screening by an on-site health care professional prior to the current day's attendance unless excluded by Subparagraphs (b)(1), (2), (3), (4), (6), or (7) of this Rule.

(b) Any child exhibiting the following symptoms shall be excluded from any care:

- (1) temperature unresponsive to control measures;
- (2) undiagnosed or unidentified rash;
- (3) respiratory distress as evidenced by an increased respiratory rate and unresponsiveness to treatment, flaring nostrils, labored breathing, or intercostal retractions;
- (4) major change in condition requiring further care or evaluation;
- (5) contagious diseases required to be reported to the health department, except as provided in Part (a)(2)(E) of this Rule;
- (6) other conditions as determined by a health care professional or onsite administrator; or
- (7) sluggish mental status.

(c) Once admitted, children shall be assessed and evaluated at least every four hours, or more frequently if warranted based on medication administration or medical treatment, to determine if symptoms continue to meet inclusion criteria.

*History Note: Authority G.S. 110-88(11); 143B-168.3;
Eff. April 1, 2003;
Amended Eff. December 1, 2014.*