

10A NCAC 70I .0604 HEALTH SERVICES

- (a) The residential child-care facility shall ensure that each child shall have a current medical examination. Medical examinations completed by a licensed medical provider (physician, physician's assistant or nurse practitioner, in this Rule, "licensed medical provider") within 12 months prior to the admission of the child to the facility shall be considered current. If a child has not had a medical examination by a licensed medical provider within 12 months prior to admission, the residential child-care facility shall arrange a medical examination for the child within two weeks after admission or sooner if indicated by the child's health condition. The medical examination report shall include a signed statement by a licensed medical provider specifying the child's medical condition and medications prescribed and indicating the presence of any communicable disease which may pose a risk of transmission in the facility. If a child is in the custody of a county department of social services, is already scheduled to have a medical examination completed annually, and is entering a residential child-care facility, the schedule of annual medical examinations is not required to be changed. The facility shall obtain a copy of the most recent medical examination report from the responsible county department of social services.
- (b) A child admitted to a residential child-care facility shall be immunized against diphtheria, tetanus, whooping cough, poliomyelitis, red measles (rubeola), rubella, mumps, and any other disease as required by 10A NCAC 41A .0401, which is hereby incorporated by reference, including subsequent amendments and editions, as age appropriate, prior to admission. The facility shall obtain documentation of immunization.
- (c) A residential child-care facility shall make arrangements with one or more licensed medical providers or medical clinics and dentists for the care of the children.
- (d) Each child shall have a medical examination at least once a year and more often if indicated by the child's health. A child shall not be allowed to participate in activities that pose risks to his or her health based on any previously diagnosed medical conditions. Any illness, disease, or medical condition of a child shall be identified and treated through proper medical care. Children shall have a psychiatric or psychological examination or both when indicated by the needs of the child, and treatment when recommended by the psychiatrist or psychologist.
- (e) Children shall have had a dental examination, by a licensed dentist, within one year prior to admission or arrangements shall be made for an exam within six weeks after admission and annually thereafter. The facility shall document dental services in the child's record.
- (f) The facility shall instruct direct child-care staff on medical care that may be given by them without orders from a licensed medical provider. The facility shall instruct direct child-care staff in the facility's procedures for obtaining medical care beyond home health care and handling medical emergencies.
- (g) The residential child-care facility shall determine which local hospital will admit children from the facility in the event of serious illness or emergency.
- (h) The residential child-care facility shall obtain a mouthpiece, utilize universal precautions, and other precautionary equipment for administering CPR for the children in residence.
- (i) The residential child-care facility shall ensure that first aid kits are available for use in each living unit, recreation area, and in vehicles used to transport children.
- (j) The residential child-care facility shall not engage in any home health care practices that conflict with the control measures for communicable diseases in 10A NCAC 41A .0200, which is hereby incorporated by reference, including subsequent amendments and editions.
- (k) Direct child-care staff shall be able to recognize common symptoms of common illnesses in children and be alert to any infectious condition and take precautions to prevent the spread of the condition.
- (l) Direct child-care staff shall be able to provide home health care. A thermometer shall be kept available for use. When there is risk of transmission, arrangements shall be made for isolation and attendant care of a child with a communicable disease.
- (m) Prescription medications shall be administered only when approved by a licensed medical provider.
- (n) Non-prescription medications shall be administered to a child taking prescription medications only when authorized by the child's licensed medical provider. The residential child-care facility shall allow non-prescription medications to be administered to a child not taking prescription medication, with the authorization of the parents, guardian, legal custodian, or licensed medical provider.
- (o) All prescription and non-prescription medication shall be stored in a locked cabinet, closet, or box not accessible to children.
- (p) Each child shall have a medical record that contains written consent from the legal custodian or parent authorizing routine medical and dental treatment and emergency treatment.
- (q) A residential child-care facility shall have written policies and procedures regarding the administration of medications to children placed in the residential child-care facility. The executive director of a residential child-care facility, or his or her designee, shall discuss and provide these policies and procedures to the parents, guardian, or

legal custodian, and the child (if 12 years of age or older), upon admission. These policies and procedures shall address medication:

- (1) administration;
- (2) dispensing, packaging, labeling, storage and disposal;
- (3) review;
- (4) education and training; and
- (5) documentation, including medication orders, Medication Administration Record (MAR), orders and copies of lab tests, and medication administration errors and adverse drug reactions.

(r) The residential child-care facility shall maintain a Medication Administration Record (MAR) for each child that documents all medications administered. The residential child-care facility shall document medication errors, adverse drug reactions and medication orders in the child's Medication Administration Record (MAR).

(s) Upon discharge of a child, the residential child-care facility shall return prescription medications to the person or agency legally authorized to remove the child from residential child-care. The residential child-care facility shall provide oral or written education to the person or agency legally authorized to remove the child from residential child-care regarding the medications. Expired or discontinued prescription medications shall be disposed of in accordance with Federal Drug Administration guidelines, which are incorporated by reference, including subsequent amendments and editions. These guidelines can be accessed at no cost at: <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>.

*History Note: Authority G.S. 131D-10.5; 143B-153;
Eff. July 1, 1999 (See S.L. 1999, c.237, s. 11.30);
Amended Eff. October 1, 2008;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. April 5, 2016;
Amended Eff. October 1, 2017.*