

10A NCAC 09 .1720 MEDICATION REQUIREMENTS

(a) The family child care home operator may provide care for a mildly sick infant or child older than two months who has a Fahrenheit temperature less than 101 degrees and for infants younger than two months who have a Fahrenheit temperature of less than 100.4 any method including axillary or orally, and who remains capable of participating in routine group activities; so long as the child does not have any of the following:

- (1) more than two stools above the child's normal pattern and diarrhea is not contained by a diaper or when toilet-trained children are having accidents;
- (2) two or more episodes of vomiting within a 12 hour period;
- (3) lice, exclusion shall begin immediately upon identification until completion of first treatment;
- (4) scabies;
- (5) known chicken pox or a rash suggestive of chicken pox;
- (6) tuberculosis, until a health professional provides a written statement that the child is not infectious;
- (7) strep throat, until 12 hours after antibiotic treatment has started and no fever is present;
- (8) pertussis, until five days after appropriate antibiotic treatment;
- (9) hepatitis A virus infection, until one week after onset of illness or jaundice;
- (10) impetigo, exclusion may begin at the end of the program day until treatment has started;
- (11) a physician's or other health professional's written order that the child be separated from other children; or
- (12) exclusion for symptoms not included in this list shall be required if the symptoms prevent the child from participating comfortably in activities as determined by staff members of the program or the symptoms result in a need for care that is greater than the staff members can provide without compromising the health and safety of other children.

(b) The following provisions apply to the administration of medication in family child care homes:

- (1) No prescription or over-the-counter medication and no topical, non-medical ointment, repellent, lotion, cream, fluoridated toothpaste or powder shall be administered to any child:
 - (A) without written authorization from the child's parent;
 - (B) without written instructions from the child's parent, physician or other health professional;
 - (C) in any manner not authorized by the child's parent, physician or other health professional;
 - (D) after its expiration date;
 - (E) for non-medical reasons, such as to induce sleep; or
 - (F) with a known allergy to the medication.
- (2) Prescribed medications:
 - (A) shall be stored in the original containers in which they were dispensed with the pharmacy labels;
 - (B) if pharmaceutical samples, shall be stored in the manufacturer's original packaging, shall be labeled with the child's name, and shall be accompanied by written instructions specifying:
 - (i) the child's name;
 - (ii) the names of the medication;
 - (iii) the amount and frequency of dosage;
 - (iv) the signature of the prescribing physician or other health professional;
 - (v) the date the instructions were signed by the physician or other health professional; and
 - (vi) shall be administered according to the prescription, using amount and frequency of dosage specified on the label; and
 - (C) shall be administered only to the child for whom they were prescribed.
- (3) A parent's written authorization for the administration of a prescription medication described in Subparagraph (b)(2) of this Rule shall be valid for the length of time the medication is prescribed to be taken.
- (4) Over-the-counter medications, such as cough syrup, decongestant, acetaminophen, ibuprofen, topical antibiotic cream for abrasions, or medication for intestinal disorders shall be stored in the manufacturer's original packaging on which the child's name is written or labeled and shall be accompanied by written instructions specifying:
 - (A) the child's name;

- (B) the names of the authorized over-the-counter medication;
 - (C) the amount and frequency of the dosages, which shall not exceed the amount and frequency of the dosages on the manufacturer's label;
 - (D) the signature of the parent, physician or other health professional; and
 - (E) the date the instructions were signed by the parent, physician or other health professional.
- The permission to administer over-the-counter medications is valid for up to 30 days at a time, except as allowed in Subparagraphs (b)(6), (7), (8), and (9) of this Rule. Over-the-counter medications shall not be administered on an "as needed" basis, other than as allowed in Subparagraphs (b)(6), (7), (8), and (9) of this Rule.
- (5) 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.
 - (6) A parent may give a caregiver standing authorization for up to six months to administer prescription or over-the-counter medication to a child, when needed, for chronic medical conditions such as asthma, and for allergic reactions. The authorization shall be in writing and shall contain:
 - (A) the child's name;
 - (B) the subject medical conditions or allergic reactions;
 - (C) the names of the authorized over-the-counter medications;
 - (D) the criteria for the administration of the medication;
 - (E) the amount and frequency of the dosages;
 - (F) the manner in which the medication shall be administered;
 - (G) the signature of the parent;
 - (H) the date the authorization was signed by the parent; and
 - (I) the length of time the authorization is valid, if less than six months.
 - (7) 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 repellents, lotions, creams, fluoridated toothpaste, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder, to a child, when needed. The authorization shall be in writing and shall contain:
 - (A) the child's name;
 - (B) the names of the authorized ointments, repellents, lotions, creams, fluoridated toothpaste, and powders;
 - (C) the criteria for the administration of the ointments, repellents, lotions, creams, fluoridated toothpaste, and powders;
 - (D) the manner in which the ointments, repellents, lotions, creams, fluoridated toothpaste, and powders shall be applied;
 - (E) the signature of the parent;
 - (F) the date the authorization was signed by the parent; and
 - (G) the length of time the authorization is valid, if less than 12 months.
 - (8) 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 shall be in writing and shall contain:
 - (A) the child's name;
 - (B) the signature of the parent;
 - (C) the date the authorization was signed by the parent;
 - (D) the date that the authorization ends or a statement that the authorization is valid until withdrawn by the parent in writing.
 - (9) 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 shall be in writing, may be valid for as long as the child is enrolled, and shall contain:
 - (A) the child's name;
 - (B) the signature of the parent;
 - (C) the date the authorization was signed by the parent; and

- (D) the date that the authorization ends or a statement that the authorization is valid until withdrawn by the parent in writing.
- (10) Pursuant to G.S. 110-102.1A, 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, and providing the medication is administered with the authorization and in accordance with instructions from a health care professional as defined in Rule .0102(21) of this Chapter.
- (11) A parent may withdraw written authorization for the administration of medications at any time in writing.
- (12) Any medication remaining after the course of treatment is completed, after authorization is withdrawn or after authorization has expired shall be returned to the child's parents. Any medication the parent fails to retrieve within 72 hours of completion of treatment, or withdrawal of authorization, shall be discarded.
- (13) Any time prescription or over-the-counter medication is administered by a caregiver to children receiving care, the following information shall be recorded:
- (A) the child's name;
 - (B) the date medication given;
 - (C) the time medication given;
 - (D) the amount and type of medication given; and
 - (E) the name and signature of the person administering the medication.
- This information shall be noted on a medication permission slip, or on a separate form developed by the operator which includes the required information. This information shall be available for review by the Division during the time period the medication is being administered and for six months after the medication is administered. No documentation shall be required when items listed in Subparagraph (b)(7) of this Rule are applied to children.
- (14) if medication is administered in error, whether administering the wrong dosage, giving to the wrong child, or giving the incorrect type of medicine, the operator shall:
- (A) call 911 in accordance with CPR or First Aid training recommendations;
 - (B) contact the child's parent;
 - (C) observe the child; and
 - (D) document the medication error in writing, including:
 - (i) the child's name and date of birth;
 - (ii) the type and dosage of medication administered;
 - (iii) the name of the person who administered the medication;
 - (iv) the date and time of the error;
 - (v) the signature of the operator and the parent;
 - (vi) the actions taken by the operator following the error; and
 - (vii) the actions that will be taken by the operator to prevent a future error.

This documentation shall be maintained in the child's file.

History Note: Authority G.S. 110-85; 110-88; 110-91(6); 110-102.1A; 143B-168.3; Eff. July 1, 1998; Amended Eff. July 1, 2015; May 1, 2004; April 1, 2003; April 1, 2001; Temporary Amendment Eff. September 23, 2016; Readopted Eff. October 1, 2017.