

# Early Learning Council Meeting

June 23, 2016

9:00am – 1:30pm\*

Transformation Center  
Training Room  
421 SW Oak St, Suite 775  
Portland, OR

*Members of the public who want to give public testimony must sign in.  
Each individual speaker or group spokesperson will have 2 minutes.  
Electronic testimony may be submitted to [Alyssa.Chatterjee@state.or.us](mailto:Alyssa.Chatterjee@state.or.us).*

## **AGENDA**

- I. Board Welcome and Roll Call  
Acting Chair Bobbie Weber
- II. Lynne Angland Award Recipient  
Bobbie Weber, Child Care and Education Committee Chair
- III. Governor's Vision: 2017-19 Biennium  
Lindsey Capps, Education Policy Advisor, Office of Governor Kate Brown
- IV. Regulated Child Care Subsidy Rules – *Action Item*  
Bobbie Weber, Child Care and Education Committee Chair  
Lisa Pinheiro, Early Learning Policy Specialist, ELD
- V. Ongoing Work to Support Providers – *Discussion Item*
  - a. Professional Development Panel  
Amy Howell, Assistant Professor, Early Childhood Education, Central Oregon Community College  
Eileen Micke-Johnson, Department Chair, Early Childhood & Elementary Education, Rogue Community College  
Jill Ramirez, Quality Improvement Specialist, Southern Oregon ESD  
Margie McNabb, Professional Development Specialist, ELD

*15 minute break – working lunch*

- b. QRIS Engagement Update  
Karol Collymore, Early Learning Public Affairs Director, ELD

## **VI. Consent Agenda – Action Item**

- a. Acknowledge Receipt of Written Committee Reports

## **VII. Public Testimony**

## **VIII. Adjournment**

PAM CURTIS  
*Early Learning Council  
Chair*

HARRIET ADAIR

MARTHA BROOKS

JANET  
DOUGHERTY- SMITH

KALI THORNE-LADD

CHARLES McGEE

EVA RIPPETEAU

LYNNE SAXTON

TERI THALHOFER

CLYDE SAIKI

BOBBIE WEBER

SALAM NOOR

MEGAN IRWIN  
*Early Learning  
System Director*

***\*Times Approximate. Items may be taken out of order, meeting may convene early, and breaks may be added as needed. All meetings of the Early Learning Council are open to the public and will conform to Oregon public meetings laws. The upcoming meeting schedule and materials from past meetings are posted [online](#). A request for an interpreter for the hearing impaired or for accommodations for people with disabilities should be made to **Alyssa Chatterjee at 971-701-1535 or by email at [Alyssa.Chatterjee@ode.state.or.us](mailto:Alyssa.Chatterjee@ode.state.or.us)**. Requests for accommodation should be made at least 48 hours in advance.***

# **Regulated Subsidy Rules –**

## *Action Item*

- **Memo**
- **Rule Briefing**
- **Rule Revisions**



Early Learning Division | 775 Summer St NE, Suite 300, Salem, OR 97301

Phone: 503-373-0066 | Fax: 503-947-1955

---

To: Early Learning Council  
Child Care and Education Committee

From: Lisa Pinheiro, Early Learning Policy Specialist  
Kelli Walker, Child Care Policy Manager

RE: Regulated Subsidy Provider Administrative Rules

Date: June 13, 2016

In May, the Council held its “first reading” of the Regulated Subsidy Provider proposed administrative rules as submitted by the Child Care and Education Committee (CCEC). The CCEC had identified a number of specific issues to bring to the Council for further discussion and direction. The issue areas, Council direction, and recommendations are summarized below.

The overall direction of the Council was the principle that the rules for regulated subsidy providers should not be more restrictive than rules for Registered Family Child Care Providers.

Specific to the areas brought to the Council for direction:

***Administration of medication:*** Council believed the suggested rule language was general enough to allow a parent to provide either specific or generalized authorization to a provider.

***Requirements for Providers to have telephone service or working telephone in the family home:*** Council believed suggested rule language was appropriate.

***Whether provider should be required to allow an inspection of all areas of the child care home that are accessible to child care children, and a review of the other areas of the home:*** Council reflected on extensive conversations of this issue. Council directed language in RS rules to be consistent with rule language adopted by the Council for other providers.

***Requirement on providers to base meals and snacks on USDA CACFP guidelines:*** Council directed staff to retain language as suggested.

***Requiring balanced indoor/outdoor, choice and skill-building child activities:*** Council directed staff to retain language as suggested.

***Prohibiting smoking in the child care home regardless of whether child care children are present:*** Council directed staff to retain language as written and not be more restrictive than rules for Registered Family Child Care Providers.

***Swaddling:*** Council directed staff to continue research into best practices and develop language that conforms to the principle stated above.

***Whether child care children can remain sleeping in a car seat:*** Council directed staff to continue research into best practices and to come back to the Committee and the Council with recommendations.

***Compliance with the ADA:*** Council directed staff to continue research, and return to Committee and Council with recommendations.

At the direction of the Council staff has conducted additional research, staff and stakeholder engagement and submits the following recommendations and information to support the Council's decision-making:

***Swaddling and safe sleep:***

The health and safety training required of all Regulated Subsidy providers covers safe sleep practices. Technical assistance will be provided to all new providers by Early Learning Division visiting staff using the Safe Sleep for Babies brochure from the Oregon Health Authority and materials from the National Institute of Health's *Safe to Sleep* public education campaign.

There are varying expert opinions on use of swaddling and parents are frequently encouraged to swaddle infants. Recent recommendations by the American Academy of Pediatrics and American Public Health Association advise caretakers against swaddling in child care. Registered Family child care rules require no items in cribs with infants and blankets may not cover the infant's head or restrict movement.

***Recommendation:*** In keeping with the principle that Regulated Subsidy rules should not be more restrictive, a similar rule without mention of swaddling seems appropriate.

The American Academy of Pediatrics recommends a firm sleeping surface. Car seats and other sitting devices are not recommended for routine sleep. Registered Family Child Care rules allow for children who arrive at the provider's home asleep in a car seat to remain until they awaken.

***Recommendation:*** In keeping with the principle that Regulated Subsidy rule should not be more restrictive than Registered Family Child Care rules, a similar rule seems appropriate.

***Compliance with the American's with Disabilities Act:***

The intent with this language is merely to notify providers that other federal and state laws apply to them. The Office of Child Care does not regulate compliance with ADA. There is no other implication to this rule language. When providers have questions about their obligations under state or federal laws outside of the jurisdiction of the OCC, the OCC, or the Child Care Resource and Referral agency will supply informational resources or contacts for the provider.

***Recommendation:*** Regulated Subsidy child care providers are subject to the ADA. Rules for Registered Family Child Care contains the exact language, therefore consistent rule language seems appropriate.

Additional Findings:

In addition to the issues identified above, since the May Council meeting staff has identified other issues raised by stakeholders or licensing staff.

***1) Illness of the Child and when parents must be notified to pick up their child from the child care home:***

Proposed rule language brought to the Council in May includes a requirement that a provider contact the parent when a child care child becomes ill while in care and the provider must ask the parent to pick up the child from the child care home.

In instances when a Regulated Subsidy Provider is providing care only to children from the same family, it seems appropriate for the provider to be allowed to continue caring for a child who is ill. This eliminates unnecessary disruption for the child and the working parent.

*Recommendation:* Add language to read: Section 12 does not apply when the provider is caring only for children from the same family and no other unrelated child care children are present, except that the provider shall notify the parent if a child who, after being admitted into child care, shows signs of illness.

***2) Appropriate safety regulations for water play:***

Proposed rule language brought to the Council in May prohibits the use of wading pools for wading. This is a basic health and safety issue necessary for protecting children from drowning hazards. The CCEC held considerable discussion on the topic and it was decided that permissive language would be added to the rules to encourage safe water play.

The following language was added by the CCEC:

“Child care children may engage in water play through the use of hoses and sprinklers. Wading pools are allowed for use as sand boxes.”

Comments from licensing staff indicate this permissive language may be difficult for enforcement and confusing to providers. Permissive language is typically not used in administrative rules. If wading pools cannot be used for wading, but are *allowed* for use as sand boxes, does that imply that that is the only allowable use of a wading pool?

*Recommendation:* Delete “Child care children may engage in water play through the use of hoses and sprinklers. Wading pools are allowed for use as sand boxes.” Technical assistance on play will be provided by Early Learning Division and CCR&R staff.

***3) Inclusion of rule language in areas under the jurisdiction of DHS:***

Proposed rule language brought to the Council in May also contains regulatory provisions which are under the jurisdiction of the Department of Human Services. These provisions were mistakenly carried over from Registered Family Child Care rules. One is regarding the requirements for a provider if the provider wishes to provide child foster care and the other is the administration of complaints.

*Recommendation:* Delete this language from the Regulated Subsidy Provider rule language.



## Early Learning Council – Administrative Rule Summary

Title/OAR #: Regulated Subsidy Family Home Provider/ Chapter 414, Division 180  
Date: Staff/Office: Dawn Woods, Child Care Director, Lisa Pinheiro, Early Learning Policy Specialist, Kelli Walker, Child Care Policy Manager

☐ Temporary Rule      ☒ New Rule      ☐ Amend Existing Rule      ☐ Repeal Rule  
Hearing Date: \_\_\_\_\_ ☐ Hearings Officer Report Attached  
Prompted by: ☒ State law changes      ☒ Federal law changes      ☐ Other

Action Requested:

☐ Adoption of Temporary Rule  
☒ Adoption of Final Rule

### PROPOSED/AMENDED RULE RECOMMENDATION OPTIONS:

**BACKGROUND:** The Child Care and Development Block Grant Act of 2014 (CCDBG) requires states to develop health and safety requirements for all child care facilities that accept reimbursement through Child Care and Development Fund subsidy payments.

Oregon Revised Statutes 329A.505 authorizes the Office of Child Care to conduct on-site inspections when such inspections are required under federal Law and authorizes the Office of Child Care to require improvements or corrections necessary to bring provider into compliance. The administrative rules establish conditions and standards for compliance.

Due to these new requirements, the Early Learning Council must adopt administrative rules for regulation and monitoring of health and safety standards for programs that have been exempt from licensing due to the small numbers of children in care. The requirement becomes operative on November 19, 2016.

The Department of Human Services (DHS) is also promulgating administrative rules for requirements regarding eligibility and training which DHS is charged with regulating. Division staff is coordinating efforts with DHS to align Oregon Administrative Rules governing the program. DHS representatives serve on the CCEC workgroup making recommendations on Regulated Subsidy rules to ELC.

**TIMELINE OF KEY ACTIVITIES & PUBLIC ENGAGEMENT:** The Early Learning Division and the Department of Human Services conducted a series of engagement activities throughout the state on implementation of the new federal law. The primary goals of the engagement activities were to receive feedback on policy and rule



considerations for the areas in which the state has interpretation flexibility. Input was gathered from diverse groups of stakeholders through open-ended questions on inspection approach and health and safety requirements; resources and supports for effective technical assistance; how standards might differ from licensed standards; concerns of providers and parents; training requirements; best methods of communication for parents and providers; and for centers, adult/child ratio.

The Child Care and Education Committee (CCEC), serving as the Council's Rules Advisory Committee, reviewed the feedback received through the statewide engagement activities already held and is developing further strategies and communication and outreach plans to solicit additional input from parents and providers.

The CCEC held three public meetings to review proposed administrative rules. There were areas which the CCEC deferred to the Council or did not reach consensus.

In May, the Council held its "first reading" of the Regulated Subsidy Provider proposed administrative rules as submitted by the Child Care and Education Committee (CCEC). The CCEC had identified a number of specific issues to bring to the Council for further discussion and direction. The issue areas, Council direction, and recommendations are summarized below.

**ISSUES/CONCERNS THAT SURFACED DURING RULE WORK:** The overall direction of the Council was the principle that the rules for regulated subsidy providers should not be more restrictive than rules for Registered Family Child Care Providers.

Specific to the areas brought to the Council for direction:

***Administration of medication:*** Council believed the suggested rule language was general enough to allow a parent to provide either specific or generalized authorization to a provider.

***Requirements for Providers to have telephone service or working telephone in the family home:*** Council believed suggested rule language was appropriate.

***Whether provider should be required to allow an inspection of all areas of the child care home that are accessible to child care children, and a review of the other areas of the home:*** Council reflected on extensive conversations of this issue. Council directed language in RS rules to be consistent with rule language adopted by the Council for other providers.

***Requirement on providers to base meals and snacks on USDA CACFP guidelines:*** Council directed staff to retain language as suggested.

***Requiring balanced indoor/outdoor, choice and skill-building child activities:*** Council directed staff to retain language as suggested.





***Prohibiting smoking in the child care home regardless of whether child care children are present:*** Council directed staff to retain language as written and not be more restrictive than rules for Registered Family Child Care Providers.

***Swaddling:*** Council directed staff to continue research into best practices and develop language that conforms to the principle stated above.

***Whether child care children can remain sleeping in a car seat:*** Council directed staff to continue research into best practices and to come back to the Committee and the Council with recommendations.

***Compliance with the ADA:*** Council directed staff to continue research, and return to Committee and Council with recommendations.

At the direction of the Council staff has conducted additional research, staff and stakeholder engagement and submits the following recommendations and information to support the Council's decision-making:

***Swaddling and safe sleep:***

The health and safety training required of all Regulated Subsidy providers covers safe sleep practices. Technical assistance will be provided to all new providers by Early Learning Division visiting staff using the Safe Sleep for Babies brochure from the Oregon Health Authority and materials from the National Institute of Health's *Safe to Sleep* public education campaign.

There are varying expert opinions on use of swaddling and parents are frequently encouraged to swaddle infants. Recent recommendations by the American Academy of Pediatrics and American Public Health Association advise caretakers against swaddling in child care. Registered Family child care rules require no items in cribs with infants and blankets may not cover the infant's head or restrict movement.

***Recommendation:*** In keeping with the principle that Regulated Subsidy rules should not be more restrictive, a similar rule without mention of swaddling seems appropriate.

The American Academy of Pediatrics recommends a firm sleeping surface. Car seats and other sitting devices are not recommended for routine sleep. Registered Family Child Care rules allow for children who arrive at the provider's home asleep in a car seat to remain until they awaken.

***Recommendation:*** In keeping with the principle that Regulated Subsidy rule should not be more restrictive than Registered Family Child Care rules, a similar rule seems appropriate.

***Compliance with the American's with Disabilities Act:***

The intent with this language is merely to notify providers that other federal and state laws apply to them. The Office of Child Care does not regulate compliance with ADA. There is no other implication to this rule language. When providers have questions about their obligations under state or federal laws outside of the jurisdiction of the OCC,



the OCC, or the Child Care Resource and Referral agency will supply informational resources or contacts for the provider.

*Recommendation:* Regulated Subsidy child care providers are subject to the ADA. Rules for Registered Family Child Care contains the exact language, therefore consistent rule language seems appropriate.

### ***Additional Findings:***

In addition to the issues identified above, since the May Council meeting staff has identified other issues raised by stakeholders or licensing staff.

#### ***1) Illness of the Child and when parents must be notified to pick up their child from the child care home:***

Proposed rule language brought to the Council in May includes a requirement that a provider contact the parent when a child care child becomes ill while in care and the provider must ask the parent to pick up the child from the child care home.

In instances when a Regulated Subsidy Provider is providing care only to children from the same family, it seems appropriate for the provider to be allowed to continue caring for a child who is ill. This eliminates unnecessary disruption for the child and the working parent.

*Recommendation:* Add language to read: Section 12 does not apply when the provider is caring only for children from the same family and no other unrelated child care children are present, except that the provider shall notify the parent if a child who, after being admitted into child care, shows signs of illness.

#### ***2) Appropriate safety regulations for water play:***

Proposed rule language brought to the Council in May prohibits the use of wading pools for wading. This is a basic health and safety issue necessary for protecting children from drowning hazards. The CCEC held considerable discussion on the topic and it was decided that permissive language would be added to the rules to encourage safe water play.

The following language was added by the CCEC:

“Child care children may engage in water play through the use of hoses and sprinklers. Wading pools are allowed for use as sand boxes.”

Comments from licensing staff indicate this permissive language may be difficult for enforcement and confusing to providers. Permissive language is typically not used in administrative rules. If wading pools cannot be used for wading, but are *allowed* for use as sand boxes, does that imply that that is the only allowable use of a wading pool?

*Recommendation:* Delete “Child care children may engage in water play through the use of hoses and sprinklers. Wading pools are allowed for use as sand boxes.”



Technical assistance on play will be provided by Early Learning Division and CCR&R staff.

### **3) Inclusion of rule language in areas under the jurisdiction of DHS:**

Proposed rule language brought to the Council in May also contains regulatory provisions which are under the jurisdiction of the Department of Human Services. These provisions were mistakenly carried over from Registered Family Child Care rules. One is regarding the requirements for a provider if the provider wishes to provide child foster care and the other is the administration of complaints.

*Recommendation:* Delete this language from the Regulated Subsidy Provider rule language.

**FISCAL IMPACT:** Child Care facilities who accept federal subsidies are currently subject to health and safety requirements and self-attest compliance. These rules clarify and specifies health and safety rules and provides information on inspections as required by federal law. Because providers are already subject to health and safety requirements, we anticipate minimal fiscal and economic impact.

### **ALIGNMENT WITH RULES PRINCIPLES:**

1. Standards and rules aim to ensure that children are in safe environments that promote healthy physical, social, emotional and cognitive development and support high quality interactions among families and providers.
2. Standards and rules support and encourage diversity and equity; promoting equal access, especially for children from targeted populations.
3. Standards and rules are based on research, knowledge of child development, and best practices.
4. Standards and rules provide a foundation for high quality early learning and licensing rules serve as the first step of Oregon's Quality Rating and Improvement System.
5. In conducting its responsibilities for rule promulgation and revision, ELC is moving beyond a culture of compliance to one of continuous improvement.
6. ELC believes parents and children are primary stakeholders for all of its rules and will actively engage families and other impacted persons and organizations in rule promulgation and/or revision to ensure community/cultural norms are taken into consideration/reflected in rule.
7. ELC will aim for consistency across sets of rules over which it has authority, and will align rules with broader state goals and those of related agencies to the extent possible.



**STAFF RECOMMENDATION:**

- ☐ Adopt Temporary administrative rule
- ☒ Adopt Final administrative rule
- ☐ Repeal Rule
- ☐ No recommendation at this time

Comments: None



OREGON DEPARTMENT OF EDUCATION  
EARLY LEARNING DIVISION

DIVISION 180  
REGULATED SUBSIDY FAMILY CHILD CARE HOMES

**414-180-0005**

**Purpose**

Oregon Administrative Rules (OAR) 414-180-0005 through 414-180-0100 are the Early Learning Division's minimum health and safety requirements for license exempt child care providers who accept federal child care subsidy payments through the state. The purpose of these rules is to protect the health, safety, and well-being of children in care. These rules apply to home based child care providers who accept federal child care subsidies from the Oregon Department of Human Services or the Early Learning Division Office of Child Care and are exempt from child care licensing as outlined in ORS 329A.250.

Stat. Auth.: ORS 326.425(7)

Stats. Implemented: ORS 329A.505

**414-180-0010**

**Definitions**

The following definitions apply to Oregon Administrative Rules 414-180-0015 through 414-180-0100.

- (1) "Caregiver" means any person, including the provider, who cares for the children in Regulated Subsidy child care and works directly with the children, providing care, supervision and guidance.
- (2) "Child Care" means the care, supervision and guidance on a regular basis of a child, unaccompanied by a parent, legal guardian or custodian, during a part of the 24 hours of the day, with or without compensation.
- (3) "Child Care Child" means a child at least six weeks of age and under 13 years of age, or a child under 18 years of age with special needs. The provider has supervisory responsibility for the child in the temporary absence of the parent.
- (4) "Child with Special Needs" means a child under 18 years of age who requires a level of care over and above the norm for their age due to a physical, developmental, behavioral, mental or medical disability.
- (5) "Communicable Disease" means an illness caused by an infectious agent or its toxins.
- (6) "Disinfecting" means using a process for destroying or irreversibly inactivating harmful organisms, including bacteria, viruses, germs and fungi.
- (7) "Family" means a group of individuals related by blood, marriage or adoption, or individuals whose functional relationships are similar to those found in such associations.
- (8) "Infant" means a child who is at least six weeks of age up to 12 months of age.
- (9) "OCC" means the Office of Child Care, Early Learning Division of the Department of Education.
- (10) "Outbreak of Communicable Disease" means two cases from separate households associated with a suspected common source.

(11) "Premises" means the structure where child care is conducted that is identified on the application or listed with the Department of Human Services, including indoors and outdoors and space not directly used for child care.

(12) "Preschool-Age Child" means a child who is 36 months of age up to eligible to attend kindergarten in a public school.

(13) "Provider" means the person or facility who is responsible for the children in care; is the children's primary caregiver; and who is listed with the Department of Human Services as the provider.

(14) "Regulated Subsidy Child Care" means care that is provided to children whose families access federal child care subsidy funds through the state.

(15) "Restrictable Disease" means an illness or infection that would prohibit the child from attending child care.

(16) "Sanitizing" means using a treatment that provides enough heat or concentration of chemicals for enough time to reduce the bacterial count, including disease producing organisms, to a safe level on utensils, equipment and toys.

(17) "Substitute Provider" means a person who acts as the child's primary caregiver in the temporary absence of the provider.

(18) "Toddler" means a child who is at least 12 months of age but is not preschool-age.

(19) "Useable Exit" means an unobstructed door or window through which the provider and the children can evacuate the home in case of a fire or emergency. Doors must be able to be opened from the inside without a key.

(a) For homes built before July 1, 2010, window openings must be at least 20 inches wide and at least 22 inches in height, with a net clear opening of five square feet (at least 720 square inches) and a sill no more than 48 inches above the floor.

(b) For homes built after July 1, 2010, window openings must be at least 20 inches wide and at least 24 inches in height, with a net clear opening of five square feet (at least 720 square inches) and a sill no more than 44 inches above the floor.

Stat. Auth.: ORS 326.425(7)

Stats. Implemented: ORS 329A.505

#### **414-180-0015**

##### **Health**

(1) The child care home must be a healthy environment for children.

(2) There must be at least one flush toilet and one hand-washing sink available to children.

(3) The provider must comply with local, state and federal laws related to immunizations, child care restrictable diseases, child safety systems and seat belts in vehicles, bicycle safety, civil rights laws, and the Americans with Disabilities Act.

(4) Infants shall have a crib, portable crib or playpen with a clean, non-absorbent mattress. All cribs must comply with current Consumer Product Safety Commission (CPSC) standards. There shall be no items in the crib with the infant (e.g. toys, pillows or stuffed animals).

(5) If the parent(s) so request, siblings may share the same bed.

(6) The upper level of bunk beds shall not be used for children under ten years of age.

(7) If an infant uses a blanket, the blanket may not cover the infant's head or face.

(8) Infants must be laid on their backs on a flat surface for sleeping.

(9) Children shall not be laid down with a bottle for sleeping.

(10) First aid supplies and a chart or handbook of first aid instructions shall be maintained in one identified place and kept out of reach of children.

(11) The first aid supplies shall include: band aids, adhesive tape, sterile gauze pads, soap or sealed antiseptic towelettes or solution to be used as a wound cleaning agent, a solution for disinfecting after a blood spill, a sanitary temperature taking device.

(12) Illness:

(a) Except for mild cold symptoms that do not impair a child's daily functioning, sick children shall not be in care.

(b) A provider shall not admit or retain in care, except with the written approval of the local health office, a child who:

(A) Is diagnosed as having or being a carrier of a child care restrictable disease, as defined in Oregon Health Authority administrative rule; or

(B) Has one of the following symptoms or combination of symptoms or illness;

(i) Fever over 100°F, taken under the arm;

(ii) Diarrhea (more than one abnormally loose, runny, watery or bloody stool);

(iii) Vomiting;

(iv) Nausea;

(v) Severe cough;

(vi) Unusual yellow color to skin or eyes;

(vii) Skin or eye lesions or rashes that are severe, weeping, or pus-filled;

(viii) Stiff neck and headache with one or more of the symptoms listed above;

(ix) Difficult breathing or abnormal wheezing; or

(x) Complaints of severe pain.

(c) A child who, after being admitted into child care, shows signs of illness, as defined in this rule, whenever possible will be separated from the other children, and the parent(s) notified and asked to remove the child from the provider's home as soon as possible.

(d) If a child has mild cold symptoms that do not impair his/her normal functioning, the child may remain in the provider's home and the parent(s) notified when they pick up their child.

(13) Section 12 of this rule does not apply when the provider is caring only for children from the same family and no other unrelated child care children are present, except that the provider shall notify the parent if a child who, after being admitted into child care, shows signs of illness.

(14) Parents must be notified if their child is exposed to an outbreak of a communicable disease.

(15) No person shall smoke or carry any lighted smoking instrument, including an e-cigarette or vaporizer in the child care home or within ten feet of any entrance, exit, or window that opens or any ventilation intake that serves an enclosed area, during child care hours or when child care children are present.

(16) No person shall use smokeless tobacco in the child care home during child care hours or when child care children are present.

(17) No person shall smoke, carry any lighted smoking instrument, including an e-cigarette, or vaporizer or use smokeless tobacco in motor vehicles while child care children are passengers.

(18) No one shall consume alcohol on the child care home premises during child care hours or when child care children are present.

(19) No one shall be under the influence of alcohol on the child care home premises during child care hours or when child care children are present.

- (20) No one shall possess, use or store illegal controlled substances on the child care home premises. No one shall be under the influence of illegal controlled substances on the child care home premises.
- (21) No one shall grow or distribute marijuana on the premises of the child care home. No adults shall use marijuana on the child care home premises during child care hours or when child care children are present.
- (22) Child care providers and any individual supervising, transporting, preparing meals, or otherwise working in the proximity of child care children and those completing daily attendance and billing records shall not be under the influence.
- (23) "Under the influence" means observed abnormal behavior or impairments in mental or physical performance leading a reasonable person to believe the individual has used alcohol, any controlled substances (including lawfully prescribed and over-the-counter medications), marijuana (including medical marijuana), or inhalants that impairs their performance of essential job function or creates a direct threat to child care children or others. Examples of abnormal behaviors include, but are not limited to hallucinations, paranoia, or violent outbursts. Examples of impairments in physical or mental performance include, but are not limited to slurred speech as well as difficulty walking or performing job activities.
- (24) All marijuana, marijuana derivatives and associated paraphernalia must be stored under child safety lock.
- (25) Any animal at the provider's home shall be in good health and be a friendly companion for the children in care.
- (26) Dogs and cats must be vaccinated according to a licensed veterinarian's recommendations.
- (27) Dogs and cats shall be kept free of fleas, ticks and worms.
- (28) Animal litter boxes shall not be located in areas accessible to children or areas used for food storage or preparation.
- (29) Exotic animals, including, but not limited to: reptiles (e.g. lizards, turtles, snakes) amphibians, monkeys, hook-beaked birds, baby chicks and ferrets are prohibited unless they are housed in and remain in a tank or other container which precludes any direct contact by children. Educational programs that include prohibited animals and are run by zoos, museums and other professional animal handlers are permitted.
- (30) Prescription and non-prescription medication shall only be given to a child if the provider has written authorization from the parent.
- (31) Prescription and non-prescription medications must be properly labeled and stored.
- (32) Non-prescription medications or topical substances must be labeled with the child's name.
- (33) Prescription medications must be in the original container and labeled with the child's name, the name of the drug, dosage, directions for administering, and the physician's name.
- (34) Medication requiring refrigeration must be kept in a separate, tightly covered container, marked "medication," in the refrigerator.
- (35) Parents must be informed daily of any medications given to their child or any injuries their child has had.
- (36) Sunscreen may be used with written parental authorization.
- (a) In instances where parent has provided written permission to use sunscreen, providers must reapply sunscreen every two hours while the child care children are exposed to the sun.
- (b) Providers shall use a sunscreen with an SPF of 15 or higher and must be labeled as "Broad Spectrum".
- (c) Providers shall not use aerosol sunscreens on child care children.



(d) Sunscreen shall not be used on child care children younger than six months.  
(37) Parents must be given the telephone number so they can contact the provider if needed.  
Stat. Auth.: ORS 326.425(7)  
Stats. Implemented: ORS 329A.505

#### **414-180-0020**

##### **Sanitation**

- (1) Pre-mixed sanitizers and disinfectants that are EPA registered and meet Oregon Health Authority criteria may be used in all areas of the home per manufacturer instructions.
  - (2) All caregivers and children must wash their hands with soap and warm, running water:
    - (a) Before handling food;
    - (b) Before assisting with feeding;
    - (c) Before and after eating;
    - (d) After diapering;
    - (e) After using the toilet;
    - (f) After assisting someone with toileting;
    - (g) After nose wiping;
    - (h) After playing outside; and
    - (i) After touching an animal or handling pet toys.
  - (3) Hand sanitizers shall not replace hand washing. If hand sanitizers are present in the home, they shall be kept out of children's reach and shall not be used on children.
  - (4) Clean toys, equipment and furniture used by children when soiled.
  - (5) Diaper changing surfaces must be either:
    - (a) Non-absorbent and easily disinfected;
    - (b) Disposed of after each use; or
    - (c) Laundered after each use.
  - (6) The building, grounds, any toy, equipment, and furniture are maintained in a clean, sanitary, and hazard free condition.
  - (7) All garbage, solid waste, and refuse must be disposed of regularly, in a safe and sanitary manner.
  - (8) The home has safe drinking water.
- Stat. Auth.: ORS 326.425(7)  
Stats. Implemented: ORS 329A.505

#### **414-180-0025**

##### **Safety**

- (1) The room temperature must be at least 68°F during the hours which child care children are in care.
- (2) Rooms child care children are predominantly occupying must have a combination of natural and artificial lighting.
- (3) Floors must be free of splinters, large unsealed cracks, sliding rugs and other hazards.
- (4) Potentially aggressive animals must not be in the same physical space as the children.
- (5) Children shall be protected from fire and safety hazards. Providers must have the following protections in place:
  - (a) All exposed electrical outlets in rooms used by preschool or younger children must have hard-to-remove protective caps or safety devices installed when the outlet is not in use.

- (b) Extension cords shall not be used as permanent wiring;
- (c) All appliance cords must be in good condition;
- (d) Multiple connectors for cords shall not be used;
- (e) A grounded power strip outlet with a built-in over-current protection may be used;
- (f) A stable barrier shall be installed to prevent children from falling into hazards, including, but not limited to: fireplaces, heaters and woodstoves that are in use when child care children are present;
- (g) A secure barrier shall be placed at the top and/or bottom of all stairways accessible to infants and toddlers;
- (6) The home has a working smoke detector on each floor level and in any area where a child naps.
- (7) Cleaning supplies, paints, matches, lighters, and any plastic bags large enough to fit over a child's head kept under child-safety lock.
- (8) Other potentially dangerous items, such as medicine, drugs, sharp knives and poisonous and toxic materials kept under child-safety lock.
- (9) Firearms, BB guns, pellet guns and ammunition kept under lock, with ammunition stored and locked separately. Firearms, BB guns and pellet guns must remain unloaded;
- (10) If any preschool age or younger children are in care, poisonous plants must be kept out of the reach of children;
- (11) All clear glass panels in doors clearly marked at child level.
- (12) Each provider must:
  - (a) Ensure that the home where care is provided meets all of the following standards:
    - (A) Each floor level used by a child has two useable exits to the outdoors (a sliding door or window that can be used to evacuate a child is considered a useable exit). If a second floor is used for child care, the provider must have a written plan for evacuating occupants in the event of an emergency.
    - (B) The home has a working telephone or telephone service in operating condition.
    - (C) Emergency telephone numbers for fire, ambulance, police and poison control and the home address must be posted in a visible location.
    - (D) The building, grounds, water supply, and toys, equipment and furniture used by children must be maintained in a hazard-free condition.
    - (E) Broken toys, furniture and equipment must be removed from areas accessible to children.
- (13) Wading pools are prohibited for wading.
- (14) The provider is responsible for the children in care. At all times the provider must:
  - (a) Be within sight or sound of all children;
  - (b) Be aware of what each child is doing;
  - (c) Be near enough to children to respond when needed.
- (15) The provider must have a written plan for evacuating and removing children to a safe location in an emergency. The plan must be posted in the child care home, familiar to the children and the caregivers, and practiced at least every other month and must include:
  - (a) Procedures for notifying parents or other adults responsible for the children, of the relocation;
  - (b) Procedures to address the needs of individual children, including those with special needs; and
  - (c) An acceptable method to ensure that all children in attendance are accounted for.
- (16) If a caregiver is transporting children, the caregiver must have a valid driver's license and proof of appropriate insurance.

(17) The number of children transported shall not exceed the number of seat belts or child safety systems available in the vehicle.

(18) Car seats are to be used for transportation only. Children who arrive at and brought into the provider's home asleep in a car seat may remain in the car seat until the child awakens.

(19) The provider must take precautions to protect children from vehicular traffic.

(20) If a passenger van is used to transport child care children it must meet Federal Motor Vehicle Safety Standards for transporting children in education settings.

(21) The provider must have a written statement from the parent(s) regarding whether or not the provider is authorized to:

(a) Take a child on a field trip or other activity outside the child care home or participate in any water activity; and

(b) Transport a child to or from school or allow a child to bus or walk to or from school or child care home.

(22) 15-passenger vans shall not be used to transport child care children.

Stat. Auth.: ORS 326.425(7)

Stats. Implemented: ORS 329A.505

#### **414-180-0030**

##### **Guidance and Discipline**

(1) The following behaviors by caregivers are prohibited:

(a) Using any form of corporal punishment, including, but not limited to: hitting, spanking, slapping, beating, shaking, pinching or other measures that produce physical pain, or threatening to use any form of corporal punishment.

(b) Parental request or permission to use any form of behavior listed in subsection (a) of this section, does not give the provider or substitute provider permission to do so.

Stat. Auth.: ORS 326.425(7)

Stats. Implemented: ORS 329A.505

#### **414-180-0035**

##### **Nutrition**

(1) Meals and snacks must be based on the guidelines of the USDA Child and Adult Care Food Program.

(2) Foods must be stored and maintained at the proper temperature.

(3) Infants must be held or sitting up for bottle feeding. Propping bottles is prohibited.

Stat. Auth.: ORS 326.425(7)

Stats. Implemented: ORS 329A.505

#### **414-180-0040**

##### **Access to Physical Activity**

(1) Providers must make available activities, materials, and equipment for both indoor and outdoor play that provide a variety of experiences geared to the ages and abilities of the child(ren) with a balance of active and quiet play.

(2) Child care children shall not be exposed to more than two hours of screen time per day. All media exposure must be developmentally and age appropriate. Screen time is defined as time spent using a device such as a computer, television, or games console.

Stat. Auth.: ORS 326.425(7)

Stats. Implemented: ORS 329A.505

#### **414-180-0045**

##### **Record Keeping**

(1) The following records must be kept by the provider for at least one year and must be available at all times to OCC:

(a) Information from the parent(s) for each child at the time of admission:

(A) Name and birth date of the child;

(B) Any chronic health problem(s), including allergies, the child has;

(C) Date child entered care;

(D) Names, work and home telephone numbers and addresses, and the work hours of the parent(s) or legal guardian(s);

(E) Name and telephone number of person(s) to contact in an emergency;

(F) Name and telephone number of person(s) to whom the child may be released;

(G) Health history of any problems that could affect the child's participation in child care.

(b) Daily attendance records, including dates each child attended and arrival and departure times for each day. Times shall be recorded as the child care children arrive and depart.

(c) Medications administered, including the child's name, and the date and time of dosage and the dosage amount.

(d) Injuries to a child.

(2) Injuries to a child which require attention from a licensed health care professional, such as a physician, EMT or nurse, must be reported to OCC within seven days.

(3) The provider must have a written statement from the parent(s) regarding whether or not the provider is authorized to obtain emergency medical treatment for a child.

#### **414-180-0050**

##### **General Requirements**

(1) OCC records are open to the public on request. However, information protected by state or federal law will not be disclosed.

(2) The name and status of providers is public information.

Stat. Auth.: ORS 326.425(7)

Stats. Implemented: ORS 329A.505

#### **414-180-0055**

##### **Enforcement of Regulatory Requirements**

(1) The provider shall allow an inspection of all areas of the child care home that are accessible to child care children, and a health and safety review of other areas of the child care home to ensure the health and safety of child care children.

(2) The provider or substitute must allow a representative from the Office of Child Care access to the child care home any time child care children are present.

(3) The provider must allow parents or legal guardians of child care children access to the child care home during the hours their child(ren) are in care.

Stat. Auth.: ORS 326.425(7)

Stats. Implemented: ORS 329A.505

#### **414-180-0090**

### **Compliance with Child Abuse Reporting Requirements**

Any caregiver who has reason to believe that any child has suffered or is currently suffering from abuse (physical injury, mental injury, neglect that leads to physical harm, sexual abuse and/or exploitation, or threat of harm) must report the information to the Department of Human Services Child Welfare (DHS) or to a law enforcement agency. By statute, this requirement applies 24 hours per day.

Stat. Auth.: ORS 326.425(7)

Stats. Implemented: ORS 329A.505

### **414-180-0100**

#### **Exceptions to Rules**

- (1) A provider may request an exception to a rule.
- (2) An exception must be requested on a form provided by OCC.
- (3) The provider must provide a justification for the requested exception and an explanation of how the provider will ensure, through safeguards or other conditions, the health, safety and well-being of the children.
- (4) The provider must be in compliance with the rule as written until the provider has received approval for the exception from OCC.
- (5) No exception to a rule shall be granted unless the health, safety, and well-being of the children are ensured.
- (6) An exception is valid only for the specified dates for which it is issued.
- (7) The granting of an exception to a rule shall not set a precedent, and each request shall be evaluated on its own merits.

Stat. Auth.: ORS 326.425(7)

Stats. Implemented: ORS 329A.505

# **Ongoing Work to Support Providers**

- **Early Learning Professional  
Development Consortium  
Project Brief**



## Early Learning Professional Development Consortium Project Innovative Strategies and Promising Practices Brief July 2015

Oregon's Early Learning Professional Development Consortium Projects are providing unique opportunities to support the Early Learning Workforce advance in their education attainment and career goals. With thanks to Oregon Department of Education's Network of Quality Teaching and Learning funding, Southern Oregon and Central Oregon have implemented strategies to connect the Early Learning Workforce with college credentials, degrees and certificates. The focus is to provide higher education pathways for childhood care and education professionals through partnerships that include child care resource & referral, community-based organizations serving underrepresented populations, community colleges and universities. These programs are designed to prepare a highly qualified workforce in ways that meet their unique needs.

### *Partnerships encompassed:*

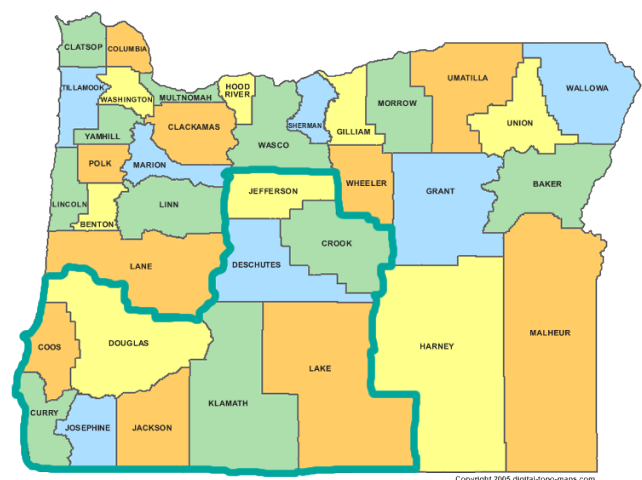
- 10 Counties
- 5 Community Colleges
- 3 Universities
- 12 Community Based Organizations
- 4 Educational School Districts
- 3 Early Learning Hubs
- 1 Regional Achievement Compact
- 1 Tribe

Research consistently shows that there is a correlation between the level of professional development in child care providers and the quality of the child care program. As more professionals obtain higher education in the field of early childhood education and apply the practices

in their early learning programs, more children will receive higher quality care. The more enriching and quality experiences young children have prior to kindergarten, the more likely they will be ready to succeed in kindergarten at entry, which can also result in reading at grade level by 3<sup>rd</sup> grade, high school completion and career success. Quality early childhood care and education is the first step to close the achievement and opportunity gaps that exist in our state.

### Success

Both Central Oregon and Southern Oregon programs have applied the Oregon Equity Lens as the foundation of their strategies and have prioritized reaching diverse and underrepresented early childhood care and education professionals through a variety of outreach efforts. Coverage area for the two projects encompasses 10 counties and about 1/3 of the state (See Figure 1: Coverage Area).



**Figure 1: Coverage Area**

Over 900 students are participating in the Early Childhood Education classes and workshops, gaining college credit, certificates and/or degrees, advancing their education in their career pathway and moving up Oregon's Career Lattice, the Oregon Registry (See Figure 2: Combined Outcomes). Most of the students are child care providers who work full time and receive very little wages. The Early Learning Workforce represents non-traditional students who are benefiting from support provided by this grant (See attached handout).

Key components of these projects are research-based in effectively supporting early learning professionals obtain higher education degrees and certificates. They include:

- Culturally and linguistically responsive Navigators, Coaches and Peer Mentors to assist with the college system and work/life /school balance
- Scholarships that cover tuition, fees, books
- Cohort model
- Online, hybrid and face-to-face relevant class selections offered and articulated across higher education institutions
- Classes offered in the languages, locations and times most convenient for child care provider students – career to college
- Commitment from community partners and community college/higher education systems to allowing credit for prior learning and coursework that transfers across educational setting



**Figure 2: Combined Outcomes**

Following are several activities that have helped in successfully reaching and surpassing each project's outcomes:

- Working with extensive college systems to coordinate the process for enrollment, scholarships and access to classes which provides seamless pathways for child care provider students to obtain college credit, certificates and degrees
- Scheduling and offering ECE Classes in Spanish and English at non-traditional times and locations to meet population needs
- Hiring and training Navigation Coaches and Peer Mentors to support students in culturally responsive ways
- Creating a shared database to track students' progress
- Working with each region's Quality Improvement Specialists to assist student child care providers move up the Oregon Registry and achieve Quality Rating Improvement Systems (QRIS) Star Status

As we support the childhood care and education professionals through these collaborative partnerships and build capacity within the Early Learning Workforce, the resulting high quality Early Learning Programs will positively impact young children in their care for years to come.