Early Learning Council

February 23, 2017
9:00am-3:30pm*

Somerville Large Conference Room
775 Court St NE
Salem, OR 97301

Agenda

SUE MILLER
Early Learning Council Chair

HARRIET ADAIR

MARTHA BROOKS

JANET DOUGHERTY- SMITH

KALI THORNE-LADD

DONALDA DODSON

SHAWNA RODRIGUES

EVA RIPPETEAU

LYNNE SAXTON

TERI THALHOFER

CLYDE SAIKI

BOBBIE WEBER

SALAM NOOR

DAVID MANDELL
Acting Early Learning System Director

Members of the public wanting 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.

I. Board Welcome and Roll Call — 9:00-9:05
Sue Miller, Chair

II. Public Testimony – Agenda-Specific — 9:05

III. Chair's Report Sue Miller, Chair — 9:05-9:15
a. Consent Agenda – Action Item
i. Acknowledge Receipt of Committee Reports

IV. Equity Implementation Committee Charter Review – *Action Item* — 9:15-9:45
Lillian Green, Equity Director, ELD
Eva Rippeteau, Equity Implementation Committee Chair

V. Oregon Pediatric Improvement Partnership Presentation — 9:45-10:45
Colleen Reuland, Director, Oregon Pediatric Improvement Partnership

VI. Director's Report — 10:45-11:05
David Mandell, Acting Early Learning System Director

VII. Overarching Guiding Principles Discussion — 11:05-12:35
Karol Collymore, Early Learning Public Affairs Director, ELD
Sue Miller, Chair

Working Lunch – 10 minute break at 11:45

VIII. Child Care Rules Adoption – *Action Item* — 12:45-12:55
Bobbie Weber, Child Care & Education Committee Chair
Dawn Woods, Child Care Director, ELD

IX. Early Learning Hub Presentation — 12:55-1:55
Jennifer Richter, Yamhill Early Learning Hub

X. Lead Testing & Mitigation Workgroup Report – *Information Only* — 1:55-2:25
Kari Salis, Technical Manager, Drinking Water Services, OHA
Brett Sherry, Program Manager, Lead Poisoning Prevention, OHA
Kelli Walker, Child Care Policy Manager, ELD

XI. Alignment of ELC Committees' Work Plans – *Information Only* 2:25-2:45
David Mandell, Acting Early Learning System Director
Sue Miller, Chair
Alyssa Chatterjee, Council Administrator

XII. Public Testimony – Open Topic 2:45

XIII. Adjournment

**Times are approximate; items may be taken out of order, meetings may conclude 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@state.or.us. Requests for accommodation should be made at least 48 hours in advance.*

Board Action Summary

AGENDA ITEM: Equity Implementation Committee Charge Revision

Summary of Recommended Board Action

ACTION: Review and adopt the recommended Equity Implementation Committee (EIC) charge revisions.

ISSUE:
Now that the Equity Implementation Committee has been established for nearly 18 months, committee members felt that the existing charge did not accurately reflect the body of work they were charged with overseeing.

BACKGROUND:
The Equity Implementation Committee met in August and September to discuss proposed changes to the EIC charge. These recommendations were brought to the Early Learning Council at their October 27, 2016 meeting for initial review. The Council requested that the EIC take additional time to discuss proposed changes and bring the suggestions back at the January meeting.

ACTION PRECEDING RECOMMENDED BOARD ADOPTION:
The Council reviewed initial recommendations on October 27, 2016.
The EIC has convened to review and recommend changes to the charge from August 2016 through February 2017.

BOARD MEMBER PRESENTING REPORT FOR ADOPTION:
Eva Rippeteau, Equity Implementation Committee Chair

CONTACT: Lillian Green, Equity Director, ELD

Early Learning Council Equity Implementation Committee

ELC Charge to Equity Implementation Committee

The Equity Implementation Committee is chartered to educate and provide leadership for the Early Learning Council (ELC) on the issues, challenges, successes and priorities related to implementing the equity recommendations for children and families furthest from opportunity, originally adopted by the Council on March 18, 2015. They are chartered to create an evidence-based, data driven plan relating to aligning early learning policy and practice with the equity lens, with a focus on culturally responsive practice, operating systems and data/resource allocation. The committee will assist the ELC in understanding equity issues from a data programmatic and social standpoint to support the ELC in:

1. Actualize issues of disparity in setting policy for the early learning system.
2. Recognize the value that diversity brings to the early learning environment and acknowledging the benefits of self-worth, empathy and success that it brings to all children.
3. Champion closure of development, opportunity and achievement gaps for young children and their families.

Purpose statement:
The purpose of the Equity Implementation Committee is to support the ELC with intentionally reexamining the business of the early learning system by eliminating disparities for those furthest from opportunity defined as:

- African American
- Latino
- API
- Tribal Communities
- Children with disabilities
- English language learners
- Economic disparities
- Immigrants and refugees
- Geographic isolation

Core areas of responsibility include:

4.1 Advise ELC on ensuring implementation of the equity lens across the ELC's work.

Early Learning Council Strategic Plan Priorities

1. Advise ELC on ensuring implementation of the Equity Lens across ELC's work.

    a. Reviewing disparities across focus populations and provide feedback for Early Learning Hubs, community partners, and ELD staff.
    b. The committee would like to focus on five specific domains:
        i. Communities furthest from opportunity and policies that affect their ability to thrive.
        ii. Families, caregivers, and community partners voice and influence in the early learning system
        iii. Workforce composition and quality
        iv. Community collaboration
        v. Resource allocation and contracting practice

c. Advise the ELC/ELD on developing disaggregated data collection standards for early learning grantees, contractors, the early learning workforce, ELD staff and ELC members.

d. Advise the ELC/ELD on developing a consistent approach for listening to communities/incorporating feedback/vetting resulting action and ensuring perspectives from underserved communities are regularly heard at ELC meetings.

e. Hold joint meetings with other committees of the ELC to ensure the equity lens is being applied in their work.

Review of Grant Making and Requests for Proposals

Serve as an advisory to the ELC/ELD in the creation and structure of grants and requests for proposals to avoid unintended adverse impact or barriers for diverse communities, and to ensure the equity lens is applied by applicants when accessing funding opportunities. Responsibilities include:

- Working with program staff to craft a set of RFP/Grant application questions for use in all ELC/ELD funding opportunities.
- Review specific RFPs/Grant applications as they are written.
- A member of the Equity Implementation Committee will be invited to serve during the RFP or grant award committee process and as reviewers of proposals.
- ELD staff will bring all RFP/grant applications before the Equity Implementation Committee in a timely manner so the committee may ensure that the equity lens has been used throughout the process.

Accountability

- Develop an accountability structure for legislation and policies that is introduced from ELD, Early Learning Hubs and from outside partners that impacts the early learning system.
- Any policy that comes out of the ELC will be reviewed by the EIC for adherence to the equity recommendations.
- Open Door policy (or open invitation) to community partners working within in the early learning system to help ensure that our policies are reaching our vulnerable populations.
- Offer review and recommendation to community partners who are introducing policy affecting the early learning system.
- Ensure recommendations are made clear to the ELC.
- Ensure Tribal consultations when needed for pertinent early learning system changes; acknowledging their sovereignty and value to the system.

Director's Report

Informational documents to accompany the Director's Report from David Mandell, Acting Early Learning System Director

Early Learning Legislative Presentations February – March 1, 2017

February 2nd	**February 7th**	**February 9th**	**February 14th**
ECFS Committee ELD & ELC Overview	*ECFS Committee* Home Visiting	*ECFS Committee* Preschool Promise *Senate Education* SB 182: Early Learning Workforce	*ECFS Committee* Early Learning Workforce
February 16th	**February 20th**	**February 21st**	**February 27th**
ECFS Committee Child Care & ERDC (joint with DHS)	*W&M Education* P-20 Education System Overview	*W&M Education* P-20 Education System *ECFS Committee* Early Childhood – K-12 Connection	*W&M Education* ODE Agency Overview
February 28th	**March 1st**		
W&M Education ELD Overview – Day 1	*W&M Education* ELD Overview – Day 2		

ECFS – House Early Childhood Family Supports Committee
Senate Education – Senate Committee on Education
W&M Education – Joint Ways & Means SubCommittee on Education
Presentation links share video recordings; committee links go to committee overview pages for additional materials

Oregon Partnership for Pre-K Improvement Grant

The Premise:

1. Children who participate in pre-k programs reflecting essential elements of quality enter kindergarten with skills and knowledge that will set them up for success through at least 3rd grade.[1]
2. Leaders and teachers supported by an integrated, effective professional learning system that utilizes evidence-based models/strategies/supports for training, coaching, and peer learning are the key to program improvement efforts, especially the improvement of instructional interactions.

The Challenge: Implementing high-quality programs at scale

Decades of research, knowledge, and experience have identified the significance of instructional quality in early learning classrooms. Yet improving instructional quality at scale has been a major challenge for the field. Understanding of improvement has greatly expanded in recent years, pointing to two key levers:

- **Instructional leadership.** The driver of improvement ensures a shared vision, coherent instructional guidance, and a supportive and collaborative professional work environment focused on ambitious teaching and learning.
- **Embedded professional development.** A comprehensive system includes coaching and collaborative, job-embedded professional learning for teachers and leaders (e.g. professional learning communities) to support ongoing improvement of instruction and outcomes.

The Vision: Transforming Improvement in Early Learning

- State specialists learn about program needs, develop and implement professional learning models for teachers and leaders, and organize systems of support for continuous quality improvement.
- Program leaders build organizational capacity to foster ongoing improvement in instruction.

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[1] Minervino, J. (2014) Lessons from Research and the Classroom: Implementing High Quality Pre-K that Makes a Difference for Young Children, Bill and Melinda Gates Foundation, retrieved from https://docs.gatesfoundation.org/documents/Lessons%20from%20Research%20and%20the%20Classroom_September%202014.pdf)

- Coaches and other instructional leaders drive improvement and facilitate ongoing teacher professional learning.
- Teachers implement high-quality instruction and interactions and continuously improve practice.
- Children are ready to succeed in kindergarten and beyond.

The Project: What is Available to States:

- **Targeted resources** to build local capacity to advance state goals for improving Pre-K and growing the capacity and effectiveness of early learning instructional leaders. This includes grants to the state annually for three years.
- **Consultation** from the Ounce of Prevention, University of Washington, and other national experts in building early learning systems that support high-quality program implementation
- **Co-design of instructional leadership professional development** to build leader and system capacity to drive continuous quality improvement
- **Peer learning** in a growing community of state leaders advancing a vision for high-quality preschool
- **Resources to lead advocacy partner(s)** to develop, implement, and manage advocacy strategy focused on improving pre-k quality and effectiveness, including grants and consultation from the Alliance for Early Success and other national organizations. In Oregon, the lead advocacy partner is the Children's Institute.

Board Action Summary

AGENDA ITEM: Overarching Guiding Principles Discussion

Summary of Recommended Board Action

ACTION: No Action – Review latest draft of guiding principles and operational questions.

BACKGROUND:
At the September 2016 Early Learning Council Retreat, Council members expressed interest establishing a set of overarching guiding principles for the Council to consider when making any policy decisions. At the October 2016 meeting, the Council agreed to send feedback on any previously-established principles. Feedback was incorporated and shared at the January 23, 2017 Council meeting. After much discussion, staff took the feedback and have generated a set of guiding principles and operational questions within each principle.

BOARD MEMBER PRESENTING REPORT: Sue Miller

CONTACT: David Mandell, Acting Early Learning System Director

Early Learning Council Guiding Principles

The Early Learning Council has established six guiding principles and operational questions that are designed to help ensure that the Early Learning Council's core values, principles and goals are infused through the work that it conducts and guides. These guiding principles and questions that should be considered and asked before making any decision.

1. The Early Learning Council operates in the best interest of children and their families and recognizes family as a child's first teacher.
    a. Have you considered the family norms and values?
    b. Have you considered non-dominant cultures?
    c. Have you applied the Equity Lens?

2. The Early Learning Council promotes equity in access and allocation of resources to and cultural responsiveness for populations furthest from opportunity.
    a. How are resources allocated to produce the most equitable outcomes for children and families furthest from opportunity?
    b. Have you considered families and children from the following communities?
        i. African American
        ii. Latino
        iii. API
        iv. Native
        v. Rural / Economic Disparity

3. The Early Learning Council is committed to continuous improvement.
    a. Is continuous improvement supported throughout systems and services?
    b. Do providers/caregivers/educators have competencies, supports and financial resources for best outcomes for children & families?
    c. Do providers/caregivers/educators have equitable access?

4. The Early Learning Council supports practice-based evidence and data-driven decision-making and accountability for realistic, measurable outcomes to children and families whenever possible.
    a. Are these measures realistic?
    b. How long will it take for these outcomes to be measurable?
    c. Is there data or research available to support these outcomes or measures?
    d. Do these outcomes further the commitment to support the whole child?

5. The Early Learning Council ensures that family-parent voice and roles are respected, enlisted, included and valued.
    a. Is there transparency in community public engagement?
    b. Are you meeting people where they are?
    c. Are you consulting with communities?
    d. Are parents and families empowered as decision-makers?

6. The Early Learning Council promotes collaboration, alignment and coordination across sectors.
    a. Are you engaging across agencies and partners to work toward success for children and families?
    b. Are you working together to benefit children and families?

Early Learning Division | 775 Summer St NE, Suite 300, Salem, OR 97301
Phone: 503-373-0066 | **Fax:** 503-947-1955

Early Learning Council – Administrative Rule Summary

Title/OAR #: 414-350, 414-300, 414-205, 414-180
Date: 2-15-17 **Staff/Office: Kelli Walker, Child Care Policy Manager; Lisa Pinheiro, Policy Specialist**
☐ **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**

BACKGROUND:

The Child Care and Development Block Grant Act of 2014 (CCDBG) specifically defined certain health and safety requirements for licensed child care providers.

The rules covering the areas stated in the CCDBG Act of 2014, as described in July 2016, were adopted as temporary rules in order to meet the federal deadline of September 30, 2016. Those areas requiring rules were: emergency procedures, protection from vehicular traffic, prevention of shaken baby syndrome and abusive head trauma, and new health and safety training requirements for all caregivers.

Since that time, additional items were added to the federal requirements: procedures for dealing with children with allergies, procedures for preventing child maltreatment, handling and storing hazardous materials, disposal of bio-contaminants, requiring orientation of program rules and procedures for licensed child care staff and critical training requirements for staff before they can have unsupervised access to children.

TIMELINE OF KEY ACTIVITIES & PUBLIC ENGAGEMENT:

Temporary rules became effective on Sept. 9, 2016. The Early Learning Division conducted a series of engagement activities throughout the state to receive feedback on the rule considerations. Rules were drafted for the new requirements as well as a review of the temporary rules that had been previously adopted for any needed rule language amendments.

The Child Care and Education Committee (CCEC) served as the Council's Rules Advisory Committee, and reviewed the on Feb. 9, 2017. The CCEC approved all proposed rules and recommended approval by the Council.

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.

ISSUES/CONCERNS THAT SURFACED DURING RULE WORK:
No issues or concerns surfaced during rule work. An emphasis was placed on consistency of rule language among all rule sets.

FISCAL IMPACT:
These new rules will have minimal fiscal impact on child care providers.

Rules currently in effect contain language on **emergency procedures**. The CCDBG requires the addition of specific requirements that may already be included in a licensee's emergency plan.

The safety rules for **vehicular traffic** and **prevention of shaken baby syndrome** and **abusive head trauma** are advisory in nature and do not have financial implications for providers.

The required **Introduction to Child Care Health and Safety** training is a free course and is offered online in multiple languages. Child care facilities that employ workers who have not taken this course may need to pay staff time to take this training during an orientation period or pay time for current staff to take the training during working hours.

STAFF RECOMMENDATION:
☐ Adopt Temporary administrative rule
☒ Adopt Final administrative rule
☐ Repeal Rule
☐ No recommendation at this time

Comments:

DIVISION 205

REGISTERED FAMILY CHILD CARE HOMES

414-205-0040

The Provider and Other Persons in the Home

(1) The registered provider and any substitute provider shall:

(a) Be at least 18 years old,

(b) Have competence, sound judgment and self-control when working with children, and

(c) Be mentally, physically and emotionally capable of performing duties related to child care.

(2) No one shall have access to child care children who has demonstrated behavior that may have a detrimental effect on a child. Residents of the home are considered to have access to the child care children even if they are not generally at home during child care hours.

(3) The applicant and other residents of the home 18 years of age or older must be enrolled in OCC's CBR prior to the issuance of a registration. Residents of the home who are under 18 years of age must be enrolled in the Registry by their 18th birthday.

(4) The provider must verify with OCC that the individual is enrolled in the CBR prior to that individual moving into the home, residing on a temporary basis in the home, visiting the home on a regular basis (including overnight visits) or substituting for or assisting the provider. This does not apply to parents of children in care unless they are residing in the home or substituting or assisting the provider. The provider must keep a copy of OCC's confirmation letter for all adults enrolled in the CBR that may have contact with child care children.

(5) If additional information is needed to assess a person's ability to care for children or to have access to children, OCC may require references, an evaluation by a physician, counselor, or other qualified person, or other information.

(6) Any visitor to the home or other adult who is not enrolled in the CBR may not have unsupervised access to children.

(7) The provider, substitutes and other individuals that are required to be enrolled in the CBR must maintain current enrollment in the CBR at all times while the child care license is active.

(8) Prior to substituting for the provider, a caregiver must:

(a) Be familiar with the requirements for registration and agree to comply with them;

(b) Be enrolled in the CBR;

(c) Comply with all the requirements placed on the provider, except those in OAR 414-205-0055(1)(a)~~(d)(e)~~, (2), (3);

(d) Have current certification in first aid and infant and child cardiopulmonary resuscitation (CPR). The certifications must be current while the caregiver is substituting for the provider. CPR training must have practical hands-on instruction. CPR courses that involve an on-line component with hands-on instruction may be accepted. Strictly on-line CPR training is not acceptable; ~~and~~

(e) Have completed a minimum of two hours of training on child abuse and neglect that is specific to Oregon law;

~~(e)~~ **(f)** Have current food handler's certification, if preparing or serving food to children; **and**

(g) Have completed OCC approved health and safety training.

414-205-0055

Training Requirements

(1) When a person submits a new application for registration as a family child care provider, OCC shall, prior to approving the registration, receive evidence from the person that the person has:

(a) Completed the Family Child Care Overview session;

(b) A current certification in first aid and infant and child CPR. CPR training must have practical hands-on instruction. CPR courses that involve an on-line component with hands-on instruction may be accepted. Strictly on-line CPR training is not acceptable.

(c) A current food handler certification pursuant to ORS 624.570;

(d) ~~Completed two hours of training on recognizing and reporting child abuse and neglect issues.~~ **Have completed a minimum of two hours of training on child abuse and neglect that is specific to Oregon law; and**

~~(A) Recognizing and reporting child abuse and neglect training must be based on Oregon law and practice so information is relevant to reporting in Oregon.~~

~~(B) Recognizing and reporting child abuse and neglect training must be two hours or more in duration to be accepted.~~

(e) Completed OCC approved health and safety training.

(2) When a registered family child care provider submits a renewal application, the OCC shall, prior to approving it, receive evidence from the provider that the provider has:

(a) A current certification in first aid and infant and child CPR. CPR training must have practical hands-on instruction. CPR courses that involve an on-line component with hands-on instruction may be accepted. Strictly on-line CPR training is not acceptable.

(b) A current food handler certification pursuant to ORS 624.570; and

(c) Completed a minimum of ten hours of training during the two years preceding the renewal date. The training must be related to the core knowledge categories in the Oregon Registry. At least six clock hours of the ten hours of training must be in child development or early childhood education. A training on recognizing and reporting child abuse and neglect will be accepted after five years (and every five years thereafter) as part of the ten clock hours of training required for licensing, but will not be accepted as part of the required child development training hours.

(d) Completed OCC approved health and safety training. If the training is not complete at the time of the application, it must be completed by June 30, 2017.

(A) OCC will accept duplicate training one additional time if it is a Set 2 (intermediate) or Set 3 (advanced) training or above as described by the Oregon Center for Career Development in Childhood Care and Education; and it is not taken within the same license period.

(B) The following core knowledge categories are accepted for the child development and early childhood education requirement: Diversity (D), Family and Community Systems (FCS), Human Growth and Development (HGD), Health Safety and Nutrition (HSN), Learning Environments and Curriculum (LEC), Observation and Assessment (OA), Special Needs (SN), and Understanding and Guiding Behavior (UGB).

(3) When a person submits a reopen application, the OCC shall, prior to approving it, receive evidence from the individual that the individual has:

(a) A current certification in first aid and infant and child CPR. CPR training must have practical hands-on instruction. CPR courses that involve an on-line component with hands-on instruction may be accepted. Strictly on-line CPR training is not acceptable.

(b) A current food handler certification pursuant to ORS 624.570; and

(c) Documentation that individual has ten hours of training related to the Oregon Registry core knowledge categories since the individual's last active child care license was issued. If the individual was previously licensed for less than two years, the training requirements will be prorated as follows: 2.5 hours of training for each six months of the previous license period. A training on recognizing and reporting child abuse and neglect will be accepted again after five years (and every five years thereafter) as part of the ten clock hours of training required for licensing, but will not be accepted as part of the required child development training hours.

(d) OCC will accept duplicate training one additional time if it is a Set 2 (intermediate) or Set 3 (advanced) training or above as described by the Oregon Center for Career Development in Childhood Care and Education; and it is not taken within the same license period.

(e) Completed OCC approved health and safety training. If the reopen is the result of an address change, the person must complete the OCC approved health and safety training by June 30, 2017.

(4) While the registered family child care license is active, the provider must maintain current certification in first aid, infant and child CPR and food handler training.

414-205-0100

Health

(1) All caregivers shall take appropriate precautions to prevent shaken baby syndrome and abusive head trauma.

(2) The home must be a healthy environment for children.

(a) No person shall smoke or carry any lighted smoking instrument, including an e-cigarette or vaporizer in the family 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. No person shall use smokeless tobacco in the family child care home during child care hours or when child care children are present. 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.

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

(c) Notwithstanding OAR 414-205-0000(5), no one shall possess, use or store illegal controlled substances on the family child care home premises. No one shall be under the influence of illegal controlled substances on the family child care home premises.

(d) Notwithstanding OAR 414-205-0000(5), no one shall grow or distribute marijuana on the premises of the registered family child care home. No adults shall use marijuana on the registered family child care home premises during child care hours or when child care children are present.

(e) No adult under the influence of marijuana shall have contact with child care children.

(f) Notwithstanding OAR 414-205-0000(5), marijuana plants shall not be grown or kept on the registered family child care home premises.

(g) All medical marijuana must be kept in its original container if purchased from a dispensary and stored under child safety lock. All medical marijuana derivatives and associated paraphernalia must be stored under child safety lock.

(h) Effective July 1, 2015, all marijuana, marijuana derivatives and associated paraphernalia must be stored under child safety lock.

(i) There must be at least one flush toilet and one hand-washing sink available to children. Steps or blocks must be available to ensure children can use the toilet and sink without assistance.

(j) The room temperature must be at least 68°F during the hours the child care business is conducted.

(k) Rooms occupied by children must have a combination of natural and artificial lighting.

(l) Floors must be free of splinters, large unsealed cracks, sliding rugs and other hazards.

(3) 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.

(a) 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,

scissors, disposable plastic gloves for handling blood spills, a solution for disinfecting after a blood spill, a sanitary temperature taking device and CPR mouth guards.

(b) A first aid kit and a copy of each child's emergency medical information including a medical release form shall be taken any time the caregiver is transporting child care children or taking child care children on field trips.

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

(5) Illness:

(a) 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) Difficulty breathing or abnormal wheezing;

(x) Complaints of severe pain.

(b) A child, who, after being admitted into child care, shows signs of illness, as defined in this rule, shall 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.

(6) 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.

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

(8) Prescription and non-prescription medication shall only be given to a child if the provider has written authorization from the parent, as required in OAR 414-205-0130(3).

(9) Prescription and non-prescription medications must be properly labeled and stored.

(a) Non-prescription medications or topical substances must be labeled with the child's name.

(b) 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.

(c) Medication requiring refrigeration must be kept in a separate, tightly covered container, marked "medication," in the refrigerator.

(10) Sunscreen is considered a non-prescription medication and may be used for child care children under the following conditions:

(a) Providers must obtain written parental authorization prior to using sunscreen.

(b) One container of sunscreen may be used for child care children unless a parent supplies an individual container for their child. The sunscreen shall be applied in a manner that prevents contaminating the container.

(A) Parents must be informed of the type of product and the sun protective factor (SPF).

(B) Parents must be given the opportunity to inspect the product and active ingredients.

(c) If sunscreen is supplied for an individual child care child, the sunscreen must be labeled with the child's first and last name and must be used for only that child.

(d) Providers must reapply sunscreen every two hours while the child care children are exposed to the sun.

(e) Providers shall use a sunscreen with an SPF of 15 or higher and must be labeled as "Broad Spectrum".

(f) Providers shall not use aerosol sunscreens on child care children.

(g) Sunscreen shall not be used on child care children younger than six months.

(h) Child care children over six years of age may apply sunscreen to themselves under the direct supervision of the provider or staff member.

(11) Parents must be informed daily of any medications given to their child or any injuries their child has had.

(12) If a child with allergies is enrolled who needs a specific plan for caring for that child, such a plan shall be developed in writing between the provider, parents, and if necessary, outside specialists. All staff who come in contact with that child shall be fully aware of the plan.

~~(12)~~ **(13)** The provider must provide or ensure the availability of meals and snacks appropriate for the ages and needs of the children served.

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

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

(c) Foods must be prepared and served according to the minimum standards for food handler certification.

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

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

~~(13)~~ **(14)** Any animal at the family child care home shall be in good health and be a friendly companion for the children in care.

(a) Potentially aggressive animals must not be in the same physical space as the children.

(b) Dogs and cats must be vaccinated according to a licensed veterinarian's recommendations.

(c) Dogs and cats shall be kept free of fleas, ticks and worms.

~~(14)~~ **(15)** Animal litter boxes shall not be located in areas accessible to children or areas used for food storage or preparation.

~~(15)~~ **(16)** Caregivers must be physically present when children are interacting with animals.

~~(16)~~ **(17)** 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.

~~(17)~~ **(18)** Parents must be made aware of the presence of any animals on the premises.

414-205-0110

Safety

(1) 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;

(h) A working smoke detector on each floor and in any area where children nap;

(i) A working fire extinguisher with a rating of at least 2-A:10-BC;

(j) 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;

(k) Cleaning supplies, paints, matches, lighters, and plastic bags kept under child-safety lock;

(l) Other potentially dangerous items, such as medicine, drugs, sharp knives and poisonous and toxic materials kept under child-safety lock;

(m) Flammable and combustible liquids, such as paint thinner and gasoline, shall be stored in the original container or a safety container and, if over one gallon, kept in an unattached storage building;

~~(m)~~ **(n)** If any preschool age or younger children are in care, poisonous plants must be kept out of the reach of children; and

~~(n)~~ **(o)** All clear glass panels in doors clearly marked at child level.

(2) All floor levels used by children must have access to two useable exits, as defined in OAR 414-205-0010(32), to the outdoors.

(a) If a basement is used for child care purposes, the requirement for two useable exits may be met by one of the following:

(A) A sliding glass door or swinging door to the outside and a window that meets the definition of a useable exit; or

(B) A window which meets the definition of a useable exit and an internal stairway to ground level that has unobstructed and direct access to the outdoors.

(b) If a window, which meets the definition of a useable exit, is used:

(A) Steps must be placed under the window to allow children to exit without assistance; and

(B) The window must be kept in good working condition.

(c) If a window used as an exit has a window well, a mechanism must be in place to allow children to exit the window well.

(3) Second floors (does not apply to providers registered continuously at the same address before 2009, unless the provider has moved the child care license to a new residence):

(a) Child care children shall not sleep on the second floor or above;

(b) Care shall not be provided for infants and toddlers on the second floor or above;

(c) Night care shall not be provided on the second floor or above;

(d) Children may be allowed on the second floor to use the bathroom if the only bathroom is on the second floor;

(e) Care can be provided for preschool and school-age children on the second floor or above, if:

(A) There are two staircases to the ground level and all children are mobile enough to exit safely; or

(B) The designated fire marshal has approved the use of the upper floor.

(4) 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 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 **and how children will be reunited with their families**;

(b) Procedures to address the needs of individual children, **including infants and toddlers,** ~~those~~ **children** with special needs **and children with chronic medical conditions**; ~~and~~

(c) An acceptable method to ensure that all children in attendance are accounted for;

(d) Procedures for handling natural disasters (e.g. fire, earthquake, etc.) and man-caused events, such as violence at a child-care facility;

(e) Procedures in the event that children must shelter-in-place or if the child-care home must be locked-down so that no one can enter or leave; and

(f) Procedures for maintaining continuity of child care operations.

(5) A telephone in working condition must be in the family child care home.

(a) Parents must be given the telephone number so they can contact the provider if needed.

(b) Emergency telephone numbers for fire, ambulance, police and poison control and the provider's home address must be posted in a visible location.

(6) The building, grounds, water supply, and toys, equipment and furniture used by children must be maintained in a hazard-free condition.

(a) Broken toys, furniture and equipment must be removed from areas accessible to children.

(b) Both the exterior and interior of the home must be maintained in good repair.

(c) Painted surfaces must be in good condition, both inside and outside, to avoid exposing children to lead paint.

(d) The provider shall report to OCC any damage to the building that affects the provider's ability to comply with these requirements, within 48 hours after the occurrence.

(7) If a caregiver is transporting children, the caregiver must have a valid driver's license and proof of appropriate insurance. ~~The provider must take precautions to protect children from vehicular traffic.~~

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

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

(10) The provider must take precautions to protect children from vehicular traffic. The provider shall:

(A) require drop off and pick up only at the curb or at an off-street location protected from traffic.

(B) assure that any adult who supervises drop-off and loading can see and assure that children are clear of the perimeter of all vehicles before any vehicle moves.

~~(10)~~ **(11)** 15-passenger vans shall not be used to transport child care children after January 1, 2018.

414-205-0120

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) All toys, equipment and furniture used by children must be cleaned, rinsed and sanitized regularly and whenever 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 diaper changing area shall be located so that hand washing can occur immediately after diapering without contacting other surfaces or children.

(7) The building and grounds must be maintained in a clean and sanitary manner.

(8) All garbage, solid waste, and refuse must be disposed of regularly, in a safe and sanitary manner.

(9) Bio-contaminants including but not limited to bodily fluids and blood shall be disposed of in a manner that prevents exposure to children.

~~(9)~~ **(10)** The home's water supply must be safe to drink.

~~(10)~~ **(11)** Wading pools are prohibited for wading.

DIVISION 180

REGULATED SUBSIDY FAMILY CHILD CARE HOMES

414-180-0015

Health

(1) The provider must give the children's needs first priority, assuring that they get adequate care and attention.

~~(1)~~ **(2)** The child care home must be a healthy environment for children.

(3) All caregivers shall take appropriate precautions to prevent shaken baby syndrome and abusive head trauma.

~~(2)~~ **(4)** There must be at least one flush toilet and one hand-washing sink available to children.

~~(3)~~ **(5)** 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)~~ **(6)** 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)~~ **(7)** If the parent(s) so request, siblings may share the same bed.

~~(6)~~ **(8)** The upper level of bunk beds shall not be used for children under ten years of age.

~~(7)~~ **(9)** If an infant uses a blanket, the blanket may not cover the infant’s head or face.

~~(8)~~ **(10)** Infants must be laid on their backs on a flat surface for sleeping.

~~(9)~~ **(11)** Children shall not be laid down with a bottle for sleeping.

~~(10)~~ **(12)** 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)~~ **(13)** 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)~~ **(14)** 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)~~ **(15)** Section ~~12~~ **14** 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)~~ **(16)** Parents must be notified if their child is exposed to an outbreak of a communicable disease.

(17) If a child with allergies is enrolled who needs a specific plan for caring for that child, such a plan shall be developed in writing between the provider and parents, and if necessary, outside specialists. All caregivers who come in contact with that child shall be fully aware of the plan.

~~(15)~~ **(18)** 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)~~ **(19)** No person shall use smokeless tobacco in the child care home during child care hours or when child care children are present.

~~(17)~~ **(20)** 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)~~ **(21)** No one shall consume alcohol on the child care home premises during child care hours or when child care children are present.

~~(19)~~ **(22)** 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)~~ **(23)** 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)~~ **(24)** 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)~~ **(25)** 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)~~ **(26)** “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)~~ **(27)** All marijuana, marijuana derivatives and associated paraphernalia must be stored under child safety lock.

~~(25)~~ **(28)** Any animal at the provider’s home shall be in good health and be a friendly companion for the children in care.

~~(26)~~ **(29)** Dogs and cats must be vaccinated according to a licensed veterinarian's recommendations.

~~(27)~~ **(30)** Dogs and cats shall be kept free of fleas, ticks and worms.

~~(28)~~ **(31)**Animal litter boxes shall not be located in areas accessible to children or areas used for food storage or preparation.

~~(29)~~ **(32)** 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)~~ **(33)** Prescription and non-prescription medication shall only be given to a child if the provider has written authorization from the parent.

~~(31)~~ **(34)** Prescription and non-prescription medications must be properly labeled and stored.

~~(32)~~ **(35)** Non-prescription medications or topical substances must be labeled with the child's name.

~~(33)~~ **(36)** 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)~~ **(37)** Medication requiring refrigeration must be kept in a separate, tightly covered container, marked "medication," in the refrigerator.

~~(35)~~ **(38)** Parents must be informed daily of any medications given to their child or any injuries their child has had.

~~(36)~~ **(39)** 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)~~ **(40)** Parents must be given the telephone number so they can contact the provider if needed.

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) Bio-contaminants including but not limited to bodily fluids and blood shall be disposed of in a manner that prevents exposure to children.

~~(8)~~ **(9)** The home has safe drinking water.

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 **and how children will be reunited with their families**;

(b) Procedures to address the needs of individual children, including **infants and toddlers,** ~~those~~ **children** with special needs **and children with chronic medical conditions**; ~~and~~

(c) An acceptable method to ensure that all children in attendance are accounted for;

(d) Procedures for handling natural disasters (e.g. fire, earthquake, etc.) and man-caused events, such as violence at a child-care facility;

(e) Procedures in the event that children must shelter-in-place or if the child-care home must be locked-down so that no one can enter or leave; and

(f) Procedures for maintaining continuity of child care operations.

(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. **The provider shall:**

(a) Require drop off and pick up only at the curb or at an off-street location protected from traffic.

(b) Assure that any adult who supervises drop-off and loading can see and assure that children are clear of the perimeter of all vehicles before any vehicle moves.

(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.

Board Action Summary

AGENDA ITEM: Lead Mitigation Workgroup Report Update

Summary of Recommended Board Action

ACTION: No Action – Information Only

ISSUE: The harmful impact of lead exposure during a child's development, especially for the youngest children, is well known and well documented.

BACKGROUND: The Early Learning Council requested the Early Learning Division convene a workgroup of staff and stakeholders to bring recommendations to the council that address testing water for lead and reducing other lead exposures risks in child care environments.

CONTACT: Kelli Walker, Child Care Policy Manager, ELD

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

Lead Testing and Mitigation Workgroup Report

Background

The harmful impact of lead exposure during a child's development, especially for the youngest children, is well known and well documented. The Early Learning Council requested the Early Learning Division convene a workgroup of staff and stakeholders to bring recommendations to the council that address testing water for lead and reducing other lead exposures risks in child care environments. The major pathway for children to be exposed to lead is through paint and dust.

Workgroup Members

Workgroup members represented early learning stakeholders including family child care, center based child care, Oregon Pre-K and Head Start, child care resource and referral, and the Department of Human Services. Subject matter experts participating included county environmental health and individuals representing the Oregon Health Authority (OHA) in the following areas: Lead Poisoning Prevention, Oregon Drinking Water Services, Environmental Public Health, and Child Health Systems.

Workgroup Meetings

For the convening meeting of the workgroup, members studied the background and relevant issues that brought the council's charge to the workgroup, as well as the Governor's directive for Oregon Health Authority and the Oregon Department of Education to work together to address the issue of lead in the water of public schools and child care facilities. Kari Salis from the Oregon Health Authority – Public Health Division's Center for Public Health Protection (which includes the Drinking Water Section) presented information to the group in order to develop a shared understanding of health risks, water regulations and the roles and duties of different regulatory systems. All members of the work group then shared knowledge, expertise and concerns related to lead testing and mitigation.

Key themes from the first meeting that framed subsequent conversations:

- Commitment to keep children and staff safe from environmental hazards.
- Lead in the water is relevant but not as large a threat as lead paint and dust. A notable exception in the impact of water with unacceptable high levels of lead that is used to mix formula for infants.
- Family child care in homes will be the most challenging venue for environmental regulation and mitigation.
- Policy and rule need to address lead in the water within the larger context of environmental risk.

In the second meeting, work group members reviewed current child care rules and offered recommendations for improvement. Discussion ensued around testing protocols and the

difficulty in having overall recommendations for all child care facilities. Public water systems are already tested and testing protocols for commercial buildings and schools differ from homes. When considering testing protocols, there are a number of factors to take into account, such as age of building, fixtures, and plumbing. It is important to utilize the correct water testing protocol for lead so lead hazards that are the result of a building's plumbing may be found. The group discussed best practices, recommended standards and risk based approach, as well as options for an educational campaign. The group also discussed the high economic cost of both fully addressing the issue and not addressing the issue.

Individuals again reiterated the need to address immediate concerns around lead exposure and to think holistically, addressing lead exposure within the greater environmental scope.

Factors to Consider

Child care in Oregon is under the regulatory oversight of the Early Learning Division. This includes over 4,000 homes where family child care is provided in licensed and license exempt (serving subsidy recipients) settings. There are also over 1,100 centers in commercial buildings or schools.

Most lead exposure comes from dust and chips from interior and exterior lead-based paint removal, lead contaminated soil, industrial sources, and materials that contain lead. Lead based paint was used in homes built before 1978. Even if paint is in good condition, over time, abrasion, friction, and environmental factors can cause deterioration. Current child care monitoring and rules minimize or eliminate possible exposure to lead based paint by assessing conditions of paint, and regulating cleaning practices, play areas, playground equipment, toys and furniture.

Lead in drinking water usually comes from water distribution lines or household plumbing rather than lakes, wells or streams. Lead pipes and lead solder was used in construction until 1986.

The only way to confirm if lead is present in fixtures that supply water is through testing. There are ways to reduce possible lead exposure in drinking water even if fixtures test positive for lead.

Public water systems in the Portland Metro and Salem areas provide free lead testing kits for residential purposes. Most public water districts around the state advise customers to send samples to accredited labs and are charged a fee. Lab testing for commercial facilities and schools must be conducted by Oregon accredited laboratories and the average cost is $21.60 with additional resources needed for collection costs.

There is vast research and technical assistance on identifying and reducing exposure to lead in child care. The Environmental Protection Agency, Oregon Health Authority, Eco-Healthy Child Care, as well as numerous states and agencies address actions to protect drinking water at schools and child care facilities.

Overall Recommendations

A subset of the committee developed a framework for recommendations on all lead risks, based on feedback from the workgroup, the Oregon Health Authority, and the Environmental Protection Agency's 3Ts campaign (Training, Testing and Telling). The 3Ts campaign objective is to provide child care facility operators and school officials with the tools they need to understand and address lead in drinking water. The recommendations that follow are outlined with this framework in mind. In addition, the Early Learning Division is working through rule revision of all child care rules and has engaged subject matter experts, including staff members from the Oregon Health Authority, to assist with revision of rules pertaining to environmental health and lead exposure prevention.

Training – Adopt training for child care providers and licensing staff to understand the dangers of lead, actions that reduce exposure, and lead testing recommendations.

- OHA/ODE developed a healthy school facilities webinar that could be used or adapted for early learning environments and be offered to child care providers, owners and directors.
- Implement standardized best practices in child care facilities, possibly through rule, to include recommendations from OHA:
    - Flush pipes by running your tap until the water is noticeably cooler and run tap water for at least two minutes after water sits in the pipes for six hours or more.
    - Use only cold water for drinking, cooking and making baby formula, hot water is more corrosive and may contain higher levels of lead.
    - Clean the screens and aerators in faucets frequently to remove captured lead particles.
    - If building or remodeling, only use "lead-free" piping and materials for plumbing.
- Develop and conduct training with licensing specialists so they have a comprehensive understanding of lead exposure and will be able to identify related environmental hazards in child care facilities.

Outreach and Educational Campaign – Develop a communication plan on lead safety in child care and include the following components:

- Collaborate with the Oregon Health Authority to update their "Lead-Safe Child Care" brochure and "Protecting Kids from Lead Paint: A guide for Child Care Providers" which provides information on lead hazards, effects of lead poisoning and how to protect children in care.
- Develop "Fact Sheet" on lead and drinking water safety requirements and recommendations for child care programs appropriate to the setting.

Tighten regulations – Current regulation calls for protection from lead based paint and requires safe drinking water.

- Add rule requiring completion of a lead risk assessment questionnaire for facilities with mitigation recommendations and/or requirements based on profile information.

- Update child care facility rules to include stronger language suggested through engagement with Oregon Health Authority and county environmental health specialists.

Water Testing for Lead

The original charge of the workgroup was to examine strategies to reduce lead exposure in child care facilities; specifically, to make recommendations on water testing and mitigating the impact if lead levels are detected. Testing the drinking water for lead is the only way to determine the presence of lead. The workgroup struggled with requiring testing and mitigation in child care environments particularly where the majority of "facilities" are private homes and small business owners operating on minimal profit margins. Comprehensive testing and mitigation may not be responsive to the economic reality of the child care business environment and may require an investment of public funds.

Short of requiring all child care facilities to test for lead in water, there are a number of measures that could help to ensure safer environments for children. The policy decisions for the Early Learning Council may need to reflect a risk reduction approach with a focus on the larger threat of lead exposure through paint and dust; then determine where to require testing of water and how to fund such requirement.

There are a number of options that could be considered:

- All new and renewing facilities would be required to complete a risk assessment questionnaire with their licensing specialist for plumbing and other lead hazard risks. Based on the results of the questionnaire, testing may be required and in any event, best practices for reduction of lead exposure would be enforced.
- The workgroup suggests that the Early Learning Council ***recommend*** all child care facilities test for lead in outlets where water is used for drinking or food preparation.
- If the Early Learning Council ***requires*** testing, the workgroup endorses locating resources to help offset the cost of testing, particularly for family child care homes where regional or local water districts offer no free lead testing.

Final Thoughts

Lead poisoning can cause permanent brain damage, reduced IQ, learning disabilities and behavior problems. It is imperative to move forward with a plan of action despite funding constraints.