

NOTICE OF PROPOSED RULEMAKING

CHAPTER 414

OREGON DEPARTMENT OF EDUCATION, EARLY LEARNING DIVISION

FILING CAPTION: Administrative Rules requiring testing water for lead in licensed child care facilities.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 01/21/2018 5:00 PM

NEED FOR THE RULE(S):

Increasingly, information indicates lead is leaching into water through plumbing and piping. Young children are at greatest risk of health problems related to lead exposure. This rule will require all licensed and regulated child care facilities to test for lead in water using an OHA accredited laboratory, report results and require specific actions to mitigate against lead exposure if lead is present.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

Caring for Our Children. Standard 5.2.6.3. <http://cfoc.nrckids.org/StandardView/5.2.6.3>

Oregon Accredited Laboratory List:

<http://www.oregon.gov/oha/PH/LaboratoryServices/EnvironmentalLaboratoryAccreditation/Documents/dw-lead.pdf>

FISCAL AND ECONOMIC IMPACT:

Requiring testing for every licensed child care facility would require small businesses to develop a plumbing profile to understand the potential sources of lead in the facility. Rule would require 3 tests for a Certified Child Care Center, considered a small business for the purposes of the fiscal impact analysis. Based on a scan of statewide accredited laboratories, each tests costs approximately \$22.00 with a \$10.00 collection cost. Estimated costs to each Center would be approximately \$100.00.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) This rule will require the Early Learning Division and the Oregon Health Authority to work collaboratively to update and translate written materials as part of a training and outreach plan. (2a) Approximately 4,300 licensed facilities. (2b) Minimal impact due to added record keeping and posting notices for parents. (2c) The full impact is unknown at this time. Nationally, health agencies are learning more about the scope of the problem in existing infrastructure.

An outcome of the proposed testing requirement will be to provide a clearer understanding of the scope, scale and costs of mitigating and ultimately preventing exposure to lead contamination through

drinking water at Oregon's licensed and regulated child care facilities.

Costs of mitigation, e.g., supplying bottled water, replacing faucets and plumbing is unknown.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

In November 2016, the Early Learning Council directed Early Learning Division staff to form a workgroup of staff and stakeholders to examine strategies to reduce lead exposure in child care facilities. Stakeholders involved included Department of Human Services, Oregon Health Authority, Child Care Resources and Referral agencies, Washington County Environmental Health, as well as representatives of family child care providers, center-based child care, Oregon PreK and Head Start. The proposed rules reflect the Council's feedback based on reports from the work group.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

CONTACT:

Alyssa Chatterjee
971-701-1535
alyssa.chatterjee@state.or.us
775 Summer St NE
Suite 300
Salem,OR 97301

RULES PROPOSED:

414-300-0010, 414-300-0060, 414-300-0180

AMEND: 414-300-0010

RULE TITLE: Application for a Child Care Certificate

RULE SUMMARY: Lead in plumbing is prevalent. In the 1980's and 1990's laws curtailed use of lead. Today information is available to indicate lead leaching into water through plumbing and piping. Young children are at greatest risk of health problems related to lead exposure, including serious brain and kidney damage. Of the 4,300 licensed facilities, approximately 3,000 are operated in a home or small businesses setting. This rule will require all licensed and regulated child care facilities test for lead in water using an OHA accredited laboratory, and implement actions to mitigate against lead exposure through water when test results indicate lead levels reach or exceed those established by rule. Mitigation actions suitable to reduce risk of lead exposure through drinking water is identified in rule.

RULE TEXT:

- (1) Unless exempted by Oregon laws governing child care facilities, no person or organization shall operate a child care center without a valid certificate issued by the Child Care Division.
- (2) Application for a certificate shall be made on forms provided by OCC.
- (3) A completed application is required:
 - (a) For the initial certificate;

(b) For the annual renewal of the certificate; and

(c) Whenever there is a change of owner, operator or location.

(4) The applicant shall complete and submit an application to OCC at least:

(a) 45 days before the planned opening date of a new center; and

(b) For renewal of certification, 30 days prior to the expiration of the certificate.

(A) If an application for renewal and payment of the required fee is received by OCC at least 30 days prior to the expiration date of the current certificate, the current certificate, unless officially revoked, remains in force until OCC has acted on the application for renewal and has given notice of the action taken.

(B) If an application for renewal and payment of the required fee is not received by OCC at least 30 days prior to the expiration date of the current certificate, the certificate will expire as of the date stated on the certificate and child care must cease at the facility, unless the renewal is completed before the expiration date.

(5) An application for a certificate shall be accompanied by a non-refundable filing fee.

(a) For the initial application, a change of owner/operator, the reopening of a center after a lapse in certification, or a change of location (except when a facility is forced to move due to circumstances beyond the control of the operator), the fee is \$100 plus \$2 for each certified space (e.g., the fee for a child care center certified to care for 30 children is $\$60 + \$100 = \$160$).

(b) For a renewal application, the fee is \$2 for each certified space.

(6) An application for a certificate must be completed by the applicant and approved by OCC within 12 months of submission or the application will be denied. If an application is denied, an applicant must submit a new application for a certificate.

(7) All civil penalties must be paid in full.

(8) A floor plan shall be submitted with the initial application and/or when a facility is being constructed or remodeled. The floor plan shall show dimensions of all rooms to be used (length and width), the planned use of each room, the placement and number of toilets, handwashing sinks, and diaper changing tables, and the location of the fixtures and plumbing in the kitchen. Similar plans shall be submitted to the environmental health specialist, the fire marshal and the buildings department prior to initial construction or remodel.

(9) If the facility is located within or attached to a building used for purposes other than child care, the floor plan shall describe the other activities which are carried out in adjoining rooms or buildings.

(10) If the applicant is a firm, association, corporation, public agency, or governmental entity, the application shall be signed by the chief executive officer or a person designated in writing to have the authority to sign for the applicant. If the applicant is a partnership, the application shall be signed by each partner.

(11) A management list shall be submitted with the application and updated annually. The list must specify who is responsible for each of the following:

(a) Financial management;

(b) Maintaining records;

(c) Budgeting;

(d) Policy Development;

(e) Staff management, orientation and training;

(f) Maintenance of building and grounds;

(g) Meal planning and preparation;

(h) Transportation of children, if provided; and

(i) Ensuring the appropriateness of program activities according to age and development of the children.

(12) An operator shall provide verification to OCC that the center meets all applicable building codes and zoning requirements that apply to child care facilities:

(a) Before the initial certificate is issued; and

(b) Whenever the facility is remodeled.

(13) The center shall be approved by an environmental health specialist registered under ORS chapter 700, or an authorized representative of the Health Division, and by a state or local fire marshal, before a certificate is issued by OCC.

(a) If structural, emergency or permit problems occur, OCC may request that the operator have the center inspected by the appropriate authority; and

(b) The operator is responsible for payment of any applicable fees for fire safety and sanitation inspections.

(14) An application for certificate shall be accompanied by lead testing results for drinking water.

(a) An applicant must have all faucets and fixtures accessible to children or used to obtain water for preparing food, infant formula, drinking or cooking tested for lead;

(b) An applicant must be tested by an Oregon Health Authority accredited testing laboratory and in accordance with the United States Environmental Protection Agency 3T's for Reducing Lead in Drinking Water in Schools: revised technical guidance dated October 2006.

(15) Upon receipt of a completed application, a representative of OCC shall evaluate the center and all aspects of the proposed operation to determine if the center meets certification requirements (OAR 414-300-0000 through 414-300-0415).

STATUTORY/OTHER AUTHORITY: ORS 329A.260

STATUTES/OTHER IMPLEMENTED: ORS 329A.260

AMEND: 414-300-0060

RULE TITLE: Record Keeping

RULE SUMMARY: Lead in plumbing is prevalent. In the 1980's and 1990's laws curtailed use of lead. Today information is available to indicate lead leaching into water through plumbing and piping. Young children are at greatest risk of health problems related to lead exposure, including serious brain and kidney damage. Of the 4,300 licensed facilities, approximately 3,000 are operated in a home or small businesses setting. This rule will require all licensed and regulated child care facilities test for lead in water using an OHA accredited laboratory, and implement actions to mitigate against lead exposure through water when test results indicate lead levels reach or exceed those established by rule. Mitigation actions suitable to reduce risk of lead exposure through drinking water is identified in rule.

RULE TEXT:

(1) The operator shall keep all records, except those specified in OAR 414-300-0060(1)(d)(F), for at least two years, and staff and children's records for two years after termination of employment or care. These records shall be available at all times to OCC:

(a) Complete and current information on each child as required in OAR 414-300-0040(4) and (6);

(b) Records of daily attendance showing:

(A) The date of employment, time of arrival and departure, and room assignment for each staff; and

(B) The date, name of each child in attendance, and time of arrival and departure. The record must show the children in attendance at any given time;

(C) The current day's attendance record shall be maintained in the child's classroom in paper format.

(c) Personnel record for each staff, which shall include:

(A) Name, address and telephone number of staff;

(B) Position in center;

(C) Written verification (such as transcripts, payroll records, time sheets, documented resumes, notes regarding telephone conversations, etc.) that the person possesses the qualifications for the position;

(D) Verification that the staff is currently enrolled in the Central Background Registry;

(E) Statement of the staff's duties;

(F) Record of current health-related training, such as CPR, Life Support, Life Saving, and First Aid, and current food handler certifications, as appropriate;

(G) Driving record, driver's license number and expiration date if the person is to transport children; and

(H) Documentation of dates and participation in orientation, training, and staff development activities, as required in OAR 414-300-0120.

(d) A written record of:

(A) A death of or injury to a child, as specified in OAR 414-300-0030(3);

(B) Dates and times of the practices of emergency procedures;

(C) Child abuse reports made to the Department of Human Services Child Welfare (DHS) or a law enforcement agency;

(D) Authorizations to administer medication to a child, as specified in OAR 414-300-0230(1)(a);

(E) Medications dispensed, as specified in OAR 414-300-0230(1)(d);

(F) Meals and snacks provided by the center for the previous three weeks;

(G) The program of activities for each group of children, as specified in OAR 414-300-0300; and

(H) The daily schedule for each group of children, as specified in OAR 414-300-0290.

(e) Lead testing results for drinking water.

(2) The operator shall allow custodial parent(s), upon request, to review records and reports, except for child abuse reports, maintained on their own children.

STATUTORY/OTHER AUTHORITY: ORS329A.260

STATUTES/OTHER IMPLEMENTED: ORS 329A.260

AMEND: 414-300-0180

RULE TITLE: Sanitation

RULE SUMMARY: Lead in plumbing is prevalent. In the 1980's and 1990's laws curtailed use of lead. Today information is available to indicate lead leaching into water through plumbing and piping. Young children are at greatest risk of health problems related to lead exposure, including serious brain and kidney damage. Of the 4,300 licensed facilities, approximately 3,000 are operated in a home or small businesses setting. This rule will require all licensed and regulated child care facilities test for lead in water using an OHA accredited laboratory, and implement actions to mitigate against lead exposure through water when test results indicate lead levels reach or exceed those established by rule. Mitigation actions suitable to reduce risk of lead exposure through drinking water is identified in rule.

RULE TEXT:

(1) Water Supply:

(a) The center's water supply shall be continuous in quantity and from a water supply system approved by the Health Division.

(b) There shall be safe drinking water available to children that is supplied in a sanitary manner. Drinking water shall not be obtained from bathroom sinks or diaper changing sinks.

(c) The facility must have all faucets and fixtures accessible to children or used to obtain water for preparing food, infant formula, drinking or cooking tested for lead. The facility shall use an Oregon Health Authority accredited testing laboratory.

(d) Lead testing as required by 414-300-0180(1)(c) shall be conducted within six months of the effective date of this section and at least once every six years.

(e) The test results must be kept on the facility premises at all times and a copy provided to the Office of Child care within 10 days of receiving the results.

(f) If the test results are at or above 20 parts per billion (ppb), the facility must immediately:

(i) Prevent children from using or consuming water by supplying bottled or packaged water to meet the requirements of this section;

(ii) Contact and advise the Office of Child Care (OCC) of the water test results and submit a plan of actions to protect enrolled children;

(iii) Notify all parents and guardians of the test results within one business day.

(g) Irrespective of results obtained in accordance with section (1)(c), actions to protect children from exposure to lead contamination in drinking water should be taken at all times, including:

(i) Flushing pipes by running the tap until the water is noticeably cooler.

(ii) Running tap water for at least two minutes after water sits in the pipes for six hours or more.

(iii) Using only cold water for drinking, cooking and making baby formula.

(iv) Cleaning faucet screens and aerators frequently.

(h) Boiling water is not considered an acceptable action to protect children from exposure to lead contamination in drinking water. (2) Heat and Ventilation:

(a) The center shall be ventilated, by natural or mechanical means, and shall be free of excessive heat, condensation, and obnoxious odors.

(b) Room temperature shall be at least 68° F. (20 C.) and not so warm as to be dangerous or unhealthy in the center when children are present.

(c) After painting or laying carpet, the building must be aired out completely for at least 24 hours with good ventilation before children are allowed to return.

(3) Insect and Rodent Control:

(a) The center shall be in such condition as to prevent the infestation of rodents and insects.

(b) Doors and windows used for ventilation shall be equipped with fine-meshed screens.

(c) Automatic insecticide dispensers, vaporizers, or fumigants shall not be used.

(4) Maintenance:

(a) The building, toys, equipment, and furniture shall be maintained in a clean and sanitary condition:

(A) Kitchen and toilet rooms shall be cleaned when soiled and at least daily;

(B) The isolation area shall be thoroughly cleaned after each use and all bedding laundered before it is used again;

(C) Door knobs and cabinet pulls in toilet rooms and diaper changing areas shall be sanitized daily;

(D) All clean linen shall be stored in a sanitary manner;

(E) Soiled bed linen and clothing shall not be stored in food preparation or food storage areas, and shall be inaccessible to children;

(F) Floors, walls, ceilings, and fixtures of all rooms shall be kept clean and in good repair;

(G) All food storage areas shall be kept clean and free of food particles, dust, dirt, and other materials;

(H) Cribs, mats, and cots shall be sanitized with a sanitizing solution at least once a week and upon

change of occupant. If visibly soiled, items must be cleaned prior to sanitizing.

(I) Bedding shall be cleaned when soiled, upon change of occupant and at least once a week;

(J) Water tables and toys used in water tables shall be emptied and sanitized daily;

(K) When a chemical, such as chlorine, is used for sanitizing, a test kit that measures the parts per million concentration of the solution shall be used to ensure the proper concentration; and

(L) Cloths, both single use and multiple use, used for wiping food spills on utensils and food-contact surfaces shall be kept clean and used for no other purpose. Cloths that are reused shall be stored in a sanitizing solution between uses.

(b) The center shall be kept hazard-free, in good repair, and free of litter or rubbish and unused or inoperable equipment and utensils.

(5) Infant and Toddler Care:

(a) The following shall be sanitized immediately after each use. If visibly soiled, items must be cleaned prior to sanitizing:

(A) A bathtub or other receptacle used for bathing a child;

(B) A diaper-changing table;

(C) High chairs, tables and chairs;

(D) Toys that infants and toddlers put in the mouth; and

(E) Toilet training seat inserts.

(b) Pacifiers must be labeled, stored individually and sanitized after contamination. The health department must approve methods of sanitation.

(c) A sanitizing solution shall be kept in each diaper changing area ready for immediate use. This solution need not be stored in a locked cabinet but must be out of children's reach.

(6) Hand washing:

(a) Staff and children shall wash their hands with soap and warm running water after using the toilet or wiping the nose, and before and after eating.

(b) Staff shall wash their hands with soap and warm running water before and after changing a diaper, before and after feeding a child or handling food and after assisting a child with toileting or wiping the nose.

(c) Infants' and children's hands shall be washed with soap and warm running water after diaper changing.

(d) Commercial products labeled "hand sanitizers" shall not replace hand washing. If hand sanitizers are present in the center, they shall be kept under child-proof lock and shall not be used by children.

(e) When hand washing is not possible, e.g. on field trips and on the playground, moist towelettes shall be used.

(7) Waste Disposal:

(a) All sewage and liquid wastes shall be collected, treated, and disposed of in compliance with the requirements of the Department of Environmental Quality.

(b) All garbage, solid waste, and refuse shall be disposed of at least once a week.

(c) All garbage shall be kept in watertight, non-absorbent, and easily washable containers with close-fitting lids.

(d) Diaper disposal containers shall be approved by the environmental health specialist.

(e) All garbage storage areas and garbage containers shall be kept clean.

(f) All rubbish and garbage storage shall be inaccessible to children.

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

STATUTORY/OTHER AUTHORITY: ORS 329A.260

STATUTES/OTHER IMPLEMENTED: ORS 329A.260

